

Violence, Abuse and Neglect (VAN) Service Standards Policy and Procedures

Summary The Policy Directive specifies the minimum acceptable level of service delivery provided by Violence, Abuse and Neglect (VAN) services in NSW. It is a companion PD to the suite of VAN services Policies and Procedures: New Street, Child Protection Counselling Services, Sexual Assault Services, Domestic Violence Identifying and Responding, and Responding to children under ten with problematic or harmful sexual behaviour. These PDs have been written to be consistent and complementary to each other to support districts/networks in integrating their VAN services in line with the IPARVAN Framework.

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VIOLENCE, ABUSE AND NEGLECT (VAN) SERVICE STANDARDS POLICY AND PROCEDURES

PURPOSE

The VAN Service Standards Policy and Procedures (the standards) specifies the minimum acceptable level of service delivery provided by NSW Health VAN services. The standards are a companion Policy and Procedures to the New Street Service Policy and Procedures, Child Protection Counselling Services Policy and Procedures, Domestic Violence - Identifying and Responding, Sexual Assault (adult and child) Policy and Procedures and Responding to Children Under Ten with Problematic or Harmful Sexual Behaviours Policy and Procedures.

KEY PRINCIPLES

NSW Health recognises the social, cultural and political context within which violence, abuse and neglect occurs within our society, communities and families.

VAN service responses to those affected by violence, abuse and neglect should be delivered according to consistent service standards. Victims of violence, abuse and neglect have the right to access comprehensive crisis and ongoing medical and health responses, regardless of where they live.

MANDATORY REQUIREMENTS

This Policy requires that NSW Health VAN services comply with the following service standards:

1. Provide a timely and appropriate initial response to referrals based on client need and established service priorities.
2. Ensure that practice is informed by the impact of trauma associated with sexual assault, domestic family violence and child abuse and neglect. Service response must also ensure that clients are supported to seek legal redress.
3. Ensure client safety and wellbeing is prioritised initially and throughout their engagement with the service.
4. Meet the diverse and potentially complex needs of clients. The service providers should ensure they are working collaboratively with relevant NSW Health and external services.
5. Ensure clients and their families understand their rights and responsibilities, and that these are upheld in all service interactions.
6. Plan and respond to the needs of all eligible clients. This can include taking into account the diverse needs associated with Aboriginal people, disability, gender, sexuality, and cultural and linguistic diversity.
7. Take account of Aboriginal Worldviews and demonstrate that cultural safety is a core value.

8. Ensure that they have a competent workforce and that staff are provided with support to help them carry out their roles and functions.
9. Are provided efficiently and effectively, aligned with relevant legislative and policy frameworks.
10. Regularly capture data, engage in quality improvements and review processes to drive service improvement.

IMPLEMENTATION

Chief Executives are responsible and accountable for:

- Establishing mechanisms to ensure the directives and requirements of the standards are applied, achieved and sustained.
- Ensuring that NSW Health VAN services staff understand and are aware of their obligations in relation to the standards and related policies and procedures.
- Ensuring resources are available to deliver and meet the directives and requirements of the standards.
- Ensuring that NSW Health VAN services staff are trained to operationalise and implement the standards.
- Communicating with the Ministry of Health through the Prevention and Response to Violence, Abuse and Neglect (PARVAN) Unit on reporting, communications and performance in relation to the standards.
- Ensuring NSW Health VAN services staff are advised that compliance with the standards is part of their patient / client care responsibilities.

VAN service managers are responsible for:

- Ensuring the requirements of the standards are disseminated and implemented in their service.
- Monitoring, implementation and compliance with the standards.

VAN service workers are responsible for:

- Ensuring their own practice complies with the standards.
- Implementing and complying with the directives and requirements of the standards.

REVISION HISTORY

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October-2019 (PD2019_052)	Deputy Secretary, Health System Strategy and Planning Division	Initial Document

ATTACHMENTS

1. Violence, Abuse and Neglect (VAN) Service Standards Policy and Procedures: Procedures

**Violence, Abuse and Neglect (VAN) Service Standards
Policy and Procedures**



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CONTENTS

STATEMENT OF COMMITMENT TO ABORIGINAL FAMILIES AND COMMUNITIES	1
1 INTRODUCTION	2
1.1 Background.....	2
1.2 Principles underpinning the VAN Service Standards.....	3
1.3 Demonstration of compliance	4
2 STANDARDS.....	5
2.1 Standard One: Timely and appropriate initial response.....	5
2.2 Standard Two: Trauma-specific and evidence based service response	5
2.3 Standard Three: Client health, safety and wellbeing is addressed	5
2.4 Standard Four: Service provision is integrated and coordinated.....	5
2.5 Standard Five: Clients rights and responsibilities are upheld.....	5
2.6 Standard Six: Services are accessible to all eligible clients	6
2.7 Standard Seven: Ensuring cultural safety	6
2.8 Standard Eight: Sound governance and management.....	6
2.9 Standard Nine: Training, consultation and capacity building.....	6
2.10 Standard Ten: Continuous review and improvement.....	6
3 VAN SERVICE STANDARDS AUDIT TOOL	7
3.1 Standard One: Self-Assessment Audit Tool.....	7
3.2 Standard Two Self-Assessment Audit Tool.....	10
3.3 Standard Three: Self-Assessment Audit Tool	12
3.4 Standard Four: Self-Assessment Audit Tool	14
3.5 Standard Five: Self-Assessment Audit Tool.....	16
3.6 Standard Six: Self-Assessment Audit Tool	18
3.7 Standard Seven: Self-Assessment Audit Tool	20
3.8 Standard Eight: Self-Assessment Audit Tool	22
3.9 Standard Nine: Self-Assessment Audit Tool	25
3.10 Standard Ten: Self-Assessment Audit Tool	27
4 APPENDICES.....	28
4.1 Appendix 1: Quality Improvement Plan.....	28
4.2 Appendix 2: Legislative and Policy Context	29

STATEMENT OF COMMITMENT TO ABORIGINAL FAMILIES AND COMMUNITIES

Aboriginal people are the first peoples of Australia and are part of the longest surviving culture in the world. With more Aboriginal people living in NSW than in any other Australian state or territory, improving the health and wellbeing of Aboriginal communities is a key focus for the NSW Government. It is the resilience of Aboriginal people that provides the very foundation upon which further efforts to improve Aboriginal health and wellbeing can be made (NSW Department of Health, 2012).

The consequences of colonisation as well as social determinants of health such as education, employment, and housing have had a devastating impact on the social, emotional, economic, and physical living conditions of Aboriginal people for over 200 years. These factors continue to directly contribute to the health disparities experienced by many Aboriginal communities, and the significant overrepresentation of Aboriginal children and young people in the statutory child protection system. An appreciation of these factors is critically important to closing the health gap between Aboriginal and non-Aboriginal people.

NSW Health VAN services recognise that Aboriginal health encompasses not only the physical wellbeing of an individual, but also the social, emotional and cultural wellbeing of the whole community within which each individual is able to achieve their full potential as a human being (National Aboriginal Health Strategy Working Party, 1989). As such, there exists an appreciation that the health of each individual is inextricably linked to the health and wellbeing of the wider community.

Aboriginal children like non-Aboriginal children, are vulnerable to the impact of trauma through direct exposure to an accident, family violence and abuse (Atkinson, 2013). In addition to this, it is important to acknowledge the individual and collective experiences of trauma from historical events associated with the colonisation of Indigenous land and genocide can be profound. The passing of trauma legacies through generations to children is commonly known as inter-generational trauma.

Although the effects of violence, abuse and neglect can be severe and long lasting, recovery can be mediated by interventions that nurture the spirit, resilience and cultural identity of Aboriginal families and communities. Genuine appreciation and understanding of the impact of power dynamics, the importance of Aboriginal worldviews, and the limitations of Western approaches in the assessment and treatment of trauma, is central to demonstrating respect for the lived experiences of Aboriginal people.

NSW Health VAN services are committed to supporting the ongoing efforts of Aboriginal people and their communities, in reducing the impact of the social determinants of health and the effects of individual and collective trauma legacies, to improve the health and wellbeing of Aboriginal families and communities in NSW. NSW Health VAN services recognise the significance of family and community to identity, and is committed to Aboriginal families being connected and determining their own futures.

1 INTRODUCTION

1.1 Background

NSW Health Violence, Abuse and Neglect (VAN) services provide a crisis and longer term public health response to:

- Child sexual abuse victims (children and adult survivors)
- Adult sexual assault victims
- Child abuse and neglect victims
- Domestic and family violence victims
- Children and young people aged 10-17 years who have engaged in harmful sexual behaviour
- Children under 10 with problematic or harmful sexual behaviour
- Family members and carers of the above including those who may have caused harm

For the purpose of this Policy Directive VAN services are considered to be those services that have principal responsibility for responding to the forms of violence, abuse and neglect listed above or who provide a critical specialist service response where a dedicated NSW Health VAN service does not exist. This may include, but is not limited to:

- Aboriginal Family Wellbeing and Violence Prevention Program (AFWVP)
- Child Protection Counselling Services (CPCS)
- Child Protection Units/Teams (CPUs)
- Child Wellbeing Units (CWUs)
- Domestic violence services
- Education Centre Against Violence (ECAV)
- Integrated VAN services (principal responsibility in their district/network for more than one form of violence, abuse and neglect)
- Joint Child Protection Response Program
- Medial and forensic workforce responding directly to violence, abuse and neglect e.g. paediatricians who use the Suspected Child Abuse and Neglect (SCAN) protocol, or doctors in emergency departments
- New Street Services (for children and young people aged 10-17 years and engaging in harmful sexual behaviours)
- Services for children under 10 with problematic or harmful sexual behaviours
- Sexual Assault Services (SASs)

- Social workers who provide critical psychosocial services for people and their families affected by violence, abuse and neglect (particularly domestic and family violence) in emergency departments and hospital wards.
- Specialist Services for Children and Young People in Out-Of-Home Care (OOHC)
- Whole Family Teams (WFTs)

The purpose of the VAN Service Standards (the standards) is to:

- Provide Local Health Districts and Specialty Health Networks with a tool to improve consistency across service provision.
- Define the minimal, acceptable level of service delivery provided by VAN services.
- Facilitate service users receiving a consistent and high quality service.
- Support continuous review and improvement of services.

To assist districts and networks to assess themselves, the standards are measured against performance criteria within the standards audit tool. Information gathered through these processes may be used to inform:

- Statewide service planning, policy development and evaluation.
- Independent enquiries.
- Ministerial enquiries.
- Future statewide monitoring and evaluation frameworks.

The Quality Improvement Plan should be completed by any district or network that has identified 'no' or 'partial' to the performance criteria in these standards.

The standards will assist districts and networks in the implementation of the NSW Health [Integrated Prevention and Response to Violence, Abuse and Neglect \(IPARVAN\) Framework](#). They are also a companion document to the NSW Health [Domestic Violence – Identifying and Responding](#); [New Street Service Policy and Procedures](#); [Child Protection Counselling Services Policy and Procedures](#); [Responding to Sexual Assault \(adult and child\) Policy and Procedures](#); and [Responding to Children Under Ten with Problematic or Harmful Sexual Behaviours Policy and Procedures](#).

1.2 Principles underpinning the VAN Service Standards

In addition to the NSW Health CORE values of collaboration, openness, respect and empowerment, fundamental principles underpinning VAN services are as follows:

1. Violence, abuse and neglect are violations of human rights and have a profound effect on health and wellbeing.
2. Anyone affected by violence, abuse and neglect has the right to support to achieve safety and recovery.

3. There is an obligation to deliver these services to all clients who meet service criteria and to make reasonable adjustments to services to meet the client's needs.
4. Services are underpinned by an understanding of the social, cultural, political and historical context within which violence, abuse and neglect occurs within our society.
5. Clients and their families/carers are to be treated with dignity, respect and sensitivity.
6. Health, safety and wellbeing is central to all decision making while choice and participation of the client is promoted.
7. Adults who harm others are responsible for how their actions and inactions impact others.
8. Responses for children, including those who harm others, should take into account their developmental stage and capacity, and any adversity they may have experienced including complex trauma.
9. Clinical care includes advocating to change health, justice and social systems which impact client outcomes.
10. Services provide coordinated and integrated care and advocacy to meet clients full range of issues associated with their experiences of trauma.
11. Clients are able to access services as close to home as possible and within environments that ensure safety and privacy.

1.3 Demonstration of compliance

The standards outlined in this document apply across all VAN services and to every client interaction. Compliance with the standards can be demonstrated in a range of ways including, but not limited to, the following:

- Internal policies, guidelines and protocols which align with the standards.
- Information contained within client records and case files.
- Internal documents which establish actions aligned with the standards.
- Data systems which enable key aspects of implementation and facilitate reporting.
- Evidence of service and workforce planning.
- Evidence of effective collaboration with NSW Health and external agencies.
- Documented summaries/outcomes from key clinical governance forums.
- Internal HR records (e.g. with regard to staff performance management and development, training and education).

2 STANDARDS

2.1 Standard One: Timely and appropriate initial response

Client need: Clients need timely and clinically sound interventions, aligned with their assessed needs.

Service responsibility: Services are to provide a timely response to referrals based on client need and established service priorities.

2.2 Standard Two: Trauma-specific and evidence based service response

Client need: Clients require access to a range of evidence based interventions for the complex impacts of trauma, including: crisis; psychosocial, medical and forensic issues; and long term recovery.

Service responsibility: Services must ensure that practice is informed by the impact of trauma associated with sexual assault, domestic and family violence and child abuse and neglect. Service responses must also ensure that clients are supported to seek legal redress.

2.3 Standard Three: Client health, safety and wellbeing is addressed

Client need: Clients need to feel safe.

Service responsibility: Services have a responsibility to ensure client safety and wellbeing is prioritised initially and throughout their engagement with the service.

2.4 Standard Four: Service provision is integrated and coordinated

Client need: Clients require access to coordinated services that are provided within a framework of integrated care.

Service responsibility: Services are to meet the diverse and potentially complex needs of clients. To do this service providers should ensure they are working collaboratively with relevant NSW Health and external services.

2.5 Standard Five: Clients rights and responsibilities are upheld

Client need: Clients need to understand their rights and responsibilities when engaging with a service.

Service responsibility: Services are required to ensure clients and their families understand their rights and responsibilities, and that these are upheld in all service interactions.

2.6 Standard Six: Services are accessible to all eligible clients

Client need: Clients accessing services need to feel respected and that the environment is safe and welcoming.

Service responsibility: Services are to plan and respond to the needs of all eligible clients. This can include taking into account the diverse needs associated with Aboriginal people, disability, gender, sexuality, and cultural and linguistic diversity.

2.7 Standard Seven: Ensuring cultural safety

Client need: Aboriginal people need to feel safe and respected when engaging with services.

Service responsibility: Service models need to take account of Aboriginal Worldviews and demonstrate that cultural safety is a core value.

2.8 Standard Eight: Sound governance and management

Service responsibility: Services need to be provided efficiently and effectively, aligned with relevant legislative and policy frameworks.

2.9 Standard Nine: Training, consultation and capacity building

Staff need: Staff require access to professional development and capacity building opportunities to ensure their skills and competencies are kept updated.

Service responsibility: Services are to ensure that they have a competent workforce and that staff are provided with support to help them carry out their roles and functions.

Capacity building: VAN services also play a key role in developing the capacity of other government and non-government agencies and services to support issues related to the prevention and response to violence, abuse and neglect.

2.10 Standard Ten: Continuous review and improvement

Client need: Clients need to be able to access high quality services that are informed by data, review and evaluation.

Service responsibility: Services are to regularly capture data, engage in quality improvements and review processes to drive service improvement.

3 VAN SERVICE STANDARDS AUDIT TOOL

The standards are structured as a self-assessment audit tool for VAN service managers to complete annually for each VAN service to support local and statewide quality improvement activities. The ten standards are measured against performance criteria and a Quality Improvement Plan (Appendix 1) to assist managers to respond if any standard is either partially or not fully met.

It is expected that districts/networks will use the standards to assist in their local implementation of the *IPARVAN Framework* and its evaluation.

3.1 Standard One: Self-Assessment Audit Tool

Timely and appropriate initial response

Performance criteria	Response	Source
<p>Does the service have transparent service criteria and referral processes?</p> <p>If yes / partial, is there evidence that:</p> <ul style="list-style-type: none">• Service criteria are clearly defined and documented in policies and guidelines, and are consistently applied when processing referrals.• Written documentation is provided to potential referrers outlining service criteria and referral process.• Clients receive information about service criteria.• Potential referrers are communicated with regularly to clarify and update referral processes.	Yes/No/Partial	
<p>Is there evidence that clients receive crisis response options?</p> <p>If yes / partial, is there evidence that:</p> <ul style="list-style-type: none">• Where appropriate, crisis response services are 24/7.• If a crisis response service is not available internally, clients receive information about alternative crisis assistance.	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that the service has appropriate, formal intake procedures?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Intake procedures are documented and followed in all accepted cases. • Services have documented protocols for prioritisation when demand exceeds availability. • Clients are informed of the referral outcome. • Referrers are informed referral outcome. 	Yes/No/Partial	
<p>Is there evidence of comprehensive timely assessment following intake?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Assessment processes are informed by professional standards and available evidence. • Where available, assessments use standardised methods / tools • Following intake, assessment / intervention planning occurs ideally within 6-8 weeks. • Assessment reflects the range of potential client needs, including crisis, psychosocial, physical, medical, forensic, cultural and social needs. • Reports on assessment outcomes are provided to clinicians, clients, carers as appropriate. • Referrals to external specialists for assessment are timely. 	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that intervention planning is informed by the assessment, available evidence, and client needs/wishes?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Clients [and families/carers where appropriate] participate in intervention planning, particularly goal setting.• Intervention plans identify evidence based interventions, as indicated through the assessment.• Intervention plans are regularly reviewed / adjusted against goals and progress.• Intervention plans are reviewed when increased risk to the client is identified.• Intervention plans are reviewed in collaboration with client, family and carers [where appropriate], and relevant key agency stakeholders.	Yes/No/Partial	

3.2 Standard Two Self-Assessment Audit Tool

Trauma specific and evidence based service response

Performance criteria	Response	Source
<p>Is there evidence that services are underpinned by trauma specific practice?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Clients receive trauma specific assessment and crisis and counselling interventions in line with policies/guidelines.• Medical and forensic services utilise a trauma specific approach and current evidence based practice including integrated care.	Yes/No/Partial	
<p>Is there evidence that practice is evidence based?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Evidence based psychosocial assessment tools are used as per policies/guidelines.• Evidence based counselling and local policies/guidelines.	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that client focus is an essential element of practice?</p> <p>If yes / partial, is there evidence that:</p> <ul style="list-style-type: none"> • Psychosocial assessment tools reflect client needs. • Service models promote clients' physical, emotional, social, cultural and developmental needs. • Client focused treatment modalities are utilised in line with relevant policies/guidelines (e.g. age appropriate, developmentally appropriate, strengths based, trauma specific, promoting self-determination and choice). • Working with the client always includes working within the family and community system. • Client interventions are provided within broader legal and interagency framework. 	Yes/No/Partial	

3.3 Standard Three: Self-Assessment Audit Tool

Client health, safety and wellbeing is addressed

Performance criteria	Response	Source
<p>Is there evidence that risk assessment is a core component of practice?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• A comprehensive risk assessment is sought from others or is done at the start of client engagement with service.• The risk assessment is regularly updated and managed.• Where relevant, risk assessment takes account of family safety and risk factors.	Yes/No/Partial	
<p>Is there evidence that safety planning occurs for all clients?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Client safety plans are developed, maintained and reviewed regularly.• Assessment of safe placement for young people is, in line with clinical practice policies/guidelines.	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that client interventions support and promote client safety and wellbeing?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Clients are provided with support for legal matters regarding safety issues, for example apprehended/ domestic/personal violence orders. • Clients receive assistance to access after-hours crisis support. • Clients receive required medical care. • Services work with family /carer/ significant others to strengthen capacity to meet client needs and ensure safety and wellbeing. • Intervention takes account of Interagency child protection and wellbeing frameworks. 	Yes/No/Partial	
<p>Is there evidence that services comply with legal and mandatory obligations?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Staff comply with child protection and mandatory reporting requirements about any identified safety risks. • Staff receive risk assessment and management training. • Staff health and safety issues are managed as per relevant workplace health and safety policies and procedures. 	Yes/No/Partial	

3.4 Standard Four: Self-Assessment Audit Tool

Service provision is integrated and coordinated

Performance criteria	Response	Source
<p>Is there evidence that the service works collaboratively with other services and agencies?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> Formal collaborative relationships are established with relevant NSW Health and other government and non-government services, this can be through a memorandum of understanding, the development of local protocols, and other mechanisms as appropriate. Assessment, safety planning, intervention planning, review and closure for clients involve relevant external stakeholders through multidisciplinary, multi-agency meetings and case conferences. Professional consultation services are provided to other services as required. 	Yes/No/Partial	
<p>Is there evidence that service delivery is coordinated across agencies involved in client care?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> Where multiple services are involved in a client's intervention plan, mechanisms for coordination are clearly identified and responsibility allocated. Appropriate protocols are in place regarding privacy and information sharing when collaborating with other services. 	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that engagement with others involved in the system of care is a key component of the service model?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Staff participate in local and statewide networking and information sharing forums. • Interagency and inter-sectorial links are regularly reviewed for effectiveness and coverage. 	Yes/No/Partial	
<p>Is there evidence that referrals are assertively followed up?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Systems are in place to ensure that all referrals into the service are proactively followed up. • Systems exist for checking outcomes of all referrals to interagency partners and active follow up occurs where necessary. 	Yes/No/Partial	

3.5 Standard Five: Self-Assessment Audit Tool

Clients' rights and responsibilities are upheld

Performance criteria	Response	Source
<p>Is there evidence that clients are made aware of their rights and responsibilities?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> All staff act in accordance with the NSW Health policy directive <u>Your Health Rights and Responsibilities - A Guide for NSW Health Staff</u>. Informed consent is sought at the outset of engagement with clients, and when there are subsequent changes to the treatment plan. Clients receive a statement in plain English (or relevant community languages) outlining the rights of people accessing the service. Clients are made aware of <u>NSW Charter of Victim's Rights</u>. Clients receive a copy of the NSW <u>Your Healthcare Rights and Responsibilities document</u> and an opportunity to discuss this. 	Yes/No/Partial	
<p>Is there evidence that service experience is free from abuse, exploitation, discrimination, coercion and harassment?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> Staff act in accordance with the <u>NSW Health Code of Conduct</u>. Staff act in accordance with the principles outlined in the <u>Convention on the Rights of the Child</u>. 	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence of client feedback and complaints processes?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Clients are made aware of the complaints management system.• Clients are made aware of feedback mechanisms.• Complaints have been responded to.	Yes/No/Partial	

3.6 Standard Six: Self-Assessment Audit Tool

Services are accessible to all eligible clients

Performance criteria	Response	Source
<p>Is there evidence that services actively facilitate equal access to services?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Demographic and population data is regularly reviewed to better understand diverse community needs. • Client social profiles are reviewed regularly to identify any access gaps for particular populations. • Access barriers for population groups are proactively identified and addressed. • Facilities take account of client safety, privacy and wellbeing needs. 	Yes/No/Partial	
<p>Is there evidence that services are physically accessible?</p> <p>If yes / partial, is there evidence that:</p> <ul style="list-style-type: none"> • Services are in accessible urban, regional and rural locations. • Where necessary, outreach services are provided to meet client needs. • The physical environment of the service is welcoming and safe. • Services are accessible for people with disabilities, including physical, sensory, psychiatric and cognitive. 	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that practice responds flexibly and appropriately to meet the diverse needs of clients?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Staff demonstrate respect for diversity of culture, religion, gender, sexuality, and ability in their interactions with clients, families and carers.• Clients receive support to fully engage with services, including access to interpreters, cultural specific services, bilingual clinicians, cultural consultants, and translated information.• Client information is tailored and appropriate to diverse needs of clients.• Practice is underpinned by an analysis of power and gender, Aboriginality, cultural and linguistic diversity, sexual identity and gender diversity.	Yes/No/Partial	

3.7 Standard Seven: Self-Assessment Audit Tool

Ensuring cultural safety

Performance criteria	Response	Source
<p>Is there evidence that service delivery is culturally aware and effective?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Services have formal protocols outlining the commitment to, and approach to, working with Aboriginal clients.• Proactive efforts are made to identify and address barriers to access for Aboriginal people.• Aboriginal clients and their family/carers are supported to remain connected to culture.• Recognition that Aboriginal people are the first people of Australia is demonstrated at multiple levels across the service.• Connections to Aboriginal Family Wellbeing models are supported.	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that staff are culturally competent?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Staff receive relevant training and development opportunities to develop their cultural competency.• Relevant staff participate in Developing Culturally Safe Trauma Informed Practice in Aboriginal Communities training.• Staff demonstrate awareness of the impacts of invasion and colonisation on Aboriginal people and communities.• Practice demonstrates an understanding that family violence in Aboriginal families and communities occurs in the context of the impact of colonisation and institutional and systemic racism.• Staff are familiar with local protocols for working with Aboriginal communities.	Yes/No/Partial	

3.8 Standard Eight: Self-Assessment Audit Tool

Sound governance and management

Performance criteria	Response	Source
<p>Is there evidence of effective leadership?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Organisational culture aligns with the values of NSW Health and with VAN service principles (see above). • Services operate professionally, with a primary focus on clients and positive outcomes. • Planning processes involve a range of internal and external stakeholders. 	Yes/No/Partial	
<p>Is there evidence that services are informed by effective planning processes?</p> <p>If yes/partial is there evidence that:</p> <ul style="list-style-type: none"> • Services engage in strategic and operational planning. • Planning processes involve internal and external stakeholders. • Workforce planning ensures the staffing mix and resource allocation aligns with service and community needs. 	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that appropriate management and reporting systems are in place?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • The service organisational structure is documented and has clear reporting lines. • Mechanisms for line management supervision are established. • Established and effective reporting and management arrangements exist with districts and networks. • Staff engage in regular performance review and management processes. 	Yes/No/Partial	
<p>Is there evidence that compliance and risk management issues are addressed?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Services comply with changes in Commonwealth and State legislation and/or relevant policies. • Risk management systems identify, report and manage risks. • Services have protocols and guidelines to support staff involved in critical incidents. • Information systems manage client records and comply with privacy legislation. • Strategies are in place to address the impact on staff of working within a trauma-informed framework and to manage the effects of vicarious trauma. 	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that governance arrangements for interagency partnerships are established?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> Partnerships with NSW Health and external agencies are underpinned by Memorandum of Understanding, Service Level Agreements, or similar. 	Yes/No/Partial	
<p>Is there evidence that appropriate clinical governance arrangements are in place?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> Systems are in place to ensure clinical staff hold appropriate qualifications and comply with professional registration requirements. Services ensure staff have access to appropriately qualified senior clinical advisors. Clinical staff have access to regular supervision. Staff have access to training and development opportunities to develop and improve clinical practice. 	Yes/No/Partial	

3.9 Standard Nine: Self-Assessment Audit Tool

Training, consultation and capacity building

Performance criteria	Response	Source
<p>Is there evidence that staff are competent and well supported?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none">• Recruitment and retention strategies are in place to attract and keep appropriately qualified and experienced staff.• All staff have access to relevant professional development opportunities.• Is there evidence that VAN managers and supervisors have been trained to support and assist staff affected by their own personal experiences of violence, abuse and neglect?• Proactive strategies are in place to support staff to work effectively within a complex environment.• Are staff aware of their entitlements around Special Leave to attend to domestic and family violence matters and support from managers and human resources?	Yes/No/Partial	

Performance criteria	Response	Source
<p>Is there evidence that staff have access to appropriate training and development opportunities?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Service planning and individual performance management processes identify staff training and development needs. • Staff participate in mandatory and other training to ensure alignment with organisational values and to achieve consistency in practice. 	Yes/No/Partial	
<p>Is there evidence that training, consultation and capacity building services are provided to other agencies?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Service plans include the development and delivery of community and professional education programs. • One to one consultation is provided to support other services to deliver appropriate and effective services to clients who have experienced violence, abuse or neglect. 	Yes/No/Partial	

3.10 Standard Ten: Self-Assessment Audit Tool

Continuous review and improvement

Performance criteria	Response	Source
<p>Is there evidence that a framework for quality improvement is documented and implemented?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Services have systems in place for routine monitoring and reporting. • Timely evaluation of services and activities is undertaken to inform future planning. • Mechanisms for client feedback and complaints are in place and feedback is used to inform service improvements 	Yes/No/Partial	
<p>Is there evidence that services collect and report on data to inform service improvement?</p> <p>If yes/partial, is there evidence that:</p> <ul style="list-style-type: none"> • Client records include the necessary details to allow service delivery to be tracked, monitored and evaluated. • Information systems enable the collection of data for the purposes of assessment of client outcomes and to inform continuous quality improvement 	Yes/No/Partial	

4 APPENDICES

4.1 Appendix 1: Quality Improvement Plan

If you responded 'no' or 'partial' to any performance criteria in these standards, please complete the attached Quality Improvement Plan which sets out quality commitments that your NSW Health service makes to clients and staff to improve quality through focused targets and action. An example is included below.

Standard	Performance criteria	Response (Partial / No)	Explain the issue identified	Steps to achieve goal	By when?
<i>Example:</i>					
Standard 6	Is there evidence that services actively facilitate equal access to their services?	Partial	Review of population needs have identified changing landscape and the need to revise access for emerging population needs. Limited resources are currently available to meet newly identified local needs and recruitment to identified positions has been unsuccessful.	Discussions are underway with HR/workforce to develop strategies for overcoming workforce shortage in new targeted areas.	June 2020

4.2 Appendix 2: Legislative and Policy Context

VAN services operate within the following NSW and Commonwealth legislative and policy context.

Relevant legislation

- [Children and Young Persons \(Care and Protection\) Act 1998 \(NSW\)](#)
- [Children \(Criminal Proceedings\) Act 1987](#)
- [Child Protection \(Working with Children\) Act 2012 \(NSW\)](#)
- [Crimes Act 1900 \(NSW\)](#)
- [Crimes \(Domestic and Personal Violence\) Act 2007 No 80 \(NSW\)](#)
- [Crimes \(Forensic Procedures\) Act 2000 \(NSW\)](#)
- [Commonwealth Crimes Act 1914](#)
- [Evidence Act 1995 \(NSW\)](#)
- [Family Law Act 1975 \(Cth\)](#)
- [Guardianship Act \(NSW\)](#)
- [Health Records and Information Privacy Act 2002 \(HRIP Act\) \(NSW\)](#)
- [Health Services Act 1997 \(NSW\)](#)
- [Mental Health Act 2007 \(NSW\)](#)
- [Ombudsman Act 1974 \(NSW\)](#)
- [Privacy and Personal Information Protection Act 1998 \(PPIP Act\) \(NSW\)](#)
- [Victims Rights and Support Act 2013 \(NSW\).](#)

International charters

- [United Nations Universal Declaration of Human Rights, 1948](#)
- [United Nations Declaration on the Rights of Indigenous Peoples, 2007](#)
- [United Nations Convention on the Rights of The Child, 1990](#)
- [United Nations Declaration on the Elimination of Violence against Women, 1993](#)
- [World Health Assembly Resolution 1996: WHA49.25 Prevention of violence: a public health priority](#)

Relevant policies

VAN services comply with the following policies and guidelines:

- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#) which articulates the professional and legal responsibilities of all Health workers to promote the health, safety, welfare and wellbeing of children and young people, working collaboratively with interagency partners in the shared system of child protection in NSW.
- [Child Related Allegations, Charges and Convictions against NSW Health Staff](#) sets out the mandatory requirements for managing child related allegations, charges or convictions against anyone working in NSW Health, where the alleged

victim was under 18 years of age at the time of the alleged conduct. This extends to child pornography, non- work related and historical matters.

- [Child Wellbeing and Child Protection – NSW Interagency Guidelines](http://www.community.nsw.gov.au/cts)<http://www.community.nsw.gov.au/cts>
- [Domestic Violence - Identifying and Responding](#) outlines the characteristics and consequences of domestic and family violence and identifies the role of NSW Health generally and local health districts specifically, in recognising and responding to domestic violence.
- [Use of Exchange of Information Part 13A Crimes \(Domestic and Family Violence\) Act 2007](#) provides assistance for use of the Information Part 13A Crimes (Domestic and Personal Violence) Act 2007 Form, a state form that assists NSW Health workers to comply with requirements under the NSW Crimes (Domestic and Family Violence) Act 2007. This legislation governs information sharing related to Safety Action Meetings, and other victims of domestic and family violence at Serious Threat.
- [Sexual Assault Services Policy and Procedure Manual \(Adult\)](#) directs the operation of the network of specialist NSW Health Sexual Assault Services across the State. The manual contains procedures which relate to the service structure, interagency liaison, counselling, assessment and management issues including medical management, record keeping and quality assurance.
- [Victims Rights Act 1996](#) provides information on the Victims Rights legislation in NSW, including the Charter of Victims Rights, and related requirements on the NSW Health system.
- The [NSW Health Privacy Manual for Health Information](#) which provides Health workers with operational guidance to the legislative obligations imposed by the Health Records and Information Privacy Act 2002. The document outlines procedures to support compliance with the Act in any activity that involves personal health information.
- [Your Health Rights and Responsibilities](#) which outlines how the seven basic rights of people seeking or receiving health care summarised in the Australian Charter of Healthcare Rights are achieved in New South Wales.
- [Leave Matters for the NSW Health Service](#) refers to domestic and family violence Special Leave Provisions
- [Children and Adolescents - Safety and Security in NSW Acute Health Facilities](#), addresses the safety and security of children and adolescents whilst in NSW acute health facilities and/or during inter-facility transfers. This policy is intended to protect children and adolescents from harm, including self-harm and harm from others whilst in a NSW Public Health acute facility, with particular consideration to some patient groups including those affected by drugs and alcohol and with a mental health issue.

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- [Sexual Safety - Responsibilities and Minimum Requirements for Mental Health Services](#) provides direction to NSW mental health services regarding the establishment and maintenance of the sexual safety of mental health consumers who use their service.
 - The [Sexual Safety of Mental Health Consumer Guidelines](#) provides details for mental health services staff about the processes for reporting sexual safety incidents to Police. Section 4: Interagency context.
 - [Royal Commission into Institutional Responses to Child Sexual Abuse](#)
 - Department of Premier and Cabinet Circular, [C2011-08 Support for Employees Experiencing Domestic Violence](#) which sets out employment support initiatives expected to be implemented by government agencies that enable employees who have experienced domestic violence to enter or return to the workplace.