



# Person-Centred Service Delivery Policy

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## Approval

Policy owner	Executive Director, Vinnies Services		
Approved by	Executive Leadership Team and State Council		
Date approved	Executive Leadership Team	Review date	29 August 2029
	State Council	21 August 2024	
		29 August 2024	

## Purpose

1. The St Vincent de Paul Society NSW's (The Society) Mission, Catholic Social Teaching principles and Vincentian values are the foundation of our work with the People We Assist.
2. The Society, radically and inclusively, respects the dignity of the people we assist, walks with people on their journey, shares hope, and encourages each person we assist to be in control of their own destiny.
3. The Society acknowledges and understands that the people we assist are often community's most marginalised and disadvantaged and the issues they present with can be complex and challenging.
4. The Society is in the unique position of being able to combine its commitment to its Catholic Social Teaching principles, its Vincentian values and best practice principles to provide a Person-Centred Approach and ensure the people we assist are at the core of our service planning, decision making and delivery.
5. This policy affirms the Society's commitment to:
  - implementing a Person-Centred Approach to ensure the best outcomes for the people we assist and deliver the Society's strategic priorities.
  - the rights of the people we assist to make decisions that affect their lives, including the services and support they receive.
  - the Society's commitment to quality service provision and continuous improvement to provide the best outcomes for people we assist.

## Scope

This policy applies to all members, employees and volunteers in Vinnies Services (VS) and the Members, Volunteers and Early Intervention (MVEI) directorates.

## Related policies and procedures

6. Related Policies and procedures include:
  - Behaviour Support Policy
  - Code of Conduct
  - Complaints and Feedback Policy
  - Dignity of Risk and Duty of Care Policy
  - Diversity and Inclusion Policy
  - Home Visit and Safe Outreach Policy
  - People We Assist Charter of Rights and Responsibilities
  - Privacy Management Policy
  - Reconciliation Action Plan and Cultural Protocols
  - Records Management Policy
  - Restrictive Practices Policy
  - Safeguarding Children and Young People Policy
  - Safeguarding Vulnerable Adults Policy
  - Trauma-Informed Practice Policy
  - Visitation Guidelines

# Policy principles

## Person-centred service delivery principles

7. The Society works to shape a just and compassionate society by placing the people we assist (including children and young people), at the core of all our decision making, planning, service delivery and policy development to ensure high-quality outcomes.
8. The Society is committed to a child-centred approach when engaging with children or young people in our services and programs. The Society respects the individual needs, goals and preferences of each child and young person and encourages the voice of each child or young person in decisions that affect their lives. The Society acknowledges that Parents or Guardians have the primary responsibility for the development, and wellbeing and safety of their child.
9. The Society collaborates with people we assist with compassion and respects their autonomy, rights, and dignity. The Society upholds each person's human rights, including individual rights to freedom of expression, self-determination and decision-making.
10. The Society is committed to providing the people we assist with:
  - access to information in a format, language, and mode accessible to them, including about reporting concerns or incidents, making a complaint, engaging an advocate, or their service options.
  - appropriate time and support to make informed choices and have control of decisions that affect them.
  - individualised support based on the person we assist's needs, values, strengths, preferences, and goals.
  - coordinated service delivery, by working in partnership with a person's nominated family and support network, other service providers, organisations, health care professionals and communities to achieve high-quality outcomes where applicable.
11. The Society's values are underpinned by a concern for all people, especially for individuals experiencing disadvantage in our community. As a service provider, the Society will:
  - encourage people we assist to be active participants and partners in their engagement with the Society.
  - make every effort to ensure that anyone who seeks assistance is connected with an appropriate service, whether within the Society or with another provider, no matter which service or program they first seek assistance.
  - engage with the person we assist and their support network including Parent, Guardian, friends, advocate, and community, where required and when the person we assist provides consent.
  - apply a Trauma-Informed Approach, where appropriate and possible, recognising that people we assist accessing our services and programs may have experienced trauma or loss.
  - where possible apply an evidence-based approach, analysing feedback gathered from people we assist and other stakeholders, and reviewing our services and programs against research and good practice to ensure continuous improvement.
12. The Society is committed to providing safe, inclusive, accessible, and discrimination-free services and programs. The Society:
  - ensures services are easy to locate and access, with clear and accessible information about the service and any eligibility criteria or cost.

- respects the rights of the people we assist to express their diverse cultures, beliefs, abilities, gender identities and sexualities and supports people who seek assistance regardless of: race, ethnicity, colour, nationality, religion or spiritual belief, sex, gender diversity, intersex status, sexual orientation, marital/relationship status or family composition, pregnancy or potential pregnancy, caring responsibilities, disability, age, health status, political opinion, membership or activity, or association with someone who has or is assumed to have, any of these characteristics.
- applies a holistic approach to our work with the people we assist considering the physical, emotional, social, and spiritual wellbeing of the person and offering appropriate support including pastoral and spiritual care as appropriate.
- implements measures to ensure the safety and wellbeing of the people we assist during their engagement with the Society's services and programs through effective risk management, quality systems, screening and training of members, employees and volunteers, setting behavioural expectations, and having appropriate processes and reporting mechanisms in place.
- makes reasonable adjustments to services to ensure that service delivery is suitable for people we assist and each person's health, privacy, dignity, quality of life and independence is supported.
- recognises that people have the right to make decisions that affect their lives, without judgement. The Society will support the people we assist to make their own choices and consider the risks of their decisions while maintaining our duty of care to the person, other people we assist, members, employees, and volunteers and the wider Society.

13. The Society will provide members, employees and volunteers with training, supervision, and support to implement the policy as relevant to their role.

## Roles and responsibilities

14. The Executive Directors, Vinnies Services and Membership, Volunteers and Early Intervention are responsible for:

- overseeing communication and implementation of this policy.
- continuing to foster a Person-Centred Approach in all services and programs and encouraging the involvement of the people we assist, their support networks and communities in decision making about services and programs.
- promoting and creating opportunities for safe, accessible, and inclusive service delivery based on evidence.
- ensuring employees have access to professional development, reflective practice, and supervision opportunities.
- ensuring volunteers and members have access to appropriate training and support.

15. In addition, the Executive Director, MVEI, working in consultation with Central Council Presidents, will provide members with access to appropriate guidance (through the Vincentian Visitation Guidelines), training and support.

16. Directors, Managers, Supervisors, Coordinators and Team leaders are responsible for:

- Continuing to foster a Person-Centred Approach in all services and programs.
- promoting and creating opportunities for consultation with the people we assist, their families, and identified support networks regarding service delivery and program development.
- creating safe, accessible, and inclusive environments for the people we assist.
- ensuring members, employees and volunteers have access to relevant training, supervision, resources, and support to implement this policy.

- fostering a culture and practice of reflection and continuous improvement.

17. Central and Regional Council Presidents are responsible for:

- supporting the implementation of this policy by encouraging understanding of and familiarity with the Vincentian Visitation Guidelines.
- encouraging members to access appropriate training and support as required.

18. Members, employees, and volunteers are responsible for:

- familiarising themselves with this policy and related procedures and seeking support, when necessary, from Conference Presidents, Managers, Team Leaders, Supervisors, Coordinators, or colleagues to best implement this policy.
- continuing to apply a Person-Centred Approach in their role.

## Review

19. The Person-Centred Service Delivery Policy is scheduled for review every five years from the date of approval or more frequently, as needed to align with industry standards or practice changes.

## Further assistance

20. Feedback on the policy can be provided to the Executive Director, Vinnies Services.

## Appendices

- Appendix 1: Definitions
- Appendix 2: Vinnies Services Procedures

## References

21. Relevant legislation, regulations, or other instruments:

- Australian Commission on Safety and Quality in Health Care report, 'Review of key attributes of high-performing person-centred healthcare organisations' 2018
- Aged Care Quality Standards
- Anti-Discrimination Act 1977 (NSW)
- Children's Guardian Act 2019 (NSW)
- National Disability Insurance Scheme (NDIS) Act 2013
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Rules 2018
- NSW Child Safe Standards
- NSW Community and Justice Capacity Toolkit
- NSW Health Clinical Care Standards: Alcohol and Other Drug Treatment
- Quality Improvement Council: Health and Community Services Standards
- Sex Discrimination Act 1984 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child
- United Nations Universal Declaration of Human Rights.

## Approval and amendment history

Version	Approval authority	Date	Amendment summary
Doc 1	Executive Leadership Team	12/08/2021	Significant update of policy, incorporation, and update of relevant policies, change of name to Person-Centred Service Delivery.
Doc 2	Executive Leadership Team State Council	2023	Scope expanded to include Member's conference work.  Updated against new industry standards and legislation.  Removal of Vinnies Services Referral Form template, and Wellbeing Response Plan as these are accessed and updated via SCIS

## Appendix 1: Definitions

22. Relevant definitions include:

Term	Definition
<b>Child-Centred</b>	Child-Centred practice prioritises the needs, safety, and wellbeing of children and young people in all services. Well-supported Parents/carers are essential to ensuring child safety and wellbeing. Any program involving children must be designed with children at the centre- recognising them as rights holders and able participants in their development and decision making. The Safeguarding Children and Young People Policy provides further guidance.
<b>Cisgender</b>	Cisgender relates to or being a person, whose gender identity corresponds with the sex the person had or was identified as having at birth.
<b>Choice and Control</b>	A person has the right to make their own decisions about what is important to them and decide how they would like to receive support.
<b>Division</b>	Division refers to a portfolio within Vinnies Services. They are Homelessness and Housing Services, Disability and Inclusion, and Health Services.
<b>Evidence-based Approach</b>	Evidence-based Approach integrates the best available research with professional expertise and Person-Centred Practice.
<b>Gender Diversity</b>	'Gender diverse' is an umbrella term that includes all the different ways gender can be experienced and perceived. It can include people questioning their gender, those who identify as trans/transgender, genderqueer, non-binary, gender nonconforming and many more.
<b>LGBTIQA+</b>	'LGBTIQA+' is commonly used to refer collectively to people who are lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual, and many other terms (such

	as non-binary and pansexual) that people use to describe their experiences of their gender, sexuality, and physiological sex characteristics.
<b>Person/people we assist</b>	Those people to whom the Society provides support through our services and programs who may also be referred to as clients, participants or residents depending on the nature of the service where the Society assists.
<b>Person-Centred Approach</b>	The Person-Centred Approach places the people we serve (including children and young people) at the centre of all policy, program/service planning, delivery, and decision making. It is respectful of and responsive to the preferences, needs, and values of the individual. It promotes, upholds, and respects individual rights to freedom of expression, self-determination, and decision-making about their lives.
<b>Holistic Approach</b>	A holistic approach means to provide support that looks at and understands the whole person, not just their ‘presenting problem’. The support the Society provides should consider their physical, emotional, mental, social, and spiritual wellbeing. Each person’s experience and perspectives on their own life, their challenges, and any viable solutions, will be influenced by their age, culture, heritage, language, ability, faith, sexual or gender identity, relationship status, family, life experiences and beliefs.
<b>Transgender</b>	An umbrella term for people whose gender identity differs from the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms - including <i>transgender</i> .
<b>Trauma-Informed Practice</b>	A framework for human service delivery recognises the prevalence of trauma in populations accessing community services. It acknowledges that respect, choice, and a sense of safety can contribute to trauma recovery. Trauma-Informed Practice also recognises the risk of vicarious trauma for staff and incorporates an understanding that staff wellbeing is key to providing quality care.
<b>SCIS</b>	SCIS is the Society’s Client Information System.
<b>Strengths-Based Approach</b>	A Strengths-Based Approach works with people we assist to identify and utilise their strengths and skills to achieve the person’s goals.

## Appendix 2: Vinnies Services Person-Centred Service Delivery Procedure

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1. This document provides a standard procedure for implementing the Society's Person-Centred Service Delivery Policy in Vinnies Services.

### Creating safe and inclusive environments

2. To support the creation of safe, inclusive, accessible, and discrimination-free services and programs, Managers and Team Leaders must:
  - review the accessibility and inclusivity of the services and programs they are responsible for and identify areas for improvement at least on an annual basis.
  - consider how the physical and social environment can be designed or adapted to:
    - consider the diverse backgrounds and experiences of the people we assist.
    - facilitate a person's engagement and empowerment.
    - promote communication.
    - minimise barriers to accessibility.
    - create an environment of safety and acceptance.
  - support employees and volunteers to cater for the individual needs of the people we assist, considering their feedback, strengths, diverse backgrounds, abilities, preferences, and support requirements.
  - ensure operational risks are recorded in the relevant risk register. Refer to the Society's Risk Management Framework for more information.



3. Employees and volunteers must:

- make reasonable adjustments to support the person's health, privacy, dignity, quality of life and independence within the scope of the service or program.
- provide access to information in a format, mode and language that is accessible to the person, such as:
  - adjusting the communication style
  - explaining documents to the person
  - engaging an interpreting service Translating and Interpreting Service (TIS) on 13 14 50 or National Relay Service 1800 254 649 (relayservice.gov.au)
- provide enough time and support for the person to consider and review the information and their options and for the person to seek independent advice if required.
- respect the diverse culture, gender identities, sexualities, values, abilities, and beliefs of the people we assist and discuss any goals or preferences the person has.
- not allow their own values, cultures, gender identities, sexualities, values, or beliefs to negatively impact the quality of support provided. Employees do this by regularly reflecting on their own values and seeking support if they feel unable to independently manage any conflicting values or beliefs.
- build positive and supportive relationships with the people we assist while maintaining professional boundaries.
- apply Trauma-Informed Practices as outlined in the Trauma-Informed Practice Policy.
- adhere to the Society's Code of Conduct and Safeguarding behaviours, which outlines acceptable and unacceptable behaviour. Refer to the Code of Conduct, Safeguarding Children and Young People Policy and Safeguarding Vulnerable Adults Policy for more information.

4. When organising or conducting meetings with the people we assist, employees and volunteers must:

- organise meetings or programs at a time and place convenient and comfortable for the people we assist, where possible.
- before the meeting, inform the person of the type of information to be discussed. As some discussions may be sensitive, providing this information in advance allows the person we assist to decide who they want present or to make appropriate preparations.
- discuss any support required for the assessment and planning process, such as a translator or support person/network, and ensure the person has any identified support people present whenever requested (e.g., family, friend, advocate, community member, service provider etc.)
- if the person is accompanied by children or young people, explain that the services process is to complete an assessment and planning for the child or young person either during the meeting or at an alternate time, according to service scope.
- conduct the discussion in a friendly and professional manner that makes the person feel welcome and builds a positive rapport.
- discuss any preferences the person we assist has regarding the employees or volunteers they work with. Where possible, make arrangements to meet the person's needs or preferences (e.g., cultural preference to work with staff of specific gender, and/or cultural or language group). Employees and volunteers must not assume a person's preferences based on a particular characteristic.

### Limiting access to women-only spaces

5. Employees and volunteers must take reasonable steps to create a safe environment for the people we assist. The Society recognises that women who have experienced domestic or family violence may feel vulnerable when there is a male presence. As a result, the Society operates several women-only spaces that are appropriate for women and, in some cases, non-binary people.

6. For this procedure, references related to men include cisgender men and transgender men and references related to women include cisgender women and transgender women.
7. For women-only spaces, Managers and Team Leaders must:
  - ensure women-only spaces are designed and evaluated in partnership with women.
  - ensure women requesting access to a service are provided with appropriate support.
  - ensure any non-binary people wishing to access these spaces are treated respectfully and provided with information and support. An eligibility or safety assessment may be carried out prior to provision of or access to a service. Support and information must be provided to the person seeking support regardless of the outcome of the assessment, to ensure they are able to seek appropriate and safe services that meet their needs.
  - limit the access of men to reduce the risk of triggering a response to previous trauma or harm.
  - only engage employees or volunteers who identify as women in women-only space in the service or program. The Society considers being a woman in these services a genuine occupational qualification for employment under Sec 31 of the Anti-Discrimination Act 1977 (NSW) and Sec 30 of the Sex Discrimination Act 1984 (Cth)
  - restrict access to the space through approved signage, restricted access cards or employee accompaniment. For some services such as domestic violence refuges, signage and location of the signage must be approved by the Manager of the service to prevent the disclosure of the service location.
  - if a male worker such as a male Vinnies employee, male emergency worker or maintenance worker requires access to women-only spaces, assess the risk and implement the appropriate arrangement. Appropriate arrangements may include providing the people we assist with notice of the worker's presence, providing an off-site alternative, limiting the workers' access to areas of the facility, or ensuring a female employee accompanies the male workers.
8. Employees and volunteers must ensure they take reasonable measures to support people seeking assistance at women-only services and programs. If a person does not meet the eligibility criteria for a women-only service or program based on their gender, implement the procedure outlined under the Referral, eligibility, and intake section below.

### Limiting Access to First Nations spaces

9. Where the Society provides First Nations Spaces in services to enhance cultural safety and improve service delivery to First Nations peoples and communities, services will ensure:
  - spaces are designed and evaluated in partnership with First Nations peoples.
  - access to the spaces is assessed in line with First Nations cultural practices and Lores (e.g., respecting cultural protocols when the space is used for Women's Business or Men's Business).
  - access for non-indigenous people may be limited when the presence of non-indigenous people would impact cultural practices.
  - decisions on limiting access for cultural reasons must be documented by the service, to ensure transparency in decision making and fairness.
  - staff and volunteers understand cultural safety principles and can apply them to ensure physical, emotional, and relational aspects of spaces are welcoming and safe for First Nations peoples.
  - staff and volunteers follow the Society's Cultural Protocols and other support strategies that make up the Society's Cultural Competency Framework.

### Risk and Incident Management

10. The risks related to the delivery of services and programs must be appropriately managed and documented. Employees and volunteers must:
- ensure operational risks are documented in the relevant risk register.
  - document risks related to the person we assist in a risk assessment, risk profile or Safety Plan
    - Homelessness and Housing Case management and accommodation Services must complete the Safety Plan in SCIS.
    - Health services must complete risk assessments at intake, comprehensive assessment, planning and transfer of care/discharge using the Safety Plan in SCIS.
    - NDIS-funded services must complete Client Risk Profiles.
    - Aged Care services must complete relevant risk assessments on Leecare
  - ensure the risk assessment, Safety Plan or Risk Profile is reviewed, if requested by the person, the person's circumstances change, following an incident, or according to the service's regulated review requirements.
  - ensure for all home or community visits, a risk assessment is complete to ensure the environmental risks are assessed and managed. Refer to the procedures in the Home Visit and Safe Outreach Policy and the Risk Management Framework for further information.
11. If at any time the person we assist expresses that they do not feel safe or an employee or volunteer is concerned about a person's safety or wellbeing, the employee or volunteer must:
- if it is an emergency, call emergency services on '000'.
  - if there are concerns about the person's safety or wellbeing while on a phone call or online teleconference, suggest the person moves to a safe place, call the person back at an appropriate time and report the incident to the Manager or Team Leader.
  - if the concern is related to a child, young person or a person who does not have the capacity, inform their Parent, Guardian, or support network as appropriate, or the Society's Safeguarding team if the risk is related to the caregiver.
  - respond, manage, and report the incident or disclosure according to the Society's Incident Management Policy, Safeguarding Vulnerable Adults Policy and/or Safeguarding Children and Young People Policy.
12. The Society requires employees and volunteers to report all incidents. The employee and volunteer must:
- respond, report, and manage the incident according to the Society's Incident Management Policy, and Open Disclosure Policy. This includes documenting all incidents and responses in the Integrated Risk Management System.
  - respect the dignity and privacy of the person we assist throughout the incident management and response.
  - ensure concerns related to children and young people, are reported to 18004SUPPORT (1800 478 776). Refer to the [Keeping Kid's Safe Domestic Violence flow chart](#) or the [Managing Concerns Flow Chart](#) and Safeguarding Children and Young People Policy for more information
  - ensure incidents related to a vulnerable adult such as a person with a disability or older person are reported to 18004SUPPORT (1800 478 776) and according to the Incident Management Policy and Safeguarding Vulnerable Adults Policy, and to the NDIS Quality and Safeguards Commission or Aged Care Quality and Safety Commission as required.

## Access and Intake

### Access

13. Directors and senior managers must:

- ensure clear and accessible information about the service are available and promoted to people we assist and the community.
- make reasonable adjustments to the service or environment to ensure people we assist can access the service and their rights, dignity, privacy, quality of life and independence are upheld.
- ensure any issues with access to the service (physical location or environment) are addressed or escalated to senior Leaders if necessary.

14. Employees and volunteers must:

- provide a welcoming first point of contact, and timely and person-centred communications to people seeking to access the service.
- report any issues with the service or environment that makes it difficult for people we assist to locate and access the service to their Manager or Team Leader.
- provide information to people we assist about their rights and responsibilities, and the terms of the service, including when support may be withdrawn.

### *Referrals*

15. People we assist may access assistance from the Society through a:

- self-referral: where a potential person we assist or Parent, Carer or Guardian contacts the Society or visits a service or program.
- internal referral: where Society members, volunteers or employees identifies a person seeking assistance and facilitates a referral on their behalf.
- external referral: where other services, advocates, Government agencies refer a person we assist to the Society.

16. If a service or program receives a referral from someone other than the person requesting assistance, the employee must contact the person seeking assistance directly to proceed with the referral. If the person we assist is 14 years of age and under or does not have the capacity to approve the referral, the employee must contact the Parent, Guardian, or other appropriate support person to ensure they agree to the support request. If risk to the child, young person or vulnerable adult is identified in the referral, contact the Safeguarding team for advice.

17. Referrals must be reviewed fairly against the service or programs eligibility criteria, the divisions' demand management protocol and the service or programs scope of service provision and funding requirements.

18. Employees and volunteers must take reasonable measures to assist a person no matter which service they first seek assistance. Assistance may include:

- calling '000' if it is an emergency.
- providing the person with assistance to meet their immediate support needs, which is in line with the divisions' guidelines and does not breach the safety or operational requirements of the service.
- connecting the person with an appropriate internal or external service.
- making reasonable temporary adjustments to accommodate the person until the person can be moved to a more suitable service or program, as appropriate.

### *Eligibility and Intake*

19. Directors and senior managers must:

- ensure the service documents and applies eligibility criteria that is fair, transparent, ethical, and consistent. The eligibility criteria must be developed according to the service's purpose, funding agreements and service specifications, and availability and experience of staff and services.

- ensure clear and accessible information about the service eligibility criteria and any costs are available and promoted to people we assist and the community.
- ensure that each service has a process for managing situations where support requests exceed the service or program capacity. The Director or delegated senior manager must maintain and implement a demand management protocol which:
  - applies a Person-Centred Approach.
  - prioritises the people we assist with the greatest needs, where appropriate.
  - includes a waiting list or referral process, as appropriate for the service.
  - identifies any significant risks to the person while waiting for access to the service and, where necessary to support the person's safety and wellbeing, provide an immediate referral to another service or provide telephone/online support prior to intake.
  - considers the demand on the service, resource allocation and risk management.

20. Only employees who are appropriately experienced and/or qualified and responsible for assessing eligibility and intake should complete the following process. The intake employee must:

- provide the person we assist with immediate support, in line with the divisions' requirements while maintaining the safety and wellbeing of the person, other people we assist and employees and volunteers in the service or program.
- request consent to record the persons' information in the Society's electronic data system (e.g. SCIS, Microsoft Teams etc.) and share this information with the identified internal or external referral. If a person is 14 years of age or under or is not willing or does not have the capacity to provide consent, the person's Parent or Guardian must be contacted for consent.
- complete the service or program's eligibility criteria and divisions' intake requirements.
- consider the risks involved by:
  - assessing the risks including the safety and wellbeing of the person we assist, the type of facilities required or the risk to other people accessing the service and implement relevant risk mitigation strategies.
  - consulting their supervisor or leader for guidance on any significant risks.
  - where the risk is manageable, implement the appropriate controls to accommodate the person or refer the person we assist to another internal or external service.
- provide information regarding the different services, programs and support available in a format, mode and language easily understood by the person and discuss any eligibility requirements.
- support the person to decide on the service they would like to access and connect them to the relevant service.

21. Employees working in Vinnies Alcohol and Other Drug Services must refer to the Society's AOD Model of Care, which reflects the Clinical Care Standards intake process outlined in the NSW Health, Clinical Care Standards: Alcohol and Other Drugs Treatment 2020.<sup>1</sup>

22. Employees working in NDIS Services must ensure that a Service Agreement is documented for each person. Employees must ensure the Service Agreement is:

- developed in collaboration with the people we assist and clearly explains the support being delivered and any conditions.
- include arrangements for providing support in the event of an emergency or disaster.
- communicated to the people we assist in a language, format, and mode they can understand.

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<sup>1</sup>NSW Health, Clinical Care Standards: Alcohol and Other Drugs Treatment 2020  
<https://www.health.nsw.gov.au/aod/Pages/clinical-care-standards-AOD.aspx>

- signed by the person and the service or program and a copy is provided to the person we assist. Where it is not practicable, or the person we assist chooses not to have a Service Agreement, the reason an agreement was not made must be recorded on the person we assist's file.
23. For NDIS participants in Accommodation Services, the Service Agreement must also include information on:
- how a person we assist will be communicated with.
  - how potential conflict will be managed.
  - how changes to a person's circumstances or support will be agreed on and communicated.
  - for shared living, include how vacancies will be filled, the rights of people to have their needs and preferences met, and how behaviours of concern that put tenancies at risk will be managed.
24. For Aged Care Services, an Aged Care Assessment Team (ACAT) assessment must be completed before the person is accepted into a service, in line with the Australian Government Department of Health's My Aged Care requirements. <https://www.myagedcare.gov.au/assessment/apply-online>

## Rights and Responsibilities

25. When engaging with a service or program, the person we assist must be informed of their rights and responsibilities. The employee or volunteer must:
- communicate with each person in the language and mode of communication relevant for them, and using terms that the person is most likely to understand.
  - determine the most appropriate time to discuss the person's rights and responsibilities, this may be completed at the time of entry to a service or soon or as soon as possible after, or before engagement with a program.
  - discuss with the person their rights and responsibilities while engaged with Vinnies Services, provide the person with a copy of the Charter of Rights and Responsibilities, and clarify any questions. The version of the Charter for young people should be provided to children and young people.
  - discuss any house or service rules or requirements such as Service Agreement, Protocol for responding to unacceptable behaviours and behaviours of concern.
  - explain requirements to engage in case management and explain the service's protocol for non-engagement, as required.
  - offer the person we assist support from a relevant interpreting service, Translating and Interpreting Service (TIS) on 13 14 50, National Relay Service 1800 254 649 ([relayservice.gov.au](http://relayservice.gov.au)), as required.
  - document the conversations and agreements in the person's file (e.g., SCIS, Teams, LeeCare etc)

## Comprehensive Assessment

26. A comprehensive assessment is completed to understand the support required. The comprehensive assessment is specific to the service or program and may not be required depending on the service or program being delivered and the length of support.
27. Where required, employees must complete a comprehensive assessment when a person first enters a service or as soon as possible after entry.
28. During the assessment, the employee must:
- refer to the information gathered in the intake process, to avoid the person having to retell their story or repeat the information.
  - complete the division's comprehensive assessment process, which is aligned with the service/programs funding requirements and external standards.

- obtain consent to collect information about the person and who this will be shared with; for example, statistics will be shared with funding bodies.
- respect the dignity and risk of the person we assist in choosing or preferring not to answer all assessment questions. The people we assist should be informed if not answering any questions may affect their eligibility for support.
- discuss the person's needs, goals, preferences, and support required within different areas of the person's life and any risks to the person we assist, other people we assist and employees and volunteers.
- discuss support required regarding behaviour support, restrictive practices, medication, or other assistance, with the person we assist or their support network, if required.
- record relevant information in the person's electronic file on Microsoft Teams, SCIS or another ICT platform.

29. The person we assist should be encouraged to participate in the conversation, express their opinions, and make choices and decisions about their support. Sufficient time and support must be provided for the person to consider the information and their choices, including additional meetings if necessary, and the attendance of support network, advocate or another representative identified by the person. In situations where this is not possible with a support person present, the employee should organise an additional meeting between the person we assist to clarify or confirm the information provided.

## Planning

30. For services that require a support plan or case plan, suitably experienced employees will lead the planning process and must:

- utilise the division's support plan or case plan template.
- develop the plan with the person we assist, ensuring their choices and decisions are reflected, and any relevant support person/network is involved.
- ensure a support plan or case plan is developed for each child and young person, where appropriate. Refer to the section below on additional requirements for planning for children and young people.
- utilise the information gathered in the intake and comprehensive assessment.
- provide the person we assist with information, sufficient time, and support to consider the options of support, service, programs available including any eligibility criteria, possible costs, potential outcomes, and any risks.
- make changes to plans at any time due to requests, changed circumstances or decisions by the person we assist.
- discuss their emergency contact or communication plan if the person suddenly disengages from the service or is unable to be contacted.

31. Employees must ensure the support plan or case plan:

- outlines the person's needs, goals, preferences, strengths, and support required to develop the persons' skills, capacity, and resilience.
- outlines timeframes to achieve goals and, where possible, provide measurable outcomes.
- aligns with the service or programs funding requirements or external standards.
- identifies the role or support that the Society, other services, partners, family, and friends in the planning and delivery of support.
- is written in plain English to ensure the plan is accessible and understood by those involved.

32. Once the support plan or case plan has been developed, the employee must:

- obtain and record the person we assist's consent to the plan.

- if the person is 14 years of age or under or is not willing or does not have the capacity to provide consent, obtain consent from the Parent or Guardian. The Parent or Guardian must be provided with a signed copy of the plan.
  - provide a copy of the plan signed by the person and the service or program to the person we assist, and to the person's identified support network, if the person we assist provides consent.
  - not undertake actions that the person has the capacity to complete themselves, at that point in time. The people we assist should have ownership over their plan, where possible, and be encouraged to implement actions in a supportive environment to encourage learning, skill development and resilience.
33. Employees must collaborate with external and internal services or support networks to meet the person we assist needs, as required and if consent is provided to share information.
34. Employees must support the people we assist to consider the risks and benefits of their decisions while maintaining the Society's duty of care. Refer to the Dignity of Risk and Duty of Care Policy for more information.
35. For NDIS services, employees must also:
- ensure that if the person we assist does not have a support network, that the person is provided with information on how to access an independent advocate.
  - make reasonable efforts to accommodate the people we assist in selecting their workers, including the preferred gender of workers providing personal support.
  - if the person, or the person's Parent or Guardian, requests support for: Behaviour Support, Restrictive Practices, support in managing or administering medication, support related to money handling, or High- Intensity Daily Personal activities, apply the relevant policy. Refer to the Behaviour Support Policy, Restrictive Practices Policy, Medication Policy or Personal Belongings and Money Policy, Tracheostomy Policy, or Enteral Feeding Policy for more information.
36. Employees working in Vinnies Alcohol and Other Drug (AOD) Services must also follow the planning elements outlined in the Society's AOD Model of Care.
37. Employees working in Vinnies Health Services must:
- ensure the person we assist's treatment plan is recorded in the patient record system, Best Practice
  - provide medical care which adheres to the person we assist's treatment plan.
38. Employees working in Aged Care Services must ensure the initial and ongoing assessment and planning for care and services, focuses on optimising health and well-being in accordance with the person we assist's needs, goals, and preferences. Employee must ensure all information is recorded the person we assist's file within the Lee Care system.

*Additional planning requirements for children and young people*

39. The comprehensive assessment and planning process for children and young people must be individualised, age-appropriate and conducted by an appropriately qualified and experienced employee. The process supports early detection for any child or young person's developmental, emotional, educational, or housing needs and ensures appropriate support or referrals can be made.
40. The Society acknowledges that Parents or Guardians have primary responsibilities for the development, and wellbeing and safety of their children. Employees must ensure that the comprehensive assessments, development of plans, and decisions on the service or programs are conducted with the Parent or Guardian and the child, wherever possible.



41. Children and young people have a right to be involved in a decision that affects them. Children and young people must be involved in decisions appropriate to their age and developmental stage. Employees must support children and young people's participation in decisions that affect them by ensuring:
  - children and young people aged 9-11 years of age are involved in the planning process.
  - children 12 years of age and older are involved in making decisions that affect them.
  - young people 14 years of age and older, who are willing and have the capacity are supported to complete the comprehensive assessment, planning process and provide consent to the plan or services without their Parent or guardian present. Refer to the Consent section of the Person-Centred Service Delivery Procedures for more information on capacity.
42. Assessment support plans or case plans should be developed for children and young people engaged in our services to ensure their individual needs are understood and supported. If a child or young person engaged in our services, whether accompanied or unaccompanied by an adult, is accessing a service for more than 14 days, a support plan or case plan must be developed for the child or young person.
43. Separate case plans for children under 12 years of age are not required in for Social and Affording Housing Fund Services (SAHF). However, children should be included in the Parent's support plan or case plan.
44. If a person we assist has children, but the children are not in contact with the Society or are supported by another organisation, assessment and planning should not be undertaken with the children. However, a note regarding the child or young person's arrangement should be made in the person we assist's file. In addition, names, and dates of birth of children should be included in the Parent or Guardian's file.
45. Employees must report any concerns regarding the safety and wellbeing of a child or young person according to the Society's Safeguarding Children and Young People Policy.

## Continuity of support

46. The Society will ensure the people we assist are provided with timely and appropriate support. Managers and Team Leaders must guide employees and volunteers on implementing measures to ensure the continuity of support for the people we assist.
47. Employees must make every effort to ensure the continuity of support to the people we assist. Employees must:
  - ensure the day-to-day operations continue, and avoid disruptions to service delivery, where possible
  - implement the divisions' Business Continuity Plan for Critical or Major Incidents
  - ensure that if operational disruptions impacting the people we assist occur that:
    - the people we assist, and any relevant support people/networks, are informed and communication is ongoing until the interruption, changes, disaster, or emergency is over.
    - any additional or alternative arrangements for support are made to continue support, and they are explained to the person and their support network and agreed on.
    - where possible, appointments with the person are kept, even if staff are unexpectedly absent.
    - where appointments cannot be kept, the person is notified as early as possible and receives an apology for any inconvenience.
  - ensure the person we assist's file, including their support plan or case plan, is up to date.
  - ensure that if the person's support worker or case manager is absent that a suitably qualified and experienced employee fills their role.
48. Services and programs must ensure that service is not withdrawn based on a person's decision related to the dignity of risk unless it breaches the Society's duty of care. See the Dignity of Risk and Duty of Care Policy for further information.

49. If a person we assist chooses not to engage in assessment or planning process, the Society may not be able to accommodate the person, refer to the division's non-engagement process, as required.
50. If a person we assist is temporarily suspended from accessing a service or program employees must support the person to understand the reason for the decision, continue supporting the person or identify an alternative internal or external arrangement for support. NDIS services must support the person to find an alternative service.

## Responding to unacceptable behaviours and behaviours of concern

51. Each Vinnies Services division is responsible for ensuring a consistent and appropriate approach to responding to people we assist's behaviours in its services and programs. The Director must ensure a Protocol for responding to unacceptable behaviour or behaviours of concern is developed for their area of responsibility and is informed by the Behaviour Support Policy and the Charter of Rights and Responsibilities for People we Assist.
52. The Protocol for responding to unacceptable behaviours or behaviours of concern must:
  - consider relevant industry standards or requirements for particular services. NDIS-funded services must follow NDIS Practice Standards for behaviour support.
  - consider the safety and wellbeing of the person, other people we assist and employees and volunteers.
  - be communicated to the person we assist at the start of their engagement with the service or program, including under what circumstances support may be withdrawn or behaviours that may result in a temporary suspension from accessing the service.
  - align with the principles of the Trauma-informed Practice Policy, Behaviour Support Policy, Restrictive Practices and the Dignity of Risk and Duty of Care Policy, Safeguarding Children and Young People Policy and Safeguarding Vulnerable Adults Policy, as applicable.
  - take a Person-Centred and Trauma-Informed Approach
  - support a culturally safe, supportive, and respectful environment that encourages appropriate behaviours.
  - address the behaviours of the person we assist rather than making assumptions about the person.
  - consider where appropriate, how to maintain support for the person while addressing the behaviour.
  - seek to understand the person's behaviour within the broader social and environmental context and respond appropriately, such as changes within the service environment or interpersonal conflict.
  - only use restricted practices in line with the Restricted Practices Policy.
  - be reviewed every two years or as required more frequently due to regulatory requirements or practice changes.
53. If an incident involving unacceptable behaviour or behaviours of concerns occurs, the employee must:
  - respond, manage, and report the incident according to the Society's Incident Management Policy
  - address the person's behaviour in line with the division's Protocol for responding to unacceptable behaviours or behaviours of concern.
  - seek support from the Manager or Team Leader regarding management of the situation or implementation of the division's Protocol for responding to unacceptable behaviours or behaviours of concern.
  - where a temporary suspension of access to a service or program may be required, complete a risk assessment considering:
    - the physical and emotional safety of the person, other people we assist, employees or volunteers within the service or program and the Society's duty of care.

- how the person we assist will access support to ensure continuity e.g., providing case management off-site, providing information about or referrals to other services, supporting people to access more appropriate services, or other amendments to support or location.
- where services or programs are co-located, the location lead, in consultation with the other service or program, will complete a risk assessment and identify how the person can access support and seek approval from the Director.

54. The Director or senior manager must:

- approve the risk assessment and proposed action, including any action to temporarily suspend a person from accessing a service or program.
- if the person we assist requests assistance at a later date, review the suspension and associated risks, in liaison with the Manager or Team Leader.

55. Following an incident, the employee or volunteer must meet with the person we assist to discuss their behaviour, the risk to the person or others, the impact, consequences, and appropriate behaviour, where safe to do so. It may be appropriate for an employee or volunteer who was not involved in the situation to meet with the person in some situations. Where meeting with the person we assist may present a risk to employees, volunteers, or other people we assist, the person will be contacted by email or phone regarding the incident and consequences.

56. The Manager and Team Leader must ensure Behaviour Support Plans are developed for children, young people, older people we assist, or people we assist with a disability, in line with the Behaviour Support Policy and Restrictive Practice Policy.

57. If a person we assist regularly demonstrates challenging behaviours, the employee must ensure a Wellbeing Response Plan, Behaviour Support Plan, or Safety Assessment is developed, as appropriate. The plans support the person we assist to identify their triggers, behaviours displayed, and strategies that can support them. The employee or volunteer must:

- work with the person we assist to complete the Wellbeing Response Plan or Behaviour Support Plan or complete a Safety Assessment, as required by the division.
- identify strategies that will ensure the safety of the person, other people we assist and employees and volunteers.
- explain that the plan may be used by employees and volunteers people working with them.
- ask the person to provide consent for the Wellbeing Response Plan, Safety Assessment or Behaviour Support Plan, provide the person with a copy and ensure a copy is recorded in the person we assist's file on the approved Society electronic system (e.g. SCIS, LeeCare).
- ensure any Behaviour Support Plan is developed, implemented, and reviewed in line with the Behaviour Support Policy.

## Referral to other services

58. The Society provides internal and external referrals to connect the people we assist with the appropriate support. Referral points may include:

- internal services, programs, conferences, or Vinnies Assist.
- external services, such as:
  - health professionals including psychologists, general practitioners, and community clinics
  - Centrelink
  - tenancy advice or advocacy service
  - community legal service or financial counsellors
  - employment services
  - alcohol and other drug services

- education and training programs
- cultural services
- other NDIS providers
- specialist services for children and young people.

59. Vinnies Assist connects the people we assist with the appropriate service or program based on a person's request or information provided.
60. When a referral is made, the employee or volunteer must:
- provide relevant information related to the person we assist, including support requests and assistance provided by the Society, to the external service or programs.
  - obtain consent from the person we assist, or as appropriate, the person's Parent or Guardian to share information with both internal and external services and programs.
  - after a referral, ensure follow up is completed with the person.
  - record information about the referral and any follow up in the person's electronic file (e.g., on Microsoft teams, SCIS etc.).
61. To strengthen the wrap-around support and referral pathways, employees, and volunteers:
- seek to understand the services or programs provided by other areas of the Society.
  - build cooperation between services, conferences, and external service providers.
  - strengthen referral pathways between internal services and conferences to ensure a smooth transition and access to support.

## Review

62. The person we assist's support plan or case plan must be reviewed according to the division's requirements. A review may be completed earlier or more regularly if requested by the person we assist, Parent or Guardian or as determined by the relevant Director or relevant legislation. The employee working with the person we assist must:
- conduct the review with the person we assist and encourage their feedback.
  - ensure if the person is 14 years of age or under or is not willing or does not have the capacity to provide consent, the person's Parent, Guardian, or support network is involved in the review process and encouraged to provide feedback.
  - acknowledge and celebrate the person we assist achievements/outcomes.
  - consider what is and what is not working in the support being provided.
  - discuss the person's goals, any barriers and how to address these and any new goals they have.
  - identify if the current services or programs are still suitable and update the plan, where applicable
  - ensure that the new plan is aligned to any funding guidelines of service provision or relevant external standards. Service provision outside of the funding scope may also be included and should be accompanied by an internal or external referral.
  - review and update the risk profiles or risk assessment related to the person's support plan.
  - provide the person with a copy of the updated plan, signed by the person and the service or program.
  - ensure notes from the meeting and signed copy of the updated support plan or case plan are recorded in the person's electronic file (e.g., on Microsoft Teams, SCIS, LeeCare etc.).
63. Employees working in Vinnies Alcohol and Other Drug Services must utilise the relevant AOD outcome tools to monitor the treatment progress and outcomes. See the AOD Model of Care for more information.

## Transfer of care and exit

64. If a person we assist exits or chooses to disengage from one of the Society's services or programs. Employees and volunteers must:
- respect the person's decision.
  - make reasonable attempts to contact the person we assist if they suddenly disengage.
  - provide the person with options for re-engaging with the Society or offering the person a referral to an alternative service provider, as required.
65. If a transfer of care or exit from a service is required, the employees and volunteers must:
- discuss the idea of a transfer of care or exit with the person we assist.
  - plan the transfer of care or exit in collaboration with the person we assist, and Parent or Guardian, support network, where relevant.
  - provide information regarding alternative internal or external services and support with the person we assist to make an informed decision. Identify any support the person requires for the transfer of care or exit.
  - document the plan for the transfer of care and provide a copy of the agreed plan to the person we assist, Parent, Guardian, or support network and record on the person's file.
  - provide clear communication and support to the individual through the transfer of care process to reduce any concerns and provide a seamless transfer.
  - where the person is being transferred to another service or program:
    - complete the division's referral form for either an internal or external service or program.
    - ensure relevant information related to the person we assist, including support requests and assistance provided by the Society, is provided to the external service or programs. The people we assist or, as appropriate, the Parent or Guardian must provide consent for the information being shared.
    - document any risk associated with the transfer and implement appropriate risk mitigation strategies.
    - for Health Services, utilise the Transfer of care and/or discharge summary template.
66. For Health Services, the transfer of care or discharge must be planned with the person we assist during the comprehensive assessment and planning phase. Employees must also ensure that the person we assist, and the new provider (if relevant) is given:
- a detailed transfer of care plan or discharge summary including treatment provided.
  - details of the outcomes and ongoing treatment needs.
67. Employees working in Vinnies Alcohol and Other Drug Services must also follow the Society's AOD Model of Care.
68. If a person we assist re-engages with a service or program, the person's file may be re-opened where possible. Employees or volunteers must review existing documents related to the person we assist, including the person's file, any risk assessment, support plan or case plan with the person and update as required.
69. If a person we assist is temporarily suspended or exited from a service or program due to unacceptable behaviour or behaviours of concern, apply the procedures within the Responding to unacceptable behaviours or behaviours of concern section.
70. If a person we assist, their Parent or Guardian disagrees with a decision regarding the service provision, they can appeal the decision by contacting the Manager, Area Manager, Regional Manager or Director.

71. If there are concerns regarding the Society's service delivery, the person we assist, or their identified support network are encouraged make a complaint to the Society. Refer to the Society's Feedback and Complaints Policy for more information.

### Disengagement of people we assist accompanied by a child or young person.

72. If a person we assist who is accompanied by a child or young person suddenly disengages from a service, an assessment must be made regarding the safety and wellbeing of the child or children and reported as required:
- using the ChildStory Reporter website or
  - to Departments of Communities and Justice or the Child Protection Helpline (132 111). Refer to [Keeping Kid's Safe Domestic Violence flow chart](#) and the [Managing Concerns Flow Chart](#) for guidance
  - to the Safeguarding Team, call 1800 4 SUPPORT (1800 478 776) and [submit](#) a safeguarding report via the Society's Integrated Risk Management System (IRMS).

### Consent

73. A person must be presumed to have capacity to provide consent unless determined otherwise. A person may have the capacity if they can: understand the facts involved in the decision, understand the choices that exist, weigh up the consequences of each choice, understand how the consequence will affect them and communicate their decision. For more information, refer to the NSW Government Community and Justice Capacity Toolkit for further guidance<sup>2</sup>.
74. Employees and volunteers must obtain and document in the person's electronic file consent for:
- collecting, using, and retaining their personal information, who this will be shared with and the reason; for example, statistics will be shared with funding bodies, support networks, government agencies or other providers. See the Privacy Management Policy for more information.
  - the services and programs the person will access.
  - their support plan, case plan, Service Agreement, Safety Plan, Behaviour Support Plans or Wellbeing Response Plan, as relevant.
  - referral made to Vinnies Services on their behalf.
  - referrals made by Vinnies Services to internal or external service or program and any information about the person we assist that will be shared.
  - medication arrangements, medical procedures, or treatment, unless it is an emergency.
75. Employees and volunteers must obtain consent from Parent or Guardian consent for support plans or case plans, services and referrals related to children and young persons 14 years of age or under or if not willing.
76. A young person aged 14 years and older may provide consent for their support plan or case plan, service, or referrals if the young person if they are willing and have the capacity to provide consent. Refer to the planning for children and young people section for more information. For further advice regarding consent or working with children and young people, contact the Society's Safeguarding team.

### Record keeping

77. Employees and volunteers must keep records related to the people we assist:
- if they are 18 years of age and over, for a minimum of seven years from the date of their last contact with the Society, as noted in the person we assist's file.
  - if they are under 18 years of age, until the person turns 25 years of age.

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<sup>2</sup> [https://www.justice.nsw.gov.au/diversityservices/Pages/divserv/ds\\_capacity\\_tool/ds\\_capacity\\_tool.aspx](https://www.justice.nsw.gov.au/diversityservices/Pages/divserv/ds_capacity_tool/ds_capacity_tool.aspx)

- is managed in line according to the Society's Records Management Policy, Records Retention Schedule, and Privacy Management Policy.
78. The Society will permanently retain records and reports related to the safety and wellbeing of children and young people.
79. If a person leaves or disengages from the Society, the person we assist's file will be closed.
80. Employees and volunteers must ensure all information in the person we assist's file:
- is stored within a secure platform used by the service. Current platforms include SCIS, Microsoft Teams, Lee Care, Best Med or Best Practice.
  - documents the person we assist story, services, and programs being accessed including the person's support plan or case plan.
  - personal information is updated if the person we assist details or information changes.
  - is written in plain English and is respectful and factual, in line with the [File Notes Fact Sheet](#).
81. A person we assist may request access to their personal information, support plan or case plan. Refer to the Privacy Management Policy for more information.

## Confidentiality

82. Information in the person's file will be treated as confidential and stored securely according to the Privacy Management Policy and Record Management Policy.
83. The Society may share information if required by law to disclose information, including subpoenas, and reporting to external authorities or bodies to meet our duty of care. Refer to the Privacy Management Policy and the Safeguarding policies for more information.

## Feedback and continuous improvement

84. The Society is committed to providing a transparent feedback and complaints management system that is accessible, responsive, efficient, fair, and integrated into the organisation's culture.
85. Employees and volunteers must:
- respond to, report, and manage feedback and complaints according to the Society's Complaints and Feedback Policy.
  - participate in continuous improvement processes.
  - participate in reflective practice opportunities.
86. Managers and Team Leaders:
- must ensure the people we assist, Parents, Guardians or identified support network have opportunities to provide feedback on the Society's services, programs and relevant policies and procedures. Feedback may be gathered in a variety of ways including feedback forms, individual plan reviews, surveys, direct feedback, group discussions or focus groups involving the people we assist or their family or support networks as appropriate and should be considered as part of continuous improvement.
  - must complete regular audits of people we assist support plans or case plans, file content and case notes with the relevant employee to identify any areas for improvement, using the divisions' audit tool.
  - are encouraged to regularly facilitate reflective practice sessions on Person-Centred Service Delivery to identify strengths, ideas, and reflection of current practice in their work and identify areas for continuous improvement.

87. Directors must regularly review the service and programs within their responsibility to identify and action opportunities for improvement.