Healthy
living *Network*

Provider Registration Guide

Part of the Quality Framework for the

Healthy Communities Initiative

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Introduction

Purpose of this document

The purpose of this document is to provide instruction on the Service Provider Registration component of the Quality Framework for the Healthy Communities Initiative (HCI). The document provides detailed information on:

- the process that should be undertaken when seeking registration
- details on each of the Quality Framework domains, standards and performance criteria
- a range of resources that are provided as examples and learning resources
- evidence that will be required to demonstrate that a provider meets the performance criteria.

Further information on the Quality Framework and its other components can be found in the *Healthy Communities Initiative Quality Framework*.

Gaining Registration

Registration

The Provider Registration process has been designed to promote continuous quality improvement. Providers who demonstrate that they meet the performance criteria will obtain registration. Providers that do not meet the performance criteria will receive support from QMS to enable them to plan the necessary improvements to be eligible for registration.

This Framework is aimed at sole, small, medium and larger providers. Even though the term organisation is used in some of the quality standards, this includes sole providers. The level of evidence required by providers will be applicable to the size and scope of business.

Approach to Provider Registration

In order to gain and maintain registration, providers need to:

• make a commitment to the process

• establish a team to oversee the process

• undertake a structured process of self assessment: identifying and collating evidence and data to demonstrate achievement against the performance criteria

• develop an Action Plan for areas identified for quality improvement, focusing on high priority areas

• submit the on-line self assessment report, sample evidence and action plan to the *Registration Body*

• participate in a site audit process if required.

The following diagram represents the optimal approach to Provider Registration.

Figure 1: Optimal Use of the Framework

Following is a more detailed description of each of these steps.

Make a Commitment and Form a Team

Make a Commitment

Pursuing improvements in any organisation requires a commitment. In embarking on a commitment to become registered each provider will need to consider:

→ What benefits are you seeking?

These benefits might include assuring yourselves, funding bodies and clients of quality; identifying areas in need of improvement; external recognition that your organisation meets industry agreed standards, and/or increased potential for additional funding streams.

→ What resources will be required?

The extent to which any service pursues improvement will be governed by two elements — the extent of improvement required and the available resources required to achieve that improvement. For many organisations the most significant resource investment will be that of staff time. For some organisations, investment in improvements to equipment and facilities may also be required. The need for investment should not deter a commitment to improvement. It may mean that the level of improvement will need to be phased over time to match the level of resources available.

→ How committed to the process of registration is your organisation?

For larger organisations it will be important to ensure there is management commitment to this process. Individuals within an organisation are rarely successful pursuing quality initiatives on their own. There may be other organisational issues to be considered — for example, how does becoming registered through this process fit in with the business plan, what other accreditation options exist and how can they be aligned?

Form a Team

The benefit of using teams in quality improvement has been well established[1]. A team approach will ensure one person doesn't carry the entire burden of quality improvement, and can bring a variety of perspectives and ideas from across all levels and areas of your organisation.

Teams should, wherever possible, comprise of a cross section of staff from different professional backgrounds and roles. The exact size and composition of the team will be determined by the size and composition of the organisation. Ideally 3–5 members should be selected from across the organisation, including relevant healthy living programs. Members should include the CEO/manager, administrative manager and program delivery staff.

Sole providers and small operators might find forming a team challenging. However, such operators could consider the option of engaging external support such as partners and clients to form a team.

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1. Scholtes PR, Mann D 1988. The Team Handbook: How to Use Teams to Improve Quality Madison, Wisconsin, USA: Joiner Associates; 1988

Self Assessment

Undertake the Self Assessment

Undertaking the self assessment will provide a useful opportunity for the organisation to reflect on what it does, what it should do, what it does well and where there are areas in need of improvement. Teams often report that this part of the process is very satisfying and useful.

The steps in undertaking a self assessment[2] are:

1. **Allocate a self assessment coordinator.** The self assessment coordinator should be a person who is familiar with all components of the organisation and preferably has some understanding of quality improvement.

2. **Select the self assessment team.** Ideally the team will comprise approximately 3–5 members (depending on the size of your organisation) and comprise of representatives who provide direct service delivery, program oversight, organisational management, or other key stakeholder positions (e.g. partners, consumers). Sole providers can establish a team by engaging external support such as partners and clients as part of the self assessment team.

3. **Assign each team member a domain[3] for which they will assume an overall coordination role.** The domains allocated should be those with which the person is not intimately familiar, as this will promote a higher level of assessment. Assessing components that members are more familiar with creates a tendency to make assessments based on their personal knowledge and does not encourage them to explore actual evidence of performance.

4. **Disseminate information.** Provide all team members with a copy of this Provider Registration Implementation Guide.

5. **Explain the assessment and registration process to Provider staff.** It will be useful to explain the aim of obtaining Provider Registration using the HCI Framework. Provide advice to the whole organisation and client group about the registration process so they understand what is to happen, and that they may be asked questions about the way the organisation operates. This will promote transparency about the registration process and assist in implementing changes that may arise as a result of the process. In this step, sole providers might engage only with the client group, if at all.

6. **Identify evidence against each rating item.** Instruct team members to identify evidence for each criteria of their allocated domain/s. They need to suggest at least one piece of evidence (electronic or hard copy) that can be submitted for each element.

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2. Adapted from the Dual Diagnosis Capability in Addiction Assessment Tool Guidelines 2008

3. A domain comprises one standard and associated performance criteria. There are eight domains in the HCI Framework including Safety & Risk.

Minimum evidence for each criterion is listed later in this guide. While team members need to identify and adhere to this minimum, they may wish to include additional evidence to ensure they have comprehensively demonstrated the attainment of domain criteria. Remember, each organisation will be different and the extent of evidence available in organisations will very much be determined by the size and type of programs.

Information sources to inform self assessment and identification of evidence include:

- interviews with key staff
- review of policy and program documentation
- review of brochures and client information
- interviews with clients
- organisational data.

One document may serve as evidence against several different performance criteria — for example, your business plan. This is quite acceptable and just **needs to be referenced accordingly in the** *On-line Self Assessment for Provider Registration*.

In some cases your team may decide that a performance criterion is not appropriate or relevant because of the way your organisation is structured. Where this is the case, please rate that element as 'Not Applicable' and describe why in the comment box.

7. **Conduct team discussion.** Bring together the self assessment team at a pre-allocated time. Ensure that there is a comfortable venue and that each member brings the relevant evidence for the domain they coordinate.

    Discuss each domain until consensus is reached on the self assessed level of performance. The options for performance levels include 'Yes', 'In progress' or 'No'. It is important to remember that a consensus agreement is not necessarily unanimous agreement or a majority vote, but rather when all members can agree to accept the final decision. The levels note performance at a particular point in time and do not need to be absolute. The self assessment should be based on a 'most of the time' judgement.

    Each criterion also has a series of questions that seek a 'Yes', 'No', or 'Not Applicable' option to be ticked. These questions are intended to highlight current practice along with identification of areas for improvement.

8. **Disseminate findings to management group.** The findings should be presented to the management group (however comprised) for discussion. This is an ideal time to identify gaps between the strategic intent of the organisation and areas requiring improvement. Improvement activities can then be planned and incorporated into the business planning/quality improvement planning for the organisation.

9. **Disseminate findings to organisation.** It is important that the whole organisation can see the outcomes of the assessment and the resulting planned improvement activities. Sole providers may choose to disseminate findings to organisation key stakeholders.

10. **Develop an Action Plan.** Areas identified for improvement should be addressed in an action plan that is prioritised, targeted, time limited and resourced. Do not try to address every deficit. Identify the key items that, when addressed, will significantly enhance the quality of the business. It is important not to plan to do more than is practically possible. **An Action Plan template can be found in the Resource Library of the Healthy Living Network registration portal.**

11. **Complete and submit the On-line Self Assessment report** and attach associated evidence and Action Plan.

12. **Plan a repeat assessment.** It is recommended that the self assessment be repeated at least annually and scheduled in advance to ensure it occurs at an appropriate time that can best feed into other planning and/or accreditation type processes.

Becoming Registered

Becoming 'Registered'

It is recommended that providers applying for registration follow the steps outlined in the **Approach to Provider Registration** within this document.

Providers wishing to be recognised under the Framework need to undergo self assessment using the following process:

• Review the performance criteria in the **Provider Registration**

• Review the *On-line Self Assessment for Provider Registration*.

• Your 'Self Assessment Team' conducts a review of your organisation. The *On-line Self Assessment for Provider Registration* is completed with self rating data entered against the domains and core performance criteria of the Framework. An on-line and/or PDF version will be available. Each domain criteria includes detail on the minimum mandatory evidence required by providers, along with a list of other types of evidence that can also be used by providers as additional evidence of meeting a criterion.

• On completion of criteria responses and at the end of each domain, your self assessment team identifies challenges or opportunities for organisational improvement, along with your identified priorities for action (Action Plan)

• The final section of the *On-line Self Assessment for Provider Registration* template seeks identification of the criteria to which applicants have responded and an indication of whether the evidence will be posted or emailed.

• The completed *On-line Self Assessment for Provider Registration* and associated evidence is submitted to the Registration Body for assessment.

A desktop review of your documents will then be undertaken. QMS may contact you to seek clarification.

Following assessment of submitted documentation and communication with you (as required), you will be notified of your registration status and if deemed to be registered, will be listed on the HCI Portal.

The outcome will be formally reported to you by QMS.

Providers with other Accreditation bodies

Providers that have current accreditation status through another program should contact QMS to determine which components of the Framework criteria are required to be completed.

ACHS EQuIP Accreditation status

Providers with existing accreditation approval through the Australian Council of Health Care Service (ACHS) Evaluation and Quality Improvement Program (EQuIP) need only complete the criteria listed in Table 1.0 below.

Evidence of existing accreditation and any high priority recommendations (from the relevant Accreditation Agency) is required to be submitted to QMS along with the self assessment, priorities for action (Action Plan) and sample evidence for relevant criteria.

Table 1.0: HCI Quality Framework criteria required for EQuIP approved services

No.	HCI Domain	Criteria
1	Access and equity	→ The provider ensures all marketing and advertising is ethical, accurate and consistent with the scope of services
2	Effectiveness and appropriateness	→ Programs promote behavioural change → Programs are provided according to relevant evidence based approaches and/or best available evidence
3	Consumer/community engagement	→ The provider engages with the community to promote healthy lifestyles → Success is celebrated
4	Organisational capacity	→ The organisation role models healthy living → The organisation declares funding sources and has explicit policies for donations, sponsorship and marketing

Desktop audit and site visit

A desktop audit of all submissions will be conducted by QMS.

To ensure a robust system, desktop audits will be conducted on 10% of providers applying for registration. If you are selected for a desktop audit you will be contacted by QMS and provided with information on the process. The desktop audit will be planned and will not occur without prior notice.

Support

QMS will:

- provide support to Local Government Area (LGAs), providers and program developers in understanding the intent, benefits, application and registration of providers using the Framework and resource documents
- determine approval or non approval of registration for programs and providers
- register programs and providers
- maintain up to date information and resources on the HCI Portal
- collate information on application and uptake of the HCI Framework, trends, challenges, and responsiveness.

Additional support for this initiative will be achieved by the active engagement of LGAs:

- to implement the Principles for LGAs as core business
- appoint HCI Coordinators to work with providers
- work with QMS and Department.

Timeframe for renewal

The life of registration is two years.

In line with the continuous quality improvement approach, registration renewal will be required every two years or sooner if significant amendments (including change to program scope, qualifications required and major changes to approach or content) to the program occur.

The Provider Registration Framework

Introduction

The HCI Quality Framework is based on four essential domains:

- risk and safety
- effectiveness and appropriateness
- access and equity
- consumer and community engagement.

Service provision is then underpinned by the elements of:

- workforce
- organisational capacity
- information management
- continuous improvement.

The remainder of this document provides information intended to increase understanding and practical application of each of these domains.

Structure

Each of the domains include:

- a brief description of the intent of the standard and rationale
- an explanation of why and how a provider can implement and apply the criterion, along with useful resources and examples
- details of the evidence that providers will be required to demonstrate to meet the standard.

Resources

A range of hyperlinked resources are referenced in this document. These resources are provided only as examples and learning resources.

Providers that have existing processes in place to meet criteria do not need to use any of the resources.

Providers that are developing quality systems may find the resources useful as a starting point — they are welcome also to use other resources that are relevant to their service.

Note: The resources, products and associated organisations listed in this document have not been explicitly endorsed.

Evidence

A description of the types of evidence an applicant should provide for each criterion is described in this Guide. Applicants will need to decide what evidence collected is a relevant demonstration of effort and outcome against that criterion. The minimum mandatory evidence that must be submitted with self assessment has been shaded like this. Additional evidence can also be provided.

In some cases, one document may provide evidence against several performance criteria, such as your business plan. Where this is the case the evidence should be referenced accordingly in the *On-line Self Assessment for Provider Registration* template.

Providers seeking registration may be contacted by QMS to clarify information and/or the evidence that is submitted.

Existing Legislation and Standards

Fundamental existing standards and legislation underpinning the HCI Framework

Where there are existing standards and legislation that are applicable, providers need to ensure they are applied in day to day practice.

Examples of Federal standards and legislation that may be relevant to providers using this framework are outlined below. It is important to note that State and Territory based documents linking to the national legislation and standards outlined below may be in place and it is recommended that providers review their relevant jurisdiction information.

Privacy

• Privacy Act 1988 (Commonwealth)
  www.austlii.edu.au/au/legis/cth/consol_act/pa1988108

Workplace Health and Safety

• Racial Discrimination Act 1975
  www.comlaw.gov.au/Details/C2009C00388

• National Occupational Health and Safety standards
  www.australia.gov.au/topics/health-and-safety/
  occupational-health-and-safety

• Human Rights and Equal Opportunity Commission Act 1986
  www.hreoc.gov.au

Industry standards

• Australian Council of Health Care Standards
  www.achs.org.au

Food safety

• Food hygiene standards
  www.foodstandards.gov.au/foodstandards/
  foodsafetystandardsaustraliaonly

Other

• Infection Control Guidelines
  www.nhmrc.gov.au/node/30290

Provider Registration

Providers seeking registration must ensure that, at a minimum, they are adhering to relevant legislation including Occupational Health and Safety, privacy, fair trading, food safety, and record retentions, as is relevant in their jurisdiction.

Domains	Risk and Safety	Access and Equity	Effectiveness and Appropriateness	Consumer/Community Engagement
Standard	Programs are delivered safely through a comprehensive risk management approach.	Providers enhance accessibility to promote equity.	Programs and interventions are consistent with national nutrition, physical activity, weight loss and obesity prevention guidelines (where available).	The provider actively engages with its consumers and the local community to promote healthy lifestyles.
Performance criteria	→ The provider has an active risk management policy. → A risk assessment is undertaken for all programs in each environment in which they are delivered. → Clients are provided with information about program intent, potential risks and consent is obtained confirming awareness and acceptance of the risks.	→ The provider ensures all marketing and advertising is ethical, accurate and consistent with its scope of services. → Access and equity are enhanced by reducing barriers for specific target groups. → The provider works collaboratively with relevant professionals/ groups/organisations.	→ The provider bases its program planning on: current frameworks; local, state and national plans; and assessed need. → Programs are provided according to relevant evidence based approaches and/or best available evidence. → Programs promote behavioural change. → Broader components of lifestyle modification and health awareness are promoted.	→ The client/group is involved throughout the enrolment, program and feedback process. → The provider engages with the community to promote healthy lifestyles. → Success is celebrated.

Workforce (includes paid, unpaid and those under license)	Organisational Capacity	Information Management	Continuous Improvement	Domains
The workforce is capable of delivering and supporting the programs being offered.	The organisation is capable of delivering and supporting the programs being offered.	Data and information are used effectively.	The provider fosters and encourages the use of continuous quality improvement.	Standard
→ The workforce is selected and trained to ensure skills match the program requirements and client risk. → The workforce operates within boundaries of designated roles/ scope of practice. → The workforce is actively engaged in program design and improvement. → Training, support and professional development opportunities are facilitated. → The workforce delivering programs are formally reviewed.	→ The organisation articulates its business/program scope. → The organisation role models healthy living. → The organisation has an articulated, effective governance structure. → Resource allocation is managed to achieve efficiency and effectiveness. → The organisation identifies approaches to achieve program/ organisation sustainability. → The organisation declares funding sources and has explicit policies for donations, sponsorship and marketing.	→ Compliance with local, state and national data collections is achieved. → The provider has documented protocols/policies for all data collections, use and disclosure. → The workforce is trained to ensure there is consistency in data collection.	→ Relevant reference material is readily available to clients and staff. → Data are used to evaluate the effectiveness of programs. → Opportunities for improvement are identified and acted on.	Performance criteria

Risk and Safety

Standard	Programs are delivered safely through a comprehensive risk management approach.
Rationale	There are inherent potential risks in providing healthy weight, physical activity/fitness and healthy eating programs. These risks vary from minimal through to significant depending on the client, the intensity of programs being offered and the environment in which they are being delivered. Providers have a duty of care to clients, communities and funders to ensure appropriate risk management approaches in all program delivery to promote safety and minimise harm.

Criteria	Why/How/Resources
1.1 The provider has an active risk management policy	**Why**
	It is important that organisation staff (paid and volunteer) and program participants have a safe, fair and supportive environment and that program planning and work processes promote this. Risk can be defined as the combination of the probability of an event and its consequences. A policy on risk management increases opportunities for positive outcomes, decreases the likelihood of undesirable results and provides a guide for staff on:
	• a process to identify hazards and risk
	• actions to avoid or reduce the chance of something going wrong
	• a process for decision making
	• communication lines and responsibilities.
	How
	Providers need to have a policy in place that details how risk is assessed, how strategies are applied to reduce risk, as well as how hazards and incidents are reported and managed.
	Resources
Suggested Evidence	The following resources/links provide useful resources and examples of risk policies:
Evidence may include:	• Standards Australia. 2004. HB 246-2004 Guidelines for Managing Risk in Sport and Recreation
• a current (within last 3 years) Risk Management Policy	• *Can You Risk It?* An Introduction to Risk Management for Community Organisations www.dsr.wa.gov.au/293
• risk register	• Australian Institute of Community Practice and Governance (AICPG) www.ourcommunity.com.au/management/view_help_sheet.do?articleid=1245
• hazard and incident reports	
• evidence of how risks, hazards and incidents are managed where relevant	• Maroondah Bushwalking Club Risk Management Policy and Risk register www.mbwc.org.au/index.php?option=com_docman&task=cat_view&Itemid=59&gid=53&orderby=dmdate_published
• documentation of technical inspections and testing.	

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Criteria	Why/How/Resources
1.2 A risk assessment is undertaken for all programs in each environment in which they are delivered	**Why** The type and level of risk varies between environments and programs and can change over time. Out of concern for the health and safety of participants and staff, duty of care, good business sense and cost effectiveness, a risk assessment considering people, equipment and property should be completed for all programs in each specific environment in which they operate. Processes for reviewing and updating risk assessments should be established as part of good management practice. **How** Risk assessment is an ongoing process, undertaken at various times, including: • for all new programs, interventions or environments • when a hazard has been identified • when a change in the workplace occurs • after an incident, accident or workplace illness • at regularly scheduled times. Risk assessment should be documented including naming of the risk, rating its likelihood and severity of consequence, the appropriate mitigation strategies and monitoring mechanisms. A Risk Assessment Template can be used for this purpose (example templates are in the resources below). A hazard inspection should be undertaken on a regular basis (e.g. every two months) to identify any hazards. A standardised checklist can be developed to list possible hazards that may occur in your particular service. Table 2 outlines potential risks for providers to consider for healthy eating, physical activity and general programs. These are a guide only, are not exhaustive and must be assessed for relevance.

Resources

The following resources/links provide examples of risk assessment guidelines, templates and checklists:

• Standards Australia. 2004. HB 246-2004 Guidelines for Managing Risk in Sport and Recreation

• Standards Australia. 2004 Risk Management Guidelines Companion to AS/NZS 4360:2004

• Extra Hands Sample Risk Assessment Template
  www.taslandcare.org.au/documents/RiskMgmt0107.pdf

• Small Business Fire Safety
  www.fire.nsw.gov.au/page.php?id=73

• Hazard Audit Checklist
  www.vcu.edu/oehs/safetymanual/auditchecklist.pdf

Suggested Evidence

Examples include copies of:

• risk assessment template/s used by the provider

• risk and safety policies and procedures

• completed risk assessment/s

• hazard and incidence reports.

Examples of Risk and Mitigation Strategies

Risk	Mitigation Strategy
General	
Incorrect use of equipment	• Ensure staff and clients are trained and understand the correct use of equipment • Safety instructions are visible for all equipment and products • Safety equipment and protocols for its use are appropriately displayed.
Medical emergency	First aid capacity and emergency response plans are in place and are appropriate to the level of risk. This may include: • The presence of a qualified First Aid Officer • Access to a telephone • Appropriate first aid supplies (accessible, well stocked, unlocked).
Spread of infection	Policies and processes to: • Manage body fluid spills • Appropriately clean equipment between use • Ensure spaces for group activities are appropriately ventilated • Promote and provide facilities for hand washing/personal hygiene • Discourage use of facilities by clients with upper respiratory tract infections.
Slips/trips	• Ensure the environment is checked and hazards are removed where possible prior to program implementation • Ensure hazard signs are available and used, for example, for wet floors
Inadequately maintained equipment	• All equipment is maintained according to manufacturer's specifications • An equipment maintenance plan is in place.

Client safety	• Ensure appropriate security measures are in place. This may include:
	  – Ensuring walking programs are conducted in groups, and in well lit environments, that locks are provided on rooms
	  – Use of appropriate safety equipment e.g. use of outdoor bicycles includes the wearing of helmets
	• For use of pools ensure:
	  – Appropriate floatation devices and resuscitation aids are readily available
	  – Pools are maintained according to Australian Standards
	  – Safe entry and exit of pools is enhanced with appropriate rails.

Examples of Risk and Mitigation Strategies *Continued...*

Risk	Mitigation Strategy
General *Continued...*	
Emergency procedures	• A communication strategy and contingency plan to use if an emergency occurs is available and: – is explained to participants prior to program commencement – evacuation procedure and assembly points are displayed – an incident/accident reporting system in place – an attendance list (sign in and sign out) is used.
Personal information accessed without consent	• Registration Forms and personal medical information is stored securely in a lockable container or cabinet • Information is accessible during each program, should it be required e.g. for an emergency • Discussions with clients about personal information are conducted in private • Staff do not disclose information about clients without their consent.

Risk	Possible Risk Minimisation Strategies
Healthy Eating Programs	
Food Allergies	• Foods are chosen so that exposure to those foods known to be highly allergenic (such as peanuts) is minimised • Assess for food allergies in client group • Alert clients to the ingredients involved.
Knife injuries	• Ensure knives are stored safely • Ensure knives are kept sharp • Teach clients on how to correctly handle knives and other sharp instruments.
Burns	• Teach clients to work safely with hot liquids, stoves etc.
Food handling breaches	• Monitor adherence to food handling standards[5] • Monitor the temperature of stored food • Ensure appropriate handling of high risk foods such as raw meats.
Culturally appropriate foods	• Provide culturally appropriate food services that meet participants' cultural and religious needs and preferences • Information is provided in the preferred languages of participants • Staff demonstrate cultural respect.
Suspicion of malnutrition or eating disorder	• Clients are encouraged to see a nutrition expert or their general practitioner • Nutrition risk screening tool[6] is used (if appropriate).

Examples of Risk and Mitigation Strategies *Continued...*

Risk	Possible Risk Minimisation Strategies
Physical Activity Programs	
Inadvertent harm	Based on the level of intensity of the physical activity program providers should: • Undertake risk screening[7] on all clients and refer for further assessment those clients with risk flags; and/or • Require all clients to be medically approved for participation; and/or • Require those clients identified at higher risk of an untoward event to be further assessed[8] and tailor programs accordingly; and/or • If the client has pre-existing and known health conditions, the client accepts the risk to exercise (risk waiver) or they obtain medical/health professional clearance before commencement of any physical activity program.
Dehydration	• Water is encouraged before, during and soon after exercising.
Pain during exercise	• Participants are advised to stop exercising and tell the leader if they experience: – Chest pain/discomfort or pressure – Irregular heartbeat or palpitations – Any unusual or worsening pain – Nausea, dizziness or light headedness – Sweating or hot flushes not explained by physical effort • Ensure seating and ice/cold packs are available where practical.

5. Food Safety Standards Mandatory Standards for All Food Businesses and Fact Sheets for Community Organisations http://www.foodstandards.gov.au/foodstandards/foodsafetystandardsaustraliaonly/

6. For example: Department of Human Services Nutritional Risk Screening And Monitoring Tool http://www.health.vic.gov.au/hacc/downloads/pdf/riskscreening&monitoring.pdf

7. Risk screening is a primary level, simple assessment process aimed at identifying areas of risk that require further assessment. For fitness programs these include:
• Sports Medicine Australia (SMA) pre-exercise screening system 2005
• Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

8. This may be by, for example, a General Practitioner, Exercise Physiologist, Dietician, Physiotherapist, Personal Fitness Trainer, depending on risk identified, type of program being offered and availability of local professionals.

Criteria	Why/How/Resources
1.3 Clients are provided with information about program intent and potential risks and consent is obtained confirming awareness and acceptance of the risks. *(See also 2.2)*	**Why** Participation in programs and successful outcomes are enhanced by truly engaging with clients. For clients to be engaged they need to fully understand the program and what it means to them. For people to make an informed decision on whether to participate in a program, information on the reasons, risks and benefits of a program must be provided in a format that is understood by them. Serious ethical issues arise where an individual is provided with insufficient information to form a reasoned decision. Providers must obtain consent from clients prior to their commencement in a program. Informed consent indicates a client's acceptance or approval of what is planned or done by another, including acknowledging acceptance of the risks involved and should be obtained for participation in all programs. In the event of an insurance claim, insurers may require evidence that the provider obtained informed consent from the client.

How

Information on Program risk

- Ensure clients know the exact scope of the program – what can they expect, what is likely to be achieved, what are their rights and responsibilities, and what are the costs and potential risks of the program

- Provide opportunities for clients to discuss the nature of the program, its suitability to their situation, and the personal relevance of any risks to them

- Ensure all questions are answered honestly and accurately

- Contact with insurers is recommended to determine the level of risk that needs to be disclosed to clients and any requirement for indemnity and release forms.

Consent

- Where a client does not have capacity to consent for themselves, consent can be attained from an appropriate legal substitute

- Use professional interpreter services where possible, if required

- Document consent on a form that can be retained by both parties for future reference

- Ensure a person understands they can withdraw consent at any time and that withdrawal of consent will be respected by the provider.

Suggested Evidence

Examples include copies of:
- information sheets that include program specific risk
- consent policy
- consent forms
- client interviews

Resources

The following links provide examples of information that can be provided to participants on program intent, potential risks and consent:

- Heart Foundation Walkers Terms and Conditions
  www.heartfoundation.org.au/sites/walking/Groups/Pages/WalkersTermsConditions.aspx

- Rec Plex Health and Fitness Liability Waiver/Informed Consent Form
  www.rec.nova.edu/fitness/forms/waiver_consent.pdf

Access and Equity

Standard   Providers enhance accessibility to promote equity.

Rationale   The burden of disease rests disproportionately with minority groups and those experiencing socio-economic disadvantage. Providers need to ensure that access and equity for these groups is given due consideration in program planning, program development, implementation and evaluation. Addressing inequity will be challenging. Providers need to consider and, where possible, reduce barriers to access for the clients they are targeting within their communities.

Criteria	Why/How/Resources

2.1 The provider ensures all marketing and advertising is ethical, accurate and consistent with its scope of services

(See also 4.1)

Why

Information given to participants by providers to participants must be accurate and consistent with the scope of services. Providers have a social responsibility to protect consumer rights and not provide misleading information.

In order to help participants in their decision making process, providers must apply standards of fairness (without bias) and morality to marketing approaches, behaviour and practice. When a provider behaves ethically, participants develop a more positive perception of the provider, encouraging uptake and confidence in the program objectives and function.

Not employing ethical marketing and advertising can lead to:
• unhappy participants
• lack of trust
• low participation
• poor advertising
• legal action.

How

• Use agreed and consistent messages such as those developed and tested by governments or program developers (evidenced and/or endorsed by appropriate industry body)

• Use evidence-based or industry best practice approaches and, where possible, use content endorsed by an appropriate industry body

• Promotional material should be clear about who the provider targets and how the program/s provide for them specifically

• Do not include unsubstantiated and unrealistic claims of benefit in program marketing.

• Identify marketing strategies that will reach the defined and intended target group. For example, marketing of a program through other community providers in contact with the target groups such as churches, community service providers, local retailers, local newspapers and radio.

Suggested Evidence

Examples include copies of:
• promotional material used for programs
• marketing strategy
• client feedback

Criteria	Why/How/Resources
2.1 The provider ensures all marketing and advertising is ethical, accurate and consistent with its scope of services *Continued…*	**Resources** Resources to consider include: • Business.gov.au Marketing Plan Template and Guide www.business.gov.au/Howtoguides/Thinkingofstartingabusiness/Whatplanningtoolscanhelpme/Pages/Marketingplanguides.aspx • Complete Guide to Agency Ethics www.communicationscouncil.org.au/public/content/ViewCategory.aspx?id=596 • Developing a Marketing Campaign for Community Organisations www.ourcommunity.com.au/marketing/marketing_article.jsp?articleId=1603 • Weight Management Industry Code of Practice – Advertising www.weightcouncil.org/professionals/weight-management-code-of-practice.htm
2.2 Access and equity are enhanced by reducing barriers for specific target groups	**Why** Access to programs can be affected by a range of barriers. The different types of barriers can include (but are not limited to): • cultural • transport • cost • literacy • language • physical access • physical and/or mental disability. People from all backgrounds deserve equal access and often these barriers are significant and have a major impact on the programs that people will access. Providers need to identify barriers that are relevant to their specific programs and local communities and work to identify strategies to encourage access by removing or reducing barriers. Culturally competent providers understand, accept and respect cultural and other diversities. Ensuring there is cultural respect when dealing with all clients from all backgrounds is paramount to achieving positive, sustainable program outcomes. People from culturally diverse backgrounds, including those from non-English speaking backgrounds, those with low literacy levels, and those with hearing or sight impairment or intellectual disability may need additional assistance to understand information presented in traditional written and spoken formats. A focus on eliminating barriers to access a program: • encourages and promotes social inclusion and participation by all in society in a non-discriminatory or stigmatised manner • encourages program participation by target groups • complies with national and state policy requirements • complies with anti-discrimination legislation • builds diversity (multiculturalism).

Suggested Evidence

• client profiles/target groups area of coverage and strategies to increase access and equity
• policies and procedures
• demographic reviews
• brochures/printed material
• case studies
• staff roles and responsibilities e.g. job descriptions
• consumer feedback.

Criteria	Why/How/Resources

2.2 Access and equity are enhanced by reducing barriers for specific target groups
 	
Continued…
	How
	In keeping with the provider's business scope and program requirements, consider also:
	
	General
	• Consult with community members and individual clients to identify specific barriers and strategies for removing or reducing them.
	
	Provision of Information
	• Ensure program information meets the various cultural, linguistic and literacy needs of the clients/community
	• Identify marketing and communication strategies tailored to specific community needs *(see also 2.1)*
	• Source material (e.g. DVDs, websites, printed) that has been translated into relevant languages
	• Work with local cultural groups to translate/target key messages
	• Where possible consider using staff who are bilingual and can use their linguistic and cultural skills to assist with enquiries
	• Use interpreter services where required
	• Consider non-written modes of communicating – for example pictures, audio, technology.
	
	Workforce
	• Ensure staff are trained to work with people in a culturally respectful way and know how to work with clients with special needs *(see also 5.2)*.
	
	Cost
	• Provide a variety of payment options
	• Ensure fee information is provided to clients
	• Where relevant, assist with providing free/low cost equipment by partnering with suppliers and/or charitable organisations.
	
	Transport
	• Identify options to improve transport. For example, a community bus, promoting car pooling or providing venues on public transport routes.
	
	Cultural concerns
	• Conduct cultural competency reviews of your program. Target clients at high risk of preventable disease.
	
	Physical facilities to support frail, obese, disabled, cultural requirements
	• Deliver the program through local, everyday settings used by community members e.g. schools, public facilities, workplaces, day respite centres
	• Consider flexible program delivery options
	• Consider the need for:
	  – separate male and female change areas for mixed gender exercise classes
	  – baby change facilities and consideration for breastfeeding mothers
	• Allow support people and carers for the frail or disabled to come free of charge.

Criteria	Why/How/Resources
2.2 Access and equity are enhanced by reducing barriers for specific target groups *Continued…*	**Resources** Links for consideration: • Vic Health People, Places, Processes www.vichealth.vic.gov.au/en/Publications/Health-Inequalities/People-places-processes.aspx • The Health Equity Assessment Guide: A Users Tool www.moh.govt.nz/moh.nsf/pagesmh/8198/$File/health-equity-assessment-tool-guide.pdf • The Charter of Public Service in a Culturally Diverse Society, which has been endorsed by the Commonwealth, State and Territory Governments and by the Australian Local Government Association. The Charter is available from the Commonwealth Department of Immigration and Citizenship website: www.immi.gov.au • Australian Public Service Commission (APSC) Respecting the Diversity of the Australian Community in Providing Services www.apsc.gov.au/foundations/respectingdiversity.htm • Guidelines for Producing Readable Text www.visionaustralia.org.au/info.aspx?page=1845 • Working with a Person with a Hearing Impairment www.eeo.nsw.gov.au/guides/employ_able_resource_guide/sensory_disabilities_-_deaf_or_hearing_impairment/working • Cultural Competency Tools – Cultural Competence Checklist for Workers, Cultural Competence Checklist for Agencies and Networking with NESB (non-English speaking backgrounds) Communities: A Practical Guide www.mhcc.org.au/documents/Staff%20Development%20Guide/Culture-%20Resource%20list.pdf • Need For an Interpreter www.riac.org.au/GVPCP/needforinterpreter.php • Access and equity issues for websites: Better practice checklist www.finance.gov.au/e-government/better-practice-and-collaboration/better-practice-checklists/docs/BPC19.pdf • Provider Resources for Cultural Diversity – Human Resources www.culturaldiversity.com.au/practice-guides/cultural-awareness • Working with People with Intellectual Disabilities – Fact Sheet: Working with People with Intellectual Disabilities in Health Care Settings www.cddh.monash.org/assets/documents/working-with-people-with-intellectual-disabilities-in-health-care.pdf • West Wimmera Diversity Plan 2008-2011 www.wwhs.net.au/xstd_files/Publications/WWHS%20Diversity%20Plan%202008-2011.pdf • Social Inclusion www.socialinclusion.gov.au • Hume Social Justice Charter www.hume.vic.gov.au/About_Us/Your_Council/Media_Publications_Forms/Council_Strategic_Plans/Social_Justice

Criteria	Why/How/Resources
2.3 The provider works collaboratively with relevant professionals/groups/ organisations	**Why** A network where providers regularly communicate and understand what each organisation provides is more able to cater to the many and varied needs of individuals within a community and to better influence a community based approach to improving the healthy lifestyles locally. Broad networks, collaboration and partnerships with other relevant stakeholders increases opportunities to refer a client to appropriate services, and market and provide a comprehensive program that caters for the varied needs of clients. Such collaborations also assist providers in influencing a community based approach to improving healthy lifestyles locally.

How

- Research and identify relevant groups. Link, partner or collaborate with other community groups and social networks, particularly groups and networks who already engage specific target populations, for example, religious and church groups, advocacy groups, cultural groups
- Partner with local health professionals, education providers, fitness and exercise professionals, academics, and researchers to supplement each other's resources in order to provide a more comprehensive program
- Participate in industry events/conferences/networks and meetings
- Consider referral agreements/pathways as appropriate with:
  – dieticians/nutritionists
  – fitness professionals
  – exercise physiologists/sports scientists
  – general practitioners
  – physiotherapists
  – occupational therapists
  – indigenous health care services/workers
  – culturally and linguistically diverse services/workers
  – health promotion professionals
  – chronic care providers
- Provide feedback (with client consent) to relevant referring professionals/groups/organisations of client acceptance/commencement of the referred program
- Consider also establishing links with providers in other locations if particular specialties are not available locally.

Resources

- Information on relevant professionals/groups/organisations at the local, state and/or national level can be accessed via: internet, local directories, contact with national associations etc.

Suggested Evidence

Examples may include copies of:

- audit of referral sources and numbers
- meeting memberships/ minutes
- formalised partnerships/ relationships with relevant professionals.
- policies/lists for referral contacts

Healthy living *Network*

Effectiveness and Appropriateness

Standard	Programs and interventions are consistent with national nutrition, physical activity, weight loss and obesity prevention guidelines.
Rationale	Effective programs do what has been demonstrated to be successful and does it well.
	Appropriate programs are those that give due consideration to ensuring the right approach / program is provided to the right person, at the right time, in the right place.
	Effective and appropriate programs are more likely to succeed and to use program funds efficiently.

Criteria	Why/How/Resources
3.1 The provider bases its program planning on: current frameworks; local, state and national plans; and assessed need *(See also 6.1)*	**Why** Program planning that is appropriate for the identified target group and need, and uses available resources, has the best chance of producing the desired change. Most providers will have limited planning expertise and capacity. Using current relevant plans will reduce workload. Plans that align with local, state and national plans and assessed needs: • provide a logical connection between goals, objectives and strategies • provide a tool for constructing and checking the basics of program design • incorporate geographic, demographic, cultural and organisational characteristics • indicate community assets and capacity • identify opportunities for collaboration and extensions of successful programs • identify resources and restraints • allow for effectiveness to be included in program evaluation.
Suggested Evidence Examples include: • Healthy Living Program descriptions • geographic, demographic, cultural, and health needs characteristics of the population where the Healthy Living Program is delivered	**How** • Start by reviewing local, state, and national strategic directions, plans and frameworks that are relevant to your local area and business scope • Research any additional information specific to your geographic/ demographic population health and wellness needs • Develop a plan for your programs with key stakeholders including staff, consumers, relevant community groups and funding bodies • Circulate the plan to relevant stakeholders.

Criteria	Why/How/Resources
3.1 The provider bases its program planning on: current frameworks; local, state and national plans; and assessed need *Continued...*	**Resources** • Planning and Evaluation Wizard http://som.flinders.edu.au/FUSA/SACHRU/PEW/index.htm • The Co-ops Collaboration of Community Based Obesity Prevention Sites www.co-ops.net.au • Eat Well Australia (EWA): An Agenda for Action in Public Health Nutrition, 2000-2010 www.nphp.gov.au/publications/signal/eatwell1.pdf • Eat well Australia (EWA): A National Strategic Framework for Public Health Nutrition, 2000-2010 www.nphp.gov.au/publications/signal/eatwell2.pdf • National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 www.nphp.gov.au/publications/signal/natsinsa1.pdf • National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan: a summary, 2000-2010 www.nphp.gov.au/publications/signal/natsinsa2.pdf • Nutrition and Healthy Eating. National Public Health Partnership's Nutrition Strategy and Action Plan – Eat Well Australia, 2000-2010 www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-food-nphp.htm • National Preventative Health Strategy – The Road Map for Action 30 June 2009 www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/$File/nphs-roadmap-1.pdf • Weight Management Council Australia Code of Conduct www.weightcouncil.org/professionals/weight-management-code-of-practice.htm#COMPETENCIES

Criteria	Why/How/Resources
3.2 Programs are provided according to relevant evidenced based approaches and/or best available evidence	**Why** Up to date and reliable information (evidence based or best available evidence) on what does and does not work in a program increases effectiveness of interventions and decreases the risk of consumers receiving interventions that are ineffective or even harmful. Applications for funding grants generally require planned programs to align with the current evidence base or use the best available industry endorsed practices. Not all proven interventions, approaches or programs will work optimally in all communities. A critical review of the evidence helps inform and guide program delivery. Best practice or available evidence combines: • research evidence • professional expertise • an understanding of individuals and their preferences • circumstances e.g. the similarity of the conditions and environment, the number of participants, their age, health, beliefs and practices, levels of engagement etc when compared to another individual or community setting • community and cultural needs, priorities and resources. Decisions on which programs to provide should be based on need and consider factors such as: • values (What does the community need/want? What is the culture?) • available evidence (What works?) • resources (budget, staff capacity, physical resources). The linking of evidence based practice/guidelines to a provider's programs and practice will assist to identify: 1. what is needed 2. what is known to work and how that is known 3. what could work in individual community settings.

Suggested Evidence

Examples include:
• a completed HCI Program Registration or evidence that the program used is a registered program on the *HCI Portal*
• program descriptions and resources
• records of interviews with program providers
• client feedback
• program outcomes

There are different types of evidence (e.g. scientific, experimental, expert opinion, statistical, personal, physical evidence) and some are much better than others. High quality studies (e.g. qualitative or quantitative research) are best to use because these have considered the potential positive and negative effects of the program, the effect of other factors on the program and what has worked. However, there will be times where there will be no strong evidence for the problem you are attempting to address, in your local context. Where this is the case you will need to identify those elements of other programs that are transferrable to your context and then consider evidence from other settings (for example specific cultural approaches) to build a program on the best available evidence.

Criteria	Why/How/Resources
3.2 Programs are provided according to relevant evidenced based approaches and/or best available evidence *Continued…*	**How** • The requirements of a program's contracts or license should be understood and adhered to • If you are delivering a program listed on the HCI Portal, a Program Registration will already have been completed and will not be required • Where a program is not yet recognised on the HCI Portal, complete the Program Registration to review your chosen program • If you need to develop a program use the Program Registration as a guide • If you need to customise a program ensure that the evidence/reason is documented • In development of a program or changes to a program seek expert input to ensure your program is appropriate • Ensure the program is set up and structured to be delivered effectively. **Resources** • *HCI Program Registration* • *Healthy Living Network registration portal* www.healthylivingnetwork.com.au • Initiatives of A Healthy and Active Australia www.healthyactive.gov.au • National Institute for Health and Clinical Excellence providing national guidance for promoting good health and preventing and treating ill health www.nice.org.uk *Physical Activity Guidelines:* • National Physical Activity Guidelines for Adults (Brochure) www.health.gov.au/internet/main/publishing.nsf/Content/phd-physical-activity-adults-pdf-cnt.htm • National Physical Activity Guidelines for Adults (Scientific Background Report) www.health.gov.au/internet/main/publishing.nsf/Content/0BD67A2E1ECBEB37CA25735B0011A021/$File/scientific.pdf • Physical Activity Recommendations for Older Australians (Recommendations and Discussion Document) www.health.gov.au/internet/main/publishing.nsf/Content/phd-physical-rec-older *Weight Guidelines* • Healthy Weight for Adults and Older Australians www.healthyactive.gov.au/internet/healthyactive/publishing.nsf/Content/healthy_weight06_10.pdf/$File/healthy_weight06_10.pdf

Criteria	Why/How/Resources
3.2 Programs are provided according to relevant evidenced based approaches and/or best available evidence *Continued…*	**Resources** *Continued…* *Healthy Eating Guidelines* • Australian Guide to Healthy Eating: Background Information for Nutrition Educators www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-fdeduc-cnt.htm • Australian Guide to Healthy Eating: Background Information for Consumers www.health.gov.au/internet/main/publishing.nsf/Content/E384CFA588B74377CA256F190004059B/$File/fd-cons-5.pdf

3.3 Programs promote behavioural change

Why

Short term interventions can have positive effects on health and wellbeing. However, for long term benefits to be achieved and sustained, behavioural change is required at individual, organisational and societal levels.

Behaviour change can be difficult to achieve. Understanding readiness for change and the stages of change enables providers to tailor programs to address unhealthy behaviours, empower and motivate participants, prevent and manage relapses and promote sustainable change.

How

• Understand how behaviour change can be promoted *(see resources below)*

• Tailor messages and approaches to the participant's stage of behaviour change

• Ensure messages are delivered in a way that does not create negative impacts – avoid blaming and stigmatisation

• Manage and monitor program progress, activities and responses of the audience and other stakeholders.

• Make adjustments to the program based on monitoring of results.

• As a provider, role model and support desirable behaviours *(see also 6.2)*

• Respect the rights of individuals and groups.

Suggested Evidence

Examples include

• evidence of behaviour modification approaches in program design and delivery

• staff training on behavioural change

• staff and client feedback

• pre and post intervention behavioural measurement assessment tools and program outcomes

Resources

• Act, Belong, Commit www.actbelongcommit.org.au/-Print-Adverts-.html

• Australian Health Coaching Network www.vicfit.com.au/content/Public/Health_Coaching_Network.aspx

• Changing Behaviour: A Public Policy Perspective www.apsc.gov.au/publications07/changingbehaviour.htm

• Stages of Change www.health.qld.gov.au/stayonyourfeet/injury_prevention/behaviour.asp

• SNAP – A Population Health Guide to Behavioural Risk Factors in General Practice www.racgp.org.au/guidelines/snap

Criteria	Why/How/Resources
3.3 Programs promote behavioural change *Continued…*	**Resources** *Continued…* • The Role of Education in Changing Behaviour for Sustainability www.aaee.org.au/docs/2004NSWconference/Behaving%20Badly%20How%20can%20we%20turn%20the%20tide.pdf • Identifying Appropriate Motivations to Encourage People to Adopt Healthy Nutrition and Physical Activity Behaviours www.jrconsumers.com/Consumer_Articles/issue_4?f=5754 • The Victorian Active Script Program http://docs.health.vic.gov.au/docs/doc/1DC2C63068099A76CA25788B0007A34A/$FILE/LifescriptsActiveScriptLifestylePrescriptions.pdf • Health Coaching Australia www.healthcoachingaustralia.com/resources/resources-documents.htm

3.4 Broader components of lifestyle modification and health awareness are promoted

Why

Health awareness (or literacy) is the degree to which an individual has capacity to obtain, process and understand basic health information and programs in order to make appropriate health decisions.

Poor health awareness impacts negatively on health status and on accessing appropriate programs.

Clients or groups may be accessing very specific programs from providers – for example understanding nutrition labels or a walking program. In order to achieve significant improvements in healthy lifestyles, providers need to consider how they can use the opportunity of interacting with their clients to help them make improvements to other parts of their lifestyles.

How

• When providing information to clients and groups, ensure explanations of terms are provided

• Encourage general discussions of health topics

• Consider partnering with other professionals to provide information sessions *(see 2.3)*

• Know what other services are available *(see 2.3)* and where appropriate suggest clients access relevant services. Provide referrals if appropriate

• Provide information (advice, brochures, direction on how to access support) on other healthy lifestyle approaches such as the Australian Alcohol Guidelines, Quit Now, the National Skin Cancer Awareness Campaign and Mental Health and Wellbeing Programs and Initiatives. Advice provided must be of a generic nature and within the scope of skills and qualifications of staff.

Suggested Evidence

Examples include:

• nationally endorsed healthy lifestyle information available/promoted e.g. promotional material lists

• case examples/studies

• client feedback

• staff feedback

Healthy living *Network*

Criteria	Why/How/Resources
3.4 Broader components of lifestyle modification and health awareness are promoted *Continued…*	**Resources** • Health Literacy as a Public Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century http://heapro.oxfordjournals.org/content/15/3/259.full.pdf+html • Quick Guide to Health Literacy – Health Literacy Basics www.health.gov/communication/literacy/quickguide/factsbasic.htm • Social Determinants of Health: The Solid Facts http://books.google.com.au/books?id=QDFzqNZZHLMC&printsec=frontcover&source=gbs_v2_summary_r&cad=0#v=onepage&q&f=false • Cooperative Research Centre for Aboriginal Health: Social Determinants of Health www.lowitja.org.au/crcatsih • Australian Health Promotion Association www.healthpromotion.org.au

Consumer/Community Engagement

Standard	The provider actively engages with its consumers and the local community to promote healthy lifestyles.
Rationale	It is generally accepted that consumer involvement in planning, policy/program development and program provision ensures that programs are informed, relevant, appropriate and targeted.
	There is emerging evidence from rigorous effectiveness studies that consumer engagement can improve health outcomes, lead to more responsive programs, facilitate people's involvement and improve quality and safety[9].

Criteria	Why/How/Resources
4.1 The client/group is involved throughout the enrolment, program and feedback process	**Why** Consumer and community involvement help to guide providers to provide acceptable, accessible, effective and high quality programs. Engaging with consumers upon enrolment (e.g. initial discussions, commencement or introduction to the program) helps providers: • understand the needs of specific clients and groups • ensure participants are enrolling in appropriate programs that then can be customised to meet their needs • orientate the client to the program. Mechanisms to review program effectiveness, monitor progress according to goals, program intent, and client/group perceptions provide an avenue to ascertain if the program is effective and/or needs modification to meet client needs. **How** Provide accessible and advertised mechanisms to encourage community participation in all stages of program enrolment, delivery and feedback *(see 2.1)*. *Program enrolment stage* • Provide information to clients on the program including contact numbers, rights and responsibilities and avenues for complaints • Provide clients with an orientation/induction to the program including instruction on how the program runs and use of equipment or tools • Ensure clients are familiar with other members of the group and the physical facilities • Seek feedback from participants to ensure appropriateness of program to this group/client.

Suggested Evidence

Evidence may include copies of:
• client orientation checklists
• client feedback and complaints process policies
• program evaluation reports
• Action Plans in response to Progress reports.

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9. Horey, D. & Hill, S. (2005, 8 November) *Engaging Consumers in Health Policy.* Paper presented at the 3rd Australian Health Policy Roundtable, Parliament House, Canberra, November 8, 2006.

Criteria	Why/How/Resources

4.1 The client/group is involved throughout the enrolment, program and feedback process
 	
Continued…
	Program Delivery stage
	
	• Periodically monitor client progress and assess satisfaction throughout the program (informally or formally), through, for example, questioning and observing clients and their level of engagement/participation
	
	• Ensure any issues are dealt with appropriately and promptly.
	
	Feedback (evaluation) stage
	
	• Establish a feedback policy and process
	
	• Cater for the needs and preferences of different users and offer a variety of avenues for feedback. For example consider:
	  – encouraging feedback on all aspects of the program (positive and negative)
	  – providing an anonymous feedback option
	  – advising participants how and where they may lodge complaints with the service and/or the relevant state body
	  – having a suggestion box or log book
	  – using client satisfaction surveys
	
	• Assess feedback and determine if any changes to program design or approach are warranted.
	
	Resources
	
	• Doing it With Us Not For Us: Participation in Your Health Service System 2006–09: Victorian Consumers, Carers and the Community Working Together with their Health Services and the Department of Human Services www.health.vic.gov.au/consumer/downloads/do_it_with_us.pdf
	
	• A range of consumer engagement resources www.healthissuescentre.org.au
	
	• Complaint Line – Contacts for Consumer Affairs/Fair Trading/ Consumer Protection Departments and Tribunals and Small Claims Courts State Healthcare and Community Complaints Contacts www.complaintline.com.au
	
	• Health Quality and Complaints Commission home page www.hqcc.qld.gov.au/home/userszone.aspx
	
	• HCSCC Health & Community Services Complaints Commissioner www.hcscc.sa.gov.au/cgi-bin/wf.pl
	
	• Health Complaints Commission Tasmania home page www.healthcomplaints.tas.gov.au
	
	• Office of the Health Services Commission home page www.health.vic.gov.au/hsc
	
	• Office of Health Review www.healthreview.wa.gov.au
	
	• NSW Government Health Care Complaints Commission www.hccc.nsw.gov.au
	
	• ACT Health: Consumer Information www.health.act.gov.au/c/health?a=da&did=10101609&pid=1132871229
	
	• Ombudsman NT www.ombudsman.nt.gov.au

Criteria	Why/How/Resources
4.2 The provider engages with the community to promote healthy lifestyles	**Why** Engagement with the community provides an opportunity for providers to promote and advocate healthy lifestyle changes and programs. Broad, community based approaches to healthy lifestyle improvement will achieve greater engagement and sustainable change. **How** • Collaborate with others (key stakeholders and contacts) to promote similar programs • Organise/participate in promotional talks to community groups • Contribute articles to local newspapers or relevant newsletters • Contribute to local forums • Advocate for positive change to reduce barriers to healthy lifestyles. **Resources** Community links are many and varied and likely to be specific to your own area and context. Local knowledge is the key! • Business Case for Community Involvement www.facs.gov.au/sa/communities/progserv/Documents/cbpbuscse.pdf

Suggested Evidence

Evidence may include copies of:
• marketing material
• program promotion plans
• meeting minutes
• newspaper or newsletter articles or photos of community displays
• consumer feedback.

At least one of the listed evidence

Criteria	Why/How/Resources
4.3 Success is celebrated	**Why** A key feature of health promotion practice is to observe and evaluate the effectiveness of efforts to improve population health. Sharing program outcomes and success stories can: • provide encouragement for participants, communities and program staff to increase morale and keep working towards their goals • be a vehicle for celebrating achievements, sharing challenges and communicating lessons learned • provide an avenue to move beyond statistics and translate successes into day to day scenarios • support long term behaviour change • broaden program access, awareness and motivation in communities • influence connections between providers. **How** Providers are in the best position to decide how to celebrate success relevant to individual settings. Options include: • participation and achievement awards for providers and participants • hosting, arranging or participating in appropriate healthy community celebrations • acknowledging achievements in newsletters, local newspapers or website articles • submissions to relevant organisation or program award competitions • financial support, scholarships or bursaries for outstanding individuals or groups contributing towards healthy community goals • contributing to peer reviewed literature, conferences or seminars.
Suggested Evidence Evidence may include copies of: • award programs • various publication articles • newsletter, local newspaper or website articles • scholarships etc provided for healthy living community goals • prize giving selection criteria and ceremonies • competition entries. At least one of the listed evidence	

Workforce

Standard
The workforce is capable of delivering and supporting the programs being offered.

Rationale
Workforce (paid, unpaid and those under license) capability and capacity, support and development are essential for the delivery of high quality healthy living programs.

Criteria	Why/How/Resources
5.1 The workforce is selected and trained to ensure skills match the program requirements and client risk	**Why** A capable workforce with the required skills will contribute to the delivery of high quality healthy living programs. Providers must identify and then ensure that staff hold the appropriate skills, attributes, attitudes, experience and where appropriate, qualifications or credentials to provide safe, targeted and high quality programs. These types of requirements will be relevant for large, medium and small organisations as well as sole providers. **How** • Define minimum skill requirements or core competencies for each program, taking note of specific characteristics of the service's target group and identified risks of the program • Where possible select staff based on position requirements • Ensure employees, contractors, licensed providers and volunteers provide evidence of experience, skills, registration, credentials or qualifications • Provide induction/orientation training to all employees including direction on the provider's values, vision and approach • Provide ongoing staff training and education on specific programs, positive communication skills, capacity building, coaching, health promotion, and risk management. **Resources** • Program descriptions detailing personnel requirements • National registration/credentialing bodies • Relevant National Training Packages • Local Registered Training Organisations and technical colleges will be able to provide advice on the appropriate training and how to access it • Health Promotion Competencies • Core Competencies of Health Promotion Officers – Core Competencies for Health Promotion Practitioners www.health.qld.gov.au/phcareers/documents/cc_hpo.pdf

Suggested Evidence

Evidence may include copies of:

• program skill requirements and staff position descriptions
• training and education material/schedule/attendance
• orientation guide or outline for new staff and/or volunteers/induction training /orientation (N/A for sole providers)
• rosters demonstrating the appropriately skilled workers providing specific programs
• register of registration/credentials

Criteria	Why/How/Resources
5.1 The workforce is selected and trained to ensure skills match the program requirements and client risk *Continued...*	**Resources** *Continued...* • Locational Disadvantage – Locational Disadvantage: Focusing on Place to Improve Health www.cphce.unsw.edu.au/CPHCEWeb.nsf/resources/CHETRE+report+2006/$file/20091119+Locational+Disadvantage.pdf • Skills Training for Volunteers – National Volunteer Skills Centre home page www.volunteeringaustralia.org/html/s02_article/article_view.asp?id=1953&nav_cat_id=267&nav_top_id=57

5.2 The workforce operates within boundaries of designated roles/scope of practice

Why

The provision of safe, quality programs relies on the skills, experience and knowledge of the people delivering the program. There are risks involved in staff providing advice and programs outside there area of qualification and expertise, for example, in the provision of medical information or delivery of high intensity physical activity programs.

How

- Provide staff with information on the scope of service, their role and job description
- Ensure staff are aware they are not to give medical information or provide specific individual advice unless they are qualified and employed to do so
- Monitor, review and observe staff delivery of programs
- Seek participant feedback and monitor complaints
- Ensure staff are aware of referral options for consumers with other needs
- Ensure staff adhere to workplace codes of conduct and ethical practice.

Resources

- Program descriptions of the required skills/certificates to deliver programs
- Endorsed/legislated Codes of Conduct
- Discipline specific competency requirements and scope of practice.

Suggested Evidence

Evidence may include:
- policy/process on workforce boundaries and processes of monitoring
- orientation program
- position descriptions
- completed provider appraisal form
- records of staff/volunteer feedback or supervision sessions

Criteria	Why/How/Resources

5.3 The workforce is actively engaged in program design and improvement

(Sole providers are exempt from this criterion)

Why

Workforce satisfaction, development and retention can be significantly enhanced by encouraging staff to participate in the design and delivery of programs.

Organisations benefit when those most familiar with the "end product" and target audience are allowed to identify areas for improvement and are supported meaningfully to implement these improvements. In this way the workforce develops a sense of responsibility and ownership for their work.

How

- Regularly involve staff in planning, ongoing review and evaluation through staff meetings, consultation, planning days and specific projects
- Undertake staff satisfaction surveys on an annual basis including assessing how 'involved' staff feel with the organisation.

Suggested Evidence

Evidence may include:
- evidence of workforce involvement in program design/improvement
- staff satisfaction survey results
- minutes of planning days
- project outcomes

Resources

- Employee Attitude Template
  www.workforceinfoservice.sa.gov.au/__data/assets/pdf_file/0018/15633/rsEmployeeAttitudeSurveyTemplate.pdf
- How to Engage Your Staff
  http://smallbusiness.yahoo.com.au/Article/Engage_staff
- Ask Simple Questions
  www.bizjournals.com/sanfrancisco/stories/2002/04/08/smallb3.html

5.4 Training, support and professional development opportunities are facilitated

Why

Workforce planning and development assists providers:
- to identify existing staff skills and/or skill needs
- to make sure they have the right number of people with the right skills and knowledge to do the job
- to meet legislative training requirements e.g. workplace fire and safety training
- to attract and keep a 'good' workforce by offering rewarding jobs
- to have satisfied customers/consumers
- to commence succession planning.

Suggested Evidence

Evidence may include:
- workforce plan
- staff Training records
- training policy (Note: evidence of a training policy is also required by sole providers)
- evidence of current professional registration/membership

Ongoing development of the workforce (paid and unpaid staff) is necessary to remain current and in line with best practice, current evidence and new trends.

How

- Identify training needs by considering gaps in workforce capacity, organisation growth and direction, staff preferences and performance appraisal and development needs of staff
- Consider budget, timelines (urgency) and modes of development (e.g. on-line, mentoring, in-house/external training, joint partnered approaches to training, portfolio points of contact in organisations, placements with other providers).

Healthy living *Network*

Criteria	Why/How/Resources
5.4 Training, support and professional development opportunities are facilitated *Continued…*	**How** *Continued…* • Promote training opportunities to all workers • Provide access to education opportunities, resources and/or literature *(see also Continuous Improvement 8.1)* • Develop and implement training and development policies • Develop a buddy/mentoring system to support staff • Monitor levels of performance of workers and provide feedback on successes and areas in need of improvement. **Resources** • Workforce Planning Toolkit www.ssa.vic.gov.au/component/finder/search.html?q=workforce+planning+toolkit • A Guide and Tool Kit for Non-government Organisations to Plan Future Workforce Needs http://legacy.communitydoor.org.au/management/hr/hr-assist/wf-toolkit.pdf • Training Overview and Templates www.aava.asn.au/uploads/files/12Training.pdf

5.5 The workforce delivering programs is formally reviewed *(See also 5.1, 5.2, 5.4 and 8.3)*	**Why**
	A formal review or appraisal of the workforce delivering programs can assist to provide:
	• clarity on existing knowledge levels and developmental needs
	• information on the performance levels of the program delivery workforce and whether they align with the required skills, knowledge and standards
	• empowerment to employees to perform to their highest potential
	• insight into the workforce capabilities
	• assistance to identify workforce planning needs, succession planning or promotion
	• locations of expertise in the workforce.
	How
	1. A review of program delivery can be conducted through internal process or by engagement of external parties
	2. Individual staff member review/appraisal:
	  • to attain maximum effect, a review process needs to be perceived by workers as:
	    – relevant and applicable to everyday work
	    – acceptable and fair
	    – a mutual collaboration between management and workers
	  • a review appraisal system that meets these criteria is likely to have the greatest impact on workers' satisfaction with the appraisal process and their motivation to improve performance

Suggested Evidence

Evidence may include copies of:

• complete performance appraisal reviews

• record and monitor the currency of workforce registrations/licenses etc

Criteria	Why/How/Resources
5.5 The workforce delivering programs are formally reviewed *Continued…*	**How** *Continued…* • ensure the workforce has awareness and understanding of expected knowledge and capabilities for relevant job descriptions/programs e.g. circulation of competency standards, job descriptions etc • identify if formal program competency standards are available and, if so, use these as the key performance criteria. Where no such competency standards exist develop program review standards by: – identifying key performance criteria of the program – developing review measures • next steps include: – collection of performance information from different sources – conduct a review appraisal interview – evaluate the review process. **Resources** • Workforce Development Tips: Theory into Practice http://nceta.flinders.edu.au/index.php?cID=111 • Sample Job Performance Template www.development.tas.gov.au/__data/assets/file/0016/17332/MM-and-R_Job_performance_appraisal.pdf • Sample Performance Appraisal www.ncoss.org.au/projects/msu/downloads/resources/other%20resources/perfappMSU.pdf

Organisational Capacity

Standard
The organisation is capable of delivering and supporting the programs being offered.

Rationale
Long term healthy lifestyle choices are best supported by organisations capable of consistently and reliably delivering the interventions needed to facilitate the necessary changes. Organisations have a responsibility to their community to deliver what they say they will and to do it in a sustainable way.

Criteria	Why/How/Resources

6.1 The organisation articulates its business/ program scope

Why

A clear scope statement defines exactly what an organisation will provide and what it will not.

Understanding an organisation scope:

- means providers can be clear about what interventions/programs they deliver and consumers and the community can have clear expectations about what is available
- facilitates targeting of resources
- clarifies staff and participant roles
- enables funding bodies to have clarity on what they are getting for their money
- identifies gaps in programs in the wider delivery network.

How

Identifying business service scope involves understanding:

- what the objective of the organisation is
- who the target population is
- what programs/facilities are to be offered
- where the program will be provided
- what resources are needed to provide the program (space, facilities, equipment, staffing, financing)
- what is the funding source and what is the funding for
- what the organisation does not provide (service exclusions).

Documenting service scope in organisation documentation e.g. business plan, mission statement, handouts, etc.

Suggested Evidence

Evidence may include copies of:

- mission statement or similar
- organisation goals
- business plan
- capability statement
- program schedule

Criteria	Why/How/Resources
6.1 The organisation articulates its business/ program scope *Continued…*	**Resources** The following may be used as a guide: • Business Planning Template www.business.gov.au/Documents/BusinessPlanTemplateVersion1.doc • Starting Your Business Checklist www.business.gov.au/Information/pages/Startingyourbusinesschecklist.aspx • Business Plans, Guides and Templates www.business.gov.au/Howtoguides/Thinkingofstartingabusiness/Whatplanningtoolscanhelpme/Pages/Businessplanguidesandtemplates.aspx • Planning Your Club www.flindersone.edu.au/library/Planning%20guide.pdf

6.2 The organisation role models healthy living

Why

Credibility is key to being successful in supporting communities to make healthier lifestyle choices. Health promotion organisations "walking the talk" are a good role model to those wanting to improve their lifestyle choices. In addition, providers have a social responsibility to adopt approaches that model their health promoting values.

How

Consider the following examples and implement strategies that are relevant to your context:

- visibly behave the way the organisation advocates and support this behaviour consistently in all interactions with the community
- implement a staff wellness program
- provide low cost options for the workforce to participate in the organisation's programs to support healthy lifestyles
- provide healthy food and drink options for program users e.g. fruit and/or cool water drink station, limit poor food choices
- provide staff facilities to support physical activity e.g. change rooms, showers, bike racks
- implement no smoking policies
- reduce non-healthy food options e.g. policies on types of food offered at catered events, avoiding fundraising with chocolates, healthy alternatives in vending machines
- encourage workforce participation in local activities e.g. fun runs.

Suggested Evidence

Evidence may include copies of:

- healthy food choices available for staff and participants
- no smoking policy
- an organisation Health, Safety and Wellness policy
- types of exercise or change facilities available for staff

At least one sample of any of the above along with actions for improvement

Resources

- Wellness Matters www.wellness.qut.edu.au/wellness
- Workplace Wellness on a Budget http://insurance.suite101.com/article.cfm/workplace_wellness_on_a_budget

Criteria	Why/How/Resources
6.3 The organisation has an articulated, effective governance structure	**Why** Governance refers to "The processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control, exercised in the organisation" (AS 8000-2003 Good Governance Principles). Effective governance ensures that decisions about the organisation are made clearly and transparently and that the contribution, role and responsibilities of each participant in the decision making process are clearly defined. Effective communication and information sharing support a good governance process. **How** Effective governance requires a focus on: • structure • process • monitoring. *Structure* • define the governance structure for the organisation e.g. board, advisory committee, Chief Executive Officer or other lead decision makers (program sponsor, individual, group) • outline roles and responsibilities and decision making capacity • identify decision making capacity of individuals in the structure and any accountability for decisions and outcomes.

Suggested Evidence

Evidence may include copies of:

• a documented organisational structure

• definitions of role responsibilities and accountabilities

• program performance reporting processes

• defined pathways for decision making

• defined roles, job descriptions or Terms of Reference for committees, groups and individuals

• list of policies

• sample policy and procedures

• minutes of meetings that demonstrate monitoring

Process

• develop policies and procedures to support the scope of business provided. Consider the following as referenced in other performance criteria:
  – Health and Safety
  – No smoking
  – Community engagement
  – Risk assessment
  – Quality and monitoring
  – Sponsorship or fundraising
  – Governance
  – Discrimination and Harassment
  – Confidentiality and data management
  – Complaints and feedback
  – Recruitment and dismissal of staff
  – Education and training
  – Financial management and audit

• develop methods and processes for policy making and approval

• define how human resources and finances are managed and who holds responsibility for these

• ensure compliance with legislative requirements

• implement communication and decision making processes to describe what is decided, where and how relevant people know about it and contribute to decisions.

Criteria	Why/How/Resources

6.3 The organisation has an articulated effective governance structure
Continued...

Monitoring

- develop a process to monitor the organisation's performance in relation to:
  - program quality
  - human resources
  - finance

  Sole providers can apply the processes of 'how' (as stated above), although it will be to a lesser degree. Sole providers should consider their structure and relationships with accountants, financial institutions, tax office etc.

Resources

Links to community organisation governance resources:

- Code of Governance for the Australian Community Sector
  www.ourcommunity.com.au/files/governancecode.pdf
- Strengthening Governance
  www.dfc.sa.gov.au/pub/tabId/246/itemId/2792/Strengthening-governance.aspx

Examples of relevant policies:

- Policy Bank
  www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1453

6.4 Resource allocation is managed to achieve efficiency and effectiveness

Why

Resource allocation is the scheduling of activities taking into account the time and resources available. Resources are obtained, distributed, operated and maneuvered under a managing body's control. To maximise efficiency and effectiveness of resource allocation, management requires information on the resources available to them and their effectiveness in achieving a program's purpose.

Resources include: people, material, equipment, money and information. Effectiveness and efficiency can be influenced by an organisation's investment in customers, suppliers, training, leadership, employees, processes, technology and innovation.

How

Providers need to be financially and operationally viable to ensure effective delivery of programs. Financial and other resource management processes must ensure efficient and effective use of resources. Providers need to:

- identify, structure and prioritise the organisation's goals and objectives
- identify existing resources
- prioritise the goals and objectives
- consider alternative approaches to current practice or low priority areas
- prioritise resources to areas of a business that are key to delivering the overall aims and objectives.

Suggested Evidence

Evidence of robust resource management may include:

- resource plan
- statement from accountant or financial auditor to say organisation is viable
- equipment maintenance plan, if relevant
- annual report
- reconciliation process
- copy of annual acquittal between the LGA organisation

Healthy living *Network*

Criteria	Why/How/Resources
6.4 Resource allocation is managed to achieve efficiency and effectiveness *Continued...*	**How** *Continued...* Providers need to have appropriate processes in place to: • maintain solvency • prioritise and manage resource allocation and budget • manage funds appropriately • monitor expenses and manage budget variance • identify sources of funding for future programs/growth • review expenditure to ensure maximum value for money • ensure facilities and equipment are maintained. **Resources** Community organisation financial management advice link: • Financial Management and Your Community Group www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1798 • Resource Plan Template www.vita.virginia.gov/uploadedFiles/Oversight/Projects/CPM/templates/Resource-Plan-Template-1.2.doc • Resource Plan Template www.helbig.com.au/pmo/templates/Resource_Plan_Template.doc
6.5 The organisation identifies approaches to achieve program/ organisation sustainability *(See also 2.3)*	**Why** Successful organisations are those that best adapt to change, anticipate future needs and aim for added value. Sustainability refers to the capacity of an organisation to constantly renew itself and to keep working effectively for its members or clients. Where the foundation of an organisation is embedded in and responsive to the economic, human and the environmental impact on operations, there is more likely to be long term program/ organisation success. Continual evolvement is vital. Economic sustainability is a major issue for many community organisations especially when employment of staff is needed. Many providers rely on government grants to provide programs. While this may be an unavoidable fact of business life, providers need to consider issues of sustainability including: • alternative funding options including fee for service or partnership with other providers such as community and health service providers, advocacy groups, educational professionals, private service providers, academics, public health planners • relevant tax and GST obligations. *Continued over...*

Criteria	Why/How/Resources
6.5 The organisation identifies approaches to achieve program/ organisation sustainability *Continued...*	Human sustainability involves capacity building, networking, cultural sustainability, sustaining boards and committees, as well as volunteers and staff. Capacity building is a key component of organisational sustainability and works to strengthen the ability of community organisations and programs to build their structures, systems, people and skills.

Environmental sustainability has become a social priority, especially with increased knowledge and awareness of global warming. A provider that focuses on decreasing carbon emissions, use of energy/renewable energy and waste, along with wise use of water and active recycling, will assist the well being of the community in which it operates.

How *(See also 2.3)*

- Periodically review the organisation, including where it has come from, where it is going to and a review of the vision and goals
- Active commitment by leaders to ensure socially responsible leadership
- Actions to consider for economic sustainability include:
  - development of a financial reserves policy (funds retained by an organisation to help meet future needs)
  - risk assessment
  - enrolment on government or private sector funding/tender websites
  - innovative approaches to program delivery e.g. approach other providers or funding providers to establish mutually beneficial relationships, consider developing Memoranda of Understanding, joint bids for funding, partnership agreements
  - seek corporate sponsorship
  - develop a fee/donation policy
  - in kind support (equipment/volunteers)
- Actions to consider for human resource sustainability include:
  - active retention and succession planning of the workforce (paid, unpaid and those under license), focusing on promoting continued program delivery
  - introduction of workforce wellness programs
  - staff development/education/training/mentoring
  - ensure appropriate staff numbers and mix
  - plan replacements for leave and absentees
  - planned approach to recruitment
- Keep up to date on environmental sustainability options and consider their application to the organisational/program environment.

Suggested Evidence

Evidence may include:

Economic

- a revenue plan
- public liability insurance
- a financial reserves policy
- fee policy
- sponsorship agreements
- partnership memorandum of understanding

Human resource

- staff turnover rate
- recruitment, retention and succession planning
- workforce wellness programs

Environmental

- environmentally friendly activities/ processes the organisation has in place

Criteria	Why/How/Resources

6.5 The organisation identifies approaches to achieve program/ organisation sustainability *Continued...*	**Resources**
	Australian Tax Office GST guidelines for the not for profit sector:
	• Revenue plan templates
	  http://office.microsoft.com/en-us/templates/detailed-revenue-plan-TC001210732.aspx
	• Webpage blueprint
	  www.webpageblueprint.com/revenue-plan.php
	• GST Tips for Non Profit Organisations
	  www.ato.gov.au/nonprofit/content.asp?doc=/content/00161180.htm&pc=001/004/015/002/003&mnu=4778&mfp=001/004&st=&cy=1
	• Earn your stars
	  www.earnyourstars.tas.gov.au/business/tips_and_tools
	• Why take up the challenge
	  www.up2me.com.au/index.php?Do=ContentView&pageno=100
	• Guidance on Financial Reserves Policies
	  www.acfid.asn.au/code-of-conduct/docs/code-guidance_financial_reserves.pdf
	• Sustainability for Community Organisations, How to Guides
	  www.community.net.nz/how-toguides/sustainable

6.6 The organisation declares funding sources and has explicit policies for donations, sponsorship and marketing **Suggested Evidence** Evidence includes: • policy for donations, sponsorship and marketing • marketing policy in accordance with agreements or contracts signed with funding providers • display of funding sources on program promotional material	**Why** Providers need to have a transparent approach to ensuring any sponsorship or funding is declared in regular financial reports, as well as making these sources known to participants through a variety of communication avenues (e.g. brochures, websites). This will assist in avoiding potential conflict of interest and allowing participants to make informed choices about their provider. Providers must not use an opportunistic approach to marketing its own products when providing government funded programs. Donations and grants must be acknowledged in financial statements and, ideally, advertised on program promotional information. Documentation outlining management of these funds must be kept current. **How** Develop and implement robust and transparent management policy/procedures for: • funding sources • accountability of funds • marketing of commercial products and other services • donations, bequests and sponsorship.

Criteria	Why/How/Resources
6.6 The organisation declares funding sources and has explicit policies for donations, sponsorship and marketing *Continued…*	**Resources** • Financial Policy Guidelines www.nonprofitsassistancefund.org/index.php?src=gendocs&ref=Resources_PolicyGuidelines&category=Healthy%20Financial%20Practices • Financial Policy Example www.nonprofitsassistancefund.org/index.php?src=gendocs&ref=Resources_PolicyExample&category=Healthy%20Financial%20Practices • Working Together for NSW: Good Funding Policy and Practice www.ncoss.org.au/hot/compact/Working-Together-good-funding-jul06.pdf • Social Media Policy Tool http://socialmedia.policytool.net • Consumer Affairs Victoria: Social Marketing and Consumer Policy www.consumer.vic.gov.au/CA256902000FE154/Lookup/CAV_Publications_Reports_and_Guidelines/$file/social_marketing.pdf

Information Management

Standard Data and information are used effectively.

Rationale Effective and efficient programs require the appropriate use and interpretation of many forms of data. These range from user group demographic data, to program output and outcome monitoring data. Data and information must be managed robustly to protect the integrity of information and the privacy of participants and ensure the best effect is gained from its utilisation.

Criteria	Why/How/Resources
7.1 Compliance with local, state and national data collections is achieved	**Why** Collection of program data provides objective evidence that can be used to monitor and evaluate a program. Data collection can be at local, state and national levels. Data on program delivery and outputs may be required by management/stakeholders at local or state levels (e.g. stakeholders may require program reporting on governance structure, networks, reports, service agreements). National data requirements are yet to be defined in the context of the Healthy Communities Initiative, however, in order to grow the evidence base all providers must be prepared to collect data on participation, demographics and outcomes as requested. **How** • Seek consumer consent for personal data collection and ensure sharing of data is in line with consent provided (e.g. de-identified data able to be collected and shared) • Identify and understand data collection/reporting items, time lines, mode of delivery (e.g. electronically, paper based) • Train staff on data collection requirements • Periodically audit adherence to timeline schedule, compliance with reporting requirements and any issues/concerns.

Suggested Evidence	**Resources**

Evidence:
 	
• evidence of contributions to relevant datasets
	• Data Collection
	  www.balancedscorecard.org/Portals/0/PDF/datacoll.pdf
	• Overview of Data Collection Techniques
	  www.idrc.ca/en/ev-56606-201-1-DO_TOPIC.html

Criteria	Why/How/Resources
7.2 The provider has documented protocols/policies for all data collections, use and disclosure	**Why** Health and other personal information is sensitive information and requires robust management to satisfy legal requirements in relation to privacy, and establish trust between consumers and program providers. All data collections, use and disclosure (related to information about clients and/or the workforce) must adhere to privacy legislation under the Privacy Act. **How** • Develop organisational policies for all data collections, use and disclosure that adhere to the Privacy Act and Principles. Consider all modes of information exchange (e.g. paper, email, fax, website, text) • Ensure program participants' records are held in a secure place • Ensure only authorised providers have access to participants' records and information • Ensure medical or health records are managed according to the requirements of the jurisdictions in which they are held. **Resources** Link to Privacy Act, Privacy Principles, and Privacy Impact Assessment Guide:

Suggested Evidence

Evidence:

- policy/protocols on data collection, privacy, use and disclosure of program user information
- individual, secure access to users of ICT systems

- Australian Government Office of the Privacy Commission Home page
  www.privacy.gov.au
- Privacy Statement Template
  www.rogerclarke.com/DV/PST.html#DC
- Information Privacy Principles for data collection and use
  www.privacy.vic.gov.au/privacy/web2.nsf/files/privacy-awareness-week-2008-postcards/$file/postcard_05_08.pdf
- Data Collection Laws
  www.efa.org.au/Issues/Privacy/privacy.html

Criteria	Why/How/Resources
7.3 The workforce is trained to ensure there is consistency of data collections	**Why** In order for program evaluation to be meaningful, data must be collected in a consistent way across many settings. This allows the aggregation and comparison of data across different settings, safe in the knowledge that "like is compared with like".

Suggested Evidence

Examples of activities include:

- training and orientation program for data collection (Sole providers must provide evidence of completed training on their organisation's data system and data collection requirements)
- data collection quality assurance/audit processes
- communication with central data aggregation agencies.

How

- Workers involved in the collection of data should receive appropriate training to ensure they understand and employ the principles and techniques of consistent data collection
- Provide resources on data collection requirements
- Providers should audit their data quality at least annually.

Resources

- Refer to the current/planned data collection requirements of your organisation and associated training package resources
- Guidelines for the use and disclosure of health data for statistical purposes www.aihw.gov.au/committees/simc/guidelines_statistical_purposes.doc

Continuous Improvement

Standard	The provider fosters and encourages the use of continuous quality improvement.
Rationale	Continual review of information about program delivery and outcomes helps foster an environment where opportunities for improvement are routinely identified and acted on. Providers who set up ways to monitor the quality of the work they are doing and work to improve will continually develop into higher quality providers for their community.

Criteria	Why/How/Resources
8.1 Relevant reference material is readily available to clients and staff	**Why** Staff should have access to appropriate and up to date information to ensure that services provided are based on the most recent evidence for best practice.

How

Provide and/or promote methods for providers and consumers to access information about or related to your program (e.g. current practice, trends, innovation, case studies). This may be achieved by:

- providing access to computers with appropriately bookmarked websites for clients and staff
- joining the local university/council/school library
- subscribing to industry bodies and professional journals
- developing local interest or provider networks and support groups.

Suggested Evidence

Evidence may include copies of:

- computer bookmarks or favourites for reference material websites
- evidence of subscriptions to industry body and professional journals
- evidence of local networks/ interest/support groups

At least one of the evidence items listed and detail of how this evidence is made available to clients and staff

Resources

Examples of relevant information and links:

- The Community Guide, What Works to Promote Health
  www.thecommunityguide.org/index.html
- A Healthy and Active Australia home page
  www.healthyactive.gov.au
- Nutrition Australia home page
  www.nutritionaustralia.org

Criteria	Why/How/Resources
8.2 Data are used to evaluate the effectiveness of programs	**Why** All providers have a responsibility to ensure what they are doing is effective and matches what they set out to do. Evaluation allows providers to honestly answer the question "do we do what we set out to do and can it be better?" **How** Monitoring of effectiveness includes collecting information about program effectiveness and outcomes. This information may be as simple as collection of participation rates, satisfaction levels and core outcome data. Evaluation does not have to be complex and requires at a minimum, the review of defined measurements against the program's stated objectives. Evaluation of processes and outcomes may include: • formal program evaluation • measurement of achievement by participant against goals set at the beginning of a program versus at the end of a program • regular review of consumer satisfaction surveys • staff satisfaction surveys • cost effectiveness reviews To achieve this and develop capacity to evaluate themselves, providers may decide to partner with local university students, LGA staff, or health promotion staff for assistance in monitoring their effectiveness.

Suggested Evidence

Evidence may include copies of:
• evaluation plan
• evidence of analysis of data
• actions arising from this analysis

Note: Providers that have not yet delivered their program and are seeking registration must supply an evaluation plan.

Resources

Resource evaluation for community programs:

• Measuring health promotion impacts: a guide to impact evaluation in integrated health promotion
www.health.vic.gov.au/healthpromotion/steps/evaluation.htm

• Health Promotion Evaluation
www.health.vic.gov.au/healthpromotion/steps/evaluation.htm

Criteria	Why/How/Resources
8.3 Opportunities for improvement are identified and acted on	**Why** Providers who collect information about their activities, review their outcomes, learn from their reviews and act to improve are more likely to provide high quality, effective and efficient programs. Continuous quality improvement is the key to building the capacity of the sector and achieving greater outcomes. **How** Improvement begins with supporting consumers, providers, funding providers and other stakeholders to ask questions and offer solutions about how a program can be improved. People must feel safe to do this and be provided with a variety of prompts and means to engage with improvement activities. Once opportunities for improvement are identified, providers should record them and demonstrate how they have been considered, prioritised and acted on. Continuous quality improvement activities include: • measuring processes and outcomes • reviewing these measurements by those who are able to change the program • identifying ways to improve • allocating resources dedicated to improving quality • providing opportunity for improvement changes to be tested, assessed and adopted.

Suggested Evidence

Evidence may include:

- program evaluation with identified improvement actions/ outcomes (see also 8.2)
- consumer/staff satisfaction survey distribution, collation, analysis, outcomes/monitoring
- availability of a suggestion box including a workplace protocol on suggestion box advertisement and management
- planning days, strategy meetings
- newsletter development and circulation.

The improvement process is a continual cycle that should take place as part of "usual business" and include program users, providers, managers and other stakeholders.

Promote a culture of improvement by:

- implementing mechanisms to gather information from a variety of program stakeholders, for example:
  – satisfaction surveys   – suggestion boxes
  – strategy meetings   – community consultation meetings.
- sharing quality improvement project initiatives and outcomes of the program with key stakeholders, networks and other interested parties e.g. publications, newsletters', conference presentations
- establishing quality improvement resource files
- gathering evidence of benchmarking against external standards with other providers.

Resources

Quality Improvement Guide:

- PDSA in Action: Support materials to assist with the implementation of Plan-Do-Study-Act (PDSA) cycles within a practice improvement project
  www.communiogroup.com/images/stories/publications/pdsainaction.pdf

Glossary

The following terms are used within this document.

Activity   A specific occurrence where a program or a collection of occurrences of the program is implemented. i.e. Small walking group

Agency   The body, organisation, consortium to be appointed by the Department of Health and Ageing to manage the Framework

Clients/consumers   Recipients of programs

Communities   People in a geographical setting

Criteria   A subset of a standard describing an element of how the standard can be achieved

Framework   The Quality Framework for the Healthy Communities Initiative comprising the three components: Provider Registration, Program Registration, and Principles for LGAs

Group   People coming together with common needs for a program

Licensee   Person or organisation with an approved license and/or formal recognition to deliver a program or activity developed by a 3rd party. i.e. Walking Group leader

Organisation   Businesses/organisations/sole providers providing healthy living programs to individuals, groups and communities

Healthy Living Network registration portal   The web based information site to be established to support the Healthy Communities Initiative and the Framework

Program   A formal approach or intervention to assist individuals, groups, communities achieve improvements in their healthy living.

QMS   The Registration Body contracted by DoHA to develop, manage and implement the HCI Quality Framework Registration and the Healthy Living Network registration portal

Provider   As for organisation

Staff/workforce   Paid and unpaid workers assisting providers to implement programs. Workforce includes those who are licensed to deliver a program through a 'train the trainer' or similar activity

Standard   An overarching statement of quality

Notes

Notes

Quality pathways to healthier communities

Healthy
living *Network*

www.healthylivingnetwork.com.au

Email: info@healthylivingnetwork.com.au
Telephone: 1300 456 000
Facsimile: (02) 9283 7545

Quality Management Services
Suite 10, Level 1
104 Bathurst Street
Sydney NSW 2000

The Healthy Living Network is a component of the
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