

4 Program policy context

4.1 Overview of policy context

This section provides information about the department's program areas, including responsibilities, policies, priorities, initiatives, legislation, registration and standards.

4.2 Children, Youth and Families

The strategic intent of the Children, Youth and Families Division is:

“To improve outcomes for vulnerable children, youth and families and victims of family violence and sexual assault”

4.2.1 Responsibilities

- Implementing government policy and providing advice to the Minister for Community Services on policy and program development
- Developing and funding programs that support families to care for their children, widen opportunities for vulnerable children and young people to thrive and learn and reduce their experience of disadvantage
- Informing and supporting regional operations in child protection, family and placement services and youth services and youth justice
- Working with other parts and levels of government to coordinate our efforts to improve outcomes for vulnerable children, young people and families
- Leading quality and workforce development initiatives and building capacity and capability across the sector to enable services to be delivered
- Contributing to improving the lives of Victorians most in need by working with other divisions and the department's regions to build a One DHS culture

4.2.2 Policies

For Children, youth and families policies go to website www.cyf.vic.gov.au/

4.2.3 2011-12 State Budget Initiatives

Initiatives	2011-12 (\$M)
Child Protection Demand	4.912
Intensive ante and post-natal support	2.600
Early Childhood Development Workers	1.673
Children's Protection Society Child Care Centre Pilot	0.600
Out of Home Care Placement Capacity	11.150
Leaving Care	3.700
Initial Health and Education Assessments	5.000

Initiatives	2011-12 (\$M)
Foster Care Information	0.150
Independent Children and Young Persons Commissioner	0.400
Strengthening Aboriginal Organisations	1.059
Intensive bail supervision	0.261
Expansion of community based diversion	3.310
Drug, alcohol and health services	1.900

4.2.4 Legislation

The Children, Youth and Families Act provide a strong focus on the quality of services delivered to children, young people and families. Community service organisations that deliver family and out-of-home care services are required to be registered and comply with registration standards. The registration standards arise from the Act and are designed to promote consistent quality of family and out-of-home care services, set an organisational framework to support community service organisations to deliver quality services and define the standards of care and support that children, young people and families can expect.

4.2.5 Registration and standards

Organisations that are funded for the following activities need to be registered:

- Aboriginal family services (31165)
- Early parenting centres (31256)
- Early parenting centres – PASDS (31259)
- Home-based care – adolescent community placement (31205)
- Home-based care – complex (31216)
- Home-based care – general (31214)
- Home-based care – intensive (31418)
- Home-based care – kinship care (31202)
- Home-based care – therapeutic foster care (31413)
- Integrated family services (31245)
- Integrated family services- Indigenous (31246)
- Parenting assessment and skills development services (31255)
- Placement prevention programs (31218)
- Residential care (31415)
- Residential care - Case management (31416)

The registration standards are available from the every child every chance website:

www.dhs.vic.gov.au/everychildeverychance

4.3 Empowering Individuals and Communities

Community Participation Branch, the Office for Youth, the Office of Women's Policy and the Office for Disability provide a broad range of supports and services to encourage well being and involvement in society.

4.3.1 Community Participation Branch

The Community Participation Branch is responsible for policy and program delivery in relation to a range of activities that support the social and economic participation of Victorian communities, particularly vulnerable populations and priority places. This includes the Neighbourhood House Coordination Program, Men's Sheds, Community Renewal and Community Finance initiatives.

4.3.2 Office for Youth

The Office for Youth is the key agency driving a whole-of-government agenda in relation to young people in Victoria. The Office for Youth is responsible for policy advice, research and strategic planning in relation to Government policies, programs and service delivery for Victorians aged 12 –25. The Office is also responsible for providing a range of means by which the opinions of young people can reach and be considered by Government.

The Office for Youth aims to respond to new challenges facing young people, by working together with all levels of government, community agencies and businesses. Through its grants programs, projects and development work, the Office for Youth seeks to expand young people's opportunities for participation and engagement within their communities.

4.3.3 Office of Women's Policy

The Office of Women's Policy leads and coordinates whole of government policy, engages with women from diverse backgrounds and delivers initiatives to improve the lives of Victorian women and support their full participation in community and public life.

The key functions of Office of Women's Policy are:

- Providing advice to the Minister for Women's Affairs and Government on key issues affecting women in Victoria;
- Undertaking research to inform policy and program development on issues that affect women;
- Undertaking consultation and engagement activities with women to obtain their views and feedback on policies and programs;
- Coordinating whole of government policy and reporting on women's issues;
- Making submissions to Inquiries and Reviews at a State and Commonwealth level where these relate to significant matters which impact on women; and
- Delivering specific projects to improve the status of women.

The Office of Women's Policy's key priorities are:

- Women's safety, with a focus family violence reform and prevention of violence against women;
- Women's economic participation; and
- Women's representation.

Victoria is a signatory to the National Plan to Reduce Violence Against Women and their Children, a plan against which the Victoria Government will be reporting progress in improving family violence reforms and preventing violence against women.

4.3.4 Office for Disability

The Office for Disability leads the whole of government response to disability and drives changes in mainstream areas to promote greater participation and social inclusion for people with a disability. The role of the Office is to:

- Lead a consistent and stronger whole of government response to disability issues, particularly in relation to mainstream areas such as education, housing and employment.
- Work with Victorian Government departments and public and community organisations on the development and implementation of Disability Action Plans.
- Develop and implement a range of community awareness projects, as well as the DiVine website by and for people with a disability.
- Support the Victorian Disability Advisory Council and Disability Advocacy Program.

Through the Disability Advocacy Program the Office for Disability funds 22 disability advocacy organisations including the Disability Advocacy and Self Advocacy Resource Units.

4.3.4.1 Policies

The Office for Disability pays regard to major state, national and international policy documents in its operation.

Victorian State Disability Plan

It is a requirement under the Disability Act 2006 that a State Disability Plan is prepared every four years.

National Disability Strategy

The National Disability Strategy 2010-2020 (NDS) represents a shared vision for an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. The focus of the NDS is on improving access to mainstream services.

The NDS covers:

1. Inclusive and accessible communities
2. Rights protection, justice and legislation
3. Economic security
4. Personal and community support
5. Learning and skills
6. Health and wellbeing.

Commonwealth, state, territory and local governments are working together in 2011 to develop a national implementation plan for the NDS. In Victoria, this work is lead by the Office for Disability and the Department of Premier and Cabinet.

Further information and copies of the NDS can be found on the federal Department of Families, Housing, Community Services and Indigenous Affairs website at:

<http://www.fahcsia.gov.au/sa/disability/progserv/govtint/Pages/nds.aspx>

United Nations Convention on the Rights of Persons with Disabilities

The United Nations Convention of the Rights of Persons with Disabilities (the Convention) was created in 2006. Australia ratified the Convention in 2008 and the Optional Protocol in August 2009. The purpose of the Convention is to capture the fundamental rights of people with a disability and also, importantly, to

identify ways of protecting these rights. The Convention does not create new rights, but clarifies what existing human rights mean for people with a disability.

More information regarding the Convention can be found at: www.un.org/disabilities.

A guide to the Convention produced by the Office for Disability is available at: http://www.officefordisability.vic.gov.au/policies_and_legislation.htm

4.4 Disability Services

4.4.1 Responsibilities

Working in partnership with people with a disability, their families, carers, departmental regional officers and funded organisations, the division plans and funds a range of supports for people in Victoria with intellectual disability, physical, sensory or neurological impairments or acquired brain injury.

4.4.1.1 Our people

Within regions, the department employs over 5,500 staff providing a range of disability supports. These include assisting residents in supported accommodation settings, as well as providing in-home support, specialist services and client services. Our employees have a range of experience in a variety of disciplines and settings and work in partnership with funded organisations, which also provide a range of supports to people with a disability.

The division will continue to promote the skills, knowledge and wellbeing of staff, recognising that its people are crucial to the success of the program and improving outcomes for people with a disability.

Staff in the division are dedicated to creating new opportunities for people with a disability and, in order to achieve its goals, the division works in partnership with, and funds, the eight departmental regions to directly deliver disability supports to people with a disability and to purchase supports from funded organisations.

4.4.1.2 Our partners

Our key partners include:

- the people of Victoria, particularly people with a disability, their parents, family members and carers
- Victorian government departments and statutory authorities, the Commonwealth Government and other state or territory governments and local governments
- funded organisations, the health and human services sector and community groups
- professional associations, unions, the tertiary education sector and research groups.

4.4.2 Policies

The policy environment in which Disability Services operates continued to evolve over the life of the previous *Policy and funding plan 2006–09* with major changes:

- A new National Disability Agreement, which came into operation on 1 January 2009.
- Australia's ratification of the United Nations Convention on the Rights of Persons with a Disability in 2008 and subsequent ratification of the Optional Protocol in August 2009.
- A new National Disability Strategy which came into effect in 2011.

4.4.2.1 National and international context

United Nations Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (the Convention) was adopted in 2006 to recognise the widespread and complex nature of disability. Australia ratified the Convention in 2008 and subsequently ratified the Optional Protocol in August 2009. The purpose of the Convention is to capture

both the fundamental rights of people with a disability and also, importantly, identify ways of protecting these rights. It does not create new rights, but clarifies what existing human rights mean for people with a disability.

More information regarding the convention can be found at: www.un.org/disabilities. Further information can be found under the Office for Disability (Section 4.3.4.2).

National Disability Strategy

The National Disability Strategy 2010-2020 represents a shared vision for an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. The focus of the Strategy is on improving access to mainstream services and in Victoria the Office for Disability is leading the implementation (refer to Section 4.3.4).

National Disability Agreement

The National Disability Agreement (the Agreement) between the Australian Government, state and territory governments commenced on 1 January 2009. The objective of the Agreement is that *“people with disability and their carers have an enhanced quality of life and participate as valued members of the community”*. To support this objective, the Agreement concentrates initial national efforts on several identified priority areas to underpin the policy directions and achieve reforms across the disability sector.

The performance of the Australian Government, states and territory in achieving the outcomes and performance benchmarks specified in the Agreement is reported to Council of Australian governments (COAG) by the COAG Reform Council on an annual basis.

Under the Agreement, the Australian Government funding includes a growth factor based on a five-year average of gross domestic product (GDP) growth. In addition, funding will be adjusted to better reflect population share over the period 2010-11 to 2013-14, which will increase Victoria's share of funding from 22.7 per cent to over 24 per cent in 2013-14.

The National Disability Agreement can be found [at http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm) and further information on the COAG Reform Council can be found at <http://www.coagreformcouncil.gov.au/>

4.4.3 Priorities

Investment in new services and supports and new legislation and policies to improve the quality of life of Victorians with a disability have been introduced.

Significant additions to the legislative and policy framework have occurred with the:

- enactment of the Disability Act 2006 and the Victorian Charter of Rights and Responsibilities 2006
- release of the Quality Framework for Disability Services in Victoria (2007).

The leading policy directions have included:

- service providers engaging people with a disability in partnerships to define and develop solutions, notably through the development of self-directed supports
- promoting practices that are engaging, relationship-based, strengths-focused and participatory
- thinking creatively about how to combine support services with whole-of-community initiatives at the local level
- focusing policy and service development on key transitions
- a stronger emphasis on outcomes for people with a disability and their families and carers
- connecting the human rights agenda to service provision.

4.4.4 Initiatives

Work is underway to put these policy directions into practice. In 2009–10, Disability Services assessed its achievements and adopted the three high-level outcomes of the National Disability Agreement to inform work for the three years beginning 2009–10 (see below).

Disability Services work plan outcomes

Department of Human Services Disability Services outcomes
Outcome 1: People with a disability achieve economic participation and social inclusion
Outcome 2: People with a disability enjoy choice, wellbeing and the opportunity to live as independently as is possible
Outcome 3: Families and carers of people with a disability are well supported

4.4.4.1 Outcome 1: People with a disability achieve economic participation and social inclusion

Focus on safeguarding human rights and increasing social inclusion through greater accessibility of mainstream services and increased employment opportunities for people with a disability.

Key strategies:

Strategy: Increase or improve accessibility to physical and social environments, including employment, community facilities and mainstream services

- Continue the state wide roll out of the transition to employment initiative
- Strengthen post school transition pathways through to further education, training and employment
- Progress the development of community-based, co-located facilities where disability supports are integrated with other community services.

4.4.4.2 Outcome 2: People with a disability enjoy choice, wellbeing and the opportunity to live as independently as is possible

Focus on increasing the capacity, choice and independence of people with a disability and their families through implementing self-directed supports, and ensuring the least intrusive and earliest effective supports are provided.

Key strategies:

Strategy: Develop a consistent understanding of self-directed support across the sector and the community

- Continue to work with a range of stakeholders including people with a disability, their family and carers, service providers, peak groups and other government departments to deliver improved services.

Strategy: Build individual and family capacity

- Allocate an additional 391 individual support packages in 2011-12.
- Progress the reform of Day Services.
- Continue to extend the availability of financial intermediary and direct payments funding administration arrangements.

Strategy: Improve early intervention capacity

- Continue to work with the Department of Education and Early Childhood Development to improve pathways for children and young people with a disability or developmental delay.

Strategy: Strengthen critical business and information systems and processes

- Continue to work with disability service providers to support the transition towards self-directed approaches for service delivery.

- Progress the roll out of independent certification against the Standards for Disability Services on a state-wide basis, with all providers to be independently certified by 2012.
- Lead the development of the National Disability Services' Quality Strategy.

Strategy: Increase opportunities for living in the community

- Allocate 50 supported accommodation places built and operated by funded organisations 2011-12

4.4.4.3 Outcome 3: Families and carers of people with a disability are well supported

Focus on supporting families and carers in their caring role.

Key strategies:

Strategy: Introduce legislation to recognise, promote and value the role of carers

- Develop a Carer Action Agenda that establishes a long term plan to improve the support and services for carers

Strategy: Strengthen supports for families and carers

- Deliver a total of 550 additional community-based respite episodes in 2011-12 via the innovative respite program and establish a school holiday respite fund (\$1 million over 4 years).
- A top-up fund comprising an additional \$4.0 million over four years to assist approximately 400 children has been established to provide financial support to families with children requiring aids and equipment.

Further information about Disability Services initiatives will be available in the Department of Human Services' Disability Services Divisional plan 2011–12.

4.4.5 Legislation

The *Disability Act 2006* (the Act) commenced on 1 July 2007.

The Act provides for:

- a stronger whole-of-government, whole-of-community response to the rights and needs of people with a disability
- a framework for the provision of high-quality services and supports for people with a disability.

The Act has a number of objectives including:

- promoting and protecting the rights of people accessing disability services
- advancing the inclusion and participation in the community of people with a disability
- making disability service providers accountable to people accessing their services.

The Act is supported by the Disability Regulations 2007, which provide additional requirements for disability service providers, in relation to the management of money, approvals to use restrictive interventions and compulsory treatment and visits by community visitors.

In addition, policies, guidelines and implementation guides have been developed in key areas of the Act, including access, planning, complaints, residential rights and restrictive interventions. These documents are available at: www.dhs.vic.gov.au/ds/disabilityact

The Act requires that information provided to people with a disability under the Act, is conveyed in a way the person is most likely to understand. If the person with a disability cannot understand the information, it can be given to another person of their choosing who can assist them with understanding their rights. These requirements are outlined in the *Provision of Information Policy* that is contained in the Policy and Information Manual.

To assist in facilitating the provision of accessible information, Disability Services Division has developed a range of templates for use by disability service providers. This includes templates for information that must

be provided when a person commences a service, such as the residential statement. This information is available at: www.dhs.vic.gov.au/ds/disabilityact

The Government has committed to a Carer's Recognition Bill and has also committed to developing a Carer Action Agenda.

4.4.5.1 Access to disability services

Accessing disability services is based on the *Disability Act 2006* (the Act). Policy and processes are contained in the department's access policy.

The disability service system provides supports for people with a disability that complement supports available to all members of the community through the mainstream service system. These include hospitals, housing, recreation, leisure and general community supports.

In some circumstances, a person with a disability may have needs that could be better supported in the community through the mainstream service system.

For people who require services provided by the disability service system, there is often greater demand for supports than resources available. Where it has been determined that the needs of a person with a disability, as defined by the Act, can best be met by the disability service system, the capacity for the system to respond must also be considered by determining their priority for access to services.

The Act does not require people with an intellectual disability undergo eligibility assessments (as was the case under the repealed *Intellectually Disabled Persons' Services Act 1986*). Please refer to the department's [access policy](http://www.dhs.vic.gov.au/disability/publications-library/access_policy) – see attached link: http://www.dhs.vic.gov.au/disability/publications-library/access_policy

Target group for access to disability services:

- have a disability as defined by the Disability Act
- be considered a priority for access for services
- meet program-specific initiatives (where required).

4.4.5.2 Self-directed planning

The *Disability Act 2006* outlines an approach to planning that reflects the reorientation of disability services. Under the Act, planning takes place within the self-directed planning, funding and support framework and is about self-determination, community membership and citizenship. This is achieved by working with people with a disability to plan and, where required, acquire support that is flexible and enables them to pursue a lifestyle of their choice.

The Act establishes a planning framework with the following elements:

- **Guiding principles for planning** – including that planning should be directed by the person with a disability to the greatest extent possible and that the role of families and other important people should be respected and promoted during the planning process.
- **Planning** – provided to assist a person to develop a vision for their life, their goals and aspirations and to consider a blend of informal, generic and disability specific supports to assist them to meet their identified goals.
- **Support plans** – planning that occurs where a person is in receipt of ongoing disability services.

Planning policy

The planning policy applies to all disability service providers in relation to how they undertake planning with people who have a disability in accordance with the definition in the Act. The guiding principles for planning, along with best practice approaches, form the basis of the approach to self-directed planning detailed in the policy.

Strengthened self-directed planning framework

As part of the reorientation of disability supports, the department has developed, trialled and strengthened the self-directed planning model in 2009-10 and the first 6 months of 2010-11 to support people with a disability to identify their goals and needs and develop a blend of informal and generic supports based in the community and disability-funded supports in response to their needs. Based on the findings from the trial, the department will continue to strengthen self-directed planning to respond to the needs of people with a disability, their families and carers.

4.4.6 Registration and standards – Disability Services

4.4.6.1 Registration of disability service providers

The register

The *Disability Act 2006* creates the Register of Disability Service Providers. The Act defines a disability service provider as '(a) the Secretary; or (b) a person or body registered on the register of disability service providers' and a disability service as 'a service specifically for the support of persons with a disability which is provided by a disability service provider'.

To be included on the register, a person must make an application for registration and demonstrate capacity to provide the disability service in compliance with the Act. The name, address and contact details of all registered disability service providers are extracted from the register and published on the department's web page.

Purpose of registration

A primary purpose of registration is to focus the Act's regulatory provisions to ensure the department is able to uphold the Act's purpose.

As with registration in many environments, registration of disability service providers aims to ensure:

- disability service providers meet minimum standards of performance
- the Victorian public, particularly people with a disability who access or may want to access disability services, can be confident that services will meet minimum standards and that service providers operate within a public accountability framework.

Period of registration

Registration is for a period of three years, or a greater period as determined in each case, unless revoked earlier.

Renewal of registration

Disability service providers intending to continue to provide disability services must apply to have their registration renewed prior to its expiry.

Revocation and refusal of registration

Registration may be revoked in any circumstance considered relevant, prior to its expiry, but must be revoked if the provision of disability services ceases.

A notice will be provided to a disability service provider whose application for registration is refused or whose registration is revoked. The disability service provider can make a submission to the department and subsequently appeal to the Victorian Civil and Administrative Appeals Tribunal if unsatisfied.

Services requiring registration

The Department of Human Services funds a range of activities through the disability services program that are considered disability services within the meaning of the Act as they are '*... specifically for the support of persons with a disability...*'. Funding for these purposes will usually require registration.

Disability services provided by the Department of Human Services must be compliant with the Act, although these departmental services will not be included on the register.

Services accessed by people with a disability as part of their general participation in the community (for example, gymnasias, general and allied health practitioners, dental practitioners) are not considered to be disability services and will not usually be registered. It therefore follows that many services accessed as part of an individual support package are not required to be accessed through a registered disability service provider.

Further information about registration, including the list of registered disability service providers, the policy on registration of disability service providers and application for registration and renewal of registration forms can be accessed at:

www.dhs.vic.gov.au/disability/improving_supports/register_of_disability_service_providers

The Department will be introducing change to its registration process for 1 July 2011 through the development of a whole of department consistent approach to registration.

4.4.6.2 Planning for diversity

It is expected that all services, both those delivered directly by the department or through funded organisations, be culturally appropriate and relevant to the diversity of people with a disability living across all Victorian communities.

Cultural and linguistic diversity (CALD) strategy

Developing, implementing and monitoring culturally competent and inclusive disability services involves an understanding of the diverse make-up of the community as well as the integration of culturally competent governance, planning and practice across all aspects of the organisation.

Improving access and inclusion for people from culturally and linguistically diverse (CALD) communities

The targeting and development of services and programs should include and respond to the cultural, religious and linguistic backgrounds of people living with a disability, their families and carers. To develop, plan and provide services that are culturally appropriate involves:

- using cultural diversity demographic data of local catchment areas to inform service planning
- ensuring that reported data includes relevant information regarding the cultural and linguistic background of service users
- providing information and promoting services in relevant community languages, formats and media so it is accessible to people from culturally diverse backgrounds
- strengthening partnerships with CALD organisations or service providers, communities and networks to inform service planning and provision
- providing access to professional interpreters (including Auslan) and translated information
- encouraging the participation of people from culturally diverse backgrounds in service and organisational planning and reviews, consultation forums and governance structures
- using a community development model in which staff are encouraged to work with local CALD families or groups to obtain referrals, inform service plans and resource specific services
- strengthening and supporting the cultural competencies of staff.

Respect for culture is embedded in the Quality Framework for Disability Services through the Standards for Disability Services in Victoria and quality initiatives should reflect CALD principles. Service providers are

required to plan and provide culturally-appropriate supports and report quality initiatives and outcomes within annual quality plans. (See Section 5.16 for more information on the Quality Framework).

Improving Aboriginal community access and inclusion

When planning and targeting disability services it is important to consider how culturally competent the planning and delivery of services and supports are for Aboriginal people with a disability and their families. Organisations need to be aware about the positive and inclusive approaches that can be used to engage Aboriginal people with a disability and their families.

Working in partnership local Aboriginal communities through Aboriginal organisations, Elders and people with a disability and their families is central to building a culturally competent disability service. Consideration should also be given to creating supportive and welcoming environments where Aboriginal people with a disability and their families feel culturally safe. The *Enabling choice for Aboriginal people living with disability – promoting access and inclusion resource* (link: www.dhs.vic.gov.au/disability/improving_supports/cultural_and_linguistic_diversity/access-for-aboriginal-people-with-a-disability) sets out ten principles to support culturally competent disability service planning and practice. A summary of the principles are as follows:

1. Acknowledge Aboriginal history and celebrate Aboriginal culture through understanding the barriers experienced by Aboriginal people as well as the factors that contribute to positive pathways and outcomes for Aboriginal people with a disability and their families.
2. Reach out, talk and listen with Aboriginal people through active participation in Aboriginal community networks, activities as well as patience and persistence in building and re-building trust and relationships.
3. Promote access and inclusion in community and universal service thereby enabling Aboriginal people with a disability to improve their health, educational, employment and whole of life outcomes
4. Support Aboriginal self-determination through self-directed approaches.
5. Contribute to strong Aboriginal family wellbeing and resilience.
6. Coordinate disability, Aboriginal and mainstream services to intervene early.
7. Respond to complex needs through integrated and holistic planning.
8. Support Aboriginal people with a disability, their families and community to contribute to organisational policy, planning and service development.
9. Build the cultural competency of your organisation and workforce.
10. Ensure that policy, planning and service delivery is inclusive of Aboriginal people with a disability and is based on good practice and sound evidence.

4.4.6.3 Managing information – privacy and confidentiality

There are a number of Acts that regulate the collection and handling of personal information. In Victoria these include the *Information Privacy Act 2000* and *Health Records Act 2001*, as well as the *Commonwealth Privacy Act 1988*.

Other legislation that regulates information provision is the *Disability Act 2006*. Privacy legislation does not override this legislation – it supplements it.

The *Health Records Act 2001* aims to protect the privacy of an individual's health information and allow individuals greater control over how this information is managed. Information with respect to a person's disability is encompassed within the definition of health information.

The Health Records Act applies to the Victorian Government sector, Victorian Government funded health services, private health services within Victoria, and any other organisations in Victoria that hold health information. Health information that is collected, held or used by organisations must be handled in accordance with the Health Privacy Principles in Schedule 1 of the Health Records Act. The principles that underpin the Information Privacy Act and Health Records Act are similar. However, the Health Records Act

contains some additional privacy provisions. Hence, the next three sections will refer to the standards as per the Health Records Act.

Telling people about information privacy

Under the Health Records Act, any entity in Victoria that holds identifying health information must give people written statements that outline the organisation's information handling practices and explain how people can seek access to their own health records. Reasonable steps must be taken to ensure that clients are notified of their rights before service staff collects any health information.

Service providers are obliged to notify clients of the following:

- what information is being gathered about them
- how that information will be used
- how the information is managed
- who will see their records and for what purpose
- which other organisations (such as the department) the information will be routinely shared with and why
- the individual's right to seek access to their health record and to amend it if necessary.

The Health Records Act prohibits disclosure of health information for any purpose other than the purpose for which it is collected unless:

- the disclosure is necessary to lessen or prevent a serious and imminent threat to life, health or safety
- the disclosure is authorised by law (such as under the Disability Act)
- the person consents to the disclosure.

Gaining client consent

Consent in this context refers to how an individual's health information is handled – it is not consent to the actual support or service provision itself. The process of gaining client consent will differ for each individual. It will depend on, for example, whether the individual is fully capable of giving their consent to the use and disclosure of their health information; whether the person has attended the service previously; or whether the individual has an authorised representative or guardian. If a client has a guardian, it is important that the guidelines and information privacy issues are explained to the guardian.

Permitted collection and disclosure of information by organisations

The Health Records Act (and the Information Privacy Act) contains principles for the collection, use and disclosure of certain information. These are known as the 'Health Privacy Principles', and they are located in Schedule 1 of the Health Records Act.

Health Privacy Principle 1.1 provides that an organisation may only collect health information if it is necessary for one or more of its functions or activities, and either the individual has consented to the collection or one of the other exceptions set out under Health Privacy Principle 1.1 applies, such as for the purpose of funding, planning, monitoring and evaluation of health services.

Health Privacy Principle 2.1 also allows an organisation to use and disclose health information for the purpose of funding, management, planning, monitoring improvement or evaluation of health services.

The collection and disclosure of information by funded organisations becomes one of their functions or activities from the moment they enter into a service agreement with the department.

Where to get more information about privacy

For the purposes of the quarterly data collection (QDC), three brochures have been produced to assist service providers to fulfil their obligations under the Victorian privacy legislation:

- *Service provider brochure*, which outlines the responsibilities of service providers for the purposes of the QDC

- *Consent guideline for service providers*, which outlines the steps to take to gain consent from, or on behalf of, a client
- *Client information brochure*, which outlines the rights of the individual and the responsibilities of the service provider for the purposes of the QDC.

The *Client information brochure* has been translated into the ten most common languages and is available on the QDC website at: www.dhs.vic.gov.au/qdc

A Braille version of this brochure is also available from the QDC helpdesk on 1800 352 561 or email QDChelp@dhs.vic.gov.au

The 'Information Privacy' section of the Disability Act Policy and Information Manual strengthens awareness and understanding of privacy issues for registered disability service providers. This document is available at: http://www.dhs.vic.gov.au/__data/assets/pdf_file/0017/152414/dis_act_2006_policy_info_manual_pdf_0709.pdf

For more information about privacy, you can also refer to these organisations and websites:

Department of Human Services www.dhs.vic.gov.au/privacy

Health Services Commissioner www.health.vic.gov.au/hsc

Victorian Privacy Commissioner www.privacy.vic.gov.au

Federal Privacy Commissioner www.privacy.gov.au

4.4.6.4 Quarterly data collection (QDC)

Data collection for disability services and psychiatric disability rehabilitation and support services (PDRSS) supports the monitoring of performance under the National Disability Agreement. Service providers are required to submit data to the department on a quarterly basis.

How the QDC information is used

QDC information is collected through the QDC tool, Client Relationship Information System (CRIS), Client and Relationship System for Services Providers (CRISSP), other third party systems, or paper forms. It is used for a wide range of purposes. For example, data have been used for planning, performance reporting, program evaluations and monitoring achievement of program objectives and agreed priorities.

Information from the QDC is submitted to the Disability Service National Minimum Dataset (DS NMDS) and is reported nationally through disability support services publications at the Australian Institute of Health and Welfare (AIHW) available on: www.aihw.gov.au

How the performance measures information is used

The information is used by:

- funded organisations to assist and improve service delivery
- regions to coordinate service delivery
- regions and the Disability Services Division to improve planning for the future
- the Service Delivery and Performance Division to manage the funding relationship with regions.

The information is aggregated at program level and then reported to the Department of Human Services Executive, Department of Treasury and Finance and the Budget and Expenditure Review Committee on output delivery – a selection of this reporting is published each year in the *State Budget paper No. 3*.

Each activity has a set of reporting requirements – performance measures and data collection items – that are determined by the Disability Services Division in consultation with regions and service providers. Regions may also set some requirements for service provision in negotiation with agencies.

Information supplied through the QDC process, at the activity level via service type outlet, provides the foundation upon which the Disability Services Division's overall accountability to government, both State and Commonwealth, is built.

It is therefore critical that data supplied by service providers is:

- an accurate report of actual service provision
- returned to the department by the dates specified on the following pages.

Data collection process for 2009–12

The QDC has been fully operational since 2002–03 and requires organisations to submit data on all individuals receiving services. All service providers – both department and funded organisations – are required to supply details of their performance through the QDC.

As part of the redevelopment of the Disability Service National Minimum Dataset (DS NMDS), a commitment was made to support the following types of data transmissions:

- paper forms – these are distributed to organisations quarterly
- QDC tool – Victoria has developed an electronic data collection and reporting tool to support data transmission for the QDC
- modification of in-house systems – for service providers who want to modify their own client management system to meet the QDC reporting requirements.

The QDC electronic options provide greater consistency and accuracy of data. There is now less data duplication from funded organisations funded by Disability Services Division.

Paper forms should be used by organisations that consider their client numbers too small (usually less than 25 per year) to warrant using an electronic version of data collection. However, the department recommends that organisations providing services to more than 25 clients per year use the electronic QDC version.

The work involved can be substantially reduced by using the QDC electronic tool. For example, once client characteristics, such as culture and labour force status, are entered into the electronic QDC tool, they only need to be updated if the details change. For the paper-based QDC, relevant client characteristics will need to be reported on a quarterly basis regardless of any changes to details.

Data returns will be generated electronically by the QDC tool, or in-house systems, and can be transmitted electronically using the secure document exchange (SDE) (applicable to organisations with internet access) or by registered post. Paper forms should be returned by registered post.

Disability Services Division will continue to pursue improvements in the quality of data collected. Funded organisations are asked to focus on the quality and completeness of data fields. This information provides an important accountability to the Victorian community.

Where to get further assistance

The key documents that will assist service providers with the QDC data collection and reporting requirements are:

- The *QDC data guide*, which provides detailed information about which data items need to be collected.
- The *QDC data transmission specification*, which outlines the data structure for transmitting files to the department – this is only essential for service providers wanting to modify their in-house system to comply with the QDC requirements.

For the most recent version of any QDC documentation, please refer to the website or contact the QDC Helpdesk:

Website: www.dhs.vic.gov.au/qdc

Telephone: 1800 352 561

Email: QDCHelp@dhs.vic.gov.au

Key dates for reporting in 2011–12

Funded organisations need to return data on the following dates:

For 2011–12

Quarter 1	July–September 2011	by Friday 7 October 2011
Quarter 2	October–December 2011	by Monday 9 January 2012
Quarter 3	January–March 2012	by Monday 9 April 2012
Quarter 4	April–June 2012	by Monday 9 July 2012

For further information on this requirement, please contact the QDC Helpdesk via 1800 352 561 or QDChelp@dhs.vic.gov.au

4.4.6.5 Individual support package (ISP) reporting

From 1 July 2008 the requirement to report on the use of ISPs through the QDC was removed. Instead, ISP funding plans are reported through CRIS and the Regional Information System (RIS). It is expected that the review of the Disability Service National Minimum Dataset (DS NMDS) will incorporate reporting requirements for service users receiving self-directed funding arrangements.

For further information about ISP reporting, please refer to the *Individual support packages guidelines* at:

http://www.dhs.vic.gov.au/disability/supports_for_people/individualsupportpackages#guidelines.

Funding acquittal and reconciliation is also required of disability service providers, who have been selected by the person to receive the funding directly through a service agreement with the department.

Specific practice advice about the ISP acquittal process is provided in Practice Advice #8 available from:

http://www.dhs.vic.gov.au/disability/supports_for_people/individualsupportpackages/individual-support-package-guidelines/practice-advice

4.4.6.6 Client Relationship Information System for Service Providers

CRISSP is a new, modern and flexible client information and case management system available state-wide on demand for use by service providers funded in disability services, child protection, placement and support, contracted case management, youth justice and early childhood intervention services.

It was developed by the Department of Human Services to support service providers to maintain client information and meet reporting requirements in a single system. As a web-based application, CRISSP can be accessed through the internet without the need for service providers to download or support additional software or hardware. The department maintains and supports CRISSP, which includes warehousing of data, training, initial on-site support, help desk and ongoing advice and support.

CRISSP is provided to service providers free of charge and is maintained to ensure the entire department's data reporting requirements are included in the application, reducing the number of systems required to meet reporting requirements.

More information can be found at: www.dhs.vic.gov.au/crissp

Questions can be directed to: CRISSP.Questions@dhs.vic.gov.au

4.4.6.7 Information services annual report

Funded organisations are required to submit an annual report each financial year to help ensure the relevance, accessibility, quality and enhancement of information services provided to people living with a disability, their families and carers, service providers and the community.

Information services provision

The following information is required in the annual report:

- the target audience for information services activities
- measures undertaken to ensure that the target audience is satisfied with the information services provided
- measures undertaken to ensure the website is accessible to its audience
- proportion (percentage) of the information services activities funded via the Disability Services Division Information Services activity (17033)
- improvements to information services provision over the previous 12 months (2010–11 financial year)
- a brief overview of any improvements information services over the upcoming 12 months (2011–12 financial year).
- website and telephone statistics:
 - website name
 - website address (URL)
 - telephone information service name and phone number
 - whether the agency collects and measures website and telephone statistics and if so:
 - a description of collection methods
 - key statistics collected
 - names of software packages that may already be used to analyse the website and telephone data
 - the rationale used to calculate the response to the QDC question: (S-13) 'How many service users received support from this service type outlet during the quarter?' This data is currently collected by the QDC. Understanding the rationale used to derive the response will help to inform future activity redevelopment.

Funded organisations are required to submit their information services annual report to their regional program and service adviser (PASA) by 31 August.

4.4.6.8 Aids and Equipment Program reporting

Aids and Equipment Program (A&EP) reporting is not incorporated into the QDC information system used by the majority of Disability Services Division (DSD) funded activities. Data relating to this program is collected using the ASSIST database used by the Statewide Equipment Program (SWEP) and the Electronic Communications Devices Scheme. Other funded service providers report data to their regional office which is submitting to DSD via the A&EP database.

Data from ASSIST is automatically reported to the department on a quarterly basis.

In addition to performance measures outlined in the A&EP activity specification (Part 8) the following are instructions for key A&EP data collection items:

Total number of aids and equipment items ordered – calculated by excluding the oxygen fund but including the replacement of lymphoedema compression garments. If a service does not use the ASSIST database, it should record the number of items supplied for this data item.

Number of people living with a disability on the A&EP waiting list – all individuals who were on the waiting list at the end of the quarter are to be included in this data item.

Number of people who received oxygen assistance – all people who received oxygen during the quarter are to be included. Each individual is to be counted only once during the financial year.

For further information please contact the aids and equipment PASA in your region.

4.4.6.9 The Quality Framework for Disability Services in Victoria (2007)

Quality is a core departmental value. Disability Services strives to ensure that services are of high quality and are accountable to the people who use them.

The [Quality Framework for Disability Services in Victoria 2007 \(the quality framework\)](#) provides the legislative and policy context for the delivery of quality services that support improved outcomes for people with a disability. The quality framework promotes a system of sustainable relationships and supports, which has at its centre the interest and goals of each individual with a disability.

The quality framework prompts consideration of the influence and impact we have upon the political, social, cultural, economic and physical wellbeing of people with a disability. It recognises organisational accountability for outcomes for people, and assists us to determine how well each person who receives a service is supported to experience the same outcomes valued by the broader Victorian community.

The quality framework itself is not mandatory. Disability service providers may adopt any quality system that allows them to build systems and demonstrate that the services provided to people with a disability comply with the [Standards for Disability Services in Victoria](#) (the standards). The quality framework:

- describes standards to be met by disability service providers in providing disability services
- describes quality management principles and processes, including self-assessment and planning for improvement
- actively promotes the participation of service users in the planning, delivery, monitoring and review of services
- establishes a basis for compliance with the standards.

Further information about the quality framework, including access to supports, tools and resources to assist service providers to implement the quality framework and measure, monitor and improve the quality of service provision, can be accessed at:

www.dhs.vic.gov.au/disability/improving_supports/quality_framework_for_disability_services

Standards for Disability Services in Victoria

The Standards for Disability Services in Victoria are central to the quality framework and set out the expectations of better practice for the delivery of services and supports to people with a disability. The standards comprise Outcome Standards for Disability Services (outcome standards) and Industry Standards for Disability Services (industry standards).

The Disability Act requires disability service providers comply with the standards. As required by Section 97(1) of the Disability Act, the standards were published in the Victoria Government Gazette, on 7 June 2007.

Performance measures of the standards

As required by Section 98(1) of the Disability Act, the performance measures of the standards were published in the Victoria Government Gazette, on 19 February 2009. The performance measures of the standards are:

1. Each disability service provider has established organisational systems, processes and practices that promote service provision consistent with the Standards for Disability Services in Victoria.
2. Each disability service provider supports each individual to achieve their personal outcomes consistent with the Standards for Disability Services in Victoria.

The performance measures apply to all disability service providers and all categories of disability services. Consistency with the standards is when the requirements of each standard are met and the outcome is shown to be effective.

Organisational self-assessment against the standards

To facilitate continuous improvement, disability service providers should conduct regular – at least annual – self-assessment against the standards. Service providers should collect and document measurable and objective evidence that demonstrates how the organisation is meeting the standards.

Consumer assessment against the standards

All disability service providers must regularly measure, monitor and improve the quality of service provision and performance against the standards, including demonstrating how they support people with a disability and their family members and carers to:

- participate in decision-making in relation to service planning, delivery and evaluation
- participate in processes to provide feedback against the standards of the organisation's service delivery.

Quality plans

A quality plan uses information gathered from the organisational self-assessment and consumer assessment; and ties it together setting the priorities and actions for improvements for the forthcoming continuous improvement cycle. It sets out necessary strategies or actions to improve quality improvement activities. The quality planning cycle is the internal process that disability service providers use to ensure that continuous improvement activities are integrated into their annual planning.

Accountability and reporting requirements

Disability service providers must comply with the standards. Disability service providers are required to have participated in a certification audit by June 2012 and be certified compliant with the standards by 31 December 2012.

Self-assessment assists the identification of matters affecting quality, and areas where improvement can be made. It should include analysis of information from complaints systems, incident reports, use of restrictive interventions and approaches leading to recognition of cultural and linguistic diversity in the community.

The organisational self-assessment and consumer assessment informs the development of a quality plan. The quality plan should identify quality improvement activities and goals, strategies for achievement, allocate responsibilities and timelines for their implementation and identify performance measures.

Completing the self-assessment and preparation of the quality plan provides an element of the data required to complete reporting for the Quarterly Data Collection (S40 – Annual Quality Plan, collected in Quarter 4, each year).

Independent monitoring

Independent monitoring of disability service providers confirms compliance with the standards and supports continuous quality improvement. All disability service providers must undergo an independent certification audit by 30 June 2012 and be independently certified compliant with the standards by 31 December 2012.

Independent monitoring is a third-party audit mechanism and will apply to both funded organisations providing disability services and department-provided services. The [Joint Accreditation System of Australia and New Zealand \(JAS-ANZ\)](#) has assisted the department to develop the core mechanism and will oversee its application in Victoria.

The core mechanism is known as [Procedure 34: Requirements for bodies providing audit and certification of disability service providers in Victoria](#) and is published by JAS-ANZ at their website: www.jas-anz.com.au

Procedure 34 describes the system's operational elements and parameters, including auditor competency; audit team structure and roles; service site and user sampling methodologies and periodicity of audit. Significant elements of the model are:

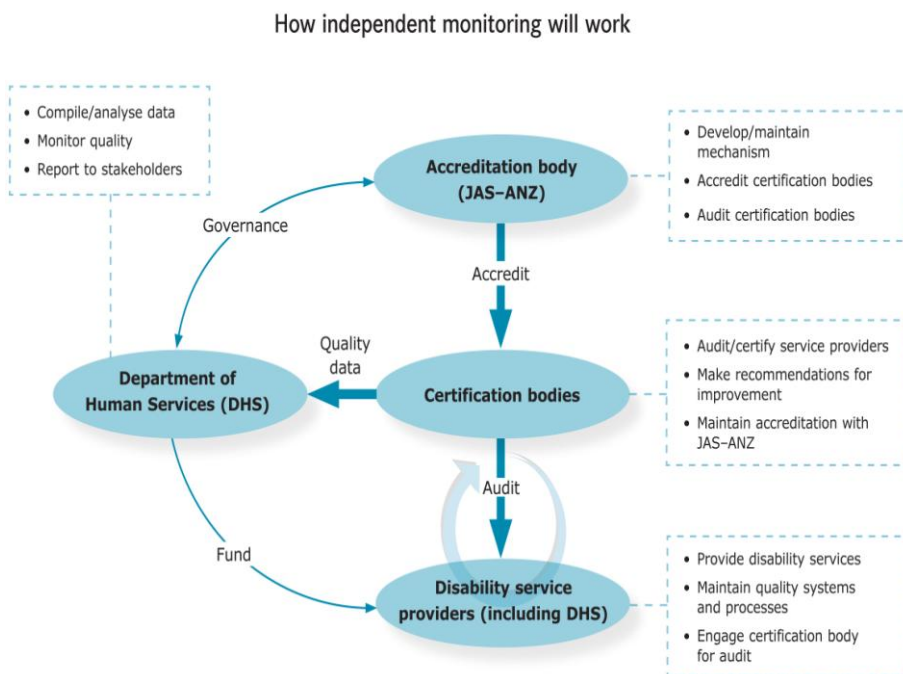
- capacity for recognition of how alternative frameworks demonstrate compliance to the standards

- the period of surveillance may vary, subject to satisfactory surveillance outcomes
- audit teams must include a person who has been a service user of a funded disability service (or family member or primary carer of such a person) designated a 'service user technical expert' in Procedure 34.

Following a demonstration project in early–mid 2009 and its independent evaluation, independent monitoring of disability service provider compliance with the standards commenced in March 2010.

- Note:
- 1 Following organisational changes, regulatory processes associated with regulation of service providers will be transferred to the department's Corporate Services Division from 1 July 2011. Providers may opt for accreditation under the One DHS Standards framework from its introduction but must use the latter system after 1 July 2012;
 - 2 Disability Service Providers are required to undergo certification audit against Procedure 34 by 30 June 2012. Subsequent audit against the One DHS Standards will be in the 2012-2015 service agreement period.

How independent monitoring works



4.4.6.10 Department-managed services

Government or internally managed services have similar reporting requirements to funded organisations. For example, internally managed services must participate in performance and data collection processes such as the quality management outlined earlier.

In addition, all services delivered to individuals and all services requested by individuals must be recorded on departmental information systems.

The department uses the client relationship information system (CRIS), a modern and flexible client information and case management system that has replaced the disability client information system (DISCIS). All individuals receiving services from the department are to be recorded on CRIS.

CRIS is the primary electronic file system used to document information required by disability services to support clients. All people who are in receipt of support must have a file created in CRIS. CRIS is not yet available to all staff in residential services. Existing paper-based systems will be used until CRIS is available.

To respond flexibly to the support needs of people living with a disability and who have long-term support needs, the department has developed a recording system, the Disability Support Register (DSR), which replaces the Service Needs Register.

Questions regarding CRIS can be directed to cris.questions@dhs.vic.gov.au

Information regarding the DSR is available at: www.dhs.vic.gov.au/disability/publications-library/access_to_ongoing_disability_support

4.4.6.11 Disability leasing model

The Disability Leasing Model (DLM) applies to houses owned by the Secretary of the Department of Human Services where the funded organisation is funded to deliver the Shared Supported Accommodation (SSA) program, including respite services, to people with a disability.

The DLM has been established to ensure that the department secretary-owned houses operated by funded organisations are maintained in a way that provides appropriate quality accommodation for residents and a safe working environment for resident support staff.

Further information can be found at: www.dhs.vic.gov.au/disability/publications-library/disability_leasing_model

4.4.6.12 Community Building Project Achievement Reporting System

The Community Building Project Achievement Reporting System (CBPARS), an access database application, is a mechanism for reporting on project achievements developed by the community building initiatives RuralAccess, MetroAccess and DeafAccess workers.

The CBPARS forms part of the overall reporting framework of the community building initiatives. Staff will be required to complete reports quarterly.

For further information, please contact the Department of Human Services' community building contact in your region.

4.4.6.13 Employment Safety Screening Compliance Policy

The Disability Services Division Employment Safety Screening Compliance Policy has been developed to support compliance with the employment safety screening requirements identified in the service agreements between the Department of Human Services and funded organisations funded to deliver disability services and supports. The policy is designed to assist funded organisations in the assessment of information collected in the employment safety screening process.

The following outlines the policy and process elements required to comply with future service agreements. These are specific to organisations funded to provide disability services and supports for a vulnerable target group and are in addition to the general recruiting practices required by the department, as outlined in the *Service Agreement Information Kit for Funded Organisations 2009–12*.

Mandatory requirements of the policy:

Employee screening must include information collected from sources in addition to police checks, and in compliance with privacy legislation.

Employee screening must be undertaken for all staff (including casual staff and contactors, casual staff employed through recruitment organisations, unsupervised volunteers and students on placement), not just those involved in direct care.

Employee screening must include Working with Children Checks where required by the *Working with Children Act 2005*.

Compliance with the policy must be declared on an annual basis, in the format provided by Disability Services Division.

Funded organisations are required to submit an Employment Safety Screening Compliance Policy annual declaration of compliance to their regional program and service adviser by 31 July in the following financial year.

4.4.6.14 Occupational health and safety (OH&S)

Employers including providers of disability services must comply with the requirements outlined in the *Occupational Health and Safety Act 2004* and associated regulations, codes of practices and guidance materials.

These obligations require the provision and maintenance, so far as is reasonably practicable, of a 'working environment that is safe and without risks to health'. This includes, but is not limited to the following:

- the workplace and its facilities
- equipment and plant
- systems of work
- information, instructions, training and supervision
- OHS consultative processes.

Furthermore, providers must ensure, so far as is reasonably practicable, that people other than their direct employees are not exposed to risks to their health or safety arising from the conduct of the employer.

4.4.6.15 Fire risk management

Protecting clients living in buildings owned or rented by the department or its funded organisations from fire hazard is an important part of their care. The service agreement acknowledges that an organisation is responsible for complying with all laws relating to fire protection, health and general safety that apply to any premises from which the organisation operates, irrespective of whether the relevant regulatory requirements place the obligation on the owner or occupier of those premises.

An organisation entering into a service agreement must have in place an appropriate system to protect people under its care. For this reason, the department has developed a set of guidelines outlining its role and the role of the organisation in protecting the department's clients from fire risk.

Fire safety – general requirements

Full details regarding fire safety and fire safety standards can be found on the following link:

www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/5.departmental-policies-and-procedures/5.1-fire-risk-management

Further information is also available in the Department's *Capital development guidelines 7 Series: Fire risk management April 2008* – available online at:

www.capital.dhs.vic.gov.au/TechnicalGuidelines/FireRiskManagement

4.4.6.16 Incident reporting system

Incident reporting aims to:

- support the provision of high-quality services to clients, through the full and frank reporting and subsequent analysis of adverse events
- assure and enhance the quality of the department's programs, through monitoring and acting on trends identified through incident reports

- inform the appropriate Ministers, the Secretary of the department, executive directors, directors and regional directors of significant incidents affecting clients and staff, in a timely and accurate manner
- ensure that due diligence and duty of care requirements are met and any identified deficits are addressed
- support organisational consistency.

The departmental incident reporting policy and related documents can be accessed in full via the [Funded Agency Channel](#). At <https://fac.dhs.vic.gov.au> select 'Incident reporting' from the quick links. You will find the instruction, forms, list of incident types and related documents.

Who needs to report?

- Department of Human Services (DHS)
 - direct services delivered by staff employed by the department
- Funded organisations
 - providing disability services as defined by the Disability Act 2006.

The Division may issue additional guidelines for funded organisations providing more detail relating to incident management and reporting for particular programs. This information is available on the Funded Agency Channel.

Completing the incident report form

The incident report policy form can be completed electronically from the Funded Agency Channel, at <https://fac.dhs.vic.gov.au> as above.

The incident report form should contain all necessary facts – who was involved; how, where and when the incident occurred; who is injured and the nature and extent of injuries (if applicable); and, what action is being taken in response to the incident. Objective language should be used. It may not be necessary to name witnesses. All reports must be legible and presented in the specified report format.

4.5 Housing and Community Building

4.5.1 Overview of policy context

Many factors influence the policy and reform context in which Housing and Community Building plans and operates. These factors include a growing, aging and increasingly urbanised population, changing client needs and falling housing affordability.

The National Affordable Housing Agreement (NAHA) establishes an ambitious reform agenda and, supported by four National Partnerships (NPs), will ensure improved housing outcomes for Victorians.

Housing and Community Building is committed to growing social housing through partnerships with not-for-profit housing organisations, particularly registered housing associations. Programs such as the Neighbourhood Renewal initiative have shown that, for many tenants, active participation in community life is important for health and wellbeing. Active participation can require support services and community engagement activities, ranging from learning and employment support to assistance in managing drug or mental health problems to developing community infrastructure.

To this end, Housing and Community Building will also work with partners to provide a range of programs and services to support those most in need to break the cycle of disadvantage.

4.5.2 Responsibilities of program areas

Housing and Community Building is a division of the Department of Human Services and an agency of the Victorian Government responsible for the delivery of housing assistance to Victorians. This includes long-term social housing, crisis and transitional housing, home ownership assistance, private rental assistance, homelessness assistance and community building initiatives.

The Director of Housing and Executive Director, Housing and Community Building reports to the Secretary of the Department of Human Services and to the Minister for Housing. The Director of Housing also has separate statutory responsibilities articulated in the *Housing Act 1983* and the *Residential Tenancies Act 1997*.

4.5.2.1 Our clients

In line with the new Department of Human Services directions, Housing and Community Building and our partners deliver programs to:

- people who are homeless or at risk of homelessness, and women and children experiencing family violence
- low-income families, older people, single people and young people who require long-term affordable rental accommodation
- Victorians who require support to maintain a safe, secure and affordable place to live
- people who require assistance and support to stay in or move into the private rental and home ownership markets.

4.5.2.2 Our partners

We work closely with a range of groups and organisations to ensure that programs support client needs and meet our responsibilities. Our partners include:

- social housing residents and representative groups
- not-for-profit social housing agencies
- peak bodies and advocacy services
- community sector organisations
- Local, State, and Commonwealth government authorities
- Local, State, and Commonwealth governments
- the private sector, including the financial sector, developers, builders and property services providers
- the philanthropic sector
- academia and research bodies.

4.5.2.3 Our services

Housing and Community Building and our partners in the social housing sector currently provide housing assistance services to approximately 81,000 Victorian households every year.¹

These services encompass many aspects of housing assistance and are delivered directly, through partnerships and by externally funded organisations.

Together with our partners we provide:

- long-term social housing
- private rental assistance
- home ownership assistance
- homelessness assistance
- transitional housing and support
- Indigenous housing and support
- family violence accommodation and support services
- moveable units
- property inspection and maintenance services
- information on housing and support options and referral to relevant service providers

¹ *Summary of Housing Assistance Programs 2009-10.*

- community building activities.

For further information on these services, please refer to the annual Summary of Housing Assistance Programs available on the Housing and Community Building website at: www.housing.vic.gov.au

4.5.3 Policies

National Affordable Housing Agreement

The NAHA provides the framework for the Commonwealth and State governments to work together to improve housing affordability and homelessness outcomes for Australians. The agreement recognises that a range of measures and coordinated action across government are important to achieve this.

The NAHA commits governments to achieving the following outcomes:

- people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion
- people are able to rent housing that meets their needs
- people can purchase affordable housing
- people have access to housing through an efficient and responsive housing market
- Indigenous people have the same housing opportunities (in relation to homelessness services, housing rental, housing purchase and access to housing through an efficient and responsive housing market) as other Australians
- Indigenous people have improved housing amenity and reduced overcrowding, particularly in remote areas and discrete communities.

National Partnership on Homelessness

The National Partnership (NP) on Homelessness aims to facilitate significant reforms to reduce homelessness.

The agreement recognises that addressing homelessness requires a national approach focused around three key strategies:

- effective prevention and early intervention to stop people becoming homeless and to lessen the impact of homelessness
- breaking the cycle of homelessness with investment in services that help people get back on their feet, find stable accommodation and, wherever possible, obtain employment
- a better connected, more integrated and responsive service system to achieve long-term sustainable reductions in the number of people who are homeless.

A range of outputs have been established to affect these strategies, the four core outputs are:

- the implementation of the A Place to Call Home initiative
- street to home initiatives for chronically homeless people
- support for private and public tenants to help sustain their tenancies, including through tenancy support, advocacy, case management, financial counselling and referral services
- assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing.

The Victorian Government was allocated \$156.8 million to reduce the incidence and impact of homelessness.

National Partnership on Social Housing

The objectives of the NP on Social Housing are to:

- increase the supply of social housing through new construction;
- to provide increased opportunities for people who are homeless or at risk of homelessness

- to gain secure long term accommodation; and
- to develop options for reform that will address supply shortfalls and propose possible payment of Commonwealth funding assistance for social housing.

Under the NP, a Social Housing Growth Fund was established. This fund provided capital funding to support a range of projects to increase the supply of social housing in the short term and enable more disadvantaged households to access safe and secure housing that meets their needs. Projects were designed to meet the reform and policy commitments of the NAHA and also meet one or more of the following criteria:

- facilitate or support the transition of people who are homeless or at risk of homelessness to secure, long-term accommodation
- adhere to universal design principles that facilitate better access for people with a disability and older people
- target improved housing opportunities for Indigenous Australians
- support the growth of the not-for-profit sector
- offer new and innovative approaches that will support a more effective and efficient provision of social housing.

The Victorian government was allocated \$99.2 million under this NP.

National Partnership on the Nation Building and Jobs Plan

The NP on the Nation Building and Jobs Plan aims to:

- increase the supply of social housing;
- provide increased opportunities for persons who are homeless or at risk of homelessness to gain secure long term accommodation; and
- stimulate the building and construction industry, both through funding additional dwellings and increasing expenditure on repairs and maintenance.

In Victoria, 4,500 new social housing units will have been built under this agreement by June 2012. The repairs and maintenance component of the agreement was delivered by 30 June 2010 with works benefiting over 9,100 homes in Victoria.

This NP furthers the reform of the social housing sector by aligning to, and building upon the reforms of the NAHA. The broad reform directions, and the specific actions, include improving outcomes for social housing tenants, developing the regulation and reporting requirements of the social housing sector and enhancing the capacity of the social housing sector.

Funding provided through the NP will enable a major boost to supply greatly assisting many Victorians in need of housing assistance. Key target groups to be assisted through the NP include:

- providing improved housing assistance to people who are homeless or at risk of homelessness to advance Commonwealth and State commitments in the NP on Homelessness
- boosting housing assistance to the following key target groups – people with a disability, people who are aged, Indigenous people, people escaping domestic violence; and people with a mental illness
- targeting assistance to those who have been waiting and those who are in housing stress with an increase in the allocation of housing to people with highest needs on public housing waiting lists.

The Victorian government was allocated \$1.266 billion under this NP.

National Partnership Agreement for Remote Indigenous Housing

This NP is a ten year strategy to reform responsibilities between the Commonwealth and State governments in the provision of housing for Indigenous people in remote communities and to address overcrowding, homelessness, poor housing condition and severe housing shortage in remote Indigenous communities.

Victoria differs from other States as there are no Victorian Indigenous communities which are defined as remote. Under the NP, the major reform for Victoria is the assumption of administrative responsibility for the

Community Housing and Infrastructure Program (CHIP). CHIP, which until 30 June 2009 was administered by the Commonwealth Government, consists of some 500 properties owned by Indigenous community housing organisations (ICHOs). Under the agreement funding will:

- provide ICHOs the opportunity to build organisational capacity
- benefit ICHOs through repairs and maintenance work; and
- facilitate the transition from the Commonwealth Government to the Victorian housing framework.

The Victorian Government has been allocated \$30.4 million over 10 years under this NP.

4.5.4 Priorities

Asset Renewal Program

This program aims to regenerate, re-profile and realign public housing and support the development of the not-for-profit housing sector to ensure our clients are in housing that is appropriate for their needs.

The program is replacing old public housing stock in very poor condition or in areas of very low demand with redeveloped and new homes that are more suitable to the needs of our clients and are located where needs are highest in growth corridors and activity centres in the metropolitan area and in regional cities.

Old stock is disposed, either through demolition for redevelopment, or sale. Where properties are sold, the revenue is reinvested in acquisition of new public social housing. Properties are being developed in partnership with housing associations.

Increasing protection for rooming house residents

In September 2009 the Rooming House Standards Taskforce made 32 recommendations to Government to improve the quality of accommodation on offer and management practices in the Victorian rooming house market.

The key themes outlined by the Taskforce and other stakeholder consultations include:

- additional minimum standards for rooming houses reflecting community standards are required and these standards should be easier to access and enforce
- unregistered rooming houses should be identified and required to comply with relevant legislation
- children living in rooming houses is not appropriate and alternative accommodation should be secured as a priority
- enforcement of rooming house provisions should be strengthened
- supply of affordable accommodation for singles and families should be increased.

In October 2009 all 32 recommendations were accepted in principle.

Reforms are being implemented by DHS, as well as Consumer Affairs Victoria, the Department of Planning and Community Development. A number of initiatives have already been completed with further, more complex initiatives to be implemented throughout 2011 and 2012 respectively.

Accreditation of housing support and case-managed housing support services

Accreditation of Housing and Community Building-funded homelessness assistance, family violence and other housing support services commenced in February 2008. Accreditation is based on the Homelessness Assistance Service Standards (HASS), which were developed in consultation with the sector.

Second cycle HASS accreditation commenced in December 2010. Organisations are required to continue their quality work on first cycle HASS accreditation outcomes and will be required to achieve either HASS second cycle accreditation until June 2012 or accreditation against the DHS standards, which will come into effect on July 2012.

Indigenous housing managed by Aboriginal Housing Victoria

In June 2009, Aboriginal Housing Victoria (AHV) became the first Indigenous housing agency to be registered as a housing provider in Victoria. AHV now has a portfolio of over 1,300 properties under its direct tenancy management. This is a significant step in AHV's process towards independence as an integrated tenancy and property management business. With the ongoing funding and capacity building assistance of Housing and Community Building, AHV aims to become a housing association with control and/or ownership of all properties in the Aboriginal Rental Housing Program.

4.5.5 Initiatives

National Rental Affordability Scheme

The National Rental Affordability Scheme (NRAS) seeks to address the shortage of rental housing and rapidly rising rents by offering a National Rental Incentive to providers of new dwellings on the condition that they are rented to eligible low and moderate income households at 20 per cent below market rates. All new dwellings must be built and tenanted by 30 June 2012.

The National Rental Incentive is comprised of a refundable tax offset from the Commonwealth Government and a cash payment or in-kind support from the relevant state or territory. For the 2010–11 year the Commonwealth contribution is valued at \$6,855 and the state contribution is valued at \$2,285. Both contributions are paid per dwelling per year for ten years.

The scheme is designed to pool significant resources from a range of participants including financial institutions, developers, not-for-profit organisations and local governments which, when combined with the incentive from the scheme, will increase the supply of affordable rental housing.

Victoria has allocated 6,790 NRAS incentives.

Increasing employment and educational opportunities for social housing tenants

Building on Neighbourhood Renewal and the Public Tenant Employment Program, learning and development initiatives will be expanded to improve work readiness and the educational and training outcomes of tenants and to assist tenants to move into private rental and/or home ownership. Initiatives include addressing disincentives to work and targeted strategies that more effectively connect individuals to services that tackle both vocational and non-vocational barriers to achieve improved economic independence. The identification and development of local training and job opportunities for tenants will also be significantly scaled up and tenants will have adequate support to make the transition from unemployment to sustainable employment.

The Victorian Government will pilot work and learning centres on public housing sites as part of its commitment to help people get a job, reduce disadvantage and help make Victoria a fairer place to live.

Developing a proposal for a common housing register across public and community housing

A proposal for a common housing register across public and community housing is being developed. The aim is to simplify the application process for people in need of housing by providing a single entry point to apply for social housing. All applicants for public and long term community housing would be housed through the register.

Improving joined-up support services for complex social housing tenants

This reform will continue our efforts to develop support and housing options for tenants to increase their capacity to live successfully in social housing. Collaboration across program areas of the Department of Human Services will be improved and a range of options considered. The National Partnership on Homelessness will also enable some increased coverage of support service provision across public housing, social housing and private rental. The allocation of Nation Building properties will also offer a significant opportunity to provide housing assistance to those most in need including clients receiving Department of Human Services support.

Integrated Family Violence Response

The Integrated Family Violence Response provides more flexible options for women and children experiencing family violence. All funded organisations delivering family violence services are required to participate in the response, including the following key elements:

- a 24-hour response to incidents of family violence
- a wider range of accommodation options
- outreach support in a range of settings
- linking to the private rental market.

Building on the Integrated Family Violence Response is the ten-year plan to address Indigenous family violence: Strong Culture, Strong Peoples, Strong Families.

Released in 2008, this plan identifies the need for increased capacity to provide crisis accommodation and support responses for Indigenous women and children.

Specialist Homelessness Services Collection

With implementation scheduled for 1 July 2011, the Specialist Homelessness Services collection (SHSC) is a new national data collection incorporating a new national minimum data set and a new client management system. The SHSC reports client data from organisations funded through the National Affordable Housing Agreement and the National Partnership on Homelessness. The aims of the SHSC are to:

- improve our ability to accurately count, and better understand, the prevalence of homelessness in Victoria
- provide a better picture of homelessness based on client experiences
- remove duplication of data collection and reporting instruments within the homelessness sector
- improve our ability to compare the Victorian homelessness experience to other states and nationally
- support service planning at an agency level and all levels of government
- meet Commonwealth and State data accountabilities.

Organisations funded by the Department of Human Services to provide homelessness services are required to participate in the data collection as a condition of their funding.

Homelessness Assistance Program Guidelines

The Homelessness Assistance Program Guidelines and funding frameworks have been designed to:

- streamline homelessness program management and operational practice
- eliminate duplication in HSS, THM and HEF guidelines
- introduce new tools and frameworks as operational requirements
- establish common definitions
- introduce a user-friendly format that can be easily updated and distributed.

The guidelines are used in conjunction with the Homelessness Assistance Service Standards and the Registered Agency Performance Standards. They assist organisations with self-assessment and quality improvement planning, and help prepare housing service providers for registration as housing providers. Organisations use these guidelines in conjunction with the standards to develop and document interagency protocols and practices.

4.6 Concessions

The Department of Human Services concessions program provides concessions across a broad range of services. These concessions vary in their structure and value. The department provides discounts on standards fees and charges for services such as energy, water and public transport and for municipal rates. Concessions are generally provided to Victorians who hold a Commonwealth Government issued Pensioner Concessions Card and Health Care Card, or a Department of Veterans' Affairs Repatriation Health Card (Gold Card).

The concessions program also:

- provides assistance to concession cardholders who are unable to pay their utility bills due to a temporary financial crisis (Utility Relief Grant Scheme)
- manages the Sewerage Connection Scheme and the Advance Meter Assistance Program.
- funds the provision of emergency relief (VicRelief Foodbank), trustee services (State Trustees), charity freight services, funeral services (Bereavement Assistance Limited), community information (CIVic), and buying services (Good Shepherd).

The program operates the Concession Telephone Information Line. The telephone number for this service is 1800 658 521.