



ASES Policy Framework:

Implementing a new quality framework for specialist homelessness services in NSW

version as at March 2021.

For feedback or queries email

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1 Glossary and background

1.1 Glossary

ASES	Australian Service Excellence Standards
DVRE	Domestic Violence Response Enhancement
DCJ	NSW Department of Communities and Justice
HYAP	Homeless Youth Assistance Program
ICR	Inner City Restoration
IP	Industry Partnership for NSW homelessness providers
OOHC	Out of Home Care
PYI	Premier's Youth Initiative
QIC	QIC Health and Community Standards (7th edition)
QIP	Quality Innovation Performance Limited
SHS	Specialist Homelessness Service
SSF	Service Support Fund
STEP	Supported Transition and Engagement Program
VOOHC	Voluntary Out-of-home Care
WIPAN	Women in Prison Advocacy Network
YCAE	Youth Crisis Accommodation Enhancement

1.2 Department background

The Department of Communities and Justice (DCJ) commenced on 1 July 2019. The new department brought together the former departments of Family and Community Services (FACS) and Justice.

The new department's *purpose is to help create a safe, just, resilient and inclusive NSW in which everyone has the opportunity to realise their potential*¹.

The Department of Communities and Justice is the lead agency in the new Stronger Communities Cluster.

The [Stronger Communities Cluster](#) brought together - and replaced - the Justice and Family and Community Services clusters. Stronger Communities brings under one roof, NSW government services targeted at achieving safe, just, inclusive and resilient communities, including the following executive agencies:

- Crown Solicitor's Office
- Fire and Rescue NSW
- NSW Rural Fire Service
- NSW State Emergency Service
- Multicultural NSW
- Office of Sport
- Institute of Sport

¹ Building Stronger Communities Strategic Directions - <https://www.dcj.nsw.gov.au/about-us/building-stronger-communities>

2 Purpose of this document

The ASES Policy Framework: Implementing a new quality framework for specialist homelessness services in NSW (the Framework) outlines the policy intent, contractual requirements and high level procedures for funded homelessness providers to achieve Australian Service Excellence Standards (ASES) accreditation or equivalent.

2.1 Target audience

This document outlines important information for all key stakeholders, including:

- DCJ Districts and Central Office units
- DCJ funded homelessness providers: staff and Boards
- Industry Partnership (IP)/ peak bodies
- South Australian Department of Human Services (owner of ASES)
- Assessors working with NSW homelessness providers.

2.2 Updates to the framework

DCJ is taking an incremental approach to implementing accreditation for specialist homelessness services in NSW. To reflect this approach, this Framework will be updated when any required changes occur. Frequency of updates will be in response to need and changes will include, but are not limited to:

- updated equivalency mapping
- removal of redundant information
- clarification and enhancement of existing processes

Significant changes which will impact timeframes or costs for service providers will be planned in consultation with all key stakeholders. Adequate time will be provided for the implementation of such changes.

Stakeholders will be notified whenever updates to the framework occur.

3 Overview: commissioning for quality in specialist homelessness services

3.1 Commissioning

Commissioning focuses on achieving the best possible outcomes for clients in the most efficient, effective and sustainable way. We do this by collaborating with our partners to design, deliver and manage the services which best address our clients' needs.

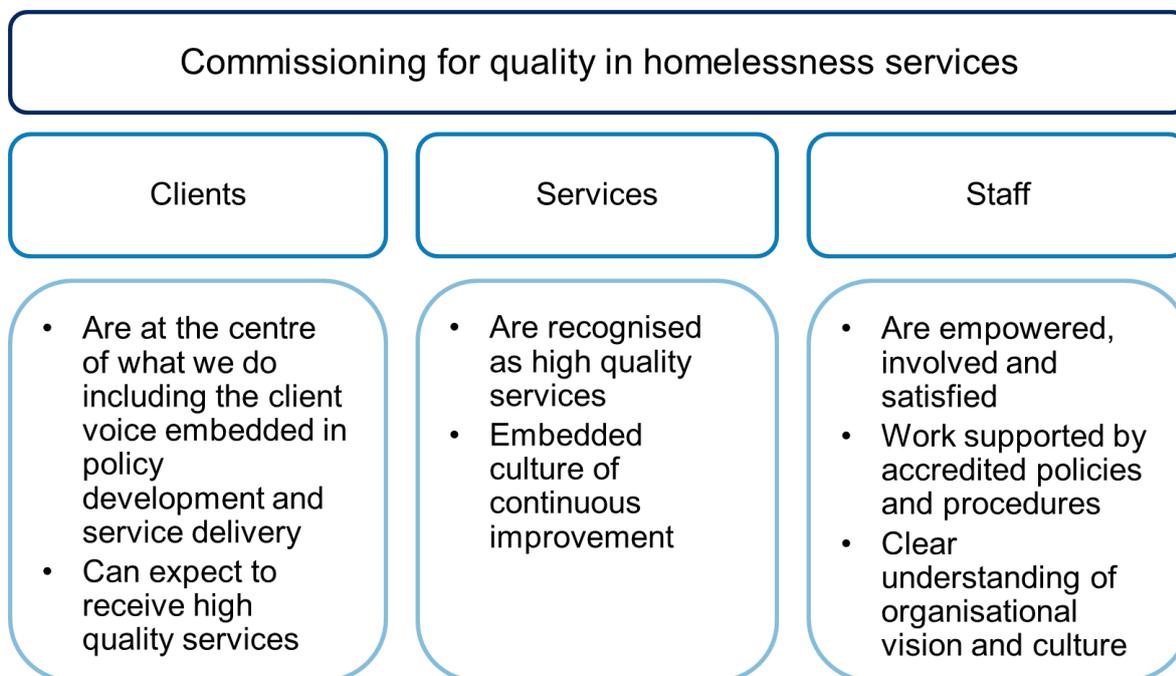
One aim of commissioning is to improve overall quality, and apply more rigour to the design and delivery of our programs.

DCJ is moving towards commissioning for outcomes for specialist homelessness services. This approach shifts the emphasis from the services a provider offers to the outcomes they achieve for their clients. Our aim is to drive continuous improvement and demonstrate how services are delivering outcomes for clients.

An effective quality system needs to be embedded in the commissioning for outcomes approach to:

- promote fair access and consistent services, and
- achieve long term, positive, sustainable outcomes for clients.

This policy outlines how the ASES standard applies to DCJ-funded homelessness services in NSW. Details about the move to commissioning for outcomes are available on the [DCJ website](#).



3.2 Quality assurance and continuous improvement

Quality assurance supports organisations to achieve outcomes. Effective quality assurance systems lead to high quality, evidence based services and client outcomes. All clients who access homelessness services can expect quality services that meet minimum standards.

DCJ requires all DCJ-funded homelessness services to:

- achieve accreditation against the ASES or equivalent by 30 June 2024² and
- then maintain it every three years, and demonstrate continued compliance with the Standards.

An accreditation system is an externally verified approach to determine if providers meet or exceed minimum standards of quality. Accreditation systems are underpinned by a continuous improvement cycle. To maintain accreditation, services need to be externally assessed and demonstrate that they continue to comply with the system. The accreditation process occurs on a cyclical basis.

This differs from the current SHS quality system, which is a voluntary self-assessment process without third party review.

² Due to COVID-19, DCJ has extended the date for all services to become accredited to 30 June 2024.

3.3 ASES accreditation system

3.3.1 Background on the ASES

In April 2018, the DCJ Housing and Homelessness Strategy Steering Committee endorsed the adoption of the ASES accreditation framework for DCJ-funded homelessness providers.

The ASES is a set of standards and a national quality improvement program that aims to assist non-government organisations to improve their business systems, management practices and service delivery.

The standards are owned by the South Australian Government but have been adopted nationally across a range of human services and health programs. DCJ is working closely with the South Australian Department of Human Services (SA DHS) to implement the standards in NSW.

The standards are internationally recognised by [The International Society for Quality in Health Care External Evaluation Association \(IEEA\)](#)³. ASES continues to maintain international accreditation and has done so since 2006. This IEEA accreditation is valid to 2025.

According to the IEEA surveyors the ASES is driving the key principles of person-centred care, risk management and cultivating positive outcomes and client engagement. The IEEA determined that the ASES is meeting and exceeding international best-practices for community service standards.

3.3.2 Organisations that use the ASES

A wide range of organisations in the community services sector already use the ASES including homelessness, mental health, low income support agencies, employment agencies, health and community centres. The ASES can be implemented in any size organisation.

The ASES also builds on work already conducted by providers. When compared to other sets of standards, the ASES is most similar⁴ to the SHS Standards that providers are familiar with. See mapping of the ASES to the SHS standards at **Attachment 1**

ASES accreditation aligns with [DCJ strategic directions](#) by having a strong emphasis on outcomes, customer focus and evidence-based decision making.

3.4 Supporting the sector

The Industry Partnership (IP) is made up of the following three homelessness peak organisations:

- Domestic Violence NSW
- Homelessness NSW

³ The International Society for Quality in Social and Health Care (ISQua) merged with the International External Evaluation Association in 2018 to form the International Society for Quality in Health Care External Evaluation Association (IEEA) and primarily designed to deliver external evaluation services. For further information visit www.ieea.ch.

⁴ Until recently, the ASES and the SHS Standards mapped perfectly to each other. But because the ASES is continually being reviewed and updated, there are now some additional requirements to achieving ASES accreditation when compared to meeting the SHS Standards.

- Yfoundations.

The IP is contracted by DCJ to build sector capacity to prepare for accreditation. In agreement with the IP, DCJ is adopting the ASES as the externally verified accreditation system for homelessness providers in NSW. ASES accreditation is the preferred accreditation and quality improvement program because it is supported by the sector and peaks.

For more information on supports for the sector see **Section 8.3 Support for organisations**.

3.5 ASES accreditation pilot

The first stage of implementation commenced in the second half of 2018 through an accreditation pilot. The pilot was coordinated by the IP in partnership with DCJ and the SA DHS. This pilot involved nine organisations⁵ going through the accreditation process and they provided feedback on their experience. DCJ Contract Managers also participated and tested the processes and resources available to them.

To test the accreditation process, DCJ and the IP ensured the following mix of organisations participated:

- Providers with a JWA that involved subcontracts, as defined by DCJ (see **Section 7.1**) - 3 pilot places for a lead and subcontracted partners
- SSF – 1 place
- Domestic and Family Violence– 1 place
- Youth – 1 place
- Generalist – 1 place
- Provider with other accreditation/s – 1 place
- Regional - 1 place

The pilot organisations provided feedback on:

- **Resources:** Existing resources, including ASES evidence guides. Suggestions made through the pilot aligned the evidence guides to the NSW homelessness context.
- **Support:** The support requirements for different services to progress through the accreditation process. This included costs, staff skills and other resources. The pilot also considered the support required by JWA partners and the usefulness of the support provided by mentors from South Australia.
- **Gaps:** Any additional resources/ training required for any of the stakeholders.
- **Processes:** Their experience of going through the process of ASES accreditation. Pilot providers were used for case studies. Their experience also informed the development of ASES processes for the NSW context.

⁵ Originally 10 providers

4 Homelessness Client Profile⁶

There are a diverse range of people accessing homelessness services in NSW, the homelessness organisations are also broad and diverse, bringing years of knowledge and expertise to their service delivery. There are many specialised services working with the priority groups as well as services that are more general.

Between July 2018 and June 2019:

- homelessness services assistance was provided to 73,500 people in NSW, which is 25 per cent of the national total
- 46 per cent of people were already experiencing homelessness when they first sought assistance
- four in 10 of those people were assisted into housing
- of the people who were at risk of homelessness, nine in 10 were assisted to maintain their housing and avoid homelessness.

The top three reasons for seeking assistance in NSW were financial difficulties (41 per cent), housing crisis (39 per cent) and domestic and family violence (34 per cent).

Women made up 58 per cent of the total people assisted and 30 per cent of people were Aboriginal. Other key priority groups include:

- people escaping domestic and family violence
- young people under the age of 24
- people with a mental health or physical health conditions
- people with drug and alcohol issues
- people who have had experience with Corrections
- people who have been in care as a young person.

5 Guiding Principles

DCJ will work collaboratively with homelessness organisations to ensure the accreditation process leads to improved services. There will be a shared commitment to implementing a continuous improvement culture and providing quality services.

The following guiding principles describe how DCJ will work with homelessness services as they progress through the accreditation process:

- Clients are at the centre of service design and delivery with their rights upheld and promoted
- Where possible, red tape will be minimised and accreditation processes streamlined
- DCJ will take a supportive and enabling approach to assisting homelessness services through accreditation.

⁶ Australian Institute of Health and Welfare, Specialist homelessness services 2018–19: New South Wales (Canberra, 2019).

6 What does ASES accreditation involve?

The ASES accreditation provides assurance to all stakeholders that a provider is:

- delivering quality services,
- continuously improving and
- achieving the best possible outcomes for people experiencing homelessness and the community.

For this reason, all providers contracted to deliver DCJ homelessness programs and services are required to be accredited to the ASES Certificate level, in order to receive funding after 30 June 2024.

Providers are encouraged to allow more than two years preparation time while undertaking their initial ASES accreditation. Information about timeframes is in **Section 6.3 Steps for achieving ASES accreditation**

DCJ will support its staff and funded service providers through this process. Support for providers includes ASES resources, advice and guidance from assessors, and tailored resources developed by DCJ and the IP. Information about support is at **Section 8.3 Support for organisations.**

6.1 Expected benefits of achieving accreditation

ASES accreditation is based on the following organisational principles:

- customer and outcome focus
- clear direction with accountability
- continuous learning and innovation
- valuing people and diversity
- collaborative work practices
- evidence-based decision making
- social, environmental and ethical responsibility.

Accreditation benefits consumers, staff, board members, managers and funding bodies through greater public confidence, improved efficiencies and work processes. Accreditation should stimulate a workplace culture where staff feel empowered, involved and satisfied.

The implementation of ASES accreditation in NSW brings the homelessness sector in line with other sectors⁷. It also delivers the following benefits:

- Provides DCJ clients with confidence that services are at an acceptable quality level with continuous improvement
- Increases the capability of providers while supporting greater organisational efficiency
- Provides tools to improve performance, outcomes and quality assurance
- Builds a stronger culture of quality across the homelessness sector

⁷ Such as community housing, disability and out-of-home care

- Reduces organisational risk and supports greater sustainability of the sector.

The sector will benefit from the ASES accreditation logo as it acts as a mark of quality assurance. Once accredited, organisations receive:

- a certificate of accreditation
- stickers
- explanatory Where You See This Star brochures
- an ASES graphic to incorporate into their promotional materials or website.

6.2 Providers that will participate

All providers contracted to deliver services under DCJ homelessness programs are required to be accredited at the ASES Certificate level or equivalent in order to receive funding under future contracts. This applies to the contracts of the following programs from 30 June 2021:

- Specialist Homelessness Services Program (SHS)
- Inner City Restoration
- Service Support Fund (SSF)
- Domestic Violence Response Enhancement (DVRE)
- Youth Crisis Accommodation Enhancement (YCAE)
- Homeless Youth Assistance Program (HYAP), including HYAP Early Release
- Other ongoing programs funded by DCJ to deliver services to people who are homeless or at risk⁸.

This requirement applies to lead providers and those who are subcontracted to deliver these programs by a lead contractor. Please refer to **Section 7.1 Subcontractors and JWA partners** below for more information.

6.3 Steps for achieving ASES accreditation

The [ASES](#) program develops the capacity of community organisations to strive towards continuous improvement in quality service delivery. Organisations complete self-assessments and an external assessment to achieve the ASES. ASES accreditation lasts for three years.

The ASES accreditation steps for providers:

- Visit the [IP website](#) to access resources and support, to help you throughout the ASES process. The website contains other information and tools, including a checklist of the tasks required to complete accreditation.
- Request a copy of the Certificate or Award level Evidence Guide or workbook from the IP. The evidence guides and workbook have been developed by SA DHS to guide organisations through the standards and to identify suitable evidence.
- Choose an assessment body from the [list](#) on the SA DHS website.
- Conduct the ASES self-assessment against eight organisational standards (Certificate level). This stage alone may take up to 18 months to complete the first time.
- Once the self-assessment is complete, the provider formalises the contract with their chosen assessor. The assessor will conduct a desktop review of the evidence submitted.

⁸ Relevant other ongoing programs will be engaged in the SHS recommissioning process. Pilot programs are not included in this process.

If all is in order, the assessor will book in the site visit. If the assessor identifies multiple areas where the evidence is not of sufficient quality, they will discuss the requirements with the providers. Evidence may need to be resubmitted before booking in the site visit.

- The assessor will visit the service to verify the self-assessment. This usually occurs within six weeks of a provider booking the external review. Site visits include an agreed timetable of people to meet with as part of the external review.
- After the site visit, the assessor prepares a draft external assessment report for the organisation to review⁹.
- If the quality of a service needs to improve, a Quality Action Plan reflecting recommendations is developed. Organisations have six months from the date of the external assessment visit, to complete actions in the Quality Action Plan and to submit to the assessor for a review. If it takes longer than six months, organisations will undergo another mini-assessment. This is an additional cost that is the provider’s responsibility to pay.
- When accreditation is achieved and the external assessment report is finalised, SA DHS is notified and an accreditation certificate is issued¹⁰. This is usually within two weeks. If an organisation chooses to only accredit their specialist homelessness services, the certificate will reflect that. All providers need to provide a copy of the certificate and report to DCJ by emailing the SHSprogram@facns.nsw.gov.au mailbox.
 - Partners please include your key contact from the lead organisation in your email to DCJ.
- DCJ will confirm the receipt and acceptance of the certificate and report. The certificates and reports for lead providers and their subcontractors will be uploaded to the attachments section of the lead provider’s Contracting Portal file.

A summary of the steps for achieving accreditation is as follows:

Self-assessment and evidence preparation	•Process can take up to 18 months
Site visit with assessor (external assessment)	•Book site visit no later than October 2023
Complete Quality Action Plan	•By March 2024
Accredited	•Send the accreditation certificate and report to SHSprogram@facns.nsw.gov.au by 30 April 2024, to allow enough time to meet DCJ timeframes.

⁹ Providers should receive the formal accreditation report within 6 weeks of the site visit. Providers that have not received the report within this time need to contact SA DHS at serviceexcellence@sa.gov.au to discuss any impacts to their timeframes. Please also copy in DCJ at SHSprogram@facns.nsw.gov.au

¹⁰ The accreditation date on the certificate will reflect the last date of the external assessment.

6.3.1 Things to note about the accreditation process

Providers should understand that:

- They are encouraged to allow more than two years the first time they undertake accreditation. This timing includes 18 months for the self-assessment and six months to allow for a Quality Action Plan (if required).
- All DCJ funded homelessness services need to be included in the scope of the assessment. See **Section 6.4. Scope of accreditation – organisations / programs / sites and level.**
- Submitted evidence must be of a satisfactory quality before the assessor conducts the site visit.
- Six months may be added to the timeline if a Quality Action Plan is required.
- There may be a waiting period for external review and the issuing of the accreditation certificate.
- They need to repeat these steps every three years to maintain accreditation. The date of accreditation is recorded as the last date of the assessor's site visit.

For more information, view the [process flowchart](#).

6.4 Scope of accreditation – organisations / programs / sites and level

Organisations can seek an accreditation assessment for their organisation in the following two ways:

- For their whole organisation (corporate functions and all service areas)
- For their funded service area only (corporate functions and for the DCJ funded homelessness service area).

Organisations need to be clear at the beginning when engaging the assessor which type of accreditation they are seeking and to present the details of all their DCJ funded homelessness services to the assessor. For example, if they only have their homelessness services accredited then the certificate of accreditation will reflect that. For information about the cost of each, organisations should contact assessors directly using the contact details on the [ASES website](#).

6.4.1 Sampling sites

If an organisation is delivering homelessness services contracts on multiple sites, then the assessor will work with the organisation to determine how many and which sites need to be visited. The assessor will develop a timetable of people within the organisation they wish to speak with, potentially including executives, Board/ committee members, volunteers, frontline staff and clients.

6.4.2 Accreditation levels

6.4.2.1 Certificate level

It is recommended that organisations aim for Certificate level accreditation the first time they go through the accreditation process. Certificate level of the ASES means that the organisation is:

- actively applying sound management to meet legislative, industry and government guidelines,
- operating confidently and efficiently,
- effective in their communication,
- engaging in strong partnerships and
- a safe and healthy environment for staff and consumers.

Consumers can feel confident in the service provision, make informed decisions and play an integral role in the development and planning of services.

6.4.2.2 Award level

Once a provider has Certificate level accreditation, they may wish to achieve Award level accreditation. The Award level builds on the sound management systems and processes of the Certificate level. Award level accreditation can apply to organisations:

- striving for excellence with standards,
- wanting to be leading organisations, and
- seeking to be challenged beyond the essential elements of the Certificate level.

6.5 Costs of ASES accreditation

All costs are set by assessors and differ from organisation to organisation. Costs vary depending on the assessor used, the size of the organisation achieving accreditation and the level of accreditation (Certificate or Award). For an estimate of costs, please refer to information on external assessment costs on the [SA DHS website](#).

An organisation needs to achieve Certificate level accreditation before going for Award level accreditation. When completing Award level accreditation, an organisation will work through Certificate level and Award level standards. Please refer to **Section 6.5.3** for information about **ASES Support Grant**.

6.5.1 Certificate level accreditation

A small organisation (less than 10 staff and the assessor only needs a few days on site) will pay at least \$5,000. While a large organisation (more than 100 staff and more than 5 days on site) may pay upward of \$11,000.

6.5.2 Award level accreditation (includes Certificate level also)

Small organisations seeking to achieve Award level accreditation¹¹ will pay at least \$6,000, while a large organisation may pay upward of \$13,500.

6.5.3 ASES Support Grant

Funding of \$16,000 per organisation, is available for providers with less than \$5 million in total annual revenue¹². This funding is for organisations to gain and prepare for accreditation

¹¹ The Award level has the Certificate embedded in it.

¹² This includes revenue from all income sources.

the first time, at either Certificate or Award level. Organisations can choose whether they wish to have their entire organisation accredited or just the homelessness services.

The funding can cover the following:

- ASES external assessor costs (including travel)¹³
- Consultants to assist with self-assessment and/or implementation of new policies and procedures to meet ASES requirements
- Engagement of additional staff/hours to complete ASES activities
- Staff travel required to complete ASES activities
- Implementing new policies and procedures (e.g. printing of materials, staff training)
- Other costs associated with ASES assessment, subject to approval.

This support is available to lead providers and subcontractors.

DCJ has engaged the IP to administer this funding and to also provide tailored support to organisations¹⁴. For more information, please visit the [IP website](#) or contact the IP at ASESsupport@homelessnessnsw.org.au or (02) 8354 7620.

This funding is only available for the current accreditation period which is up until 30 June 2024. Organisations need to undertake accreditation every three years and pay their own accreditation costs in subsequent years.

6.5.3.1 Information sharing

The IP may verify details of the grant application with DCJ for the purposes of assessing the application.

The IP will report to DCJ at an aggregate level on the administration of the grant in line with their existing reporting requirements regarding the number of providers receiving funds and an outline of expenditure of the funds (i.e. amount spent on assessors versus preparation).

The IP will report to DCJ at an aggregate level number of providers engaging in support and utilising resources provided by the IP, in line with their existing reporting requirements regarding delivery of the Homelessness Industry and Workforce Development Strategy.

The IP and DCJ will not discuss individual provider support needs or make an assessment of provider performance based on information gathered through the ASES support grant, or provision of any other individual support or advice to a provider.

6.6 Methods of submitting evidence for accreditation

Organisations can choose to undertake the self-assessment and submit their evidence through any of these methods:

- ASES hard copy workbook using document sharing hardware (like a USB) or a file sharing platform

¹³ This also includes the development of a Quality Action Plan by an assessor if required. Providers will have six months to complete all actions in the Quality Action Plan before further costs are incurred. Any additional costs will be the responsibility of the provider and no subsidy will be available.

¹⁴ Please note that providers will need to acquit this funding to the IP per the terms outlined by the IP. This funding will not form part of the DCJ annual financial acquittal process.

- [Breaking New Ground Standards & Performance Pathways \(BNG SPP\) portal](#)
- AccreditationPro – available via the BNG SPP portal for organisations choosing to be accredited by the assessors Quality Innovation Performance Limited (QIP).

Assessors will work with providers to ensure the method they choose best suits their organisation and accreditation needs.

6.6.1 Using the Breaking New Ground Standards & Performance Pathways portal

Many providers have used the [BNG SPP portal](#) for self-assessment against the SHS Standards. The BNG SPP will continue to be available for providers to complete ASES accreditation.

BNG charges a flat fee of approximately \$1,000 per year for organisations to access the portal. IP covers the cost for organisations with less than \$5 million in annual revenue to access the portal. The IP does not subsidise access for larger organisations using the BNG SPP portal¹⁵.

7 Policy positions on accreditation

7.1 Subcontractors and JWA partners

Organisations that receive DCJ homelessness funds, directly via a contract or indirectly via a subcontract, are required to achieve ASES accreditation or equivalent by 30 June 2024, and maintain accreditation every three years thereafter. The compliance requirements will be in the lead provider's Human Service Agreement with DCJ.

As subcontractors do not have a direct contracting relationship with DCJ, it is the responsibility for lead agencies to ensure that their partners are ASES accredited or working toward ASES accreditation (or equivalent) when issuing homelessness funding.

7.1.1 Support for subcontractors

Subcontractors have access to the same resources and support as lead providers. For more information see **Section 6.5.3 ASES Support Grant** and **Section 8.3 Support for organisations**.

7.1.2 Non-financial JWA

Organisations delivering DCJ services through a non-financial JWA¹⁶ are not required to achieve accreditation. This includes non-financial partnership arrangements and arrangements to work collaboratively.

Where these organisations voluntarily choose to achieve accreditation, they are not eligible for a DCJ subsidy to cover the costs of accreditation.

¹⁵ As at March 2020, there 32 larger organisations using the portal.

¹⁶ Non-financial JWAs are partnerships that are not defined as subcontracts by DCJ.

7.1.3 More information for subcontractors and JWA partners

Information on subcontracting and JWAs can be found on the DCJ website:

- [Joint Working Arrangement \(JWA\)](#)
- [Subcontracting](#)

Please refer to these policies for further information about what constitutes a JWA and subcontracting arrangement.

Subcontractors can have a discussion with their lead provider if they are still unsure if they need to be accredited. Lead providers can seek clarification from their DCJ Contract Manager.

7.2 Organisations using premises they do not own

Many service providers operate or provide services within rented premises that they do not control¹⁷. This may include community housing providers, Local Aboriginal Land Councils and domestic and family violence services provided in refuges.

Organisations that deliver services in premises they do not own should have a rental or other formal agreement in place at the time of accreditation. The agreement needs to outline roles and responsibilities of each party, including who is responsible for building maintenance.

The organisation's business continuity plan/ risk plan should also outline how the services will continue to be delivered if the building becomes unavailable for any reason, including fire, flood or other damage, or in the event the building is sold.

7.3 Equivalence recognition approach for providers with other accreditations

DCJ recognises that NSW has a diverse homelessness services sector with many providers also delivering other services. In response, DCJ has worked with the IP, South Australia and assessors to develop an approach (see **7.3.1**) which aims to minimise red tape and streamline the accreditation process. Assessors were presented with the approach on 3 November 2020 and provided concurrence.

Irrespective of other accreditations held, an ASES or equivalent QIC Health and Community Standards (see **7.5.3**) assessment will still be required. Assessments will be conducted with a clear understanding of the NSW homelessness sector and commissioning environment. The assessments will be underpinned by the NSW ASES policy framework and relevant legislation.

¹⁷ For example, most crisis and transitional accommodation is owned by the NSW Land and Housing Corporation

7.3.1 Summary of the equivalence recognition approach.

Equivalence recognition applies when the following criteria is met (see **Section 7.3.2**):

- the accreditation is current
- the DCJ funded homelessness service was included in the scope of the accreditation assessment
- the accreditation has been mapped for equivalence with the ASES.

DCJ will commission and publish equivalency mapping between the ASES and other common industry standards (see **Section 7.3.3**).

Assessors will consider the mapping and use their expertise to determine the optimal approach for the service provider (see **Section 7.3.4**).

The QIC Health and Community Standards (7th edition) (QIC) is recognised as equivalent to the ASES (see **Section 7.3.5**).

The equivalence recognition approach is guided by the following principles:

- assessors will use their expertise to consider the individual needs and circumstance of the service provider and aim to reduce red tape¹⁸ wherever possible,
- assessors will be applying a risk based approach in determining if a provider will need to submit new evidence.

7.3.2 When does this approach apply?

The equivalence recognition approach only applies:

- for current accreditations. The provider must be able to commit that they will remain accredited or be re-accredited by 30 June 2024. Assessors will want to see evidence that the provider is still accredited¹⁹;
- to accreditations that considered the DCJ funded homelessness services. The provider must be able demonstrate that the DCJ funded homelessness service was included in the scope of the accreditation assessment for the other standard/s²⁰; and

¹⁸ In some cases, assessment costs may be reduced as well.

¹⁹ If the accreditation is due to expire before the ASES certificate, the provider must commit to renew the other accreditation before it expires.

²⁰ There must be evidence that DCJ Homelessness services were included in the assessment this includes evidence from the audit report and evidence that the services were sampled in site visits or similar.

- where the accreditation has been mapped for equivalence to ASES, and a standard has been mapped as being 100% equivalent to an ASES standard, see **Section 7.3.3 What is equivalency mapping** below.

7.3.3 What is equivalency mapping?

Equivalency mapping is being undertaken by an independent party with expertise in accreditation frameworks. The mapping will analyse different accreditations and determine the degree to which each standard, and the accreditation as a whole, align with the ASES.

Mapping will be undertaken for the accreditations that are commonly used by the sector. The mapping will be contained in **Attachment 3**²¹ as soon as it becomes available. DCJ anticipates that all relevant mapping will be completed by the end of 2021. The mapping of relevant standards will be updated, as required, when new versions are released.

Some organisations may find that they meet some ASES standards through different accreditations held by their organisation. The assessor will take this into account as part of the assessment process. The assessor will ask to see the evidence used to achieve other relevant accreditations (e.g. accreditation certificates or reports).

If an organisation holds an accreditation that is relevant to homelessness providers that has not been mapped, please let DCJ know via email SHSProgram@facsnsw.gov.au.

7.3.4 Planning an assessment with multiple accreditations

Assessors will use the equivalency mapping and their expertise to determine the optimal approach for the service provider.

Service providers with other accreditations are encouraged to engage with assessors early to discuss their circumstances. Providers should discuss their other accreditations when seeking a quote from an assessor.

Providers and assessors have the flexibility to determine a plan for the assessment and reduce the regulatory burden, where it is possible.

Assessors can advise service providers of their options including:

1. **Equivalence recognition** – this is where assessors recognise evidence and standards met through other accreditations. This is intended to reduce the duplication of effort while working through the accreditation.
2. **Joint review** – this is where assessor/s conduct multiple accreditations concurrently²². If undertaken in a similar timeframe, site visits can be conducted across multiple accreditation systems. If more than one assessor is required, they can work together and utilise mapping documents to reduce duplication and work through multiple accreditations at the same time.
3. **Partial assessment** - organisations may choose to undertake an assessment that covers their corporate systems and only their homelessness service area. In this instance the certificate of accreditation will only apply to the homelessness service

²¹ Mapping for the NSW Child Safe Standards for Permanent Care and National Regulatory Code for the National Regulatory System for Community Housing is at **Attachment 3**.

²² Please note that this option could incur additional costs and would need to be negotiated and discussed with the chosen assessors.

area of the organisation. See **Section 6.4** for more information.

Assessors will aim to reduce red tape where possible, and take a risk based approach to evidence from other standards²³. Previously submitted evidence may be requested by the assessor as required.²⁴

7.3.5 Recognition of the QIC Health and Community Standards (7th edition) (QIC)

The QIC has been mapped as highly equivalent to the ASES²⁵. The QIC is a whole of organisation assessment. The review process for this standard is similar to the ASES. The QIC is owned by Quality Innovation Performance Limited (QIP)²⁶.

Recognising the QIC as equivalent to the ASES allows providers to have some additional choice and control in determining the accreditation program that suits their organisation. This could be beneficial for providers that operate across multiple service areas and jurisdictions.

Providers have the following options. Service providers considering these options are recommended to engage with QIP as soon as possible. This will ensure that there is adequate time to complete the QIC accreditation process.

7.3.5.1 Providers already accredited against the QIC

The following process will apply, if a provider is already accredited with the QIC and commits to maintain continuous QIC accreditation for the duration of their contract with DCJ:

- Service providers that hold the QIC will need to advise their QIP assessors that their homelessness services are DCJ funded and require specific review in their next accreditation. This is to ensure that their homelessness services are included in the assessment and to ensure full compliance with DCJ requirements.
- The provider is required to email SHSProgram@facilities.nsw.gov.au indicating their intention to continue their QIC accreditation. This email should also include the following:
 - The QIC certificate and audit report from their last assessment
 - the list of DCJ homelessness programs and program sites that will be scoped for QIC assessment
- DCJ will review the documents and information, and follow up with QIP (if required), to confirm that the service provider will achieve QIC accreditation by 30 June 2024.
- DCJ will contact the service provider within 21 business days from receiving the email with a decision.
- The provider is required to keep DCJ updated with the progress of their re-accreditation with the QIC. The provider must supply DCJ with the certificates and reports relating to the QIC accreditation.

The service provider can opt to switch their accreditation from QIC to ASES. If this occurs, the processes and requirements outlined in this ASES framework will apply.

²³ Where there is 100% equivalence between standards, there may be no requirement to review or update the evidence. Assessors have agreed to accept other standards as met where it has been mapped that there is full equivalence with an ASES standard.

²⁴ Assessors need assurance that the homelessness program was included in the assessment processes for the other accreditations.

²⁵ This is also recognised by the South Australian Government that own the ASES.

²⁶ QIP are also ASES assessors.

Service providers will not be mandated to switch to the ASES. The QIC and ASES are also recognised by other service areas such as NSW Health drug and alcohol programs²⁷.

DCJ will aim to be proactive in identifying which providers currently hold the QIC and discuss with these services their preferences for accreditation.

7.3.5.2 Service providers seeking new QIC accreditation

The following process will apply for providers who are new to the QIC and want to be accredited against the QIC instead of ASES and agree to maintain continuous accreditation with QIC for the duration of their contract with DCJ:

- Contact [QIP](#) and commence engagement with the QIP Operations Team and the allocated assessor(s).
- The service provider is required to email SHSProgram@facs.nsw.gov.au with:
 - their intention to be accredited by QIP against the QIC Standards
 - indicative timeframes for self-assessment and external review against QIC
 - the list of DCJ homelessness programs and program sites that will be scoped for QIC assessment
- DCJ will confirm with QIP that engagement has commenced and that all DCJ homelessness programs will be assessed.
- DCJ will receive regular updates from the QIP Operations Team on the service provider's progress with the QIC.
- ASES timeframes will still apply and providers are required to achieve accreditation with the QIC by 30 June 2024.

7.3.5.3 Support for providers undertaking QIC accreditation

Service providers who choose to be accredited with the QIC instead of the ASES will not be eligible for DCJ reimbursements or support from IP. The current funding and support for the sector is targeted to the ASES accreditation program only.

Providers who choose to be accredited with QIC will have access to the following supports as a part of their service agreement with QIP:

- a dedicated Client Liaison Officer
- access to the online QIP accreditation hub which includes a self-assessment tool
- education and resource library containing useful documents, interpretive guides, customisable templates, fact sheets, checklists
- QIP communications with industry and organisational news, helpful tips and standards information
- marketing collateral to support self-assessment and promoting accredited status including a framed A3 certificate, display stickers, customisable media release and digital files.

7.4 What happens if accreditation is not achieved?

If a lead agency or subcontractor does not achieve accreditation then a working group will be formed to determine the most appropriate way to continue the service. The group will comprise representatives from:

- the concerned homelessness organisations,

²⁷ NSW Health programs- <https://www.health.nsw.gov.au/aod/Pages/accreditation-standards.aspx>

- the DCJ District Commissioning and Planning team,
- DCJ Strategy, Policy and Commissioning and
- any additional support that the homelessness organisations nominate.

The aim for the group will be to determine the most appropriate way to guarantee services continue either via a new arrangement or through a plan that leads to accreditation for all involved organisations.

Where accreditation is not achieved, parties to the contract should work to develop an approach to rectify the issue.

Lead providers are required to advise DCJ Contract Managers as soon as they become aware that their subcontractor is at risk of not achieving accreditation or where accreditation has not been achieved. The lead and DCJ will initiate the working group and develop a rectification plan²⁸, agreed to by all parties. This must occur before an extension of time for accreditation will be considered.

7.5 Requirements for receiving DCJ funding after 30 June 2024

From July 2024, procurement for DCJ homelessness programs and services will require successful applicants to hold ASES or QIC accreditation (minimum Certificate level)²⁹. A copy of the certificate of accreditation will need to be submitted along with the audit report.

For new entrants into the sector, the organisation's Board must demonstrate their commitment and capacity to achieve ASES or QIC accreditation within 12 months of commencing service³⁰. Further details regarding how this process will work will be released prior to 30 June 2024, including information on how to demonstrate capacity and subcontracting arrangements.

7.6 Accreditation and contract management

7.6.1 Contractual requirement

From 1 July 2021, all SHS and other homelessness contracts will include a clause that requires providers to achieve ASES accreditation (or QIC) by 30 June 2024. Providers must maintain this accreditation every three years thereafter. This means that all providers need to achieve accreditation once in every three year contracting period. At the time of recontracting, a provider will need to hold accreditation to participate in the process. They also need ASES accreditation (or QIC) to participate in future DCJ homelessness funding processes.

Once organisations have achieved Certificate level accreditation they may choose to achieve Award level accreditation next time or to repeat Certificate level accreditation.

²⁸ DCJ will develop a template and process document to support the working group.

²⁹ Alternative timeframes may be considered on a case by case basis for providers that want to align assessments for multiple accreditations, new services or services with Quality Action Plans that are pending finalisation of their accreditation. These providers will be required to provide a commitment from the organisation's Board and demonstrate a capacity to achieve accreditation within 12 months of the new funding period.

³⁰ Alternative timeframes may be considered on a case by case basis.

7.6.2 Provider notifications to DCJ

DCJ will support providers to achieve accreditation in a variety of ways (outlined in **Section 8.3**), but if additional support is needed then responsibility lies with the provider to notify DCJ as early as possible.

Providers are required to:

- Provide regular updates to their DCJ Contract Manager on their progress with accreditation during contract management meetings.
- Immediately notify DCJ via email SHSProgram@facns.nsw.gov.au if at any stage of the self-assessment or external review it seems they or their partners will not achieve accreditation.
- Immediately notify their DCJ Contract Manager if their service delivery or a partner's service delivery will be significantly impacted by the accreditation process. Partners should advise their lead provider immediately.
- Notify DCJ when they have achieved accreditation by submitting the accreditation certificate and report to (SHSProgram@facns.nsw.gov.au). Documents must be submitted within four weeks of receiving it. If accreditation is not achieved, notify DCJ as soon as possible to discuss next steps.
 - **Partners** please include your key contact from the lead organisation in your email to DCJ.
- Continue to implement any Service Development Plan or Performance Improvement Plan. This is irrespective of accreditation status or whether an organisation requires a Quality Action Plan.

Please refer to **Section 7.6.3 Role of DCJ contract management staff** below.

7.6.3 Role of DCJ contract management staff

DCJ contract management staff are not responsible for helping individual providers to achieve accreditation. Providers need to:

- drive the accreditation process,
- access support from the IP and their assessor, and
- advise their DCJ Contract Manager if they have any issues.

The roles of the DCJ Contract Manager and assessors are separate. Contract Managers need to ensure that the roles of the contract manager and assessor are not confused.

Contract Managers will receive advice identifying what a strengths and relationship-based approach to contract management looks like. DCJ Contract Managers will not participate in any accreditation meetings with the assessor and provider. Instead Contract Managers may be required to provide high level advice to the assessor to:

- Confirm contract compliance.
- Confirm that DCJ homelessness services have been scoped for assessment.
- Notify of any performance issues being formally addressed by DCJ with the provider. Performance issues are documented in a Service Development Plan or a Performance

Improvement Plan. These plans are implemented with the provider in accordance with procedures detailed in the Funded Contract Management Framework.

7.6.3.1 The Statement of Performance

The high level information referred to above will be included in a Statement of Performance. The Statement of Performance provides an indication:

- of the severity of any performance issues occurring in the current or recent contract period, and
- if the provider is actively engaged in addressing the issue/s.

The Statement of Performance form is currently in development and the process will be communicated to DCJ contract management staff once complete.

7.6.3.2 Expectations for Contract Managers

The main responsibility of Contract Managers is to continue their role of contract management.

Contract Managers are briefed on the accreditation process and need to have knowledge of the resources available to services. The following is expected of DCJ contract managers:

- Use normal contract management meetings to obtain updates on how providers are progressing with their accreditation. Make note of the timeframes for self-assessment and external review to ensure the provider is on track.
- Review accreditation documents to verify that all DCJ homelessness services have been included in the assessment, if needed.
- Provide a formal Statement of Performance if requested by assessors or if there are formal performance issues that need to be addressed³¹. This is a standard template and protocol that will be developed by DCJ and sent via the established formal information sharing protocols between DCJ and ASES.
- Understand the performance of funded homelessness providers in the district. Contract Managers should notify district management and central office program owners of any potential market risks. If a Contract Manager is notified that an organisation has failed accreditation, appropriate action/s need to be identified in consultation with district management and program owners. This may include:
 - An extended timeframe to achieve accreditation which depends on the issues of concern. This will be formalised through a Performance Improvement Plan and DCJ or ASES/ QIP will need to liaise on timeframes.
 - Withdrawal of funding from the organisation. An interim service arrangement may need to be put in place with an alternative organisation while procurement options are identified.

7.6.3.3 Contract considerations for accreditation for existing providers

From 1 July 2024, it will be a contractual requirement that providers are accredited under ASES or QIC. This means that:

³¹ Issues that are significant and/or have resulted in a Performance Improvement Plan

- If accreditation is not achieved, the organisation cannot be funded under the DCJ SHS or other homelessness programs or services. This also applies to organisations in subcontracting arrangements.
- If accreditation is achieved but then not maintained in a future round, the organisation cannot be funded under the DCJ SHS or other homelessness programs or services.
- Once accredited, Contract Managers should rely on the accreditation assessment as evidence that the organisation has met service standards. Contract Managers should not separately request any information that has been verified under the assessment.

7.7 Assessor notifications to DCJ

In the event that a serious issue is found during the accreditation process, the assessor will notify the SA DHS.

This information is communicated to DCJ under the Information Sharing Protocol between the two government departments. Please refer to the Information Sharing Protocol between all parties at **Attachment 2**.

In the event of a serious incident or mandatory notification, the assessor will contact the DCJ program owner and SA DHS to discontinue the assessment. Any information relating to a serious incident involving a client group or service will be shared:

- within 24 hours of the incident occurring or
- within 24 hours of becoming aware of the incident.

8 Implementation and support

8.1 Start preparing for accreditation now

In recent months the homelessness sector has experienced disruption to service delivery due to the COVID-19 pandemic. In response, DCJ revised the requirement to achieve accreditation to 30 June 2024.

Providers are encouraged to begin the accreditation process as soon as possible to meet DCJ requirements by 30 June 2024.

Please keep in mind that there are a limited number of accreditation bodies. If organisations don't book in with their preferred assessor early they might not be able to complete the external review within DCJ timeframes.

Providers will have a better accreditation experience if adequate time is allowed to complete the self-assessment and evidence preparation. Starting early will also ensure that providers have more time to involve clients and all key staff members, including Board members, CEOs and volunteers.

Providers need to decide when they are going to start the self-assessment and external review. This process may take more than two years to complete the first time.

If a provider is accredited before July 2021 they will need to undergo another round of assessment to maintain their accreditation by mid-2024.

For more information, visit the [DCJ website](#).

Responsibility for managing the assessment and accreditation within DCJ timeframes lies with homelessness providers. Providers are encouraged to plan early and reach out to the IP or DCJ to ensure they are accessing supports and resources available to them. Quality service provision for SHS clients is a shared responsibility between DCJ and the sector.

8.1.1 Organisations with no accreditation experience

Organisations with no previous experience with accreditation are encouraged to begin the process by reading the information on the DCJ, IP ASES and QIP websites. It is important to become familiar with the process of accreditation and each of the different steps involved.

It is important to choose and book an assessor early so the assessor can discuss the organisation's specific requirements, the costs and book a site visit.

There are detailed resources to help organisations through the process. These resources can be found on the [IP website](#).

8.2 Indicative accreditation timeframes

DCJ will be working with the IP to monitor indicative timeframes for assessor bookings. This is to ensure assessors have capacity to meet demand. SA DHS will also be informed about the indicative timeframes so action can be taken to meet demand. DCJ can work with SA DHS to request that assessment bodies hire additional assessors and/or recruit additional assessment bodies.

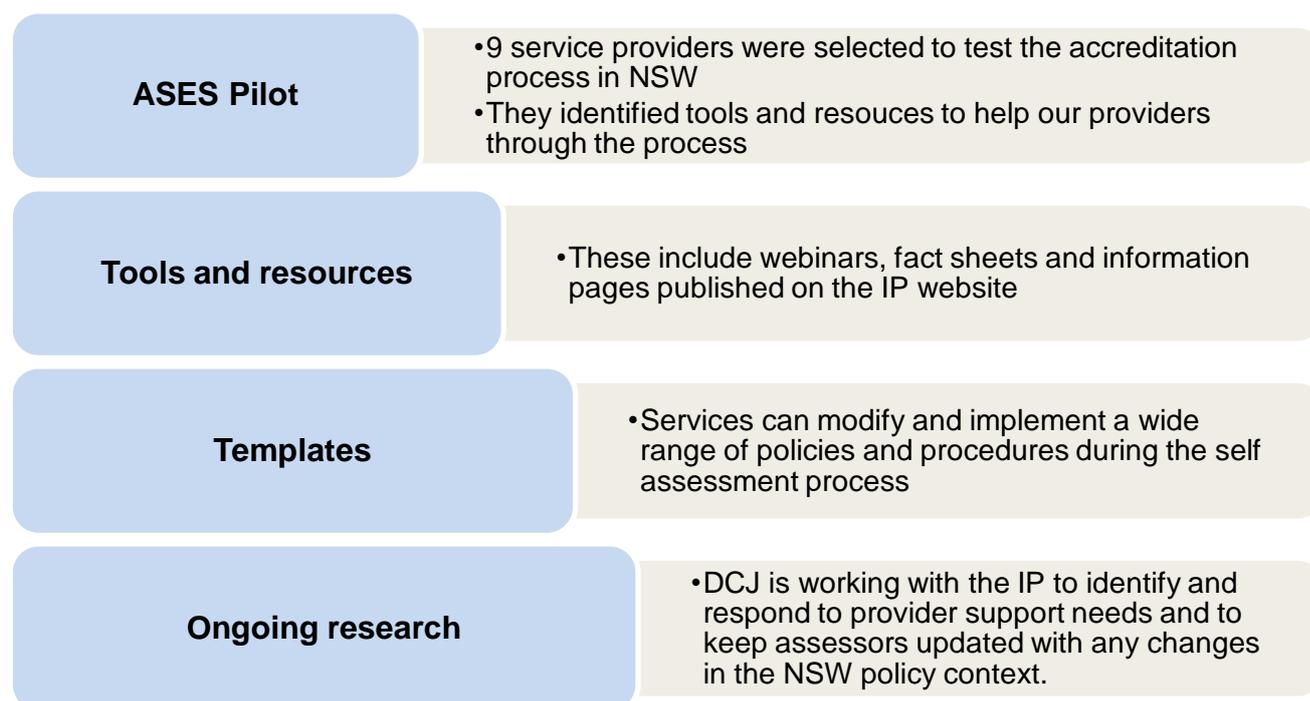
8.3 Support for organisations

DCJ and the IP, in partnership with SA DHS, created the following resources to support the sector:

- A suite of specialised support tools and opportunities are available through the [IP website](#), including the ASES support modules and example policies
- ASES Evidence Guides that have been tailored to the NSW homelessness context, as well as the ASES workbook
- The BNG SPP portal – **See 6.7 Using the Breaking New Ground portal**
- Access to [South Australian mentors](#) and case studies of NSW providers who have achieved ASES accreditation
- Webinars introducing the standards and process of accreditation
- ASES assessor information sessions for providers
- Assessor support for providers throughout the accreditation process and in particular during implementation of the Quality Action Plan
- Dedicated contacts through the ASES Service Excellence mailbox: serviceexcellence@sa.gov.au and DCJ mailbox: SHSProgram@facns.nsw.gov.au

For support for providers with QIC see **Section 7.3.5.3 Support for providers undertaking QIC accreditation.**

A summary of how services are supported through ASES is outlined below:



8.3.1 Support for Aboriginal Controlled Community Organisations (ACCOs) and services working with Aboriginal people

8.3.1.1 Support for ACCOs

DCJ and the IP commit to providing additional support for ACCOs. The support will be localised and focused on the individual needs of the organisation and community. This work is being led by the IP.

8.3.1.2 Ensuring Aboriginal cultural safety

DCJ and the IP also commits to ensuring that the assessment makes Aboriginal cultural safety a key consideration for:

- ACCOs,
- Services with a high proportion of Aboriginal clients or
- Services working in areas where there are high proportions of Aboriginal people experiencing homelessness.

Assessors will be required to understand community specific cultural safety and practices as a part of their assessment process for these organisations.

A detailed process document for cultural safety will be developed in partnership by DCJ, the IP and local organisations and will be presented to SA DHS and assessors for adoption in the NSW context. The process will be developed in consultation with community.

8.4 Communication approach

Key information will be communicated directly to providers and contract managers.

An [ASES accreditation web page](#) is dedicated to the accreditation process and keeps stakeholders up to date on implementation details. Providers are also able to access additional resources and information on the [IP website](#).

9 Roles and responsibilities

Implementing accreditation involves a number of stakeholders who are important to the process. The following table outlines the key role and responsibilities of each:

Stakeholder	Roles and responsibilities
Service providers	<p>Key role: To achieve accreditation by 30 June 2024 and to maintain it thereafter.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Accessing information published on the DCJ website. • Accessing resources (as required) via the IP. • Requesting evidence guides from the IP. • Undertaking work within the organisation to prepare for accreditation. • Completing the ASES self-assessment either on the BNG SPP portal or a hard copy workbook. • Choosing an assessment body to conduct the external review and entering into a service agreement with them. • Booking the external review.
DCJ Central Office	<p>Key role: Oversight of the accreditation program and ensuring that DCJ-funded homelessness providers are ASES or QIC accredited by 30 June 2024.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Developing sector communications, in partnership with key stakeholders, including a DCJ webpage. • Contracting the IP to provide support to the sector. • For the first round of accreditation: develop a process whereby: <ul style="list-style-type: none"> ○ Eligible providers can apply for funding from the IP to meet accreditation costs ○ Progress towards accreditation is tracked and monitored ○ Phasing and capacity of assessors is tracked and monitored (with IP and SA) ○ Providers who are falling behind schedule are linked to support • Developing a process for future rounds (beyond 2024), including reaccreditation and ensuring linkages to recontracting and parameters for new entrants as leads or sub-contractors • Liaising with the IP and District staff around the above process. • Liaising with SA DHS around South Australian champions to mentor our providers and facilitate contact. • Manage the equivalence recognition process in subsequent years and managing the relationship with QIP.

	<ul style="list-style-type: none"> • Ensuring NSW has sufficient numbers of assessors to meet demand – liaise with SA DHS. • Ensuring SHS and other homelessness services contracts contain the clause regarding the requirement for accreditation.
DCJ Districts	<p>Key role: To obtain updates from DCJ-funded homelessness providers around timing of accreditation. Ensuring that providers understand requirements and are on track to meeting them.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • A formal Statement of Performance to assessors as per the standard template and protocol to be developed by DCJ. This is via a formal information sharing protocol between DCJ and ASES. This process applies when a request is made by ASES, or if there are formal performance issues that necessitate a notification. • As part of regular contract management discussions: <ul style="list-style-type: none"> ○ Ask for updates on progress towards accreditation ○ Make sure providers know where to access support and resources ○ Inform DCJ Central Office if issues arise and they believe a provider is at risk of not achieving accreditation. • Ensuring homelessness services subcontracting arrangements reflect the agreed policy position.
DCJ Partnerships	<p>Key role: To work with Central Office and Districts to ensure contract management processes for homelessness providers and the Funded Contract Management Framework are consistent.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Ensuring the requirement for DCJ-funded homelessness providers to have accreditation is reflected in relevant Funded Contract Management Framework documents. • Providing advice and support in relation to bespoke procedures, resources or tools required to assist service providers and / or Contract Managers and assisting with development, endorsement and uploading to website/intranet. • Supporting the program managers to access relevant communication and distribution channels available to Partnerships, including Newsletter, Commissioning and Planning Forum, Peaks Working Group, other Partnerships' consultation groups, and intranet and website.
Industry Partnership	<p>Key role: To engage with the sector and build their capacity to achieve ASES accreditation.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Hosting and distributing resources such as Modules, Policy Templates, and Evidence Guide • Providing targeted support to individual providers as needed • Managing BNG Portal subscriptions • Establishing and trialling peer-mentor groups, quarterly webinar, and web-based forums to support SHS throughout the implementation of ASES accreditation.

	<ul style="list-style-type: none"> • Administering the ASES Support Grant • Co-developing and trialling approach to support Aboriginal Community Controlled Organisations to achieve ASES accreditation • Advising and providing evidence to DCJ to guide ASES Policy Framework • Communicating with the sector to ensure providers access relevant resources, including those identified by DCJ as lagging behind.
<p>South Australian Department of Human Services</p>	<p>Key role: To support NSW to implement ASES accreditation for DCJ-funded homelessness service providers.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Ownership and oversight of ASES • Planning – support NSW through information and resource sharing. • Pilot – review the assessment reports, issue certificates and invoice for 10% of each assessment. • Reviewing NSW assessment reports and Quality Action Plans received from assessor to ensure the areas not fully met are reflected in the Quality Action Plan (quality assurance function only). • Generating accreditation certificates. • Sharing resources including evidence guides, de-identified panel deed and website resources (webinars, case studies and process diagrams). • Revising the standards and evidence guides (if needed) and arrange for BNG to upload them to the portal. • Seeking DCJ input on the review of the ASES standards in 2020. • Review reports of serious incidents received from DCJ and advise the impact on accreditation status. • Managing ASES assessor panel and addressing any issues with timeframes, availability and tendering. • Managing ASES assessor performance and resolving any feedback, appeals and complaints.
<p>ASES assessors and QIP</p>	<p>Key role: To conduct the external, independent review of self-assessment.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Conducting information sessions with organisations • Providing information to guide organisations with choosing an assessor. • Reviewing the self-assessment and submitted evidence and advising if there are extensive gaps requiring completion prior to site visits. • Ensuring community specific and culturally safe practices in assessments of: <ul style="list-style-type: none"> ○ Aboriginal controlled organisations, ○ Services working with high proportions of Aboriginal people or ○ Services in areas with high proportions of Aboriginal people experiencing homelessness.

	<ul style="list-style-type: none">• Conducting site visits.• Preparing an accreditation report for each organisation and for SA DHS.• Supporting provider to prepare Quality Action Plans as required, and follow up on the organisation's progress implementing the plan.
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10 Program management

ASES implementation is delivered under the SHS recommissioning program. The program management function within DCJ will be performed by Strategy, Policy and Commissioning (SPC). The Directorate will report into the DCJ Housing and Homelessness Steering Committee, which is chaired at Deputy Secretary level.

Updates to the policy framework are drafted in consultation with the IP, the SA DHS ASES Coordinator and QIP. These updates will be approved by the Executive Director, Housing, Homelessness and Disability

Any updates to the framework that will result in significant changes to timeframes or costs will be submitted to the DCJ Housing and Homelessness Steering Committee and will be informed by consultation with all key stakeholders.

11 Monitoring

The implementation of ASES accreditation will be monitored to ensure providers have access to the support, information and resources they need to gain accreditation by 30 June 2024.

DCJ will work collaboratively with the IP and the SA DHS to develop a mechanism for evaluating the implementation of ASES accreditation in NSW prior to 30 June 2024

Attachment 1: ASES Certificate (gap analysis)
MAPPING AGAINST NSW SPECIALIST HOMELESSNESS SERVICES (SHS) STANDARDS

Breaking New Ground (BNG) has compared the NSW Specialist Homelessness Services (SHS) Standards against the Australian Service Excellence Standards (ASES). This analysis shows how similar the two sets of standards are while also highlighting the additional requirements of ASES. At the standard level, the table below summarises standards or parts of standards not covered by the SHS Standards.

Australian Service Excellence Standards (Certificate level) (Version 8 2020)		
Category 1: Planning		
Standard	Description	Fully met by SHS Standards?
1.1 Strategic Planning	Strategic planning is undertaken to further organisational and service development.	Yes
1.2 Business Planning	Business planning processes are in place to implement and monitor progress against Strategic Plan, manage resources and measure organisational performance.	Yes
Category 2: Governance		
Standard	Description	Fully met by SHS Standards?
2.1 Sound Governance	Commitments to leadership, mutual accountability, and ethical conduct are evident.	No
2.2 Policies and Procedures	Policies and procedures are in place and consistently applied, reviewed and updated to address legislative, industry, contractual and organisational requirements.	Yes
2.3 Data and Knowledge Management	The organisation has effective processes to collect and use data, to create information, and to refine information into knowledge.	No
2.4 Risk Management	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.	No
Category 3: Financial and Contract Management		
Standard	Description	Fully met by SHS Standards?
3.1 Financial Management	Financial management is transparent, accountable and ensures effective use of resources.	Yes
3.2 Asset and Physical Resource	The management of assets and physical resources is responsible, competent and effective for economic, social and environmental sustainability.	No

Attachment 1: ASES Certificate (gap analysis)

3.3 Purchasing and Contract Management	Explicit purchasing and contracts reflect organisational values, enable disclosure and ensure integrity and value.	No
<i>People, Partnerships and Communication</i>		
Category 4: People		
Standard	Description	Fully met by SHS Standards?
4.1 Human Resources	Human resources ensure competent staff for effective service.	Yes
4.2 Work, Health and Safety	Workplace Health and Safety systems are incorporated into business planning and work processes.	Yes
4.3 Diversity and Inclusion	Valuing culture, diversity and inclusion in all activities including in the pursuit of individual outcomes and organisational improvement.	Yes
Category 5: Partnerships		
Standard	Description	Fully met by SHS Standards?
5.1 Working Collaboratively	Working collaboratively with other organisations on agreed goals that benefit consumers and the community.	Yes
5.2 Teamwork	Staff and Volunteers are effectively engaged in implementing organisational objectives through a range of teamwork strategies.	No
Category 6: Communication		
Standard	Description	Fully met by SHS Standards?
6.1 Communication	Communication systems and strategies ensure information is disseminated internally and externally to all key stakeholders.	No
<i>Service Provision</i>		
Category 7: Service Outcomes		
Standard	Description	Fully met by SHS Standards?
7.1 Outcomes Monitored	Service outcomes are planned, monitored and subject to ongoing review.	Yes
Category 8: Consumer Outcomes		
Standard	Description	Fully met by SHS Standards?
8.1 Consumer and Community Engagement	Consumers are key partners in shaping service delivery and continuous improvement.	No

Attachment 1: ASES Certificate (gap analysis)

8.2 Consumer Feedback and Complaints	Strategies to engage and respond to consumer feedback are effective. Feedback is valued and used as a continuous improvement tool.	Yes
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Attachment 2: Information sharing protocol between South Australia and NSW



Government of South Australia
Department of Human Services

Ref: 18TDHS/1227

Australian Service Excellence Standards
Community Services Division

Level 8, Riverside Building
North Terrace
Adelaide SA 5000

Telephone: 08 8413 9036

Email: serviceexcellence@sa.gov.au
Website: www.sa.gov.au/ASES

Ms Anne Campbell
Executive Director, Housing
Department of Family and Community Services
Locked Bag 4001,
ASHFIELD NSW 1800

Dear Ms Campbell

Re: Information Sharing Protocols for Australian Service Excellence Standards

1. Purpose

Thank you for your commitment to quality and the Australian Service Excellence Standards (ASES). The South Australian Department of Human Services (SA-DHS) would like to acknowledge this commitment in this letter of exchange to formally recognise this arrangement.

This letter is to gain agreement and confirm the exchange of information between the Department of Human Services and the New South Wales Department of Family and Community Services Housing Design and Stewardship – Homelessness (NSW FACS) and the funded agencies participating in ASES.

The main aim is to principally share information with NSW FACS for dissemination to their funded agencies to ensure a smooth transition to ASES occurs. This information sharing will also help manage the risk of poor quality care and services being provided to the New South Wales community.

To achieve this aim, as far as possible this document will outline this arrangement.

2. Status of this document

This letter is not intended to legally enforce obligations but to acknowledge arrangements between the two jurisdictions and meet respective obligations with the best of intentions and within the limitations below.

3. Approach for sharing information

The SA DHS information sharing approach abides to the Privacy Principles and the Information Sharing Guidelines for the following:

3.1 Joint planning

The ASES team will play an advisory role in the initial deployment of ASES to the sector. A representative from ASES team and /or a member of the panel of external assessors can preside if and when required.

Attachment 2: Information sharing protocol between South Australia and NSW

Information may be shared between departments for forecasting purposes, such as the number of organisations registered to determine future assessment capability and other resources (e.g. Certificates, ASES workbooks etc).

3.2 Review process

The ASES external assessors are bound by a code of conduct described in the panel deed (see attachment 1). An unidentified copy can be distributed to NSW FACS for the purpose of understanding the code of conduct and mandatory reporting requirements.

The assessment process is outlined in the panel deed and additional resources can be accessed on the DHS ASES website.

In the event of a serious incident or mandatory notification the assessor will contact the organisation's Contract Manager in NSW FACS and the ASES team to discontinue the assessment. The panel deed provides further details.

3.3 Report on findings

The external assessor will write a report and a copy of this report will be sent to the NSW Homelessness Service Provider and the ASES team for quality assurance purposes only.

3.4 Follow up

As part of the ASES external assessment costs the outcome of the assessment will be communicated to the ASES team for the purposes of generating a certificate. Service Providers requesting multiple certificates will incur a cost. A soft copy of the certificate remains in the ASES records management system.

The follow up arrangement will be responded to in a way that is reasonable and appropriate to the service(s) being delivered.

3.5 Managing reconsiderations and complaints

Both ASES and DHS contain provisions that allow a Service Provider to make a complaint about the ASES external assessment process. The complaints process is outlined in the panel deed.

Complaints that relate to the conduct of the ASES external assessor are to be handled by the Service Provider to which they belong and the ASES team. In the event the Service Provider disagrees with the external assessor's conclusions and are unable to seek a satisfactory resolution with the relevant ASES external assessor then the next step is to contact the ASES team if unable to be locally resolved.

4. Resources

4.1 Format of the information

Information may be shared between departments in a number of formats including, but not limited to, written communication (letters, emails, faxes) and verbal communication (telephone conversations, video conferencing).

Attachment 2: Information sharing protocol between South Australia and NSW

Guidelines for the use of the ASES graphic device is issued to accredited organisations. Request to remove ASES graphic device may occur when used inappropriately or accreditation has lapsed.

4.2 Intellectual property – Creative Commons

Creative commons details are outlined on all resources. Please note: resources such as the workbooks, evidence guides and promotional material are the property of the South Australian government.

4.3 Personal Information

Personal information:

- must be treated as confidential and protected against loss, modification, unauthorised access or use, and destroyed when no longer required; and
- must only be shared between the Parties when consent from each individual is obtained prior to disclosure; or
- must not be disclosed if consent cannot be obtained prior to disclosure.

4.4 Information that may be shared

The following is a list of information that may be disclosed and used if the terms of this clause 4 are met:

- Service Provider details, including contact person
- Service Provider report and outcome
- the Service Provider's quality action plan and outcome
- service delivery concerns and
- assessment costs for the purpose of invoicing for licence/admin fee

4.5 Secured sharing of information

Any information by any party will remain confidential and secure.

4.6 Establishment of a Central Point of Distribution for Information Sharing

The Parties will agree to a central point of distribution of information about the Quality Reviews.

4.7 Timeframes for Exchange of Information

Outcome of assessments and key documentation is as per panel deed requirements.

NOTE: The Parties agree that any information relating to a serious incident involving a client group, a Service Provider or the Parties will be shared within 24 hours of the incident occurring or within 24 hours of becoming aware of the incident.

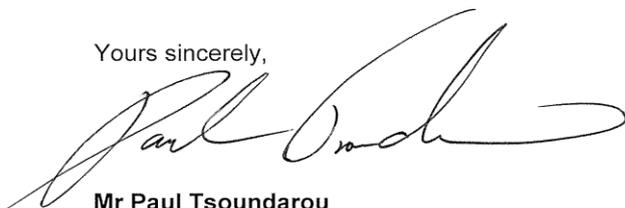
Attachment 2: Information sharing protocol between South Australia and NSW

5. Communication and Review

The ASES external assessors meet twice a year as outlined in the panel deed and NSW FACS may wish to table points for continuous improvement.

The South Australian Department for Human Services looks forward to working with the New South Wales Department of Family and Community Services and our shared commitment to quality services for our community. If you have any further questions please do not hesitate to contact Sue Sansome, ASES Coordinator on (08) 8413 9023 or susan.sansome@sa.gov.au

Yours sincerely,



Mr Paul Tsoundarou

A/Director

Community Services Division

Department of Human Services

6 / 8 / 2018 .

Encl: ASES panel deed

Attachment 3: Equivalency mapping summary tables

Comparison with the National Regulatory Code (NRC) for the National Regulatory System for Community Housing (NRSCH)

Breaking New Ground (BNG) has compared the Australian Service Excellence Standards (ASES) with the National Regulatory Code (NRC) for the National Regulatory System for Community Housing (NRSCH). The table below summarises the ASES and the degree to which individual standards are fully met by the NRC.

Australian Service Excellence Standards (Certificate level) (Version 8 2020)		
Category 1: Planning		
Standard	Description	Fully met by NRC?
1.1 Strategic Planning	Strategic planning is undertaken to further organisational and service development.	Yes
1.2 Business Planning	Business planning processes are in place to implement and monitor progress against Strategic Plan, manage resources and measure organisational performance.	Yes
Category 2: Governance		
Standard	Description	Fully met by NRC?
2.1 Sound Governance	Commitments to leadership, mutual accountability, and ethical conduct are evident.	Yes
2.2 Policies and Procedures	Policies and procedures are in place and consistently applied, reviewed and updated to address legislative, industry, contractual and organisational requirements.	No
2.3 Data and Knowledge Management	The organisation has effective processes to collect and use data, to create information, and to refine information into knowledge.	No
2.4 Risk Management	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.	Yes
Category 3: Financial and Contract Management		
Standard	Description	Fully met by NRC?
3.1 Financial Management	Financial management is transparent, accountable and ensures effective use of resources.	Yes
3.2 Asset and Physical Resource	The management of assets and physical resources is responsible, competent and effective for economic, social and environmental sustainability.	No
3.3 Purchasing and Contract Management	Explicit purchasing and contracts reflect organisational values, enable disclosure and ensure integrity and value.	No
<i>People, Partnerships and Communication</i>		

Attachment 3: Equivalency mapping summary tables

Category 4: People		
Standard	Description	Fully met by NRC?
4.1 Human Resources	Human resources ensure competent staff for effective service.	No
4.2 Work, Health and Safety	Workplace Health and Safety systems are incorporated into business planning and work processes.	No
4.3 Diversity and Inclusion	Valuing culture, diversity and inclusion in all activities including in the pursuit of individual outcomes and organisational improvement.	No
Category 5: Partnerships		
Standard	Description	Fully met by NRC?
5.1 Working Collaboratively	Working collaboratively with other organisations on agreed goals that benefit consumers and the community.	No
5.2 Teamwork	Staff and Volunteers are effectively engaged in implementing organisational objectives through a range of teamwork strategies.	No
Category 6: Communication		
Standard	Description	Fully met by NRC?
6.1 Communication	Communication systems and strategies ensure information is disseminated internally and externally to all key stakeholders.	No
<i>Service Provision</i>		
Category 7: Service Outcomes		
Standard	Description	Fully met by NRC?
7.1 Outcomes Monitored	Service outcomes are planned, monitored and subject to ongoing review.	No
Category 8: Consumer Outcomes		
Standard	Description	Fully met by NRC?
8.1 Consumer and Community Engagement	Consumers are key partners in shaping service delivery and continuous improvement.	No
8.2 Consumer Feedback and Complaints	Strategies to engage and respond to consumer feedback are effective. Feedback is valued and used as a continuous improvement tool.	Yes

Attachment 3: Equivalency mapping summary tables

Comparison with the NSW Child Safe Standards for Permanent Care

Breaking New Ground (BNG) has compared the Australian Service Excellence Standards (ASES) with the NSW Child Safe Standards for Permanent Care (NSWCSSPC). The table below summarises the ASES and the degree to which individual standards are fully met by the NRC.

Australian Service Excellence Standards (Certificate level) (Version 8 2020)		
Category 1: Planning		
Standard	Description	Fully met by NSWCSSPC?
1.1 Strategic Planning	Strategic planning is undertaken to further organisational and service development.	No
1.2 Business Planning	Business planning processes are in place to implement and monitor progress against Strategic Plan, manage resources and measure organisational performance.	No
Category 2: Governance		
Standard	Description	Fully met by NSWCSSPC?
2.1 Sound Governance	Commitments to leadership, mutual accountability, and ethical conduct are evident.	No
2.2 Policies and Procedures	Policies and procedures are in place and consistently applied, reviewed and updated to address legislative, industry, contractual and organisational requirements.	No
2.3 Data and Knowledge Management	The organisation has effective processes to collect and use data, to create information, and to refine information into knowledge.	No
2.4 Risk Management	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.	No
Category 3: Financial and Contract Management		
Standard	Description	Fully met by NSWCSSPC?
3.1 Financial Management	Financial management is transparent, accountable and ensures effective use of resources.	No
3.2 Asset and Physical Resource	The management of assets and physical resources is responsible, competent and effective for economic, social and environmental sustainability.	No
3.3 Purchasing and Contract Management	Explicit purchasing and contracts reflect organisational values, enable disclosure and ensure integrity and value.	No
<i>People, Partnerships and Communication</i>		
Category 4: People		

Attachment 3: Equivalency mapping summary tables

Standard	Description	Fully met by NSWCSSPC?
4.1 Human Resources	Human resources ensure competent staff for effective service.	No
4.2 Work, Health and Safety	Workplace Health and Safety systems are incorporated into business planning and work processes.	No
4.3 Diversity and Inclusion	Valuing culture, diversity and inclusion in all activities including in the pursuit of individual outcomes and organisational improvement.	No
Category 5: Partnerships		
Standard	Description	Fully met by NSWCSSPC?
5.1 Working Collaboratively	Working collaboratively with other organisations on agreed goals that benefit consumers and the community.	No
5.2 Teamwork	Staff and Volunteers are effectively engaged in implementing organisational objectives through a range of teamwork strategies.	No
Category 6: Communication		
Standard	Description	Fully met by NSWCSSPC?
6.1 Communication	Communication systems and strategies ensure information is disseminated internally and externally to all key stakeholders.	No
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Category 8: Consumer Outcomes		
Standard	Description	Fully met by NSWCSSPC?
8.1 Consumer and Community Engagement	Consumers are key partners in shaping service delivery and continuous improvement.	No
8.2 Consumer Feedback and Complaints	Strategies to engage and respond to consumer feedback are effective. Feedback is valued and used as a continuous improvement tool.	No