

Evidence Guide
2014 Core & Service Specific Standards

The Foundation of High Quality Services

Person-Directed Services

1. Ethical Practices, Rights & Responsibilities
2. Planning & Achieving Outcomes
3. Communication
4. Accessibility

Effective Governance & Learning

5. Governance & Leadership
6. Financial Management
7. Risk Management

A Learning Culture

8. Organizational Learning & Improvement
9. Human Resources
10. Relationships, Partnerships & Community Connections

Health, Safety & Wellness

11. Health, Safety & Wellness

Service Specific Standards

- Services in a Person's Home (SPH)
- Services Outside the Home (SOH)
- Services for Children & Their Families
- Clinical Services (CS)
- Intervenor Services for People who are Deaf/Blind (DB)
- Women's Services

Evidence Guide

Overview

The FOCUS Evidence Guide is a tool that will assist organizations to prepare for accreditation. Noted in the Evidence Guide is each standard followed by the method(s) FOCUS will use while on-site to determine whether the organization is meeting, partially meeting, or not meeting each of the standards. Data collection includes:

Review of Documentation (D): Written material is reviewed, including but not limited to, policies, procedures, strategic plans, service plans, financial records, meeting minutes, information available on the organization's website, and so on.

Interviews (I): Formal and informal interviews, both in-person and over-the-telephone, take place with people using services, staff, volunteers, board members, community partners, and other stakeholders.

Observations (O): Visits to places where services are provided are scheduled for various times of the day to meet people using services and to see the activities they are involved in, the interactions between them and staff and volunteers, the condition of services areas, and so on. For most standards, findings are determined based on more than one source of evidence. There are, however, some standards where one source is all that is needed to determine whether or not the standard is being met, such as standards requiring only a written policy.

In addition to noting applicable data collection methods, examples of documents, guiding questions and comments are provided after each standard to further assist organizations to examine and meet the standard. The sample lists of documents, questions and comments are not exhaustive, as each organization, its services and the people using services from a unique context in which each validation takes place- some questions may or may not apply, and others that do not appear in the Evidence Guide might surface during the on-site validation.

If you have any questions about the FOCUS standards, process, or types of evidence noted, please contact FOCUS and we will gladly provide you with assistance.

Person-Directed Services

At the center of the organization are the people using services. High performing organizations empower people to direct the services they receive.

DOMAIN 1: Ethical Practices, Rights & Responsibilities

DOMAIN 2: Planning & Achieving Outcomes

DOMAIN 3: Communication

DOMAIN 4: Accessibility

DOMAIN #1

Ethical Practices, Rights & Responsibilities

Standard		Evidence			
		D	I	O	Other
1.1	The organization has a Code of Ethics/Conduct or equivalent, and has established an expectation that all employees and volunteers must be familiar with it and follow it.	*	*		
<p>Demonstrating Achievement: D: Written Code of Ethics I: Is there evidence that employees and volunteers have reviewed the Code, for example, is a signature required indicating they have reviewed the Code? Can they describe expectations noted in the Code? Have there been instances within the last three years where staff have not followed the Code? What was the organization's response?</p>					

Standard		Evidence			
		D	I	O	Other
1.2	The organization has and implements policies and procedures that affirm a commitment to respecting the diversity of people using services, in relation to, but not limited to: <ul style="list-style-type: none"> • Age • Gender • Culture • Language • Spiritual Beliefs • Sexual Orientation • Disability • Race • Health 	*	*	*	
<p>Demonstrating Achievement: D: A written policy addressing diversity. I: What, if any, obstacles exist that hinder diversity? What actions have been taken to address obstacles? O: How diverse is the organization's landscape in relation to people using services and the staff that support them? Is the landscape reflective of local demographics?</p>					

Standard		Evidence			
		D	I	O	Other
1.3	<p>The organization has and implements policies and procedures that address privacy rights for people using services, which are consistent with relevant legislation (example, PHIPA, PIPEDA). Areas address include:</p> <ul style="list-style-type: none"> • Personal information covered by privacy • Consent & disclosure of personal and confidential information only when authorization is provided by the person using services or a legal and approved substitute decision-maker, or when required or permitted by law • Ways to safeguard, retain & dispose of personal information • Use of images • Access to information and records • Breach of confidentiality • Privacy complaints process • Privacy rights awareness & training for staff and volunteers • Organizational structures that comply with legislation, such as having a designated Privacy Officer. 	*	*	*	
<p>Demonstrating Achievement: D: Written privacy policy; consent and disclosure form; permission for use of images form; record of privacy training for staff and volunteers. I: What measures are in place to safeguard people’s privacy? O: View storage system used to secure hard copy records.</p>					

Standard		Evidence			
		D	I	O	Other
1.4	<p>The organization has and implements policies and procedures to minimize the possibility of people using service being abused. Areas covered include, but are not limited to:</p> <ul style="list-style-type: none"> • Defining the various forms of abuse • Stating that all forms of abuse are unacceptable • Providing to staff, volunteers and people using services information on identifying and responding to abuse • Outlining a process for reporting abuse 	*	*		
<p>Demonstrating Achievement: D: Written abuse policy covering all criteria noted I: What type of information is provided to staff, volunteers and people using services about identifying and responding to abuse? How is information provided to them? Has there been a reported allegation of abuse in the last 3 years? If yes, what steps did the organization take to address the issue? What was the outcome?</p>					

Standard		Evidence			
		D	I	O	Other
1.5	<p>Where the organization assists people using services with managing their finances, policies and procedures are in place, implemented, and address:</p> <ul style="list-style-type: none"> • Consent for the organization to support the person to manage funds • Accounting and documentation of financial transactions • Handling and monitoring finances • Recording and protecting people's assets • How people can access funds 	*	*	*	
<p>Demonstrating Achievement: D: Written policy covering all criteria noted; signed consent form to manage funds; financial records; personal belongings inventory. I: Describe the processes in place for managing people's funds. Are they consistent with policies and procedures? Are people using service familiar with the accounting system, and do they have access to O: View system used to secure people's funds.</p>					

Standard		Evidence			
		D	I	O	Other
1.6	Information about the rights of people using service is available, and provide in clear language and a variety of formats.	*	*		
<p>Demonstrating Achievement: D: Rights information is available in a variety of formats, for example, the organization's website, brochures, video, service tours, etc.... I: People using services can confirm that information about their rights is available and clear to them.</p>					

Standard		Evidence			
		D	I	O	Other
1.7	The organization educates staff and volunteers about the rights of people using services, and ways to uphold rights.	*	*		
<p>Demonstrating Achievement: D: A written record of training provided to staff and volunteers includes the topic of individual rights, and dates confirm that training is offered with regularity. I: Staff and volunteers can speak to individual rights, such as being treated equally, to privacy, to freedom of speech, to an education, to food and shelter, to religion of choice, from discrimination, and so on. In what ways does the organization, its staff and volunteers support people to exercise their rights- in everyday life as well as on occasion?</p>					

Standard		Evidence			
		D	I	O	Other
1.8	If people using services are considering or making choices that pose some risk, the organization has established protocols to assist people to understand the risk and to encourage informed decision-making.	*	*		
<p>Demonstrating Achievement: D: Are there written protocols to guide staff and volunteer's actions when working with people who are considering or making choices that pose some risk? I: Staff, volunteers and people using services can speak to times when risk-taking behavior has been addressed and informed decision-making encouraged.</p>					

Standard		Evidence			
		D	I	O	Other
1.9	People using services experience choices and flexibility in how supports are provided to them, wherever possible.	*	*	*	
<p>Demonstrating Achievement: D: Do the organizer's values, philosophical underpinnings, and policies and procedures reflect rigidity or a flexible, individualized approach to how supports are provided, wherever possible? I: What are some examples of ways people using services experience choice and flexibility? O: Do interaction among staff and people using services validate a person-directed approach to the way services are delivered?</p>					

Standard		Evidence			
		D	I	O	Other
1.10	People using services are encouraged and/or supported to demonstrate responsible citizenship, in ways such as, but not limited to: <ul style="list-style-type: none"> • Recognizing how individual choices affect self and other's • Avoiding actions or activities that are harmful to them and/or others • Respecting other's right and property • Exercising their civic rights, such as voting • Contributing to their community. 		*		
<p>Demonstrating Achievement: I: In what ways is responsible citizenship encouraged or supported by the organization- both at places where services are provided and in the community? In reviewing activities the organization, programs and people engage in- how many reinforce being good citizens and contributing members of the community?</p>					

Standard		Evidence			
		D	I	O	Other
1.11	<p>Where restrictions have been placed on the rights of people using services, the organization has and implements policies and procedures that require:</p> <ul style="list-style-type: none"> • Rights restrictions to only be imposed where the person's and/or other people's health and safety is in jeopardy • Rights restrictions to only be imposed when other options have been exhausted • Least restrictive measures be utilized • Regular formal monitoring of the rights restriction to take place, and to include the involvement of professionals not directly affiliated with the organization • Rights restrictions to be promptly lifted when deemed no longer effective and/or necessary 	*	*	*	
<p>Demonstrating Achievement: D: Written policy and procedure covering all criteria noted; Meeting minutes where rights restrictions are reviewed, monitored and evaluated. I: What are some current examples of where restrictions have been placed on people's rights? What are some examples of where they have been lifted? Explain the process involved. O: Visits to places of service, and with people whose rights are restricted, will take place.</p>					

Standard		Evidence			
		D	I	O	Other
1.12	<p>People using services are supported by staff and volunteers in a manner that is professional, respectful, and that shows consideration for individuality.</p>		*	*	
<p>Demonstrating Achievement: I: What terms do people using services and external stakeholders use to describe interactions between people using services and staff? Are they the same or similar to those used in the standard? What are some good examples of where people's individuality and uniqueness is honored and respectful by staff and volunteers? O: Purposefully visit a few places of service and pay close attention to the interactions between staff and people using services. What terms would you use to summarize the nature of those interactions? Were they professional and respectful, or similar?</p>					

Standard		Evidence			
		D	I	O	Other
1.13	The organization, its staff, volunteers and people using services advocate for and on behalf of people using services.		*		
<p>Demonstrating Achievement: I: Are there structures and forums in place at the organization to support advocacy for or on behalf of people using services? What issues or efforts has the organization initiated or backed to support improvements for people using services?</p>					

Standard		Evidence			
		D	I	O	Other
1.14	The organization, its staff and volunteers take steps to avoid, minimize, or declare any potential, perceived or real conflict of interest.		*		
<p>Demonstrating Achievement: I: What steps has the organization taken to educate stakeholders about conflict of interest? Are there recent examples, within the past 3 years, where an issue of perceived or real conflict of interest has arisen? How was the situation managed?</p>					

Standard		Evidence			
		D	I	O	Other
1.15	A complaints policy and process are in place and implemented, and include: <ul style="list-style-type: none"> • Clear and understandable guidelines for making, reporting, responding to, and resolving complaints • A confidential and non-retaliation approach • A timely response to complaints • A process for monitoring and evaluating remedial action • Providing people using services and stakeholders with information on the complaints process 	*	*		
<p>Demonstrating Achievement: D: Written complaints policy covering all criteria noted. I: Provide an example of when someone has recently made a complaint- What did the complaint pertain to? Who responded and how was it dealt with? Were any changes made in response to the complaint? Does the example provided coincide with the complaints policy and processes?</p>					

Standard		Evidence			
		D	I	O	Other
1.16	<p>Where the organization is involved in knowledge discovery or formal research that involves or pertains to people using services and/or other stakeholders, policies and procedures are in place, implemented, and address:</p> <ul style="list-style-type: none"> • Purpose & intended benefit of knowledge discovery/research • Privacy & confidentiality • Informed & voluntary consent • Right of refusal to participate or withdraw • Ethical conduct of persons carrying out research/knowledge discovery • Adherence to research guidelines & agreements, where applicable 	*	*		
<p>Demonstrating Achievement: D: Written research and knowledge discovery policy covering all criteria noted; sample consent form. I: Has the organization, participated in any formal research projects within the past 3 years? What was the nature of the project, and were policies and procedures followed? What forms of knowledge discovery does the organization lead or participate in, such as, focus groups, surveys (hard copy or electronic), or case studies, including story sharing? Are participants informed of the intend of the knowledge discovery, whether information provided is confidential, whether or not participation is voluntary, and so forth as noted in criteria?</p>					

DOMAIN #2

Planning & Achieving Outcomes

Standard		Evidence			
		D	I	O	Other
2.1	A person-directed planning process is initiated within a reasonable timeframe from when the person begins using services.	*	*		
<p>Demonstrating Achievement: D: A written policy or procedures stating what the organization has determined to be “reasonable timeframe” to begin planning. Evidence of a person-directed planning process consistently initiated in accordance with this policy. I: How does the organization demonstrate to others that it engages in a person-directed planning process, and that it does so in a timely fashion? What is the process for initiating and coordinating the process?</p>					

Standard		Evidence			
		D	I	O	Other
2.2	The person-directed planning process focuses on improving the person’s life, and is based on input from the person, and important people in his/her life when requested/required. Planning includes an exploration of the person’s: <ul style="list-style-type: none"> • Desired outcomes- ways he/she expects to benefit from services • Abilities, strengths and challenges • Support needs in areas such as, but not limited to: social, emotional and physical health and well-being, communication, life-skills. 	*	*		
<p>Demonstrating Achievement: D: A written document of documents that cover the criteria noted. I: How does the organization’s planning process for people using services meet the criteria? How is the planning process person-directed? What steps are taken to verify that the planning process accurately reflects people’s needs, preferences, and desired outcomes?</p>					

Standard		Evidence			
		D	I	O	Other
2.3	Person-directed plans include action plans that identify: <ul style="list-style-type: none"> • Measurable & meaningful outcome-focused goals • Related activities • People responsible • Timelines • Methods for monitoring, evaluating, and recording progress. 	*	*		
Demonstrating Achievement: D: A written person-directed plans that includes action plans that include the noted criteria I: How does the organization demonstrate to others the action plans are being followed and evaluation? What steps are taken when action items are not being followed or achieved?					

Standard		Evidence			
		D	I	O	Other
2.4	People using services are offered a copy of their formalized person-directed plan, and can decide who else will receive a copy.	*	*		
Demonstrating Achievement: D: Documented evidence that each person using services has been offered a copy of their person-directed plan. Notation of significant others whom the person does not want to share his/her plan with. I: People using services, staff and family will be asked to speak to who determines who receives copies of personal plans					

Standard		Evidence			
		D	I	O	Other
2.5	Person-directed plans are reviewed regularly, and revisions are made based on input from people using services, staff who know them, and other person(s) in their support network, where appropriate.	*	*		
Demonstrating Achievement: D: Evidence that plans are reviewed regularly, for example, meeting minutes, on the planning document, or other. I: What is the process for reviewing plans? How does the organization demonstrate that input from people using services, their support persons and others where appropriate is incorporated into the plan?					

Standard		Evidence			
		D	I	O	Other
2.6	People using services are supported to achieve the goals in their plans.	*	*	*	
<p>Demonstrating Achievement: D: A documented action plan that tracks progress made toward achieving goals is in place I: Staff and people using services can speak to goals that people are being supported to experience. O: On-site observance of people using services working toward achieving their goals, where possible.</p>					

Standard		Evidence			
		D	I	O	Other
2.7	The organization compiles and analyzes information pertaining to the achievement of outcomes for people using services, and uses it for future planning, quality improvement, and decision-making.	*	*		
<p>Demonstrating Achievement: D: A document that summarizes outcomes, and incorporates the above criteria. I: How does the organization compile and analyze information pertaining to the achievement of outcomes for people using services? How is it used for future planning, quality improvement, and decision making?</p>					

Standard		Evidence			
		D	I	O	Other
2.8	Where the person uses more than one service provided by the organization, supports are delivered in a coordinated and consistent way.	*	*		
<p>Demonstrating Achievement: I: Evidence of coordination across services- How does the organization ensure the services and supports are being delivered in a coordinated and consistent way? Provide an example of someone who uses various services and areas where consistency has been addressed.</p>					

Standard		Evidence			
		D	I	O	Other
2.9	People who stop using services are asked for feedback on their satisfaction with the organization and the services they received.	*	*		
<p>Demonstrating Achievement: D: A document containing feedback on satisfaction for each person who has stopped using services. H: How does the organization solicit feedback on satisfaction form people who have stopped using services? How is it complied? Who referenced it? Has information learned resulted in change(s)?</p>					

Standard		Evidence			
		D	I	O	Other
2.10	Where transition to another service takes place, either internal or external to the organization, staff work collaboratively with people using services and the new service provider to ensure necessary information is shared to promote continuity of supports and services.	*	*		
<p>Demonstrating Achievement: D: Documentation outlining the transition process, from one service to the next, for example, meeting minutes, transition checklists, etc.? I: How does the organization ensure continuity of supports where a person is moving from one service to another, either internally or externally? What types of information does the organization pass on to assist with continuity of support? What process is followed when sharing this information?</p>					

DOMAIN #3

Communication

Standard		Evidence			
		D	I	O	Other
3.1	The organization places values on, and provides assistance to, supporting people using services to communicate and to be understood.	*	*	*	
<p>Demonstrating Achievement: D: Documented communication strategies within person-directed plans. I: What steps does the organization take to support people using services to develop and/or enhance their communication skills? Who is involved in the development of communication skills and how are they involved? What types of training or communication aides are provided to staff? Which staff received this training and how often does it occur? O: People using services are observed to communicate effectively with staff and each other (where possible).</p>					

Standard		Evidence			
		D	I	O	Other
3.2	People using services are involved in determining methods used to communicate with them.	*	*		
<p>Demonstrating Achievement: D: Where a consultation has taken place, meeting minutes note that the person using services was present/consulted. I: How are preferred methods of communication of people using services identified? How does the organization maintain current and accurate information on communication? How are people involved?</p>					

Standard		Evidence			
		D	I	O	Other
3.3	Best methods used to communicate with each person using services are documented and known to staff	*	*	*	
<p>Demonstrating Achievement: D: Preferred communication methods and most effective ways to communication are documented in person-directed plans, personal profiles, etc. I: Staff and people using services are asked about how staff communicate with the people they support. O: Staff are observed communicating with persons using services utilizing methods outlined in the person-directed plan.</p>					

Standard		Evidence			
		D	I	O	Other
3.4	Staff effectively communicate with people using services by: <ul style="list-style-type: none"> Using known best methods, including communication aids Allowing time needed to communicate Asking questions and conversing using everyday language Checking that the person understands. 			*	
Demonstrating Achievement:					
O: Staff are observed using the approaches noted in the standard to communicate effectively with persons using services.					

Standard		Evidence			
		D	I	O	Other
3.5	Staff facilitate effective communication between people using services and other people who interact with them, as necessary.		*	*	
Demonstrating Achievement:					
I: Provide some examples of ways you have assisted other people to communicate effectively with a person using services.					
O: Staff are observed facilitating effective communication between people using services and other people, including the FOCUS validators.					

Standard		Evidence			
		D	I	O	Other
3.6	Staff receive education and training on the use of alternative communication methods and aids, as needed.	*	*		
Demonstrating Achievement:					
D: Staff training related to the use of alternative communication methods and aids, is delivered as needed, and is documented.					
I: What training is provided to staff in the use of alternative communication methods? When people use equipment or alternative methods to speak, what steps are taken to educate staff and others who interact with the person about how to use the equipment or methods?					

Standard		Evidence			
		D	I	O	Other
3.7	The organization accommodates languages other than English, by providing information and supports in the preferred language of people using services, wherever possible,	*	*	*	
<p>Demonstrating Achievement:</p> <p>D: Examples of documents, such as personal plans, where information has been made available in the preferred language of people using services.</p> <p>I: How does the organization identify the language in which people using services prefer to communicate? Are there staff members who can communicate in the preferred language of people using services? What efforts have been made by the organization to accommodate preferences?</p> <p>O: Staff or volunteers are observed communicating with persons using service in their preferred language, where possible?</p>					

Standard		Evidence			
		D	I	O	Other
3.8	Services are available and provided in French, where the organization operates in a French language designated area.	*	*	*	
<p>Demonstrating Achievement:</p> <p>D: The organization provides information in French for examples on its website, promotional materials, etc.</p> <p>I: Does the organization employ staff who can communicate in both official languages? How are French language requirements planned for and accommodated?</p> <p>O: Staff are observed providing services in French, when required.</p>					

DOMAIN #4

Accessibility

Standard		Evidence			
		D	I	O	Other
4.1	<p>The organization has and implements accessibility policies and procedures that are consistent with relevant legislation, and identifies how the organization provides services that are accessible with regard to, but not limited to:</p> <ul style="list-style-type: none"> • Customer service • Buildings • Environment • Transportation • Finances • Information and communication • Attitude 	*	*		
<p>Demonstrating Achievement: D: Policies and procedures addressing all listed accessibility criteria. Documentation demonstrating compliance with legislation, or documentation of planned actions, to become complaint with legislation. I: In what ways are the organization’s policies and procedures consistent with relevant legislation? How does the organization identify and track compliance with relevant accessibility legislation?</p>					

Standard		Evidence			
		D	I	O	Other
4.2	<p>Information about the organization and its services is easily accessible, and available in a variety of formats.</p>	*	*		
<p>Demonstrating Achievement: D: Pamphlets, posters, brochures, signs, videos in plain language and other languages as needed (large print, braille, ASL, French, etc.) I: What information about services does the organization provide to people using services? In what formats is this available? What steps does the organization take to ensure people using services understand the information given to them?</p>					

Standard		Evidence			
		D	I	O	Other
4.3	The organization has information available to stakeholders addressing service eligibility requirements, which includes how requests for services are prioritized using a fair and equitable process.	*	*		
<p>Demonstrating Achievement: D: Documentation eligibility requirements; documented processes for determining service prioritization; Pamphlets service catalogues; information packages, web-site page, containing information pertaining to service eligibility and a process for service requests. I: How does the organization communicate its service eligibility requirements? Describe the process for ensuring that requests for services are prioritized using a fair and equitable process?</p>					

Standard		Evidence			
		D	I	O	Other
4.4	The organization has and implements systematic processes for preventing, identifying, minimizing or removing barriers to access, and evaluating the effectiveness of actions taken.	*	*		
<p>Demonstrating Achievement: D: Written processes that outline the process for addressing barriers to access, in accordance with the above criteria. I: What structures and processes does the organization have in place to identify, prevent, remove or minimize barriers to services? What steps are taken to evaluate the effectiveness of actions take to remove or minimize accessibility barriers? Provide an example of a barrier that was identified, removed and actions evaluated for effectiveness.</p>					

Standard		Evidence			
		D	I	O	Other
4.5	Accessibility factors are assessed and accommodations made when developing services sites.	*	*	*	
<p>Demonstrating Achievement: D: Documentation of accessibility considerations; documentation of identified barriers to service and or accessibility issues; necessary accommodations detailed and documented. I: What accessibility factors have been considered and addressed when developing services? How does the organization demonstrate that individual accessibility needs are assessed and accommodations made in the development of services and/or buildings? O: Tour of service in process of development, if applicable.</p>					

Standard		Evidence			
		D	I	O	Other
4.5	People using services are involved in assessing accessibility issues, and have input into the development and evaluation of action plans.		*		
<p>Demonstrating Achievement: I: How are people using services involved in the development and evaluations of accessibility plans? How does the organization demonstrate that the input of people using services was used when developing accessibility plans? People using services are asked to describe their involvement.</p>					

Standard		Evidence			
		D	I	O	Other
4.6	People using services are supported by the organization and its staff to advocate for accessible services that are not, or are not solely, the responsibility of the organization.	*	*		
<p>Demonstrating Achievement: I: How are people using services involved in the development and evaluations of accessibility plans? How does the organization demonstrate that the input of people using services was used when developing accessibility plans? People using services are asked to describe their involvement.</p>					

Standard		Evidence			
		D	I	O	Other
4.7	People using services are supported by the organizations and its staff to advocate for accessible services that are not, or are not solely, the responsibility of the organization.		*		
<p>Demonstrating Achievement: I: Provide examples of ways the organization has supported people using services to advocate for accessible services that are not, or not solely, the responsibility of the organization? (e.g. Transportation, buildings, attitudes, finances access). Were they successful advocates?</p>					

Standard		Evidence			
		D	I	O	Other
4.8	The organization and its staff are accessible and responsible to people using services and other stakeholders.		*	*	
<p>Demonstrating Achievement: I: How do employees at all levels of the organization make themselves available and responsible to people using services and other stakeholders? How does the organization ensure it is regarded as accessible and responsive? Do both internal and external stakeholders view the organization as being assessable and responsive? O: Staff are observed responding to the expressed needs of people using services.</p>					

Effective Governance & Leadership

Governance and leadership are distinct and complementary. Together, strong governance and leadership provide clarity of mission, fiscal responsibility, a balance between innovation and risk, and a commitment to accountability.

DOMAIN 5: Governance & Leadership

DOMAIN 6: Financial Management

DOMAIN 7: Risk Management

DOMAIN #5

Governance & Leadership

Standard		Evidence			
		D	I	O	Other
5.1	The organization's version, mission and values are: <ul style="list-style-type: none"> • Clearly stated • Reviewed regularly using an inclusive process • Reflect stakeholder expectations • Available to stakeholders in a variety of places 	*	*		
Demonstrating Achievement: D: The organization has written vision, values and mission, in accordance with the noted criteria. I: Is the organization's vision, mission and values clearly stated and understandable? Who was involved in developing the vision, mission and values statements? In what ways was it an inclusive process? Are stakeholders aware of, and able to describe the vision, mission, and values? How often are the organizational vision, mission and values reviewed? Is this often enough for them to remain current and/or vibrant?					

Standard		Evidence			
		D	I	O	Other
5.2	There are governance and organizational structures in place to ensure the organization is using its resources and capacity to deliver on its mission.	*	*		
Demonstrating Achievement: D: Documented organizational structure. I: What structures and processes does the organization employ to ensure that its resources (money, staff, facilities, etc.) and capacities (size, scope, capabilities, etc.) are used in ways which deliver on the organization's mission and benefit its stakeholders?					

Standard		Evidence			
		D	I	O	Other
5.3	The organization undertakes a strategic planning process that: <ul style="list-style-type: none"> • Occurs at regular intervals • Is inclusive of key stakeholders, and incorporates their views and input • Produces clear documented directions and goals for the organization • Has been approved by the Board of Directors 	*	*		
Demonstrating Achievement: D: A current documented strategic plan, which notes stakeholders involved and described an inclusive process for identifying strategic directions and related goals. I: Describe the process the organization follows when conducting strategic planning. How has the process evolved over the years? In what ways is it inclusive of stakeholders?					

Standard		Evidence			
		D	I	O	Other
5.4	The organization has a process in place to monitor and evaluate progress made toward achieving strategic goals, and shares results with the Board and stakeholders.	*	*		
<p>Demonstrating Achievement: D: A document, such as an operational plan, outlines goals, work plans, related objectives, timelines and any changes or adjustments to the strategic plan. There is documented dates of reviews. Board minutes include review of strategic goals. I: How is progress toward meeting goals measured? Who is responsible for reporting on the progress made toward achieving long and short term goals to the Board? How often does this take place?</p>					

Standard		Evidence			
		D	I	O	Other
5.5	The organization's operations and services are aligned with the organization's vision, mission, values and strategic directions.	*	*		
<p>Demonstrating Achievement: D: The organization's listed services and operational plans align with the organization's strategic plan I: Describe how the organization's services, areas of growth and focus align with its strategic goals? Have there been changes to goals since the strategic plan was developed?</p>					

Standard		Evidence			
		D	I	O	Other
5.6	The organization has applicable, current charters and constitutions and bylaw documents that are reviewed for accuracy and compliance at regular intervals.	*	*		
<p>Demonstrating Achievement: D: All charter, constitution and bylaw documents are present, and reflect the listed criteria; documentation outlining dates of review. I: How often, and by whom, is this documentation reviewed? Are they current or due for a review?</p>					

Standard		Evidence			
		D	I	O	Other
5.7	Governance policies and procedures are in place and implemented for: <ul style="list-style-type: none"> • Selecting and appointing new board members • Fully orienting new board members • Educating board members on their role and responsibilities • Ethical governance practices, including reimbursement and avoiding conflict of interest • Succession planning for the board • Voluntary or non-voluntary departure from the board 	*	*		
<p>Demonstrating Achievement: D: Policy and procedures that address the listed criteria pertaining to new board members I: Describe the organization’s process for recruiting new board members? Using your most recent recruitment as an example, describe the process for orientating new board members. What is the process for terminating board members? Has this occurred in the past 3 years? How are members of the governing body educated about the services, policies and procedures, and processes used by the organization?</p>					

Standard		Evidence			
		D	I	O	Other
5.8	Board members bring the governance of the organization varied skills and experiences that represent professional and public interests to enable the organization to prosper.		*		
<p>Demonstrating Achievement: I: Describe the varied skills, experiences and professional interests current Board members to the organization.</p>					

Standard		Evidence			
		D	I	O	Other
5.9	If advisory groups and committees exist, their functions are clearly specified and differentiated from the function of the Board of Directors.	*	*		
<p>Demonstrating Achievement: D: Written terms of reference for each advisory group. What advisory groups exist within the organization? Does the organization have a clearly defined and written mandate for each of its advisory groups? In what ways do the documents make clear the distinction between the mandate and duties of the Board and those of the advisory groups? I: Describe the relevance and effectiveness of the organization’s advisory group(s).</p>					

Standard		Evidence			
		D	I	O	Other
5.10	The Board assesses its performance as an entity and individually at regular intervals, to ensure it is functioning effectively, carrying out its responsibilities and duties, and making improvements when identified as being needed.	*	*		
<p>Demonstrating Achievement: D: Written documents that are used for the purpose of monitoring, assessing and/or evaluating Board performance. I: Describe the processes that are used to monitor and assess Board performance. Are the criteria/indicators used to measure the effectiveness and efficiency of the Board adequate? How often is this process completed? How does the organization support performance improvement for the members of the Board? In what ways has the Board used the information obtained in recent self-assessments to make improvements to their structure and/or processes?</p>					

Standard		Evidence			
		D	I	O	Other
5.11	Where required, the organization holds an Annual General Meeting every year to elect the Board of Directors, inform their members of previous and future activities, and makes available an annual report, which includes fiscal information.	*	*		
<p>Demonstrating Achievement: D: AGM meeting minutes; Annual Report; Auditors report (where required). I: Does the organization have an annual forum and process for electing its Board of Directors? Describe that process. How does the organization make available an annual report which includes fiscal information?</p>					

Standard		Evidence			
		D	I	O	Other
5.12	There are detailed position descriptions for the Board of Directors and the Executive Director/Chief Executive Officer (ED/CEO).	*	*		
<p>Demonstrating Achievement: D: Position descriptions for Board members and the Executive Director/Chief Officer. I: Do the positions descriptions reflect current practices? Is there a definition that sets out the Executive Director's/CEO limitations?</p>					

Standard		Evidence			
		D	I	O	Other
5.13	There is a regular assessment by the Board of Directors of the ED/CEO's performance.	*	*		
<p>Demonstrating Achievement: D: Documentation verifying there has been an assessment of the ED/CEO's performance, and that it is done "regularly"- often enough to support professional development. I: What is the organization's process for conducting an assessment of the Executive Director's/CEO's performance? When have the last three assessments been completed? Who has input into the assessment?</p>					

Standard		Evidence			
		D	I	O	Other
5.14	The ED/CEO is accessible to people using services, staff, volunteers and other stakeholders.		*		
<p>Demonstrating Achievement: I: How has the ED/CEO made him/herself accessible to people using services, staff, volunteers and other stakeholders? Do these groups view the ED/CEO as being accessible? Why or why not (explain)?</p>					

Standard		Evidence			
		D	I	O	Other
5.15	A fair, transparent and comprehensive succession plan is in place for the ED/CEO position.	*	*		
<p>Demonstrating Achievement: D: Documented Succession Plan for the ED/CEO is comprehensive, covering not short-term coverage in the event of an emergency, and long-term planning. I: Does the organization have a formal succession plan for the ED/CEO? Has the organization implemented the succession plan within the past 3 years? If yes, explain the ways in which is was or was not effective in guiding the process.</p>					

Standard		Evidence			
		D	I	O	Other
5.16	<p>The organization has effective and known leadership and management structures and processes:</p> <ul style="list-style-type: none"> • Roles are documented and available to stakeholders • Decision-making processes are established, and stakeholder input informs decisions • Lines of communication are known, interactions are open, positive and constructive • Change management knowledge and skills are present to ensure successful implementation of change 	*	*		
<p>Demonstrating Achievement: D: Organizational charts; documented roles, relationships and lines of communication, and processes for decision making? Describe ways the organization has provided for change-management knowledge and skills to ensure the successful implementation of planned initiatives and unexpected change.</p>					

DOMAIN #6

Financial Management

Standard		Evidence			
		D	I	O	Other
6.1	The organization has and implements policies and procedures that provide guidance and outline expectations for sound fiscal management and financial stability.	*	*		
Demonstrating Achievement: D: Written policies and procedures addressing financial management expectations. I: In general, who and how is the implementation of fiscal policies monitored?					

Standard		Evidence			
		D	I	O	Other
6.2	The organization develops an annual budget aligned with its mission, strategic directions and other obligations.	*	*		
Demonstrating Achievement: D: Documented and approved annual budget. I: What is the organization's annual budgeting process? How does the organization align the budget with organizational priorities? How does the organization demonstrate that it considers cost-effectiveness when developing and providing services?					

Standard		Evidence			
		D	I	O	Other
6.3	The Board approves the annual budget prior to the beginning of the fiscal year, or in accordance with funder timelines.	*	*		
Demonstrating Achievement: D: Documented, dated and approved Annual Budget. I: How does the organization demonstrate that it operates within its annual budget? How does the organization demonstrate that it manages and operationalizes its annual budget in accordance with funder timelines? What expectations on budgeting are imposed, either by the funder or by best practice? Is the organization meeting these requirements?					

Standard		Evidence			
		D	I	O	Other
6.4	Organizations prepare annual financial statements in a manner that is accepted by either national accounting standards, (such as Canadian Accounting Standards for Not-for-Profit Organizations) or International Financial Reporting Standards (IFRS).	*	*		
<p>Demonstrating Achievement: D: Audited financial statements, in accordance to the listed criteria. I: Who prepares the financial statements? How does the organization demonstrate that financial statements are prepared in accordance with accepted standards and principles?</p>					

Standard		Evidence			
		D	I	O	Other
6.5	The Board and ED/CEO regularly review the organization's financial status, including a variance analysis, to assess trends to spending, budgetary needs, projections for the next fiscal year, and remedial actions.	*	*		
<p>Demonstrating Achievement: D: A variance or other form of efficiency analysis. I: What is the process the organization follows, for regularly reviewing its finances? Do these reviews include trend analysis? Are reviews of the organization's financial status a standing item at Board meetings? Who reports on the organization's financial status? What form does the report take? Are reports typically in-line with the budget? Explain</p>					

Standard		Evidence			
		D	I	O	Other
6.6	The organization has an internal accounting control system to prevent error, mismanagement, and fraud.		*		
<p>Demonstrating Achievement: I: Describe the organization's process for preventing error, mismanagement and fraud. How does the organization demonstrate that this process is adhered to? Has the organization discovered any accounting errors, mismanagement or fraud in the past three years? If so, provide and explanation, including how the situation is addressed.</p>					

Standard		Evidence			
		D	I	O	Other
6.7	Accounting records are kept current and balanced in accordance with policy.	*	*		
<p>Demonstrating Achievement: D: Accounting records; accounting policy and procedure. I: Over the past year, have the organization's accounts been kept current and balanced? If the accounts were not balanced, what were the reasons? Is action planned to balance the accounts? Where is the plan recorded?</p>					

Standard		Evidence			
		D	I	O	Other
6.8	An external audit or a review is completed annually by a Chartered Accountant or Certified General Accountant.	*			
Demonstrating Achievement: D: Audited financial report (or review) from an external CA or CGA.					

Standard		Evidence			
		D	I	O	Other
6.9	The organization has and implements a policy guiding the authorization and reimbursement of expenses to ensure funds are used in a responsible and transparent manner.	*	*		
Demonstrating Achievement: D: Policy addressing the criteria I: How does the organization demonstrate that it authorizes and reimburses expenses so as to ensure funds are used in a responsible and transparent manner?					

Standard		Evidence			
		D	I	O	Other
6.10	If an organization invests funds, an investment policy is in place, and procedures are established and implemented for making and monitoring investment decisions.	*	*		
Demonstrating Achievement: D: Investment policy and procedures that cover the criteria. I: Who is responsible for overseeing and making investment decisions? How does the organization demonstrate that investments are made in a manner which meets organization procedures/protocols? Does the organization have a healthy investment track record?					

Standard		Evidence			
		D	I	O	Other
6.11	If an organization is involved in raising funds from the general public, policies and procedures are in place and implemented to promote ethical, legal, and financially responsible fundraising activities.	*	*		
Demonstrating Achievement: D: Policy and procedure addressing fundraising protocols that incorporate the listed criteria. I: Who is responsible for fundraising? Are potential donors informed of how their funds will be used/allocated? How does the organization demonstrate accountability in regard to how it uses raised funds?					

DOMAIN #7

Risk Management

Standard		Evidence			
		D	I	O	Other
7.1	<p>The organization undertakes a comprehensive risk assessment at regular intervals to minimize or mitigate the organization's exposure to risk or liability, involving:</p> <ul style="list-style-type: none"> • Identifying the organization's key risks, emerging risks and vulnerabilities, in areas such as (but not limited to) financial, political, ethical, legal, personnel, and safety and wellbeing of people using services • Prioritizing risks (for example, rating as rare, possible or almost certain) • Gauging risk level (for example, minor, significant, or catastrophic) • Allocating resources to address and mitigate risks • Identifying preventive and detective controls 	*	*		
<p>Demonstrating Achievement: D: Risk Assessment document/plan that incorporates the listed criteria. I: How often does the organization carry out a risk assessment? How does the organization demonstrate that it makes changes in areas where the risk assessment has identified areas of concern, and complies with any recommendations made in the risk assessment process?</p>					

Standard		Evidence			
		D	I	O	Other
7.2	<p>Where risks are identified by the organization, steps are taken to:</p> <ul style="list-style-type: none"> • Manage, lessen or remove risks • Monitor and evaluate the outcome of remedial action • Identify patterns of risk, possible causes, actions taken, improvements made, lessons learned, and achievements • Keep stakeholders informed of improvements 	*	*		
<p>Demonstrating Achievement: D: A documented risk management plan, strategy or report that incorporate the listed criteria. I: Provide examples of where the organization has managed, lessened or removed risk. What steps are taken to monitor and evaluate the outcomes of remedial actions? Who is responsible for this? How are stakeholders informed about improvements made?</p>					

Standard		Evidence			
		D	I	O	Other
7.3	<p>The organization has people and processes in place to be compliant with all relevant laws, current legislation and mandatory requirements, and:</p> <ul style="list-style-type: none"> • Conducts systematic review(s) to assess compliance with all relevant requirements • Addresses areas of non-compliance in a timely manner • Provides the Board of Directors with written assurance that the organization complies with requirements. 	*	*		
<p>Demonstrating Achievement: D: Written procedures outlining how the organization will ensure compliance with laws, legislation and mandatory requirements; documentation outlining what laws, legislation and requirements the organization needs to meet; documentation outlining how it has met these requirements. I: What processes does the organization have in place to demonstrate that it meets or is compliant with all relevant laws, current legislation and mandatory requirements? How is the Board made aware of, and kept appraised of, issues of non-compliance and remedial action?</p>					

Standard		Evidence			
		D	I	O	Other
7.4	<p>The organization obtains and maintains current licenses to operate, where applicable.</p>	*	*		
<p>Demonstrating Achievement: D: Licencing reports. I: What licenses are required? Are licenses current? Have any licenses ever been revoked? If yes, explain the circumstances.</p>					

Standard		Evidence			
		D	I	O	Other
7.5	<p>The organization undertakes regular reviews of the types of levels of insurance to ensure adequate coverage and protection for stakeholders, property, and liability coverage.</p>	*	*		
<p>Demonstrating Achievement: D: Current Insurance coverage policies, including review of the organization's needs by the current carrier or potential carriers. I: What is done to verify that the right types of insurance will provide adequate protection? How often are requirements reviewed? What is the last date they were reviewed?</p>					

Standard		Evidence			
		D	I	O	Other
7.6	The organization has and implements policies and procedures for educating staff about the identification and management of risks to people using services and the organization in applicable areas such as, but not limited to: <ul style="list-style-type: none"> • Privacy and confidentiality • Abuse • Financial management • Personal care • Medication administration 	*	*		
Demonstrating Achievement: D: Written policy and procedures outlining staff training requirements related to risk management, addressing the listed criteria. I: What steps does the organization take to educate staff on the identification and management of risks? What are some recent examples of risks identified by staff and behalf of people using services?					

Standard		Evidence			
		D	I	O	Other
7.7	The organization monitors and evaluates work it purchases and/or contracts out to ensure compliance with the organization's policies and expectations.	*	*		
Demonstrating Achievement: D: Documentation of approved/acceptable contractors. I: What processes are in place to screen, monitor, evaluate and record results for contracted services?					

Standard		Evidence			
		D	I	O	Other
7.8	Policies and procedures are in place and implemented for identifying, responding to, reporting, and reviewing serious occurrences and reportable events.	*	*		
Demonstrating Achievement: D: Written policy and procedures for responding to serious occurrences and reportable events, which address the listed criteria; a sample of written reports that have been submitted to the correct authority, as required, I: What processes are in place for identifying, responding to, reporting and reviewing serious occurrences and reportable events? Have the procedures for responding been consistently followed?					

Standard		Evidence			
		D	I	O	Other
7.9	The organization has and implements policies and procedures to guide the safe and responsible use, system security and maintenance of information technology (IT).	*	*		
<p>Demonstrating Achievement: D: Written IT policies and procedures, which address the listed criteria. I: Provide examples of where policies have been implemented and not followed. What action was taken?</p>					

Standard		Evidence			
		D	I	O	Other
7.10	<p>The organization has a technology plan that is implemented and reviewed regularly to assess the current and guide the future IT environment. Areas covered include, but are not limited to:</p> <ul style="list-style-type: none"> • Inventory-hardware and software • Security administration-physical security, password protection, firewall, intrusion-monitoring, portable data storage devices, internet usage-including non-work related and social networking sites and email • System maintenance-back up systems, recovery plans • Assistive technology- accessibility and ease-of-use features • Valid licenses • Disaster recover 	*	*		
<p>Demonstrating Achievement: D: Technology Plan and related or supporting documents that incorporate the listed criteria I: who is responsible for developing, implementing and monitoring the technology plan?</p>					

Standard		Evidence			
		D	I	O	Other
7.11	The organization has and implements policies and procedures to guide staff and volunteers in the use of social media, which includes directives for protecting the confidentiality of people using services and the reputation of the organization.	*	*		
<p>Demonstrating Achievement: D: Written Social media policy and procedures. I: How does the organization monitor the use of social media by staff, volunteers, and people using services in ways which protect the confidentiality of people using services and the reputation of the organization.</p>					

Standard		Evidence			
		D	I	O	Other
7.12	<p>The organization has and implements policies and procedures to guide the management and protection of all records, in paper and electronic form, and they address how records are to be:</p> <ul style="list-style-type: none"> • In compliance with privacy legislation • Maintained • Secured • Removed, transferred, and destroyed 	*	*	*	
<p>Demonstrating Achievement: D: Written policies and procedures which address the management and protection of records, in accordance with the listed criteria. I: How has privacy legislation been integrated into the policies and procedures? How does the organization demonstrate that the policies and procedures for protection and destruction of records are being adhered to? What steps does the organization take to ensure that written and electronic records are safe and secure from theft, damage and/or destruction? What is the organizations process for removing, transferring, and destroying paper and electronic records? O: On-site observance of records and confidential/private information handled, stored and secured in accordance with policy and procedures, and applicable legislation.</p>					

Standard		Evidence			
		D	I	O	Other
7.13	<p>The organization reviews a sample of service records regularly to ensure they are kept in accordance with legal requirements, and internal policies and procedures, with the expectations that the records are:</p> <ul style="list-style-type: none"> • Relevant • Objective • Accurate • Complete • Legible • Signed and dated, where applicable 	*	*		
<p>Demonstrating Achievement: D: Written procedures outlining the expectation for reviewing service records, which address the listed criteria; documentation indicating the review protocol is followed (i.e. a written summary of a recent audit). I: How often are records reviewed? What conducts the review? What is the sample size? How is it selected? What procedures does the organization follow if records are not kept in accordance with policies and procedures? O: On-site review of sampled records which adhere to the criteria of this standard.</p>					

Standard		Evidence			
		D	I	O	Other
7.14	The organization has and implements policies and procedures to guide contact with the media, including: <ul style="list-style-type: none"> • Answering initial inquiries • Identifying a spokesperson/who to contact • Protecting privacy and confidentiality of people using services 	*	*		
<p>Demonstrating Achievement:</p> <p>D: Written policy and procedures regarding contact with the media that address the listed criteria; compiled media reports.</p> <p>I: Has the organization had media contact within the past year? Were the media protocols adhered to? How was the confidentiality of people using services respected during the course of media contact? Does the organization have an identified, trained organization media spokesperson? Who is it? What training have they received?</p>					

A Learning Culture

Demonstrating and encouraging learning and continuous improvement are central tenets of organizations that value quality.

DOMAIN 8: Organizational Learning & Improvement

DOMAIN 9: Human Resources

DOMAIN 10: Relationships, Partnerships & Community Connections

DOMAIN #8

Organizational Learning & Improvement

Standard		Evidence			
		D	I	O	Other
8.1	<p>The organization fosters a culture that is committed to learning and improving by:</p> <ul style="list-style-type: none"> • Aligning learning and educational opportunities with goals related to the organization, its services and people using services • Providing staff and volunteers with training and education opportunities • Creating opportunities for staff and volunteers to try new skills • Paying attention to practices of similar organizations • Having staff from across functions in the organization work together • Conducting self-assessments • Encouraging innovation • Responding to errors and mistakes as opportunities to learn • Rewarding and celebrating successes 	*	*		

Demonstrating Achievement:

D: Written values and policies and procedures that relate to quality improvement, accountability and organizational learning.

I: Describe the strategies, structures and processes the organization uses to foster a culture of organizational demonstrate that is it paying attention to the practices of similar organizations? What steps does the organization take in seeking from people within the organization and from elsewhere? Provide examples of learning opportunities supported or facilitated by the organization and how these are directly linked to organizational, service specific and/or person-directed goals.

Standard		Evidence			
		D	I	O	Other
8.2	<p>The organization regularly seeks input about service quality from people using services, staff, volunteers, and other key stakeholders, and its receptive and responsive to feedback provider.</p>	*	*		

Demonstrating Achievement:

D: Satisfaction surveys or other written formats used to gather input.

I: How is input solicited from the people using services, family, friends, staff and other stakeholders? How often is input solicited? In what ways are suggestions for improving the effectiveness and efficiency of the organization used?

Standard		Evidence			
		D	I	O	Other
8.3	The organization analyzes and uses information about service quality to make evidence based decisions, to plan appropriate courses of action, and to address areas where quality improvement is needed.	*	*		
<p>Demonstrating Achievement: D: Written documentation regarding the methods for collecting data for decision making, and the resulting plans. I: Is there evidence that the process for collecting, analyzing and using information for decision making is understood and followed? Can employees and volunteers consistently describe how the organization determines where improvements are needed as a result of their input?</p>					

Standard		Evidence			
		D	I	O	Other
8.4	Clear measures of success are identified, monitored and evaluated for people using services, each type of service provided, and the organization as an entity.	*	*		
<p>Demonstrating Achievement: D: Service documentation (on an individual level, program level and organization-wide level) that identified the method for establishing measures of success and monitoring protocols. I: Describe how are measures of success identified, monitored and evaluated on an individual level, program level and across the organization?</p>					

Standard		Evidence			
		D	I	O	Other
8.5	Knowledge exchange and information sharing occurs across functions, between employees and volunteers, and with people outside the organization.		*		
<p>Demonstrating Achievement: I: Can employees and volunteers describe how knowledge and information shared and transferred within the organization: across functions and between employees and volunteers; and outside of the organization with community partners and key stakeholders? Do they know about a formal process or does it occur informally?</p>					

Standard		Evidence			
		D	I	O	Other
8.6	The organization has a system for using and responding to formal and informal complaints, criticism, and suggestions for improvements, and takes a non-reprisal approach to feedback.	*	*		
<p>Demonstrating Achievement: D: Written complaint policy and process; Written statement of non-reprisal when complaints are lodged; a documented process for soliciting and responding to suggestions for improvement. I: Is there evidence that the people using service, employees, volunteers and other stakeholders are aware of the complaints process? Describe any experiences with the complaints process within the last three years. What was the organization's response?</p>					

Standard		Evidence			
		D	I	O	Other
8.7	The organization encourages networking and researches trends and best practices in its sector for the purpose of creating an innovative, responsive and sustainable organization.	*	*		
<p>Demonstrating Achievement: D: Documents, reports, e-library of recent literature; studies and committee minutes. I: Is there evidence that representatives of the organization take part in networking opportunities and report back on information that may lead to a more innovative, responsive and sustainable organization? Describe the structures and processes for sharing information.</p>					

Standard		Evidence			
		D	I	O	Other
8.8	Organizational performance reporting is done regularly, is available to key stakeholders in a variety of formats, and provides information about: <ul style="list-style-type: none"> • How people benefit from services provided • A comparison of organizational and service goals to actual results • A summary of feedback from stakeholders, and the organization's responses • Successes, challenges and lessons learned • Future directions 	*	*		
<p>Demonstrating Achievement: D: An organizational performance report, available in a variety of formats that addresses and listed criteria. I: Are people aware of the organizational performance report? Have they reviewed it? Do they know what it is used for?</p>					

DOMAIN #9

Human Resources

Standard		Evidence			
		D	I	O	Other
9.1	Staff have the competencies- skills, education, individual attributes, and professional experience- as noted in policies and procedures, to assist in the fulfillment of the organization’s mission.	*	*		
<p>Demonstrating Achievement: D: Written policy pertaining to staff competency requirements; job descriptions that list the required competencies for each position in the organization. I: Are staff aware of the required competencies for their position? Are their experience, skills and education and attributes in keeping with the competencies? O: Staff consistently demonstrates the competencies that are required for their position.</p>					

Standard		Evidence			
		D	I	O	Other
9.2	An objective and consistent recruitment strategy is in place, and includes: <ul style="list-style-type: none"> • Involving people using services, directly or indirectly, in the screening and hiring of support staff, where appropriate • Hiring staff who have the competencies required for the various positions • Verifying credentials • Verifying prior to employment/involvement with the organization that all potential staff, volunteers, students and contractors do not have a record of assault, abusive or neglectful behavior, or criminal behavior that could put people at risk of harm • Checking references • Providing a current job description and letter of employment 	*	*		
<p>Demonstrating Achievement: D: A written recruitment protocol I: Staff involved in the interview process describes the recruitment strategy in a manner consistent with the indicators in the standards; Do staff hired within the last year describe their recruitment to the organization as being consistent with the recruitment protocol?</p>					

Standard		Evidence			
		D	I	O	Other
9.3	The organization complies with applicable laws, legislation and regulations governing fair employment practices.	*	*		
<p>Demonstrating Achievement: D: List of applicable fair employment regulations that apply to the organization; a written protocol for tracking compliance with applicable laws, legislation and regulations. I: Human resource staff are familiar with employment legislation, and can describe the protocol for tracking compliance and rectifying non-compliance. Have there been any legal challenges related to fair employment practices in the last three years? What was the outcome? Were improvements made as a result?</p>					

Standard		Evidence			
		D	I	O	Other
9.4	All staff complete an orientation that covers: <ul style="list-style-type: none"> • The organization’s mission, vision, and values • An overview of the organization’s programs and services • Providing person-directed services • The organizations policies and procedures • Confidentiality agreement • Code of Ethics/Conduct • Support and supervision requirements • Disciplinary and dismissal processes • An introduction to the people they will be supporting and their support requirements, where applicable. 	*	*		
<p>Demonstrating Achievement: D: Documented orientation requirements for new staff records that indicate all new hires in the past 12 months have been conducted in accordance with the orientation expectations. I: Did new employees take part in a comprehensive orientation that aligns with the standards? Do staff describe their orientation as being thorough and involving all criteria included in standard?</p>					

Standard		Evidence			
		D	I	O	Other
9.5	All staff have access to, and are required to remain familiar with and follow, the organization's policies and procedures.	*	*	*	
<p>Demonstrating Achievement: D: Policy requiring staff to be familiar with the organization's policies and procedures; documentation indicating staff are familiar with, and have remained familiar with, policies and procedures. I: Are staff aware of where they can access policies and procedures, and how to stay current with policies when they are amended, removed or new additions are made? O: Staff can easily find policies and procedures, or can direct the validators to the policies and procedures of the organization?</p>					

Standard		Evidence			
		D	I	O	Other
9.6	The organization makes sufficient staffing a priority in order to provide quality services to people using services and to achieve organizational goals.	*	*	*	
<p>Demonstrating Achievement: D: Written procedures for determining adequate staffing levels, and for monitoring adequacy of staffing levels. I: Is there a consistent response amongst stakeholders interviewed, that the organization prioritizes staffing levels and is striving to provide quality services through providing adequate staffing? O: Sufficient staffing is available, to ensure quality services to be offered; staff levels are in accordance with the requirements established.</p>					

Standard		Evidence			
		D	I	O	Other
9.7	The organization promotes effective communication and collaboration among staff through regular meetings, committees, supervision and other channels.	*	*	*	
<p>Demonstrating Achievement: D: Written documentation indicating regular meetings and supervision take place; notes from committees; supporting documentation for other channels that promote effective communication. I: Is there evidence that people feel supported and that effective communication and collaboration occurs across the organization? Can people provide examples of ways they collaborate with their colleagues effectively? O: Examples of effective communication practices are visible; view team meetings if possible.</p>					

Standard		Evidence			
		D	I	O	Other
9.8	<p>The organization develops and maintains a competent, skilled and committed staff team by:</p> <ul style="list-style-type: none"> • Identifying competencies required of staff to support people using services to achieve intended outcomes, and to support the organization to fulfill its overall mission and strategic goals • Regularly evaluating staff performance in relation to competencies, and identifying performance objectives and learning opportunities • Providing information, training and professional development opportunities 	*	*		
<p>Demonstrating Achievement: D: Documentation competencies required for various roles within the organization; documentation that demonstrates staff performance is evaluated against competencies; summary and learning opportunities. I: Evidence that staff are aware of competencies; staff interviewed have taken part in learning opportunities. O: Competencies required for the positions are observable (i.e. people have the skills expected for the position)</p>					

Standard		Evidence			
		D	I	O	Other
9.9	<p>The organization provides effective supervision, coaching and mentoring for staff and volunteers</p>		*	*	
<p>Demonstrating Achievement: I: People report feeling well supported and mentored within the organization. O: Demonstrations of supportive supervision, coaching and mentoring for staff and volunteers, both formally and informally.</p>					

Standard		Evidence			
		D	I	O	Other
9.10	<p>Leadership development is supported in the various areas or the organization through education, on-the-job training, and mentoring.</p>	*	*	*	
<p>Demonstrating Achievement: D: Documentation on educational opportunities, on-the-job training and mentoring that generates the development of leadership. I: Examples are provided of ways leadership is developed in the organization. O: Leadership skills are demonstrated in everyday situations.</p>					

Standard		Evidence			
		D	I	O	Other
9.11	The organization takes deliberate steps to retain competent, skilled and committed staff and volunteers.	*	*		
Demonstrating Achievement: D: Documented staff/volunteer retention strategy. I: Staff involved in human resources describe the strategy for retaining staff and volunteers, and how it is executed, for example, formal and informal staff recognition.					

Standard		Evidence			
		D	I	O	Other
9.12	Disciplinary policies are in place and implemented in instances when organizational policies and procedures are not adhered to.	*	*		
Demonstrating Achievement: D: Written discipline policies and procedures. I: In the past year have disciplinary processes been implemented? What is done according to policy? What was the outcome? Please describe.					

Standard		Evidence			
		D	I	O	Other
9.13	Policies and procedures are established and implemented for volunteers that include: <ul style="list-style-type: none"> • Screening process • Review of the organization's: vision, mission, values, Code of Ethics/Conduct, person-directed services, types of programs and services, applicable policies and procedures includes identifying and reporting suspected abuse • Signed confidentiality agreement • Role of volunteers and role of staff • Support and supervision requirements • Disciplinary and dismissal processes 	*	*	*	
Demonstrating Achievement: D: Written policies and procedures for volunteer development; documentation that indicates all volunteers have completed the orientation process, including signing a confidentiality agreement. I: Is there evidence that volunteers have reviewed the Code of Ethics (see 1.1) and other documentation related to their role. Can they describe expectations of their role? Can they describe ways in which they are supervised within their role? Are the expectations of their role in keeping with the written description of the role of volunteers? O: What role are volunteers playing in the organization? Is it in keeping with expectations?					

Standard		Evidence			
		D	I	O	Other
9.14	Confidential records are kept up to date for all staff and volunteers	*	*		
<p>Demonstrating Achievement: D: Written expectation and documentation indicating confidential information/records are kept up to date. I: What is the process for ensuring confidential information is kept up to date, for both staff and volunteers? How is this audited?</p>					

Standard		Evidence			
		D	I	O	Other
9.15	The organization conducts exit interviews with staff and volunteers leaving the organization for the purpose of gathering feedback about their experience and suggestions for improvements.	*	*		
<p>Demonstrating Achievement: D: Exit interview forms and records. I: How has information from exit interviews been used to improve services? Are they consistently conducted with both staff and volunteers?</p>					

Standard		Evidence			
		D	I	O	Other
9.16	There are policies and procedures in place and implemented to maintain knowledge when Board members, ED/CEO, managers and staff leave their positions.	*	*		
<p>Demonstrating Achievement: D: Written policies and procedures addressing knowledge transfer, in the event that people (as per the criteria) leave the organization. I: Has knowledge been successfully maintained and transferred when people (Board members, ED/CEO, managers and staff) leave their position or the organization? How has this been done? What was the result?</p>					

Standard		Evidence			
		D	I	O	Other
9.17	<p>An assessment of the organization's human resources strategy is conducted regularly to identify successes and areas for improvement, to devise a plan for addressing improvements, and to monitor and evaluate actions taken. Areas addressed cover:</p> <ul style="list-style-type: none"> • The organization's human resource structure • A review of the organization's needs in relation to staff competencies • Recruitment and retention strategies, for both staff and volunteers • Talent and performance management • Leadership development • Workplace wellness • Succession planning 	*	*		
<p>Demonstrating Achievement: D: Written human resource strategy; documented assessment of the strategy; tools used to evaluate the human resource strategy (i.e. satisfaction surveys, etc.) I: Describe the process for assessing the human resource function. How often is it reviewed? How have changes resulted in improvements in the organization?</p>					

DOMAIN #10

Relationships, Partnerships & Community Connections

Standard		Evidence			
		D	I	O	Other
10.1	The organization takes a timely and collaborative approach when communicating with people using services, their support network, staff, volunteers, funding bodies, and other stakeholders.		*	*	
<p>Demonstrating Achievement: I: Staff, volunteers, people using services, and other stakeholders consistently provide examples of, or state that, communication with the organization is collaborative and timely. People are satisfied with the response time of the organization to requests, or are provided with a timeframe for response. O: Examples of collaboration are observed with a range of stakeholders.</p>					

Standard		Evidence			
		D	I	O	Other
10.2	The organization educates funding bodies, other organizations, and the general public about the organization, its services, and how it benefits people using services.	*	*	*	
<p>Demonstrating Achievement: D: Written examples of information provided to various groups, about services provided by the organization and how the services benefit the people who use them. I: Other organizations, funders and the general public are aware of services provided by the organization and are able to identify how they benefit people. O: When interactions with funders, other organizations and the general public are observed, representatives of the organization take the opportunity to educate these groups about the services they provide.</p>					

Standard		Evidence			
		D	I	O	Other
10.3	Community connections are pursued and established with organizations in the same sector, and in other sectors.		*	*	
<p>Demonstrating Achievement: I: Staff speak knowledgeably about community connections, both within the sector and external to the sector, that they have established and built upon. Staff can identify positive results for the people who use services and for the organization, from these connections. O: Community connections are observed throughout the on-site validation.</p>					

Standard		Evidence			
		D	I	O	Other
10.4	The organization engages in constructive community partnerships and joint initiatives, which involve the sharing of knowledge and innovative ideas to advance supports for people using services.	*	*		
<p>Demonstrating Achievement: D: Written documentation pertaining to community partnerships and joint initiatives that are underway and the purpose of these activities. I: Staff are aware of, and can speak knowledgeably about community partnerships they are involved in. Did these partnerships lead to improvements, innovation or advancement in the services they provide? Why or why not?</p>					

Standard		Evidence			
		D	I	O	Other
10.5	The organization is involved in systems improvement activities at local, regional, provincial and national levels.	*	*		
<p>Demonstrating Achievement: D: Documented minutes, papers or other identifying the organization's contribution to conversations, at the systems level. I: Staff are aware of, and speak knowledgeably about projects/initiatives/partnerships etc. that aim to improve the way the local, regional, provincial and national systems operates.</p>					

Standard		Evidence			
		D	I	O	Other
10.6	The organization demonstrates societal responsibility through activities that positively impact the: <ul style="list-style-type: none"> • Environment- for example, the organization recycles, re-uses, reduces • Community- for example, through contribution to community initiatives • Sustainability- for example, by making decisions based on both short-term reality and long-term impact. 	*	*	*	
<p>Demonstrating Achievement: D: Policies, procedures and other written information about the organization's social responsibility commitments, and the activities proposed to support these commitments. I: Staff speak knowledgeably about how they are involved in activities that demonstrate social responsibility, and the positive impacts of these activities. What are these activities? How often do they occur? O: Examples of societal responsibility are observed, such as recycling.</p>					

Health, Safety & Wellness

Organizations have a duty of care to promote and maintain the highest degree of health, safety and wellness.

DOMAIN 11: Health, Safety & Wellness

DOMAIN #11

Health, Safety & Wellness

Standard		Evidence			
		D	I	O	Other
11.1	Written policies and procedures, and structures and processes are in place and implemented to promote the overall health, safety and wellness of people using services, staff and volunteers.	*	*	*	
<p>Demonstrating Achievement: D: Written health, safety and wellness policies and procedures, supporting documentation identifying that the policies are being implemented according to procedure. Minutes from a structure, such as a Health and Safety committee. I: Is there evidence that the health, safety and wellness policies are being implemented according to policy? Do they result in better health, safety and wellness outcomes for people using services, staff and volunteers? O: Examples of implementation of health, safety and wellness policies is observed.</p>					

Standard		Evidence			
		D	I	O	Other
11.2	Health and safety legislation is adhered to, and issues with respect to compliance are documented and rectified.	*	*		
<p>Demonstrating Achievement: D: Documentation regarding health and safety legislation and how the organization is ensuring it adheres to requirements; documentation that identifies issues regarding compliance and how the issue was rectified. I: Designated staff can speak to the process for identifying applicable legislation, how compliance is assessed and monitored, and the process for rectifying issues.</p>					

Standard		Evidence			
		D	I	O	Other
11.3	Systems are in place to ensure that areas where services are provided are designed, equipped and maintained for safe use by people using services, staff, volunteers and other stakeholders.	*	*	*	
<p>Demonstrating Achievement: D: Written procedures pertaining to the design, equipping and maintenance of areas, to ensure safety. I: Staff can speak to the process for designing, equipping and maintaining spaces that are safe for use throughout the organization. O: Service areas are observed to be free of hazards and are safe for use, whenever there are people using services, staff, volunteers and other stakeholders involved.</p>					

Standard		Evidence			
		D	I	O	Other
11.4	Areas operated by the organization are kept clean.		*	*	
<p>Demonstrating Achievement: I: Staff and other stakeholders consistently state that cleanliness is consistently maintained in areas O: Areas observed are clean.</p>					

Standard		Evidence			
		D	I	O	Other
11.5	Dangerous and hazardous materials are safely stored.	*	*	*	
<p>Demonstrating Achievement: D: Written directives addressing the storage of dangerous and hazardous materials. I: Is there evidence that employees are aware of what materials are considered dangerous and hazardous, and how they should be stored? O: Dangerous and hazardous materials are observed to be stored according to written directives.</p>					

Standard		Evidence			
		D	I	O	Other
11.6	The quality of air, heat, light and humidity are monitored and maintained for comfort, in areas operated by the organization.	*	*	*	
<p>Demonstrating Achievement: D: Documentation reflecting any inspections that have been done to monitor heat, light and humidity; written records of how issues have been rectified. I: Staff can describe expectations to ensure air, heat, light and humidity requirements are met; stakeholders consistently report satisfaction with the quality of air, heat, light and humidity. O: Air, heat, light and humidity are of the quality outlines in policy.</p>					

Standard		Evidence			
		D	I	O	Other
11.7	Internal and external health and safety inspections take place regularly, and the organization acts on recommendations made.	*	*	*	
<p>Demonstrating Achievement: D: Written inspection reports; written records identifying corrective actions taken. I: What inspections take place? How often are recommendations acted upon? O: Observable evidence that recommendations from safety inspections have been addressed.</p>					

Standard		Evidence			
		D	I	O	Other
11.8	Staff that support people using services are trained in first aid and cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use.	*	*		
Demonstrating Achievement: D: Documentation confirming staff have the required CPR, First Aid and AED training. I: Confirmation that staff have current CPR, First Aid and AED training.					

Standard		Evidence			
		D	I	O	Other
11.9	First aid supplies are available in all areas operated by the organization.		*	*	
Demonstrating Achievement: I: Are staff aware of the location of first aid supplies? O: Identify where first aid supplies are kept.					

Standard		Evidence			
		D	I	O	Other
11.10	Vehicles owned by the organization are: <ul style="list-style-type: none"> • Regularly services • In good operating condition • Equipped with first aid and emergency supplies 	*	*	*	
Demonstrating Achievement: D: Documents recording vehicles maintenance and service records. I: Confirmation that vehicles are regularly services, are in good operating condition and equipped with first aid and emergency supplies. O: First aid and emergency supplies in vehicles are observed.					

Standard		Evidence			
		D	I	O	Other
11.11	Legislation related to fire preparedness and response is adhered to, and fire extinguishers and smoke alarms are in place and regularly serviced, in all areas operated by the organization.	*	*	*	
Demonstrating Achievement: D: Documentation of applicable fire legislation and the organization's expectations to ensure compliance with legislation; written documentation regarding servicing; written records identifying corrective actions taken. I: What inspections and servicing takes place? Who is responsible for undertaking corrective actions? How are requests for corrective action made? O: Fire extinguishers and smoke alarms are in place and operational.					

Standard		Evidence			
		D	I	O	Other
11.12	People using services receive the degree of support needed to be safe.		*	*	
<p>Demonstrating Achievement: I: Are there enough staff to provide support in a manner that keeps people safe? What safety considerations are accounted for, for each person? O: Staff are observed providing services in a manner that keeps people safe.</p>					

Standard		Evidence			
		D	I	O	Other
11.13	The organization assists people using services to take proactive health and safety measures at times when supports are not immediately available, such as but not limited to, installing a call button and carrying “emergency need to know” information while in the community.		*	*	
<p>Demonstrating Achievement: I: Evidence that efforts have been made to address health and safety needs at times when supports are not provided. O: Observation of health and safety measures that are in place, for times when supports are not provided.</p>					

Standard		Evidence			
		D	I	O	Other
11.14	Policies and procedures are in place and implemented addressing emergency preparedness and response, including but not limited to: <ul style="list-style-type: none"> • Training for people using services, staff and volunteers in emergency preparedness and response • Conducting emergency drills at regular intervals • Responding to fire, medical, missing persons, power outages, severe weather, pandemics, safety during threatening situations that may arise at the place where services are provided, service disruption. 	*	*	*	
<p>Demonstrating Achievement: D: Written emergency preparedness policy and procedures; documentation outlining emergency preparedness training that has been offered; emergency drill records. I: Is there evidence that employees and volunteers are aware of emergency procedures, in a range of situations? Can they describe expectations? Have all employees been involved in drills? O: A drill may be observed, to determine whether it was conducted in accordance with policy. Note: Not a requirement for the organization to hold a drill.</p>					

Standard		Evidence			
		D	I	O	Other
11.15	Policies and procedures are in place and implemented to prevent the spread of contagious and infections illnesses, including but not limited to: <ul style="list-style-type: none"> • People using services, staff and volunteers receive current information and training • Universal precaution/personal protection supplies are available where services are provided • Rapid response is initiated when illness is suspected 	*	*	*	
<p>Demonstrating Achievement: D: Written policy and procedures outlining universal precautions to prevent the spread of contagious and infection illness. I: Are staff aware of universal precautions they need to take? O: Steps/universal precautions are observed being taken to prevent the spread of illness.</p>					

Standard		Evidence			
		D	I	O	Other
11.16	When providing support with medication is an aspect of service, policies and procedures addressing medication training, administration, side effects, secure storage, safe disposal, record keeping and responding and reporting errors, are available and implemented at all places.	*	*	*	
<p>Demonstrating Achievement: D: Written policy and procedures for medication use; records of medication administration, storage, side effects, and disposal; medication error reports. I: Is training provided to all applicable staff on medication use, including all of the aspects identified in the noted criteria? Do staff consistently describe the expected medication use procedures? Do only staff who have completed medications training, administer medications? O: Medications are observed being administered, stored, and disposed of according to policy. Medication is observed to be stored securely.</p>					

Standard		Evidence			
		D	I	O	Other
11.17	When providing medical and dental care is an aspect of service, timely medical and dental care is facilitated, and prescribed treatments are implemented, recorded and monitored.	*	*		
<p>Demonstrating Achievement: D: Written medical and dental records; records of follow-up on prescribed treatments and monitoring of treatment. I: Are staff aware of current medical and dental protocols for the people they support?</p>					

Standard		Evidence			
		D	I	O	Other
11.18	When providing personal care is an aspect of service, people using services are provided with personal care in accordance with policies and procedures and documented individual support requirements.	*	*	*	
<p>Demonstrating Achievement: D: Policies and procedures regarding personal care requirements; protocols for people who are to receive personal care; records of personal care given. I: Are staff aware of and follow personal care protocols for the people they support? Have they received training on personal care protocols, when applicable?</p>					

Standard		Evidence			
		D	I	O	Other
11.19	When providing meals is an aspect of services: <ul style="list-style-type: none"> • Staff are trained in safe food handling practices • People using services are offered balanced and nutritious meals • Special dietary requirements are known to staff, with oversight provided from a nutritionist or dietician as needed. 	*	*	*	
<p>Demonstrating Achievement: D: Written requirements regarding safe food handling practices and acceptable practices; documentation on which staff have attended training on safe food handling; documentation of special dietary requirements. I: Staff are knowledgeable about food handling practices and special dietary requirements for people using services. O: Safe food handling practices are observed being followed when providing food; nutritious food is offered.</p>					

Standard		Evidence			
		D	I	O	Other
11.20	Building and physical sites operated by the organization are structures and equipped to meet the accessibility and safety needs of people using services who require physical assistance.			*	
<p>Demonstrating Achievement: O: People who require physical assistance are able to access buildings and physical sites safely.</p>					

Standard		Evidence			
		D	I	O	Other
11.21	Information that promotes healthy living and wellness is available to people using services, staff and volunteers.	*	*		
<p>Demonstrating Achievement: D: Written information about healthy living and wellness, targeted at various groups and in different formats. I: Staff and volunteers are aware of resources that are available, pertaining to healthy living and wellness.</p>					

Standard		Evidence			
		D	I	O	Other
11.22	Policies and procedures are in place and implemented addressing the care of pets and/or service animals	*	*	*	
<p>Demonstrating Achievement: D: Written policy regarding pet care. I: Are pets permitted? Under what conditions, if any? What measures are in place to ensure pets are cared for according to policy? O: Pets and service animals are observed being cared for, in accordance with policies and procedures.</p>					

Service Specific Standards

Service in a Person's Home (SPH)

Services Outside the Home (SOH)

Services for Children & Their Families (SCF)

Clinical Services (CS)

Intervenor Services for People who are Deaf/Blind (DB)

Women's Services (WS)

Introduction

Below are the standards for Services in a Person's Home (SPH).

Please note that some standards may not be applicable (NA) where the standard sets forth expectations that are not part of the service's mandate, or are not appropriate given the support requirements of the people using services.

Services in a Person's Home (SPH)

Standard		Evidence			
		D	I	O	Other
SPH 1	The organization collaborates with people using services, and their support network (where appropriate), and the referral agency (where applicable), to find appropriate living arrangements and/or home supports for people using services.	*	*		
Demonstrating Achievement: D: Documentation on the process for determining appropriate living arrangements, e.g. meeting minutes. I: How are living arrangements determined? Who is involved in decisions? How are priorities addressed?					

Standard		Evidence			
		D	I	O	Other
SPH 2	Homes operated by the organization are adapted to meet people's needs.		*	*	
Demonstrating Achievement: I: In which homes have adaptations been made? Described? O: Required adaptations are observed to be in place.					

Standard		Evidence			
		D	I	O	Other
SPH 3	People using services are compatible with those with whom they live; where compatibility is an issue, the organization has processes in place to address challenges.		*	*	
Demonstrating Achievement: I: How is compatibility considered and addressed when living arrangements have been made; people report that compatibility is an issue for people living together, or that alternate arrangements/accommodations are being made. O: Do people living together appear to be compatible?					

Standard		Evidence			
		D	I	O	Other
SPH 4	When people share a home, each person has space for privacy and privacy is respected.		*	*	
Demonstrating Achievement: I: What spaces are made available when people ask for privacy? Does each person have their own private space? O: Is there evidence that privacy is respected? Observed examples of spaces that are private, and examples where privacy is respected.					

Standard		Evidence			
		D	I	O	Other
SPH 5	People using services are supported to personalize their space in the home, and to treat it as theirs.		*	*	
Demonstrating Achievement: I: Staff can provide examples of ways in which people have been encouraged to personalize their homes, and to treat it as theirs. O: People treating their home as theirs, such as answering the door; observations of ways people have personalized space in their home.					

Standard		Evidence			
		D	I	O	Other
SPH 6	People using services are involved in making decisions that impact their home life, such as, but not limited to, choosing shows to watch on television, décor, meals, and pets where this is an option.	*	*	*	
Demonstrating Achievement: I: Staff and people using services provide examples of ways in which people have been encouraged and supported to make lifestyle decisions, such as those listed in the criteria. O: People are observed making decisions about the way they live, such as those decisions listed in the criteria.					

Standard		Evidence			
		D	I	O	Other
SPH 7	People using services are provided with information and support to live safely in their homes.	*	*	*	
Demonstrating Achievement: D: Written information about safety that has been provided to people using services. I: People using services are familiar with the written information about safety, and can provide information about other ways they have been supported to live safely in their homes. O: Observable evidence that information about safety is provided, discussed and addressed with people using services.					

Standard		Evidence			
		D	I	O	Other
SPH 8	People using services are provided with opportunities to develop or maintain daily living skills, such as but not limited to preparing meals, attending to personal hygiene, doing laundry, and cleaning.	*	*	*	
Demonstrating Achievement: D: Personal plans outlining support requirements and goals for people who wish to develop or maintain daily living skills; tracking information on these plans. I: Staff can describe ways they assist people to develop or maintain daily living skills. O: Staff are observed providing people using services support in daily living skills.					

Standard		Evidence			
		D	I	O	Other
SPH 9	People using services are encouraged and supported to participate in activities that promote good health.		*	*	
Demonstrating Achievement: I: Evidence that good health is promoted, for example, do staff provide examples of ways in which exercise and a balanced lifestyle are encouraged? O: Opportunities to discuss and promote good health are viewed.					

Standard		Evidence			
		D	I	O	Other
SPH 10	People using services are encouraged to use their home as a place where they can socialize with family and friends, if they choose to do so.		*	*	
Demonstrating Achievement: I: How are people supported to use their home socially? What evidence is there that people choose to, or choose not to, socialize at home? Photos of social gatherings. O: People are observed socializing with their family and friends in their homes.					

Standard		Evidence			
		D	I	O	Other
SPH 11	People using services are encouraged and/or supported to form acquaintances and friendships with people in their neighborhood and community.	*	*	*	
Demonstrating Achievement: D: Records such as daily log notes, calendars, I: How do staff support people to socialize, form acquaintances and friendships? What considerations have been made regarding the places people go, who they meet, and how they are supported? What evidence is there that the level of support and type of support provided is in keeping with a person's wishes? O: Support to develop acquaintance is observed and is in keeping with the person's wishes and goals.					

Standard		Evidence			
		D	I	O	Other
SPH 12	The organization promotes a healthy balance between time spent at home and in the community.	*	*	*	
<p>Demonstrating Achievement: D: Written documentation establishing how time is spent, and whether time is balanced between being home and away. I: How is time spent? Do people get to choose how much time they spend at home and in the community? Is this in keeping with people's wishes? O: People are observed spending time both at home and in the community, according to peoples wishes and goals?</p>					

Standard		Evidence			
		D	I	O	Other
SPH 13	Service specific directives are written, available, and reviewed by staff and volunteers.	*	*	*	
<p>Demonstrating Achievement: D: Written directives are in place that are service specific; evidence that staff and volunteers have signed off, I: Is there evidence that staff and volunteers are aware of directives? Where are written directives kept? How are they tracked? How often are they reviewed and updated? O: Written directives are observed to be reviewed, referenced and followed.</p>					

Standard		Evidence			
		D	I	O	Other
SPH 14	Specialized services such as clinical, behavioral and communication supports are available to people using services where needed, and related training is provided to staff.	*	*		
<p>Demonstrating Achievement: D: Written information pertaining to what specialized services are available; evidence that staff have completed training related to specialized services. I: Have staff completed training pertaining to clinical, behavioural and communication supports? Is there training current and appropriate to the people they support? Is there adequate specialized supports available?</p>					

Introduction

Below are the standards for Services Outside the Home (SOH).

These standards apply to various types of services that are offered during the day, in the evening and on weekends. Service types include, but are not limited to, supported employment, vocational training, volunteering, life skills training, and recreation and leisure pursuits. Please note that some standards may not be applicable (NA) where the standard sets forth expectations that are not part of the service's mandate, or are not appropriate given the support requirements of the people using services.

Services Outside the Home (SOH)

Standard		Evidence			
		D	I	O	Other
SOH 1	Services are available at times and locations that accommodate the needs of people using services.	*	*	*	
<p>Demonstrating Achievement: D: Documentation of hours and locations of services. I: How were locations and hours determined? Is there flexibility regarding when and where services are provided? How are changes made when times and locations are deemed inappropriate? O: Times and locations are viewed as suiting the needs of the people using services, such as being on bus routes, open and people need it to be open (such as opening near lunch time, for a lunch program)</p>					

Standard		Evidence			
		D	I	O	Other
SOH 2	People using services are offered varied and relevant activities that coincide with their individual plans, desired outcomes, and with their abilities, safety requirements, and preferences.	*	*	*	
<p>Demonstrating Achievement: D: Individualized Plans that outline people's personal goals, and activities that coincide with the personal goals; evidence that individualized plans are being followed. I: Are staff aware of what activities people want to be involved in? Are people involved in those activities? Are a variety of relevant activities offered? Are people satisfied with the activities they are involved in? O: People are observed being engaged in activities that coincide with their plans, desires, preferences, and abilities.</p>					

Standard		Evidence			
		D	I	O	Other
SOH 3	People using services are encouraged and supported by staff and volunteers to participate in activities that promote health and wellness.		*	*	
Demonstrating Achievement: I: Evidence that health and wellness are promoted in daily activities; evidence that staff are considering health and wellness when developing plans. O: Observed activities being offered are generally healthy and promote wellness.					

Standard		Evidence			
		D	I	O	Other
SOH 4	People using services are provided with opportunities to be active and involved in their community.	*	*	*	
Demonstrating Achievement: D: Documentation that indicates community involvement is part of the schedule for services I: How is community involvement supported and encouraged? Examples of community involvement can be cited. O: Community activities are observed being provided.					

Standard		Evidence			
		D	I	O	Other
SOH 5	Staff encourage and/or facilitate activities that provide people using services with opportunities to make contributions and experience personal satisfaction.	*	*	*	
Demonstrating Achievement: D: Documentation that indicates personal contribution and satisfaction is planned for and part of the schedule for services. I: Examples of community involvement can be cited by staff involved in activity facilitation. O: Community activities are observed that encourage personal contribution.					

Standard		Evidence			
		D	I	O	Other
SOH 6	Additional safety precautions are taken when extraordinary activities are offered such as day trips and vacations.	*	*		
Demonstrating Achievement: D: Documented safety precautions for extraordinary events. I: What are some examples of additional safety precautions taken for extraordinary activities? When are they taken? How are they determined?					

Standard		Evidence			
		D	I	O	Other
SOH 7	Where people using services are involved in volunteer work, training or work-related activities without pay, the day service staff are knowledgeable about applicable laws related to these activities, and provide people using services with training, and support to success.	*	*		
<p>Demonstrating Achievement: D: Documentation citing applicable laws and policies and procedures that indicate how services are to be offered in compliance with these laws; evidence of training for staff about the laws and compliance; evidence of training for people using services who are involved in work- either volunteer or work-related without pay. I: Are staff knowledgeable about the laws related to activities? What training has been provided? What types of supports do they provide to people? Is it in compliance with applicable laws?</p>					

Standard		Evidence			
		D	I	O	Other
SOH 8	Service specific directives are written, accessible, and reviewed by staff and volunteers	*	*		
<p>Demonstrating Achievement: D: Documented service directives; evidence that service directives have been reviewed by staff and volunteers. I: Are staff and volunteers familiar with service directives? Can they easily access them?</p>					

Standard		Evidence			
		D	I	O	Other
SOH 9	Specialized services such as clinical, behavioural and communication supports are available to people using services where needed, and related training is provided to staff.	*	*		
<p>Demonstrating Achievement: D: Written documentation pertaining to specialized supports; written evidence that related training has been provided to staff. I: Have staff completed training on clinical, behavioural and communication supports? What additional supports are available and have been accessed?</p>					

Introduction

Below are the standards for Services for Children & Their Families (SCF).

Please note that some standards may not be applicable (NA) where the standard sets forth expectations that are not part of the service's mandate, or are not appropriate given the support requirements of the people using services.

Services for Children & Their Families (SCF)

Standard		Evidence			
		D	I	O	Other
SCF 1	The organization has, and implements policies and procedures that address the rights of family members and guardians to be involved in planning services for their children	*	*		
<p>Demonstrating Achievement: D: Written policies and procedures related to the rights of families, outlining their rights to be involved in planning services. I: How are parent's/guardian's rights supported by the organization? How are families involved in planning services for children?</p>					

Standard		Evidence			
		D	I	O	Other
SCF 2	<p>An initial assessment is completed with the child and the child's family or guardian to determine support needs. Information covered in the assessment is comprehensive and informative, and includes (as appropriate).</p> <ul style="list-style-type: none"> • Needs and desires of the child and family • Medical history- diagnosis, treatments, child development, immunizations • Current physical health- sight, hearing, allergies, present conditions • Previous assessments and findings • Personal care requirements • Language use and methods of communication • Safety issues • Mobility • Interaction and play skills with peers • Likes and dislikes: social, recreation and leisure pursuits • Participation in previous programs and services-preferred activities, successes, challenges • Current emotional health 	*	*		

	<ul style="list-style-type: none"> • Current mental health • Relationships with family • Educational history • Cultural and religious background 				
--	--	--	--	--	--

Demonstrating Achievement:

D: Documented initial assessment that incorporates applicable indicators in the criteria.

I: Who is involved in developing an initial assessment? Is this followed consistently? How was the assessment developed? In accordance with policy? Are people satisfied with the results? Is it used to guide service deliver?

Standard		Evidence			
		D	I	O	Other
SCF 3	The organization makes available to family members/guardians, as appropriate, information about: <ul style="list-style-type: none"> • The child’s disability • Behavior support and management • Networking opportunities, counselling, and support groups • Early intervention techniques and services • In-home support • Financial entitlements • Respite services 	*	*		

Demonstrating Achievement:

D: Written information that incorporates the criteria in the standard, written documentation that indicates families have received the information.

I: Do families report receiving useful information from the organization in areas noted in the standards (as needed and requested)?

Standard		Evidence			
		D	I	O	Other
SCF 4	Service Plans for each child and family are current, reviewed regularly and identify outcomes that are individualized, flexible and provide consistent support to children and their families.	*	*		

Demonstrating Achievement:

D: Documented service plans for each child that are current; documentation of progress on service plans, results of implementation, changes made; documentation of outcomes.

I: Are plans kept current? Do they reflect the needs of the child and family? How are outcomes tracked? How often are changes made? Who is involved in the process?

Standard		Evidence			
		D	I	O	Other
SCF 5	Children receive continuous supervision, and levels of staffing are appropriate for the types of activities in which the children are involved.		*	*	
<p>Demonstrating Achievement: I: How are levels of staffing and supervision determined to be appropriate? How are they monitored? Do staff and families deem levels to be adequate? O: Supervision and staffing offered (ie. Children aren't left unattended for periods of time, children are engaged in activities by staff; safety concerns do not arise when staff are not present).</p>					

Standard		Evidence			
		D	I	O	Other
SCF 6	Where a home is provided, living space is planned for and provided with respect to the child's gender; age, social and emotional needs, personal preferences, and is in keeping with relevant legislation and current government policies.	*	*	*	
<p>Demonstrating Achievement: D: Documented compliance with applicable legislation and government policy. I: What criteria are considered when planning homes for children? Is there regular evaluation of living situations? Have there been examples where a home has been determined to be unsatisfactory in the situations? Have there been examples where a home has been determined to be unsatisfactory in the past three years? Why? How was it rectified? O: Homes that are observed appear to be provided in accordance with policy and are suitable for the children living there.</p>					

Standard		Evidence			
		D	I	O	Other
SCF 7	Specialists/professionals are involved in planning for the child and family where a particular type of expertise is needed. Involvement may include participation in planning meetings, training of staff and delivery of services where appropriate.	*	*		
<p>Demonstrating Achievement: D: Documentation of specialist involvement in planning, where appropriate; documentation of follow-up to specialist involvement. I: What role have specialists/professionals played in planning? What other roles have they played (i.e. training, modeling supports etc.? Has this resulted in the desired outcomes? What training have specialists provided? Is other expertise needed?</p>					

Standard		Evidence			
		D	I	O	Other
SCF 8	Family members of guardian are provided with the name, telephone number and an email address of a contact person from the organization.	*	*		
<p>Demonstrating Achievement: D: Documentation of contact information that has been passed on to families; documentation indicating information has been received by families/guardians. I: Have families/guardians received information about a contact within the organization? Were they aware that there is a contact person in place at the organization?</p>					

Standard		Evidence			
		D	I	O	Other
SCF 9	Safety precautions are taken to prevent children from having accidents and from getting injured. (For example, proper instruction and supervision are provided; life jackets are worn when swimming, etc.)	*	*	*	
<p>Demonstrating Achievement: D: Documented safety procedures/precautions for children. I: What safety precautions are in place? What safety procedures are to be followed? How often have injuries occurred? In those instances, what follow-up has occurred? Have safety concerns been addressed? O: Preventative safety measures are observed being in place, and safety precautions are taken during service delivery.</p>					

Standard		Evidence			
		D	I	O	Other
SCF 10	Emergency procedures for supporting children while in the community are documented, and are followed by staff (for example, separation from the group, search for missing child, vehicle accident, and medical emergency).	*	*	*	
<p>Demonstrating Achievement: D: Documented safety procedures for children while in the community. I: Are staff aware of safety precautions and procedures that are to be followed while in the community? What are they? O: Safety precautions are observed being taken during service delivery, while in the community.</p>					

Standard		Evidence			
		D	I	O	Other
SCF 11	<p>When special activities, such as day trips and holidays are offered, family members or guardians provide approval, and measures are taken to minimize risks. Measures include:</p> <ul style="list-style-type: none"> • Written itinerary of activities is provided to family members or guardians, and is available at the organization • Contact numbers being distributed to family members or guardians and staff facilitating the trip • Staff facilitating the trip carry and make available at the organization: list of children and staff participants, including photos of each person; each child's health care number, and health care requirements including medications and allergies; a search and rescue plan 	*	*		
<p>Demonstrating Achievement: D: Documented information, according to listed criteria I: Are staff who are involved in special activities aware of the additional information required to be taken along? Are staff aware of safety precautions and procedures that are to be followed while in the community?</p>					

Standard		Evidence			
		D	I	O	Other
SCF 12	<p>Children's services staff have work-related diploma or degree, or sufficient work-related skills and experience.</p>	*	*		
<p>Demonstrating Achievement: D: Written policy outlining the required staff qualifications, skills and experience; documentation that staff have the required qualifications, skills and experience for their position. I: What are the requirements for the various positions? Do the staff meet the criteria, or is there a plan in place to address the skills and experience gap?</p>					

Standard		Evidence			
		D	I	O	Other
SCF 13	Children's services staff have training in: <ul style="list-style-type: none"> • Child development • Behavior management • Individualizes issues, such as the effects of separation on the child and family, conditions and syndromes • Current first aid and cardiopulmonary resuscitation certification (CPR), including training specific to infants and children where appropriate. 	*	*		
<p>Demonstrating Achievement: D: Policy outlining the required staff qualifications, skills and experience in keeping with the criteria in the standards; documentation confirming that staff have the required qualifications, skills and experience. I: What are the training and skill requirements for each position? Evidence that staff have current training and meet the criteria and expectations.</p>					

Standard		Evidence			
		D	I	O	Other
SCF 14	Children service specific directives are written, available, reviewed and implemented by staff.	*	*	*	
<p>Demonstrating Achievement: D: Written directives specific to each child, are documented. I: Evidence that staff are aware of service specific directives, known where they are and how they are to be implemented. O: Services are observed being carried out in accordance to service specific directives.</p>					

Standard		Evidence			
		D	I	O	Other
SCF 15	Policies and procedures promote the maintenance of comfortable relationships among organization representatives, children and family members of guardians, and this is documented among stakeholders.	*	*	*	
<p>Demonstrating Achievement: D: Written policies and procedures outlining expectations for the promotion and maintenance of relationships between stakeholders; documentation of strategies to promote comfortable relationships I: Staff are aware of their role in maintaining relationships and describe strategies they implement for doing so; stakeholders report satisfaction with relationships between parties O: Comfortable relationships are observed and demonstrated amongst the various stakeholders, when applicable.</p>					

Standard		Evidence			
		D	I	O	Other
SCF 16	Service specific directives are written, accessible, and reviewed by staff and volunteers.	*	*	*	
Demonstrating Achievement: D: Written service specific directives are available, I: Are staff and volunteers aware of service specific directives? What are they? O: Services are carried out in accordance to service specific directives, by both staff and volunteers.					

Standard		Evidence			
		D	I	O	Other
SCF 17	Specialized services such as clinical, behavioral and communication supports are available to children where needed, and related training is provided to staff.	*	*		
Demonstrating Achievement: D: Documentation of criteria for receiving specialist service planning; documentation outlining how to secure specialized services; documentation of training provided. I: Evidence that specialized services are secured as needed; staff involved in specialized services have received training, and that training was sufficient.					

Introduction

Below are the standards for Clinical Services.

The Clinical Standards (CS) apply to organizations that provide clinical case plans or treatment plans and related services in areas addressing medical, behavioral, and other clinical needs of people using services- these organizations are identified in the standards as ‘Clinical Service Providers’.

The Clinical Standards also apply to organizations that are responsible for implementing clinical case plans or treatment plans- these organizations are identified in the standards as “implementers”.

Please note that some standards may not be applicable (NA) where the standards sets forth expectations that are not part of the service’s mandate, or are not appropriate given the support requirements of the people using services. Some standards apply solely to Clinical Service Providers, or Implementers, and some apply to both.

Note:

- Standards that apply only to Clinical Service Providers are denoted by a [C]
- Standards that apply only to Implementers are denoted by an [I]
- Standards that apply to both Clinical Service Providers & Implementers are denoted by a [B]

Clinical Standards (CS)

Standard		Evidence			
		D	I	O	Other
CS 1 [C]	<p>The organization has and implements policies and procedures for the clinical services it provides, which address:</p> <ul style="list-style-type: none"> • Intake mechanisms and referral criteria to the organization and/or to specific clinical services it provides • Consent • Assessment standards and practices • Intervention standards and practices • The use of new or non-validated procedures or approaches • Ethical practices and review mechanisms • A commitment to follow least restrictive/most effective approaches • Documentation and file maintenance standards and practices • Clinician’s requirements to comply with relevant regulatory requirements and standards specific to their discipline 	*	*		
<p>Demonstrating Achievement: D: Written policies and procedures for clinical services, in keeping with the criteria listed above. I: Evidence from discussion with staff that policies are being implemented according to policy. What is the intake mechanism? What is the method for assessing standards? How is it determined that standards and practices will be used? How are files documented and maintained?</p>					

Standard		Evidence			
		D	I	O	Other
CS 2 [c]	<p>For each clinical service provided, the organization obtained informed consent from people using clinical services, or where appropriate, their substitute decision makers.</p>	*	*		
<p>Demonstrating Achievement: D: Documentation of procedure for obtaining informed consent from people using clinical services or their substitute decision makers; documented consent for clinical supports. I: Staff report a consistent methods for securing and documenting consent, in keeping with documented procedure.</p>					

Standard		Evidence			
		D	I	O	Other
CS 3 [C]	<p>The organization implements best practices when obtaining informed consent, including but not limited to:</p> <ul style="list-style-type: none"> • Giving the consent provider a description of the intended objectives, risks and benefits from clinical services • Obtaining consent at appropriate junctures during service provision (for example, at assessment, prior to altering the clinical intervention, etc.) • Ensuring that consent is time limited and renewed as appropriate • Ensuring that consent is obtained • Ensuring that consent is in compliance with relevant legislation 	*	*		
<p>Demonstrating Achievement: D: Documentation of procedures for obtaining informed consent complies with listed best practice criteria; evidence that relevant legislation has been reviewed in the development of policy. I: Staff report a consistent method for securing and documenting consent, in accordance with the best practice.</p>					

Standard		Evidence			
		D	I	O	Other
CS 4 [C]	<p>The organization employs the following practices in clinical services:</p> <ul style="list-style-type: none"> • People using services are involved in the planning and implementation of clinical services • People using services are consulted regarding whom they would like to have involved in the planning and implementation of clinical services • As appropriate, support person(s) of the people using services are involved in the planning and implementation of clinical services • Comprehensive assessment(s) are conducted (for example, using the bio-psycho-social model) prior to providing clinical intervention(s) • Person-centered approaches are used • Where new or non-validated practices are considered for use, appropriate measures are taken in obtaining consent, implementing, monitoring and evaluating the procedures. 	*	*		
<p>Demonstrating Achievement: D: Documented procedures for implementing clinical services; documentation of the assessment process; date at which the assessment process and planning process were concluded (prior to service delivery). I: Evidence that people using service are involved in the planning and implementing of clinical services, according to the criteria: How are support people involved and when? Are the approaches person-centered and evidence-based? Are new or non-validated practices used? Explain.</p>					

Standard		Evidence			
		D	I	O	Other
CS 5 [C]	<p>The organization informs people using clinical services in areas such as, but not limited to, rights to informed consent, refusing or withdrawing consent, confidentiality and limits thereto, and access to documentation.</p>	*	*		
<p>Demonstrating Achievement: D: Written policy and procedures regarding rights in clinical services that incorporate the listed criteria; documentation validating that people using clinical services have made aware if their rights. I: Evidence that staff are aware of the range of rights of people using clinical services, and have been involved in ensuring that people understand their rights.</p>					

Standard		Evidence			
		D	I	O	Other
CS 6 [C]	The organization respects the rights of people using clinical services.		*	*	
<p>Demonstrating Achievement: I: Evidence that staff are aware of the range of rights of people using clinical services, and have been involved in ensuring that people understand their rights; examples are given of ways in which staff ensure that rights are being respected. O: When clinical services are observed, rights are observed being respected.</p>					

Standard		Evidence			
		D	I	O	Other
CS 7 [C]	Each clinical case plan or treatment plan is developed, approved, monitored, and regularly reviewed by qualified professionals.	*	*		
<p>Demonstrating Achievement: D: Sample of case plans include the approval and the dates of when the plans are approved by a qualified professional. I: Describe the processes and people involved in developing, approving, monitoring and reviewing case plans or treatment plans?</p>					

Standard		Evidence			
		D	I	O	Other
CS 8 [C]	The organization works to have clinical services provided in a comprehensive manner such that clinicians in different disciplines work collaboratively to ensure the best clinical outcomes for the person using services.	*	*		
<p>Demonstrating Achievement: D: Procedures for collaborating amongst clinicians from different disciplines; documentation of clinical outcomes, approaches and clinicians involved in it.</p>					

Standard		Evidence			
		D	I	O	Other
CS 9 [I]	The organization provides staff with training relevant to clinical services and crisis prevention/intervention.	*	*		
<p>Demonstrating Achievement: D: Policy on clinical service training and crisis prevention/intervention protocols; Documentation on completed training on clinical services. I: Evidence that staff are aware of, and have completed, training required to support people receiving clinical services, and to support people before and during a crisis: What training is required? When was it completed? How often is it renewed? Who attends?</p>					

Standard		Evidence			
		D	I	O	Other
CS 10 [B]	The organization provides staff with training specific to the implementation of the relevant clinical case plans or treatment plans.	*	*		
<p>Demonstrating Achievement: D: Documentation on staff training on clinical service case plans. I: Evidence that staff are aware of, and have completed, training required to support people receiving clinical services according to their case plans; What training is required? When was it completed? How often is it renewed? Who attends?</p>					

Standard		Evidence			
		D	I	O	Other
CS 11 [B]	The organization has and implements policies and procedures to monitor the implementation of clinical case plans or treatment plans on an on-going basis, and to address issues as required.	*	*		
<p>Demonstrating Achievement: D: Policy on monitoring clinical case plans/treatment plans, including frequency of review; documentation identifying that the case/treatment plans have been reviewed according to policy; documentation identifying issues have been addressed as they have arisen. I: Evidence that the policy on monitoring plans is followed: Is there a consistent process described for reviewing case/treatment plans and for identifying and addressing issues?</p>					

Standard		Evidence			
		D	I	O	Other
CS 12 [B]	The organization has and implements policies and procedures which address intrusive and/or restrictive support measures, including: <ul style="list-style-type: none"> • Defining what constitutes intrusive or restrictive measures • Articulating under what circumstances intrusive or restrictive measures can be used in a crisis situation, and in clinical case plans or treatment plans • Where required, providing an opportunity for staff and people using services to debrief following an intrusive intervention • Outlining any additional consent, documentation and/or reviews for intrusive and/or restrictive clinical support measures • Outlining any special requirements for staff training in intrusive and/or restrictive clinical support measures • Outlining any special requirements for staff 	*	*		

	training in intrusive and/or restrictive clinical support measures <ul style="list-style-type: none"> • Specifying any required documentation of incidents using restrictive clinical support measures. 				
Demonstrating Achievement: D: Written policy and procedures on intrusive and/or restrictive support measures that incorporates the listed criteria; incident documentation and response. I: Evidence that staff are consistently implementing the intrusive and/or restrictive support measures according to policy and procedures; are there special requirements for staff training? Has debriefing occurred after the incident? Was it carried out according to procedure?					

Standard		Evidence			
		D	I	O	Other
CS 13 [B]	The organization has and implements policies and procedures pertaining to ethical practices in clinical services, including: <ul style="list-style-type: none"> • Required reporting mechanisms for monitoring the use of intrusive and/or restrictive measures • Regular third-party review of clinical treatment involving intrusive and/or restrictive measures. 	*	*		
Demonstrating Achievement: D: Written policy regarding ethical practices in clinical services, incorporating the criteria above; written policy regarding third-party review of clinical treatment. I: What requirements are there for reporting and monitoring intrusive and/or restrictive measures? Are they being consistently followed? Are ethical practices being followed? What third-party review is in place to review clinical treatment where intrusive and/or restrictive measures are in place? Is this review occurring regularly? What is the outcome of the review?					

Standard		Evidence			
		D	I	O	Other
CS 14 [C]	The organization has and implements policies and procedures regarding required standards of documentation in clinical cases. These include the format, timing and frequency of clinical reports as well as, for each case, the need to include: <ul style="list-style-type: none"> • Clear definition(s) of the area(s) of clinical concern • Summaries of relevant data and/or assessment results • A clear description of the agreed upon case plan or clinical intervention(s) • A description of how the case plan/intervention relates to the data/assessment • A description of the roles and responsibilities 	*	*		

	<p>of people involved in the design, implementation, and evaluation of plans</p> <ul style="list-style-type: none"> • A description of the intended objectives and benefits of the plan • A description of the method(s) of evaluation of the plan • Results of any evaluation(s) of the plan 				
--	--	--	--	--	--

Demonstrating Achievement:

D: Written policy regarding documentation in clinical services, incorporating the above criteria; copy of clinical case plan.

I: What requirements are there for documenting clinical cases? Are they being consistently followed? Are the practices being reviewed regularly? What is the outcome of the review? Is there standardization in the clinical case documentation?

Standard		Evidence			
		D	I	O	Other
CS 15 [C]	The organization has and implements mechanisms to verify that clinical documentation is completed within a time frame compliant with its policies and procedures, and professional or regulatory requirements.	*	*		

Demonstrating Achievement:

D: Written policy regarding timeframes for documentation in clinical services, incorporating professional and/or regulatory requirements.

What timeframes are in place pertaining to documenting clinical cases? Are they being consistently followed? Are professional or regulatory requirements being met? How are they tracked?

Standard		Evidence			
		D	I	O	Other
CS 16 [C]	<p>Files for the person using services includes for each clinical service provided:</p> <ul style="list-style-type: none"> • Signed consent forms • Appropriate assessment reports • A clinical case plan or treatment plan • Progress notes and/or reports of any evaluation of success • A termination, closure, or discharge report (where applicable) 	*	*		

Demonstrating Achievement:

D: Clinical service files include the criteria listed above; there is a process for determining that each clinical service follows the files maintenance requirements.

I: Evidence that staff are aware of the requirements for keeping clinical service files up to date, and how to do so.

Standard		Evidence			
		D	I	O	Other
CS 17 [C]	The organization has policies and procedures outlining expectations for ongoing professional development for clinical service staff.	*	*		
<p>Demonstrating Achievement: D: Written policy outlining expectations for ongoing professional development for clinical service staff; list of professional development/training that staff have taken part in. I: Are all staff engaged in professional development, as per policy?</p>					

Standard		Evidence			
		D	I	O	Other
CS 18 [C]	The organization supports its clinicians to comply with the Professional, Ethical and/or Practice Standards of their Regulatory College, Certifying Organization and/or Professional Association	*	*		
<p>Demonstrating Achievement: D: The organization supports clinicians to comply with their professional bodies; documentation that clinicians are in compliance with professional requirements I: Clinicians consistently identify compliance with professional requirements as a compulsory component of their employments, evidence that all clinicians are in compliance with professional requirements.</p>					

Standard		Evidence			
		D	I	O	Other
CS 19 [C]	The organization conducts an annual review of its clinical services, identifying successes, challenges, and learning for the purpose of future planning and evidence-based decision-making.	*	*		
<p>Demonstrating Achievement: D: Written annual review of clinical services that includes the above criteria. I: Clinical staff have input into the annual review of clinical services, and are familiar with the results, and can speak to the impact of the review on clinical services.</p>					

Introduction

Below are the standards for Intervenor Services for People who are Deaf/Blind.

Please note that some standards may not be applicable (NA) where the standard sets forth expectations that are not part of the service’s mandate, or are not appropriate given the support requirements of the people using services.

Intervenor Services for People who are Deaf/Blind (DB)

Standard		Evidence			
		D	I	O	Other
DB 1	An initial assessment for the person who is deaf/blind is facilitated by a professional with relevant training and experience working with people who are deaf/blind.	*	*		
<p>Demonstrating Achievement: D: Written policy regarding requirements for conducting an initial assessment for a person who is deaf/blind; written evidence that the assessment was completed by a professional, as per the criteria. I: Describe the process for conducting an initial assessment; who is involved? Who conducts the assessment? Verify the person’s credentials are in keeping with the criteria in the standard.</p>					

Standard		Evidence			
		D	I	O	Other
DB 2	The initial assessment includes collaborating with the person who is deaf/blind and others, to gather holistic information about individual service needs, previous use of Intervenor Services, and modes of communication.	*	*		
<p>Demonstrating Achievement: D: A written procedures for conducting an initial assessment, in keeping with listed criteria. I: How does the assessment process use information gathered from collaborating with the person who is deaf/blind and others? Has it been conducted consistently and in accordance with documented procedures? Who is involved? What information makes it “holistic”?</p>					

Standard		Evidence			
		D	I	O	Other
DB 3	The organization provides services that reflect the service requirements, activities, needs and desires of the person who is deaf/blind.	*	*	*	
<p>Demonstrating Achievement: D: Documentation outlining the services the organization will provide I: How do services being provided reflect the person’s service requirements, activities, needs and desires? How is this monitored? O: Activities provided are observed to be in keeping with the service requirements that are established in writing.</p>					

Standard		Evidence			
		D	I	O	Other
DB 4	<p>Within a reasonable time frame of beginning or transitioning to service, a qualified professional/Intervenor provides the person who is deaf/blind with a comprehensive orientation, that includes:</p> <ul style="list-style-type: none"> • Introduction to staff • Explanation of the services the organization offers • An orientation to the physical space where services are to be provided • Orientation to community • Information about community (if applicable). 	*	*		
<p>Demonstrating Achievement: D: Written policy outlining expectations for conducting an orientation with a person who is deaf/blind. Once they enter the service, written timeframe in which the orientation needs to be conducted. I: What is the expected timeframe in which the person must take part in an orientation to service? What does the orientation include? Who is involved in it? How is it carried out?</p>					

Standard		Evidence			
		D	I	O	Other
DB 5	The organization provides services in an environment which is safe, and physically accessible to, the person who is deaf/blind.		*	*	
<p>Demonstrating Achievement: I: How does the organization ensure the environment is safe and accessible for a person who is deaf/blind? How is this monitored? Who has responsibility for it? What is the process for rectifying situations/the environment when it is deemed unsafe or unaccessible? O: The environment in which services are provided are observed to be safe and accessible- no tripping risks, handrails are in place, additional adaptations have been made as identified as being need.</p>					

Standard		Evidence			
		D	I	O	Other
DB 6	All direct service staff that work with people who are	*	*		
Demonstrating Achievement: D: Written policy and procedures for staff orientation and training for working with people who are deaf/blind; records of staff who have completed the orientation and training as required. I: Have all staff successfully completed an orientation and completed the required training? Are there other areas of training that need to be addressed?					

Standard		Evidence			
		D	I	O	Other
DB 7	The organization promotes inclusion and accessibility for the person who is deaf/blind, both within the organization and in the community.		*		
Demonstrating Achievement: I: How are inclusion and accessibility promoted within the organization and in the community? What examples can be provided? Are results of these efforts tracked? What results have been achieved?					

Standard		Evidence			
		D	I	O	Other
DB 8	Services are provided in a manner that enables the person who is deaf/blind to receive non-biased, non-distorted feedback about their environment and their choices.	*	*		
Demonstrating Achievement: D: A written policy on how to support a person who is deaf/blind, according to the listed criteria. I: Evidence from interviews that a consistent approach is being used? How is it ensured that non-biased, non-distorted feedback is being provided to the person who is deaf/blind? Are there checks and balances in place? Is additional training required?					

Standard		Evidence			
		D	I	O	Other
DB 9	Services are provided using that preferred mode of communication of the person who is deaf/blind.	*	*		
Demonstrating Achievement: D: Written protocol for determining the preferred mode of communication of the person; a system for tracking that services are being provided in accordance with the protocol I: How is a person's preferred mode of communication determined? What system for monitoring effectiveness is in place? How do staff learn about the person's mode of communication?					

Standard		Evidence			
		D	I	O	Other
DB 10	The organization actively seeks knowledge sharing opportunities, and has built	*	*		
Demonstrating Achievement:					
D:					

Standard		Evidence			
		D	I	O	Other
DB 11	Intervenors have training in the following: <ul style="list-style-type: none"> • Knowledge of deaf/blindness and its impact on learning and development • Knowledge of the process of intervention, the role of the intervenor and the ability to facilitate the process • Knowledge of communication, including methods and adaptations, and the ability to facilitate the development and use of communication skills • Knowledge of the eye and ear • Knowledge of assistive devices and current technology • Professionalism and ethical practices • Demonstrated competency in modes of communication utilized by the person who is deaf/blind • Orientation and mobility • Sighted guide training 	*	*		
Demonstrating Achievement:					
D: A written policy requiring intervenors to have training that aligns with the listed criteria; a system for tracking the training intervenors, or are enrolled to complete.					
I: What training have you completed, to support your role as an intervenor? Are you enrolled in further training? What are the expectations of the organization?					

Standard		Evidence			
		D	I	O	Other
DB 12	A Code of Ethics has been developed specific to Intervenor Services and people who are deaf/blind, and Intervenors are aware and adhere to the Code of Ethics.	*	*		
<p>Demonstrating Achievement: D: A written Code of Ethics is in place, pertaining specifically to Intervenor services. I: Are staff aware of the Code of Ethics for Intervenors, and conduct themselves accordingly? How is the Code of Ethics applied in everyday work? Can examples be provided?</p>					

Standard		Evidence			
		D	I	O	Other
DB 13	The organization provides all employees with general information about deaf/blindness.	*	*		
<p>Demonstrating Achievement: D: Written information on deafblindness that is available to all employees. I: Staff are aware of, and have seen, general information about deaf/blindness; staff know where to access information about deaf/blindness.</p>					

Introduction

Below are the standards for Women's Services.

Please note that some standards may not be applicable (NA) where the standard sets forth expectations that are not part of the service's mandate, or are not appropriate given the support requirements of the service users.

Women's Services (WS)

24 Hour Crisis Line

Standard		Evidence			
		D	I	O	Other
WS 1.1	The crisis line is available 24 hours a day, and is answered by someone live.	*	*		
<p>Demonstrating Achievement: D: Review written materials about the crisis line intended for the public, such as website, pamphlets, newspaper notices, and bulletin boards- what are the noted hours of operation? Review written materials intended to guide the operation of the crisis line, and note hours of operation. I: Service users are asked about their experiences using the 24 Hours Crisis Line. Did a person answer the call or a recorded answering service? Staff and volunteers that work the crisis line are asked about hours of operation and protocols for answering calls.</p>					

Standard		Evidence			
		D	I	O	Other
WS 1.2	The crisis line is available to women experiencing abuse, their family, friends and members of the community.	*	*		
<p>Demonstrating Achievement: D: Review written materials intended for the public and note whether it is clear who the crisis line is open to, and if each stakeholder group noted in the standard is included on the list. Is this information also noted in internal documents guiding crisis line operations? Review documented statistics on stakeholder groups using the 24 Hour Crisis Line. I: Staff and volunteers that work the crisis line are asked about who places calls, and whether there are restrictions re: whom they receive call from.</p>					

Standard		Evidence			
		D	I	O	Other
WS 1.3	Staff and volunteers that work on the crisis line receive crisis response training to prepare them for first point of contact support.	*	*	*	
<p>Demonstrating Achievement: D: Review documents noting training requirements for staff and volunteers for staff and volunteers working the crisis line. Review document tracking the completion of training. I: Ask staff and volunteers about the type and quality of training they receive to work the crisis line. O: Where appropriate, observe staff and volunteers working the crisis line.</p>					

Standard		Evidence			
		D	I	O	Other
WS 1.4	The organization provides service users with access to crisis support, information, and referrals through the crisis line.	*	*		
<p>Demonstrating Achievement: D: Review written materials about the crisis line that are intended for the public, and note the mandate. Is the purpose of the crisis line clear? What types of support are noted? I: Ask service users what type of support they received through the crisis line. Ask staff and volunteers to describe what types of support they provide to callers. Does support cover respectful listening, providing information about services available through the Shelter and elsewhere? Are referrals made?</p>					

Standard		Evidence			
		D	I	O	Other
WS 1.5	Policies and procedures are in place to ensure that the identity of the person placing the call to the crisis line, and matters discussed, are confidential.	*	*		
<p>Demonstrating Achievement: D: Review written policies and procedures pertaining to privacy and the crisis line. Does it clearly state that the identity of callers is confidential? Does it stipulate what processes are to be followed by staff and volunteers to ensure privacy & confidentiality of service users placing calls? Are they sufficient? Have instances arisen where confidentiality has been breached? What corrective action was taken to minimize the risk of this happening in the future? I: Ask staff and volunteers to describe what structures and processes are in place to protect the identification of service users placing calls to the crisis line.</p>					

Advocacy

Standard		Evidence			
		D	I	O	Other
WS 2.1	The organization works independently and with other organizations to promote awareness of the needs of women experiencing abuse and their children/dependents.	*	*		
<p>Demonstrating Achievement: D: Is advocacy included in the organization's written mission and mandate? Is advocacy noted in job descriptions? Is information about the rights and needs of women experiencing abuse included in written material produced by the organization, such as its website, pamphlets, newsletter, etc.? Is there written evidence of joint projects with other organizations addressing the rights and needs of women experiencing abuse? I: Board members, Executive Director, managers and staff can provide examples of advocacy, such as hosting events, making presentations to government, funders, community organizations, etc. Community Partners are asked about joint initiatives with the organization that include advocacy.</p>					

Standard		Evidence			
		D	I	O	Other
WS 2.2	Appropriate referrals are made promptly where the organization does not have the resources to meet the needs of service users.	*	*		
<p>Demonstrating Achievement: D: A review of written records that note referrals made on behalf of service users. I: Service users are asked whether the organization has referred them to other services. Staff are asked to provide examples of when and to what types of services they make referrals, and typical timeframes for doing so.</p>					

Standard		Evidence			
		D	I	O	Other
WS 2.3	The organization promotes the rights of all service-users equally.	*	*		
<p>Demonstrating Achievement: D: Are there written policies and procedures in place that promote the rights of all service users equally? Are women given equal access to services and the same options and quality of supports regardless of factors such as socio-economic background, personal circumstances, and other? I: Service users are asked if they view the service as treating all service-users equally. Staff are asked to explain what steps are taken to ensure service users are treated equally, and any challenged they have experiences in this area.</p>					

Standard		Evidence			
		D	I	O	Other
WS 2.4	When contacted by abusers, the organization provides them with information, referrals or services.	*	*		
<p>Demonstrating Achievement: D: A review of the organization’s written policy and directives for when abusers contact the organization looking for assistance. I: Staff are asked to share their experiences of responding for support from abusers. What approach is taken when abusers contact the organization for the purpose of seeking help? What type of information is provided to them? If providing them with assistance is not part of the organization’s mandate, to what organizations are abusers referred?</p>					

Counselling

Standard		Evidence			
		D	I	O	Other
WS 3.1	The organization makes available, or makes a referral for. Crisis, short-term or long-term counseling or service-users and their children/dependents.	*	*		
<p>Demonstrating Achievement: D: Is counselling support and/or referrals for this type of support to service users and their children/dependents noted in materials intended for the public, such as, website, newsletters, pamphlets, etc.? I: Service users are asked about the counselling and support them and their children/dependents have experienced or were referred to through the organization. Staff are asked to describe this aspect of their work-timelines, approaches, availability, effectiveness, etc.</p>					

Standard		Evidence			
		D	I	O	Other
WS 3.2	Where the organization offers counselling support, it is provided by staff and/or volunteers with appropriate education, training and experience.	*	*		
<p>Demonstrating Achievement: D: A review of staff job descriptions with attention to qualifications, education and experience related to providing counselling and support. I: Staff and volunteers who provide counselling and support are asked about their education, training and experience in the area of counselling women experiencing violence and abuse.</p>					

Standard		Evidence			
		D	I	O	Other
WS 3.3	Counselling approaches emphasize empowerment and individual rights.	*	*		
<p>Demonstrating Achievement: D: Guidelines for providing counseling and support directives that approaches used emphasize and reinforce empowerment and individual rights. I: Service users are asked to describe approaches used by staff providing them with counselling and support. Staff and volunteers are asked to describe the approaches they use when providing counselling and support to service users.</p>					

Standard		Evidence			
		D	I	O	Other
WS 3.4	The organization has an established practice of encouraging service users to contact the organization for follow-up, or should they require additional services.	*	*		
<p>Demonstrating Achievement: D: Written guidelines are in place directing staff and volunteers to encourage service users to contact the organization once they leave the shelter or are no longer actively enrolled in a program, should the need arise. I: Staff are asked to describe what information they share with service users leaving the shelter or who have completed a program- are the women encouraged to contact the organization as needed? With what frequency does this happen?</p>					

Prevention & Education

Standard		Evidence			
		D	I	O	Other
WS 4.1	The organization makes education about abuse available to service users, youth, members of the general public, and professionals from related and non-related sectors, to: <ul style="list-style-type: none"> • Increase awareness of abuse • Change attitudes toward persons abused • Have a positive influence on the behavior of all persons with the intent to prevent further abuse. 	*	*		
<p>Demonstrating Achievement: D: A review of written education materials that are available to various stakeholder groups, including website, workshop and course handouts, newsletters, etc. What are the learning objectives? Does course content support the learning objectives, including those noted in the standard? How does the organization measure the achievement of learning objectives? I: Service users, staff and community partners that have participated in educational presentations or received written materials from the organization are asked to describe key learning.</p>					

Standard		Evidence			
		D	I	O	Other
WS 4.2	<p>Multiple forms of learning are used to educate persons about abuse, and content covers:</p> <ul style="list-style-type: none"> • Common users of violence and abuse in relationships • Ways to prevent abuse from occurring • Ways to help someone experiencing abuse • Resources available in the community 	*	*		
<p>Demonstrating Achievement: D: A review of written education, such as website, newsletters, workshop materials, pamphlets, etc. Does the content cover areas noted in the standard? Is it clearly stated? I: Staff involved in educating service users and other stakeholders are asked to describe the different methods used, and primary messages shared about women experiencing violence and abuse.</p>					

Standard		Evidence			
		D	I	O	Other
WS 4.3	<p>The organization tailors its educational content to fit the characteristics of the target audience, and presents it with sensitivity.</p>	*	*		
<p>Demonstrating Achievement: D: A review of educational material used to educate: service users, their children, and general public, other. Is the information tailored to the characteristics of the stakeholder groups? In what ways is sensitivity addressed- language, topics covered other? I: Staff tasked with educating stakeholders about abuse are asked to describe what efforts are made to tailor content and approaches to learning.</p>					

Shelters

Standard		Evidence			
		D	I	O	Other
WS 5.1	<p>Written policies and procedures, and related structures and processes are in place to provide a safe refuge at the shelter for women and their children/dependents.</p>	*	*	*	
<p>Demonstrating Achievement: D: A review of the organization's policies and procedures that address providing a safe refuge at the shelter. Documentation covers physical structures in place, such as locked entries, visitor requirements, privacy, confidentiality, etc. I: Service users are asked to rate how safe they feel at the shelter. Staff are asked about the adequacy of the various structures and processes that are in place at the shelter to safeguard the women's safety and that of their children/dependents. O: A tour of their shelter provides ample evidence that structures and processes are in place to ensure a safe refuge for women and their children/dependents.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.2	Processes are established to provide service users and their children/dependents with a comfortable arrival experience at the shelter.	*	*		
<p>Demonstrating Achievement: D: Are there written guidelines in place for when women and their children/dependents arrive at the shelter, and the approaches staff and volunteers are to take this a comfortable experience? What actions are prescribed? I: Service users are asked to comment on their arrival experience as the shelter. Were staff immediately available? Was this demeanor kind and respectful? Was the information they provided about the shelter clear and adequate? Staff are asked to describe the arrival process and to comment on its effectiveness.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.3	The shelter is furnished and decorated to create a comfortable atmosphere for service users and their children/dependents.		*	*	
<p>Demonstrating Achievement: I: Service users are asked to comment on the physical atmosphere at the shelter. O: Are shelter furnishings the same or similar to those found in a home? Is the placement of furnishings conducive to socializing as well as spending time alone. Is the shelter fairly bright and decorating calm and cheerful, for example, warm colours and pleasant photos and pictures on display?</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.4	Processes are established to provide service users and their children/dependents with some time and emotional support to adjust to their circumstances and new surroundings before planning for next steps.	*	*		
<p>Demonstrating Achievement: D: Do written guidelines pertaining to arrival at the shelter include timelines for planning that take into account the women and her children/dependent's need to adjust to their circumstances and new surroundings? Do dates on case planning documents indicate that some time is given between intake and planning? I: Service users are asked if they were given adequate time to adjust to their new surroundings and circumstances before the planning for next steps took place. Staff are asked about typical timelines.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.5	Service users and their children/dependents have access to trained, respectful, kind, and non-judgmental support staff and volunteers 24 hours a day.	*	*	*	
<p>Demonstrating Achievement: D: A review of staff and volunteer applications, positions qualifications, and mandatory training indicate that training, respect and a kind and non-judgmental approach toward service users is the expectation. I: Service users are asked to describe the professional qualities of staff and volunteers. O: Informal observations of staff and volunteers interacting with service users occurs during visits to the shelter and other places where the organization provides service. What language, tone and approaches do staff and volunteers take during interactions? Are they consistently present and helpful to the women?</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.6	Rules and regulations in place at the shelter focus on keeping service users and their children/dependents safe, and are written in positive, respectful and inclusive language.	*			
<p>Demonstrating Achievement: D: Review written rules. Regulations and guidelines intended for service users. Are the words and tone used constructive? Is it apparent that rules are in place to ensure safe refuge for the women and their children/dependents?</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.7	Service users and their children/dependents receive material support or help with accessing items, such as food and clothing.	*	*		
<p>Demonstrating Achievement: D: If providing service users with material support is included in the organization's mandate this is made known to them in print. I: Service users are asked if material was provided to them through the organization. Staff and volunteers are asked to comment on the ways in which the organization supports service users to access material support.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.8	Children and youth have access to education and recreational services.	*	*		
<p>Demonstrating Achievement: D: The organization has written policies or guidelines in place addressing ways in which the service user's children and youth are supported to continue with or receive access to education and recreational activities while residing at the shelter. I: Service users and staff are asked to comment on how children and youth are supported to have access to education and recreational services while residing at the shelter.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.9	Children and youth have access to individual and group support.	*	*		
<p>Demonstrating Achievement: D: The organization has written policies or guidelines addressing the need for children and youth to have access to individual and/or group support, and how the organization can assist with meeting this need. Where providing this type of support is within the organization's mandate, this is relevant in print. I: Service users and staff are asked to comment on how children and youth are supported to access individual and group support.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.10	Service users staying at the shelter with their children/dependents have access to, or are supported to find, childcare or respite.	*	*		
<p>Demonstrating Achievement: D: The organization has written policies or guidelines addressing the need for service users who have children to have access to childcare or respite, and how the organization can assist with meeting this need. Where providing this type of support is within the organization's mandate, there is information in print that is available to service users. I: Service users and staff are asked to comment on the ways the organization assists service users with children to access childcare and respite.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.11	Service users experience various benefits from time spent at the shelter, such as: <ul style="list-style-type: none"> • Increase of confidence • Acquisition of the tools to take greater control over their lives • Increase in capacity to manage independently 	*	*		
<p>Demonstrating Achievement:</p> <p>D: Are intended shelter and support services outcomes articulated in writing? Do they include the outcomes noted in the standard? Is there documented data demonstrating the achievement of outcomes, such as service user feedback?</p> <p>I: Service users are asked to comment on how they benefited from the support provided to them through the shelter and support services. Staff are asked to comment on the ways in which they support women to experience intended outcomes.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.12	Transitional supports and services are available at the shelter, and involve providing service users with information and help with: <ul style="list-style-type: none"> • Housing • Employment • Finances and income support • Education • Health services • Legal assistance • Applying for residency • Immigration services 	*	*	*	
<p>Demonstrating Achievement:</p> <p>D: The organization has written policies or guidelines in place addressing ways in which the service providers are provided with information and help with areas noted in the standard. Information about the services the organization is mandated to provide are noted in print and available to service users in locations in the community and at the shelter.</p> <p>I: Service users and staff are asked to comment on the various services available to women while residing at the shelter.</p> <p>O: Informal observation while at the shelter will show the types of support available to women residing at the shelter.</p>					

Standard		Evidence			
		D	I	O	Other
WS 5.13	The organization has established practices to ensure service users experience continuity of support and/or information after they leave.	*	*		
<p>Demonstrating Achievement: D: The organization has written policies or guidelines addressing the need for service users to experience continuity of support after they leave the shelter. Processes include staff assuring the women that they can contact the shelter in the event they require further support or information, and ways in which they can access it. I: Service users are asked to describe their experience when leaving the shelter. Were they told to contact the shelter should they require further support information? Staff are asked to comment on the ways the organization assists service users to experience continuity after leaving the shelter.</p>					

Second Stage Housing

Standard		Evidence			
		D	I	O	Other
WS 6.1	Second Stage Housing provides service users with or without children/dependents the experience of living within a safe community environment.		*	*	
<p>Demonstrating Achievement: I: Service users are asked to indicate their sense of safety living in second stage housing. Staff are asked to describe the structures and processes the organization has in place to maximize the safety of women and their children/dependents that live in second stage housing. What types of safety planning tasks place in advance of the move? What physical structures are in place at the home? How is privacy and confidentiality protected? O: Where appropriate, a visit to a second stage home and discussion with a service user about ways in which safety and security are addressed.</p>					

Standard		Evidence			
		D	I	O	Other
WS 6.2	Support staff or volunteers are available to assist service users with making the transition to living in the community, becoming familiar with and using community services, and provide emotional support.	*	*		
<p>Demonstrating Achievement: D: Are there written guidelines in place describing staff and volunteer functions when assisting women to move to second stage housing? If so, do they note the actions noted in the standard? I: Staff and volunteers who support women moving to second stage housing are asked to describe their role and responsibilities.</p>					

Standard		Evidence			
		D	I	O	Other
WS 6.3	There is communal space available to the women and children to connect and form community, as they wish.			*	
<p>Demonstrating Achievement: O: A visit to second stage housing. Is there a common area in or around the homes where the women can connect if they wish to?</p>					