

Homelessness Accreditation Framework: Addendum 2 – Additional information about the accreditation process for service providers

What is available to support providers with accreditation?

DCJ strives to provide supports to providers to assist them with the accreditation process in partnership with organisations such as Homelessness NSW, standard owners and the Breaking New Ground Standards & Performance Pathways (BNG SPP) portal. Supports available can be subject to change and are not listed in this framework, however, DCJ will provide information about these supports directly to the sector, as needed.

DCJ recommends viewing the Homelessness NSW website to see if accreditation supports are currently available.

Additional supports for providers are also provided by individual standard owners and assessors. Please reach out to them to see what is available.

What does the provider do if there are issues with their organisation or their subcontractor achieving or maintaining accreditation?

Providers are required to advise DCJ Contract Managers as soon as they become aware that they or their subcontractor are at risk of not achieving or maintaining accreditation. A plan will need to be developed to guarantee services continue either via a new arrangement or through a plan that leads to accreditation for all involved organisations.

The plan will be collaborative and will be informed by input from the concerned homelessness organisations, the DCJ District Commissioning and Planning team, the DCJ Central Office program area, and any additional support that the homelessness organisations nominate.

Please get in touch with your DCJ Contract Manager or email the SHS Program Mailbox (SHSProgram@homes.nsw.gov.au) if you have any issues or questions about achieving or maintaining accreditation.

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Are there exemptions for subcontractors?

An exemption for subcontractors from a full-scale accreditation and external assessment process could be provided on a case-by-case basis, in consideration of:

- Small value sub-contracts (<\$60,000 per annum) that have expressed that they don't have the capacity to achieve accreditation.
- Sub-contracting agreements that relate to the provision of healthcare clinicians/specialist personnel who solely deliver services via their lead's premises or within the leads' team.

For exempted subcontractors, the assessment of their service delivery needs to be explicitly scoped in the accreditation assessment of the lead provider. This will need to be agreed and confirmed with the assessor.

Sub-contractors that do not meet the above-mentioned parameters will need to work towards accreditation.

Please get in touch with your DCJ Contract Manager or email the SHS Program Mailbox (SHSProgram@homes.nsw.gov.au) if you have any issues or questions about subcontractor exemptions.

Why are copies of the accreditation certificate and report requested?

As providers can seek an accreditation assessment for their organisation in a number of ways (See **Framework Section: Scope of accreditation** for more information), accreditation certificates and reports are reviewed to verify that the funded homelessness programs have been included in the scope of assessment. Accreditation scoping can be complex and just because a provider certificate says they are accredited it doesn't always mean every part of their organisation has been subject to the assessment.

For information about the different assessment scoping options please contact standard owners and assessors.

What public health measures does my organisation need to consider in assessments?

Assessors are required to adhere to guidelines set by the standard owners to manage public health concerns and safety in accreditation assessments. This includes processes to ensure assessments can continue in a safe way.

Providers are encouraged to review [Public Health information](#) and discuss health management with your assessors when planning for accreditation.

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What should providers using premises they do not own, be aware of?

Many service providers operate or provide services within rented premises that they do not control¹.

Providers that deliver services in premises they do not own should have a rental or other formal agreement in place at the time of accreditation. The agreement needs to outline roles and responsibilities of each party, including who is responsible for building maintenance.

The providers business continuity plan / risk plan should also outline how the services will continue to be delivered if the building becomes unavailable for any reason, including fire, flood, other damage, or in the event the building is sold.

What happens if physical access issues are identified in the accreditation assessment?

The accreditation assessment process looks at the physical access of properties from which homelessness services deliver assistance, including whether people with disabilities can be accommodated on site or be employed at the service.

If a gap in physical access is identified in an assessment, providers will be given a Quality Action Plan by their assessor and have 3 or 6 months (depending on the standard being applied) to address the issue. Service providers are not expected to complete building modifications within the 3-to-6-month period. Where this is an issue of physical accessibility that requires modifications, providers are encouraged to speak to their property manager or landlord about their options. To address the plan, services need to demonstrate how they aim to facilitate accessibility and advocate for their service and clients in ensuring increased accessibility over time.

In cases where a property is part of the Refuge Maintenance Program (RMP), there may be potential to explore minor modifications with financial assistance and support from Community and Affordable Housing (CAH). Support providers are required to collaborate with their RMP providers to discuss the modification needs and request an assessment. Once the assessment is completed, and if the estimated cost exceeds \$6,000, the RMP provider must submit two quotations with a detailed scope of works through the CHIMES portal for CAH's review and approval.

For major modifications involving structural changes, providers are required to submit requests to the Housing Portfolio (formerly LAHC) for owner approval. Depending on CAH's budgetary position, CAH may be able to provide partial or full funding for these modifications.

¹ For example, most crisis and transitional accommodation is owned by the NSW Land and Housing Corporation

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What are some considerations for providers with other accreditations?

DCJ recognises that NSW has a diverse homelessness services sector with many providers also delivering other services. While assessment will still be required if the provider is not accredited by one of the approved standards and accreditation programs outlined at **Framework Section: Approved standards and accreditation programs for Homelessness services**, DCJ has worked with peak organisations, standard owners and assessors to develop an approach which aims to minimise red tape and streamline the accreditation process.

The equivalence recognition approach is guided by the following principles:

- assessors will use their expertise to consider the individual needs and circumstance of the service provider and aim to reduce red tape² wherever possible,
- assessors will be applying a risk-based approach in determining if a provider will need to submit new evidence. Previously submitted evidence may be requested by the assessor as required.³

Equivalence recognition only applies:

- to accreditations that included the funded homelessness services. The provider must be able to demonstrate that the funded homelessness service was included in the scope of the accreditation assessment for the other standard/s⁴;
- for current accreditations. The provider must be able to commit that they will remain accredited or be re-accredited within accreditation timeframes. Assessors will want to see evidence that the provider is still accredited⁵; and
- where the accreditation has been mapped for equivalence to ASES, see more below.

What is equivalency mapping?

Equivalency mapping is undertaken by an independent party with expertise in accreditation frameworks. The mapping analyses different accreditations and determines the degree to which each standard, and the accreditation, align with the ASES. Mapping is against the ASES as this standards and accreditation program was the first program adopted by DCJ for homelessness providers. See **Addendum 1** for more information on the background of the standards.

Assessors will use the equivalency mapping and their expertise to determine the optimal approach for the service provider. See more below.

If a provider holds an accreditation that is relevant to homelessness providers that has not been mapped, please let DCJ know via email SHSProgram@homes.nsw.gov.au.

² In some cases, assessment costs may be reduced as well.

³ Assessors need assurance that the homelessness program was included in the assessment processes for the other accreditations.

⁴ There must be evidence that Homelessness services were included in the assessment this includes evidence from the audit report and evidence that the services were sampled in site visits or similar.

⁵ If the accreditation is due to expire before the accreditation assessment, the provider must commit to renew the other accreditation before it expires.

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What should be considered when planning an assessment with multiple accreditations?

Service providers with other accreditations are encouraged to engage with assessors early to discuss their circumstances. Providers should discuss their other accreditations when seeking a quote from an assessor.

Providers and assessors have the flexibility to determine a plan for the assessment and reduce the regulatory burden, where it is possible⁶.

Assessors can advise service providers of their options including:

- **Equivalence recognition** – this is where assessors recognise evidence and standards met through other accreditations. This is intended to reduce the duplication of effort while working through the accreditation.
- **Joint review** – this is where assessor/s conduct multiple accreditations concurrently⁷. If undertaken in a similar timeframe, site visits can be conducted across multiple accreditation systems. If more than one assessor is required, they can work together and utilise mapping documents to reduce duplication and work through multiple accreditations at the same time.
- **Partial assessment** - providers may choose to undertake an assessment that covers their corporate systems and only their homelessness service area. In this instance the certificate of accreditation will only apply to the homelessness service area of the organisation. See *Framework Section: Scope of accreditation* for more information.
- Assessors will aim to reduce red tape where possible and take a risk-based approach to evidence from other standards⁸.

⁶ Flexible approaches and alternative timeframes may be considered on a case-by-case basis for providers that want to align assessments for multiple accreditations, new services or services with Quality Action Plans that are pending finalisation of their accreditation.

⁷ Please note that this option could incur additional costs and would need to be negotiated and discussed with the chosen assessors.

⁸ Where there is 100% equivalence between standards, there may be no requirement to review or update the evidence. Assessors have agreed to accept other standards as met where it has been mapped that there is full equivalence with an ASES standard.