

| S/N | SSR Domain | SSR Statement | Intent Statement | Examples | Level | Description |
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| 1 | | The programme's objectives and philosophy of service delivery are clearly stated and communicated. | This standard defines how service delivery is accomplished, and guides staff in running the programmes. | This can be taken from policy and procedure manuals, programme handbooks, brochures, or any other documentation. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> state and communicate the objectives and philosophy of service delivery. |
| | | | | | 1 | My programme states the objectives and philosophy of service delivery, but lacks clarity in defining the specific need(s) of service users it is targeted at, and how it is being met through the programme. |
| | | | | | 2 | My programme's objectives and philosophy of service delivery defines the specific need(s) of service users, how it is being met through the programme, and are communicated in publicity platforms (website, brochures, presentations). |
| | | | | | 3 | My programme's staff, volunteers (<i>if applicable</i>) and service users are aware and able to articulate the objectives of the programme and how the service delivery helps to achieve it. |
| 2 | Programme Outcomes | This programme has in place processes to monitor and review the achievement of output and outcomes. | This is intended to help the programme determine the degree to which its service is beneficial to the target service users, as well as make informed decisions to serve service users better. | This can be demonstrated through written descriptions of the output and outcomes measured, or procedure manuals on how output and outcomes can be assessed. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> have processes to track, collate and verify the achievement of output and outcomes. |
| | | | | | 1 | My programme has in place processes to track, collate and verify the achievement of output and outcomes, but does <u>not</u> use the collected output and outcomes for any purposes. |
| | | | | | 2 | My programme has in place processes to track, collate, verify the achievement of output and outcomes, and the information is used for reporting purposes (annual report, funders) only. |
| | | | | | 3 | My programme has in place processes to track, collate, verify the achievement of output and outcomes, with the information being actively used for reporting and improving the programmes to benefit the service users. |
| 3 | | Internal quality assessments are carried out, and areas for development and improvement are identified and acted upon. | Conducting regular performance analysis and translating the identified areas for refinements into action allows for the programme to continually improve service delivery to service users. | Written reports on programme performance and/or the action plan to address areas of improvement, or other documents demonstrating that the programme has made attempts to improve. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> conduct internal quality assessments to identify areas for development and improvement. |
| | | | | | 1 | My programme conducts internal quality assessments on an ad-hoc basis, without documenting the process and identifying areas for development and improvement. |
| | | | | | 2 | My programme conducts internal quality assessments on an ad-hoc basis, and the process and areas for development and improvement are documented. |

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| | | | | 3 | My programme conducts internal quality assessments on a regular basis, and uses the findings for reporting and/or improvement of the programme. |
| 4 | Service users are informed of existing feedback avenues, and assistance is provided for them to understand how to access the channels. | Allowing service users to provide feedback regarding the programme aids staff to identify areas of improvement/limitations/shortcomings from service users' perspectives. Efforts can then be directed to these areas to improve the programme and therefore, achieving user satisfaction. | Service users can be briefed of the channels available for feedback when inducted into the programme, and/or when exiting from the programme. | N/A | This service standard is not applicable for my programme. |
| | | | | 0 | My programme does <u>not</u> have feedback avenues for service users. |
| | | | | 1 | My programme has existing feedback avenues, but service users are <u>not</u> informed of these channels and how to access them. |
| | | | | 2 | My programme has existing feedback avenues, and service users are informed of these channels and how to access them. |
| | | | | 3 | My programme has existing feedback avenues, and service users are informed of these channels and how to access them. My programme uses the collated feedback to make improvements to benefit service users. |
| 5 | There is a clear entry criteria for the programme. | Having an entry criteria provides clarity to who the target audience is, ensuring that the right group of service users are served. | There should be written procedures that are strictly adhered to. They can include (but not limited to): (1) How to prioritise admissions, (2) eligibility criteria, (3) ineligibility criteria, (4) process of intake and assessment - how & who to refer to, timeframe, who decides, (5) process for prospective user not meeting the criteria, (6) if there is a waiting list and how to prioritise. | N/A | This service standard is not applicable for my programme. |
| | | | | 0 | My programme does <u>not</u> indicate the eligibility criteria. |
| | | | | 1 | My programme's eligibility criteria are clearly stated for internal staff reference only. |
| | | | | 2 | My programme's eligibility criteria are clearly stated and communicated in publicity platforms (website, brochures, presentations). |
| | | | | 3 | My programme's service users, on a majority, are admitted based on the clearly stated eligibility criteria that are communicated in publicity platforms (website, brochures, presentations). My programme may admit service users who do not meet the eligibility criteria, but on a case-by-case basis and where there are compelling justifications. |
| 6 | The programme ensures that service users are screened for service eligibility within a stipulated timeframe, depending on the programme type and urgency. | This minimises the subjectivity which may be present during the screening process, and also ensures that the target clients are able to access the programme with minimal delay. | The screening process should follow a written procedure which outlines the steps to take in screening a potential client, and the estimated timeframe. This can be found in procedure manuals, or other documents. | N/A | This service standard is not applicable for my programme. |
| | | | | 0 | My programme does <u>not</u> have a stipulated timeframe for screening service users for service eligibility. |
| | | | | 1 | My programme has a clearly stipulated timeframe for screening service users for service eligibility. |
| | | | | 2 | My programme has a clearly stipulated timeframe for screening service users for service eligibility and programme staff/volunteers adheres to the screening timeframe. |
| | | | | 3 | My programme's applicants/referrals, on a majority, are screened for service eligibility within the stipulated timeframe. My programme exercises discretion to adjust the screening timeframe to suit the assessed urgency. |
| | The programme has an intake and assessment process in which all eligible service users undergo. | Having an intake and assessment process helps to identify service users' needs, thereby allowing staff to understand | This can be established through the presence of an intake and assessment form, whether separate or together. The intake | N/A | This service standard is not applicable for my programme. |

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| 7 | Intake and Assessment | | which areas/aspects of the programme would serve these needs. | and assessment form should demonstrate the service user's needs and highlight the areas in which the programme will benefit them. | 0 | My programme does <u>not</u> have an intake and assessment process in which all eligible service users undergo. |
| | | | | | 1 | My programme has an intake and assessment process and only demographic information are collected. |
| | | | | | 2 | My programme has an intake and assessment process that collects service users' demographic information, their needs and other information as required for a thorough intake assessment. |
| | | | | | 3 | My programme collates and uses the aggregated data and information from the intakes and assessments done for reporting and/or to review the programme's utilisation patterns and trends. |
| 8 | | The programme has a procedure to ensure that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services. | Informing potential service users as to why they are found ineligible serves to better clarify their needs, and look for a more suitable programme which may be a better fit for them. | There should be written procedures for the actions taken when a potential service user is found to be ineligible for the programme, consisting of the following: Informing potential service users why they are ineligible, and referral to more appropriate services. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> have a procedure to ensure that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services. |
| | | | | | 1 | My programme has clear procedure on ensuring that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services, but there is no documentation done on the assistance rendered. |
| | | | | | 2 | My programme has a clearly stated procedure to ensure that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services, and programme staff/volunteers practice and document the procedure. |
| | | | | | 3 | My programme, on a majority, ensures that people who are not eligible for the service are informed of alternative options and/or are referred to other appropriate services. My programme periodically collates and reviews the data to assess service gaps and opportunities for programme enhancement. |
| | | Intervention plans are tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family. | An intervention plan incorporates the strengths, needs, abilities, and preferences of the service users. This allows for the programme to better cater to each service user on an individual level, and therefore achieve better outcomes. | Documentation on intervention plans and plan reviews for service users. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> tailor intervention plans to meet the strengths, needs, abilities and preferences of the service user and/or his/her family. |
| | | | | | 1 | My programme has a procedure for intervention planning that is tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family, but the procedure lacks clarity in outlining the action steps required for tailoring of intervention plans. |

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| 9 | | | | | 2 | My programme clearly states the procedure for intervention planning that is tailored to meet the strengths, needs, abilities and preferences of the service user and/or his/her family. Programme staff are able to articulate how intervention plans are tailored and put it into practice. |
| 10 | Intervention Planning | Intervention plans are developed in partnership with the service user, his/her family and/or concerned individuals involved in the care of the service user. | Intervention plans that take into consideration opinions of service users will show that their views are important and respected, which builds mutual respect to increase comfort and confidence of service users towards the programme. | Documentation of how service users' inputs are incorporated into intervention plans and plan reviews. | N/A | This service standard is not applicable for my programme. |
| 11 | | Intervention plans are reviewed or re-assessed at regular intervals suited to the needs of the service user. | Regular reviews or re-assessments of intervention plans ensure that the intervention plan can be modified to keep up with the service user's needs and preferences, which may change over time. The frequency of re-assessment should be increased or decreased accordingly to cater to different factors and considerations, such as level of needs of service user and the risks involved. | The procedure for the review or reassessment of intervention plans can be documented separately, or together with each service user's intervention plan. It should include the frequency of the reviews, as well as the process that will be undertaken. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> develop intervention plans in partnership with the service user, his/her family and/or concerned individuals involved. |
| | | | | | 1 | My programme develops intervention plans in partnership with the service user and/or his/her family, with the plan developed by the staff in consultation with the service user, his/her family and/or concerned individuals involved. |
| | | | | | 2 | My programme develops intervention plans in partnership with the service user, his/her family and/or concerned individuals, with planning and decision-making responsibilities shared between the staff and the service user, his/her family and/or concerned individuals. |
| | | | | | 3 | My programme collates and uses the aggregated data and information from the intervention plans developed to review the programme's effectiveness and trends. |
| | | | | | 0 | My programme reviews or re-assesses intervention plans on a irregular basis. |
| | | | | | 1 | My programme reviews or re-assesses intervention plans at regular intervals suited to the needs of the service user, with only the programme staff involved in the process. |
| | | | | | 2 | My programme reviews or re-assesses intervention plans at regular intervals suited to the needs of service user, and involves both the staff and service user in the process. |
| | | | | | 3 | My programme reviews or re-assesses intervention plans at regular intervals suited to the needs of service user, and involves both the staff and service user, his/her family and/or concerned individuals involved in the care of the service user. |

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| 12 | Community and Resource Support | Service users are supported with the required resources and information that help in the achievement of their goals. | Being equipped with proper resources and information allows for service users to make better informed decisions that are able to help them achieve better outcomes. | This includes service user briefings where information and resources are communicated to them, programme brochures with the relevant information, or other documents demonstrating the provision of support. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> support service users with resources and information that help in the achievement of their goals. |
| | | | | | 1 | My programme supports service users with resources and information that help in the achievement of their goals, without further assistance to facilitate understanding by service users to make informed decisions. |
| | | | | | 2 | My programme supports service users with resources and information that help in the achievement of their goals, and further assistance is rendered to facilitate service users in making informed decisions. |
| | | | | | 3 | In addition to supporting service users with resources and information that help in the achievement of their goals, my programme supports service users with resources and information beyond the scope of the programme to ensure holistic care. |
| 13 | Community and Resource Support | There are partnerships and coordination efforts with appropriate networks and programmes with the intent to improve service delivery. | The presence of partnerships and coordination at case level and/or agency level enables the programme to tap on external support for service users and pool resources to better benefit the programme, and by extension, the service users. | Relevant networks and programmes may involve contracted external service providers, community support services, volunteers, and so on. For instance, collaboration can range from co-managing of a case with other service providers to involving other agencies in the planning or/and implementation of a programme. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> engage in partnerships and coordination efforts with networks and programmes. |
| | | | | | 1 | My programme engages in partnerships and coordination efforts with appropriate networks and programmes on an ad-hoc basis, without clear articulation on the desired outcome(s) of the partnership. |
| | | | | | 2 | My programme engages in partnerships and coordination efforts with appropriate networks and programmes on an ad-hoc basis, with clear articulation on the desired outcome(s) of the partnership. |
| | | | | | 3 | My programme engages in partnerships and coordination efforts with appropriate networks and programmes with clear articulation on the desired outcome(s) of the partnership, and actively seeks continued partnership in the longer term. |
| 14 | Community and Resource Support | There is a clear criteria and procedure for discharge planning. | The presence of a discharge criteria lets service users who no longer need the service to exit it, allowing others to benefit from the programme. | Written discharge criteria that may be found together with the entry criteria, programme descriptions, or other documents. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> have a criteria and procedure for discharging planning. |
| | | | | | 1 | My programme has a criteria and procedure for discharge planning, but lacks clarity in defining the situations for discharge and the action steps required for discharge planning. |
| | | | | | 2 | My programme has a criteria and procedure for discharge planning, which includes actions to be taken and discussing discharge with service users. |

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| | | | | 3 | My programme's procedures on discharge planning include criteria, actions to be taken, post-discharge support (e.g. step-down care, follow-up after a period of time or referral to other services for support), and discussing discharge and post-discharge support with service users where appropriate. | |
| 15 | Discharge Planning | Discharge plans are discussed at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals involved in the care of the service user. | Having a clear idea of how and when discharge from the programme will occur allows service users to better understand their progress in the programme and prepare themselves for exit. | Procedures and plans for discussing discharge plans can be included in each service user's intervention plan, or documented separately. Discharge planning includes post-discharge care arrangements to ensure continuity of care. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> discuss about discharge at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals. |
| | | | | | 1 | My programme discusses about discharge at the onset of service provision, or when intervention plans are reviewed, with only the service user. |
| | | | | | 2 | My programme discusses about discharge at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals. |
| | | | | | 3 | My programme discusses about discharge at the onset of service provision, or when intervention plans are reviewed, with the service user, his/her family and/or concerned individuals, as well as any agencies/partners involved in the care of the service user. |
| 16 | | The programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme. | Conducting proper closure will allow for service linkages or referral to other relevant support services, and minimises the chances of service users falling through the cracks. <i>(The programme would first need to establish the criteria for service users to be deemed as uncontactable.)</i> | Processes and procedures found in from policy manuals and programme handbooks. Documentation on the follow-up actions and outcomes for such service users. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> have procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme. |
| | | | | | 1 | My programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme, but my programme staff/volunteers do not practices the procedures and/or no documentation is done on the rendered actions/services. |
| | | | | | 2 | My programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme, and are informed of alternative options and/or are referred to other appropriate services. |

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| | | | | | 3 | My programme has procedures in place to follow-up with service users who are uncontactable or have dropped out of the programme, and are informed of alternative options and/or are referred to other appropriate services. My programme collates and uses the aggregated information from the service users who have dropped out of the programme to review the determinants of the programme's utilisation and its utilisation patterns. |
| 17 | Record Keeping and Documentation | Timely and up-to-date service user records, including details of assessment, re-assessment, intervention and discharge planning are maintained for the period required for their retention purposes. | Timely documentation ensures a complete and accurate record of each service user served so that all appropriate personnel in contact with the service user are able to access the relevant information without hassle, facilitating activities which may require service user records. | Documentation of service user records in the programme should be available, with regular updates if applicable. The records include, but are not limited to: (a) Assessment (b) Re-assessment (c) Intervention planning (d) Discharge planning | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> have guidelines on the period to complete documentation, and/or does not maintain up-to-date service user records for the period required for their retention purposes. |
| | | | | | 1 | My programme has guidelines on maintaining timely and up-to-date service user records for the period required for their retention purposes, but records are not accessible to the appropriate staff. |
| | | | | | 2 | My programme maintains timely and up-to-date service user records for the period required for their retention purposes, and records are accessible to the appropriate staff. |
| | | | | | 3 | My programme maintains timely and up-to-date service users' records for the period required for their retention purposes, and records are accessible to the appropriate staff. My programme practices proper disposal of records that have passed their intended period of retention. |
| 18 | Documentation | The programme ensures that service user records are kept in a secure manner, so that the privacy and confidentiality of service users are protected. | Each service user should have the right to privacy and confidentiality during the programme, and steps should be taken to prevent access to these documents by unauthorised personnel. | Service user records are password-encrypted with access limited to authorised personnel, and records are saved in a secured file storage system. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does not ensure that service user records are kept in a secure manner by means of keeping the records in a physical space or online system that is easily accessible by any staff. |
| | | | | | 1 | My programme keeps service user records under lock and key (physical documents) or with restricted access (online system), but without guidelines on ensuring the privacy and confidentiality of these records. |
| | | | | | 2 | My programme keeps service user records under lock and key (physical documents) or with restricted access (online system), with clear guidelines on ensuring the privacy and confidentiality of these records. |
| | | | | | 3 | My programme staff observe the practices in keeping service user records secure (physical documents or online system), and adhere to the guidelines on ensuring the privacy and confidentiality of these records. |

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| 19 | | Services are provided during the operating hours as specified by the programme, with consideration of needs of the target service users and their caregivers. | Setting fixed hours in which the programme is in operation allows for service users to understand when they are able to access the programme. By ensuring programme access to service users and their caregivers when they require it, better programme outcomes can be achieved. | Programme operating hours can be documented either in the programme handbook, or in a visible area on the programme premises. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> state any specific operating hours. |
| | | | | | 1 | My programme states the operating hours with consideration of needs of the target service users and their caregivers for internal staff reference only. |
| | | | | | 2 | My programme states the operating hours with consideration of needs of the target service users and their caregivers in publicity platforms (website, brochures, presentations), and services are provided as per the stated operating hours. |
| | | | | | 3 | My programme states the operating hours with consideration of needs of the target service users and their caregivers in publicity platforms (website, brochures, presentations). My programme exercises discretion to adjust the operating hours on a case-by-case basis. |
| 20 | | The programme is made available to eligible service users based on equal opportunities and free of discrimination on all grounds. | A service user's access to services will solely be based on their needs and preferences, and other potentially discriminatory characteristics such as ethnicity or gender will not play a role in their access or lack thereof. | Programme services are made available to service users based on their needs and preferences. There are no discriminatory criteria present. Examples whereby service users may be ineligible/excluded include (but not limited to): not meeting the age criteria for a programme, not possessing the pre-requisitional skills/functioning level required for the programme. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> accept eligible service users based on equal opportunities and free of discrimination on all grounds. |
| | | | | | 1 | My programme is made available to eligible service users, but targets eligible service users mainly from a specific demographic or profile group due to the agency's policies or sponsoring bodies. |
| | | | | | 2 | My programme is made available to eligible service users based on equal opportunities and free of discrimination on all grounds. My programme reaches out to eligible service users from all demographics or profile groups. |
| | | | | | 3 | My programme is made available to eligible service users based on equal opportunities and free of discrimination on all grounds. Where ineligible, my programme informs service users of alternative options and/or refer them to other appropriate services. |
| 21 | Accessibility of Service | The programme has an accessibility plan which identifies potential barriers and mitigating measures so as to ensure business and service continuity. | This allows for service users to continue gaining access to the programme through different modes of service delivery. | Written policies or procedures pertaining to accessibility plan, taking into consideration potential barriers related (but not limited) to pandemic, architecture, communication, financials, transportation and technology and measures to address identified barriers. This can also include alternative modes of operation that allows access by service users. Documentation on challenges faced by service users in accessing the programme and steps taken to resolve them (e.g. use of digital platforms for service users who may otherwise find it inconvenient to gain access to the service if programme is conducted in physical premises). | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> have an accessibility plan which identifies potential barriers and mitigating measures. |
| | | | | | 1 | My programme has an accessibility plan which identifies potential barriers and mitigating measures, but lacks clarity in outlining the action steps required to mitigate the identified barriers. |
| | | | | | 2 | My programme has an accessibility plan which identifies potential barriers and mitigating measures, and programme staff/volunteers practices the accessibility plan to ensure business and service continuity. |

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| | | | | 3 | My programme has an accessibility plan which identifies potential barriers and mitigating measures, and staff/volunteers practices the accessibility plan to ensure business and service continuity. My programme updates the accessibility plan as and when necessary, and document learnings gleaned when the accessibility plan has been activated. |
| 22 | The programme has processes on programme handover and/or covering to ensure that there is continuity of services. | In the event where staff implementing the programme is unable to do so or is leaving the role, this standard ensures that the programme can continue to run to avoid lapses in the provision of services to service users. | List of tasks and responsibilities for the covering personnel or the staff that would be taking over the programme. | N/A | This service standard is not applicable for my programme. |
| | | | | 0 | My programme does <u>not</u> have processes on programme handover and/or covering to ensure that there is continuity of services. |
| | | | | 1 | My programme has processes on programme handover and/or covering to ensure that there is continuity of services, but the processes lack clarity in outlining the situations where covering is needed and the action steps required for service continuity. |
| | | | | 2 | My programme has processes on programme handover and/or covering, and programme staff practices the processes to ensure that there is continuity of services. |
| | | | | 3 | My programme has processes on programme handover and/or covering, and programme staff practices the processes to ensure that there is continuity of services. My programme ensures that the handover/covering are properly documented, including tasks and responsibilities, and action(s) to be taken for service continuity. |
| 23 | The programme has guidelines on protecting the safety of service users from harm. | This standard provides a safe environment for services users to participate in the programme, so that there can be focus on achieving their goals. | The presence of policies or manuals containing plans and procedures on how to protect service users from abuse or neglect can demonstrate and assure the safety of service users. | N/A | This service standard is not applicable for my programme. |
| | | | | 0 | My programme does <u>not</u> have guidelines on protecting the safety of service users from harm. |
| | | | | 1 | My programme has guidelines on protecting the safety of services users from harm, but the guidelines lack clarity in defining what constitutes harm and the action steps required to ensure safety. |
| | | | | 2 | My programme has guidelines on protecting the safety of service users from harm, and programme staff/volunteers are aware and able to articulate and adhere to the guidelines. |
| | | | | 3 | My programme has guidelines on protecting the safety of service users from harm, and programme staff/volunteers are aware and able to articulate and adhere to the guidelines. My programme's service users have some knowledge and can articulate some of the guidelines that protects them from harm. |
| | The programme assesses risks on a regular basis to prevent, mitigate and manage identified risks to ensure the safety of service users. | Having a risk management plan helps to manage the risks in the programme and reduce the severity of the impact should any risks occur, in turn facilitating service users to engage in the programme with an ease of mind. | This can be demonstrated through the presence of a risk management assessment, as well as a risk management plan, or other documents. | N/A | This service standard is not applicable for my programme. |
| 0 | | | | My programme does <u>not</u> assess risks to prevent, mitigate and manage identified risks to ensure the safety of service users. | |

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| 24 | | | | | 1 | My programme assesses risks on an ad-hoc or irregular basis to prevent, mitigate and manage identified risks to ensure the safety of service users. |
| 25 | Protection and Safety of Users | The programme has in place processes for collection, use and disclosure of personal data for a limited purpose that has been notified to service users. | This protects the confidentiality of service users by ensuring that data is not collected beyond what is needed and that data is only shared where required. Sharing of data includes providing the individual with his/her personal data and information about the ways it has been used or disclosed. | Service users sign on client consent form and are informed on how collected personal data would be used. Volunteers sign on privacy and confidentiality agreement form prior to the start of their volunteering. | N/A | This service standard is not applicable for my programme. |
| 25 | | | | | 0 | My programme does <u>not</u> have processes in place for collection, use and disclosure of service users' personal data. |
| 26 | | There are procedures in place for management of emergencies. | Established emergency procedures help ensure safety of service users. Being prepared and knowing what to do allows personnel to respond promptly in emergencies and take the appropriate action. | Presence of written emergency procedures and/or emergency training or drills for personnel. | N/A | This service standard is not applicable for my programme. |
| 26 | | | | | 1 | My programme has in place processes for collection, use and disclosure of personal data, but the intended purpose(s) on collection and use of personal data are not notified to service users. |
| 26 | | | | | 2 | My programme has in place processes for collection, use and disclosure of personal data. My programme staff/volunteers practice the processes, and the intended purpose(s) on collection and use of personal data are notified to service users. |
| 26 | | | | | 3 | My programme has in place processes for collection, use and disclosure of personal data. My programme staff/volunteers practice the processes, and the intended purpose(s) on collection and use of personal data are notified to service users. My programme's service users are able to articulate the purpose(s) that their personal data is used for. |
| 26 | | | | | 0 | My programme does <u>not</u> have procedures on management of relevant emergencies. |
| 26 | | | | | 1 | My programme has procedures in place for management of relevant emergencies, but the procedures lack clarity in defining the emergencies and the action steps required in the event of such emergencies. |
| 26 | | | | | 2 | My programme has procedures in place for management of relevant emergencies, and programme staff/volunteers are able to articulate and follow the procedures. |

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| | | | | | 3 | My programme has procedures in place for management of relevant emergencies, and programme staff/volunteers are able to articulate and follow the procedures. My programme conducts drills on potential emergencies to familiarise staff/volunteers on the actions to be taken, and documents the process. |
| 27 | Descriptions about the job and/or volunteering position are available, and are reviewed as and when necessary, for all lines of staff and/or volunteers. | This enables each staff and/or volunteer in the programme to better understand their responsibilities and take charge. Timely review of the descriptions about the job and/or volunteering position ensures that they are up-to-date and continue to be applicable for staff and/or volunteers. | The presence of written descriptions for each role in the programme minimally comprising position expectations and required qualifications and/or competencies. | N/A | This service standard is not applicable for my programme. | |
| | | | | 0 | My programme does <u>not</u> have descriptions available for all lines of staff and/or volunteers. | |
| | | | | 1 | My programme has descriptions available for all lines of staff and/or volunteers, but the descriptions do not align with the scope of work and requirements of staff/volunteers. | |
| | | | | 2 | My programme has descriptions available for all lines of staff and/or volunteers and they are reviewed as and when necessary to align with scope of work and requirements of staff/volunteers. | |
| | | | | 3 | My programme has descriptions available for all lines of staff and/or volunteers and they are reviewed as and when necessary to align with scope of work and requirements of staff/volunteers. My programme staff/volunteers are able to articulate their job/volunteering descriptions accurately. | |
| 28 | The programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for. | Ensuring that each staff and/or volunteer is qualified and competent through a screening process allows them to carry out their duties more effectively and provide better service delivery to service users. | This can be demonstrated through having a written list of qualifications, professional accreditation/registration and/or relevant experience required for each position, which matches the competencies held by staff in the organisation. | N/A | This service standard is not applicable for my programme. | |
| | | | | 0 | My programme does <u>not</u> have a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, or such requirements lack clarity. | |
| | | | | 1 | My programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, but the requirements are only for internal reference and potential candidates applying are not informed. | |
| | | | | 2 | My programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, and the requirements are made known to potential candidates applying for the role. | |

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| | | | | 3 | My programme has a screening process to ensure that staff and/or volunteers are qualified and possess the required attitude, knowledge, skills and experience to perform the duties of the particular role they are recruited for, and the requirements are made known to potential candidates applying for the role. In situations where staff/volunteers may not meet all the requirements, my programme is able to articulate how the staff/volunteer is able to perform the duties of the role they are recruited for. | |
| 29 | Staff/Volunteer Management and Competency | There are adequate staff and/or volunteer levels and ratios to meet the demand for services. | Having adequate numbers of staff and/or volunteers to deliver services allow for the programme to run at maximum efficiency. It enables each staff and/or volunteer to ensure that the goals and outcomes of service users are met, and prevents wastage of resources. | The appropriate ratio of staff and/or volunteer to service user should be discussed beforehand with the relevant stakeholders, and the agreed-upon ratio should be recorded in the relevant documents. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme does <u>not</u> consider if there are adequate staff and/or volunteer levels and ratios to meet the demand for services. |
| | | | | | 1 | My programme discusses staff and/or volunteer level and ratio with relevant stakeholders prior to start of the programme, but this may not always be put in place to ensure there are adequate staff/volunteer levels and ratio. |
| | | | | | 2 | My programme discusses staff and/or volunteer level and ratio with relevant stakeholders prior to start of the programme, and this is put into practice during implementation of the programme. |
| | | | | | 3 | My programme discusses staff and/or volunteer level and ratio with relevant stakeholders prior to start of the programme, and this is put into practice during implementation of the programme. My programme exercises discretion to adjust the staff/volunteer level and ratio to suit the varying needs of different activities. |
| 30 | | There is documented training/supervision at regular intervals to impart knowledge/skills and maintain/upgrade their competencies. | Training/supervision ensures that staff and/or volunteer is equipped to implement and/or support the programme as well as be familiarised with their responsibilities. Regular training helps to provide better service to service users. | Training can take place in a number of areas that are relevant to service delivery, including but not limited to: Confidentiality requirements, Person-centred practice, Unique needs of persons served. Reference can be taken from the Skills Framework by SkillsFuture. | N/A | This service standard is not applicable for my programme. |
| | | | | | 0 | My programme staff/volunteers do <u>not</u> attend training/supervision at regular intervals to maintain or upgrade their competencies. |
| | | | | | 1 | My programme does <u>not</u> have a structure for staff/volunteer training/supervision, and/or programme staff/volunteer attend training/supervision at irregular intervals. |
| | | | | | 2 | My programme has a structure for staff/volunteer training/supervision, and programme staff/volunteer attend training/supervision at regular intervals to maintain and upgrade their competencies, with documentation of the training/supervision attended. |

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| | | | | 3 | My programme has a structure for staff/volunteer training/supervision, and programme staff/volunteers attend training/supervision at regular intervals to maintain and upgrade their competencies, with documentation of the training/supervision attended. Staff/volunteers are involved in the process for identification and selection of training for upgrading of competencies. |
| 31 | There are processes put in place for the protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment. | Having staff and/or volunteers made aware of the channels to raise concerns or issues arising from the programme can ensure that timely psychological first aid is rendered. | This can be extracted from HR policy handbook or manual. | N/A | This service standard is not applicable for my programme. |
| | | | | 0 | My programme does <u>not</u> have processes on protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment. |
| | | | | 1 | My programme has processes in place for the protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment, but the processes lack clarity in outlining the action steps required for further escalation. |
| | | | | 2 | My programme has processes in place for the protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment, and programme staff/volunteers are able to articulate the processes. |
| | | | | 3 | My programme has processes in place for the protection of staff and/or volunteers subjected to adverse incidences or potential mistreatment, and programme staff/volunteers are able to articulate the processes. My programme ensures that the necessary follow-up is done with the staff/volunteers when such situations occur, and learnings on safety considerations are documented and briefed to other staff/volunteers. |