



# Accreditation Report

# Accreditation Assessment Report - Certificate Level



Australian Service Excellence Standards External Assessment Report - Certificate Level			
<b>LEVEL ACHIEVED:</b>	Accredited	<b>LAST ASSESSMENT DATE:</b>	7/03/2018
<b>FIRST REPORT DATE:</b>	12/12/2014		
<b>CLIENT NAME:</b>	Laverton Community Integrated Services Inc		
<b>ASSESSMENT DATE/S:</b>	Thursday, 20 May 2021 to Thursday, 20 May 2021		
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<b>PROVIDER:</b>	QUALITY INNOVATION PERFORMANCE LIMITED (QIP)		
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## Executive Summary

### Scope of Assessment

The scope of this report and the accreditation is described by the agreed Scope of Assessment and Accreditation Statement signed by the organisation and the Licensed Provider, the central elements of which are set out below.

### Service

Laverton Community Integrated Services Inc

### Programs in scope for review

Emergency Relief: delivered with CISVic and 47 members in a consortia; services escalated during the COVID pandemic responses.

Crisis Intervention: a free service for residents of Hobson's Bay City Council

Volunteer Coordination: currently 80 volunteers.

### Organisational Structure

LCIS is a Member organisation, governed by a voluntary Board: the Chairperson, Vice-chair, Treasurer and Secretary constitute the Executive; other Members are Ordinary Members recruited for specific skills. Two Sub-committees report to the Board. The CEO has served for 25 years; one Community Services Coordinator is responsible for human resources functions. The Finance Officer supports all services. IT services are outsourced. Six staff support the programs in scope operating out of the leased Hobson's Bay City Council Hub.

Decision-making is collaborative, inclusive of staff, volunteers, community and service users, and prefaced with a positive mind-set, complementing the flat structure of the service.

### Sites

Laverton Community Hub, 95-105 Railway Avenue, Laverton VIC 3028

### Exclusions

Laverton Communication Education Centre

Laverton Community Children's' Centre

L2P Program

Youth Foundation

### Description of Interviews

Board: Chairperson; Treasurer; Ordinary Member (ethicist), Ordinary Member (LGA sector/community development specialist): 4,

CEO: 1

Manager: 1

Finance Officer:1

Volunteer Coordinator: 1

Service delivery staff: 2

Volunteers: 2

Stakeholder phone interviews: 3

Clients in Emergency Relief : 1 in person, 2 by telephone

### Organisational Context

The Board of Laverton Community Integrated Services Inc. (LCIS) sets the three year strategic directions for the work of the organisation through a six month strategic planning process involving consultations with the Board, staff, members, service users, community representatives and sector

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stakeholders and this undertaking is scheduled for the last week of May. The CEO confirms that the five Strategic goals 2019-2022, implemented during the COVID pandemic are due for review and refreshment; for consideration in the near term is the search for larger purchased or leased facilities for the services.

## Quality Improvement Plan

Rating: Fully in Place

Improvement Opportunities:

Policy and Procedure Standard: 2.2.1; 2.2.5; 2.2.7

Risk Management Standards: 2.4.3; 2.4.8

Financial Management Standard: 3.1.2

Working Collaboratively Standard: 5.1.1

LCIS has grown in professionalism and is a responsive organisation, which is dedicated to human rights, equity, action and inclusion. Progress against the ASES assessment 2018 with review of the Quality Action Plan indicated that an effective continuous quality improvement system is in place appropriate to the scale and scope of the services with the Board, CEO and staff all commenting on the increase in sophistication of the organisation; however, the CEO has commented that the organisation is avoiding corporatisation in order to retain agility, flexibility and adaptability to enable responsiveness to local urgent and continuing needs.

## Acknowledgement

Additional hard copy documents were provided upon request to augment the digital evidence.

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## Overall Summary

LCIS is a small organisation with a highly effective culture of collaboration and responsiveness to all requests, with a can-do attitude that enabled the services to continue un-interrupted throughout all of the COVID pandemic responses, including the coordination of additionally funded emergency supports in the Western Metropolitan Region of Melbourne. A small core of six committed staff are supported by a highly dedicated group of 80 volunteers, who also provided uninterrupted services throughout the pandemic. LCIS is to be commended for these exceptional efforts in meeting the needs of vulnerable people in disadvantaged areas in addition to continuance of regular services.

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## Summary Table

Australian Service Excellence Standards External Assessment Report SUMMARY TABLE					
Certificate Level	Number of 'Essential' Requirements				
Category / Topic	Max. Achievable	Not in Place (NIP)	Partly in Place (PIP)	Fully in Place (FIP)	% Fully in Place
1 Planning	9	0	0	9	100%
2 Governance	25	0	0	25	100%
3 Financial and Contract Management	12	0	0	12	100%
4 People, Partnerships and Communication	19	0	0	19	100%
5 Partnerships	6	0	0	6	100%
6 Communication	7	0	0	7	100%
7 Service Provision	8	0	0	8	100%
8 Consumer Outcomes	13	0	0	13	100%
<b>TOTAL</b>	<b>99</b>			<b>99</b>	<b>100%</b>

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## Essential Recommendation for Action

Category/Standard	Standard/Requirement – Recommended Action
<b>1 Planning</b>	
1.1 Strategic Planning Standard	
1.2 Business Planning Standard	
<b>2 Governance</b>	
2.1 Sound Governance Standard	
2.2 Policy and Procedures Standard	
2.3 Data and Knowledge Management Standard	
2.4 Risk Management Standards	
<b>3 Financial and Contract Management</b>	
3.1 Financial Management Standard	
3.2 Asset and Physical Resource Standard	
3.3 Purchasing and Contract Management Standard	
<b>4 People, Partnerships and Communication</b>	
4.1 Human Resources Standards	
4.2 Workplace Health and Safety Standards	
4.3 Diversity and Inclusion Standard	
<b>5 Partnerships</b>	
5.1 Working Collaboratively Standard	
5.2 Teamwork Standard	
<b>6 Communication</b>	
6.1 Communication Standard	
<b>7 Service Provision</b>	
7.1 Outcomes Monitored Standard	

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8 Consumer Outcomes	
8.1 Consumer Engagement Standard	
8.2 Consumer Feedback and Complaints Standard	

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## Continuous Quality Improvement Recommendation

Category/Standard	Standard/Requirement – Recommended Action
1 Planning	
1.1 Strategic Planning Standard	
1.2 Business Planning Standard	
2 Governance	
2.1 Sound Governance Standard	
2.2 Policy and Procedures Standard	<p>Governance Documents/Records:                      The LCIS Document Register refers to documentation updates in response to legislative changes; however, a repository of relevant legislation, Rules and Regulations impacting LCIS was not apparent, although all staff and management could refer to the sources of legislative information readily.</p> <p>As an improvement opportunity, the organisation could consider revising the LCIS Document Register by adding a worksheet which refers to the current relevant legislation; or consider devising a new spreadsheet which acknowledges all of the relevant legislation across all LCIS operations and governance; or add to the documentation in each of the registered documents a definition explicitly of what legislation impacts or underpins the particular document, policy and procedure to ensure legislative currency and full compliance.</p> <p>Service Development, Delivery and Management Documents/Records:                      The Quality Management Register Nov 2019 provided is not current, due to change in management and the COVID-19 pandemic interruptions.</p> <p>LCIS is to revise the Quality Management Register Nov 2019 comprehensively to ensure that the policy and procedure management practices conform with LCIS Policy.</p> <p>Service Development, Delivery and Management Documents/Records:                      Neither the LCIS Privacy and Confidentiality Policy nor the Privacy Statement refer to the nominated</p>



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<b>2 Governance</b>	
	<p>privacy officer at LCIS.</p> <p>LCIS is to consider revising the LCIS Privacy and Confidentiality Policy and the Privacy Statement to refer explicitly to a single contact or nominated privacy officer at LCIS and to ensure the revised Privacy Statement replaces that posted on the website.</p>
<b>2.3 Data and Knowledge Management Standard</b>	
<b>2.4 Risk Management Standards</b>	
	<p><b>Risk Management Documents/Records:</b> The Information Technology policy does refer to breaches; however, incident management, mitigations and obligations involving data breaches, with specific reference to the Privacy Amendment (Notifiable Data Breaches) Act 2017, are not apparent.</p> <p>Consider revising the Information Technology policy to make an explicit reference to the Privacy Amendment (Notifiable Data Breaches) Act 2017 legislation relevant to the reporting of data breach incidents to ensure full compliance.</p> <p><b>Risk Management Documents/Records:</b> A Strategic Plan draft 2020 and the Business Plan 2017-2018 are evident; however, a comprehensive current continuity plan and/or disaster plan are not explicitly evident.</p> <p>Following on from the successful continuation of services throughout the COVID-19 pandemic responses, LCIS to consider creating a separate business continuity policy and a business continuity/disaster plan to formalise business and strategic practices that enabled LCIS to continue to provide services during the pandemic and related business interruptions.</p>
<b>3 Financial and Contract Management</b>	
<b>3.1 Financial Management Standard</b>	
	<p><b>Financial Documents/Records:</b> The Delegations Policy was last reviewed in December 2017 and would benefit from review to ensure currency of purpose and scope, and legislative compliance.</p> <p>The governance members to review the Delegations Policy and the Delegations Schedule to ensure</p>

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3 Financial and Contract Management	
	that the Policy is fit for purpose, relevant for current circumstances and structure, and makes references to appropriate accounting legislation and business frameworks.
3.2 Asset and Physical Resource Standard	
3.3 Purchasing and Contract Management Standard	
4 People, Partnerships and Communication	
4.1 Human Resources Standards	
4.2 Workplace Health and Safety Standards	
4.3 Diversity and Inclusion Standard	
5 Partnerships	
5.1 Working Collaboratively Standard	<p>Governance Documents/Records: The Quality Management Register, 2015-2019 does not appear to reflect current partnership status for the period 2020-present.</p> <p>LCIS to revise the Quality Management Register or devise a partnership register which is current to ensure that service agreements, partnerships and relationship management are documented, formalised, current and accurate.</p>
5.2 Teamwork Standard	
6 Communication	
6.1 Communication Standard	
7 Service Provision	
7.1 Outcomes Monitored Standard	
8 Consumer Outcomes	
8.1 Consumer Engagement Standard	
8.2 Consumer Feedback and Complaints Standard	

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## 1 Planning

### 1.1 Strategic Planning Standard

*Strategic planning is undertaken to define organisational and service development.*

*Outcome: Stakeholders are confident in service development, planning and future directions of the organisation.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>1.1 1 The role and values of the organisation are clearly identified and communicated.</p>	<p>Fully in Place</p>	<p>Consumer Documents/Records: Review of consumer documents shows the role and values of the Laverton Community Integrated Services (LCIS) are clearly communicated on the website and in service user materials, such as the Volunteer Information Kit, and various program brochures in English and other languages.</p> <p>Governance Documents/Records: Review of governance documents shows role and values of the organisation has been clearly identified and communicated and understandings are ensured through the Board induction processes in accordance with the formal Board Induction Policy.</p>
<p>1.1 2 Planning is informed by review processes that identify threats, areas for improvement, opportunities for innovation, and potential alliances.</p>	<p>Fully in Place</p>	<p>CEO Interview: Interview with the CEO confirmed processes are in place to identify threats, areas for improvement, opportunities for innovation and potential alliances; using SWOT analyses, data trend analyses, gap analyses, consideration of partnerships with a dedicated, fixed budget. The strategic objectives and plans are matched to the operational plans annually.</p> <p>Governance Documents/Records: Review of governance documents shows environmental scanning is considered to identify threats; explore opportunities for innovation and potential alliances; sources of information which impact on strategic planning include CISVic database reports; Department of Fairness, Family and Housing (DFFH) communications; local governments' data via the Hobson's Bay City Council (HBCC), Melton Shire and Wyndham City; and the internal SWOT analyses that the CEO and Board undertake to inform innovations in practices and partnerships' development.</p>
<p>1.1 3 A current Strategic Plan has been developed in consultation with key stakeholders.</p>	<p>Fully in Place</p>	<p>CEO Interview: Interview with the CEO confirmed how the organisation engages key stakeholders in the strategic planning processes, from funding bodies on planning days, including managers of departments. The Board and volunteers are local residents. Also included are traditional partners who collaborate on</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>multiple projects, such as IPC Health, CoHealth and Hobson's Bay City Council (HBCC) who have worked with LCIS over many projects over many years.</p> <p>Governance Documents/Records: Review of the strategic plan and other planning documents shows it is developed in consultation with key stakeholders, as evidenced in Board Minutes and documented as objectives in the Strategic Goals 2019 – 2022.</p>
<p>1.1 4 The organisation identifies opportunities where early intervention and prevention will improve outcomes. For example:</p> <ul style="list-style-type: none"> <li>• Research</li> <li>• Audits</li> <li>• Community engagement</li> <li>• Review of service models to identify alternatives.</li> </ul>	Fully in Place	<p>CEO Interview: Interview with the CEO confirms there are processes in place to identify early intervention and prevention opportunities to improve outcomes through research, audits, community engagement and service model reviews. LCIS participates in an interagency network every two months, with 132 members in attendance at a round table at the HBCC Civic Centre or via Zoom. These meetings build relationships for early proactive interventions. LCIS crisis workers debrief weekly formally and informally daily, and this leads to open communications and abolition of silos.</p> <p>Governance Documents/Records: Reviews of governance documents show early intervention and prevention opportunities to improve outcomes through research, audits, community engagement, service model reviews are undertaken, an example being the development of the '4 for 48' Emergency Relief parcel distributions throughout COVID. LCIS did not shut down services throughout the pandemic and proved to be agile and innovative in ensuring food and other emergency relief continued for individuals in newly revealed vulnerable groups, such as young men in unregistered share houses. Identifying needs gaps is one way in which service design is considered.</p>
<p>1.1 5 Organisational objectives, strategies and strategic outcomes have been communicated to relevant stakeholders.</p>	Fully in Place	<p>Consumer Documents/Records: Review of consumer documents shows LCIS objectives and strategic outcomes are communicated in styles and means which assist the multi-cultural service users to understand LCIS strategies, for example, in the Annual Report and on the website. Staff speak over 15 languages, access interpreter services and assist consumers with understandings of LCIS outcomes.</p>
<p>1.1 6 There is a defined process and timeline for reporting and review against the Strategic Plan.</p>	Fully in Place	<p>CEO Interview: Interview with the CEO confirmed the process to monitor and review performance against the strategic plan are constantly discussed at Board level; a new planning mode is commencing in late May. LCIS Strategic Goals were achieved during the COVID pandemic responses.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>Governance Documents/Records: Review of governance documents shows there is a defined process and timeline for reporting and review against the Strategic Plan, including through the review of the LCIS Quality Improvement Plan and the Risk Management Plan.</p>

## 1.2 Business Planning Standard

*Business planning processes are in place to implement and monitor progress against Strategic Plan, manage resources and measure organisational performance.*

*Outcome: Stakeholders are confident in service development planning and future direction of the organisation.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>1.2 1 An annual cycle of business planning underpins implementation of the objectives and actions developed in the Strategic Plan.</p>	Fully in Place	<p>CEO Interview: Interview with the CEO confirms business planning processes are in place to implement and monitor progress against the Strategic Plan, and the business plan is to achieve a surplus against the rigid funding requirements and acquittals. Investments in ICT and marketing are carefully considered.</p> <p>Governance Documents/Records: Review of governance documents shows there is an annual cycle of business planning in place, which was in progress at the time of the site audit in preparation for budget design and strategic planning, involving all staff, management, governance, clients, stakeholders and volunteers.</p> <p>Management Interview: Management staff interviewed could explain the annual business planning process and their involvement and how the business plans are linked to the objectives and actions in the Strategic Plan. The next planning is due 28-29 May 2021 for the next three-year period.</p>
<p>1.2 2 Business Plans include resources, milestones, timelines and personnel responsible.</p>	Fully in Place	<p>Governance Documents/Records: Review of business plans shows they include resources, milestones, time-lines and personnel responsible and accountable.</p>
<p>1.2 3 Progress against the Business Plan, including performance measures and agreed actions, is reviewed regularly.</p>	Fully in Place	<p>CEO Interview: Interview with the CEO confirmed there is a process in place to review progress against the business plan, for example, in line by line item review with variation investigations to ensure sustainability and</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		viability.  Governance Documents/Records: Review of governance documents shows progress against the business plan is reviewed regularly and monthly.

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## 2 Governance

### 2.1 Sound Governance Standard

*Commitments to leadership, mutual accountability, and ethical conduct are evident.*

*Outcome: Stakeholders are confident that Governance supports long term organisational success.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>2.1 1 Processes for appointments to the Governing Body and senior executive positions are documented.</p>	Fully in Place	<p>Board Interview: Interview with the CEO confirmed there is a documented process in place for appointments to the Governing Body and Senior Executive positions; the Board is responsible to interview CEO candidates; however, the CEO is on-going, celebrating 25 years of services.</p> <p>Governance Documents/Records: Reviews of governance documents show a process is in place for appointments to the Governing Body, and Senior Executive positions are documented, as recorded in the Constitution: Laverton Community Integrated Services Incorporated, Incorporated Association guidance.</p>
<p>2.1 2 A documented and implemented Corporate and Clinical governance framework is in place that outlines the:</p> <ul style="list-style-type: none"> <li>☑ Boards roles and responsibilities</li> <li>☑ constitution and reporting requirements</li> <li>☑ governance framework</li> <li>☑ objectives and outcomes</li> <li>☑ key performance measures</li> <li>☑ performance evaluation and monitoring</li> <li>☑ quality improvement</li> <li>☑ organisational culture</li> <li>☑ risks and opportunities</li> <li>☑ legislative obligations</li> <li>☑ financial literacy for financial viability</li> <li>☑ policy and practice</li> </ul>	Fully in Place	<p>Board Interview: Interviews with the Board confirmed corporate and service delivery governance policy and processes are in place. The Board ensures compliance for financial reports, working with the ACNC to submit audited financial reports in August; equities and balance sheet are maintained in accordance with accounting standards and financial prudence and are provided in statements at the AGM and in the Annual Reports. The AGM is inclusive of all stakeholders and local, State and Commonwealth government representatives via Zoom. The Board Planning Calendar outlines the key items at operational levels, e.g. policy document review; legislative changes; food safety updates; organisational risks, and critical incidents. The Risk Management Plan is reviewed quarterly.</p> <p>In regards to Board sub-committees, staff and volunteers are seconded to work on these committees; however, these have been delayed due to COVID as the immediate focus has been on emergency service delivery. The Leadership and Management committee and the Finance and Risk committee have a relevant Terms of Reference.</p> <p>Governance Documents/Records: Review of governance documents shows the roles and responsibilities of the Board (as a collective),</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"> <li>☑ roles of office bearers and independence from operations.</li> </ul>		<p>its office bearers (chair, vice-chair, treasurer, public officer) and its individual members are clearly articulated, understood and documented in the Constitution: Laverton Community Integrated Incorporated.</p>
<p>2.1 3 The Governing Body should demonstrate the following attributes and behaviours:</p> <ul style="list-style-type: none"> <li>☑ have the mix of skills required to fulfil its role</li> <li>☑ reflect lived experience</li> <li>☑ demonstrate clear understanding and commitment to the organisation's vision, values and strategic directions</li> <li>☑ understand and comply with relevant statutory obligations</li> <li>☑ recognise when to seek external advice</li> <li>☑ Induct and mentor Board members.</li> </ul>	Fully in Place	<p>Board Interview: Interviews with the Board confirmed they undertook an induction when they commenced, and that the Board has the appropriate mix of skills required to fulfil its role. Board Members attended conferences in person and have attended numerous conferences virtually. Members are generously funded by LCIS to attend training and the CEO is developing a director development program to encourage volunteers towards the Board. LCIS is a member organisation of the Institute of Community Directors Australia (ICDA), which supports governance practice development. The Treasurer provides education to the Board and attends ICDA professional development annually as a refresher; and any Board Member attending professional development provides an overview to other Members to share the knowledge gained.</p> <p>Governance Documents/Records: Reviews of governance documents show there are processes in place for identifying the skill sets and knowledge required for the Board, meeting any skills or knowledge gaps, developing the skills and knowledge of members, and inducting new members. These processes were corroborated in interviews with the Chair, Treasurer and two ordinary Members/Directors, one of whom was recruited as an ethicist and the other because of community development expertise.</p>
<p>2.1 4 Monitoring and evaluation of the Governing Body are undertaken.</p>	Fully in Place	<p>Board Interview: Interviews with the Board confirmed monitoring and evaluation of Governing Body is undertaken. Policies and procedures for governance are regularly reviewed, and include regular annual skills self-assessment with follow-up for education. There are frequent and effective communications with the CEO; the Chair speaks with the CEO two to three times per week and there are monthly Board meetings with documented Board Minutes. The LCIS Constitution was reviewed and updated in 2019 with a major review of Mission and Values statements-revised to one statement 'We Empower People.'</p> <p>Governance Documents/Records: Reviews of governance documents show monitoring and evaluation of the Governing Body is undertaken, consistent with the Board Induction Policy, and the Chairperson may facilitate Governance training for new Board members. The organisation is a learning organisation and</p>



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REQUIREMENTS	EA Rating	EVIDENCE
		<p>supports education, training and skills development throughout all levels of governance and employment. Directors attend the Institute of Community Directors Australia (ICDA) governance training series and are well supported to provide feedback to the full Board on the topics undertaken to ensure that all of the Board benefit from this knowledge sharing.</p>
<p>2.1 5 The Governing Body follows ethical practice.</p>	<p>Fully in Place</p>	<p>Board Interview: Interview with the Board confirmed they follow ethical practice and could describe the process for declaring a conflict of interest, including during in camera meetings.</p> <p>Governance Documents/Records: Reviews of governance documents show the governing body follows ethical practice, adhering to the LCIS Code of Ethics. An ethicist, Minister of religion, has always been present on the Board to assist with ethical dilemma and inform conscious decision making.</p>
<p>2.1 6 A process is in place to address ethical dilemmas.</p>	<p>Fully in Place</p>	<p>Board Interview: Board members interviewed were able to explain the processes they have in place to address ethical dilemmas, as in the conflict of interest policy, Code of Ethics and the Constitution, such as, if a person becomes incompetent. There has always a place on the LCIS Board for an ethicist (Minister).</p> <p>Governance Documents/Records: Reviews of governance documents show policies and procedures are in place for understanding ethical dilemmas, avoiding conflict of interest and having the best interests of consumers, vulnerable populations and the community at the centre of governance planning.</p>

## 2.2 Policy and Procedures Standard

*Policies and procedures are in place and consistently applied, reviewed and updated to address legislative, industry, contractual and organisational requirements.*

*Outcome: Good service is consistently provided to stakeholders.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>2.2 1 The organisation has identified and documented its legislative obligations and related actions.</p>	<p>Fully in Place</p>	<p>CEO Interview: Interview with the CEO confirmed their legislative obligations are identified and documented, via Victorian Neighbourhood House and Victorian Government directly to the CEO, such as Child Safe</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>legislation implementation.</p> <p>Governance Documents/Records: Review of governance documents shows the organisation has identified and documented its legislative obligations as documented in the LCIS Document Register.</p> <p><i>Improvement Opportunities</i></p> <p>Governance Documents/Records: The LCIS Document Register refers to documentation updates in response to legislative changes; however, a repository of relevant legislation, Rules and Regulations impacting LCIS was not apparent, although all staff and management could refer to the sources of legislative information readily.</p> <p>As an improvement opportunity, the organisation could consider revising the LCIS Document Register by adding a worksheet which refers to the current relevant legislation; or consider devising a new spreadsheet which acknowledges all of the relevant legislation across all LCIS operations and governance; or add to the documentation in each of the registered documents a definition explicitly of what legislation impacts or underpins the particular document, policy and procedure to ensure legislative currency and full compliance.</p>
<p>2.2.2 Policies and procedures support consistent service provision and the safety of children, young and vulnerable people in accordance with organisational objectives, industry and legislative requirements.</p>	<p>Fully in Place</p>	<p>Management Interview: Management staff interviewed could explain the process of policy management within the organisation. Review dates and responsibilities sit between management, CEO and the Board; new policies are developed collaboratively and the Board refer to a calendar of review.</p> <p>Service Development, Delivery and Management Documents/Records: Reviews of service management documents show organisation-wide policies and procedures are made available to all staff and volunteers via SharePoint and in hard copy.</p>
<p>2.2.3 Policies and procedures are:</p> <ul style="list-style-type: none"> <li>• appropriately authorised</li> <li>• securely and safely filed</li> <li>• current versions of documents are identifiable and readily available to staff and volunteers</li> </ul>	<p>Fully in Place</p>	<p>Management Interview: Management staff interviewed could explain the process of policy management within the organisation; communication of policy review sits with the Community Services Coordinator. Staff and volunteers access policies via Microsoft SharePoint, which is permission based and communication of policy reviews occurs in community email.</p> <p>Service Development, Delivery and Management Documents/Records:</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"> <li>• obsolete documents are destroyed or identified to prevent unintended use.</li> </ul>		Reviews of policies and procedure demonstrate existing policies are up-to-date with version control and approval dates on policies, in alignment with the Policy Development and Approval Policy.
2.2 4 Documentation is subject to planned reviews to ensure it reflects and supports agreed work practices.	Fully in Place	Management Interview: Management staff interviewed could explain the document review process and how they ensure it reflects current work practices.  Service Development, Delivery and Management Documents/Records: Reviews of service management documents demonstrate a policy review schedule and register is in place.
2.2 5 Records are available to demonstrate consistent application of policies and procedures for all areas of operation of the organisation.	Fully in Place	Service Development, Delivery and Management Documents/Records: Review of service management documents demonstrates how policies and procedures are commonly applied across the organisation, as indicated in the Quality Management Register.  <i>Improvement Opportunities</i> Service Development, Delivery and Management Documents/Records: The Quality Management Register Nov 2019 provided is not current, due to change in management and the COVID-19 pandemic interruptions.  LCIS is to revise the Quality Management Register Nov 2019 comprehensively to ensure that the policy and procedure management practices conform with LCIS Policy.
2.2 6 Records are legible and retrievable, and are securely stored with defined retention times and disposal method.	Fully in Place	Service Development, Delivery and Management Documents/Records: Reviews of service delivery documents show records are legible and retrievable and are securely stored with defined retention times and disposal methods, in accordance with the Administration, Records and Data Management Policy.
2.2 7 Privacy and confidentiality principles consistent with the Australian Privacy Principles (APP) are applied to the collection, storage, use, and disclosure of personal information and related records.	Fully in Place	Service Development, Delivery and Management Documents/Records: Review of documentation shows there is a formally approved LCIS Privacy and Confidentiality Policy and CEO is responsible for authorising this policy.  Staff Interview: Staff interviewed were able to explain how privacy and confidentiality is assured, if there were a breach of privacy, staff would speak to their managers for resolution.

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REQUIREMENTS	EA Rating	EVIDENCE
		<p><i>Improvement Opportunities</i></p> <p>Service Development, Delivery and Management Documents/Records: Neither the LCIS Privacy and Confidentiality Policy nor the Privacy Statement refer to the nominated privacy officer at LCIS.</p> <p>LCIS is to consider revising the LCIS Privacy and Confidentiality Policy and the Privacy Statement to refer explicitly to a single contact or nominated privacy officer at LCIS and to ensure the revised Privacy Statement replaces that posted on the website.</p>

## 2.3 Data and Knowledge Management Standard

*The organisation has effective processes to collect and use data, to create information, and to refine information into knowledge.*

*Outcome: Stakeholders can confirm that information is used effectively to improve organisational performance.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>2.3 1 There are defined processes for the collection and analysis of information and data.</p>	<p>Fully in Place</p>	<p>IM/IT and Knowledge Management Documents/Records: Review of documentation shows there are defined processes in place for the collection and analysis of information and data, derived principally from the CISVic database.</p> <p>Management Interview: Management staff interviewed could explain how data is collected and used within the organisation, for example, CISVic reports provide information on demographics, languages and ages of service users. Reports are generated monthly to inform programs, such as international students who were single men living in unregistered share houses were identified for emergency relief needs.</p>
<p>2.3 2 Accurate and timely management reports are generated for use in decision-making.</p>	<p>Fully in Place</p>	<p>Governance Documents/Records: Review of governance documents shows accurate and timely management reports are generated for use in decision-making, including acquittal reports for specific projects and grants.</p> <p>Management Interview: Management staff interviewed could explain how management reporting informs decision making</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>within the organisation, usually monthly formal processes according to the project agreements; staff provide reports; which are collated, sent to the CEO who reports to the Board monthly.</p>
<p>2.3 3 Consumer information systems exist and are reviewed for data security and online safety, and to improve understanding of consumers and their service usage.</p>	<p>Fully in Place</p>	<p>IM/IT and Knowledge Management Documents/Records:                      Review of IT management documents shows client information systems are in place and reviews are undertaken to improve the understanding of clients and how they use the service. CISVic is the primary database in use and because of COVID precautions, manual sign-in sheets and QR codes are in use.</p> <p>Management Interview:                      Management staff interviewed could describe how they use data from their client information system, such as leading to the development of a Diversity Policy and a Vulnerable People Policy; estimation of client participation, awareness of rights and responsibilities. Data is used to ensure that clients can access appropriate information and are provided with opportunities to give feedback.</p>
<p>2.3 4 Information Technology (IT) infrastructure, protocols and procedures support effective and secure management of consumer and corporate data.</p> <ul style="list-style-type: none"> <li>• Data breach response plans</li> <li>• Cyber security self-assessments and progress reports</li> <li>• Cybersecurity audits</li> <li>• End user communication of issues</li> <li>• Staff cyber awareness training.</li> <li>• Report disclosure to funders, supplier agencies and end users.</li> </ul>	<p>Fully in Place</p>	<p>IM/IT and Knowledge Management Documents/Records:                      Review of IT management documents shows infrastructure, protocols and procedures are in place that support effective and secure management of client and corporate data, in accordance with the Information Technology Policy. Information communication and technology (ICT) services are outsourced.</p> <p>Management Interview:                      Management staff interviewed could explain how the IT system is managed in the organisation via outsourcing to an external provider for the past five years; the intranet has been in place for two years and cloud-based services are effectively implemented. Remote work was readily facilitated during the COVID pandemic when required.</p>

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## 2.4 Risk Management Standards

*Policies and procedures are in place to manage risk and opportunities. Requirements of this standard are based on International and Australian Standard AS/NZS ISO 31000:2018 Risk Management – Principles and Guidelines.*

*Outcome: Organisational and consumer risks are minimised and opportunities explored.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>2.4 1 Risk management systems (Human Resources, IT, Financial, Work Health and Safety, Consumer Safety, Contracting, Brokerage, Insurances, Infection Control Disaster Management, Clinical Governance) are in place including:</p> <ul style="list-style-type: none"> <li>• Risk Management Policy</li> <li>• Risk Management Plan</li> <li>• Risk Register</li> <li>• Review cycle.</li> </ul>	Fully in Place	<p>Management Interview: Management staff interviewed could explain how risk is managed in the organisation, as documented in the Risk Register with regular review of incident reports; staff report to management and risk is overseen by the CEO.</p> <p>Risk Management Documents/Records: Reviews of risk management documents demonstrate a risk management system is in place which is outlined in the overarching Risk Identification and Management Policy.</p>
<p>2.4 2 Risk management systems have been communicated to all staff and relevant stakeholders.</p>	Fully in Place	<p>Risk Management Documents/Records: Reviews of risk management documents show the risk management system has been communicated to staff and stakeholders. Staff accessing the leased Hobson's Bay City Council premises initially must report to HBCC.</p> <p>Staff Interview: Staff interviewed could explain the risk management system in place, including the use of a risk register with reports to management; staff use hard copy forms to report to management.</p>
<p>2.4 3 Business related incidents, accidents, adverse events and near misses (Human Resources, IT, Financial, Workplace Health and Safety, Consumer Safety, Contracting, Brokerage, Insurances, Infection Control Disaster Management, Clinical Risk Management):</p> <ul style="list-style-type: none"> <li>• are identified, recorded and reported</li> </ul>	Fully in Place	<p>CEO Interview: Management staff interviewed could explain how service delivery related incidents/accidents are recorded and analysed, for example, procedural changes leading to training, such as dealing with difficult client behaviours (aggression).</p> <p>Risk Management Documents/Records: Review of risk management documents shows business related incidents, accidents, adverse events and near misses are managed accordingly.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"> <li>are investigated to determine the cause, with corrective action documented and monitored</li> <li>include engagement with staff and consumers for risk management improvements</li> <li>are analysed regularly at all levels of the organisation to identify trends for review and action.</li> </ul>		<p><i>Improvement Opportunities</i></p> <p>Risk Management Documents/Records: The Information Technology policy does refer to breaches; however, incident management, mitigations and obligations involving data breaches, with specific reference to the Privacy Amendment (Notifiable Data Breaches) Act 2017, are not apparent.</p> <p>Consider revising the Information Technology policy to make an explicit reference to the Privacy Amendment (Notifiable Data Breaches) Act 2017 legislation relevant to the reporting of data breach incidents to ensure full compliance.</p>
<p>2.4 4 Clinical risks are identified, assigned and managed for each service user type and service type.</p>	Fully in Place	<p>Management Interview: Management staff interviewed could explain how clinical/service delivery risks are identified and managed within the organisation, such as using the Hub kitchen. HBCC primarily manages on-site service delivery risks. LCIS use an off-site policy for food relief delivery to set drop-off locations. Volunteers undertake CISVic training in risk management.</p> <p>Risk Management Documents/Records: Reviews of risk management documentation show service delivery risks are identified, assigned and managed for each service user type and service/program type, as identified in the Risk Management Plan for Laverton Community Integrated Services Inc 2020/2021 spreadsheet.</p>
<p>2.4 5 Responsibility for assigning the risk is managed.</p>	Fully in Place	<p>Risk Management Documents/Records: Review of risk management documents demonstrate the risk owner and a role is allocated as responsible for risk.</p>
<p>2.4 6 All significant projects and purchases have appropriate risk management strategies.</p>	Fully in Place	<p>CEO Interview: Management staff and the CEO interviewed could explain significant projects the organisation has recently undertaken, and the risk strategies applied to them.</p> <p>Risk Management Documents/Records: Review of risks documents shows risk management strategies have been applied for all significant projects and purchases, as outlined in service agreements.</p>
<p>2.4 7 Audits (including document review, cybersecurity, child safe environments, technical inspections, training registers,</p>	Fully in Place	<p>CEO Interview: Management staff and the CEO interviewed could describe the audit processes conducted within the organisation.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<p>maintenance and electrical testing and tagging) are carried out to provide assurance that risk management systems are in place and effective.</p>		<p>Risk Management Documents/Records: Reviews of risk documentation show site audits are carried out to provide assurance that risk management systems are in place and effective. This is the responsibility of the landlord, Hobson's Bay City Council.</p>
<p>2.4 8 The organisation's core functions and critical systems have been identified, acceptable downtimes estimated, and continuity, contingency or recovery plans developed and tested.</p>	<p>Fully in Place</p>	<p>CEO Interview: Management staff and the CEO interviewed could describe how the organisation would continue in case of a disaster with yearly review. A Strategic Planning day is pending and will inform the disaster plan which is included in the Risk Management Plan.</p> <p>Risk Management Documents/Records: Review of the Business &amp; Strategic Planning policy shows the organisation has processes in place for contingencies.</p> <p><i>Improvement Opportunities</i> Risk Management Documents/Records: A Strategic Plan draft 2020 and the Business Plan 2017-2018 are evident; however, a comprehensive current continuity plan and/or disaster plan are not explicitly evident.</p> <p>Following on from the successful continuation of services throughout the COVID-19 pandemic responses, LCIS to consider creating a separate business continuity policy and a business continuity/disaster plan to formalise business and strategic practices that enabled LCIS to continue to provide services during the pandemic and related business interruptions.</p>



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## 3 Financial and Contract Management

### 3.1 Financial Management Standard

*Financial management is transparent, accountable and ensures effective use of resources.*

*Outcome: The organisation is financially sustainable.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>3.1 1 Budgets reflect business planning processes.</p>	<p>Fully in Place</p>	<p>Financial Documents/Records: Review of financial documents and the Treasurer's Reports to the Board, show the budget reflects business planning processes, including the COVID pandemic responses and impacts of JobKeeper on LCIS.</p> <p>Financial Interview: Interview with finance staff confirms the yearly budget reflects the business planning process, including meetings with the Treasurer. The budget is created with the Managers in May each year, as is the usual procedure of the NFP.</p>
<p>3.1 2 Responsibilities for financial management have been assigned to appropriate officers.</p>	<p>Fully in Place</p>	<p>Financial Documents/Records: Review of financial documents shows financial management responsibilities have been assigned in accord with the Delegations Policy, December 2017. The purpose of the Delegations Policy is to establish a framework for delegating authority within LCIS in a manner that facilitates business efficiency and effectiveness and increases the accountability of staff and volunteers for their performance, inclusive of financial responsibilities.</p> <p>Financial Interview: Interview with finance staff confirms responsibilities for financial management are assigned to appropriate staff; processes include use of two signatories with approval by a Board member. The Finance Officer creates P&amp;L and budget variances, which are submitted to the Board monthly. The Finance Officer is supported by an outsourced Accountant.</p> <p><b>Improvement Opportunities</b> Financial Documents/Records: The Delegations Policy was last reviewed in December 2017 and would benefit from review to ensure currency of purpose and scope, and legislative compliance.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>The governance members to review the Delegations Policy and the Delegations Schedule to ensure that the Policy is fit for purpose, relevant for current circumstances and structure, and makes references to appropriate accounting legislation and business frameworks.</p>
<p>3.1 3 Systems are in place to ensure compliance with financial requirements of the funding body.</p>	<p>Fully in Place</p>	<p>Financial Documents/Records: Reviews of financial documents show reporting systems are in place for financial compliance with funding bodies, as indicated in the Budget Development and Approval Policy. LCIS acknowledges that both Fiscal and Calendar year budgets are to be considered relative to the program funding guidelines and operating cycles that are reflective of specific programs delivered.</p> <p>Financial Interview: Interview with finance staff confirms systems are in place to ensure the financial requirements of funding bodies are supported; supporting documentation includes grants and projects; acquittals are submitted to the relevant funding agency. Managers monitor reporting period obligations with oversight provided by the CEO.</p>
<p>3.1 4 Performance against budget is monitored on a regular basis and reported to management, consumers and relevant stakeholders annually.</p>	<p>Fully in Place</p>	<p>Financial Documents/Records: Review of financial documents shows regular monitoring and reporting of performance against the budget, as indicated in the Board Minutes and Treasurer's Report. Externally Audited Accounts are published in the publicly available Annual Reports.</p> <p>Financial Interview: Interview with finance staff confirms the monitoring of the organisation's performance against the budget. The website provides details; ASIC reports; all volunteers and stakeholders can access the Annual Report.</p>

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## 3.2 Asset and Physical Resource Standard

*The management of assets and physical resources is responsible, competent and effective for economic, social and environmental sustainability.*

*Outcome: The organisation is sustainable and socially responsible.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>3.2 1 Asset acquisition and disposal decisions are supported by well-developed business cases, which also reflect lifecycle costs.</p>	<p>Fully in Place</p>	<p>Financial Documents/Records: Review of financial documents shows asset acquisitions are supported by business cases, as indicated in the Business Action Plan 2017-2018.</p> <p>Financial Interview: Interview with finance staff confirms business cases support asset and disposal decisions; few assets, such as laptops, are retained; adjustments are made by the accountant annually.</p>
<p>3.2 2 Non-asset alternatives are considered in procurement decisions</p>	<p>Fully in Place</p>	<p>Financial Documents/Records: Review of financial documents shows non-asset alternatives are considered during the procurement process.</p> <p>Financial Interview: Interview with finance staff confirms non-asset alternatives are considered in procurement decisions; the majority of equipment is leased.</p>
<p>3.2 3 The organisation's physical resources are managed to ensure an effective, safe and efficient service (physical resources include buildings, equipment, furniture, vehicles and IT).</p>	<p>Fully in Place</p>	<p>CEO Interview: Staff interviewed could explain how they ensure physical resources are effective, safe and provide efficient service; includes annual electrical tagging; motor vehicle maintenance; outsourced ICT.</p> <p>Financial Documents/Records: Review of financial documents shows physical resources are managed to ensure an effective, safe and efficient service, in alignment with the Procurement and Purchasing Policy.</p> <p>Safety and Quality Documents/Records: Review of safety and quality documents shows maintenance schedules in place for equipment and assets, such as vehicles and IT. The People with Disabilities Policy informs facility suitability.</p>
<p>3.2 4 The organisation effectively manages and reviews its impact on the environment.</p>	<p>Fully in Place</p>	<p>CEO Interview: Management staff and the CEO interviewed could explain the processes in place to reduce the organisation's impact on the environment, such as the use of HBCC modern facilities. LCIS facilities</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>include composting, reducing electricity, LED lighting replacements, encouraging recycling; LCIS is aiming to implement solar power on premises, and is using the community garden planter boxes to supply the Hub kitchen.</p> <p>Safety and Quality Documents/Records: Reviews of safety and quality documents show an Environmental Conservation Policy, is in place.</p>

### 3.3 Purchasing and Contract Management Standard

*Explicit purchasing and contracts reflect organisational values, enable disclosure and ensure integrity and value.*

*Outcome: The organisation is sustainable and socially responsible.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>3.3 1 There is a fair and equitable process for the purchase of products or services, ensuring the best outcomes for the organisation, community and its consumers.</p>	Fully in Place	<p>Financial Documents/Records: Review of financial documents shows procurement procedures in place allow for a fair and transparent process.</p> <p>Financial Interview: Interview with finance staff confirms there is a process for the purchase of products and services with weekly payment of invoices; the generation of approvals against projects; and payments are thereafter released to preferred suppliers.</p>
<p>3.3 2 Procedures verify delivery of agreed products or service</p>	Fully in Place	<p>Financial Documents/Records: Review of financial documents shows they stipulate appropriate processes and authorisations (as per Delegated Authority) for ordering, receipt and subsequent payment for goods and services, consistent with the Procurement and Purchasing Policy.</p>
<p>3.3 3 Suppliers are reviewed and their performance monitored on an ongoing basis.</p>	Fully in Place	<p>Financial Documents/Records: Review of financial documents shows ongoing monitoring of suppliers and their performance, consistent with the Financial Management Policy.</p> <p>Financial Interview: Interview with finance staff confirms suppliers are reviewed and their performance monitoring</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		continues throughout a project or grant, such as quarterly in a year long grant. There is regular review of ICT contracts.
3.3 4 Record of key decisions, contracts and purchases are securely maintained.	Fully in Place	Financial Documents/Records: Review of financial documents shows records are maintained for each contract.

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## 4 People, Partnerships and Communication

Human resource systems ensure that staff and volunteers have a safe, fair, healthy and supportive work environment.

### 4.1 Human Resources Standards

*Human resources ensure competent staff for effective service.*

*Outcome: Stakeholders are competent and confident in the organisational environment.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>4.1 1 Processes for recruitment, selection, and appointment of staff and volunteers:</p> <ul style="list-style-type: none"> <li>• meet statutory and industrial requirements (e.g. equal opportunity, employment and child safety screening)</li> <li>• ensure appropriate qualifications, skill and experience</li> <li>• uphold the safety and rights of consumers</li> <li>• document agreed conditions of employment.</li> </ul>	Fully in Place	<p>Human Resource Management Documents/Records: Review of human resource management documents shows recruitment, selection, and appointment processes are in place, as indicated in the Staff Recruitment Policy and the Constitution 2020.</p> <p>Management Interview: Management staff interviewed could explain how they ensure employment policies reflect the organisation's Equal Opportunities requirements; it is usual for volunteers to progress to paid employment with LCIS. Policy underpins recruitment.</p>
<p>4.1 2 Staff, students and volunteers have structured and comprehensive induction processes that:</p> <ul style="list-style-type: none"> <li>• assist the new staff, students and volunteers to integrate as quickly as possible to the work and social environment</li> <li>• include information on key legislation, industry standards, relevant policies and procedures, and rights and responsibilities</li> <li>• include an organisational chart that identifies roles, delegations and reporting relationships</li> </ul>	Fully in Place	<p>Human Resource Management Documents/Records: Review of human resource management documents shows an induction process is in place for staff, students and volunteers, with an overarching Code of Ethics, and respective Handbooks and induction and orientation processes to relevant roles.</p> <p>Staff Interview: Staff interviewed confirmed they undertook an induction to the organisation when they commenced, inclusive of a Code of Ethics. Infection control training was implemented in 2019 and has remained an essential part of induction.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"> <li>• stipulate values, vision and purpose</li> <li>• ensure consistent practice in consumer records including clinical care and treatment plans.</li> </ul>		
4.1 3 Documented role descriptions includes individual accountabilities and responsibilities are: <ul style="list-style-type: none"> <li>• provided for all staff and volunteers</li> <li>• subject to regular review to ensure they accurately reflect position expectations.</li> </ul>	Fully in Place	Human Resource Management Documents/Records: Reviews of human resource management documents show staff and volunteers have up-to-date documented position descriptions.
4.1 4 A Code of Conduct defines acceptable behaviours which are measured and includes the following: <ul style="list-style-type: none"> <li>• the values of the organisation (e.g. integrity, respect and accountability)</li> <li>• rights and responsibilities of consumers, staff and volunteers</li> <li>• child safety and wellbeing culture</li> <li>• staff and consumer surveys.</li> </ul>	Fully in Place	Human Resource Management Documents/Records: Review of human resource management documents shows an organisation-wide Code of Ethics, authorised by the Board and CEO and applies to all persons, businesses and/or organisations engaged with LCIS, in any capacity.  Staff Interview: Staff interviewed were able to describe the organisation's Code of Ethics document and the staff and volunteer Handbooks. Staff meetings reinforce the intentions of the Code, which is continuously updated, and staff and volunteers must sign at induction.
4.1 5 The rights of staff and volunteers are clearly defined, communicated and respected.	Fully in Place	Human Resource Management Documents/Records: Reviews of human resource management documents show the rights of staff and volunteers are in place, for example, as defined in the Volunteers Information Booklet.  Staff Interview: Staff interviewed were able to explain their rights and responsibilities at induction as an employee; and referred to their rights as employees as identified in the suite of policies and procedures; and all agreed that their rights and responsibilities were defined in their position descriptions.
4.1 6 Compliance with Equal Employment Opportunity requirements is evident.	Fully in Place	Human Resource Management Documents/Records: Review of human resource management documents shows Equal Employment Opportunity philosophy is evident within the organisation, as evident explicitly in the Staff Recruitment Policy.  Management Interview:

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>Management staff interviewed could explain how often they review policies and procedures that impact equity and how they ensure they meet current legislative requirements. Policies are reviewed every three years; otherwise, performance review is annual. There are few structural changes at LCIS and the CEO receives direct communication from CISVic and the Department of Families, Fairness and Housing (DFFH) regarding legislative changes.</p>
<p>4.1 7 The organisation facilitates flexible work practices that meet business and service requirements, while allowing employees to balance their career with their family and cultural responsibilities.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Review of human resource management documents shows flexible work practices are in place, as indicated in the Work, Health and Safety (WHS) Policy and Code of Ethics statement.</p> <p>Management Interview: Management staff interviewed could explain the types of flexible work practices they have in place; most teams and managers are female and are carers; hours are flexible and adaptable to ensure continuity of care, supports and projects.</p>
<p>4.1 8 A performance review and development plan is in place to assist staff and volunteers to meet personal and organisational objectives.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Reviews of human resource management documents show an annual performance appraisal process is in place, as defined in the Performance Appraisal Policy.</p> <p>Staff Interview: Staff interviewed were able to describe the annual performance review process for staff appraisal, plus once monthly staff meeting.</p>
<p>4.1 9 Staff, volunteers and students are supported through direct supervision that monitors service quality and effectiveness.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Review of HRM documents/records shows processes are in place to monitor service quality and effectiveness which align with the Professional Development Policy, designed to ensure best practice in service delivery is achieved and maintained by an educated and competent staff. Position descriptions indicate that LCIS is committed to being an employer of choice, an exemplar of best practice, an advocate of human rights and adheres to all legislative requirements.</p>
<p>4.1 10 Legislative and mandated training requirements are met.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Reviews of human resource management documents demonstrate legislative and mandated requirements relating to training are in place, as outlined in the Professional Development Policy, which states that LCIS implements effective Professional Development Opportunities for Staff, Volunteers, and contractors so that all activities and services follow best practices and best professional standards.</p>



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REQUIREMENTS	EA Rating	EVIDENCE
		<p>Staff Interview:                      Staff interviewed confirmed they have undertaken training; staff are funded to attend workshops, conferences, training and formal education. Staff state that LCIS is very supportive of professional development. First Aid training is funded for all staff and volunteers; Mental Health First Aid (MHFA) was funded 2019.</p>

## 4.2 Workplace Health and Safety Standards

*Workplace Health and Safety systems are incorporated into business planning and work processes.*

*Outcome: Stakeholders are safe and feel confident in the organisational environment.*

REQUIREMENTS	EA Rating	EVIDENCE
4.2 1 A Workplace Health and Safety policy has been developed, communicated and formally endorsed.	Fully in Place	Safety and Quality Documents/Records: Reviews of safety and quality documents show an organisation-wide Work, Health and Safety (WHS) Policy and procedure is in place.
4.2 2 Supporting Workplace Health and Safety procedures have been developed to describe control measures for higher risk activities.	Fully in Place	Safety and Quality Documents/Records: Reviews of safety and quality documents shows the organisation has identified its higher risk activities and developed WHS policies and procedures as control mechanisms for higher risk activities. The landlord, Hobson's Bay City Council is responsible for the building and emergency procedures.
4.2 3 Workplace Health and Safety system includes: <ul style="list-style-type: none"> <li>• the duty of care to all persons including contractors, consultants, volunteers and visitors</li> <li>• physically accessible services</li> <li>• roles, responsibilities and accountabilities</li> <li>• hazard identification, evaluation and control</li> <li>• contingency planning</li> </ul>	Fully in Place	Management Interview: Management staff interviewed could describe the Workplace Health and Safety systems in place, in accordance with the suite of policies and procedures. HBCC is responsible for the leased premises; high risk clients ensure that LCIS is aware of interventions. Monthly meetings occur between the managers of the three sites.  Safety and Quality Documents/Records: Reviews of the suite of safety and quality documents confirm that the LCIS WHS system addresses contractor, staff, volunteer, stakeholder and client safety and wellbeing and complies with local government, Victorian and Commonwealth legislation relating to work health and safety precautions and standards.

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"> <li>• incident reporting, investigation and corrective action</li> <li>• equitable claims management and a commitment to effective rehabilitation</li> <li>• employee training, including specialised equipment</li> <li>• a safe environment exists for all people especially for children, youth and vulnerable people.</li> </ul>		
4.2.4 Periodic audits and inspections verify compliance with policies and procedures.	Fully in Place	Safety and Quality Documents/Records: Review of safety and quality documents shows documented evidence that the organisation has regular internal and external WHS inspections to assess compliance and develop remedial strategies. The LCIS Document Register indicates that there is regular review of the legislation underpinning the Work, Health and Safety (WHS) Policy and Procedures.
4.2.5 Provide a healthy workplace.	Fully in Place	Management Interview: Management staff interviewed could explain how the organisation provides a healthy workplace for all employees, such as crisis intervention workers are able to access other crisis workers for debriefing. The use of a model of informal debriefing with regular check- ins, in a flexible and small supportive team promotes workplace wellbeing.

## 4.3 Diversity and Inclusion Standard

*Valuing culture, diversity and inclusion in all activities including in the pursuit of individual outcomes and organization improvement.*

*Outcome: Stakeholders are inclusive and included.*

REQUIREMENTS	EA Rating	EVIDENCE
4.3.1 Embracing all forms of diversity.	Fully in Place	Human Resource Management Documents/Records: Review of human service management documents shows the organisation demonstrates cultural competency through its policy and procedures and its related actions and embraces all forms of diversity, as corroborated in consumer, stakeholder and staff interviews. The Cultural Diversity Policy is the overarching diversity and inclusion policy in place.

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>Management Interview: Management staff interviewed could explain how the organisation embraces all forms of diversity, with employment of volunteers from diverse backgrounds.</p>
<p>4.3 2 A system is in place for Staff and Volunteers to become culturally capable.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Reviews of human resource management documents confirm the workforce is culturally capable, as evident through cultural knowledge, skills, behaviours and systems, and in accordance with the Cultural Diversity Policy. LCIS provides appropriate and high quality cross-cultural training for all staff, volunteers and management.</p> <p>Staff Interview: Staff interviewed confirmed they undertake cultural awareness training as part of induction or as ongoing training, including CISVic training; LCIS utilises Welcome to Country, international days, inclusive of LGBTIQ. The Community Services Coordinator is responsible for managing L&amp; D. LCIS works closely to attend free training with Wyndham City and HBCC.</p>
<p>4.3 3 A culturally safe and inclusive environment exists across the organisation and its services.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Review of human resource management documents shows a culturally safe and inclusive environment exists across the organisation and its services. Aboriginal and other cultural signage are evident on inspection.</p>
<p>4.3 4 The organisation has identified mechanisms for measuring performance of diversity, inclusion, cultural safety and capability.</p>	<p>Fully in Place</p>	<p>Human Resource Management Documents/Records: Review of human resource management documents shows the organisation has mechanisms for measuring performance of diversity, inclusion, cultural safety and capability, utilising the Australian Census data and local government demographic data.</p> <p>Management Interview: Management staff interviewed could explain how the organisation measures performance regarding the acceptance of diversity, inclusion, cultural safety and capability; LCIS encourages cultural appropriateness, everyone is culturally aware of festivals for staff and clients; staff speak 15 languages and the service promotes access to interpreters.</p>

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## 5 Partnerships

### 5.1 Working Collaboratively Standard

*Working collaboratively with other organisations on agreed goals that benefit consumers and the community.*

*Outcome: Better outcomes through collaboration.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>5.1 1 Key partners are identified and objectives agreed</p>	<p>Fully in Place</p>	<p>CEO Interview: Interview with the CEO confirmed the organisation works collaboratively with key partners and has agreed goals for the community in the delivery of client-centred services. Goals are included in MOU and service agreement templates, for example, the ER consortia documentation includes variations to agreements during the pandemic to meet emergency needs in broader geographic areas.</p> <p>Governance Documents/Records: Review of governance documents shows key partners have been identified and a positive working relationship established, based upon a clear understanding of expectations and objectives. A Quality Management Register 2015-2019 is in place which details the currency of partnerships.</p> <p><b>Improvement Opportunities</b> Governance Documents/Records: The Quality Management Register, 2015-2019 does not appear to reflect current partnership status for the period 2020-present.</p> <p>LCIS to revise the Quality Management Register or devise a partnership register which is current to ensure that service agreements, partnerships and relationship management are documented, formalised, current and accurate.</p>
<p>5.1 2 The need for protocols, performance measures and reporting requirements is considered.</p>	<p>Fully in Place</p>	<p>Governance Documents/Records: Reviews of governance documents show MOU and service agreement protocols are in place with each protocol arrangement identifying the roles and responsibilities, performance criteria and reporting mechanisms are outlined.</p>
<p>5.1 3 Progress is regularly reviewed and developments communicated.</p>	<p>Fully in Place</p>	<p>CEO Interview: Interview with the CEO confirmed the progress of partnership arrangements are reviewed and communicated and includes constant dialogue.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
		<p>Governance Documents/Records: Review of governance documents and Board minutes indicate a regular and formal process for reviewing the progress of each partnership arrangement is in place.</p>
<p>5.1 4 Regular reviews of partnerships are undertaken as part of planning cycle.</p>	<p>Fully in Place</p>	<p>Governance Documents/Records: Review of governance documents, such as the MOU Tin Shed (Feeding the West, DHHS project), show regular reviews of partnerships as part of planning cycle are undertaken, and in specific accordance with the terms of the funding arrangements.</p>

## 5.2 Teamwork Standard

*Staff and Volunteers are effectively engaged in implementing organisational objectives through a range of teamwork strategies.*

*Outcome: Better outcomes through collaboration.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>5.2 1 Systems are in place to encourage staff to work collaboratively</p>	<p>Fully in Place</p>	<p>Service Development, Delivery and Management Documents/Records: Review of service management documents shows staff work collaboratively as a team for the achievement of client/consumer outcomes through projects, case conferencing, case management planning and end of service planning. The Communication Policy indicates that internal communication supports good knowledge management and operations within the organisation, and includes care and support of staff and volunteers. LCIS has mechanisms in place to ensure that communications are effective and regularly monitored. The CEO is responsible for the leadership and oversight of all official institutional marketing, communication channels, programs and activities used to reach internal and external audiences, including projects.</p> <p>Staff Interview: Staff interviewed could explain how the organisation supports staff to work collaboratively through staff meetings, volunteer meetings; formal and informal communications/de briefings. Staff have access to Agenda and Minutes on Sharepoint. Frontline people and staff are recognised as the experts in their work.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
5.2.2 Collaborative activity aligns with common purpose and strategic direction.	Fully in Place	Management Interview: Management staff interviewed could explain how all collaborative and cooperative activity can be identified as aligning to strategic goals. Individual teams help other teams; everyone shares 'hands on deck' collaborations; all workers can cross-promote services; and all are supported to build teams with 'can do attitudes'.

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## 6 Communication

### 6.1 Communication Standard

*Communication systems and strategies ensure information is disseminated internally and externally to all key stakeholders.*

*Outcome: Communication informs and improves outcomes.*

REQUIREMENTS	EA Rating	EVIDENCE
6.1 1 Internal and external target groups, communication processes and timelines are defined.	Fully in Place	<p>Consumer Documents/Records: Review of consumer documents shows structured communication processes are in place, such as newsletters, the website and direct communications about the resumption of services post-COVID.</p> <p>Management Interview: Management staff interviewed could explain how they identify internal and external target groups and the communication processes in place for these groups; the LCIS database provides information about the project target groups, use of multicultural resources and partnerships with other agencies.</p>
6.1 2 All staff are expected to convey information accurately, succinctly and free of jargon.	Fully in Place	<p>Consumer Documents/Records: Review of consumer documents shows information is accurately and succinctly conveyed and is free of jargon and is provided for those who have low levels of Language, Literacy and Numeracy (LLN), those who come from English as Second Language (ESL) backgrounds and make reasonable adjustments as required for those who have physical or mental disabilities.</p>
6.1 3 Internal and external communication is maintained.	Fully in Place	<p>Consumer Documents/Records: Review of consumer documents shows communication processes are well maintained in accordance with the LCIS Communication Policy. All staff, volunteers, students and Board Members are made aware of the policy during their induction and are provided with ongoing support to assist them to effectively use internal communication systems.</p>
6.1 4 Meetings are effectively managed with: <ul style="list-style-type: none"> <li>• appropriate notification</li> <li>• papers available in advance to allow preparation</li> <li>• minutes prepared and made accessible in a timely manner</li> <li>• agreed actions recorded, explained and monitored.</li> </ul>	Fully in Place	<p>Governance Documents/Records: Review of service management documents shows effective management of meetings, with appropriate agenda, minutes and plans.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<p>6.1 5 Communication mediums are effective and appropriate for audiences and processes. This includes providing safe, secure and accessible communication channels for children, young and vulnerable people.</p>	<p>Fully in Place</p>	<p>Consumer Documents/Records: Review of consumer documents shows a range of safe and secure communication channels that best suit target groups are in place, with ample opportunity to provide feedback and client surveys, using Survey Monkey or use of the feedback form.</p>
<p>6.1 6 Communication processes seek feedback and develop actions that foster continuous improvement.</p>	<p>Fully in Place</p>	<p>Consumer Documents/Records: Review of feedback documentation shows feedback is systematically collected, monitored and used for continual improvement in the relevant programs. Surveys are regularly circulated, in addition to completion of a survey at exit from a program.</p>
<p>6.1 7 Appropriate information sharing protocols are promoted and practised.</p>	<p>Fully in Place</p>	<p>Service Development, Delivery and Management Documents/Records: Reviews of service management documents shows processes are in place that allow the organisation to share information that promotes safety and wellbeing, as indicated in the Dissemination of Information Policy.</p> <p>Staff Interview: Staff interviewed could explain how consumers were advised about the organisation's policy for sharing personal information; booklets include Information for Clients; a Privacy and Confidentiality Policy support information management; indicate how to give feedback, raise complaints; explain Rights and Responsibilities; LCIS's right to refuse services; and how personal information is used. Staff have received training in the Victorian Information Sharing Scheme (ISS) and secure use of CISVic database. In the future, telephone calls will be recorded and reports generated to monitor information management compliance.</p>



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## 7 Service Provision

The core aim of services is achieving the best possible outcomes for consumers. Consumers include anyone who receives a service from the organisation, but can also include staff, internal business units (e.g. where one business units provides a service to another) and external stakeholders such as other organisations

### 7.1 Outcomes Monitored Standard

*Service outcomes are planned, monitored and subject to ongoing review.*

*Outcome: Stakeholders are satisfied with the service outcomes, which are reflective and responsive to need.*

REQUIREMENTS	EA Rating	EVIDENCE
7.1 1 Services are responsive to consumer and community need.	Fully in Place	<p>Management Interview: Management staff interviewed could describe how services are planned and are responsive to consumer needs.</p> <p>Service Development, Delivery and Management Documents/Records: Review of service development and delivery documents shows service planning, provision, review and exit of services are defined to meet the needs of the consumer in accordance with project and program service agreements.</p>
7.1 2 Planned organisational outcomes are documented and communicated to key stakeholders.	Fully in Place	<p>Governance Documents/Records: Review of governance documents shows planned organisational outcomes are documented and communicated to key stakeholders, for example through the publicly available Annual Reports on the website.</p>
7.1 3 Planned service outcomes align with the organisations strategic directions, reflect consumer and community needs and are consistent with State and Commonwealth funding agreements.	Fully in Place	<p>CEO Interview: Interview with the CEO confirmed the process that ensures planned outcomes reflect consumer needs and are consistent with State and Commonwealth funding agreements; based on consumer needs. The success of LCIS has been community consultations, understanding the community needs and development of programs and services to meet these needs.</p> <p>Governance Documents/Records: Review of governance documents shows planned outcomes align with the organisation’s strategic directions, reflect consumer and community needs and are consistent with Victorian State government former DHHS and current DFFH, Commonwealth and local government funding agreements.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<p>7.1 4 Measure and indicators of performance are established to monitor outputs and outcomes achieved.</p>	Fully in Place	<p>Governance Documents/Records: Review of governance documents shows measuring and reporting on outputs and outcomes are in place, as indicated in Acquittal documentation.</p> <p>Management Interview: Management staff interviewed could explain the process for the monitoring of key performance indicators within the organisation.</p>
<p>7.1 5 Outcome performance is monitored with information used to improve efficiency and effectiveness of service provision.</p>	Fully in Place	<p>Governance Documents/Records: Review of governance documents shows the organisations performance is measured against a set of agreed outcomes and reported to the Board.</p>
<p>7.1 6 Agreed service standards and guidelines are designed, piloted and evidence based.</p>	Fully in Place	<p>Management Interview: Management interviewed could describe the service standards and evidence-based guidelines that the organisation's service provisions are based upon, using the LCIS database to inform service decisions.</p> <p>Service Development, Delivery and Management Documents/Records: Reviews of service management documents shows the planning of services is evidence based and built on acceptable standards of service and incorporates legislation, best practice guidelines, and funder requirements as defined in service agreements.</p>
<p>7.1 7 Services are accessible.</p>	Fully in Place	<p>Service Development, Delivery and Management Documents/Records: Reviews of service management documents demonstrate the organisation has addressed any barriers to community engagement or service provision, for example, for people of diverse cultures and abilities.</p>
<p>7.1 8 Service provision and practice is person centred with a focus on needs, goals and preferences of individual consumers. This includes:  <input checked="" type="checkbox"/> dignity, respectful and supportive care  <input checked="" type="checkbox"/> social support  <input checked="" type="checkbox"/> inclusive and accessible environment  <input checked="" type="checkbox"/> privacy and confidentiality</p>	Fully in Place	<p>Service Development, Delivery and Management Documents/Records: Reviews of service delivery documents show evidence of person-centred approaches in policy and practice including efforts enabling the consumer to participate as fully as possible in activities/services.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"><li>☐ self determination</li><li>☐ communication.</li></ul>		

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## 8 Consumer Outcomes

### 8.1 Consumer Engagement Standard

*Consumers are key partners in shaping service delivery and continuous improvement.*

*Outcome: Consumers services are effective in achieving agreed goals.*

REQUIREMENTS	EA Rating	EVIDENCE
<p>8.1 1 Consumers actively participate in service planning and provision.</p>	<p>Fully in Place</p>	<p>Consumer Documents/Records: Review of consumer documents or records shows consumers actively participate in service planning and provision, as outlined in the Client/Participant Statement and Policy.</p> <p>Consumer Interview: Interviews with the consumer representatives in the Emergency Relief program confirm they feel encouraged to participate in planning of services as the organisation is very welcoming of feedback and input; however, none had done so in the past year during the COVID pandemic responses, when parcels were delivered to their homes.</p> <p>Management Interview: Management interviewed could describe how consumers actively participate in service planning and provision indirectly through regular feedback and directly through facilitated planning days.</p>
<p>8.1 2 Resources are allocated to support consumer participation in service planning at the organisation and individual level.</p>	<p>Fully in Place</p>	<p>Management Interview: Management staff interviewed could explain what resources are allocated to support community and consumer participation in service planning. Feedback is sought explicitly as part of service agreements and participation is sought annually through a designated planning day with staff, volunteers, management and Board.</p>
<p>8.1 3 Consumers, community, public advocates and carers have access to information including:</p> <ul style="list-style-type: none"> <li>• eligibility criteria</li> <li>• services available</li> <li>• service designs</li> <li>• any risks associated with service</li> <li>• privacy and confidentiality</li> </ul>	<p>Fully in Place</p>	<p>Consumer Documents/Records: Review of consumer documentation shows it is easily accessible and informs consumers, carers or advocates about services, eligibility criteria, service risks, rights and responsibilities, as indicated on the website specific to programs, or in the program brochures.</p> <p>Consumer Interview: Interviews with the consumer representatives confirm they feel well informed about the range of</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<ul style="list-style-type: none"> <li>• rights and responsibilities</li> <li>• waiting lists (where applicable)</li> <li>• fees and charges</li> <li>• service standards</li> <li>• evidence based guidelines</li> <li>• quality of performance of the service</li> <li>• raising awareness to reduce stigma for individual</li> <li>• prevention and control strategies for consumer safety and wellbeing such as infection control, and local safety procedures with police (where applicable).</li> </ul>		<p>services available to them; some had been referred to other LCIS programs and agencies and they understood the re-entry processes.</p>
<p>8.1 4 Consumers confirm practices are in place to support their individual needs and that these practices consider their culture, spirituality, age, literacy, ability, sexuality and life choices.</p>	Fully in Place	<p>Consumer Interview: Interviews with the consumer representatives confirm that services provided are based on their individual needs, all stated that LCIS is definitely respectful of their culture and supportive of their individual circumstances and needs; LCIS are non-judgemental and always respectful of inclusivity.</p>
<p>8.1 5 Program design, delivery and review focus on positive consumer outcomes.</p>	Fully in Place	<p>Service Development, Delivery and Management Documents/Records: Reviews of service delivery documentation shows service planning reflects informed choices and builds on consumers' strengths, individuality and immediate needs.</p> <p>Staff Interview: Staff interviewed could provide examples of how individuals have achieved immediate life goals and how these are measured; staff also receive emails and letters about the quality of services which positively impact on service users. Services can give hope; staff do not judge; crisis workers can refer to supportive agencies. LCIS remained open throughout COVID and feedback from delivery programs is positive. The wellbeing for volunteers, clients and the community is at the centre of LCIS planning.</p>
<p>8.1 6 The organisation collaborates with other service providers for consumers' continuity of care. This is demonstrated in intake assessments and exit and referral processes.</p>	Fully in Place	<p>Service Development, Delivery and Management Documents/Records: Reviews of service management documents show referral processes are clearly documented in the CISVic database and show collaborative practices with other service providers are in place.</p>

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REQUIREMENTS	EA Rating	EVIDENCE
<p>8.1 7 Consumer rights are demonstrated, including the right to:</p> <ul style="list-style-type: none"> <li>• be safe culturally, physically and psychologically</li> <li>• determine their care needs and goals</li> <li>• advocacy</li> <li>• enter services, exit and be referred to another services</li> <li>• make decisions about things that affect them</li> <li>• practice their culture, spirituality</li> <li>• make own life choices</li> <li>• provide feedback free from repercussions.</li> </ul>	Fully in Place	<p>Consumer Interview: Interviews with consumers confirmed that they know they have the right to be safe culturally, physically and psychologically; to determine their care needs and goals, access advocacy services, enter services, exit and be referred to another service; make decisions about things that affect them; practice their culture and spirituality; make own life choices and provide feedback free from repercussions. Feedback from consumers was unanimously positive about the respectful interactions with LCIS, specifically Emergency Relief services.</p>
<p>8.1 8 Consumer service standards are precise and measurable.</p>	Fully in Place	<p>Consumer Documents/Records: Review of consumer documentation shows that consumer service standards are precise and measurable. The Inappropriate Behaviour Policy indicates the required behaviours and performance required of employees and volunteers in delivery of services.</p> <p>Management Interview: Management interviewed could explain how the organisation's service standards were developed to meet consumer needs, expectations and rights, and how they are communicated to consumers and measured. The Easy English Client Information Booklet outlines the expectations of client engagement with LCIS.</p>

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## 8.2 Consumer Feedback and Complaints Standard

*Strategies to engage and respond to consumer feedback are effective. Feedback is valued and used as a continuous improvement tool.*

*Outcome: Consumers feel valued and listened to.*

REQUIREMENTS	EA Rating	EVIDENCE
8.2.1 Consumer feedback is actively sought through a variety of means and is used to identify potential service improvements.	Fully in Place	Consumer Documents/Records: Review of consumer documents and/or records shows a variety of means are used to gather consumer feedback and are used to identify potential service improvements. The Client Complaints Policy confirms that the Complaints processes are an integral part of the LCIS continuous improvement processes. The information received through this process can be used to make improvements in service delivery.
8.2.2 A process for managing consumer complaints has been implemented. Complaints are <ul style="list-style-type: none"> <li>• recorded and acknowledged</li> <li>• investigated to determine the cause</li> <li>• acted upon, with outcomes reported to the complainant in a timely manner.</li> </ul>	Fully in Place	Management Interview: Management staff interviewed were able to describe how complaints are managed including how they are recorded and acknowledged, investigated to determine the cause, acted upon and outcomes reported to the complainant in a timely manner. Staff, volunteers and clients have processes for complaints management. A Complaints Register is in use for one complaint.  Service Development, Delivery and Management Documents/Records: Review of complaint management documents shows complaints are recorded and acknowledged, investigated to determine the cause, acted upon and outcomes reported to the complainant in a timely manner, in accordance with the Client Complaints policy. Laverton Community Integrated Services Inc. (LCIS) is committed to providing an environment in which all service users, partners, employees and volunteers feel comfortable in making complaints about any aspect of service delivery and are provided with the support and resources to do so.
8.2.3 Consumers are provided with information about feedback and complaints processes that are accessible and culturally appropriate.	Fully in Place	Consumer Interview: Interview with the consumer representatives confirms they were provided with information regarding the feedback and complaints processes; one client provided information about the successful resolution of their issue.
8.2.4 Alternative options are provided to the consumer if not satisfied with the outcome (i.e. Ombudsman, Health and Community Services Complaints Commissioner or other advocacy service).	Fully in Place	Consumer Documents/Records: Review of complaints management documentation shows consumers, carers, advocates or other support persons are provided with external alternatives if the complaint is not resolved to their satisfaction, such as Clients and their advocates have a right to know about any external avenues of complaint, such as: Dispute Settlement Centre of Victoria; Youth Disability Advocacy (YSAS); Victoria

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REQUIREMENTS	EA Rating	EVIDENCE
		Legal Aid Mental Health Advocacy Service; and Action on Disabilities within Ethnic Communities (ADEC), as outlined in the Complaints Policy.
8.2.5 Consumer complaint outcomes and trends are reported to senior management and the Board.	Fully in Place	Governance Documents/Records: Review of governance documents shows complaint data and reports are provided to senior management and the Board.





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