Feidhmeannacht um Dhaoine ar Easpa Dídine Réigiún Bhaile Átha Cliath
Dublin Region Homeless Executive

NATIONAL QUALITY STANDARDS FRAMEWORK FOR HOMELESS SERVICES IN IRELAND

Quality Assessment & Improvement Workbook

Dublin Region Homeless Executive

The Housing (Miscellaneous Provisions) Act 2009 provides a statutory structure to address the needs of people who are experiencing homelessness in Ireland. The Act outlines a statutory obligation to have an action plan in place and the formation of a Homelessness Consultative Forum and a Statutory Management Group.

In the Dublin region, the Dublin Joint Homelessness Consultative Forum and Statutory Management Group are in place to respond to homelessness across the four Dublin local authority areas. The Dublin Region Homeless Executive is responsible for providing support and services to the Dublin Joint Homelessness Consultative Forum and the Statutory Management Group via Dublin City Council, as the lead statutory local authority. It adopts a shared service approach across South Dublin County Council, Fingal County Council and Dúnlaoghaire- Rathdown County Council.

Supporting the HIQA National Standards For Safer Better Healthcare.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

INTRODUCTION

Welcome to the National Quality Standards Framework for Homeless Services "Assessment and Improvement Workbook". This workbook has been developed to support services in implementing the National Quality Standards Framework during Phase 3 of the implementation process. Phase 3 will begin on January 1st 2017 using this revised format, in order to align reporting processes for Department of Housing Planning Community and Local Government (Section 10) funded services with reporting requirements for HSE (Section 39) funded services. It is important to note that all aspects of the NQSF used in Phase 2 have been kept, but reformatted in line with HIQA National Standards for Safer Better Healthcare and learning from the HSE Quality Assessment and Improvement Tool which is used as a resource in facilitating assessment against the NSSBH.

This Phase 3 Workbook will support homeless service providers in preparing for internal assessment of quality in the delivery of their services. The core aim of the NQSF project is to support a model of continuous quality improvement within homeless services in order to improve outcomes for service users.

Changes from Phase 2 format to Phase 3 format:
There are 8 themes, each containing a number of standards. Each **Standard** has an **Essential Element** of Quality under each Theme. The Essential Elements are specific, tangible translations of the National Quality Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Standard (see Fig 1: Quality Improvement Continuum**)**. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The content within each Level are guiding prompts to what a service should be achieving at that Level and are not specific criteria that must be in place. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous level have been achieved before you move to the next level.

Fig 1: Quality Improvement Continuum:

Emerging Improvement (EI) → Continuous Improvement (CI) → Sustained Improvement (SI) → Excellence (E)

Increasing organisational maturity and sustainability
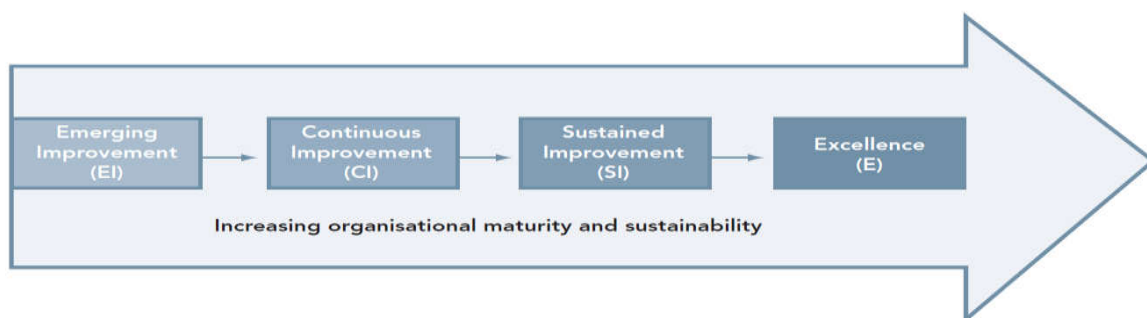
The 4 levels of quality are described in Fig 2: Levels of Quality.

Fig 2: Levels of Quality

LEVELS OF QUALITY

Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes.
Continuous Improvement (CI)	There is significant progress in the development, implementation and monitoring of improved quality systems.
Sustained Improvement (SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice.
Excellence (E)	The service is an innovative leader in consistently delivering good patient experience and excellent quality care.

A list of **Examples of Evidence** is provided for each Standard's Essential Element to support you in verifying your selected Level of Quality for each Essential Element. This list is intended as a guide and services can include **Additional Evidence** that better supports their selected level.

Similarly services may provide **Additional Information** to contextualise / support their assessment:

- Structures and processes in place and how they have been evaluated
- Strategies and plans developed and implemented
- Risks identified and improvement actions taken
- Challenges to progressing to higher levels of quality
- Outcomes achieved and examples of good practice.

The key output of this assessment is the development of a cyclical **Quality Improvement Action Plan** which seeks to improve the quality of your service.

The key components of the NQSF which were used in Phase 2 have been reformatted directly into this structure as outlined in Figure 3: Outline of Phase 2 changes to Phase 3.

Figure 3:   Outline of Phase 2 changes to Phase 3 format

NQSF Phase 2: Key components	Phase 3 format
8 Themes	No change
27 Standards	No change
Summary of Standard	Essential Element
Outcomes	What a Service User can expect when a homeless service is meeting these standards
Key Features	Guiding Prompts: Levels of Quality x 4
Process Indicators	Reduced list to Lead LA each quarter, also HSE KPIs
Monitoring Checklist	Examples of evidence to verify selected level of quality
Service User Experience	Across Guiding Prompts: Levels of Quality x 4
Add your own Evidence	New
Additional Information	New
Quality Improvement Plan	New

An overview of the steps within the assessment process for the National Quality Standards for Homeless Services is illustrated in Figure 4.

FIGURE 4: OVERVIEW OF ASSESSMENT PROCESS

8 Themes

Select a **Theme** to commence assessment

View **Standards** under chosen Theme

Select a Standard to assess

View **Essential Element(s)** of Quality

Review Guiding Prompts for this Essential Element

Select **Level of Quality** for Essential Element

Select & provide **evidence** to support the selected Level of Quality, from the list provided, or add your own evidence examples

Provide **additional information** for the Essential Element and selected Level of Quality

Identify **Improvement Actions** in relation to this Essential Element, for the Quality Improvement Plan

Continue assessment against next Essential Element/ Standard/Theme

Quality Improvement Plan

Quality Improvement is a continuous process

It is recognised that implementing these standards and developing a comprehensive Quality Improvement Plan may be challenging, and require significant effort by service providers. Therefore a guiding principle of the framework is to create a process of continuous quality improvement. As a guide it is expected that services will develop a schedule for completing assessments of all 8 themes within a timeframe that is feasible for them. This could be one or two themes per quarter, which would see a comprehensive cyclical Quality Improvement Plan in place and reviewed in totality every one or two years.

THEME 1: PERSON CENTRED SERVICES

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE
1.1 The rights & diversity of each service user are respected and promoted.	1.3 SUs experience healthcare which respects their diversity and protects their rights 1.2 SUs have equitable access to healthcare services based on their assessed needs	Rights & diversity of Service users	• Services are delivered within a framework of equal opportunities and anti-discriminatory practice.
1.2 A culture of service user involvement is evident in practice and the service users' needs and views are sought and responded to at all levels of planning and delivery.	1.1 The planning, design and delivery of services are informed by SUs identified needs and preferences 1.4 SUs are enabled to participate in making informed decisions about their care	Culture of service user involvement	• There is evidence of service user involvement at every level of planning and service delivery.
1.3 Service users' complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.	1.8 SUs complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process	Service user complaints & concerns	• There is service improvement through fair and transparent processing of complaints.

1.4 Service users exercise choice and autonomy in their daily lives and in accordance with their preferences.	1.6 SUs dignity, privacy and autonomy are respected and promoted 1.5 SUs informed consent to care and treatment is obtained in accordance with legislation and best available evidence 1.9 SUs are supported in maintaining and improving their own health and wellbeing	Service user choice & autonomy	• Service users have their choices and autonomy respected.

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NATIONAL QUALITY STANDARDS FOR HOMELESS SERVICES

STANDARD 1.1	The rights and diversity of each service user are respected and promoted.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Service users are treated with dignity and respect, their equality is promoted and the service respects their age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or whether they are members of the travelling community. - Services have anti-bullying practice, policies and procedures in place. - Service users are assisted to understand and exercise their rights & responsibilities. - For services that work with families: a. Children have their rights, and plans for them, explained to them in an age-appropriate way. b. Children's needs and perspectives are heard and considered in relation to plans for their family. c. Children are facilitated in exercising their rights. - Service users have a fair and equal opportunity to access homeless services: a. Services have a clear admissions policy and referral processes. b. Services state clearly in writing any exclusionary criteria that apply to service provision. c. Service users receive a written explanation communicating the grounds of any refusal of service and how they can appeal the decision. d. Service users are advised of alternative services appropriate to their needs, which they may be able to avail of. e. Services record the reason for any refusal of service and offer any person who has been excluded a reassessment if their circumstances change. - Service users' rights under all relevant current Data Protection and Freedom of Information Acts are understood by management, staff, volunteers, students and service users. - Services facilitate access to advocacy services at the service user's request.	☐

Continuous Improvement (CI)	• Services implement strategies to promote and improve inclusiveness under all the pillars of equality legislation (age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs or member of the travelling community). • Referral criteria are reviewed regularly to ensure they are consistent with the vision, mission and objectives of the service. • Staff receive training on rights, diversity & equality.	☐
Sustained Improvement (SI)	• Written communication is made available in accessible formats and appropriate to any special requirements of the service user's communication needs, as far as is practicable. • Service user feedback is sought and used to improve service delivery. • Analysis of implemented strategies informs service delivery. • Policies and processes are regularly reviewed, and changes are communicated throughout the organisation.	☐
Excellence (E)	• The service learns from National & International models and approaches. This learning informs practices within the service, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 1.1)

EXAMPLES 1.1

- There is a service user rights charter.
- The charter clearly conveys the level of service the service user can expect.
- The charter is written in clear and easily understood language.
- The charter is clearly on display in communal areas in each service facility in the organisation.
- The charter is part of induction training for staff.
- There are rights and diversity policies in place.
- Training records.
- Diversity policy is part of induction training for staff.
- Staff can demonstrate an understanding of the policies and procedures.
- There is a review process for these policies and procedures.
- Policies and procedures available in plain English and formats suitable for the service user group.
- The service has an equal status statement.
- The service has clear referral procedures.
- The service has a clear target group(s).
- Exclusion policy in place.
- Can refusal of service be fully explained.
- Advocacy services are in place.
- The service & it's programmes and practices comply with The Equal Status Act.
- Information is available in other languages.
- Service users have access to an interpreter if required.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 1.2	A culture of service user involvement is evident in practice and the service users' needs and views are sought and responded to at all levels of planning and delivery

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• Services make accessible information available to each service user which sets out what the service does, how it works, how to use the service, all available supports, how the service is monitored and the complaints (and appeals) procedure.
	• Services prominently display, or provide to the service user, a written charter of rights and responsibilities, including detail of opportunities for service user involvement in service planning.
	• Services users are treated with care and respect by staff.
	• For services that work with families:
	    1. Information on the service is provided to children in an age-appropriate way.
	    2. Children's needs and perspectives are heard and considered in relation to plans for their family.
		☐

Continuous Improvement (CI)	• The views and preferences of service users are evidenced in all decision-making that affects them.
	• Service users are consulted regularly about the range of services they may require and services they can access, and this information is used to inform service planning and delivery.
	• Service users' views are represented at individual and organisational levels and they are recognised as key stakeholders in evaluation and planning processes and new service development:
	   a. There is adequate support and training for service users to facilitate participation.
	   b. There is training for staff on understanding and supporting service user participation.
	• Policies, programmes and documentation are regularly reviewed. Changes are communicated throughout the organisation.
		☐

Sustained Improvement (SI)	• There is service user participation at local/regional/national level planning and policy development. • Service users are given feedback on the impact of their participation/involvement on policies and practice.	☐
Excellence (E)	• The service learns from National & International models and approaches. This learning informs practices within the service, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 1.2)

EXAMPLES 1.2

- There is a clear charter of rights in place for service users.
- There is a formal process for service users to feed back to the service.
- There is training to support the participation of service users.
- Information is available in plain English and formats suitable for service users of all ages.
- Services users are invited to participate in reviews or evaluations of service provision.
- Service user feedback sought when planning & developing services.
- Documentary evidence in service user files and case notes of identified needs and responses to said needs, service user views and preferences, and consultation with service users regarding access to services.
- Records of discussions with service users re: their experience of involvement.
- Service users participation in local/regional fora.
- Service users are involved in the decision making process within the organization.   Describe the ways in which this happens, e.g. committees within the service that have service user representatives.
- Service user forum in place.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 1.3	Service users' complaints and concerns are listened to and acted upon in a timely, supportive and effective manner

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• A complaints procedure is in place which outlines:
	   a. Process for recording formal/ informal complaints, actions and outcomes
	   b. Designated complaints officer
	   c. Stages and timeframes
	   d. Appeals process.
	• Information on the complaints procedure is available and explained to service users in an accessible and appropriate format.
	• Service users are encouraged and supported to express concerns safely and are reassured that there are no adverse consequences to raising an issue of concern, whether informally or through the formal complaints procedure.
	• For services that work with families;
	   a. The service has a child friendly complaints procedure.
	   b. A child's complaint is considered and responded to, with the involvement of their parent/s, and in line with Child Protection guidelines.
	• Service users are facilitated to use an advocate or advocacy service of their choice, when making a complaint/raising a concern.
	• Service users have access to informal resolution of complaints, where concerns are addressed immediately at local level and, where appropriate, without recourse to the formal complaints procedure, unless the person wishes otherwise.
	• There is a procedure for making formal complaints. Decision-making on complaints is consistent with relevant legislation, procedures and policy and takes account of best practice guidelines.
	• There is an effective and objective independent appeals procedure for complaints and for decisions that affect people using the service.
	• Staff receive training on complaints procedures.
		☐

Continuous Improvement (CI)	• A culture of openness and transparency that welcomes feedback, the raising of concerns, the making of suggestions and complaints is in evidence. Feedback is used to inform changes and improvements in the service provided.	☐
Sustained Improvement (SI)	• Policies, programmes and documentation are regularly reviewed. Changes are communicated throughout the organisation. • Analysis of complaints is used to inform changes and improvements in service delivery.	☐
Excellence (E)	• The service learns from National & International models and approaches. This learning informs practices within the service, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 1.3)

EXAMPLES 1.3

- There is a complaints and appeals process in place.
- The complaints procedure is clearly displayed.
- The complaints procedure is clearly explained to service users at admission stage.
- There are complaint forms freely available throughout the service.
- There is a register of complaints received which logs date received, nature of complaint and outcome.
- There is a record of how complaints are resolved and the time taken to resolve complaints.
- There is a timeframe for responses to complaints in place.
- Staff and service users can demonstrate knowledge of the complaints procedure.
- There is an appeals procedure for complaints in place.
- Service users have the right to use an advocate to support their complaint.
- There is a designated complaints officer and their contact details are on display in the service.
- There is evidence that feedback and suggestions from service users have informed improvements in service provision.
- There is access to an independent appeals procedure if requested.
- Training records.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 1.4	Service users exercise choice and autonomy in their daily lives and in accordance with their preferences

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• Service users understand the assessment and support planning processes. They are informed of and consent is sought for:
	   a. The service's confidentiality policy.
	   b. How personal information is stored/used/shared.
	   c. Their support plan goals.
	• Service users with intellectual, physical, sensory disabilities and/or mental health support requirements exercise their autonomy of decision-making and have their views and preferences respected.
	• For services that work with families: Children are consulted regarding support planning in an age, and developmentally appropriate way. Services work in partnership with parents to compile a plan based on support needs identified. Parental consent is confirmed in relation to information storage for children.
	• Services do not act for users of the service in areas they are capable of, and motivated to manage for themselves.
	• Service users are aware of their rights and responsibilities. This information is explained in person and made available in an accessible format.
	• Service users are at the centre of, and actively involved in decision-making that directly affects them.
	• Service users' risk assessments, needs assessments, support plans and records of case meetings uphold the views/preferences/decisions of each service user.
		☐

Continuous Improvement (CI)	• Policies, programmes and documentation are regularly reviewed. Changes are communicated throughout the organisation. • Staff receive 'Care & Case management' training.	☐
Sustained Improvement (SI)	• Written communication is made available in accessible formats and appropriate to any special requirements to the service user's communication needs, as far as is practicable. • Service user feedback is sought, and used to improve service delivery.	☐
Excellence (E)	• The service learns from National & International models and approaches. This learning informs practices within the service, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 1.4)

EXAMPLES 1.4

- There is a service user forum.
- Service users are involved in support planning for their needs.
- Risk assessments are reviewed regularly.
- The independent living skills section is completed in the comprehensive needs assessment.
- Steps are taken to assist service users to develop independent living skills.
- There is a confidentiality policy is in place.
- Service users are informed of the confidentiality policy.
- Service users are encouraged to advocate for themselves where appropriate.
- Consent is reviewed and obtained regularly in relation to support plans.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 1 : PERSON CENTRED SERVICES

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

THEME 2 : EFFECTIVE SERVICES

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
2.1 (a) Homeless services offer effective and early interventions at the point of entry to prevent or reduce the experience of homelessness	2.2 Care is planned and delivered to meet the individual SUs initial and ongoing assessed healthcare needs, while taking account of the needs of other service users 2.3 SUs receive integrated care which is co-ordinated effectively within and between services 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for SUs	Early intervention at point of entry (TEA &STA)	• Service users are referred to the most appropriate service. • Housing and support advice/information/ interventions are provided which prevent homelessness. • The barriers to ending homelessness are addressed.

2.2 Services offer effective assessment of housing and support needs and offer effective support planning to persons at-risk-of or experiencing homelessness	2.2 Care is planned and delivered to meet the individual SUs initial and ongoing assessed healthcare needs, while taking account of the needs of other service users 2.5 All information necessary to support the provision of effective care, including information provided by the SU is available at the point of clinical decision making 2.8 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved	Effective assessment & support planning	• There is effective assessment of needs and risks, and effective housing and support planning that prevents or reduces homelessness.
2.3 Services work together to deliver integrated support and care to persons at-risk-of or experiencing homelessness	2.3 SUs receive integrated care which is co-ordinated effectively within and between services	Services working together to provide integrated care & support	• Integrated care and support are provided through effective inter-agency working.

2.4 Service users receive consistency and continuity of support to achieve and sustain exit from homeless services.	2.3 SUs receive integrated care which is co-ordinated effectively within and between services 2.6 Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare	Consistent & continuous support to exit	• Assistance to homeless persons is delivered in accordance with national legislation and policy. • Service users experience continuity of service.

STANDARD 2.1	Homeless services offer effective and early interventions at the point of entry to prevent or reduce the experience of homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• People who are at risk of losing their tenancy are assisted to identify and access all available and appropriate options to either sustain their tenancies, or to secure an alternative sustainable tenancy without becoming homeless such as:
	  a. Instrumental supports (financial aid/access to specific health/welfare services).
	  b. Advice/information support (review of the person's rights under the correct housing legislation.)
	  c. Advocacy (landlord/ Local Authority/ Approved Housing Body/ housing provider/ other) and visiting support.
	  d. Family mediation and support services.
	  e. Service provides advice/ information support, or referral to a domestic violence agency, in relation to rights under current and relevant legislation.
	• Services provide consistent, accurate, up-to-date advice to persons at-risk-of homelessness:
	  a. There is a high standard of knowledge and competence in relation to housing protections: tenants' rights, property ownership rights, mediation and resolving disputes.
	  b. Service users are given objective, accurate, consistent and clear information on housing options.
	• Where homelessness cannot be prevented, placement in temporary accommodation:
	  a. Is based on an assessment of housing need by the appropriate local authority.
	  b. Occurs only after preventative strategies have been exhausted.
	  c. Where possible, takes into account the preferences and needs of the individual.
	  d. Takes account of identified risk to safety as a result of violence/ abuse.
		☐

Emerging Improvement (Cont.)	• Services that provide in-reach to hospitals and/or prisons provide targeted advice and information and make appropriate referrals to plan for the service user's discharge. • Homeless services support the early registration of persons experiencing homelessness with the appropriate local authority, by assisting individuals to gather documentation required, as per the relevant local authority's guidelines. • Persons who are deemed ineligible by one local authority are assisted to apply to the local authority from which they became homeless/ represents their centre of interest. • Services provide information on how to appeal decisions and the timeframes that apply to service users. • Staff receive training on advice and information provision.	
Continuous Improvement (CI)	• There is clear and consistent recording of the reasons for homelessness to inform planning for effective prevention strategies. • Service User feedback is sought and utilised to improve service delivery. • Policies, programmes and documentation are regularly reviewed and changes are communicated throughout the service. • Services have a designated information officer to liaise with other services to collate up-to-date information.	☐

Sustained Improvement (SI)	• Services monitor hospital discharges for compliance with guidelines set out by the HSE , and include that: a. Hospital discharge is planned in advance. b. Service is notified and confirmed in advance of discharge. c. Service user's medical requirements are detailed in a discharge letter. • Services monitor discharges from custody of service users, who do not have an accommodation option, to inform discharge planning procedures. • Services analyse entry to homelessness by young people leaving care to inform sectoral planning.	☐
Excellence (E)	• Services learn from national and international models and approaches. This learning informs service development and delivery and is shared throughout the organisation and sector.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 2.1a)

EXAMPLES 2.1

- There are referral protocols in place.
- There are admission, referral and exclusion policies.
- Service can demonstrate timely allocation of keyworkers/case managers.
- The key worker/case manager is named on PASS.
- The level and type of support required to exit homelessness is identified & documented.
- Staff can demonstrate a knowledge and understanding of preventative services and housing options.
- The service has an information leaflet in an accessible format for service users detailing the provision of the service.
- Staff can give examples of where they have advocated on behalf of service users and how this was carried out.
- Service can demonstrate tangible links with AHB's, Local Authority, private landlords and HAP to obtain accommodation appropriate to the service users' needs.
- Records of case management meetings and interagency working to prevent entry to homelessness or plan for discharge to homelessness from care/ hospital/ prison settings.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.2	Services offer effective assessment of housing and support needs and offer effective support planning to persons at-risk-of of experiencing homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Services initiate care and support planning processes, as early as is practicable on commencement of engagement in the service. - An initial assessment of housing and support needs is undertaken by a trained and competent staff member, when a service user presents or is referred to a homeless service. **The initial assessment policy and procedure**, when a service user presents or is referred to a homeless service: a. Contains the Biographical and Next of kin details of the service user. b. Confirms the service user understands the initial assessment process. c. Is based on the active involvement of the service user in the assessment process. d. Explains the service's confidentiality policy and limitations which may apply. e. Establishes the reason for presentation to homeless services, and any alternative options to entry to homeless services that can be pursued. f. Determines the most appropriate service or supports to meet the service user's immediate needs. g. Assesses for risk factors and how these can be managed. h. Requires service user consent to share information that the service user has provided for the purposes of referral to appropriate services or supports. i. Confirms that referrals made on the basis of the initial assessment have been processed. - For services that work with families: Assessment should take account of the impact of homelessness on each family member, and on family relationships and functioning. Key extended family, community, school and service relationships are identified to maximise continuity of links. - Services act on any immediate risk to service users/others identified in the assessment. - A trained and competent staff member undertakes a comprehensive assessment of housing and support needs, and a comprehensive risk assessment when a service user continues to engage with homeless services following initial assessment and comprehensive risk assessment.	☐

| Emerging Improvement (EI) | **The comprehensive assessment policy and procedure**:
a. Explores housing options relevant to the service user's needs and identifies specific options to pursue.
b. Focussed assessment and support planning on service user's strengths and empowers service users to be active participants in achieving outcomes.
c. Confirms the service user understands the comprehensive assessment process.
d. Is based on the active involvement of the service user in the assessment process.
e. Allows for transfer of an existing comprehensive assessment from another service with service user consent.
f. Explains the service's confidentiality policy and limitations that may apply.
g. Establishes the reason for presentation to homeless services, and any alternative options to entry to homeless services that can be pursued.
h. Addresses the wider needs of the service user, including;
  1 Accommodation: housing, and temporary accommodation requirements.
  2 Family and current relationships.
  3 Early life experiences and childhood.
  4 Education.
  5 Work and job training.
  6 Legal issues/ offending behaviour.
  7 Income and finance.
  8 General physical health.
  9 Mental heath.
  10 Alcohol use.
  11 Drug use.
  12 Independent living skills.
  13 Equality issues. Identifies the services/supports in place. Determines the most appropriate service or supports to meet the service user's needs. Requires service user consent to share information that the service user has provided for the purposes of referral to appropriate services or supports. Is completed in adherence with care and case management guidelines[1]. Confirms that referrals made on the basis of the initial assessment have been accepted. | |

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[1]Guidelines on case management protocols for homeless services can be found at: Homeless Agency Partnership (The) (2010) 'CaseManagement Interagency protocols for Homeless and Drug Services' in Section B: 'Case Management Guidebook'. Available
at: http://www.casemanagementguidebook.ie/Home/Welcome.aspx

| Emerging Improvement (EI Cont.) | **Housing and Support Planning**
• The areas, levels of support required and all risks identified on assessment are recorded in a support plan.
• **The support plan addresses**:
   a. The housing needs of the service user by identifying achievable housing goals, taking into consideration personal preferences and all tenure options.
   b. The wider needs of the service user based on the comprehensive assessment.
   c. The actions/interventions agreed, planned outcomes and the responsibilities of both the service and the service user.
   d. All existing and future services provided by external agencies.
   e. Referrals required.
   f. Timeframes to achieve the outcomes.
   g. Which services must be contacted if there is an important change in a person's circumstances.
• Service users are supported to make informed decisions on every aspect of their housing and support plan and are made aware of all the housing and support options available to them.
• Housing and support plan is reviewed and updated regularly and as required in relation to changing individual circumstances .
• Accurate and timely records are kept of assessments, support plans, referrals, key working, case reviews and inter-agency meetings. | |

Continuous Improvement (CI)	• Service user feedback is sought and utilised to improve service delivery. • Policies, programmes and documentation are regularly reviewed, and changes are communicated throughout the service.	☐
Sustained Improvement (SI)	• Services audit support planning practices; analysis of audit findings informs improvement actions. • Services analyse support needs of their service user cohort in order to plan and deliver targeted interventions to address prevalent needs.	☐
Excellence (E)	• Services learn from national and international models and approaches. This learning informs service development and delivery and is shared throughout the organisation and sector.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 2.2)

EXAMPLES 2.2

- Initial assessment records on file for all service users.
- Comprehensive needs assessment is completed and on file for all service users.
- Support plans are comprehensively completed and kept up to date.
- Risk assessment records including regular reviews.
- Staff training records.
- There is an assessment and support plan policy and procedure in place .This policy is reviewed regularly in line with best practice.
- Up to date and accurate record-keeping.
- Assessments and support plans are securely stored and made available to relevant staff and service users.
- The service demonstrates PASS compliance.
- Staff supervision records evidence monitoring of assessment and support planning.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.3	Services work together to deliver integrated support and care to persons at-risk-of or experiencing homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	**Inter-Agency Working**
	• Where multiple services are included in a multi-agency support plan, case management protocols are adhered to in relation to:
	    a. Initial assessment/ establishing lead agency.
	    b. Referral process.
	    c. Interagency case meetings.
	    d. Confidentiality and Data Protection.
	    e. Reporting Gaps and Blocks.
	    f. Grievance procedure for service user.
	    g. Grievance procedure for service providers.
	    h. Service user disengagement.
	    i. Positive case closure.
	• Services develop, maintain and review joint working relationships with other providers and funding bodies.
	
	Referral between Agencies
	• Referrals are made when a need is identified following a service user's initial/comprehensive assessment that cannot be met by the service.
	• Referrals are made having regard to the service user's preferences, needs and the nature of the service involved.
	• Written consent to share information for referral is in place.
	• Referrals are followed up to ensure the referral has been received and processed.
	
	Gaps and Blocks
	• Barriers to the progression of a service user's housing and support plan, including difficulties in inter-agency co-ordination are notified by the case manager to the relevant service(s).
	• If barriers to the progression of a service user's housing and support plan cannot be progressed through care and case management protocols, they should be reported to the relevant regional lead authority for a response and to inform planning.
		☐

Continuous Improvement (CI)	• Service user feedback is sought and utilised to improve service delivery. • Policies, programmes and documentation are regularly reviewed and changes are communicated throughout the service. • Services review their referrals and outcomes to identify learning opportunities.	☐
Sustained Improvement (SI)	• Services contribute to the development of sectoral policies, procedures and protocols. • Services develop proactive partnership arrangements to offer an integrated approach to service delivery.	☐
Excellence (E)	• Services learn from national and international models and approaches. This learning informs service development and delivery and is shared throughout the organisation and sector. • Services demonstrate innovative partnership working arrangements which enhance sectoral effectiveness.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 2.3)

EXAMPLES 2.3

- Written referral protocols and procedures in place.
- Evidence that case management protocols are in place and adhered to.
- Staff training records.
- multi-disciplinary support planning records.
- Case management meeting records.
- Service user records on PASS are up to date and accurate.
- Documentary evidence of handover of service user needs assessment & support plan.
- Gaps & Blocks forms.
- Evidence of positive interagency work.
- Consent records.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 2.4	Service users receive consistency and continuity of support to achieve and sustain exit from homeless services.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• Services demonstrate a proactive and person-centred approach to the assistance offered to service users to exit homelessness:
	    a. Services use the assessment and support planning process to identify housing options for the service user and the plan is regularly reviewed and updated.
	    b. Service users are given objective, accurate, consistent and clear information on housing options.
	    c. Service users have access to phone/internet facilities to directly contact landlords.
	    d. Services make referrals with the consent of service users to available and appropriate accommodation options.
	    e. Service users are advised of any settlement/ tenancy sustainment supports available in relation to the housing options being pursued.
	
	 • A placement sustainment protocol is in place to ensure that service users receive a consistent service, and moving service users from one service to another is used:
	    a. In response to personal preference.
	    b. Where a move delivers better housing or health outcomes.
	    c. To safeguard/protect from abuse.
	    d. In response to persistent non-use of or non-engagement with the service.
	
	 • Services use positive risk management to safely provide services, that are inclusive of and responsive to, the needs of service users and to reduce/eliminate the exclusion of users from services. Effective case management protocols are in place, including a 'disengagement protocol'[2] to ensure that:
	    a. Service users continue to receive support and there is engagement with external services until an alternative service has been secured in the event of a decision to withdraw services.
	    b. Non - exclusionary anti social strategies are in place to manage behaviour that is causing an impact on the service/wider community.
	    c. There is a documented escalation procedure when the needs of the person cannot be met within the service. This is used to inform improvements in service planning and delivery.
		☐

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[2] Note: ref: Disengagement protocol in Interagency Case Management Protocols

Emerging Improvement (Cont.)	• Service users are facilitated to pay their rent/accommodation charge; and arrears management planning and use of household budget or direct debit, where applicable, is available to all individuals to facilitate solutions to rent/occupation charge arrears. • When a service user moves to housing, they are advised of any available services which may provide them with floating/ visiting support to in order to help prepare for and sustain independent living. • Case closure: case management protocols are in place to support effective exits from homelessness, including case closure procedures[3].	
Continuous Improvement (CI)	• A formal process exists for review of exclusions. • Service user feedback is sought and utilised to improve service delivery. • Policies, programmes and documentation are regularly reviewed and changes are communicated throughout the service.	☐
Sustained Improvement (SI)	• Services implement proactive and innovative strategies to reduce time spent in homelessness.	☐
Excellence (E)	• Services track and analyse exits from homelessness to inform sectoral learning. • Services track past service users to ascertain whether they have continued to make positive progress and/or sustained tenancies. Learning from this is utilised to inform service delivery and sectoral planning. • Services learn from national and international models and approaches. This learning informs service development and delivery and is shared throughout the organisation and sector.	☐

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[3] Note: ref: Case closure protocol in Interagency Case Management Protocols

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 2.4)

EXAMPLES 2.4

- Keyworking assignment records.
- key working sessions recorded on PASS as evidence of regular key working sessions with service users.
- Placement and sustainment protocols are in place and adhered to.
- Service user departures are in line with sectoral targets in general.
- Service user exclusions are kept to a minimum in terms of number or frequency of exclusions as well as length of exclusions.
- Every exclusion has a review date.
- There are positive risk management & non exclusionary policies & strategies in place.
- Handovers are recorded.
- Documentary evidence of support to service users to register with local authority for housing.
- Service user access to phone/internet facilities to contact services.
- Information on housing options is clearly visible.
- Accommodation charge & arrears management policy.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 2 : EFFECTIVE SERVICES

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

THEME 3 : SAFE SERVICES

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
3.1 Service users are safeguarded and protected from abuse and their safety and welfare is promoted.	3.4 Service providers ensure all reasonable measures are taken to protect service users from abuse 3.5 Service providers fully and openly inform and support SUs as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed	Safeguarding, protection and promotion of wellbeing	• There is consistency of practice with regard to the safeguarding and protection of children and adults from abuse.

3.2 Services assess and manage risk to promote the safety of service users, staff and the wider community.	3.1 SPs protect SUs from the risk of harm associated with the design and delivery of healthcare service 3.2 SPs monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally 3.3 SPs effectively identify, manage and respond to and report on patient safety incidents 3.7 SPs implement, evaluate and publically report on a structured patient safety improvement programme	Promotion of safety	• Effective practices, policies and procedures are in place to manage risk in services.
3.3 Services to person's at-risk-of or experiencing homelessness are compliant with relevant legislation regarding the security, health & safety of service users, staff, volunteers and to the wider community.	3.6 Service providers actively support and promote the safety of SUs as part of a wider culture of quality and safety	Compliance with Health & safety legislation	• There is compliance with Health and Safety legislation.

3.4 The physical environment promotes the safety, health and well-being of service users.	2.7 Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.	Building environment	• Physical environments have regard to the needs of service users and provide adequate and clean accommodation, free from hazard.

STANDARD 3.1	Service users are safeguarded and protected from abuse and their safety and welfare is promoted.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	**Adult Service Users**
	• Services have policies and procedures in place to protect adults from all forms of abuse and neglect.
	• Services assess for risk of domestic abuse:
	   a. Services provide (self or through referral) safety planning for persons at risk of or experiencing domestic abuse.
	   b. Service users are provided with information on the legal protections under domestic violence legislation.
	   c. Services refer to specialist services where appropriate.
	• Service users manage their own finances:
	   a. Unless there is an identified need in the assessment process and action under the support plan to give support and assistance in this area.
	   b. Where staff handle service users' money or payment cards, transparent and robust monitoring mechanisms are in place as adequate protections from financial abuse.
	• Services facilitate requests for gender-specific services, where there is available provision.
	• Service users with known histories of sexual offending are assessed for risks to self/others prior to placement in services.
	• Staff are trained and competent in the protection, safety and promotion of welfare of persons residing in their service.
	• Services have policies, procedures and system in place for the management of challenging behaviour.
	
	Service users with dependent children
	• Services work in partnership with children and families to promote the safety and wellbeing of children.
	• All staff who come into contact with children, recognise and are alert to the signs that children may need help or protection, take necessary action to minimise the risk of harm to children, and refer children to other professionals and services, where appropriate.
	• Services have policies and procedures to protect children from all forms of abuse and neglect, in line with national legislation[4] and guidance under *Children First* National Guidelines for the Protection & Welfare of Children.
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[4] Relevant legislation includes but may not be limited to, Child Care Act 1991, Criminal Justice Act 2006, Protection for Persons Reporting Abuse Act 1998, Criminal Justice (whitholding of information on Offences Against Children and Vulnerable Persons) Act 2012, Children First Act 2015.

| Emerging Improvement (Cont.) | Services appoint a designated liaison person (DLP)to act as a liaison with outside agencies and as a resource person to any staff member or volunteer who has child protection concerns. The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to Tusla Child & Family Agency and or [An Garda Síochána](#). The DLP should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments. Services have clearly defined procedures, which staff understand, are trained in and competent to employ, in order to:
a. Address staff/volunteer/service user concern for children and vulnerable adults.
b. Report, investigate and respond to allegations of abuse by staff or service users that prioritises the safety of children
c. Treat fairly those against whom allegations are made. Services take all reasonable and proportionate interim measures to protect children pending the outcome of any assessment or investigation. Emergency numbers and supports available to service users with children and children themselves are available and updated on a regular basis. All information and advice given to help children to care for and protect themselves is sensitive to age, gender, stage of development and any form of disability. Emergency numbers and supports available to service users are available and updated on a regular basis. Staff recruitment and selection procedures comply with current Vetting legislation. Services undertake a risk assessment of any potential for harm to a child while availing of the service. Services have a policy on the use of restraint. Services have policies and procedures on the provision of intimate care to service user. | |

Continuous Improvement (CI)	• Service user feedback is sought and used to inform improvements in the promotion of safety & welfare. • Risk management systems are reviewed in line with governing arrangements to support the delivery of quality care. • Services adopt a person centred approach to the management of challenging behavior.	☐
Sustained Improvement (SI)	• There are named individuals within the service to support service users and staff, and keep them informed of progress and outcome of investigations. • Analysis of these cases is used to inform changes and improvements in the service delivery.	☐
Excellence (E)	• The service learns from National & International models and approaches. This learning informs practices within the organization, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 3.1)

EXAMPLES 3.1

- There is a child protection and vulnerable adult policy in place.
- There is a designated liaison person for Child Protection & Welfare.
- The contact details for the designated liaison person are visible in the service.
- Policies in relation to children are in line with legislation and Children First National Guidelines.
- There is a clear process in place to deal with allegations of abuse/ inappropriate conduct by staff.
- There is a policy that all incidents of alleged abuse/ inappropriate conduct involving staff are reported to Gardaí and relevant commissioning bodies, and evidence of this in practice where applicable.
- There is a risk assessment process in place, to assess Service users with known histories of sexual offending for risks to self and others.
- There are clear policies and procedures on how to manage the potential risks posed by sexual offenders.
- There is a list of emergency numbers and supports available that is visible to all staff and service users.
- There are vetting procedures in place for all staff, volunteers, and students.
- All staff have received appropriate training.
- Staff are trained in Children First.
- Training is documented in the training log.
- Whistle blower procedures in place in line with current legislation.
- Information is made available to staff on relevant local Tusla services and other relevant health and social services.
- There is a clear upward reporting structure for all staff.
- Monitoring mechanisms are in place where staff handle service users' finances.
- There are local incident reporting procedures in place.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 3.2	Services assess and manage risk to promote the safety of service users, staff and the wider community.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Services create a safe environment for staff and service users:<ol type="a"> - Induction to the service promotes the rights of service users and service providers to be treated with dignity and respect. - Risk assessment and management policies and procedures, that involve service users, are in place for dealing with situations where safety may be compromised. - Services make clear what is/is not acceptable behaviour and the rights and responsibilities of service users. - Services meet their obligations in terms of their duty of care to service users; assessing and responding to any security, health and safety risks to service users. - Services have anti-bullying policy and procedures in place. - Services have 'whistle-blowing' policy and procedures in place. - Safe working is promoted in services through:<ol type="a"> - Adequate and appropriate health and safety training for staff is in place and in line with legislative requirements. - Safety incident management procedures. - Child protection procedures, and procedures for safeguarding vulnerable adults and children. - Implementation of universal precautions to ensure best practice in terms of infection control within shared living environments, appropriate to service user requirements. - A corporate risk register is in place.	☐

Emerging Improvement (Cont.)	• Service users who have a physical disability or who are at risk of injury through recurrent trips or falls are monitored on the premises and have any incidents recorded on their file. Services take immediate remedial action when a hazard to service user safety is identified.
	• Critical Incident and accident reporting procedures are understood and used consistently by all staff and volunteers.
	    a. There is internal review of adverse events and incidents and any recommendations and changes to practice arising from the review are implemented.
	    b. Deaths of persons using homeless services and critical incidents[5] are reported to service commissioners and other relevant authorities.
	• There are appropriate arrangements made available to people using services to access help in a crisis or emergency.	

Continuous Improvement (CI)	• Services are responsive to the wider community and work to promote positive relationships with all local stakeholders. • There is reflection and learning from accidents, incidents, adverse events and deaths involving service users and/or staff. Practice, policies and procedures are reviewed on a continuous basis to ensure safe service provision to persons at-risk-of or experiencing homelessness. • Relevant staff receive incident management and investigation training.	☐

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[5] The following critical incidents should be notified to the Local Authority:
- Death of a service user
- Serious physical assault
- Sexual assault of an adult
- Physical assault of a minor
- Sexual assault of a minor

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NATIONAL QUALITY STANDARDS FOR HOMELESS SERVICES

Sustained Improvement (SI)	• Reports are provided to board of Directors to provide timely information and assurance that all risks to service users and staff (e.g. service change and changes in resource allocation) are effectively managed. • Staff are informed of learning and resultant changes from incidents reported. • Good culture of incident reporting, management and investigation supported by continuous training across all organisational levels.	☐
Excellence (E)	• Learning from the management of risks as well as national & international Best practice is shared throughout the service and this learning informs service delivery and is shared within the organisation and externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 3.2)

EXAMPLES 3.2

- There is a risk assessment and management policy in place.
- Risk assessment completed for each service user.
- Facilities are in compliance with H&S legislation.
- There is a trained staff member responsible for H&S within each facility.
- Each facility holds regular fire drills.
- Staff are trained in first aid and other relevant health and safety training.
- Staff are trained in managing violent and aggressive behaviour.
- Staff are trained in child protection procedures and procedures for safeguarding adults and children.
- There is a safety incident management policy & procedure in place.
- There are local incident reporting procedures in place.
- Staff are trained in local incident reporting.
- Records of notifiable incidents in the quarter are kept.
- Records of how many notifiable incidents were reported in the last quarter to HSE/ Health and Safety Authority/ Commissioning Local Authority are kept.
- Infection control measures and equipment in place for staff & service users.
- Policies covering cuts/wounds and provision of personal protective equipment as appropriate.
- Staff vaccination programmes in place and up-to date.
- For services working with active Intra Venous Drug Users, sharps bins and other relevant harm reduction equipment and resources in place.
- Adequate hand washing and anti-bacterial soap/gel facilities for staff, volunteers and service users.
- Incidents of recurrent trips or falls recorded in service users' files.
- Hazards to service users are identified.
- Such hazards are remedied immediately.
- Critical incident policies and procedures in place.
- Staff can demonstrate a thorough understanding of these policies and procedures.
- Clear reporting guidance in place when a critical incident does occur.
- Line of command is documented and clearly understood by staff.
- A procedure is in place to assist service users to access help in a crisis or emergency.

- There are on call/ out of hours arrangements in place.
- Appropriate follow-up procedures, including reporting, happen after a critical incident.
- Debriefing and internal review is used to learn from adverse events or critical incidents.
- Evidence that recommendations, including changes to practice, arising from any such reviews were implemented.
- Evidence that relevant practice, policies and procedures are reviewed on a continuous basis to ensure the safe provision of services.
- Debriefing /counselling in place for staff.
- Training is provided as part of induction of new staff on risk assessment.
- Support and supervision of staff in place.
- A good neighbourhood policy is in place and positive relationships with the local community are promoted.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 3.3	Services to person's at-risk-of or experiencing homelessness are compliant with relevant legislation regarding the security, health & safety of service users, staff, volunteers and to the wider community.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• The provider meets the requirements of applicable legislation in each of its service locations. • There is a designated person with responsibility for Health and Safety in each service, in line with legislative requirements. • There is a Health and Safety statement, which covers all areas of service activity and policies and procedures to cover each identified area of risk, and this safety statement is systematically reviewed and updated regularly. • Fire and evacuation policies and procedures are in compliance with legislation and reviewed regularly. • Fire safety induction is provided to all persons on the premises and regular fire drills are carried out. • There are regular internal and external audits of all Health and Safety records and practices. • There are regular and recorded internal and external audits of all Health and Safety equipment. A building layout plan is available to emergency services in the event of a fire. • Smoking policy is in line with statutory requirements. • There is a lone working policy that sets out the procedure to minimize risk to service users and staff engaged in lone working. • Services that provide food use a food safety management system that is compliant with HACCP principles (Hazard Analysis & Critical Control Point). • Safety is a standing agenda item on team meetings. • There are adequate staff on duty for safe service provision.	☐

Continuous Improvement (CI)	• Service User and staff feedback is sought and used to improve service delivery. • Health & Safety Promotion programmes and events are a regular feature for staff and Service Users.	☐
Sustained Improvement (SI)	• The Service evaluates it's Safety culture.	☐
Excellence (E)	• Service actively engages with other service providers to consider alternative approaches to improving service user experience and outcomes. • Service learns from National and International models and approaches and this learning informs service delivery and is shared within the organisations and externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 3.3)

EXAMPLES 3.3

- There is a current Safety Statement in place.
- Compliance with current Safety, Health and Welfare at Work legislation.
- All policies required by H&S/|Children First/ Data Protection/Fire legislation in place.
- There is a designated H&S Officer.
- There are fire and evacuation policies and procedures.
- Staff are trained in fire and evacuation procedures.
- There is a building layout plan available to emergency services in the event of a fire.
- Fire drill procedures and records in place.
- Service users and staff are made aware of fire and evacuation procedures on admission to the service as part of the induction process.
- There is a smoke free workplace policy in place.
- There is a lone working policy.
- Staff can demonstrate knowledge and working practice of these policies.
- There are regular audits of H&S records (including fire logs, bell tests, fire safety induction training and lift maintenance)
- There are regular audits of H&S records and practices.
- There is full insurance cover in place.
- Food service (if applicable) complies with HACCP+.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 3.4	The physical environment promotes the safety, health and well-being of service users.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- All buildings are safe, well-maintained and in good repair. - Suitable and adequate sanitary accommodation facilities, including toilets, wash hand basins with hot and cold water and fixed baths or showers with hot and cold water are provided. - Installations for the supply of electricity and gas are maintained in good repair and safe working order. - All rooms used for the purpose of accommodation: a. Are provided with effective heating. b. Have adequate ventilation. c. Kitchens and bathrooms are provided with a system of mechanical extract ventilation for the rapid removal of water vapour to the external air. d. Have adequate natural light and adequate means of artificial lighting. - All service users have access to laundry facilities. - Where applicable suitable and adequate food storage, preparation and cooking facilities are provided. - All buildings contain a mains wired fire detection and alarm system installed and maintained to current applicable standards and legislation.	☐

Emerging Improvement (Cont.)	- Temporary accommodation addresses the person's need for privacy: a. Policies and procedures are in place to govern staff, contractors, volunteers and other service users entering into space for private use. b. Toilets, bathrooms and private spaces have locks. c. Shared rooms provide screening, or other privacy measures, to ensure privacy for personal care. - For services providing accommodation for families, the accommodation will: a. Be as near as feasible to the family's community of origin/destination. b. Accommodate all family members together. c. Have a separate toilet and washing facility for each family. d. Have facilities for the family to store food, prepare a meal and eat together. e. Have sufficient bedroom space for the family taking into account ages and gender of children. f. Have access to appropriate outdoor play space for children. - The service has a policy on the use of CCTV. Recording and data management meets the requirements of Data Protection legislation. - Priority and cyclical maintenance programmes ensure people are given an efficient response to maintenance requests. - There is adequate insurance in place suited to the purpose of the facility. - There is suitable and sufficient heating.	
Continuous Improvement (CI)	- Service users are regularly consulted, with regards to standards of physical environment. - Ideally, and where feasible, each service user will have single room occupancy. - There is an option for some individuals to have single rooms to allow for particular needs/vulnerabilities.	☐

Sustained Improvement (SI)	• Equipment is provided and adaptions made that address the assessed needs of the individual. • Policies programmes and documentation are regularly reviewed and changes communicated throughout the service	☐
Excellence (E)	• Communal rooms and bedrooms are domestic in character and suitable for the range of interests and activities preferred by residents. • Service is accessible and supportive of persons with health conditions or impairments. • The service learns from National & International models & approaches. This learning informs practice within the organisation, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 3.4)

EXAMPLES 3.4

- Buildings comply with relevant and applicable legislation.
- The service has a maintenance procedure in place.
- There are adequate sanitary facilities.
- Electricity and gas installations in good working order and maintained in good repair.
- Rooms used for accommodation provided with effective heating, adequate ventilation, adequate natural light and adequate artificial lighting.
- kitchens and bathrooms are provided with a system of mechanical ventilation to remove water vapour.
- Disability Access Certificate in place as appropriate.
- There is access to laundry facilities for service users.
- Suitable and adequate food storage, preparation and cooking facilities are provided where appropriate.
- There are policies and procedures to govern access to the service user's private space by staff, contractors, volunteers and other service users.
- Regular H&S audits/inspections are carried out.
- Safety incidents are recorded and reviewed annually.
- Findings of the safety review published and communicated to staff.
- Evidence that Service users are informed of H&S policies and reporting framework.
- Evidence of compliance with fire safety and evacuation requirements.
- There is a policy on the use of CCTV.
- Regular cleaning & repairs programme in place.
- There is a mains wired fire detection and alarm system in place.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 3 : SAFE SERVICES

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

THEME 4 : HEALTH, WELL-BEING AND PERSONAL DEVELOPMENT

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
4.1 Services promote positive health and well-being.	4.1 The health and wellbeing of SUs are promoted, protected and improved	Promotion of positive health & well-being	• Services actively promote positive health outcomes for service users.
4.2 Service users are supported to reduce harm caused by	4.1 The health and wellbeing of SUs are promoted, protected and improved	Harm reduction	• Where appropriate service users are offered referral to primary (GP, PHN, dental) and specialist health (including mental health and addiction) services.
4.3 Services engage with other agencies to provide access to a range of services for	4.1 The health and wellbeing of SUs are promoted, protected and improved	Promotion of welfare, training and employment	• Services promote awareness of training, education and employment opportunities to service users.

STANDARD 4.1	Services promote positive health and well-being.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	- Service users are supported to achieve positive health outcomes through the assessment and support-planning process. - Service users have access to primary care through registration with a GP/community based service and can apply for a medical card where eligible. - Services have medication policies and procedures in place in line with safety and risk management practices and that comply with legislative requirements:
	  a. Services users are supported to manage their own medication, unless there are concerns identified in the risk assessment relating to the user's capacity to manage medication independently.
	  b. Where appropriate, services users are provided with the option of safe secure storage and retrieval of their own medication.
	  c. Comprehensive Risk Assessments are carried out which incorporate physical & mental health needs of service user. - Where appropriate, service users with personal care needs receive assistance to manage their care needs and to have interventions delivered in a way that respects their dignity and privacy. - Services seek assessment of a service user by a health professional:
	  a. If the service cannot meet presenting needs.
	  b. If there are concerns that the service user may be a risk to self/others. - Referrals are documented and followed up to ensure they have been processed. - Services offer information, referral and support to service users affected by mental health issues. - Services have clear referral protocols and links to community or specialist mental health services. - Services providing food offer a healthy and varied diet, on which service users are regularly consulted.
		☐

Continuous Improvement (CI)	• Services develop partnerships with community and other relevant health services (physical/addiction/mental health/intellectual/sensory disability) to improve health outcomes for persons at-risk-of, or experiencing homelessness. • Health promotion activities for service users and staff in place. • Feedback from service users and staff is used to improve the culture of better health and wellbeing at all levels across services.	☐
Sustained Improvement (SI)	• Services have recreational facilities/programmes, or have developed links/access to these within the community. • Evaluations of programmes are undertaken which informs improvement plans.	☐
Excellence (E)	• The learning from evaluations of local, national and international programmes and initiatives is shared within, and external to the service.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 4.1)

EXAMPLES 4.1

- Service users are assisted to access primary care health services such as ensuring that service users have access to GP, medical card etc.
- Staff are aware of their responsibilities regarding safeguarding vulnerable adults.
- There is a written policy on health and wellbeing promotion.
- Health promotional activities are in place.
- If food is provided the service offers nutritionally balanced and varied meals, with nutritionist devised meal plans.
- Recreational facilities are available (where practical).
- Service users have access to medical services where appropriate or referrals are made on their behalf when the service cannot address medical needs.
- The service has developed partnerships with local health services.
- Information and advice is readily available and on display to service users.
- The health section of the comprehensive needs assessment kept up to date and relevant.
- There are clear referral protocols to health services, addiction services and other relevant mental health services.
- There is a medication policy and procedure in place.
- Health Quality Achievement Award.
- Initial & comprehensive risk assessments completed for all service users, these include sections on health/mental health.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 4.2	Service users are supported to reduce harm caused by alcohol and/or substance misuse.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Services have a substance use policy in place, and all staff and service users are advised regarding rights and responsibilities in relation to this. • Services use positive risk management strategies to identify and safely manage the risks associated with alcohol and drug misuse. • The assessment of needs and risks has regard to alcohol and substance misuse. • Where applicable, support plans reflect the risks, needs and goals of service users with regard to alcohol/drug misuse. • Staff & service users are encouraged to identify and employ harm reduction strategies, relevant to their requirements. • Service users are made aware of, and supported to access, a range of drug and alcohol services and receive objective advice and information on treatment options. • Services make referrals, with the service user's consent, to appropriate services. • Services respect the service users' choices in regard to their treatment options and provide appropriate follow-up care with regard to the effects of alcohol and substance misuse. • Policies in place for substance misuse, needle stick injuries and blood borne viruses.	☐
Continuous Improvement (CI)	• Clear referral protocol in place for referring service users to appropriate service. • Feedback from Service users and staff is used to reduce harm caused by substance misuse.	☐
Sustained Improvement (SI)	• Evaluations of programmes are undertaken which informs improvement plans.	☐
Excellence (E)	• The learning from evaluations of Local, national and international programmes and initiatives is shared within and external to the service.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 4.2)

EXAMPLES 4.2

- There is a substance use policy in place in the service.
- Initial assessment carried out for each service user.
- This policy is explained to service users on admission to the service.
- Staff are knowledgeable in the area of harm reduction.
- The service employs harm reduction practices.
- Information on drug and alcohol services available to service users.
- The drug & alcohol use sections in the comprehensive needs assessment kept up to date and relevant.
- Harm reduction in relation to substance misuse forms part of support planning.
- Referral protocols are in place to addiction and harm reduction services.
- Sharp boxes available on site.
- Staff are competent in dealing with potential hazards such as drug overdose, needle-stick injury and understanding addiction.
- There is information available to service users about alcohol and drug programmes.
- Staff are aware of relevant addiction programmes.
- Staff are aware of vaccination programmes.
- Staff vaccinations are in place and up to date.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 4.3	Services engage with other agencies to provide access to a range of services for service users to promote their welfare, training and employment opportunities.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Service users are supported to access welfare payments and any other relevant financial supports. - Assessment and support planning has regard to the education, training and employment needs of services users and agreed actions are included in the support plan. - For services working with families: the educational, welfare and support needs of the children are included in the support plan. - Services have clear referral protocols and links to education, training & employment opportunities for service users. - Service user feedback is sought on access to the welfare, training and employment opportunities available.	☐
Continuous Improvement (CI)	- Service users are supported to participate in education, training & employment opportunities in the community. - Service users are supported to develop their employability skills.	☐
Sustained Improvement (SI)	- Service users are supported to achieve positive outcomes by the development, delivery and review of programmes and activities within services. - Regular reviews of access to training and entitlements are carried out, and analysis is shared with relevant bodies.	☐
Excellence (E)	- Services develop formal links to further education settings and employers. - Service learns from national and International models and approaches and this learning informs service delivery and is shared within the organisation and externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (standard 4.3)

EXAMPLES 4.3

- Service user achievement-qualifications gained from internal programme.
- Services working together to provide suitable training opportunities.
- There are training courses/ educational opportunities available within your service.
- These training courses/events are specifically designed to meet service user needs.
- There is a service user notice board displaying information such as the mission statement of the service, support services, training, education, etc.
- Service user support plans include appropriate referrals.
- The work and job training section of the comprehensive needs assessment relevant and up to date.
- The welfare section of the comprehensive needs assessment is completed and used to inform support planning.
- Service users are assisted to avail of welfare entitlements.
- Children are encouraged/supported to continue to attend school.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 4: HEALTH, WELL-BEING AND PERSONAL DEVELOPMENT

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

THEME 5 : LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
5.1 Services have effective leadership, governance and management arrangements to deliver effective services to persons at-risk-of or experiencing homelessness.	5.1 SPs have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare 5.2 SPs have formalized governance arrangements for assuring the delivery of high quality, safe and reliable healthcare 5.3 SPs maintain a publically available statement of purpose that accurately describes the services provided, including how and where they are provided 5.5 SPs have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services	Effective leadership, governance and management	• There are clear and accountable management structures.

	5.9 The quality and safety of services provided on behalf of healthcare service providers are monitored through formalized agreements		
5.2 Services perform their functions in accordance with relevant legislation, regulations, national policies and standards to prevent homelessness or minimize the service user's experience of homelessness.	5.7 Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided 5.10 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation 5.11 SPs act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service	Performance in accordance with legislation and National policy	• Governance of services is in accordance with legislative requirements and good practice guidelines.

| 5.3 Services operate within a culture of continuous quality improvement. | 5.1 SPs have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare

5.2 SPs have formalized governance arrangements for assuring the delivery of high quality, safe and reliable healthcare

5.4 SPs set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare

5.6 Leaders at all levels promote and strengthen a culture of quality and safety throughout the service

5.8 SPs have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services | Culture of continuous improvement | • There is continuous quality improvement in services focussed on improving outcomes for service users. |
|---|---|---|---|

STANDARD 5.1	Services have effective leadership, governance and management arrangements to deliver effective services to persons at-risk-of or experiencing homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• The Board and Management of services ensure:
	   a. Effective governance.
	   b. Internal and external accountability.
	   c. Strategic planning.
	   d. Statutory requirements and obligations are met.
	   e. Safety statement is in place.
	   f. Service user participation in service planning.
	• Services have clearly defined organisational and governance structures.
	• Services have:
	   a. Clear lines of authority and accountability.
	   b. Clear arrangements for the management of services.
	   c. Designated person to contact in emergency.
	• Services have a statement of purpose which details:
	   a. The organisational structure, name and address of the provider.
	   b. Intended outcomes and how they are measured and reported.
	   c. A statement of the facilities and services to be provided for people at-risk-of or experiencing homelessness (numbers and types and levels of care provided).
	   d. Management and staffing structure, including names of senior personnel.
	   e. The arrangements for the supervision, training and development of employees.
	   f. The age-range, gender and household size for whom it is intended that accommodation or service should be provided.
	   g. Specialist services available onsite to service users.
	   h. The range of needs the service is intended to meet.
	   i. Admission criteria and admission policy.
	   j. The service ethos and a description of model/approach/principles.
	   k. Arrangements to protect and promote the health and welfare of children and vulnerable adults.
	   l. Complaints procedure and how to appeal a decision.
	   m. How service user participation works in the service.
	   n. A list of policies in operation.
		☐

| Emerging Improvement (EI, Cont.) | • All service activity, as outlined in the Service Level Agreement, is supported by appropriate policies and procedures, which are reviewed on an annual basis and service users are consulted as part of the review process.
• Policies are regularly reviewed for strategic relevance and updated to reflect any changes in legislation, regulation, national and local policy and standards, and made known to staff.
• Services have in place a protected disclosures policy in line with current legislation.
• Services demonstrate a positive risk management approach that identifies and manages risk.
• Induction programme in place for all staff, at all levels.
• All services have a register of interest.
• Code of governance ensures interests of service users are taken into account when making organisational decisions. | |

Continuous Improvement (CI)	• Services demonstrate leadership in the prevention and reduction of homelessness by embedding a culture of effective and early intervention in all aspects of service delivery, which is outcome focused. • Services demonstrate a strong culture of service user involvement in the planning and delivery of service. • The statement of purpose is regularly reviewed and amended to reflect organizational changes.	☐
Sustained Improvement (SI)	• Building of strategic partnerships with other stakeholders across departments/sector. • Accountability arrangements at all levels are reviewed to strengthen governance arrangements.	☐
Excellence (E)	• Governing bodies review and implement learning from all levels of the organization, and externally, to further improve their accountability framework.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 5.1)

EXAMPLES 5.1

- There is a statement of purpose, which is publicly available in accessible formats.
- There are defined organisational and governance structures.
- There is a clear and accountable management structure.
- There are clear lines of authority and accountability.
- There is internal and external accountability in place.
- An organisational risk assessment has been carried out.
- There are adequate risk management procedures in place.
- There are clear roles and responsibilities.
- Strategic planning is founded on evidence based data.
- There is a communication process in place whereby all information is circulated quickly and clearly to staff and service users.
- Staff can demonstrate that they know the reporting structures in the organisation.
- Policies are regularly reviewed.
- There is a focus on the achievement of outcomes.
- There is a designated person to contact in emergency.
- There is a safety statement.
- There is effective inter-agency collaboration and working.
- Who is on the Board of the organisation, and how are they appointed.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.2	Services perform their functions in accordance with relevant legislation, regulations, national policies and standards to prevent homelessness or minimize the service user's experience of homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Management demonstrates knowledge of their obligations to staff and service users under relevant legislation, regulation and standards to ensure the safety, health and welfare at work of employees. • The Board and Management are aware of and compliant with current requirements of the Companies Act and the Charities Act. • Practices and operating procedures are consistent with national and local policy on homelessness. • Induction of staff on relevant legislation, national policies and standards.	☐
Continuous Improvement (CI)	• Staff demonstrates knowledge of relevant legislation, national policy and standards for the provision of homeless services and this is reflected in all aspects of their practices. • New and existing legislation and national policy is reviewed on a regular basis to determine what is relevant to homeless services, how it impacts on homeless services and to address any gaps in compliance.	☐
Sustained Improvement (SI)	• Service can demonstrate compliance with the code of governance applicable to their organization.	☐
Excellence (E)	• The service learns from National & International models and approaches. This learning informs service delivery.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 5.2)

EXAMPLES 5.2

- The Board and management are aware of the requirements of the Companies Act and Charities Act.
- The Board and management demonstrate compliance with the Companies Act and Charities Act.
- What policies does the service have in place.
- Policies and procedures are in line with national and local policies in relation to housing and homelessness.
- Staff are regularly updated on all policies.
- There is a mechanism in place within the organisation to review and ensure that all regulations and policies are complied with.
- Staff have a thorough understanding of relevant legislation and national/local policies in the provision of homeless services, which is this demonstrated in their practice.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD	Services operate within a culture of continuous quality improvement.
5.3	

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Services have a yearly service level agreement with funders detailing expected targets and outcome. - Services have a range of performance monitoring criteria to measure and report on performance to commissioners and other relevant bodies. - Services document intended and achieved outcomes, which are sufficiently clear to assess performance. - Services monitor complaints and implement changes to policy and practice accordingly. - Services engage with National quality standards framework. - Organisations support staff development.	☐
Continuous Improvement (CI)	- Services undertake consistent service review: a. A process for gathering, analyzing and responding to service user feedback for each of its service areas is in place. b. Services demonstrate implementation of feedback from service users, staff, and stakeholders from service reviews. - A culture of service user involvement is embedded in the organization and service users' views are used to continuously inform service improvements. - Effective quality assurance and monitoring systems are in place and involve service users, staff and other stakeholders. - Services undertake regular audit to assess, evaluate and improve the provision of services in a systematic way in order to achieve the best outcomes for service users. - Services develop improvement actions plans based on their engagement with National quality standards framework.	☐
Sustained Improvement (SI)	Services develop and implement innovative practices based on identified needs and/or stakeholder feedback, NQSF improvement plans, with a view to improving the effectiveness and quality of service provision.	☐
Excellence (E)	- Management supports innovation through different forums to identify ideas for improvement. - Services learn from National and international models and approaches. This learning is shared internally and externally in relation to quality improvement.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 5.4)

EXAMPLES 5.3

- What performance monitoring criteria does the service use?
- Intended outcomes are stated and their achievement or progress towards them is subsequently documented.
- Policies and procedures are reviewed on a regular basis.
- Support plans for service users are regularly reviewed.
- Strategy days and service review days are built into the service year plan.
- The service demonstrates a culture of continuous improvement.
- The service completes Gaps and Blocks forms as systemic blocks are identified in homeless services.
- Has the service developed its own internal performance monitoring system.
- Does the service gather data about client outcomes?
- How does the service gather data about client outcomes?
- The service can give examples of changes made arising out of data about client outcomes.
- The service has developed its own internal quality standards.
- How compliant is the service with the National Quality Standards?
- There are examples of innovative practice available.
- There examples of how monitoring of complaints has improved policies and practice.
- Service users are involved in staff training.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 5: LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

THEME 6 : USE OF RESOURCES

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
6.1 Resources are used to prevent homelessness or reduce the time spent in homelessness.	6.1 SPs plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably 6.2 SPs have arrangements in place to achieve best possible quality and safety outcomes for SUs for the money and resources used	Resources to prevent or reduce time homeless	• Services have performance targets for each area of activity. • Performance outcomes are measured and evaluated. • Services are delivered in accordance with the requirements specified in Service Level Agreements. • Resources are used to achieve the prevention/reduction of homelessness. •

STANDARD 6.1	Resources are used to prevent homelessness or reduce the time spent in homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT

Emerging Improvement (EI)	• Service fulfils all obligations with regard to provision of financial and service outcomes, and all other requirements, as specified in their SLA's.
	• Services measure performance against annual objectives and targets that are evidenced to prevent or reduce time spent in homelessness.
	• Services have effective systems in place for;
	   a. Financial management of resources.
	   b. Financial risk management.
	   c. Staff resources.
	   d. Management and communication of information.
	   e. Planning for changes in resources, that promote safe practice.
		☐

Continuous Improvement (CI)	• Services and funding bodies review performance and implement changes to drive effective use of resources to prevent or reduce homelessness:
	   a. Services demonstrate an understanding of the level of need within services to inform the planning and allocation of resources.
	   b. There are clear plans that take account of the funding resources available to ensure the provision of person-centred and effective services.
	   c. Resources are actively deployed to meet the needs of those using services.
	   d. Services demonstrate transparent and effective decision-making when planning, procuring and managing the use of resources.
		☐

Sustained Improvement (SI)	• Services collaborate with other services to provide seamless and integrated responses to improve outcomes to persons at risk of or experiencing homelessness. • Service user feedback is sought and used to inform and improve service delivery.	☐
Excellence (E)	• The service learns from National & International models and approaches on homeless prevention. This learning informs service delivery, and is shared within the organisation and externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 6.1)

EXAMPLES 6.1

- There is an SLA in place.
- The service can provide a breakdown of how its resources are deployed.
- Performance targets are in place for each area of activity.
- What is the organisational understanding of prevention and the range of prevention measures?
- What prevention measures are activated within the service?
- What resources are devoted to prevention measures?
- Measures are in place to minimise the length of time spent in homelessness.
- Resources are devoted to minimising the length of time spent in homelessness.
- Financial management of resources are in place.
- There is a financial risk management policy in place.
- There is an annual financial audit carried out by qualified auditors to ensure proper use of funds.
- Are accounts published?
- The IT system is up to date and suitable to support the efficient and effective running of the organisation.
- The service is compliant with SLAs?
- The service is meeting agreed KPIs as set out in the SLA through the production of PASS reports.
- There are clear examples of resource effective practices available.
- There is evidence of collaboration with other services.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 6 : USE OF RESOURCES

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

THEME 7 : RESPONSIVE WORKFORCE

STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
7.1 Recruitment of staff is based on selection of staff with the knowledge, skills and experience to prevent and reduce homelessness.	7.2 SPs recruit people with the required competencies to provide high quality, safe and reliable healthcare	Recruitment & selection	• Recruitment practices promote safe and effective service delivery.
7.2 Staff demonstrate competency in safe and effective service delivery to persons at-risk-of or experiencing homelessness.	7.3 SPs ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare	Competency in safe and effective service delivery	• A trained, competent workforce is in place and is adequately supported and supervised.
7.3 Services develop and support staff, both paid and voluntary, to deliver safe and effective services.	7.1 SPs plan, organize and manage their workforce to achieve the service objectives for high quality, safe and reliable	Staff development & support	• A culture of continuous professional development is evident in homeless services.

7.4 Staff are responsive to service users and consistently adapt their practice to deliver safe and effective services to persons at-risk-of or experiencing homelessness.	7.4 SPs support their workforce in delivering high quality, safe and reliable healthcare	Staff responsiveness to service users	• Staff are supported to deliver effective services.

STANDARD 7.1	Recruitment of staff is based on selection of staff with the knowledge, skills and experience to prevent and reduce homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Staff members are recruited in compliance with relevant employment and equality legislation. - Services have a written recruitment policy based on current legislation and best practice, which includes:<ol type="a"> - Garda vetting. - Competency based interviewing. - Written and verbal references. - Medical clearance. - Induction. - Supervision. - Managed probation. - Recruitment practices are forward planned to ensure service continuity and minimisation of the use of relief staff. - There are clearly defined job descriptions detailing the roles, responsibilities and reporting relationships for all staff and volunteers. - Services comply with Garda vetting procedure in line with current legislation. All staff, volunteers and students are vetted by An Garda Síochána. - Staffing levels are sufficient for effective service delivery and the assessed needs of people using the service in line with the levels agreed with funding bodies. - Staff are adequately trained for their roles within the service.	☐
Continuous Improvement (CI)	- H.R. policies and procedures are regularly reviewed in line with SLA requirements and relevant legislation. Changes are communicated throughout the organization. - Job descriptions are kept updated through regular review, and consultation with staff and management. - Service user feedback is sought and used to improve recruitment procedures.	☐

Sustained Improvement (SI)	• Evaluation systems are in place to ensure effectiveness of recruitment practice. • Dedicated systems for training, knowledge building and skills enhancement of staff with and across services. • Staff retention rates, and exit interviews, are analysed with a view to informing recruitment and selection policies.	☐
Excellence (E)	• Innovative methods of recruitment to recruit best candidates for staff are explored. • Fora for sharing best practice on recruitment and selection. • Recruitment practices that build pathways to employment from colleges/universities, with structured induction & training programmes offered. • The service learns from National & International models and approaches. This learning informs recruitment practices within the organisation, and is shared externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 7.1)

EXAMPLES 7.1

- There are up to date recruitment and selection policies which are reflective of the most recent legislation and good practice.
- There are clearly defined job descriptions and person specifications outlining core competencies, roles and responsibilities.
- There is a clear recruitment and selection process.
- Recruitment and selection is based on staff having appropriate qualifications and within a competency framework.
- There are competency-based interviews at recruitment stage.
- Qualifications and experience are required.
- All Interviewers are trained in good practice selection interviewing.
- Vetting procedures are in place.
- All staff are vetted.
- Staffing levels are in line with agreed funding/SLA's.
- What are the noticeable staff retention and turn over patterns?
- Structured exit interviews are conducted when staff leave.
- How effective has the recruitment and selection process been?
- How reliant is the service on relief staff?
- Staff engaging with service users have sufficient communication & literacy skills to carry out their role.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 7.2	Staff demonstrate competency in safe and effective service delivery to persons at-risk-of or experiencing homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Managers have qualifications and experience appropriate to safe, efficient and effective service delivery. - Managers are trained in and ensure the effective supervision and support of staff. - Staff demonstrate core competencies in the areas of: a. Respect for the Service User. b. Person-centred Assessment and Planning. c. Service User Engagement. d. Communication. e. Health and Safety. f. Equality practice. g. Child protection. h. Any specialist core competency relevant to the purpose of the service/ target group for the service. - Staff have up-to-date knowledge and skills appropriate to their role to enable them to manage and respond to a broad range of need, in relation to the requirements of the service user group, including: a. Housing rights and housing assistance. b. Temporary accommodation provision and entitlements. c. Welfare rights and welfare assistance/ income and finance. d. Family and current relationships. e. Early life experiences and childhood. f. Education. g. Work and job training. h. Legal issues/ offending behaviour. i. General physical health. j. Mental heath. k. Alcohol use. l. Drug use. m. Independent living skills. n. Equality issues. o. Responding to challenging and/or aggressive behaviour.	☐

Emerging Improvement (cont.)	- Staff competency and performance is appraised regularly via:
	  a. Practice observation.
	  b. Review of cases, assessments and support plans.
	  c. Supervision.
	  d. Annual review. - Staff demonstrate awareness and understanding of protected disclosures under current legislation.

Continuous Improvement (CI)	- Training provided to staff/managers to develop skills & knowledge in specialist areas. - Needs analysis of staff teams to identify skills/knowledge gaps. - Staff teams offer a diverse range of skills/knowledge sets. - Dedicated remit towards student placements and internships, with specified supervision in line with college / university requirements as well as meeting the organisational standard on the same. - Dedicated volunteer selection, induction & training programme with supervision and mentoring supports. - Volunteer placements enhance service delivery outside of service delivery through staff / placement staff – provide a service to service users that is nuanced to the service / service user and for which service users may not otherwise have opportunity to access. - Volunteers are selected with aim to enhance service provision and to provide opportunity for personal growth and development of the volunteer. - Service user feedback is sought and used to improve service delivery. - Policies, procedures and documentation are regularly reviewed, and changes are communicated throughout the organisation.

Sustained Improvement (SI)	• Training programmes developed at organisational level to ensure all staff continue to maintain a high level of up to date skills as required in effective service delivery. • Mechanisms in place to foster cross learning within the organisation / between different services to respond effectively to changing and emerging needs of service users. • Opportunities provided to staff & management to keep abreast of changes in landscape of policy, legislation & best practice through internal dialogue, external events, seminars, training etc.	☐
Excellence (E)	• Consultation with training & education bodies on training, knowledge of landscape and needs of service users in homeless services. • Training packages developed with key stakeholders and informing best and emerging practice on training, skills development. • Development of opportunities for collaborative work and exchange of knowledge relevant to staff / volunteer training in the sector. • The service learns from National & International models and approaches. This learning informs service delivery and is shared within the organisation and externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 7.2)

EXAMPLES 7.2

- What competencies does the service name as being required to deliver its services effectively?
- All staff, including managers, competent to their assigned roles.
- Staff are clear about their roles and responsibilities.
- Performance of staff is assessed on an on-going basis, How often does this occur? How are the results of this used?
- There are formal annual staff assessment/appraisal processes in place.
- As part of staff assessment/appraisal staff are required to demonstrate an awareness of H&S and protection procedures, support services available to service users, housing options available to service users, data protection and good general knowledge of all policies.
- Staff can demonstrate awareness and understanding of protected disclosures.
- Staff can demonstrate that they have knowledge and skills appropriate to the service user group they are working with.
- There is a culture of support and supervision in the service.
- Managers have relevant training and skills to enable them to offer effective supervision to staff.
- Debriefing is available to the staff team.
- % of staff across services accredited DCU module on Homeless Prevention & Intervention.
- % of managers and team leaders accredited in DCU module Effective Management in Homeless Services .

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 7.3	Services develop and support staff, both paid and voluntary, to deliver safe and effective services.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- A secure personnel file is held for all staff with up-to-date job description, contract, training, attendance, disciplinary and performance review records. - Induction training is provided for all staff and volunteers, which includes at a minimum: a. The mission, values, aims and objectives of the service. b. Management structure of the organisation, and roles. c. Emergency procedures. d. The policies and procedures which apply to the area of work. e. The quality standards that apply to their area of work. f. Level of responsibility, duties and supervision arrangements. - Written operational procedures and policies are clearly understood and practiced by staff. - Staff demonstrate an awareness of their individual responsibility and know how to escalate risks, incidents, concerns and complaints to line managers. - Services operate a safe environment for staff and the risk of violence, bullying and harassment from other staff or service users is minimised. - Services have a written policy on the support and supervision of frontline staff: a. Supervision of frontline staff occurs at regular intervals. b. There are signed and dated records of supervision which reflect practice issues discussed and support training needs raised by either party. c. Services have a policy on the support of staff. d. Staff are encouraged through supervision to be cognisant of their own health and support needs. - Staff are encouraged and supported with regard to their professional development. - Services undertake a regular training needs analysis that informs the training schedule. - Records of training are held and staff are notified when mandatory training is due. - Organisational response to critical incidents, with debriefing opportunity as an immediate support to all staff effected by critical incidents.	☐

Emerging Improvement (Cont.)	• Training is focused on delivering person-centred services and support. • Staff demonstrate confidence in their ability to have a practice issue, concern, and/or complaint responded to by management. • Services respond to complaints of poor performance or conduct. • Minimal reliance on relief staff.	
Continuous Improvement (CI)	• Employee Assistance Programme available to all staff, including relief, student placements and volunteers. • Fora for staff for information sharing and learning on practice developments and emerging needs of service users and the differing/diverse skills required to respond effectively and appropriately. • Additional or increased supervision is available to staff as required/identified. • Service user and staff feedback is sought and used to improve service delivery. • Rolling programme of in-house training that covers core competencies and specific service requirements. • Policies, procedures and documentation are regularly reviewed, and changes are communicated throughout the organization.	☐
Sustained Improvement (SI)	• Mentoring system in place for staff. • Where dedicated recruitment practices of ex service users are in place, there is a robust support and supervision system aligned to this. • Promotion of Continuous Professional Development through organisational policy on continued education, including support to those seeking further specialization in relevant fields.	☐

Excellence (E)	• Group supervision is accessible by an external agency as part of ongoing support to staff teams and managers, to allow space for reflective practice, to compliment line management supervision. • Staff competencies reflect National & International models.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 7.3)

EXAMPLES 7.3

- There is induction training for new members of staff.
- There is a supervision policy in place.
- Managers trained in support and supervision.
- Supervision is available at regular intervals.
- There is a clear supervisory and line management structure.
- Each staff member has a personal file which contains supervision notes, job description etc.
- Regular training is offered to staff.
- Training/CPD is a rolling agenda item for team meetings.
- Courses/ events are provided as part of CPD for staff.
- The service has an employee assistance programme.
- There is a procedure in place to enable staff to report incidents of violence, aggression, bullying or harassment towards them.
- Processes are in place to acknowledge staff input where it has contributed to positive change within the organisation.
- Team meetings are held on a monthly basis in order to ensure effective communication.
- Clear policies and procedures are available on managing violence in the workplace, incident reporting etc.
- Staff can demonstrate a practical working knowledge of policies and procedures.
- Debriefing is available following serious incidents.
- Service users are involved in informing staff training.
- Service users' perspectives are incorporated into training for staff.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 7.4	Staff are responsive to service users and consistently adapt their practice to deliver safe and effective services to persons at-risk-of or experiencing homelessness.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- There is a written code of conduct for all staff, volunteers and service users. - A charter of rights is in place for service users and staff. - All specialist staff adhere to the codes of conduct of the relevant professional/regulatory body, where applicable. - Staff have access to equipment required to carry out their role safely and effectively. - Staff understand and uphold the service user's right to have their personal information dealt with in line with protections under Freedom of Information and Data Protection legislation, and inform the service user of this. - Staff demonstrate awareness and develop their practice with regard to specific needs: a. Age. b. Disability: physical, mental and sensory. c. Family Status. d. Gender. e. Sexual Orientation. f. Religious Preference. g. Race. h. Member of the Travelling Community. - Staff understand and deliver effective responses to: a. Harmful behaviours associated with alcohol/drug misuse. b. Behaviours associated with physical, psychological or mental ill-health. c. Any specialist core competency relevant to the target group/ purpose of the service. - Staff engage in continuous training in core areas: a. Housing rights and assistance. b. Health and Safety. c. Risk management. d. Needs assessment and support planning. e. Care and case management. f. Managing challenging behaviour.	☐

Continuous Improvement (CI)	• Service user feedback is sought and used to improve service delivery. • Policies, procedures and documentation are regularly reviewed, and charges are communicated throughout the organization.	☐
Sustained Improvement (SI)	• Employment of staff with key specialisation /skills to meet needs of service users and enhance service delivery. • Staff with specialisation maintain accreditation with relevant professional bodies – this is reviewed annually by HR. • Demonstrated flexibility of staff and management to respond to changing needs of service users. • Staff team have a wide range of skills/knowledge to ensure comprehensive service delivery. • Critical reflection and innovation are utilised to develop more effective services.	☐
Excellence (E)	• Opportunities to share & Learns across the sector on best and emerging practices. • Facilitation on cross sector consultation opportunities. • The service learns from National & International models and approaches. This learning informs service delivery and is shared within the organization and externally.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 7.4)

EXAMPLES 7.4

- There is a written code of conduct in place.
- There Is a charter of rights for service users and staff in place.
- As part of their assessment/appraisal are staff required to demonstrate an in depth knowledge of the needs of each service user under their remit.
- Training is an agenda item for team meetings.
- Staff are provided with regular training in core areas.
- Service review days are built into the service year plan.
- The service manager ensures staff are informed of developments in the sector in relation to new services.
- Supervision is provided to allow reflection on safe and professional practice.
- Staff are equipped to carry out their role safely and effectively.
- Staff are aware of best practice, and this unfolds in their own practice.
- There are examples of staff innovation and critical reflection contributing to service improvement.
- There are examples of changes to practice as a result of service user feedback.
- There are examples of changes to practice as a result of emerging trends.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 7: RESPONSIVE WORKFORCE				
STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

	THEME 8 : USE OF INFORMATION		
STANDARDS	Supporting SBHC standard	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A HOMELESS SERVICE IS MEETING THESE STANDARDS
8.1 Information is used to plan and deliver person-centered, safe and effective services and supports.	8.1 SPs use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare	Planning for person centered services	• Services planning and development is informed by accurate information.
8.2 Information governance arrangements ensure secure record-keeping and file management systems are in place to deliver a person-centered and effective service.	8.3 SPs have effective arrangements for management of healthcare records	Information governance	• There is evidence of adherence to robust policies and procedures to protect the confidentiality of service users.
8.3 Homeless services provide clear, accessible information to service users, staff, and others.	8.2 SPs have effective arrangements in place for information governance	Clear & accessible information provision	• Service users rights are protected and upheld under current Data Protection and Freedom of Information legislation.

STANDARD 8.1	Information is used to plan and deliver person-centred, safe and effective services and supports

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• PASS client support and bed management system is used in compliance with legislation. • Information is collated, managed and shared in compliance with the legislation, in order to support effective decision-making. • Monitoring and evaluation information is provided to relevant commissioning bodies in line with the requirements of service contracts. • Service users of accommodation-based services are admitted and departed on PASS, to support and inform evidence-based planning. • The service provides service users with information on how, why and when information is recorded and how it will be used. • Service users are made aware of data protection and freedom of information legislation. • Service users are aware of how the PASS system is used in relation to them.	☐

Continuous Improvement (CI)	• Staff use of PASS is monitored. Organisational PASS audits to ensure information is secure, up to date, complete and for valid purposes. • The service conducts Data protection audits. • Staff are supported to access and use evidence based information. • Service User feedback is sought and utilised to improve service delivery. • Policies, programmes and documentation are regularly reviewed and changes are communicated throughout the service.	☐
Sustained Improvement (SI)	• PASS client support and bed management system is used in compliance with legislation, to inform service planning. This information is used to inform management decisions and to drive continuous improvements in service provision. • The service supports sectoral and national priorities regarding data collection for research and quality improvement initiatives. • Monitoring and evaluation information is reviewed and learning applied to service provision.	☐
Excellence (E)	• Service learns from National & International models and approaches. This learning informs service development and delivery, and is shared throughout the organisation and sector.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 8.1)

EXAMPLES 8.1

- Inventory of relevant policies.
- Training needs analysis, training schedule and records.
- PASS compliance evident as per SLA.
- Service user consent forms in service user files for PASS.
- PASS clearly explained to services users as part of the admission process to the service.
- The service reports quarterly on KPIs as outlined in SLA.
- There is a data protection policy.
- Evidence that Data used to inform service planning.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 8.2	Information governance arrangements ensure secure record-keeping and file management systems are in place to deliver a person-centred and effective service.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Boards of governance, management and staff of services are aware of and compliant with current Data Protection legislation. - Services maintain complete and accurate written records of work with service users. - The opening, closing and transfer of cases is clearly documented and in line with statutory requirements under the Data Protection legislation. - Each staff member has their own unique PASS login, which cannot be shared with other staff. - Personal data cannot be shared with external agencies, outside of disclosures under section eight of the Data Protection Acts 1988 & 2003, without the service user's consent[6]. - Record-keeping is factual, non-judgemental, shows consistency and ongoing attention to the health and accommodation needs of the service user, and also the health and safety of service users and staff. - The use of the PASS client support and bed management system is clearly explained to each person on entry and the levels of consent, which apply. - Each service user has a comprehensive and up to date file that includes all records relating to their housing, health and social care. People have access to their personal information in line with legislation and best practice. - Services clearly explain to service users their right of access to personal information held and limitations which may apply. - Service users are informed by the service on the recording and intended use of personal information, and provide consent. - Service users' files are held securely and can only be removed from the premises with senior management authorisation. - Services have an email policy that protects the rights of service users in regard to the transmission of personal information	☐

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[6] Reference : Holistic Needs Assessment Supporting Protocols and Interagency Case Management protocols, which both provide specific guidance on service user consent and sharing of information.

| Emerging Improvement (Cont.) | • Services have clear procedures on:
    i. Confidentiality.
    ii. storage of personal information, including length of retention of files after the service user leaves the service.
    iii. sharing of personal information with third parties.

• Services must take all necessary industry standard ICT security measures to ensure personal data is kept safe and secure, in line with current legislation.

• Use of confidential information is consistent with the service's confidentiality policy, which conforms with the Data Protection legislation.

• Interagency protocols are used for sharing service user information[7].

• Personal information is only ever discussed in a secure space, which affords privacy to the service user.

• Any breaches of service user information are processed and reported under the Personal Data Security Breach Code of Practice. The breaches should also be reported to the lead local authority in the region, as defined by the Department of the Environment, Community and Local Government.

• Staff receive training on the use of PASS.

• Staff receive training on information governance including collection and recording of data, use of information systems and sharing of information.

• Staff are trained and knowledgeable in Children First with particular regard to information sharing, confidentiality and reporting of child protection concerns | |

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[7] Reference : Holistic Needs Assessment Supporting Protocols and Interagency Case Management protocols, which both provide specific guidance on service user consent and sharing of information.

Continuous Improvement (CI)	• Service conducts audit of compliance with policies, procedures and guidance on information sharing. • Service user feedback is sought on the collection and use of information related to them. • Policies, programmes and documentation are regularly reviewed and changes are communicated throughout the service. • Service has a named person responsible for coordinating all PASS related activities.	☐
Sustained Improvement (SI)	• Service user experience informs evaluation of information governance arrangements. • Service employs trained decision makers for legislative requirements.	☐
Excellence (E)	• Services learn from national and international models and approaches. This learning informs service development and delivery and is shared throughout the organisation and sector. • Service learns from national and international incidents relating to information governance and this learning is shared within services.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 8.2)

EXAMPLES 8.2

- Evidence of data assurance audits.
- Evidence of security measures through encryption and auditing its use.
- Trained decision makers for legislative requirements.
- Analysis of incidents, development of improvement actions and implementation of improvement plans.
- Data protection policy in place.
- Confidentiality policy in place.
- Written procedures on recording, storing and sharing information for staff.
- Data is stored in accordance with data protection requirements.
- Each relevant member of staff have a unique PASS login.
- Each service user has their own file which is stored in a secure filing cabinet that only relevant staff have access to.
- Records are accurate and up to date.
- Service user consent records
- There is a policy on access by service users to personal information held by the service.
- There is availability of private spaces within the service to discuss personal information.
- Staff are trained in accurate record keeping.
- Staff demonstrate an understanding of data protection and Freedom of Information legislation as it pertains to service users.
- File retention policy.
- Policy for dealing with data breaches[8].

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

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[8] http://dataprotection.ie/docs/Data-Breach-Handling/901.htm: a breach is defined as "an incident giving rise to a risk of unauthorised disclosure, loss, destruction or alteration of personal data"

STANDARD 8.3	Homeless services provide clear, accessible information to service users, staff, and others.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	- Statistics and data on homelessness used publicly by organisations are based on documented evidence. - Services have clearly defined aims and objectives linked to service activity. Aims, objectives and actions are reviewed for strategic relevance to local and national policy. - Services for homeless persons ensure policies and procedures are explained to, and understood by, service users. - For services that work with children: information is provided in an age and developmentally appropriate way to children in the service. - Services make freely available, in an accessible format, how complaints about any aspect of the service can be made and decisions appealed. - Services provide clear accurate and up-to date information to all staff, governing board members and management committees on relevant aspects of service delivery or changes in service parameters. - Information provided through organisational websites, publications, printed documentation and social media outlets is accurate, evidence-based and approved by senior management and funders before dissemination. - Services who facilitate direct media contact with service users do so only when deemed appropriate and following a careful assessment of any potential negative impact for the individual/ service/ local area where the service is based. - When engaging with media, service users are provided with supports before during and after the event and provide informed consent. - Service staff engaging with media have appropriate training/ briefing to represent the service/ organisation. - Services protect the dignity and privacy of service users at all times in dealings with media and social media and in production of publications.	☐

Continuous Improvement (CI)	• Aims, objectives and actions are reviewed for strategic relevance to local and national policy. • Service provides access to interpreters if required. • Service User feedback is sought and utilised to improve service delivery. • Policies, programmes and documentation are regularly reviewed and changes are communicated throughout the service	☐
Sustained Improvement (SI)	• Information on service provision is available in accessible and easy-to-read format; information is made available in other languages, as required.	☐
Excellence (E)	• Services learn from national and international models and approaches. This learning informs service development and delivery and is shared throughout the organisation and sector.	☐

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY (Standard 8.3)

EXAMPLES 8.3

- There is a written statement of service aims and objectives which is clearly linked to the activities of the service.
- There a plain English policy in place; information is available in an accessible format and written in plain English to ensure it is understood by all.
- The service has an information leaflet and/or website in an accessible format for service users detailing the provision of the service.
- All information is comprehensive.
- All information is proofed for accuracy.
- Information is available in other languages.
- Service users have access of an interpreter if required.
- The service has clear information on house rules, a customer charter, and rights and responsibilities of service users.
- The service has PASS leaflets on site.
- There is a service user forum for information sharing.
- There is a service user notice board displaying information such as the mission statement of the service, support services, training, education, etc.
- The complaints procedure is clearly explained to service users at admission stage.
- There is a media policy in place.
- Information that is provided to media outlets is accurate and evidence based.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 8 : USE OF INFORMATION

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE