



Community Services Standards for Approval

Introduction

As part of the quality assurance role the Ministry of Social Development produces Standards for Approval which are designed to ensure that community organisations seeking formal approval status from the Ministry have the quality, management and administration of the services they provide, assessed against consistent standards that meet legislative requirements.

Approval under these standards allows the Ministry to consider funding approaches from the programmes, although the Ministry will not necessarily negotiate or enter into contracts simply because the organisation is approved.

These Standards for Approval are produced by the Ministry of Social Development (MSD) for the approval of Level 3 Community Services approved under section 403(1) of the Children, Young Person & their Families Act 1989 (CYP&F Act 1989).

The Standards

These standards cover six key areas including business viability and programme quality standards that are appropriate for low risk providers.

Guidance

The standards are also produced with guidelines which are designed to assist providers determine how they might demonstrate compliance with the standards.

Organisations seeking approval should contact an Approvals Team Leader for guidance prior to making an application. The contact details are listed on the application form.

An application approval form can be accessed on the Ministry's website www.msd.govt.nz



Community Services Standards for Approval

➔ STANDARD 1

Paramourncy of the Child and Young Person

The organisation provides services which reflect the principle that the welfare and interests of the child or young person are the first and paramount consideration.

➔ The organisation shall demonstrate to the Ministry of Social Development that:

Policy and procedure must meet the criteria and reflect the overall standard outcome.

That affiliates or agency supported bodies apply the Paramourncy principle when working with families and children.

Criteria

1 The organisation provides services in a manner consistent with section 6 of the CYP&F Act 1989.

Guidance

“Section 6: Welfare and interest of child or young person paramount –
In all matters relating to the administration or application of this act (other than parts IV and V and sections 351 to 360) the welfare and interests of the child or young person shall be first and paramount consideration, having regard to the principles set out in section 5 and 13 of this Act”.

The organisation will be able to demonstrate that:

Policies and procedures are in place:

- relating to the prevention, recognition, responses to and reporting of child abuse
- for assessing/identifying any safety concerns or risks to the child or young person at the time of intake and for these concerns and risks to be regularly reassessed.

- relating to carrying out background checks, including police vetting checks on all potential new staff and volunteers, prior to them commencing employment with the organisation
- for consulting with the child/young person and their family/whānau when assessing needs, developing client plans, providing services or programmes
- for describing approaches to behaviour management that includes:
 - assessment of children/young person's needs including the need for behaviour support and management interventions
 - a behaviour support plan for managing group and individual behaviour
 - interventions that may or may not be used when managing behaviour.

Other information may be contained in:

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

Child/young person's file will include evidence that:

- the child/young person has participated in the intake/assessment/ planning processes
- explanations and relevant information have been provided in a manner that is appropriate to the age of the child or young person
- plans are signed by the child/young person or the parent or guardian indicating the child/young person's participation in the development of the plan
- assessments include identification of any risks to the child or young person and a related safety plan
- children and young people have had the complaint procedure explained to them
- records which show a child/young person's complaints have been responded to and evidence that the child/young person's views have been listened to.

Staff files will contain the information outlined under the following Standard 2, Staffing.

These files will also contain evidence of:

- staff and caregiver training programmes which include: the prevention, recognition, responses to and reporting of child abuse; child/ young person complaint procedure; health and safety, and positive approaches to behaviour management
- staff and caregiver supervision records demonstrate attendance at supervision and training sessions
- a staff induction programme which provides staff with guidance on how to manage the risk of unwarranted allegations of abuse.

→ STANDARD 2

Staffing

The organisation has a sufficient body of qualified and competent staff to both deliver and support the delivery of its services.

→ The organisation shall demonstrate to the Ministry of Social Development that:

Policy and procedure must meet the criteria and reflect the overall standard outcome.

Criteria

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

Guidance

Organisations will have written Human Resource (HR) policies and procedures in place that align with and refer to relevant legislation. Policies and procedures will be reflected in all processes and documentation relating to staff recruitment and management processes including:

- recruitment processes
- employment contracts
- staff training, support and supervision
- performance management processes
- dispute resolution and staff discipline processes
- leave
- working conditions and health and safety
- EEO policies and procedures
- staff grievances and harassment processes.

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

Guidance

HR policy and procedures include:

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

3 The organisation has a clear, transparent and open process for recruiting and vetting staff. Vetting of staff is to include a police check for offences.

Guidance

HR policies and procedures include:

- recruitment and selection policy/procedures that comply with legislation regarding fair employment practices
- processes for the selection and vetting of volunteers
- formal, documented process for verifying references and credentials
- formal, documented process for carrying out police vetting using the Police Vetting Authority.

Recruitment information will include:

- the short listing process including decision making tools (for example weighting selection tool)
- written interview process including interview questions which comply with employment legislation.

A document which shows the induction programme has been completed and signed off by the new staff member and the staff member overseeing the induction process.

Staff files will contain evidence of:

- police checks for all staff, contractors and volunteers, governance and management committee members, which have been completed prior to the person starting work with the organisation
- written reference checks
- completed application forms.

4 The organisation does not employ any person in a paid or voluntary capacity, including management committees, who has a conviction for sexual crimes, or for any offence involving the harm or exploitation of children.

Guidance

HR policies and procedures will include:

- process for carrying out criminal history checks to determine the appropriateness of hiring prospective staff or volunteers
- processes that ensure regular reviews of criminal history checks. e.g. two yearly checks.

Files will include:

- completed criminal conviction checks for all staff, volunteers, management, governance and caregivers
- documentation of the process followed if the organisation becomes aware that a staff member or volunteer has been charged with or convicted of an offence of the nature described in these criteria.

5 Unless there are exceptional circumstances, the organisation does not employ any person in a paid or voluntary capacity, including management committees, who has a conviction for crimes of violence against the person or dishonesty.

Guidance

HR policies and procedures include:

- process for carrying out criminal history checks to determine the appropriateness of hiring prospective staff or volunteers through the Police Licensing and Vetting Centre
- process for seeking an exemption from MSD when an exceptional circumstance is being considered
- An “Exceptional Circumstances” policy and procedure which includes:
 - details of who in the organisation is authorised to seek an exemption around an exceptional circumstance
 - processes for ensuring that the governance committee is made aware of the concerns, how the matter is being addressed and what the final decision has been
 - definition of what constitutes an “exceptional circumstance”
 - written records which describe how full consideration has been given to any attendant risks of employing the individual concerned
 - seeking approval from MSD for the employment of a person to whom the exceptional circumstances policy applies **prior** to the engagement of the particular staff member or volunteer
 - process for documenting advice/decision in regard to continuing with the employment of the person
 - formal recording of the MSD decision
 - process for recording details of the exemption, the decision on whether to proceed with employment (or not) and any safety procedures put in place to protect clients, including where this information will be stored for example staff file, recruitment file, other secure location.

6 The organisation maintains staff files that meet all legislative requirements including a written agreement of service with all staff, including volunteers, and contractors.

Guidance

Staff files will include all information relevant to the employment relationship and will include (as a minimum).

- a current employment agreement/volunteer agreement/contract for service/fixed term agreement that complies with legislative requirements and is signed by the employee and the employer
- a written job description or details of the volunteer role
- written record of induction, training and professional development appropriate to the role
- performance review and management details
- current police vetting check results
- records of IRD number and tax code; leave owing/taken.

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

Guidance

The following documentation will be on file:

- records of completed induction training that includes acknowledgment of reading, understanding and agreement with all organisational policy and procedures
- evidence that staff are trained in child development, behavioural support techniques, disability awareness, child abuse reporting procedures and health and safety
- supervision records that demonstrate appropriate time frames, types of supervision attended and agreed focus
- supervision reports from external supervisors
- staff training/professional development plans that relate to any issues or areas of development identified as part of the performance appraisal process
- Ongoing training records which show relevant training is occurring
- Records of supervision and support provided to caregivers, including telephone contact records and meeting notes
- Staff/volunteer/caregivers meeting records.

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

Guidance

The following documentation will be on file:

- details of completed performance appraisals/reviews that identify strengths and weaknesses, goals for further development, and that lead to training plans for staff
- supervision records and reports, including notes of meetings and support conversations with staff
- details of any performance issues and measures taken to manage these.

Health and safety

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

➔ The organisation shall demonstrate to the Ministry of Social Development that:

Policy and procedure must meet the criteria and reflect the overall standard outcome.

Criteria

1 The organisation ensures that its premises comply with all legal requirements.¹

Guidance

- Organisations will have written Health and Safety policies and procedures in place which align with the Health and Safety in Employment Act 1992 and the amendment to that Act 2002 (H&SE Act 1992).
- Organisations will ensure any planned activities are carried out in accordance with Industry Standards.

2 The organisation provides and maintains a safe physical and emotional environment for all who enter its premises and any other premises that it uses for service delivery.

Guidance

Health and safety policies and procedures include:

- hazard identification processes which include a register of all identified hazards, and actions taken to mitigate any associated risks
- regular, recorded maintenance inspections of all premises and facilities the organisation uses to provide its services, including maintenance reports to management/governance
- a Risk Assessment and Management System (RAMS) is in place to assess the risks of all activities and outline processes to mitigate any risks identified.

Evidence of the following will be on file:

- that staff to young person ratios are considered when planning activities and that these are appropriate to the nature of the activity and the ages and ability levels of the participants
- staff and/or external providers or contractors used are appropriately qualified for any activities undertaken, e.g. horse riding, rock climbing, kayaking

¹ The term "premises" encompasses any offices, buildings, classrooms, camps or outdoor areas that are used to carry out the work of the organisation or to provide programmes and services to clients.

- the physical environment meets the requirements of the H&SE Act 1992 e.g. exits clearly marked, appropriately stocked first aid kits, disabled access etc
- the organisation's staff induction programme includes a health and safety component and records include sign off by staff member as having been completed
- appropriate numbers of staff have current first aid training and current certification.

3 The organisation ensures the safety of any children being supervised on the premises while their parents or caregivers receive services.

Guidance

Policies and procedures include:

- written processes to ensure children are appropriately supervised while their parents or caregivers receive services and include the provision of suitable play areas, toys and activities
- written behaviour management processes.

Evidence of the following will be on file:

- all staff working with children are trained in the use of appropriate behaviour management techniques.

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

Guidance

The organisation will be able to demonstrate that:

- up to date, appropriate emergency plans are in place for each of the premises they use to provide services
- evacuation plans are displayed
- exit signs are displayed
- regular evacuation drills are carried out and records are kept of the date and time of the drill, staff present, and any follow up actions required
- staff are trained in evacuation procedures
- clients and programme participants are advised of emergency evacuation procedures.

5 The organisation maintains a register of accidents and incidents of harm to staff, visitors and others in the workplace.

Guidance

The organisation will be able to demonstrate that:

- they maintain incident/accident registers and that all incidents/accidents are recorded
- processes are in place for recording and managing incident/accidents involving serious harm
- actions are taken to prevent recurring issues relating to Health and Safety.

6 The organisation notifies the Ministry of Business Innovation and Employment, Occupational Safety and Health Service, as soon as possible of any incident which falls within the definition of serious harm as defined in the Health and Safety in Employment Act 1992 and provides written confirmation of the incident within seven days.

Guidance

The organisation will have policies and procedures in place to guide staff in the management of serious harm and will be able to demonstrate that:

- staff are aware of what type of incident falls within the definition of serious harm
- incident/accident forms clearly identify those where serious harm has been involved
- accidents and incidents of serious harm have been notified to OSH in accordance with the requirements of the H&SE Act 1992
- the organisation has investigated the cause/s of the incident of serious harm and have taken action to prevent the issue from recurring.

7 The organisation ensures that its staff and caregivers do not use methods of discipline or control that involve physical or emotional punishment.

Guidance

The organisation will have written Behavioural Management and Discipline policies and procedures in place. Application of this policy may be evidenced through the following documentation.

- behaviour support and management plans on the child/young person's file
- records of staff and volunteer (including caregivers) training in behaviour management and de-escalation techniques
- caregiver manuals
- care placement monitoring records
- supervision records
- staff, volunteer, caregiver meeting minutes
- incident forms.

Business Management

The organisation has a clearly defined business structure and ensures that complaints management, organisational management and financial management systems are effective.

➔ The organisation shall demonstrate to the Ministry of Social Development that:

Policy and procedure must meet the criteria and reflect the overall standard outcome.

Criteria

- 1** The organisation has a formal process for receiving, considering and resolving complaints that is soundly based in law and consistent with the principles of natural justice and that records are maintained of all complaints.

Guidance

Organisations will have a written complaints policy/procedure in place describing:

- details of the process for dealing with formal and informal complaints
- when the formal process is to be used
- process for ensuring complainants, and the person complained about, have the opportunity to make their views known or to answer allegations
- escalation of serious complaints to governance
- timeframes for feedback and resolution
- documentation for example complaint forms, complaint register
- documentation of the involvement of the client and their family/whānau or other representatives when appropriate.

1.1 All clients including children and young people receiving services are aware of how to make a complaint and supported to do so if necessary

Where services are provided to children and young people the complaint policy/procedure will also include:

- information on the complaint processes which is accessible to children/young people and provides them with age appropriate information about the process
- information on the child/young person's right to have the support of an independent advocate
- details of how children and young people are involved in the resolution of complaints
- details of processes in place to ensure that children/young people are provided with appropriate information relating to advocacy, for example posters, brochures

- provision for details of the child/young person's Advocate or Counsel for Child to be recorded in the contact list on the child/young person's file
- provision for the organisation to maintain a register of child advocates and advocacy services.

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

2.1 The organisation has an appropriate and clearly defined governance² and management structure with a written record which shows the authorities, responsibilities, accountabilities and conflict of interest situations are managed

Guidance

Section 403 (1) of the CYP&F Act 1989 states that the Chief Executive of Child, Youth and Family Services may approve any person, body, or organisation whether incorporated or unincorporated as a Community Service.

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

- Certificate of Incorporation
- Trust Deed
- Constitution
- Charters
- Company Registration
- Organisational Rules.

The organisation will have a Conflict of Interest policy which includes:

- details of what may constitute a conflict of interest for members of governance
- process for declaring and managing conflicts of interest
- recording the use of the policy
- development and maintenance of a Conflict of Interest Register.

2.2 The organisation's management systems, policies and procedures are consistent with its legal status, constitution, rules, charter or Act of Parliament and its contractual obligations

Organisations will ensure that all policies and procedures are consistent with their founding documentation which may include:

- Trust Deed
- Constitution
- Rules
- Charter
- Act of Parliament.

Organisations will ensure that all policies and procedures are consistent with their contractual obligations and that processes in place monitor compliance with the organisation's contracts. Evidence of this may be contained in:

- management reports
- management meeting minutes
- governance meeting minutes
- Annual General Meeting and Special Meeting minutes
- budgets
- collection and collation of statistical information relating to contract performance.

² Governance refers to setting the parameters of the organisation, e.g. strategic direction, services to be provided, how the organisation will be managed, and the roles and responsibilities of managers. A governing body usually carries out this role. The management structure refers to the system of decision making within the parameters set by the governing body.

3 The organisation is financially viable and manages its finances competently.

3.1 The organisation is solvent

Guidance

Annual Financial Accounts will show that the organisation has:

- positive equity and/or that cash reserves exceed current liabilities
- positive working capital
- budgets for the upcoming year demonstrate that the organisation will continue to have positive equity.

3.2 The organisation has financial management processes and internal control systems in place that are appropriate to the size and nature of the organisation

The organisation shall demonstrate that they have:

- an accounting system or systems in place which are appropriate to the size and nature of the organisation
- the accounting system includes facilities for regular balancing and reconciliation to the bank account to take place
- processes in place for the organisation's financial situation to be reported to the governance committee.

3.3 The organisation has arrangements for the regular independent audit of financial accounts

Organisations will be able to provide MSD with the following:

Where the organisation receives \$50,000 or more per annum from MSD:

- annual audited accounts
- audit report and auditor's opinion
- auditors management letter to the governance group.

The auditor will be independent from the accountant/person who prepares the annual accounts.

Where the organisation receives less than \$50,000 per annum from MSD:

- annual financial accounts that have either been audited or reviewed by an independent person who has suitable qualifications or experience, provided that any audit requirements under the organisation's constitution or contract agreements are met.

Client planning and programme provision

The organisation has a collaborative process for planning its work with clients.

➔ The organisation shall demonstrate to the Ministry of Social Development that:

Policy and procedure must meet the criteria and reflect the overall standard outcome.

That detail of the distribution of funding and or assistance or services to affiliate organisations is planned and coordinated to ensure effective outcomes are achieved.

Criteria

1 The organisation uses a process for assessing the needs of clients and potential clients.

Guidance

The organisation will have the following in place:

- written intake criteria that are consistent with the stated purpose of the service
- written policies and procedures for carrying out an assessment of the client's needs.

Information on client files will include evidence of the following:

- referral form or information used to assess the presenting situation against intake criteria prior to accepting the client into the service
- documentation relating to the needs assessment
- analysis of client needs and identification of supports required to meet those needs
- that the assessment includes identification of risk and consideration of how this will be managed
- an assessment of the client's cultural needs.

2 The organisation has a collaborative process for planning its work with clients.

Guidance

The organisation will have the following in place:

- written client planning policies and procedures
- process for determining those clients who require a formal intervention plan.

Information on client files will include evidence of the following:

- evidence of collaboration with the client, the client's family and others to develop a client plan
- evidence of informed decision making regarding whether client needs formal intervention plan.

When a formal intervention plan is required, the files will include a plan which clearly states the client's long and short term goals, the services that the organisation will provide to help them achieve their goals and programmes the client will participate in.

When a formal intervention plan is NOT required the files will include evidence of:

- the process used to identify services to be provided to meet the support needs of the client
- staff working with the client to ensure appropriate supports are in place, including written evidence of referrals to other services or programmes.

Evidence of work with clients who do not require a plan may also be included in:

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

3 The organisation ensures that when it is providing a range of services to a client, these meet both the needs of the client and the objectives of the service.

Guidance

The organisation will have the following in place:

- written policy and procedure for evaluating the success of outcomes achieved and for making changes to the service based on this evaluation.

Information on client files will include evidence of the following:

- client goals aligned to the needs assessment
- desired outcomes and timeframes for achieving them
- record of services and supports to be provided
- client evaluation and feedback.

Evidence may also be included in:

- reports to management/governance of the analysis of feedback and evaluation processes
- reports to management/governance of changes made to programmes or services as a result of evaluation processes.

4 The organisation regularly assesses client progress towards meeting their goals and makes changes to services provided based on this evaluation.

Guidance

Information on client files will include evidence of the following:

- the client plan is current
- documentation of regular case reviews and checking progress against goals
- details of programmes or activities the client has participated in
- details of services (either internal or external) that have been accessed e.g. drug and alcohol counselling
- when the client has completed their plan the file will also include a final review, an evaluation of outcomes achieved, and evidence of formal closure of the file.

5 That the programme has a clear structure with activities and experiences that are relevant to, and likely to progress, the objectives for the client.

Guidance

Programme plans clearly identify:

- objectives for the programme that are consistent with the goals of the service
- resources and equipment required for the programme
- staffing levels required operate safely. (Staff/client/children/young people ratios)
- staffing qualifications necessary to operate safely and the responsibilities of each staff member
- funding requirements
- how the organisation plans to ensure that adequate resources and equipment, as identified, will be made available for the running of the programme.

6 That programmes are adequately resourced for the running of the programme.

Guidance

Enrolment forms are on the child/young person's file and include:

- child/young person's agreement to participate in the programme (when applicable)
- consent for the child/young person to participate in services signed by a legal representative, for example parent/caregiver, CYF Social Worker or legal guardian
- consent to transport the child/young person
- consent to obtain or release information
- consent to medicate and to obtain medical assistance if required
- details of any medical conditions or medications required
- details of emergency contacts
- details of who is authorised to collect the child/young person after the programme.

7 Programmes have all the necessary consents to the participation of the child or young person in the programme.

Guidance

Consent forms are completed at the beginning of each service or programme, and also while services are being provided when services change, when child/young person's decisions change or when a new service is added.

Accurate and complete records are kept of all programmes provided, including:

- overall programme plan
- individual plans for each session
- attendance records
- client evaluation forms.

Client Record Keeping

The organisation records its work with clients.

➔ The organisation shall demonstrate to the Ministry of Social Development that:

Policy and procedure must meet the criteria and reflect the overall standard outcome.

Criteria

1 The organisation keeps records of its work with clients and meets the Ministry of Social Development reporting requirements.

Guidance

Processes are in place to record:

- personal information relating to the client and their family/whānau
- statistical information on client numbers, ages and ethnicity
- client attendance and participation in programmes and activities

Funding and contracting monitoring reports verify the accuracy of statistical information.

2 The organisation ensures that client records document each stage of service provision from intake to service conclusion.

Guidance

Client files document:

- all involvement by the organisation with the client
- the involvement of any external agencies or services (e.g. psychologist)
- each stage of service provision is documented, including intake, assessment planning and conclusion of services
- details of any incidents relating to the client, and actions taken in regard to the incident.

3 The organisation collects, records, stores and uses client information in keeping with the Privacy Act 1993.³

Guidance

The organisation's Privacy/Confidentiality Policy meets legislative requirements and access to personal information is limited to:

- clients
- the parent or legal guardian, as appropriate
- staff authorised to access specific information on a 'need to know' basis
- others who are permitted access
- auditors, contractors and licensing or accrediting staff.

The organisation has written policies and procedures in place relating the storage, archiving and disposal of client records.

The organisation will be able to demonstrate that:

- all client files are stored securely, including both current and closed files
- archiving and disposal processes are in keeping with the Privacy Act 1993 and any other relevant legislative requirements
- when disposal of client information is appropriate, this is done in a secure way.

³ Child, Youth and Family Services has the statutory power under the sections 401 (1) (d) and 409 (1) (d) of the CYP&F Act 1989 to examine any documents or records held by an approved organisation. Consistent with its commitment to the paramountcy of the welfare and interests of the child or young person, CYF will exercise the utmost discretion in exercising this power.