

Companion House

ACT Response and Input into the Proposed National Standards for Services Assisting Survivors of Trauma and Torture.

Draft National Service Standards

Forum of Australian Services for Survivors of Torture and Trauma (FASSTT)

November, 2002



Publication Date: November 19, 2002

For additional copies or more information contact:

Companion House

41 Fairfax Street, O'Connor ACT 2602

Ph: 02 6247 7227

Fax: 02 6247 1416

Comhouse@bigpond.com

Acknowledgments

This document contains proposed national service standards for services assisting survivors of torture and trauma. Companion House would like to thank the ACT Department of Health and Community Care for its support of this project; we would also like to thank all members of staff and the management committee who attended workshops and provided feedback on a series of draft standards.

The standards have drawn on the *National Standards for Mental Health Services* developed by the Commonwealth Department of Health and Ageing, and the *Good Practice Standards for Community Service Organisations* developed by the ACT Government in conjunction with local community organisations.



Companion House engaged Samantha Page from the Nucleus Group to assist with this work. For more information about Nucleus, please telephone 03 9375 2633 or visit: www.nucleusgroup.com.au

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Introduction

Development of the Standards

The first stage in the development of national service standards for services assisting survivors of torture and trauma began at a national meeting of service providers held at Daylesford, Victoria during November 2001. During this meeting workshops were conducted to develop a preliminary set of standards in defined areas of interest (eg administration, services for children etc). From this meeting a draft set of standards were developed and distributed to members of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) (the 'national forum') for comment and further development.

Companion House in the ACT secured financial support from the ACT Government to provide input into the standards development process which allowed for the engagement of a consultant.

Initial workshops were held with the employees of Companion House to identify general feedback on the draft standards. Participants agreed that there was considerable scope to enhance the draft standards, including:

- ⊕ Reduce repetition by identifying and combining common standards and principles;
- ⊕ Narrow the focus to strategies that can be achieved by individual agencies and have a direct impact on the quality of services provided to clients;
- ⊕ Use plain English wherever possible and clarify the intent of standards;
- ⊕ Incorporate and build on existing standards including the *National Mental Health Standards* (Commonwealth Department of Health and Ageing) and the *Good Practice Standards for Community Service Organisations* (ACT Government, 2002).

The draft standards were revised and provided to staff, management and Committee Members of Companion House for further discussion. A second round of workshops considered the revised set of standards in detail. Further refinement of the standards was undertaken based on feedback provided during these workshops.

This document contains the result of the work undertaken by Companion House. A complete set of revised standards is submitted to the national forum for consideration. It is expected that further development and revision of the standards will take place at the national level and that Companion House will contribute to this process together with other members of the national forum.

In addition to the revised set of standards, this document contains suggestions regarding the purpose and implementation of the standards as well as strategies for supporting quality service delivery through collaborative projects of the national forum.

Acknowledgments and Cross References

The redevelopment of the proposed national standards has drawn on two sets of existing service standards: the *National Standards for Mental Health Services* (Commonwealth Department of Health and Ageing, 1997) and the *Good Practice Standards for Community Service Organisations* (ACT Government, 2002).

The National Mental Health Standards were used because some services for survivors of torture and trauma are receiving funding from mental health programs and are required to comply with these standards. To assist organisations required to comply with National Mental Health Standards a brief checklist of areas where there is limited correlation between those standards and the standards presented in this document is provided in Appendix 1. The ACT Community Service Standards were used because they are a recently developed set of generic standards that provide considerable material relating to governance, management and service delivery that is applicable to a broad range of circumstances. These standards are not specific to ACT services or conditions. Organisations reviewing or implementing these standards are encouraged to obtain copies of the source materials.¹

Purpose of the Standards

A number of benefits from the development of national standards have been identified:

- ✦ To facilitate the process of continual improvement and expansion of quality services by ensuring that the best aspects of service provision from around the country are incorporated to the extent that is possible and appropriate in each state and territory.
- ✦ To provide a yardstick to evaluate performance against objective criteria, protecting clients and service providers from the risk of complacency.
- ✦ To ensure that the quality of the services provided is of an acceptable and hopefully optimal standard.
- ✦ To provide a framework for training new staff, also to increase the recruitment pool and staff retention.
- ✦ To provide a platform to consolidate claims of quality and to lend additional credibility to advocacy efforts.
- ✦ To initiate and maintain dialogue with regard to performance and quality measurement in the delivery of services.

Over the long term, national standards are likely to lead to the identification of clear benchmarks against which services can be assessed. However, it is worth recognising that it is difficult to achieve firm benchmarks and accurate approaches to measuring quality or performance in human service sectors. Substantial work is generally required to refine measurement tools, research benchmarks and agree on acceptable targets.

¹ The *National Standards for Mental Health Services* are available from the Department of Health and Ageing (www.mentalhealth.gov.au) and the *Good Practice Standards for Community* are available from the ACT Department of Education and Community Services (www.decs.act.gov.au).

Implementation and Assessment

The way in which the standards are to be implemented is an important determinant in how the standards are defined and structured.

One approach would be to adopt a developmental philosophy, whereby standards are used to encourage continuous improvement across the sector. This is generally preferable to a pass/fail or mandatory compliance approach when standards are first being introduced to a service sector. It is also appropriate when there is significant diversity between service provider organisations and when further work is required to establish nationally agreed benchmarks and performance measures.

This approach recognises that service provider agencies will be at different levels of performance and compliance with the standards. Some agencies may be particularly high performers in some areas, while mediocre or poor in others. Better resourced agencies are likely to be able to demonstrate higher levels of performance across the board, while poorly resourced agencies are at a disadvantage. The aim of the service standards is not to establish a culture of competition but rather to provide a framework for all services to evaluate their performance and work towards continuous improvement. The standards also provide a platform for agency collaboration and the development of national quality strategies.

Over the long term standards may become more clearly defined and capable of being used for agency certification or accreditation.

Assessment options include:

- ⊕ Self assessment by the agency (typical to voluntary processes);
- ⊕ Peer assessment by another agency (this has been problematic in other sectors);
- ⊕ External assessment by an approved organisation or individual (the approved organisation may be a government agency as in child care or certified assessors as in disability).

Unless specific resources are available for the implementation of the standards a self-assessment approach is likely to be the most affordable option, however some element of peer assessment may also be incorporated.

Standards Implementation in other Service Sectors

Examples of how quality standards have been implemented in a sample of human service sectors are provided below for consideration.

Mental Health

The *National Standards for Mental Health Services* (Commonwealth Department of Health and Ageing, 1997) were developed by the National Mental Health Working Group with funding from the National Mental Health Strategy and endorsement from the Australian Health Ministers Advisory Council.

The standards are accompanied by a workbook to assist services in assessing their own performance in consultation with stakeholders. Most State/Territory Governments require some degree of implementation of the standards within funded agencies and may link this to funding or performance reporting requirements.

In the standards workbook, each standard is presented with associated criteria. Agencies assessing their performance against the standards must develop a rating scale or adopt the suggested scale provided with the standards:

A	Attained	The service has attained the criteria (thus meeting the standard) but is investigating opportunities to exceed the requirements.
AP	Attained Partially	The service has attained most, but not all, of the criteria.
AI	Attainment Initiated	The services has attained some of the criteria and commenced activities which are intended to ensure the attainment of all criteria.
UA	Unattained	The criteria were not attained (thus standard not met)
NA	Not Applicable	The Criteria are not relevant to the services

The workbook assists agencies to determine their rating against each standard and to develop an action plan for making further improvements to quality.

ACT Community Services

The summary below was adapted from information provided in *Raising the Standard - a Manual to Guide Quality Improvement in ACT Community Service Organisations* (ACT Government, 2002).

The *Good Practice Standards for Community Service Organisations* and accompanying manual '*Raising the Standard*' were developed over 12 months with funding provided by the ACT Department of Education and Community Services, Department of Health and Community Care and the Chief Ministers Department. The ACT Government and community sector worked collaboratively throughout the project that was undertaken by RPR Consulting. Nine organisations piloted the standards and self-assessment process.

The *Raising the Standard Manual* contains five sections:

Section 1: Good Practice Standards

Section 2: Self Assessment and Quality Planning Guide

Section 3: Tools to Support the Self-assessment and Quality Planning

Section 4: Self-Assessment Workbook

Section 5: Quality Improvement Plan Workbook

The standards are presented with good practice examples. Agencies completing the self-assessment work through each standard and identify evidence of good practice together with areas identified for improvement. The Quality Improvement Plan workbook builds on the self-assessment by providing a framework for addressing areas identified for improvement.

Training workshops have been conducted to provide organisations with an introduction to the standards and the assessment process. The standards are

now being implemented on a voluntary basis across a diverse range of services and service sectors (eg youth services, accommodation services and peak agencies).

Commonwealth Disability Services

The summary below was adapted from information available on the Commonwealth Disability Services web site: <http://www.facs.gov.au/disability/ood/index.htm>. For more information about the new Quality Assurance System refer to the Commonwealth Department of Family and Community Services, 2001 Quality Assurance Handbook Issue 1, available from this web site.

The *National Disability Service Standards* were first introduced to employment services in 1995. Services funded by the Commonwealth Disability Services Program were required to complete a self-assessment against the standards and to provide a report to the Commonwealth. The standards were tiered and included minimum, accepted and enhanced sub-standards against which agencies rated their level of compliance (eg met, partly met, not met).

Training was made available to service providers and the self-assessment process included consultation with consumers which could be facilitated by Commonwealth funded consumer support services.

In the early years the project officer responsible for the service reviewed the self-assessment reports and an agreed action plan was negotiated on an annual basis. In subsequent years a Standards Review team was established within State/Territory offices to review self-assessment reports and award 'approved agency' status to services found to be compliant with the standards.

The Commonwealth is now phasing in an accreditation process under which agencies will need to be certified by an approved certification body. Auditors will be appointed by agencies that the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) accredits, after measuring them against the *General Criteria for Bodies which Audit Disability Employment Services*. (These are the new disability-specific auditing criteria developed by JAS-ANZ in consultation with the disability sector.).

The audit teams will assess and audit disability employment services against the Disability Services Standards, using Key Performance Indicators and evidence guidelines. Services that comply with the Standards will be certified. Eventually, the Commonwealth will fund only those services that have been certified as meeting the Disability Services Standards' performance indicators. JAS-ANZ will charge certification agencies to carry out their accreditation assessment. These agencies will charge disability employment services to carry out the required certification examination.

The new Quality Assurance System is currently being trialed, part of the trial will be to assess the financial impact of these arrangements on disability employment services.

State/Territory Disability Services

The summary below was adapted from research undertaken by the Nucleus Group on behalf of the National Disability Administrators. The report from this project has not yet been released but information on State and Territory quality assurance systems is generally available on state

program web sites, links to which are provided at <http://www.facs.gov.au/disability/ood/index.htm>.

State and Territory Government's with responsibility for disability services have all developed State/Territory *Disability Service Standards* modelled on the National Standards. These are implemented in different ways across the country. Most States require services to undertake an annual self-assessment that may be linked to funding contracts or performance reporting requirements. Some States and Territories have additional mechanisms such as random audits or external audits every three to five years or in response to complaints or evidence of poor performance. A team or individual monitors may undertake the external assessment. In some cases a panel made up of public officers, disability service providers and consumer representatives reviews the external assessments and/or monitors the standards implementation process.

Home and Community Care (HACC)

The summary below is adapted from the HACC National Standards Instrument available from <http://www.health.gov.au/acc/hacc/>.

The HACC National Service Standards were introduced in 1991 to provide agencies with a common reference point for internal quality controls. This is mainly through defining particular aspects of service quality and expected outcomes for consumers in seven key areas. Following agreement from all State and Territory Ministers, the HACC National Service Standards were gazetted in 1995. States and Territories are now required to include the Standards in all service agreements. Monitoring of compliance with the Standards is now a major part of service reviews, but there are variations across jurisdictions with regard to the way that monitoring is conducted.

The Australian Institute of Health and Welfare were commissioned to refine the Standards Instrument that measures compliance with the Standards. A variety of approaches to using the Standards Instrument were pilot tested. Those approaches that included a visit to the agency had the highest reliability and validity. Consequentially, it has been agreed by HACC Officials that those approaches are to be used, including:

Joint assessment - where the agency completes the Standards Instrument and assembles relevant documents prior to a visit. Ratings against each category (eg 'fully met', 'partly met', 'not met') are determined in conjunction with the visiting assessor, together with an Agency Appraisal summary form and action plan.

Self assessment with verification - the agency completes the Standards Instrument and Agency Appraisal Summary Form with action plan, including assigning ratings in each area of performance. The outcome of the appraisal is then discussed and verified by a visiting assessor.

Child Care

The following summary is adapted from information available on the National Childcare Accreditation Council web site: www.ncac.gov.au

The Commonwealth Government has initiated quality improvement and assurance systems designed to promote quality care and to acknowledge services for their quality practices and initiatives. The current systems are:

- ✦ Quality Improvement and Accreditation System (QIAS) for Long Day Care Centres. The QIAS was introduced in 1994 and was reviewed in 1998-2000. The revised QIAS commenced on 1 January 2002.
- ✦ Family Day Care Quality Assurance (FDCQA) was introduced on 1 July 2001.

Both the Quality Improvement and Accreditation System (QIAS) for long day care centres and Family Day Care Quality Assurance (FDCQA) are linked to Child Care Benefit payments received by the service on behalf of parents of children in their care. The Commonwealth Government appointed the National Childcare Accreditation Council (NCAC) to implement both the QIAS and FDCQA. All long day care centres and family day care schemes are required to register with the NCAC and to meet the requirements of the appropriate quality system in order to be eligible to receive the Commonwealth funding on behalf of the parents.

There are five steps of the QIAS:

Step 1: Registration

All long day care centres are required to register with the National Childcare Accreditation Council (NCAC) to participate in the Quality Improvement and Accreditation System (QIAS).

Step 2: Self-study and Continuing Improvement

On a regular and cyclical basis, the centre makes a self-assessment of the quality of its practice by consulting with all centre staff and with the families of the children at the centre. The centre evaluates the quality of its practice for each of the 10 Quality Areas and 35 Principles against standards outlined in the *QIAS Source Book* (2001). The results of this self-assessment process are used by the centre to inform its Continuing Improvement Plan for improving on the quality of care already achieved.

At specified times when the centre's *Self-study Report* is due, the results of the centre's self-assessment are summarised in the *Self-study Report* and submitted to the NCAC. The *Self-study Report* includes the centre's ratings of its own performance against the 35 Principles as well as its Continuing Improvement Plan for each of the 10 Quality Areas.

Step 3: Validation

A long day care peer validator, selected and trained by the NCAC, visits the centre to validate its quality practices. Wherever possible, NCAC uses the preferred specialist knowledge areas indicated by the centre in its *Self-study Report* when allocating a validator to visit the centre.

The validator observes the centre's care practices, sights any necessary centre documentation and completes a Validation Report. Validators also collect the Validation Surveys completed by the director, staff and families during the few weeks prior to the visit, and return them to the NCAC.

Step 4: Moderation

The process of Moderation helps to ensure that all centres participating in the QIAS are treated consistently on a national basis. Moderators assess the quality of the centre's practice, guided by information in the centre's *Self-study Report*, the centre's *Validation Surveys* and the *Validation Report*.

Step 5: Accreditation decision

The Accreditation Decision is made by the NCAC. To be accredited, a centre must achieve a rating on the *Composite Quality Profile* of Satisfactory or higher on all 10 Quality Areas. An accredited centre is required to continue its self-study and continuing improvement cycle (see Step 2 above) until its next *Self-study Report* is due for submission. The accreditation period is 2.5 years between submission of *Self-study Reports*.

General Discussion

In all of the examples provided above, self-assessment is an important component of standards implementation. Common activities during self-assessment include:

- ⊕ Looking at documents and files such as policies/procedures;
- ⊕ Auditing systems such as client files and information systems; and
- ⊕ Eliciting feedback and input from clients, staff and other stakeholders such as referring agencies, peer agencies and funding bodies.

Guidelines and manuals are usually provided to assist organisations undertaking self-assessment and these often include tools and resources to engage clients, staff and other stakeholders. Typically workbooks contain performance indicators and guidance for measuring performance on some form of rating scale (eg met, partly met, not met) to identify compliance with standards and also to identify opportunities for improvement and planning. Guidelines may also provide examples of good practice.

Self-assessment may be supplemented by external review mechanisms. These can include:

- ⊕ An review of the self-assessment report by a third party;
- ⊕ A validation review including visit to the agency and direct observation or investigation of evidence;
- ⊕ Accreditation or certification by an external agency or authorised individual.

External review tends to improve validity and reliability in quality systems. However, it can be problematic when benchmarks are not clearly defined, viewpoints on 'good practice' vary considerably and there is inadequate guidance for reviewers. In sectors such as Child Care and the Commonwealth Disability Program which now have accreditation processes, substantial work has been undertaken to develop agreed performance indicators, benchmarks and approaches to measurement. This has typically built on an existing quality

standards process and involved substantial consultation with the sector over one to three years.

There is typically a significant cost associated with the external review and the impact of this cost on agencies must be considered if there is no publicly funded review mechanism. In some sectors peer review has been examined as a cost-effective mechanism for external assessment. Peer assessment can be problematic due to issues such as the capacity of agencies to free appropriately qualified staff, disagreement over benchmarks and good practice, issues regarding relationships between services including collaboration and support versus competition and professional rivalry.

National Strategies

The first draft of the proposed national standards contained a number of references to strategies and functions of the national forum. However, at this stage these strategies and functions are not in place and it would be inappropriate to hold individual services accountable to standards that cannot be met. For example, services cannot be measured against a 'nationally agreed ethical framework' until such a framework has been agreed and endorsed. Strategies that may be defined as 'national' rather than the responsibility of individual services have been removed from the standards and instead are presented below for consideration in current and future work planning. In the future, these may lead to further strengthening and tightening of national standards.

Ethical Framework for Research

It has been suggested that the national forum develop an ethical framework to govern its own function and that of member agencies. Components of the framework identified in the first draft of national standards included:

- ⊕ Guidelines for the approval of research projects endorsed by the national forum, including an 'Ethics Reference Group' to approve methodology;
- ⊕ Standards and procedures for conducting ethical research, including:
 - Standards for the supervision of research;
 - Accountability standards;
 - Procedures which protect clients and their communities when participating in research;
 - Standards for how information is collected and used by services/researchers;
 - Standards for the appropriate acknowledgment of those involved in research; and
 - Standards for the publication of research (eg how and where research is published).

National Data Collection

The prospect of a national dataset has been identified, whereby all member services would operate a common database containing client and service delivery information for national tabulation. This might incorporate capturing the reasons for referrals, countries of origin, and modalities practiced (eg complementary therapies) etc. This data would then be available to assist research, service evaluation or benchmarking and broader program planning.

Sharing Resources

Potentially, the national forum could support quality service delivery by providing and supporting mechanisms for sharing resources. For example:

- ⊕ Providing mechanisms for the exchange of information between agencies, for example through a web site, e-mails or chat groups;
- ⊕ Developing national support or guidance to ensure that services receive full cost funding including infrastructure needs, staff support and training etc;
- ⊕ Developing national approaches to securing funding for specific purposes (eg working with children);
- ⊕ Providing mechanisms for sharing translated materials to reduce costs on individual services; and
- ⊕ Establishing protocols for developing and sharing training packages including agreed national strategies and standards for training.

Human Resource Management

Strategies by which the national forum can support agencies to achieve quality human resource management practice, include:

- ⊕ Developing a nationally agreed formal policy that defines the goals, frequency and resources available for supervision, professional development and debriefing staff;
- ⊕ Developing protocols for exchange of staff between member agencies (allowing staff to move between agencies to gain experience); and
- ⊕ Developing mechanisms to support and encourage peer supervision across member agencies.

Research Agenda and Joint Projects

There is potential for the national forum to develop and implement a national research agenda to drive continuous quality improvement in the delivery of services. This may also include:

- ⊕ National agreement on what is meant by 'research';
- ⊕ A national approach to adequately funding research projects including joint submissions for funding;
- ⊕ Protocols to guide national research partnerships and joint projects;
- ⊕ The identification of opportunities for national and joint projects;
- ⊕ Strategies for promoting international recognition of work undertaken in Australia.

Another area in which a national collaborative approach was identified as important to ongoing improvement was that of support provided to Temporary Protection Visa's. Strategies included a shared approach to data collection, the development of education campaigns and advocacy activities.

Collaborative Representation

Another area in which a national collaborative approach was identified as important to ongoing improvement was that of support provided to people holding Temporary Protection Visa's (TPV's). The initial standards workshops identified the need for advocacy, public education and advice to Government, with regard to the following issues:

- ✦ The need for new legislation and alternative support models based on a multi-dimensional approach. related to temporary protection.
- ✦ The need for recognition of the re-traumatising nature of detention and TPV processes on adults and children.
- ✦ Issues related to women and children; particularly unaccompanied minors.
- ✦ Racism and the lack of support from the broader society.
- ✦ The impact of restrictions on the reunification of families.
- ✦ The need for mental health services for TPV holders with severe symptoms.

Glossary of Key Terms

TERM	USE AND MEANING
Agency	The entity that is responsible for the delivery of services to people affected by torture and/or trauma. The agency may be an organisation or part of a larger organisation (eg branch, directorate or outlet). It is defined by the fact that the management and staff are directly engaged in the provision of one or more services to this target group.
Carer	A person whose life is affected by virtue of his or her close relationship with a client, or who has a chosen and contracted caring role with a client (Mental Health Statement of Rights and Responsibilities, Australian Government Publishing Service, 1991).
Client	A person making use of a service for survivors of torture or trauma, or participating in any program or project of that service.
Counsellor Advocates	Professional counsellor who provides therapeutic interventions and advocacy for an individual client as appropriate.
Defined Community	The community to which the services are provided. This may be the community of people who have been affected by torture and/or trauma or it may be a community of people defined by common characteristic or interest (eg ethnic community, age group, geography).
Family	The term 'family' is used to refer to persons significant to and intimate with the client. This may include immediate family such as parents, children, siblings and also extended family including grandparents, aunts/uncles etc.
Governing Body	The governing body will take different forms in organisations. The term is intended to include boards, committees and other structures such as boards of trustees. All governing bodies operate under their own legal framework as set out in their rules, constitution or in some cases, legislation. (Raising the Standard: Good Practice Standards for Community Service Organisations, 2002).
Organisation	The legal entity responsible for providing services to people affected by torture and trauma, which may or may not also be providing other services (eg health or mental health services, refugee services, migrant or settlement services etc).
Service/s	Refers only to programs, projects and assistance provided to individuals or communities affected by torture and trauma. This may include a range of service delivery models and contractual arrangements (eg Early Health Assessment, Counselling etc)
Survivors of torture and trauma	Adults and children who have sought refuge in Australia from persecution, torture and war related trauma.

The Standards Framework

There are a number of components to the standards framework. The first is the **principles** that establish the groundwork for how services are provided. The principles are very broad and are intended to capture the underlying values that define quality service provision. The second component is **service standards**, which support the principles by interpreting what agencies should be striving to achieve in specific areas of service delivery and management. The performance of services against each standard can be measured to assess overall quality.

Thirdly, to assist in the achievement of service standards, a number of **strategies** that support each standard have been identified. The strategies are accompanied by **evidence examples** that can be used to assess the performance of an individual agency against the standard. (Other strategies may also be used to achieve a standard, and different strategies would lead to different evidence being used to measure performance. The material provided is a starting point only and should not restrict services from exploring new and innovative approaches to the improvement of service quality).

Principles

Services assisting survivors of torture and/or trauma are based on the following principles that underpin all service activity:

1. Each and every client is treated with respect, dignity and fairness.
2. Safety, trust and empowerment are fundamental values in our work with clients.
3. Clients and client communities are actively encouraged to participate in service planning and evaluation.
4. Services are culturally sensitive and demonstrate openness to the heritage and traditions of all people.
5. We recognise individual difference and individual needs within the context of a holistic and ecological approach to each client.
6. We are committed to increasing the capacity of the client's broader community, support network and environment, to aid recovery from the impact of torture and trauma.
7. Our practices are flexible and multi-faceted, in recognition of the diversity of impact that torture and trauma can have on individuals, families and communities.
8. Our services are accessible to people who have sought refuge in Australia from persecution, torture and war related trauma, regardless of age, gender, cultural background and economic status.
9. The organisation takes care to provide a safe environment for employees, clients, volunteers and visitors.
10. Our practice is ethical, accountable and based on contemporary knowledge of good practice in service delivery and management.
11. We are committed to continuous quality improvement in all facets of our work.

Service Standards

The service standards accompanied by cross-reference links, strategies for implementation and evidence examples are provided in the following section. A summary of the standards is provided below.

1. Governance and Management Standards

<i>1.1 Governing Body</i>	The governing body competently leads the agency and is accountable to the people and communities it serves.
<i>1.2 Governance Processes</i>	Governance processes encourage continuous learning and improvement to create a responsive and transparent agency.
<i>1.3 Management Structures</i>	Effective and inclusive management structures underpin the agency's capacity to achieve its goals and directions.
<i>1.4 Accountability</i>	The agency effectively meets its multiple accountabilities to clients, members, the community and stakeholders.
<i>1.5 Financial Management</i>	Financial management achieves the best use of resources; financial systems support effective financial planning, reporting and accountability.
<i>1.6 Client Records</i>	The agency maintains client records to assist in the delivery of quality supports while ensuring that information is confidential and secure.
<i>1.7 Information Management</i>	Information is routinely collected and analysed to inform the delivery and management of services.
<i>1.8 Health and Safety</i>	The activities and environment of the agency are safe for clients, staff, families, visitors and the community.
<i>1.9 Planning and Performance</i>	Strategic and operational planning processes provide direction in the organisation, inform decision-making and provide a basis for monitoring performance in service activity and management.
<i>1.10 Evaluation and Quality</i>	There is a culture of continuous quality improvement in the agency and evaluation informs service development.
<i>1.11 Research</i>	Research is used to plan, develop and deliver credible and effective services.

2. Human Resource Management Standards

<i>2.1 Recruitment</i>	Staff appointed in the organisation have the skills, attributes and experience needed for their position and individual appointments strengthen the staff team as a whole.
<i>2.2 Staff Induction</i>	All new staff receive comprehensive induction and orientation..
<i>2.3 Supervision and Support</i>	Staff are able to provide high quality services because they are well supported by the organisation and receive appropriate supervision.
<i>2.4 Work Place Relations</i>	The agency provides an effective and supportive work place that demonstrates respect for employees and encourages job satisfaction.
<i>2.5 Performance Development</i>	Performance development systems support the achievement of the agency's goals and enhance the skills, motivation, effectiveness and development of staff.

<i>2.6 Skills and Training</i>	Individual and team performance is enhanced through access to training and skills development opportunities.
<i>2.7 Volunteers</i>	Volunteers contribute to the agency and are valued members of the team.
<i>2.8 Interpreters</i>	The agency uses interpreters wherever appropriate to overcome language barriers and ensures that interpreting is of a high standard.

3. Service Delivery Standards

<i>3.1 Front Door and Contact Services</i>	Clients and visitors feel valued, respected and comfortable when contacting or attending the agency.
<i>3.2 Equity of Access</i>	Services are accessible to eligible persons on a non-discriminatory basis and the agency works to address barriers to access faced by potential clients.
<i>3.3 Referral and Service Entry</i>	Referral and entry processes result in timely access to supports on the basis of relative need and available resources.
<i>3.4 Client Rights and Participation</i>	The rights of people affected by torture and trauma are upheld and actively promoted by the service.
<i>3.5 Individual Service Planning</i>	Services are client focused and tailored to meet individual needs and preferences, while recognising the family and community context.
<i>3.6 Clinical Practice and Therapies</i>	Interventions reflect best available evidence with regard to being effective as well as responsive to individual client circumstances and choices.
<i>3.7 Community Integration</i>	The agency develops and maintains links with other sectors at local, state and national level to ensure coordinated support and promote community integration.
<i>3.8 Young People</i>	Specialist programs are provided for young people, based on contemporary knowledge and practice.
<i>3.9 Children</i>	Specialist programs are provided for children, based on contemporary knowledge and practice.
<i>3.10 Temporary Visa Holders</i>	Temporary visa holders are recognised as a particularly vulnerable group and receive additional or tailored support.
<i>3.11 Exit and Follow-up</i>	Clients are assisted to plan for their exit from the service with appropriate follow-up support and opportunities for re-entry if needed.
<i>3.12 Community Capacity Building</i>	Techniques are used effectively to mobilise and strengthen the skills and capacities of individuals, groups and communities.
<i>3.13 Advocacy and Representation</i>	The agency advocates on behalf of clients to improve the experiences of people affected by torture and/or trauma in the community and within mainstream service systems.
<i>3.14 Providing Training</i>	Training provided by the agency is responsive to needs, accessible, competently delivered and contributes to building a well-informed and skilled professional community.

1. GOVERNANCE AND MANAGEMENT STANDARDS

1.1 Governing Body

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The governing body competently leads the agency and is accountable to the people and communities it serves.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>This Standard and the accompanying strategies are taken directly from 'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.1.2 'Governing Body'.</i></p> <p>See also:</p> <p><i>Standard 1.2 Governance Processes</i></p> <p><i>Standard 1.3 Management Structures</i></p> <p><i>Standard 2.7 Volunteers</i></p>	<p>The governing body takes a strategic approach to leading the organisation in its mission and goals.</p> <p>The governing body takes responsibility for and is active in strategic planning, setting broad policy and monitoring the effectiveness of the organisation.</p> <p>The membership of the governing body is appropriate to the philosophy, goals, clients and community focus of the organisation.</p> <p>The roles and responsibilities of the governing body are documented and known to all members.</p> <p>The governing body complies with relevant statutory and legal requirements.</p> <p>There is a clear delineation of roles between the governing body and management.</p> <p>Communication between the governing body and the CEO/Director is positive and supports effectiveness in their respective roles.</p> <p>Members of the governing body are committed and energetic in their contribution.</p> <p>The governing body has clear mechanisms in place for assuring accountability to the members or owners of the organisation.</p>	<ul style="list-style-type: none"> ❑ Membership of the governing body reflects a balance between appropriate representation and the skills required for governance. ❑ There are mechanisms in place (eg duty statements, orientation, training) to provide members of the governing body with a clear understanding of their role and responsibilities. ❑ The governing body demonstrates an awareness of its statutory and legal obligations and seeks expert advice when required to ensure that it is meeting these requirements. ❑ Members of the governing body are familiar with the strategic plan and can discuss examples of progress towards the goals of the plan. ❑ The governing body receives regular and accurate reports from which to judge the effectiveness, strengths and weaknesses of the organisation. ❑ Meetings of the governing body are regular, well attended and effective in decision-making. ❑ The organisation produces an annual report, including audited financial accounts.

I.2 Governance Processes

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Governance processes encourage continuous learning and improvement to create a responsive and transparent agency.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.1.3 'Governance Processes' and 3.4.7 'Committee and Board Development'.</i></p> <p>See also:</p> <p><i>Standard 1.1 Governing Body</i></p> <p><i>Standard 1.4 Accountability</i></p> <p><i>Standard 3.7 Community Integration</i></p>	<p>The governing body has processes in place for getting and using information about emerging or changing community needs and feedback from clients.</p> <p>The governing body has strong links to the communities and client groups that the organisation is working with.</p> <p>Members of the governing body are encouraged to attend conferences, seminars and other community events for their development and to represent the organisation.</p> <p>Clients, members and community groups are encouraged and supported to take up positions on the governing body.</p> <p>The governing body has clear processes for providing direction to the agency, including plans, policies, position statements etc that are influenced by input from stakeholders, staff and management.</p> <p>The governing body assesses its own performance by reviewing how it is carrying out its responsibilities and work program.</p> <p>There are planned approaches to the development of members and the group as a whole (eg training plan/forums).</p> <p>The governing body takes a planned and strategic approach to recruiting and orientating new members.</p>	<ul style="list-style-type: none"> ❑ The governing body receives relevant and quality information through a range of sources such as: <ul style="list-style-type: none"> - Participation in community networks, - Regular client surveys or feedback reports; - Research and policy updates. ❑ Members of the governing body have opportunity to: <ul style="list-style-type: none"> - Access training to build their skills in governance and/or better understand the work of the organisation. - Participate in industry events such as conferences, forums or discussion groups. - Receive independent advice when required. ❑ Annual reports and/or governing body documents demonstrate a review of the governing body processes and effectiveness at least annually. ❑ There is a documented or clearly articulated process for orientating new members. ❑ The selection of board members demonstrates consideration to the range of skills needed for an effective governing body. ❑ Training and development needs for members of the governing body are identified, documented and reviewed. ❑ There are clear channels of communication and a good information flow between the governing body and staff.

I.3 Management Structures

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Effective and inclusive management structures underpin the agency's capacity to achieve its goals and directions.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.2.1 'Effective and Strategic Management.</i></p> <p><i>Mental Health Standards Standard 9 - 'Service Development'</i></p> <p>See also:</p> <p><i>Standard 1.9 Planning and Performance</i></p> <p><i>Standard 2.1 Recruitment</i></p> <p><i>Standard 2.4 Work Place Relations</i></p>	<p>The agency maintains a clear vision, statement of philosophy and principles and strategic directions.</p> <p>Managers and senior staff are appropriately qualified and experienced and are aware of their role and responsibilities.</p> <p>The agency providing support to survivors of torture and trauma can be identified as a discrete entity in any larger organisation structure, with a single point of accountability.</p> <p>The structure and management of the agency reflects a multi-disciplinary approach to providing services and allows for continuity of care across programs.</p> <p>Management structures and processes are well defined and their effectiveness is monitored and actively considered.</p> <p>Managers and staff seek and take account of the views of external stakeholders in strategic decisions.</p> <p>Management and staff work together to encourage diversity and respect for difference through policy and practices.</p> <p>The agency has a structured approach to managing risks that could jeopardise service quality or continuity.</p>	<ul style="list-style-type: none"> ❑ The agency has a vision statement, articulated philosophies or values and documented strategic directions that are provided to all staff, members and stakeholders. ❑ Information that outlines the agency's structure and key contacts is readily available to stakeholders. ❑ Managers and senior staff have been appointed through a competitive recruitment process, have clearly articulated roles and responsibilities and undergo regular performance appraisal ❑ Levels of decision-making, reporting arrangements and delegations are clear. ❑ Decision-making takes account of staff views and needs. ❑ Policies and procedures outline management structures and processes as well as a schedule for review. ❑ There are documents policies and procedures that guide decision-making which are consistently followed across the organisation. ❑ Staff demonstrate skills and understand in consulting with stakeholders. ❑ Training and other development activities encourage awareness of diversity.. ❑ Risk management systems are in place (eg audits, plans, strategies).

1.4 Accountability

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The agency effectively meets its multiple accountabilities to clients, members, the community and stakeholders.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.2.2 'Accountability'.</i></p> <p>See also:</p> <p><i>Standard 1.2 Governance Processes</i></p> <p><i>Standard 1.10 Evaluation and Quality</i></p>	<p>Services are provided within an ethical framework and clear operating guidelines.</p> <p>The organisation uses a range of methods to communicate its work to those it serves.</p> <p>Clients and community groups have opportunities to influence the organisation's goals and philosophy and their participation in this is encouraged.</p> <p>The service is open to external scrutiny and provides opportunities for key stakeholders to provide feedback or contribute their views on issues.</p> <p>Financial and performance reporting requirements of funding agencies are met in a timely way.</p>	<ul style="list-style-type: none"> ❑ Clearly articulated policies and procedures guide the agency. ❑ Employees and volunteers receive training in ethical practice and policies/procedures. ❑ Policies and procedures are comprehensive and accessed by all staff. ❑ Management and senior members of staff have an awareness of the range of stakeholders to which the agency is accountable (this can include clients, community groups, funding bodies, donors and sponsors). ❑ Information about the strategic directions and performance of the organisation is publicly available. ❑ The agency produces timely, accurate reports. ❑ Clients and community groups are regularly invited to participate in: <ul style="list-style-type: none"> - Service reviews or evaluations; - Strategic or organisation planning; - Consultations on key issues.

I.5 Financial Management

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Financial management achieves the best use of resources; financial systems support effective financial planning, reporting and accountability.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.2.3 'Financial Management'.</i></p> <p><i>Mental Health Standards Standard 9 'Service Development - Funding and Resource Allocation'</i></p> <p>See also:</p> <p><i>Standard 1.9 Planning and Performance</i></p>	<p>The agency seeks out adequate resources with which to establish and maintain programs to ensure that they are sustainable, contribute to and do not undermine the long-term financial viability of the agency.</p> <p>Financial management supports the strategic direction of the agency and long-term financial viability.</p> <p>Financial management systems, including dedicated budgets, comply with nationally accepted accounting practices and provide an accurate record of financial activity.</p> <p>Resources are allocated in a manner allows the service to respond promptly to changing needs of individuals or communities and makes provision for staff development.</p> <p>Financial performance is closely monitored and analysed.</p> <p>The accounts are subject to external audit on an annual basis.</p> <p>There is a regular review of the efficiency, effectiveness and transparency of the financial systems.</p>	<ul style="list-style-type: none"> ❑ The agency and its programs are financially viable over the medium-long term. ❑ There is an annual budget that is aligned with the strategic plan that guides all expenditure decisions. ❑ Management and staff work within clear financial delegations and authority. ❑ There is an efficient accounting system in place that is capable of producing detailed monthly and annual reports and these systems meet accepted accounting standards. ❑ There is effective and timely financial record keeping and reporting to: <ul style="list-style-type: none"> - Provide the Governing Body with regular information on financial performance including analysis on trends and forecasts. - Provide Management with clear and accurate updates on performance against budget, cash flow and expenditure. - Produce audit reports and accountability to funding bodies. - Produce annual financial statements for members and stakeholders. - Group and Taxation certificates are produced efficiently. ❑ Annual external audits have approved the agency accounts as a true and accurate record.

1.6 Client Records

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The agency maintains client records to assist in the delivery of quality supports while ensuring that information is confidential and secure.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standards Standard 9 'Service Development - Information Systems' and Standard 10 - 'Documentation' and Standard 5 'Privacy and Confidentiality'.</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.2.4 'Information Management' and Standard 4.2.2 Privacy & Confidentiality</i></p> <p>See also:</p> <p><i>Standard 1.6 Information Management</i></p> <p><i>Standard 3.5 Individual Service Planning</i></p> <p><i>Standard 3.6 Clinical Practice and Therapies</i></p>	<p>Data is recorded in an individual clinical records to ensure:</p> <ul style="list-style-type: none"> • Continuity of care is promoted across settings and programs; • Service delivery staff understand the needs of clients; • Staff and client time is recorded for accountability purposes; and • Data can be aggregated to inform planning and evaluation. <p>Client records provide a factual, comprehensive and sequential record of client needs and the support offered.</p> <p>Data collection practices are flexible and take account of cultural and other differences among client or community groups.</p> <p>Client records are objective and non-judgemental.</p> <p>Client records are collected, stored and reported in a manner that ensures confidentiality.</p> <p>Services (including contacts and interviews) are conducted in spaces that offer sight and sound privacy.</p> <p>The principle of 'need to know' determines internal use of client information and access is restricted to authorised persons.</p> <p>The service encourages and provides opportunities for clients to involve others in their care or support.</p> <p>Confidential processes exist by which clients can regularly feedback their perception of the services provided.</p>	<ul style="list-style-type: none"> □ There are policies and procedures in place to determine what information is gathered, how it is gathered, recorded and stored, who has access, client consent and protocols for any sharing of information with other agencies. □ Relevant policies/procedures are explained to clients and carers in an understandable language or format. □ Policies and procedures comply with legislative requirements protecting consumer confidentiality, including: <ul style="list-style-type: none"> - The Principles of the Commonwealth Privacy Act. - The Freedom of Information Act. - State/Territory/National regulations for mental health services (where appropriate eg Australian Standards for Medical Records). □ Clients demonstrate an awareness of the information recorded in their file and their right to access that information. □ Staff receive training and demonstrate an understanding of their responsibilities in relation to client record keeping.

I.7 Information Management

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Information is routinely collected and analysed to inform the delivery and management of services.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standards Standard 9 'Service Development - Information Systems' and Standard 10 - Documentation.</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.2.4 'Information Management'.</i></p> <p>See also:</p> <p><i>Standard 1.9 Planning and Performance</i></p> <p><i>National Forum Strategies (Introduction)</i></p>	<p>The agency has the capacity to make informed decisions and to provide advice to other agencies with regard to the needs and demographics of people who have been affected by torture and/or trauma in the local area.</p> <p>Data is collected in a manner that ensures reliability, validity and timeliness of reporting.</p> <p>Data collected is analysed and used to promote continuous quality improvement. In addition, the agency monitors its performance in information management and record keeping as part of the quality improvement process.</p> <p>Data collected stored and reported in a manner that ensures confidentiality and complies with relevant legislation. This includes information kept on members, staff and donors.</p> <p>Record systems, including filing systems are logical, systematic, professional and accessible to all approved staff, while protecting confidentiality.</p> <p>Information is made available to funders, staff and the defined community in an understandable format within the bounds of confidentiality requirements.</p>	<ul style="list-style-type: none"> ❑ Policies and procedures exist and are used to achieve good practice in information management. ❑ Systems for the collection, storage and collation of information are efficient, make use of available technology and knowledge and are regularly reviewed. ❑ Record systems are well maintained and regular file audits are undertaken. ❑ Staff receive training on collecting and maintaining information records. ❑ The agency collects data to promote effective service delivery to clients, assist with the management and evaluation of services and contribute to staff training and research. This may include (but is not limited to): <ul style="list-style-type: none"> - Aggregated client records (eg age groups, ethnicity); - Service activity data (eg hours of service, types of support, referrals); - Feedback from clients, community visits and other agencies; - Trends reflected in demographic data and data available from other sources - Performance measures identified in plans and/or funding contracts - Analysis of costs and resource use. ❑ Data collected is stored and reported in a manner that ensures confidentiality and complies with relevant legislation. This includes information kept on members, staff and donors.

I.8 Health and Safety

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The activities and environment of the agency are safe for clients, staff, families, visitors and the community.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standards Standard 2 'Safety'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.5.1 'Safety and Office Environment 'Information Management' and Standard 4.2.2 Privacy & Confidentiality</i></p> <p>See also:</p> <p><i>Standard 2.4 Work Place Relations</i></p> <p><i>Standard 3.1 Front Door and Contact Services</i></p> <p><i>Standard 3.4 Client Rights and Participation</i></p>	<p>There are regular audits of health and safety standards to ensure compliance with relevant legislation and other instruments protecting the safety of clients, staff and visitors.</p> <p>Regular risk assessments are undertaken to identify and address safety issues pertaining to clients and staff.</p> <p>Client and worker safety is a consideration in the design and management of the office environment and in other management systems.</p> <p>Staff working alone or in situations of potential risk are provided with training and/or guidance on responding to emergency, crisis or traumatic events and have access to support.</p> <p>Staff are provided with debriefing and/or other appropriate assistance after serious incidents in which they have been injured or placed at risk.</p> <p>Staff have access to adequate equipment for their work and are trained in its use. Equipment is regularly maintained and repair of equipment is attended to promptly</p> <p>There are protocols and permission for staff to respond to unacceptable telephone manner or personal behaviour.</p> <p>There is a regular review of safety and occupational hazards in the work place. Management acts to remove or reduce recognised occupational hazards.</p> <p>The agency promotes a shared responsibility for safety and encourages staff to raise concerns and identify potential hazards.</p> <p>Safeguards are in place to protect clients from any potential abuse and exploitation by staff or other persons.</p>	<ul style="list-style-type: none"> ❑ The agency has documented processes that comply with Occupational Health and Safety Legislation. These may include: <ul style="list-style-type: none"> - Policies and procedures; - Manuals and guidelines; - Staff training materials. ❑ There is documentary evidence of: <ul style="list-style-type: none"> - Identification of potential hazards; - A register of accidents and incidents; - Timely completion of critical incident records; - Designated OH&S officer/s. ❑ Designated safety officers receive appropriate training. ❑ There is evidence that safety procedures and practices are routinely observed. ❑ Strategies are in place to address situations involving challenging behaviour. ❑ Record of accidents, injuries, critical incidents and potential risks are regularly reviewed as part of service management and continuous quality improvement. ❑ Staff are aware of and take responsibility for following safety procedures and protocols. ❑ Vulnerable clients receive information and training on their right to be free from abuse and steps to take if they feel unsafe or threatened.

I.9 Planning and Performance

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Strategic and operational planning processes provide direction in the organisation, inform decision-making and provide a basis for monitoring performance in service activity and management.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standards Standard 9 'Service Development</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.3.1 'Planning'.</i></p> <p>See also:</p> <p><i>Standard 1.3 Management Structures</i></p> <p><i>Standard 1.10 Evaluation and Quality</i></p> <p><i>Standard 3.7 Community Integration</i></p>	<p>A strategic plan is used across the organisation to inform operational planning.</p> <p>The strategic plan identifies goals and priorities for the organisation that are recognised and have meaning across the organisation.</p> <p>Past, current and potential clients are encouraged and supported to actively engage in the strategic planning process.</p> <p>Planning is also informed by a range of sources including client and community feedback, research, contemporary thinking about practice, evaluation, demographic and service data and ongoing monitoring of work.</p> <p>Planning informs the way resources are allocated in the organisation and the plan is realistic in relation to available resources.</p> <p>The plan identifies milestones or performance measures to monitor progress and performance in identified priority areas.</p> <p>There are adequate resources for new initiatives include good planning, sufficient funding, space in workloads, long term commitment, time for reflection and consolidation, prioritisation of opportunities within the agency's capacity.</p>	<ul style="list-style-type: none"> ❑ A current strategic plan is readily available to stakeholders and interested members of the public. ❑ The organisation has a cyclical strategic planning process in place that is up-to-date and understood by staff and members of the governing body. ❑ The agency has operational plans based on the strategic plan, which establish timeframes, responsibilities of organisations and/or individuals and targets for implementation. ❑ There is regular assessment of progress against the strategic and associated operational plans. ❑ Data measuring performance is routinely defined and collected in all service activity. ❑ The strategic plan is reviewed through a process of consultation with staff, clients, carers, other appropriate service providers and defined communities of interest.

I.10 Evaluation and Quality

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>There is a culture of continuous quality improvement in the agency and evaluation informs service development.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 10 'Service Development - Service Evaluation, Outcome Measurement, Research and Quality Improvement'.</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.3.2 'Evaluation'.</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.3.4 Quality Improvement.</i></p> <p>See also:</p> <p><i>Standard 1.6 Information Management</i></p> <p><i>Standard 1.9 Planning and Performance</i></p>	<p>All agency processes and activities are subject to critical review and continuous improvement.</p> <p>Processes that support quality improvement are explicit and inclusive.</p> <p>Staff and volunteers are encouraged to initiate new ways of doing things. Innovation and quality improvement processes are based on finding better ways to meet client needs or address community issues.</p> <p>Staff are encouraged to accept responsibility for quality and learning in the work of the organisation, through training, supervision and performance appraisal.</p> <p>Data is collected on key performance measures to test performance in all areas of the agency's work.</p> <p>Processes that support quality are linked to ongoing planning, review and evaluation of the organisation's work.</p> <p>Evaluation is regular, ongoing and conducted using a range of methods.</p> <p>Each service or program has an evaluation strategy, which promotes participation by staff, consumers, carers, other service providers and the defined community. Staff participate in critical reflection and continuous learning through a range of processes such as team meetings, planning days, supervision and debriefing.</p> <p>New programs or services have a resourced evaluation component.</p> <p>Evaluation is concerned with client and community outcomes as well as practice processes and management. Past, current and potential clients are actively supported to engage in evaluation activities.</p> <p>The results of evaluation activities are shared with those involved and used in reports on the organisation's work.</p>	<ul style="list-style-type: none"> ❑ Systems for continuous quality improvement are in place with adequate long-term commitment to be effective. ❑ People in the organisation are able to identify and participate in quality improvement processes. ❑ There is evidence of feedback from stakeholders and observers with regard to the agency's performance (eg records of client satisfaction surveys and contact with other service providers). ❑ Critical reflection, learning and initiative are valued by management and are evident in the way people approach their work. ❑ Evaluation is clearly supported and encouraged by the governing body and management. There is documented accountability and responsibility for the evaluation of the service. ❑ There are processes in place for eliciting formal and informal feedback from clients, staff and external stakeholders. ❑ Evaluation and continuous learning opportunities are identified in meeting minutes and agendas. ❑ Managers and staff can provide examples of changes to practice or organisational development as a result of evaluation findings. ❑ Reports and publications contain evaluation findings.

1.11 Research

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Research is used to plan, develop and deliver credible and effective services.</p> <p>Cross Reference</p> <p>Source Material:</p> <p><i>Mental Health Standard 10 'Service Development - Service Evaluation, Outcome Measurement, Research and Quality Improvement'.</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.3.3 - Research.</i></p> <p>See also:</p> <p><i>Standard 1.10 Evaluation and Quality</i></p> <p><i>Standard 3.5 Individual Service Planning</i></p> <p><i>Standard 3.6 Clinical Practice and Therapies</i></p> <p><i>National Forum Strategies (Introduction)</i></p>	<p>The governing body and managers value research as a tool for learning and service improvement.</p> <p>The agency supports efforts to ensure that resources and funding are made available for research.</p> <p>The organisation has identified and trained staff in research methods, or has other strategies in place to draw on research expertise when needed.</p> <p>When conducting research the agency ensures that:</p> <ul style="list-style-type: none"> • National or professionally approved standards and protocols for research are adopted where available and appropriate; • There is a well-developed theoretical base for the research design; • Research methodology is subject to ethical review prior to project approval; • Research is conducted by staff with skills and experience appropriate to the project design and requirements; • Research is supervised; • The research has the potential to contribute to improving practice and will not compromise client outcomes; • Participation in the research will be a positive and empowering experience for clients or vulnerable individuals, with minimal risk of adverse impact and strategies to correct any adverse impact (eg to respond to participant concerns or emotions that may arise); • There is an evaluation/review component to all research projects; • Research outcomes are shared across the organisation and with the clients and/or community members who participated. 	<ul style="list-style-type: none"> ❑ Management and staff have strategies in place to keep abreast of research relevant to the organisation's work, and there is scope for this knowledge to influence practices within the service. ❑ Research plays an active part in practice and review of services. ❑ The service conducts or participates in appropriate research activities. ❑ The agency allocates resources to research through strategic plans and annual budgets. ❑ The agency collaborates on National research projects. ❑ Opportunities for partnerships with other organisations including research institutes and universities are regularly considered and nurtured. ❑ Research is used in funding submissions and reports. ❑ Research conducted by the agency has been reviewed by peers and/or experts and is considered sound. ❑ The agency encourages funding for research by: <ul style="list-style-type: none"> - Supporting and participating in national strategies to encourage funding for research; - Using and citing research that has been conducted wherever useful and appropriate; - Providing regular feedback to Government on the value and need for research.

2. HUMAN RESOURCE MANAGEMENT STANDARDS

2.1 Recruitment

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Staff appointed in the organisation have the skills, attributes and experience needed for their position and individual appointments strengthen the staff team as a whole.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 3.4.1 Recruitment, Selection and Appointment</i></p> <p><i>Mental Health Standards: Standard 7 'Cultural Awareness'</i></p> <p>See also:</p> <p><i>Standard 1.3 Management Structures</i></p> <p><i>Standard 2.7 Volunteers</i></p> <p><i>Standard 2.8 Interpreters</i></p> <p><i>National Forum Strategies (Introduction)</i></p>	<p>Staff members working directly with clients are recruited because of their specialised knowledge, skills and culturally sensitive approach as well as a demonstrated commitment to human rights and inclusive value system.</p> <p>Recruitment practices support diversity in the work place and are consistent with Equal Employment Opportunity principles. Processes used to shortlist and select applicants are fair and consistent and based on established criteria for the position.</p> <p>Salary scales are specified for all positions and comparable jobs are paid within the same range. As a minimum staff are paid within applicable award conditions.</p> <p>There is rationale for establishment of new positions or change to the duties and criteria of existing positions. The rationale is linked to judgements about the best way to meet the community's needs and incorporates consultation with staff and clients affected by the change.</p> <p>The agency has appropriate safeguards to apply to the recruitment of staff or volunteers to positions that involve establishing a relationship of trust with children or young people. People working with children or young people must be a) capable of providing an adequate standard of care; b) understand the needs of children and families; and c) of good character and suitable to be entrusted.</p> <p>Staff have knowledge of the social and cultural groups represented in the defined community and an understanding of those social and historical factors relevant to their current circumstances or the capacity to learn and continually update this knowledge.</p> <p>Cont....</p>	<ul style="list-style-type: none"> ❑ There are documented policies and procedures for recruitment, selection and appointment of staff including relating to: <ul style="list-style-type: none"> - Advertising positions; - Structure and function of selection panels; - Process for short-listing applicants; - System for ranking applicants against criteria; - Notification of successful and unsuccessful applicants. ❑ Policies and procedures for recruitment demonstrate an awareness of and commitment to Equal Employment Opportunity and Anti-Discrimination. ❑ All positions have an up-to-date duty statement and selection criteria that cover the skills, knowledge and other requirements for the position. ❑ 'Fit and proper' person tests are built into employee and volunteer recruitment for positions that involve relationships of trust with children or young people. Tests to include: <ul style="list-style-type: none"> - Criminal record checks; - Referee checks to verify character and claimed experience or work history; - Supervised contact during trial or testing periods.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
	<p>Staff have the relevant skills and experience to work with client groups that have specific needs.</p> <p>The agency monitors and addresses issues associated with social and cultural prejudice in regard to its own staff.</p> <p>The capacity of staff to respond appropriately to client groups with specific needs is built into quality improvement processes.</p>	<ul style="list-style-type: none"> ❑ Feedback from clients suggests satisfaction with the skills of staff. ❑ Recruitment policies, procedures and duty or position statements support the recruitment of appropriately skilled staff. ❑ The agency employs staff or develops links with other services or organisations with relevant experience in the provision of treatment and support to the specific social and cultural groups represented in the defined community.

2.2 Staff Induction

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>All new staff receive comprehensive induction and orientation.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 10 'Service Development - Staff Training and Development'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 3.4.1 Recruitment, Selection and Appointment</i></p> <p>See also:</p> <p><i>Standard 2.6 Skills and Training</i></p>	<p>All new staff receive induction and orientation support, including (but not limited to) an introduction to:</p> <ul style="list-style-type: none"> • Information on the organisation's mission, goals, structures, staffing and plans; • All aspects of the organisations work (eg programs/projects); • Basic theory and practice in assisting people affected by torture and/or trauma; • Information specific to their position and clarification of their duty statement and performance expectations; • Introductions to the key people they will work with (internal and external); • The policy and procedures manual which describes the agency's operations and expectations; and • Equipment, record systems and information systems. <p>The agency ensure that new staff have an understanding of key organisation policies and practices before commencing duties.</p> <p>Additional support or supervision may be provided to new staff through mechanisms such as buddy arrangement or peer mentoring.</p>	<ul style="list-style-type: none"> ❑ There is a documented or clearly articulated approach to induction and orientation for new staff that ensures appropriate support is provided to all new staff. ❑ New staff receive training in key areas of policy and practice, such as: <ul style="list-style-type: none"> - Health and safety; - Confidentiality and client information systems; - Client rights; - Therapeutic guidelines; - Supervision, support and performance appraisal; - Service standards and continuous quality improvement. ❑ Staff report satisfaction with the induction and orientation process.

2.3 Supervision and Support

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Staff are able to provide high quality services because they are well supported by the organisation and receive appropriate supervision.</p> <p>Cross reference</p> <p>Source material:</p> <p>3.4.2 'Raising the standard' Good Practice standards for Community Service Organisations (2002)</p> <p>3.4.2 'Performance Management'</p> <p>See also:</p> <p>Standard 2.4 Work Place Relations</p> <p>Standard 3.6 Clinical Practice and Therapies</p> <p>National Forum Strategies (Introduction)</p>	<p>All staff participate in professional development, performance appraisal, service evaluation and quality improvement.</p> <p>All staff, volunteers and students participate in supervision on a planned basis.</p> <p>The effectiveness of supervision is regularly reviewed.</p> <p>Staff who undertake direct client work also receive supervision for aspects of their work including case load, clinical management, case review, intake, assessment, case mix and goals, community development, group work, working with children and adolescents, complementary therapies, bi-cultural work, torture and trauma. This may include a combination of internal and external supervision, peer support and formal professional mentoring.</p> <p>Staff who do not undertake direct client work on a routine basis have access to debriefing if they experience traumatic or difficult contact with clients.</p> <p>When choosing the appropriate model of supervision, management ensures that supervisors have suitable qualifications and experience, particularly in relation to their capacity to understand and support those working with survivors of torture and trauma.</p> <p>Increased and specialist supervision is provided at times of major change in our environment (eg. TPVs, safe havens) to counter helplessness, powerlessness and to counter transference.</p> <p>Students and volunteers receive appropriate supervision and support.</p> <p>The agency safeguards workers' confidentiality in supervision.</p> <p>Staff have allocated time for reflection and planning to support continuous improvement in their work.</p>	<ul style="list-style-type: none"> ❑ Supervision processes are clearly documented and scheduled into work plans. ❑ There is regular planned contact between staff and their nominated supervisor that provides for clear direction and expectations, good communication and feedback, recognition of achievements and resolution of problems or conflict. ❑ Feedback from staff and supervisors indicates satisfaction with the frequency and quality of supervision. ❑ Records of supervision contact are maintained and procedures ensure that these records are confidential. ❑ Staff demonstrate an awareness of their own and agency boundaries and limitations.

2.4 Work Place Relations

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The agency provides an effective and supportive work place that demonstrates respect for employees and encourages job satisfaction.</p> <p>Cross reference</p> <p>Source material:</p> <p><i>Mental Health Standard 10 'Service Development - Staff Training and Development'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) Standard 3.4.4 'Work Satisfaction' and 3.4.5 'Personnel Management and Systems'</i></p> <p>See also</p> <p><i>Standard 1.3 Management Structures</i></p> <p><i>Standard 1.9 Planning and Performance</i></p> <p><i>Standard 1.10 Evaluation and Quality</i></p> <p><i>Standard 2.6 Skills and Training</i></p>	<p>The relationship between staff and managers is well defined and power is well balanced.</p> <p>There is a sharing of information, skills and resources and support through formal planning activities as well as informal and flexible planning opportunities.</p> <p>The agency supports staff to:</p> <ul style="list-style-type: none"> • Understand the role and responsibilities of other staff, including administration staff. • Feel a sense of team identity and participate in regular team activities. • Evaluate agency performance, celebrate achievements and address any issues or concerns. • Be well informed about issues relevant to their individual and team performance. • Resolve problems and grievances in an effective and timely manner. <p>There is an effective grievance procedure in place for staff. Staff also have access to unions and outside advocates.</p> <p>There are transparent and efficient systems in place to deliver and manage staff entitlements.</p> <p>Decision-making processes reflect industrial democracy or equivalent principles (ie participatory decision-making).</p> <p>Management encourage a sense of shared responsibility for the performance of the agency, including recognising achievement and problem solving.</p> <p>Staff have allocated time and resources for all tasks, including documentation and reporting, reflection and planning, and shared or team-based tasks.</p> <p>Staff receive sufficient and timely information to provide effective operation to the agency.</p>	<ul style="list-style-type: none"> ❑ Staff receive information and/or training about their entitlements and rights as employees. ❑ Opportunities are provided to further develop knowledge and skills that help staff to exercise their rights and entitlements and to participate in the development of Human Resource Management policies, procedures and systems. ❑ All staff have a written contract and know their rights and entitlements as employees. ❑ Staff are paid on time, receive written payslips and know their leave balance. ❑ Staff are aware of the grievance procedure. ❑ Administrative staff are valued as part of the staff team. ❑ There is high staff retention and low absenteeism, and positive feedback from staff. ❑ Management actively engage staff in negotiating conditions of employment and the development of Human Resource practices. ❑ Staff input is recognised in the design of programs, staff feedback is elicited on the effectiveness of programs etc. ❑ Staff are confident that their records are confidential and secure.

2.5 Performance Development

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Performance development systems support the achievement of the agency's goals and enhance the skills, motivation, effectiveness and development of staff.</p> <p>Cross reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 3.4.2 'Performance Management'</i></p> <p>See also:</p> <p><i>Standard 1.9 Planning and Performance</i></p> <p><i>Standard 1.10 Evaluation and Quality</i></p> <p><i>Standard 2.6 Skills and Training</i></p>	<p>All staff participate in regular, formal performance appraisal and development activities.</p> <p>The performance development process considers performance in the context of the organisation's goals and priorities.</p> <p>Performance indicators are established for all staff on appointment and reviewed during periodic performance reviews.</p> <p>Performance development includes identifying staff training, development and support needs.</p> <p>Staff accept responsibility for positive participation in the performance development process.</p> <p>Adequate resources are allocated to performance review processes</p>	<ul style="list-style-type: none"> ❑ There is a defined process for appraising the performance of individual staff. The process occurs at planned intervals and includes: <ul style="list-style-type: none"> - Setting performance goals; - Assessing performance against agreed goals; - Deciding where improvements or change is needed; - Identifying training or support needs and opportunities; - Documenting the process and outcomes. ❑ Records of current appraisals are present in personnel files. ❑ Staff and managers report satisfaction with the performance appraisal process.

2.6 Skills and Training

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Individual and team performance is enhanced through access to training and skills development opportunities.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 10 'Service Development - Staff Training and Development'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 3.4.3 'Training and Development'</i></p> <p>See also:</p> <p><i>Standard 2.2 Staff Induction</i></p> <p><i>Standard 2.5 Performance Development</i></p> <p><i>Standard 3.14 Providing Training</i></p> <p><i>National Forum Strategies (Introduction)</i></p>	<p>The training and development needs of staff and management are regularly identified.</p> <p>The agency ensures that staff participate in education and professional development programs.</p> <p>Staff development is included in annual budgets and strategic or operational plans as well as program or project budgets.</p> <p>Core training needs for all employees are identified and there is a planned approach to meeting these needs.</p> <p>Managers and peers actively encourage staff to take up training and development opportunities.</p> <p>The agency provides staff with up-to-date information and resources (some of which may be available through the national network).</p> <p>Staff at all levels are encouraged to attend conferences and professional development seminars relevant to their position.</p> <p>Staff are encouraged to join professional organisations.</p> <p>Participation in training and development is evaluated for its benefit to staff and the organisation.</p> <p>Staff are provided with opportunities for development such as:</p> <ul style="list-style-type: none"> • Support to undertake tertiary study; • Secondment or inter-agency placement through the NFTTS or local service networks. <p>The agency works with local training providers and tertiary institutions to encourage cross discipline training at undergraduate, graduate and post graduate levels in relation to working with survivors or torture and/or trauma.</p>	<ul style="list-style-type: none"> ❑ Training and development needs are identified through performance appraisals, surveys, supervision and reference to industry validated core competencies (eg for mental health staff or community services). ❑ The organisation has policies and procedures that ensure professional development is available to staff. ❑ Staff skills and career development has been enhanced through in-house and external training and development opportunities. ❑ Staff report they have become more competent and confident in exercising their duties as a result of training. ❑ Staff demonstrate up-to-date knowledge in relation to theories and principles underpinning service delivery and capacity building and build this into practice. ❑ Training is provided to volunteers.

2.7 Volunteers

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Volunteers contribute to the agency and are valued members of the team.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 3.4.6 'Management of Volunteers'</i></p> <p>See also:</p> <p><i>Standard 2.1 Recruitment</i></p> <p><i>Standard 2.2 Staff Induction</i></p>	<p>The areas of work in which volunteers are used are clearly identified and consideration has been given to delineating areas of paid and unpaid work in the organisation.</p> <p>The selection of volunteers takes account of the skills needed for specific volunteer work and there are clear selection criteria used in recruitment.</p> <p>Volunteers are appropriately screened during recruitment. Volunteers are provided with written information about their conditions of work and entitlements. The agency has appropriate insurance in place to cover volunteers.</p> <p>Volunteer roles are clearly defined and volunteers have access to orientation and other training to support them in their work. In particular, volunteers receive adequate induction to:</p> <ul style="list-style-type: none"> - Understand the mission and goals of the agency, key principles underpinning service delivery and policies and procedures that apply to their work; - Apply cross-cultural practice and sensitivity, respect client rights and maintain confidentiality; - Coordinate with other staff and support providers including mental health services, community law and refugee services etc. <p>Volunteers have an identified manager or supervisor with structured opportunities for two-way feedback.</p> <p>Volunteers have access to training and skills development opportunities.</p> <p>The agency demonstrates its recognition of volunteer staff to the volunteers, the wider organisation and the community.</p>	<ul style="list-style-type: none"> ❑ There are clearly articulated procedures for the recruitment, management, supervision and training of volunteers. ❑ Volunteers are subject to referee and character checks during recruitment. When working with children or young people they are subject to the 'fit and proper' person test as applied to paid staff. ❑ Volunteers have duty or position statements including their conditions of employment, copies of which are kept on personnel files. ❑ Volunteers participate in induction and orientation to the organisation. ❑ There is evidence that the agency has provided training to volunteers. ❑ Volunteers feel valued as part of the team. ❑ Volunteers are provided with references for the work that they have done and may also be eligible for certificates or other forms of recognition. ❑ Annual reports, publicity and other agency activities recognise the contributions of volunteers.

2.8 Interpreters

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The agency uses interpreters wherever appropriate to overcome language barriers and ensures that interpreting is of a high standard.</p> <p>Cross Reference</p> <p>See also:</p> <p><i>Standard 3.4 Client Rights and Participation</i></p> <p><i>Standard 3.6 Clinical Practice and Therapies</i></p>	<p>Preference is given to engaging interpreters who are professionally accredited and comply with industry-recognised standards or codes of conduct.</p> <p>Mechanisms are in place to ensure that interpreters respect the confidentiality of clients.</p> <p>Clinical staff and senior managers are competent in working with interpreters.</p> <p>The agency seeks to ensure that there is consistency of interpreters and that clients and staff are able to choose the interpreter.</p> <p>There is sufficient time available with from the interpreters to ensure that counsellor advocates can respond to unexpected client needs (eg disclosure within group work).</p> <p>Interpreters are appropriately trained and supported by the agency. This may include debriefing to cope with the impact of being present when clients relate torture and trauma experiences, as well as counselling to manage personal conflicts with political, religious or cultural beliefs.</p>	<ul style="list-style-type: none"> ❑ Managers, staff and volunteers demonstrate skills with regard to using interpreters. ❑ Interpreters adhere to a code of ethics developed by a professional body. (If not a member of a relevant professional body interpreters may be asked by the agency to sign up to a code endorsed by an appropriate body). ❑ Interpreters sign confidentiality agreements and/or receive training in confidentiality. ❑ Records and feedback from interpreters indicate that they have received training, support and debriefing.

3. SERVICE DELIVERY STANDARDS

3.1 Front Door and Contact Services

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Clients and visitors feel valued, respected and comfortable when contacting or attending the agency.</p> <p>Cross Reference <i>See also:</i> <i>Standard 1.6 Client Records</i> <i>Standard 1.7 Information Management</i> <i>Standard 1.8 Health and Safety</i></p>	<p>Telephone callers feel welcomed, with a satisfactory response about which they feel comfortable</p> <p>Clients and visitors are greeted in a friendly, thoughtful and efficient manner on arrival.</p> <p>There is a reception area appropriate to the size of the agency and the services provided on-site. In the reception area, children and families can be catered for.</p> <p>Written communication with clients is respectful, responsive to their familiarity or comfort with written English and provides the opportunity to respond or seek clarification.</p> <p>There is clarity about the “intake” role in reception, including who is responsible for intake and when or how this occurs. This can be explained to clients and visitors.</p> <p>Alongside other areas of the agency, all administrative functions demonstrate respect for the client.</p> <p>All agency documents, publications and forms use respectful language and enhance rather than detract from the dignity of clients.</p>	<ul style="list-style-type: none"> ❑ Staff clearly understand front door and administrative services, including: <ul style="list-style-type: none"> - Communication systems; - Reception duties and operation; - Intake processes. <p>These processes are included in job descriptions, staff induction and training.</p> ❑ A welcoming attitude toward clients and visitors forms part of performance management for 'front door' staff. ❑ Feedback from clients and visitors is regularly solicited. ❑ Clients are appropriately and warmly welcomed and attended to by administrative staff. ❑ Administrative staff receive training and demonstrate competency in key areas of service delivery such as: <ul style="list-style-type: none"> - Cross cultural practice and sensitivity; - An understanding of how torture and trauma is manifested in clients; - Client rights and expectations.

3.2 Equity of Access

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Services are accessible to eligible persons on a non-discriminatory basis and the agency works to address barriers to access faced by potential clients.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 11.1 'Access'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.1.1 'Access to Services'</i></p> <p>See also:</p> <p><i>Standard 3.3 Referral and Service Entry</i></p>	<p>The agency ensures effective and equitable access to services for each person in the community it serves. Targeting strategies encourage access amongst specific groups (eg children, young people, women) who might otherwise be disadvantaged.</p> <p>Access to services is non-discriminatory with regard to age, gender, culture, sexual orientation, socio-economic status, religious beliefs, disability, mental health issues, drug or alcohol issues or past criminal record.</p> <p>Services are actively promoted to the defined community, including information about availability, range of services and method for establishing contact.</p> <p>The service fosters a knowledge base of cultural values, practices and meanings, through linkages and partnerships with culturally rich, aware and sensitive resources and services, including interpreters and community elders.</p> <p>The agency ensures that:</p> <ul style="list-style-type: none"> • Services are available to potential clients across the geographic area covered by the agency. • Where supports or services are only available provided on premises owned or hired by the agency, the premises are accessible for people with mobility impairment resulting from physical or sensory disability. • Services cater to family groups and that no client is excluded because of their need to care for children. • Potential clients are given clear advice regarding user charges and any assistance available for people who cannot pay. <p>Staff understand equity issues (including the potential impact of various forms of disadvantage on access to services) and ensure that all services and interventions are accessible.</p> <p>Cont...</p>	<ul style="list-style-type: none"> ❑ The agency has policies and procedures to ensure equity in access and non-discriminatory practice including: <ul style="list-style-type: none"> - Access to services; - Provision of service; and - Withdrawal or suspension of services. ❑ Policies and procedures comply with relevant legislation. ❑ Staff demonstrate awareness and implementation of access policies. ❑ The agency actively promotes its services to other agencies and the community. ❑ Accessibility strategies are developed to promote access for people who might otherwise be disadvantaged (eg TPV holders, people with health or mental health issues). ❑ Information about services is available in a variety of languages and a variety of media. ❑ The strategic plan identifies groups facing barriers to access and outlines strategies to reach and respond to such groups. ❑ The service regularly provides training to staff directed to addressing barriers faced by groups in the community. ❑ Service outlets are accessible by public transport and arrangements can be made for people requiring

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
	<p>There is regular consideration of changing and emerging needs within the population of people who have survived torture or trauma (including refugee populations).</p>	<p>assistance.</p> <ul style="list-style-type: none"> ❑ Outreach or home based services are available ❑ Child care is available to enable clients to attend appointments. ❑ Demographics data is regularly collected to identify service gaps and possible access barriers.

3.3 Referral and Service Entry

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Referral and entry processes result in timely access to supports on the basis of relative need and available resources.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 11.2 'Entry'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.1.2 'Referral and Entry to Service'</i></p> <p>See also:</p> <p><i>Standard 3.2 Equity of Access</i></p> <p><i>Standard 3.5 Individual Service Planing</i></p> <p><i>Standard 3.8 Young People</i></p> <p><i>Standard 3.9 Children</i></p> <p><i>Standard 3.10 Temporary Visa Holders</i></p> <p><i>Standard 3.11 Exit and Follow-up</i></p>	<p>Access to services is based on eligibility criteria and priority of access guidelines, which are applied to all potential clients in an equitable way.</p> <p>There are multiple pathways of inquiry, referral and access to services that are coordinated through a single entry process.</p> <p>The agency has a system for prioritising referrals according to factors such as risk, urgency, distress and existing supports. It has developed systems to ensure that all referrals receive a timely and appropriate response.</p> <p>The entry process can be flexible and responsive to client preferences with regard to location, time of day, use of interpreters etc.</p> <p>Priority and increased support is given to young people and children who are unaccompanied or experiencing family breakdown, in recognition of the lack of support in the broader community and the importance of early intervention.</p> <p>People not accepted into the service are informed of the reasons for the decision and assisted to access other services - the organisation keeps information on other services.</p> <p>People accepted as clients are given comprehensive information about the services. As far as possible the entry process ensures minimum duplication in relating personal histories or support needs by linking entry to ongoing assessment and service planning.</p>	<ul style="list-style-type: none"> ❑ The service has and applies non-discriminatory entry rules in respect of age, gender, race, culture, religion or disability, consistent with the contractual obligations and purpose of the service. ❑ There are clear eligibility criteria for access to services, including priority factors and assessment methods. ❑ Staff responsible for intake are familiar with direct and indirect discrimination and demonstrate awareness and implementation of access policies. ❑ There is an early assessment of the urgency of client needs and referral to crisis services where appropriate. ❑ All referrals received are considered in a timely way. In most cases, eligible client's receive a meaningful, short term intervention within two weeks of referral. Expectations regarding timing are included in policy and known to staff responsible for intake procedures. ❑ Case files indicate that entry policies & procedures are applied in all cases. ❑ Waiting lists demonstrate timely response to referrals and/or inquiries. ❑ Staff are well trained in cross cultural practice, gender and age awareness. ❑ Interpreters are provided during entry and intake processes.

3.4 Client Rights and Participation

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The rights of people affected by torture and trauma are upheld and actively promoted by the service.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 1 'Rights'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.1.2 'Referral and Entry to Service'</i></p> <p>See also:</p> <p><i>Standard 3.6 Clinical Practice and Therapies</i></p> <p><i>Standard 3.13 Advocacy and Representation</i></p>	<p>Clients and their carers are provided with a written and verbal statement of their rights and responsibilities as soon as possible after being accepted into the service. Staff ensure that clients understand the statement and provide any necessary explanation.</p> <p>Clients are provided with information to enable choice, control and participation in the service.</p> <p>Clients participate in all services, programs and projects on a voluntary basis. Staff explain the voluntary nature of services to enable the client to choose whether or not to participate and whether to stay or leave at any time</p> <p>The client approves all interventions. Clients receive appropriate information to ensure informed consent. This information recognises language barriers, cultural issues and expectations.</p> <p>Decision-making processes that impact on individual clients are participatory and transparent.</p> <p>The service upholds the right of the client to involve family members, other people and advocates or not to involve any other party to the extent that this is appropriate to the age of the client and does not pose serious risk to the client or other person(s).</p> <p>The service upholds the right of clients to have access to accredited interpreters.</p> <p>There is an easily accessed, responsive and fair complaint procedure for clients and mechanisms for providing feedback on service performance. The service informs people of this procedure.</p>	<ul style="list-style-type: none"> ❑ There is a statement of client's rights that is provided to clients upon commencement, that can be provided to clients in an appropriate language and media format and adapted for clients of different age groups. ❑ New clients receive information such as the agency mission, an overview of services, choices available and how to participate in decision-making. ❑ Clients have an awareness of their rights and provide feedback on choice and participation in decision-making. ❑ Clients have an awareness of the complaints procedure and/or the agency can demonstrate that it has been used effectively. ❑ Families, advocates and other parties are engaged in the support of some clients and not others. ❑ Staff comply with relevant legislation, regulations and instruments protecting the rights of people accessing services, including privacy legislation and UN conventions regarding the rights of children and people with mental illness and people with a disability.

3.5 Individual Service Planning

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Services are client focused and tailored to meet individual needs and preferences, while recognising the family and community context.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 4 'Promoting Community Acceptance'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.1.3 'Assessment and Service Planning'</i></p> <p>See also:</p> <p><i>Standard 3.11 Exit and Follow-up</i></p>	<p>Clients are encouraged and supported to set their own goals in the service planning process.</p> <p>Staff undertaking assessment and individual planning:</p> <ul style="list-style-type: none"> Do not pre-judge client needs or the appropriateness of specific interventions; Are willing to negotiate and experiment based on clients' expressed needs; Provide opportunity for the client to discuss their needs and preferences and make informed choices regarding the services and supports they may receive; Explore a range of interventions and opportunities for flexible, creative and innovative responses to meet client needs; and Respect the strength and skills of clients. <p>Appropriately qualified and experienced staff conduct psycho-social assessments. Assessments and related contacts with clients are conducted in a space that is comfortable, safe and non-threatening to the client and in the preferred language of the client.</p> <p>The assessment considers how and where other services may be needed and the client is supported to seek other support or assistance.</p> <p>With the consent of the client the agency works to build links with the community and facilitate the development of social networks.</p> <p>Staff identify and provide support to other services, agencies, networks and systems of relevance to the client, when appropriate. This may include the use of community development techniques to build the capacity of the clients social network.</p> <p>Interventions are established only after client's have given informed consent.</p> <p>Cont...</p>	<ul style="list-style-type: none"> There is a clear and documented approach to undertaking client assessment is documented and and developing service plans. Including: <ul style="list-style-type: none"> Issues or needs to be addressed; Assistance to be provided; Role and responsibilities where a range of people might be involved; Agreed times for action and review. Client feedback is positive in relation to voluntary participation, quality of relationships with staff, choice and participation in decision-making. Assessment and service planning forms record the clients preferences, views and goals. Staff can provide examples of flexibility, creativity and innovation in service planning. There is evidence of the consideration of family and community context in assessment, service planning, intervention design and evaluation activities in case files. There is a current individual service plan for each client, which is regularly reviewed with the client and (with their consent) other people involved in support.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
	<p>The client and caseworker select relevant interventions and goals to match the individual's needs, allowing for a flexible approach as needs develop and change.</p> <p>Support provided by the agency is integrated and coordinated. A designated staff member facilitates clients' transition between components of the agency.</p> <p>The client is informed of the potential benefits, potential adverse effects, financial costs and any other foreseeable inconvenience associated with the provision of a particular intervention or therapy.</p> <p>There is a planned approach to the gradual withdrawal of services when recovery goals have been achieved.</p>	

3.6 Clinical Practice and Therapies

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Interventions reflect best available evidence with regard to being effective as well as responsive to individual client circumstances and choices.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 11.4 'Treatment and Support'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.1.4 'Client Centred Practice'</i></p> <p>See also:</p> <p><i>Standard 1.11 Research</i></p> <p><i>Standard 2.6 Skills and Training</i></p> <p><i>Standard 3.2 Equity of Access</i></p> <p><i>Standard 3.3 Referral and Service Entry</i></p> <p><i>Standard 3.5 Individual Service Planning</i></p>	<p>The agency provides a range of interventions that are recognised as valuable and effective, including:</p> <ul style="list-style-type: none"> • Casework and long term counselling; • Group work; • Complementary therapies; • Early health assessment and intervention; and • Short term or crisis interventions. <p>Interventions address physical, social, cultural, emotional, spiritual, gender and lifestyle aspects of the client. Interventions also reflect both the individual needs of the client and the family and community context.</p> <p>Wherever possible interventions are specialist in relation to client characteristics such as:</p> <ul style="list-style-type: none"> • Age and stage of development; • Mental health issues, disability, dual diagnosis or other factors impacting on type or level of need; • Cultural background, religious beliefs and language preferences. <p>Therapies provided by the service are provided in an environment that is safe, private, comfortable and affords minimal disruption. The service is available for home visits, at the office or other appropriate venues.</p> <p>All psychotherapeutic approaches employed in working with survivors of torture are premised on establishing trust and safety for each client, maximising client control and empowerment.</p> <p>There are protocols for cross-referrals and all staff have an understanding of the different types of interventions available to clients. Where clients move between programs or intervention types or access more than one form of assistance from the agency, continuity of care is provided by a designated case manager.</p>	<ul style="list-style-type: none"> ❑ The agency demonstrates contemporary knowledge of evidence regarding the effectiveness and responsiveness of interventions and therapies provided to survivors of torture and/or trauma. ❑ Interventions are delivered in a way that reflects best practice. ❑ Clients report satisfaction with the progress and achievement of their recovery goals. ❑ Services to children and young people are provided by specialist staff. ❑ Staff demonstrate an awareness and understanding of family and community contexts. ❑ Staff are familiar with broader service networks and the communities relevant to the clients they are working with. ❑ The organisation provides both individual and family therapy, and is skilled in managing the interface between the two.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Casework and Long Term Counselling</p>	<p>Caseworkers may work with individuals and/or family groups. Wherever possible, clients are provided with choice regarding characteristics of the caseworker such as gender. There is also acknowledgment and strategies to respond to cultural asymmetry between the counsellor and the client.</p> <p>Casework is based on an extensive biopsychosocial assessment, to identify client/s needs as well as preferences and contextual issues to consider.</p> <p>There is an acknowledgment of the connection between trauma history, the developmental stage of the client, resettlement issues and the family and cultural context.</p> <p>The service employs a model that recognises the resilience and strengths of clients rather than an emphasis on pathology and diagnosis.</p> <p>Case work employs multiple modalities, including both traditional (eg verbal discussion) and innovative (eg non-verbal communication) approaches to identify and explore client needs, as appropriate to the individual.</p> <p>There are regular case reviews which enable staff to influence and determine the balance and management of their caseload, including the relative proportion of different types of clients (eg long-term, short-term, temporary visa holders).</p> <p>The service has an explicit process for a seamless transition to long term counselling where appropriate and we have sufficient resources to provide such counselling.</p>	<ul style="list-style-type: none"> ❑ Client files show that all families and individuals accessing the service have a designated caseworker and clients demonstrate an awareness of who their caseworker is and how to contact them. ❑ There is evidence of effective 'matching' between caseworkers and clients. ❑ Caseworkers demonstrate knowledge and familiarity with biopsychosocial assessment. ❑ Clients feel that their strengths are valued and that they are empowered by caseworkers. ❑ Caseworkers can provide examples of flexible modalities used to identify the needs of clients,.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Group Work</p>	<p>Group work can be educational, social, and therapeutic.</p> <p>There is a commitment to group work as a valid therapeutic process.</p> <p>The purpose, content and goals of group work are clear and well planned and based on comprehensive consultation with clients, group participants, workers, and partner agencies</p> <p>Adequate resources are available to ensure sufficient time for preparation, development, implementation and evaluation and to provide an appropriate venue and group size.</p> <p>The number, gender and role of staff working with groups is appropriate to the size and function of the group.</p> <p>Staff conducting group work employ contemporary practice with regard to:</p> <ul style="list-style-type: none"> • Early consideration of factors which may impact on the dynamics of group. • The establishment of ground rules which develop trust are established at the start of each group. • Flexibility in the group to allow for the opportunity to meet changing needs. • Ensuring information is accessible and understood. • Managing group dynamics to encourage full participation. • Developing the skills of participants. <p>Group work is collaborative and may be provided in partnership with other agencies (eg schools).</p>	<ul style="list-style-type: none"> ❑ A theoretical framework for group work is provided in staff training, including processes for responding to unexpected events such as conflict between group members or disclosure of torture/trauma experience by participants during group activities. ❑ Staff understand the aim of group work, be it psychotherapeutic, recreational or otherwise supportive. ❑ Staff undertaking group work have opportunities to share skills and compare experiences. ❑ Group sizes are appropriate and at least two facilitators and interpreter/s (where necessary) are available for each group, with adequate skills to respond to the emotional response of clients and to ensure the safety of all participants. ❑ Feedback from participants is positive and demonstrates the achievement of client outcomes ❑ Group work is evaluated and measures of success include: regular attendance, outside referrals and members referring friends, feedback from the participants.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
Complementary Therapies	<p>Complementary therapies are provided as stand alone or concurrent interventions, which may precede or succeed counselling services.</p> <p>Complementary therapies may be provided directly by the agency or externally. They may be offered to individuals and/or groups and may be tailored to the client's gender or age.</p> <p>Complementary therapies are provided in a way that maintains and respects client control of the therapeutic relationship.</p>	<ul style="list-style-type: none"> ❑ A range of complementary therapies are available to meet each client's needs, example include relaxation and stress management, massage, physiotherapy or movement, homoeopathic medicine, aromatherapy, acupuncture, nutrition, art or music groups etc. ❑ The agency maintains accurate information about complementary therapies provided to clients both within its services and externally by other organisations. ❑ Clients report satisfaction with complementary therapies.
Early Health Assessment and Intervention	<p>Early Health Assessment and Intervention services are provided in a timely way.</p> <p>Early health workers conduct comprehensive psycho-social screening assessment in a way that best suits client needs and which identifies the impact of trauma on current functioning. In collaboration with the client they identify individual goals and service plans.</p> <p>The service provides orientation and information sessions about health services and the health system.</p> <p>Interventions include stabilisation of health problems, referrals to specialists and allied health services and short term counselling.</p> <p>Clients exiting from EHAI are reviewed to ensure that their needs have been met, there is a planned approach to follow-up support and that sufficient choices have been offered.</p>	<ul style="list-style-type: none"> ❑ The agency can demonstrate that EHAI services are provided within agreed timeframes and in accordance with contemporary practice. ❑ There is evidence of improved health status amongst clients accessing EHAI and appropriate referrals to other health services. ❑ The service has in place or is developing a peer review process for the Early Health Assessment and Intervention program. ❑ There are explicit guidelines to determine how and when to make referrals from EHAI to long term counselling.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
Crisis Intervention	<p>The agency has the capacity to provide or facilitate crisis intervention when needed and has considered or anticipated a range of scenarios in which this might occur.</p> <p>The agency has a planned approach to providing short term counselling based on good practice principles.</p> <p>Clients are given information about what to do when they or others are at risk.</p> <p>There is follow up after a crisis situation, including appropriate documentation and debriefing for staff and clients.</p> <p>The agency works collaboratively with mental health services to promote a structured model for practice based on methodology, ethics and excellent standards of crisis response.</p>	<ul style="list-style-type: none"> ❑ The agency has well developed and appropriate crisis intervention protocols, which are known to and utilised by staff. ❑ Staff are aware of crisis services they can call upon. ❑ The duty system deals well with crisis. ❑ Protocols or other evidence of collaboration with mental health services are evident.

3.7 Community Integration

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The agency develops and maintains links with other sectors at local, state and national level to ensure coordinated support and promote community integration.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 8.3 Integration with other Sectors'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.1.5 'Participation in Wider Community Issues'</i></p> <p>See also:</p> <p><i>Standard 1,1 Governing Body</i></p> <p><i>Standard 1.2 Governance Processes</i></p>	<p>The agency participates in service networks to encourage information sharing, the identification and analysis of need, coordination between agencies and collaborative approaches such as shared training and information events.</p> <p>Staff are encouraged to participate in networks and forums that inform and educate them about policy and community issues.</p> <p>The agency forms community partnerships to ensure that that practice is appropriate and responsive to needs. This may include working closely with volunteer groups and consulting with community representatives and elders.</p> <p>The agency develops a proactive approach to understanding wider community issues. This may be achieved through:</p> <ul style="list-style-type: none"> • Being well-informed about wider community issues affecting clients; • Including goals and strategies relating to work on community issues in strategic plans; • In staff work plans and time allocation, recognising the importance of networking to achieve change in the community; • Maintaining regular communication with people directly effected by community issues (eg clients, carers) and actively encouraged and supported to become involved in addressing them; • Supporting and encouraging other agencies to research the needs of clients and develop responses. 	<ul style="list-style-type: none"> ❑ The service has formal processes to develop inter-sectoral links and collaboration (eg the national forum, other services funded through the Integrated Humanitarian Settlement Strategy, local health and community services) ❑ Staff demonstrate knowledge of the range of other services and supports available to clients and carers. ❑ Staff are involved with other agencies and local service networks wherever possible and appropriate. ❑ Examples of case collaboration and inter-agency support can be provided. ❑ Feedback from other services is positive and supports the work of the agency in this area. ❑ The value and effectiveness of service networks and relationships with other services are regularly evaluated. ❑ A range of strategies (formal and informal) are used to keep in touch with issues facing people in communities and also to facilitate understanding of the dynamics and cultural meanings within the communities.

3.8 Young People

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Specialist programs are provided for young people, based on contemporary knowledge and practice.</p> <p>Cross Reference</p> <p>See also:</p> <p><i>Standard 2.1 Recruitment</i></p> <p><i>Standard 2.6 Skills and Training</i></p> <p><i>Standard 2.7 Volunteers.</i></p> <p><i>Standard 3.3 Referral and Entry.</i></p> <p><i>Standard 3.6 Clinical Practice and Therapies</i></p>	<p>The agencies work with young people is guided by age appropriate principles, including (but not limited to):</p> <ul style="list-style-type: none"> • Young people are equipped to cope with life. • Young people are assisted to understand their own experiences of torture and/or trauma and that of other family members. • Services for young people address adolescent, risk-taking behaviour. • The developmental stages of young people are acknowledged. • Cultural and family dynamics are acknowledged. • Support provided to young people acknowledges the interplay between adult events and the young person. • Unaccompanied minors receive priority access and additional support. Priority may also be given to young people in substitute or formal care. <p>A range of interventions is available to meet the needs of young people (eg individual and group therapy, community development, art therapy, natural therapies, play and sand-play).</p> <p>There is a flexible approach to the needs of young people, including:</p> <ul style="list-style-type: none"> • The capacity to accommodate the needs of young and maintain continuity in case management, including when there is disjointed patterns of contact. • Willingness to provide services in contexts that are comfortable for young people (eg youth centres). • The capacity to develop interventions that are culturally responsive (including youth culture), meaningful and appropriate to young people. • Staff employed as youth workers are able to develop a working relationship and be mobile and flexible with an out-of-office focus. <p>Cont...</p>	<ul style="list-style-type: none"> ❑ Staff are skilled in dealing with risk-taking behaviour and are aware of appropriate services for referral. ❑ Staff understand the developmental stages of young people. ❑ The agency works to influence the environment of the young person to be sympathetic to their needs and concerns through: <ul style="list-style-type: none"> • Outreach work and collaborative partnerships with other services. • Networks with parents, teachers and other professionals. • Partnerships with youth and mental health agencies. • Consultancy and support. • Consulting with and providing training to key stakeholders. • Building the capacity of other services through support and education. • Encouraging other services to accept their responsibilities for the client group. ❑ The agency has flexible procedures for closure, episodes of care and outcomes to accommodate disjointed contact with young people. ❑ Feedback from young clients suggests satisfaction with the services provided and the way in which services are delivered.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
	<p>Services for young people are integrated with other services to provide multiple entry points (eg art program, school outreach, basketball team, group work in schools).</p> <p>The agency uses community development and capacity building to promote social and systemic change which enhances the lives of young refugees., including liaison with schools and youth services to ensure they are responsive to the needs of young Humanitarian entrants.</p> <p>The agency advocates on behalf of individual or groups of clients to improve their experiences.</p> <p>The agency works to identify service gaps and seek to address them through advocacy, networking and education.</p>	<ul style="list-style-type: none"> ❑ There is evidence of diversity in access points ❑ Staff can provide examples of out-of-office activities. ❑ The agency has mapped the local service network for young people and has protocols or relationships with other agencies including mental health services, youth services, schools etc. ❑ There is evidence of impact on the broader youth services sector and local communities.

3.9 Children

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Specialist programs are provided for children, based on contemporary knowledge and practice.</p> <p>Cross Reference</p> <p>See also:</p> <p><i>Standard 2.1 Recruitment</i></p> <p><i>Standard 2.6 Skills and Training</i></p> <p><i>Standard 2.7 Volunteers.</i></p> <p><i>Standard 3.3 Referral and Entry.</i></p> <p><i>Standard 3.6 Clinical Practice and Therapies</i></p>	<p>The agency's work with children is guided by principles, including (but not limited to):</p> <ul style="list-style-type: none"> • Recognition and awareness that children may be affected by the experiences of their parents, siblings or other relatives as well as their own experiences. • Recognition and awareness that children may demonstrate the impact of torture and/or trauma differently to adults; • Ensuring that children are assisted to understand their own experiences of torture and/or trauma and that of other family members. • That the developmental stages of children people are acknowledged. • That cultural and family dynamics are acknowledged. • That support provided to children acknowledges the interplay between adults and children. • Recognition that parents are crucial to ensuring children's use of the services and ensuring that parents are included at all levels and stages in programs, and are supported in their role within the family. • Unaccompanied minors receive priority access and additional support (see Access and Entry Standards). Priority may also be given to children in substitute or formal care. <p>A range of interventions is available to meet the needs of children (eg individual and group therapy, community development, art therapy, natural therapies, play and sand-play).</p> <p>All those working with children have specialist training, clinical supervision, debriefing and professional development opportunities.</p> <p>The agency works to empower the family and the community to identify their concerns and seek solutions beyond professionals.</p> <p>Cont..</p>	<ul style="list-style-type: none"> ❑ Parents receive a clear explanation of what therapeutic work with children means. ❑ The agency maintains parental consent and support. ❑ Services for children are actively promoted through children's services and family networks. ❑ There are an appropriate number and range of referrals from various sources. ❑ Staff working with children have specialist skills. ❑ Case files demonstrate assessment, intervention planning and outcome assessment for children. ❑ The agency can demonstrate its effectiveness in working with children through service evaluation and client outcomes. ❑ Policies, procedures and practices reflect legislative requirements with regard to identifying and responding to children at risk. ❑ Parents and children provide positive feedback on their participation in programs and an understanding of information provided to them, including the program goals.

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
	<p>The agency works with children within the appropriate contexts, including the family, community, school, health and welfare services.</p> <p>Service for children are promoted through mainstream children's service networks and outreach services.</p> <p>The agency ensures that children enjoy accessing the service, that fun is an element of all children's programs and that programs acknowledge the social needs of children (eg through group activities and opportunities for play).</p> <p>Work with children is guided and informed by up-to-date research and information as well as expert advisers and community networks (eg reference groups, children's services inter-agency).</p> <p>There is collaboration and integration with other services for children and supports for parents.</p> <p>The agency provides advice to parents, schools and other services about the impact of torture and trauma on the development of the child to promote understanding and support across the environments of the child.</p> <p>The agency complies with relevant child protection legislation, with regard to identifying and responding to children at risk of abuse or violence.</p> <p>The agency adapts information about client rights and service policies/procedures to the child's developmental age as well as explaining and providing information to parents.</p>	

3.10 Temporary Visa Holders

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Temporary visa holders are recognised as a particularly vulnerable group and receive additional or tailored support.</p> <p>Cross Reference</p> <p>See also:</p> <p><i>Standard 1.11 Research</i></p> <p><i>Standard 3.13 Advocacy and Representation</i></p>	<p>Services need to be flexible to provide access to temporary visa holders given the transient nature of this population which can result in irregular attendance patterns and movement between states. This may require the development of targeted models or approaches in collaboration with other services and funding bodies.</p> <p>The agency trains, prepares and supports staff for common difficulties in working with temporary visa holders including:</p> <ul style="list-style-type: none"> • Problems engaging in counselling and setting goals given uncertain status; • Limited access to other services; • The emotional impact of lack of safety and certainty including high anxiety levels and risk-taking behaviour; • Feelings of grief, loss, persecution and anger including physical problems such as poor health and sleeplessness. <p>The agency contributes to research and advocacy on behalf of temporary visa holders, particularly as new or emerging needs are identified among recent arrivals.</p>	<ul style="list-style-type: none"> ❑ The agency has identified strategies and/or practices for working with temporary visa holders. ❑ Staff working with temporary visa holders receive training and additional support/supervision. ❑ Data and case histories are available to illustrate the needs of temporary visa holders. ❑ Advocacy and collaboration with other services or networks is undertaken on behalf of temporary visa holders.

3.11 Exit and Follow-up

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Clients are assisted to plan for their exit from the service with appropriate follow-up support and opportunities for re-entry if needed.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 11.5 Planning for Exit and 11.6 Exit and Re-entry</i></p> <p>See also:</p> <p><i>Standard 1.2 Equity of Access</i></p> <p><i>Standard 3.5 Individual Service Planning</i></p>	<p>Individual support plans include strategies for the gradual withdrawal of services when recovery goals have been achieved.</p> <p>Strategies for exit are reviewed with the client and with their consent, other persons involved in follow-up support.</p> <p>The agency ensures that where referral to other services is important to the client's well-being the client has appropriate assistance to establish contact and make arrangements for support.</p> <p>Staff review the outcomes of support as well as the need for any ongoing follow-up arrangements, for each client prior to exit from the service.</p> <p>Clients, family members and other service providers involved in follow-up support know how to contact the service and/or arrange re-entry if needed.</p> <p>The service collects data to allow for evaluation and ongoing improvement of exit, follow-up and re-entry processes.</p>	<ul style="list-style-type: none"> ❑ There are documented policies and procedures or clinical guidelines for exit, follow-up and re-entry. ❑ Case file audits demonstrate exit planning for clients progressing toward recovery goals. ❑ Staff demonstrate an understanding and familiarity with exit and follow-up strategies. ❑ Exit strategies include engagement in mainstream community support structures and activities; the development of effective social supports and access to other services, where appropriate. ❑ Past clients attest to smooth exit from the service and access to follow-up or resumed support, where needed.

3.12 Community Capacity Building

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Techniques are used effectively to mobilise and strengthen the skills and capacities of individuals, groups and communities.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 4 'Promoting Community Acceptance'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.3.1 'Community Development'</i></p> <p>See also:</p> <p><i>Standard 3.7 Community Integration</i></p>	<p>Community development is a long-term investment reflected in resource and staffing commitments with the following aims:</p> <ul style="list-style-type: none"> • Build community resilience and lower dependency; • Increase coping capacity; • Encourage a sense of identity both within the community and to the wider society; and • Improve community infrastructure and social cohesion.. <p>The agency supports the development of self-help groups and community guides to assist communities to recognise and manage the impact of trauma themselves.</p> <p>Work with communities is respectful of different life situations and circumstances of members.</p> <p>Health promotion and education is conducted to assist the broader community to understand the impact of torture and trauma. All information developed to educate the community is comprehensive and provided in a range of formats to groups, individuals, families, in both verbal and written form in appropriate languages.</p> <p>Information is routinely evaluated for reach and impact and translated material is shared across the national forum.</p> <p>Consultation and feedback mechanisms ensure that community members are a driving force in defining issues, developing strategies and assessing outcomes. The agency uses feedback and evaluation strategies to determine the impact of community development work in terms of outcomes and likely sustainability.</p>	<ul style="list-style-type: none"> ❑ Policies and procedures reflect an understanding of community development as a philosophy or way of working. ❑ Staff demonstrate an understanding of community development principles and practice. ❑ Examples are available to demonstrate how the agency has responded in flexible and creative ways when community input suggests a new approach or solution is needed to community issues. ❑ Long-term community development initiatives are underway with a clear process for community involvement in planning, conduct and evaluation. ❑ Health promotion and education activities are based on best evidence of good practice, which may include reference to the Ottawa Charter of Health Promotion². ❑ Community members and leaders support the work of the agency in their community.

² Information on the Ottawa Charter of Health Promotion is available from <http://www.who.int/hpr/archive/docs/ottawa.html>

3.13 Advocacy and Representation

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>The agency advocates on behalf of clients to improve the experiences of people affected by torture and/or trauma in the community and within mainstream service systems.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>Mental Health Standard 4 'Promoting Community Acceptance'</i></p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.4.2 'Advocacy and Representation'</i></p> <p>See also:</p> <p><i>Standard 3.7 Community Integration</i></p> <p><i>Standard 3.10 Temporary Visa Holders</i></p> <p><i>National Forum Strategies (Introduction)</i></p>	<p>Management and staff advocate the rights of clients to government, other service sectors and the broader community, including:</p> <ul style="list-style-type: none"> • The importance of providing safety, security and permanency; • The need for support across the broad range of human and community needs (eg housing, income support, health services); • The value of effective and specialist assistance to recover from experiences of torture and/or trauma. <p>Information is provided to mainstream and related service providers and the broader community to promote understanding of the impact of torture and trauma.</p> <p>The agency works collaboratively with the migrant and refugee communities to initiate and participate in activities designed to promote acceptance and understanding of experiences of torture and trauma.</p> <p>The agency is clear about who it is representing and ensures appropriate consultation is undertaken to accurately reflect their views.</p> <p>In relation to the needs or issues being advocated, the agency can define and analyse wider systemic issues and identify causes and potential remedies.</p> <p>In dealings with Government and other external bodies, the agency differentiates when it is providing policy advice from when it is reporting the needs or issues of a particular group as seen by them.</p>	<ul style="list-style-type: none"> ❑ There is evidence that the advocacy and representational work of the agency has influenced the agenda or policy positions of other relevant bodies, for example Government, service providers and peak bodies. ❑ The agency is well respected in other sectors and within client communities for promoting the rights of people who have experienced torture or trauma. ❑ A range of strategies are used in advocacy and representational work, such as media releases and coverage, policy papers, lobbying, delegations and meetings, letters and publications. ❑ The agency is recognised in its particular advocacy or representational role and Government, other community organisations and the media actively seek its views. ❑ ❑ Clients and affected individuals support the advocacy work of the agency and feel well-represented.

3.14 Providing Training

STANDARD	STRATEGIES	EXAMPLES & EVIDENCE
<p>Training provided by the agency is responsive to needs, accessible, competently delivered and contributes to building a well-informed and skilled professional community.</p> <p>Cross Reference</p> <p>Source material:</p> <p><i>'Raising the standard' Good Practice standards for Community Service Organisations (2002) 4.3.2 Community education and training</i></p> <p>See also:</p> <p><i>Standard 3.10 Evaluation and Quality</i></p> <p><i>Standard 2.6 Skills and Development</i></p> <p><i>National Forum Strategies (Introduction)</i></p>	<p>Training contributes to improving the support provided to people who have experienced torture and trauma in mainstream service systems and/or community settings.</p> <p>Training needs in the local community and local service sector are identified and addressed by the agency, within resource limitations and strategic priorities. Higher emphasis may be placed on these activities in rural and regional areas.</p> <p>Training material is professionally developed and presented. Where appropriate, material is accredited, including through peak bodies (eg the Royal Australian College of General Practitioners or the Community Services Industry Training Advisory Board).</p> <p>Training is based on clearly defined learning outcomes and/or nationally recognised competency standards, in response to the needs identified.</p> <p>Training is provided by competent trainers. Competency may be established by the individual holding accredited competency certification (eg Workplace Assessor & Trainer IV), qualifications (eg tertiary qualifications in adult education) or demonstrated experience and peer review.</p> <p>Those who develop and deliver training must be knowledgeable in current issues that are relevant to training those working with survivors of torture (eg recovery techniques, legislation).</p> <p>All training provided is evaluated for effectiveness. Feedback is used in the refinement of materials and packages.</p> <p>Programs present a positive and respectful portrayal of all people, particularly vulnerable and marginalised groups.</p>	<ul style="list-style-type: none"> ❑ The agency has undertaken training needs analysis with the local community and/or service sectors. ❑ The development and delivery of training is included in the strategic plan. ❑ The agency consults with participant organisations or individuals prior to the delivery of training to: <ul style="list-style-type: none"> - Establish clear learning outcomes and goals; - Understand participants and their organisation; - Identify the different training levels required by participants; - Prepare training packages which meet organisational goals - Identify the most appropriate time for provision of training, including after hours - Ensure participants' experiences are validated, and realistic strategies are jointly established ❑ Evaluation reports are available from past training events. ❑ The agency's training is recognised as professional and credible by past and potential participants. ❑ The agency exchanges information with peer agencies (eg through a NFTSS). ❑ The development, delivery and evaluation of training is adequately resourced organisation budgets to ensure quality standards are maintained.

Appendix I: Comparison to Standards for Mental Health Services

Provided below is a brief outline of significant differences between the standards proposed in this document and requirements of the standards for mental health services (SMHS). This is not a complete list, it only provides a guide to the degree of additional work needed for services that must also comply with mental health service standards.

Standard 1: Rights

The SMHS requires that the Statement of Client rights includes principles contained in the Australian Health Ministers Mental Health Statement of Rights and Responsibilities (1991) and the UN General Assembly Resolution on the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1992). Additional requirements include:

- ⊕ The rights of people with mental disorders and/or mental health problems are recognised in service goals and staff job descriptions.
- ⊕ Independent advocacy services and support persons are actively promoted to consumers.
- ⊕ Policies and procedures protect consumer rights and the performance of the agency on protecting and promoting client rights is monitored as part of service evaluation and continuous quality improvement.

The SMHS generally places more emphasis on policies and procedures and regular review of specific criteria against each standard. The standards proposed in this document generally do not emphasise policies and procedures and have proposed an overall evaluation standards rather than repeat this requirement against multiple standards.

Standard 2: Safety

SMHS requires that staff are regularly trained to understand and appropriately and safely respond to aggressive and other difficult behaviours and that given the prevalence of challenging behaviour. There is also a requirement that any staff member working alone has the opportunity to access another staff member at all times in their work setting (this particularly applies to residential, supported accommodation and inpatient care settings).

Standard 3: Consumer and Carer Participation

The SMHS has some very detailed requirements in relation to consumer and carer participation in the service, which did not appear consistent with current practice in services assisting survivors of torture and trauma. The mental health standards presume a strong service role in client's lives and the active involvement of carers. Few of the criteria under this standard have been incorporated into the proposed standards in this document, however the intent of active client engagement is applied under a number of standards (eg governing body processes and community integration).

Standard 4: Promoting Community Acceptance

A number of SMHS requirements are very specific to mental health, for example:

- ⊕ The service promotes acceptance of people with mental disorders and/or mental health problems by reducing stigma in the community.
- ⊕ The Service provides information about mental disorders and mental health problems.
- ⊕ The service has policies and procedures for promoting community acceptance, collects data to monitor performance and includes this in continuous quality improvement processes.

Standard 5: Privacy and Confidentiality

A number of criteria relating to residential and inpatient care environments have not been included (eg access to and control over personal space in physical care environments).

Standard 6: Prevention and Mental Health Promotion

The SMHS has specific requirements for the prevention and promotion of mental health which have not been included in the proposed standards in this document.

Standard 7: Cultural Awareness

There is general consistency between the standards but less emphasis in this document on policies and procedures as the primary mechanism for achieving good practice.

Standard 8: Integration

Criteria related to integration with the health and mental health sectors have generally not been included and a number of other criteria are pertinent only to large multi-purpose services.

Standard 9: Service Development

Financial Management

SMHS requires that resources are allocated according to the documented priorities of the service **and** reflect national mental health priorities.

Service Planning

The SMHS is more prescriptive with regard to the contents of the agency's strategic plan, requiring the following inclusions:

- Consumer and community needs analysis;
- Quality improvement plan
- Service evaluation plan including the measurement of health outcomes for individual consumers
- Plan for maximising consumer and carer participation in the MHS
- Plan for improving the skill of staff; and

- Relevant financial information.

The SMHS also requires that the strategic plan is consistent with national mental health policies and legislative requirements.

Research, Evaluation and Quality Improvement

The SMHS requires that the agency routinely monitors health outcomes for individual consumers using a combination of qualitative and quantitative measures.

There is also a requirement that research proposals are reviewed by an ethics committee constituted and functioning in accordance with the National Health and Research Medical Council Statement on Human Experimentation and Explanatory notes.

Standard 10: Documentation

SMHS requires that data collection is consistent with statutory requirements and State/Territory/National requirements for Mental Health Services. Also that all documentation in individual client records is to be dated, signed, show the time of intervention and be legible and that every client has an individual care plan including elements such as diagnosis etc.

Standard 11: Delivery of Care

Access and Entry

SMHS compliant services must be available on a 24 hour basis, 7 days per week. Other requirements include:

- ⊕ The entry process is specialised and complementary to any existing generic health or welfare intake systems.
- ⊕ An appropriately qualified and experienced mental health professional is available at all times to assist consumers to enter into mental health care.
- ⊕ The entry system enables separate assessment of more than one consumer at a time.
- ⊕ Initial assessment of an urgent referral is commenced within one hour of initial contact and the initial assessment of a non-urgent referral is commenced within 24 hours of contact.

Exit and Re-Entry

The SMHS standards take a stronger and more pro-active approach to follow-up with clients and re-entry processes, for example:

- ⊕ Consumers, carers and other agencies involved in follow-up are assisted to identify early warning signs that indicate the service should be contacted.
- ⊕ The service ensures that the individual clinical record for the client is available for use in any potential future contact with the service.
- ⊕ The service ensures that the consumer, their carers and other service providers and agencies involved in follow-up can identify an individual in the

MHS, by name or title, who has knowledge of the most recent episode of treatment and support.

Treatment and Support

Standards related to the following have not been included:

- ⊕ Involuntary services;
- ⊕ Accommodation or residential models of service;
- ⊕ Medication and medical technologies; and
- ⊕ Inpatient care.