

# Contents

## Handbook

<b>1. Revising the Quality Framework</b>	<b>1–4</b>
1.1 Revision of the Victorian Standards for Disability Services (2005)	1
1.2 Independent Quality Monitoring – Personal Outcomes Measures Pilot (2005)	1
1.3 Evaluation of the Program of Strategic Review of Disability Supports (2005)	1
1.4 Quality framework demonstration projects (2006–07)	2
1.5 Requirements for disability service providers from July 2007	2
<b>2. Principles underpinning quality</b>	<b>1–6</b>
2.1 Quality overview	1
2.1.1 Building a quality culture	1
2.1.2 Building high quality services	1
2.2 Quality Framework for Disability Services in Victoria (2007)	2
2.2.1 Aim	2
2.2.2 Principles that underpin the quality framework	2
2.3 Quality management	4
2.3.1 Quality assurance	4
2.3.2 Quality improvement	4
2.3.3 Quality systems	4
<b>3. Elements of the Quality Framework for Disability Services in Victoria (2007)</b>	<b>1–7</b>
3.1 Standards for Disability Services in Victoria	1
3.1.1 Industry Standards	1
3.1.2 Outcome Standards	2
3.2 Defining the quality of support provision	3
3.2.1 A focus on outcomes	3
3.2.2 Areas of life that are important to people with a disability	4
3.2.3 A focus on practice	5
3.2.4 Areas of practice important to organisations	5
3.2.5 The relationship between practice and outcomes	6
3.3 Independent quality monitoring	7
<b>4. Evidence indicators</b>	<b>1–28</b>
4.1 Indicators of service quality	1
4.2 Essential evidence indicators of the Industry Standards	1
4.3 Evidence indicators of the Outcome Standards	20

<b>5. Applying the standards</b>	<b>1-9</b>
5.1 Organisational self-assessment	1
5.1.1 Collecting evidence	1
5.1.2 Using the evidence indicators in organisational self-assessment	2
5.2 Consumer assessment	4
5.3 Quality plans	5
5.3.1 The relationship of the quality plan to self-assessment	5
5.3.2 Completing and implementing the quality plan	7
5.4 Measuring outcomes	8
5.4.1 An overview of outcomes measurement	8
5.4.2 Using the life areas to develop outcomes measurement tools	8
5.4.3 Relationship between the Outcome Standards evidence indicators, the life areas and the Outcome Standards	9

# 1. Revising the Quality Framework

A quality framework was first introduced in 1997 to support the implementation of the then Victorian Standards for Disability Services. This framework established and embedded a systemic commitment to quality within the Victorian disability service environment.

With substantial reform to both policy and legislation for people with a disability, the process to revise the quality framework to enable it to better support the principles of the Victorian State Disability Plan (2002–2012) (State Plan) and the *Disability Act 2006* (Vic) commenced in 2003.

Over the past three years, the following key consultation, evaluation and validation projects have informed the revision of the quality framework.

## 1.1 Revision of the Victorian Standards for Disability Services (2005)

In the 2003–05 financial years, Disability Services Division, Department of Human Services managed the Revision of the Victorian Standards for Disability Services. This project consisted of extensive research and consultation around the Victorian Standards for Disability Services. The process highlighted the need for clear benchmarks and a standardised approach to quality management to assist disability service providers to consistently measure and improve outcomes for people with a disability using services.

## 1.2 Independent Quality Monitoring – Personal Outcomes Measures Pilot (2005)

Using The Council on Quality and Leadership’s (USA) Personal Outcome Measures (POMs) tool, measurement of personal outcomes in the verification of service quality was demonstrated to be valid and appropriate in the Victorian context. The council assessed the service quality of four community service organisations and department-managed disability accommodation services in the pilot, and results were confirmed through an independent evaluation.

The evaluation findings indicate that, in line with the Department of Human Services Disability Services Division’s goals for more person-directed and relationship-based practice, measurement of personal outcomes – coupled with an independent monitoring mechanism – is an effective way to verify the quality of disability support provision and reorient the disability support sector.

## 1.3 Evaluation of the Program of Strategic Review of Disability Supports (2005)

This project aimed to confirm that organisations are delivering quality supports to people with a disability in a sustainable manner. At a broader level, the reviews also aimed to assess and develop the capacity of the sector to embrace the goals of the State Plan. To 2006, sixty-three department managed and funded non-government disability service providers had participated in individual reviews of their operation.

The evaluation of the program highlighted that for disability service providers to effectively foster quality and continuous improvement, organisational systems need to reflect good governance, strategic planning and sound financial planning.

## 1.4 Quality framework demonstration projects (2006–07)

Throughout 2006–07, seventeen organisations from the Eastern Metropolitan and Gippsland regions, representing a range of program areas and funded activities, participated in demonstration projects to validate an outcomes approach to measuring and improving the quality of disability service provision in Victoria.

The demonstration projects aimed to determine the:

- indicators of practice that may be used to assess whether the support is in place to assist people with a disability to achieve quality outcomes
- awareness, motivation, knowledge and ability that staff require to effectively implement the quality framework
- tools, resources and processes of practical use in a variety of organisational settings to measure outcomes and to improve the quality of services.

The demonstration projects represent the beginning of a different way of thinking about the quality of our services – using what is important to people with a disability to reorient our culture, practice and systems.

*Better services, better outcomes, stronger communities: the Quality Framework for Disability Services in Victoria* was released in March 2007.

This policy direction was informed by the direct participation of:

- people with a disability
- their parents and family members
- disability service providers
- department regional staff
- community groups
- local government
- state and Commonwealth government departments
- members of the broader community.

[For more information about the demonstration projects see Appendix A.](#)

## 1.5 Requirements for disability service providers from July 2007

The *Disability Act 2006* (Vic) (the Act) commenced on 1 July 2007. The Act requires all department-managed and community service organisations that, under the Act, deliver services to people with a disability, to meet standards determined by the Minister.

As part of the Quality Framework for Disability Services in Victoria (2007), the Standards now include both Industry Standards and Outcome Standards.

## Industry Standards

The Industry Standards were introduced across the disability support sector in 1997. We have used these standards to assess the operational aspects of our services and, over the past decade, the quality of our services to people with a disability has improved markedly.

From July 2007, service providers must continue to meet the Industry Standards, undertake an organisational self-assessment (incorporating a consumer assessment) and plan for improvement activities.

## Outcome Standards

Service providers will be supported to progressively implement the Outcome Standards through a learning and development strategy commencing in September 2007. These standards will be used to guide approaches to recognise, understand and respond to the things that are important to each person who uses our services. The Outcome Standards form the basis for outcomes measurements.

## Independent monitoring

As part of a staged approach to implementation, independent quality monitoring for compliance against the standards will be introduced from 2009. Both department-managed and community service organisations will be subject to independent monitoring.

## Learning and development

Learning and development activities will be conducted to assist organisations in their understanding of the quality framework, commencing September 2007. These will focus on building skills and competency to implement quality management practice, particularly as to how service providers can incorporate, and self-assess against, the Outcome Standards from 2008–09.

During 2007–08, work will be undertaken to streamline reporting arrangements for the Industry Standards and Outcome Standards.

**Industry Standards have been integral to the quality framework since the Victorian Standards for Disability Services were introduced to assist service providers develop quality systems and processes in 1997.**

**The Quality Framework for Disability Services in Victoria (2007) introduces Outcome Standards, which describe what is important to people with a disability as citizens of Victoria.**

**Together, the Outcome Standards and the Industry Standards enable us to objectively determine what constitutes high quality and accountable services for people with a disability in Victoria.**

Requirements for disability service providers		
Process	DSAS (1997)	Quality Framework (2007)
Industry Standards	✓	✓
Outcome Standards	✗	✓
Measuring systems	✓	✓
Measuring outcomes	✗	Progressively from 2007
Promote support user and family in quality processes	✓	✓
Develop and implement quality plans	✓	✓
Independent monitoring	✗	From 2009

## 2. Principles underpinning quality

### 2.1 Quality overview

#### 2.1.1 Building a quality culture

Every organisation has its own culture – the collective things that people value, the way people relate to one another, the way ideas are shared and the everyday manner in which people work together to get things done.

It is important to promote an organisational culture where quality is upheld and modelled as a shared value. Quality should be seen as a right of support users, including people with a disability and their family members, and a collective responsibility of service providers, including direct support staff, senior management and boards of management.

This ‘quality culture’ is central to the delivery of high quality services. Our values, beliefs, expectations and commitment towards quality, together with the systems and processes that assure and enhance quality, drive outcomes for people with a disability.

A quality culture is one where we reflect upon practice using these values, beliefs and expectations to learn from our experiences, and to identify needs and opportunities for improvement in a systematic and planned way.

**‘It is important to have enough insight to understand what you have learned and what you still need to work on.’**

Reflections of a revised quality framework demonstration project participant, 2007

#### 2.1.2 Building high quality services

Improving human service safety and quality<sup>2</sup> is a key objective of the Department of Human Services (the department). It is one of a number of objectives that underpin the department’s mission of enhancing and protecting the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need.<sup>3</sup>

For some services and products, defining quality can be relatively straightforward – for example, they must be reliable, useable, repairable, courteous, efficient and effective. Some of these characteristics are what people with a disability should expect from our services.

However, fully defining the quality of services for people with a disability can be more complex, particularly when we consider the intangible outcomes that our services may produce. These outcomes may not always be immediate, or in some regards may be subjective.

If we apply the simple principle that the most important qualities for a product or service are the ones that customers want, then providing high quality services is about meeting the needs, requirements and expectations of people with a disability, their family members and carers.

<sup>2</sup> Department of Human Services (DHS), *Departmental Plan 2006–07*, DHS, Melbourne, 2006

<sup>3</sup> Department of Human Services, *Departmental Plan 2006–07*

## 2.2 Quality Framework for Disability Services in Victoria (2007)

### 2.2.1 Aim

The Quality Framework for Disability Services in Victoria (2007) (quality framework) promotes a system of sustainable relationships and supports, which has at its centre the interests and goals of each individual with a disability.

The quality framework is multidimensional and describes the relationship between:

- human rights
- organisational practice
- quality assurance
- quality improvement
- outcomes for people with a disability.

The quality framework brings together the elements that assist us to determine how well each person who receives a service is supported to experience the same outcomes that are valued by the broader Victorian community.

It strives to have a positive impact on the daily lives of people with a disability, their family members and carers, through the introduction of an outcomes-focused approach to measuring, monitoring and continuously improving our services.

### 2.2.2 Principles that underpin the quality framework

The quality framework is underpinned by two sets of principles. These principles relate to:

- human rights
- quality management.

#### 2.2.2.1 Principles that relate to human rights

Human rights are the basic rights that belong to all of us just because we are human beings. They are recognised around the world as the basic standards required for governments, societies and communities to operate in a respectful and peaceful manner.

Human rights are the foundation for freedom, justice, peace and respect, and are an essential part of any democratic and inclusive society that respects the rules of law, human dignity and equality.

Everyone has the same human rights: men, women, children, rich and poor, and all nationalities and faiths. Human rights are about recognising and respecting the dignity of other people.

Our human rights' entitlements include:

- civil and political rights
- economic and social rights
- environmental and cultural rights.

The quality framework assists us to work in a way that recognises, promotes and upholds the rights of each person who receives services.

It enables us to work with each person to identify how to:

- support each person to exercise their rights and responsibilities
- support each person to participate in, and make a contribution to, the social, economic, cultural, political and spiritual life of the community
- ensure that each person is free from physical and emotional harm and free from abuse, neglect and avoidable injury
- respect and value the knowledge, abilities and experiences of each person, and support each person to realise their potential
- support each person to make decisions and choices and to maximise control over their life
- provide information to, and communicate with, each person in a way that suits their needs
- recognise that each person may need different sorts of support
- ensure that each person has support and assistance, if they need it, to make decisions.

### 2.2.2.2 Principles that relate to quality management

Many different formalised quality management systems and approaches are used to improve quality across a range of industries. Each approach is underpinned by principles that act as a guide for efficiency, effectiveness and improved performance.

The quality framework is underpinned by a set of principles derived from robust and internationally recognised quality management principles. These principles have been tailored to assist us with the management of disability services and supports. The principles provide the means to ensure there is a consistent approach to quality management practice across disability service provision in Victoria.

<p><b>Focus on people with a disability who use services and supports</b></p> <p>Recognise, understand and promote what is important to people with a disability who use services to develop and deliver flexible and individualised support options.</p>	<p><b>Provide leadership</b></p> <p>Promote excellence and establish a unity of purpose with a clear vision for the future to create a culture of shared values and goals.</p>
<p><b>Involve support users and staff</b></p> <p>Encourage and support the active participation of support users and staff to use a wide range of creativity, abilities, expertise and knowledge to improve services.</p>	<p><b>Use a process approach</b></p> <p>Plan, manage and review programs, activities and resources as a process.</p>
<p><b>Take a systems approach</b></p> <p>Adopt a holistic and integrated approach to monitor and review all aspects of the organisation as a related system.</p>	<p><b>Encourage continuous improvement</b></p> <p>Promote a culture of learning, reflective practice and innovation to improve service responsiveness and flexibility.</p>
<p><b>Make decisions based on facts, feedback and evidence</b></p> <p>Collect, analyse and use accurate data and information to make effective strategic and operational decisions.</p>	<p><b>Work with other agencies and the community</b></p> <p>Establish collaborative relationships and partnerships to make a positive social contribution and enhance the capacity of the community to support better outcomes for people with a disability.</p>

## 2.3 Quality management

Quality management is a methodology for ensuring that all of the elements and activities that are necessary to implement policy relating to the quality of a service or product are in place. These activities include processes aimed at quality assurance and quality improvement, and the quality system that holds all of the processes in place.

### 2.3.1 Quality assurance

Quality assurance provides us with confidence that a particular standard of quality for a service or product has been met and maintained. Quality assurance incorporates:

- standards against which internal or external assessment is undertaken
- processes to control components of the quality system.

Quality assurance assists us with establishing structural supports - documented plans, policies and operating procedures that are central to good organisational management practice. These structures provide guidance for our practice and enable us to ensure that our practice is consistently of a high quality.

All service providers providing supports to people with a disability, whether large or small, should demonstrate assurances of health, safety, continuity and security. Quality assurances are not a statement of intent – they are demonstrations and evidence of successful operations.

### 2.3.2 Quality improvement

The quality of our services is never a completed matter. Improvement is always possible in all aspects of how we work to support people with a disability and their family members and carers.

Quality improvement involves:

- progressively increasing the value of a service or product to customers through changes designed to better address their needs and preferences
- enhancing performance against standards or benchmarks
- a commitment to identifying needs and opportunities for improvement in a systematic and planned way.

### 2.3.3 Quality systems

Quality management practice should be deployed through a quality system. This way we ensure that we adopt a cyclical, consistent and coordinated approach to measuring, monitoring and improving our services.

A robust quality system aims to establish a consistent level of quality against agreed standards and achieve a culture of quality and continuous improvement.

A quality system assists us to:

- consistently implement the standards across the disability sector
- continuously improve and achieve a culture of quality in our services
- focus the delivery of our services on outcomes for people with a disability
- strengthen safeguards for people with a disability.

Services that have integrated a quality system into how they work can achieve better outcomes for support users, staff, the organisation and, ultimately, the broader community.

Some of the benefits include:<sup>4</sup>

<p><b>People with a disability and their family members</b></p> <ul style="list-style-type: none"> <li>• more likely to get the service they need and want, and achieve better outcomes</li> <li>• greater confidence that the service is well run</li> <li>• opportunities to have a say and be involved in decision making about the service</li> <li>• greater confidence in the continuity and improvement of supports over time.</li> </ul>	<p><b>Direct support staff</b></p> <ul style="list-style-type: none"> <li>• greater job satisfaction</li> <li>• greater sense of involvement and empowerment in their work</li> <li>• validation of their role through seeing the evidence of how their practice makes a difference in the lives of people with a disability</li> <li>• greater efficiency and effectiveness</li> <li>• opportunities to learn new skills and a more interesting learning environment</li> </ul>
<p><b>Governors</b></p> <ul style="list-style-type: none"> <li>• greater confidence that the service is achieving its mission and purpose</li> <li>• development of an organisational, learning and quality culture</li> <li>• opportunities to promote the values of the organisation and demonstrate these to the community.</li> </ul>	<p><b>Managers</b></p> <ul style="list-style-type: none"> <li>• develop a culture of continuous improvement</li> <li>• more efficient and effective work processes</li> <li>• more time and resources spent on planning rather than reacting to problems and crisis</li> <li>• opportunities to enact proactive risk management</li> <li>• opportunities to argue business cases for funding and resources based on evidence of outcomes</li> <li>• opportunities to promote the values of the organisation and demonstrate these to the community.</li> </ul>

Many disability service providers have developed activities and processes that form a system for collecting, analysing and responding to information about how well they are delivering their service.

Some disability service providers have sought quality certification through a formal quality system that has a component of external or independent verification of the quality of the organisation's structures and processes.

Quality systems used across the Victorian disability support sector include:

- Australian Business Excellence Framework
- Australian Government Aged Care Accreditation Standards
- Australian Government Disability Employment Services Quality Assurance System (DESQA)
- EQulP accreditation standards from the Australian Council on Healthcare Standards (ACHS)
- Home and Community Care Program (HACC) National Standards Instrument
- ISO 9001:2000
- The Council on Quality and Leadership Accreditation
- Quality Improvement and Community Services Accreditation (QICSA)

<sup>4</sup> The information in this table is adapted from *Quality Systems A Resource Package for Disability Services*, Disability Services Commission, Western Australia

Whichever quality system you select, ensure that you can confirm its capacity to do the following:

Does our quality system enable us to:
<ul style="list-style-type: none"> <li>• measure compliance with each of the essential evidence indicators of the standards?</li> </ul>
<ul style="list-style-type: none"> <li>• determine what support users are gaining from the services and supports provided?</li> </ul>
<ul style="list-style-type: none"> <li>• confirm that policies and procedures are followed?</li> </ul>
<ul style="list-style-type: none"> <li>• determine whether the effectiveness of past improvements has been evaluated?</li> </ul>
<ul style="list-style-type: none"> <li>• determine whether newly identified improvements are planned and can be managed and implemented?</li> </ul>
<ul style="list-style-type: none"> <li>• reflect on the way the service works and what results are being achieved?</li> </ul>
<ul style="list-style-type: none"> <li>• identify the things the service is doing well?</li> </ul>
<ul style="list-style-type: none"> <li>• identify areas where the service can improve?</li> </ul>
<ul style="list-style-type: none"> <li>• identify areas that are not performing well enough from a support user perspective?</li> </ul>
<ul style="list-style-type: none"> <li>• identify areas that are not performing well enough from a staff perspective?</li> </ul>
<ul style="list-style-type: none"> <li>• identify the activities to be incorporated into an improvement plan?</li> </ul>
What can your organisation do to be more systematic?
<ul style="list-style-type: none"> <li>• Structure a system to achieve the organisation's objectives in the most effective and efficient way.</li> </ul>
<ul style="list-style-type: none"> <li>• Understand the interdependencies between the processes of the system.</li> </ul>
<ul style="list-style-type: none"> <li>• Target and define how specific activities within a system should operate.</li> </ul>
<ul style="list-style-type: none"> <li>• Provide a better understanding of the roles and responsibilities necessary for achieving common objectives and thereby reducing cross-functional barriers.</li> </ul>
<ul style="list-style-type: none"> <li>• Systematically define the activities necessary to obtain a desired result.</li> </ul>
<ul style="list-style-type: none"> <li>• Establish clear responsibility and accountability for managing key activities.</li> </ul>
<ul style="list-style-type: none"> <li>• Identify the interfaces of key activities within and between the functions of the organisation.</li> </ul>
<ul style="list-style-type: none"> <li>• Focus on the factors, such as resources, methods and materials that will improve key activities.</li> </ul>
<ul style="list-style-type: none"> <li>• Whichever quality system you select will undergo independent quality monitoring commencing from July 2009.</li> </ul>
<ul style="list-style-type: none"> <li>• Understand organisational capabilities and establish resource constraints prior to action.</li> </ul>
<ul style="list-style-type: none"> <li>• Evaluate risks, consequences and impacts of activities on consumers, stakeholders and funding bodies.</li> </ul>
<ul style="list-style-type: none"> <li>• Continuously improve the system through measurement and evaluation.</li> </ul>

## 3. Elements of the Quality Framework for Disability Services in Victoria (2007)

### 3.1 Standards for Disability Services in Victoria

People who use disability services have the right to receive high quality services that meet their needs and expectations. The Standards for Disability Services in Victoria set out the expectations of better practice for the delivery of services and supports to people with a disability. The standards attempt to cover all the elements that constitute high quality service for people who use services under the *Disability Act 2006* (Vic).

- The **Industry Standards** were introduced across the disability support sector in 1997. We use these standards to assess the operational aspects of our services and are seeking to continue to use the Industry Standards to assure the quality of our services and as a basis for organisational self-assessment and planning for improvement activities.
- The **Outcome Standards for disability services** (Outcome Standards) will be progressively implemented, as part of the Quality Framework for Disability Services in Victoria (2007), from July 2007. These standards will be used to guide approaches to recognise, understand and respond to the things that are important to each person who uses our services. These standards form the basis for outcomes measurement.

Together, the Outcome Standards and the Industry Standards provide a focus on both outcomes for people with a disability and the quality of services and form the **Standards for Disability Services in Victoria 2007**.

The Standards for Disability Services in Victoria are used to measure, monitor and improve our services. They define the line between acceptable and unacceptable practice. The standards apply to department-managed services and community service organisations that, under the *Disability Act 2006* (Vic), deliver services to people with a disability.

**Standards are simply about doing things in a consistent way. Standards form part of our everyday lives, and assist to establish a common language that defines quality and establishes criteria for safety, rights, reliability, efficiency and support user outcomes.**

**Standards form the basis for quality assurance and improvement processes in many different industries. They act as a benchmark against which the quality of a product or service may be compared and declared acceptable or unacceptable. Standards and standards monitoring are quality assurance components of any comprehensive quality framework.**

#### 3.1.1 Industry Standards

The Industry Standards for Disability Services describe the systems and processes that must be in place to support people with a disability to achieve outcomes and safeguard the rights of people with a disability, their family members and carers.

The Industry Standards are:

**Service access:** Fair and equitable practices that are consistent with funding obligations, applicable legislation and purpose of the service are applied when managing and allocating resources.

**Individual needs:** Planning and support is tailored, flexible, responsive and appropriate to the individual.

**Decision making and choice:** Support options are planned, developed, implemented and reviewed in a manner that is responsive to the decisions, choices and aspirations of individuals.

**Privacy, dignity and confidentiality:** Privacy, dignity and confidentiality are respected and maintained.

**Participation and integration:** Support options are planned, developed, implemented and reviewed in a manner that builds opportunities for individuals to participate in the life of the community.

**Valued status:** Support options are planned, developed, implemented and reviewed in a manner that recognises the skills, abilities and potential of individuals and enables the achievement of valued roles in the community.

**Complaints and disputes:** Complaints and disputes are addressed promptly, fairly and respectfully without compromising services to the individual.

**Service management:** Management and governance practice is sound, accountable and consistent with current disability policy and practice.

**Freedom from abuse and neglect:** Supports are provided in safe and healthy environments that support individuals to exercise their legal and human rights.

### 3.1.2 Outcome Standards

The Outcome Standards for Disability Services describe what is important for people with a disability as citizens of Victoria. These standards prompt us to consider the influence and impact our service has upon political, cultural, health and wellbeing, economic and social outcomes for people with a disability.

The Outcome Standards are:

**Individuality:** Each individual has goals, wants, aspirations and support needs and makes decisions and choices about their life.

**Capacity:** Each individual has the ability and potential to achieve a valued role in the community.

**Participation:** Each individual is able to access and participate in their community.

**Citizenship:** Each individual has rights and responsibilities as a member of the community.

**Leadership:** Each individual informs the way that supports are provided.

**‘A reminder of why I chose this career, not who we work for but to respect all – with and without a disability.’**

Reflections of a revised quality framework demonstration project participant, 2007

## 3.2 Defining the quality of support provision

### 3.2.1 A focus on outcomes

The services and supports that we provide aim to improve the lives and opportunities of people with a disability. This improvement or change is an ‘outcome’ for people with a disability.

Although outcomes may be subjective, there is now a range of ways for service providers to measure or demonstrate that they are experienced. Each person, depending on their particular circumstances, aspirations and needs, will determine what constitutes a good outcome. A participatory approach to negotiating outcomes with each person helps us to demonstrate the impact that our service has upon the life of each person.

Examples of outcomes include improved:

- emotional wellbeing
- economic circumstances
- health conditions
- knowledge and skills
- social status
- customer satisfaction.

The quality framework has been developed using feedback from people with a disability, their family members and carers and service providers<sup>5</sup> who stated that good outcomes for people with a disability are achieved when:

- individuals, their family members and carers make choices about what they want and need
- individuals, their family members and carers have access to accurate and relevant information
- individuals, their family members and carers are supported to plan around realistic goals and expectations
- individuals, their family members, carers and support workers respect each other and work together to solve problems
- individuals, their family members, carers and support workers comment and receive feedback on how services are being improved
- services understand what is important to individuals, their family members and carers
- supports are provided in a reliable and consistent manner
- support workers have the skills, resources and willingness to support individuals and their family members to achieve what they want.

<sup>5</sup> Quality Framework Demonstration Project ‘Quality in Practice’ focus groups, Melbourne, April – June 2006

### 3.2.2 Areas of life that are important to people with a disability

The quality framework identifies 16 life areas. These **life areas** are important to most people and are directly associated with the way wellbeing is measured for all Victorians. Each life area is defined by an outcome. Defining these outcomes enables a consistent understanding that the services we provide can support people with a disability to experience the same outcomes that are valued by the broader Victorian community.

We will use the life areas to develop tools to measure what really counts – whether the services and supports we provide make a difference in the lives of people with a disability.

Life areas	Outcome
1. Always learning	People with a disability experience lifelong learning and education.
2. Being part of a community	People with a disability participate in the life of the community.
3. Being independent	People with a disability experience individual choice and control over their life.
4. Being safe	People with a disability experience physical and emotional safety and are free from abuse, neglect and avoidable injury.
5. Building relationships	People with a disability experience healthy, constructive and respectful relationships.
6. Choosing supports	People with a disability choose their own supports and contribute to determining the manner in which supports are provided.
7. Communicating	People with a disability seek, receive and impart information, ideas, opinions and feelings through their preferred communication style.
8. Doing valued work	People with a disability experience meaningful and rewarding employment with just and reasonable conditions.
9. Exercising rights and responsibilities	People with a disability exercise human rights.
10. Expressing culture	People with a disability experience a sense of cultural identity and belonging.
11. Having fun	People with a disability experience a sense of social wellbeing through enjoyment of life and time for leisure and recreation.
12. How to live	People with a disability experience an adequate standard of living through exercising control over their living circumstances.
13. Looking after self	People with a disability experience the best possible physical, mental, emotional and social health.
14. Moving around	People with a disability move freely in their environments and in the community.
15. Paying for things	People with a disability experience an adequate standard of living through exercising control over finances.
16. Where to live	People with a disability experience an adequate standard of living through access to adequate and appropriately located housing.

### 3.2.3 A focus on practice

Disability support practice is made up of different tasks and activities. Many of these tasks and activities depend on our role within the organisation.

Whether we directly support people with a disability in their daily lives or manage the strategic planning of an organisation, our practice contributes to the outcomes that people with a disability experience. The quality framework recognises that, in the provision of high quality services, all roles and functions are interrelated.

Our practice includes how we:

- support people with a disability to participate in the community
- work with families
- manage strategic decision making and planning
- train staff
- manage referrals
- develop policy
- manage consumer feedback
- plan with people with a disability
- provide information
- manage resources.

### 3.2.4 Areas of practice important to organisations

The quality framework defines six organisational practice areas. These practice areas cover the things that organisations have defined as important to the day-to-day operations of a disability service provider. The practice areas are:

Organisational practice areas
1. Organisational culture and governance
2. Policies and practice
3. Support options
4. Working with the individual
5. Working with personal networks
6. Working collaboratively

The organisational practice areas can be used to develop tools to measure the quality of the systems, processes and practices that our services have in place to support people with a disability to experience outcomes.

See **section 5.1.2** of the handbook for a sample matrix and the **organisational self-assessment guide** provided in the toolkit.

### 3.2.5 The relationship between practice and outcomes

People with a disability are at the centre of how we define the quality of our service. The way we develop, deliver and improve our service and supports should start with each person, revolve around the person, and conclude with the person.

The quality framework assists us to understand how the way we manage the day-to-day operations of our service directly impacts on what people with a disability experience and feel. That is, outcomes for people with a disability are directly related to our practice.

For much of the last century in Australia, thousands of people with a disability were living in institutions. Institutions included mental hospitals, nursing homes or hostels for different disability groups, such as people who were blind or people who had cerebral palsy. These people were largely separated from the community and often remained in these institutions for their entire lives.<sup>6</sup>

As a result of these practices, the outcomes that people with a disability experienced during this time are different to the outcomes we would expect people with a disability who use our services to experience today.

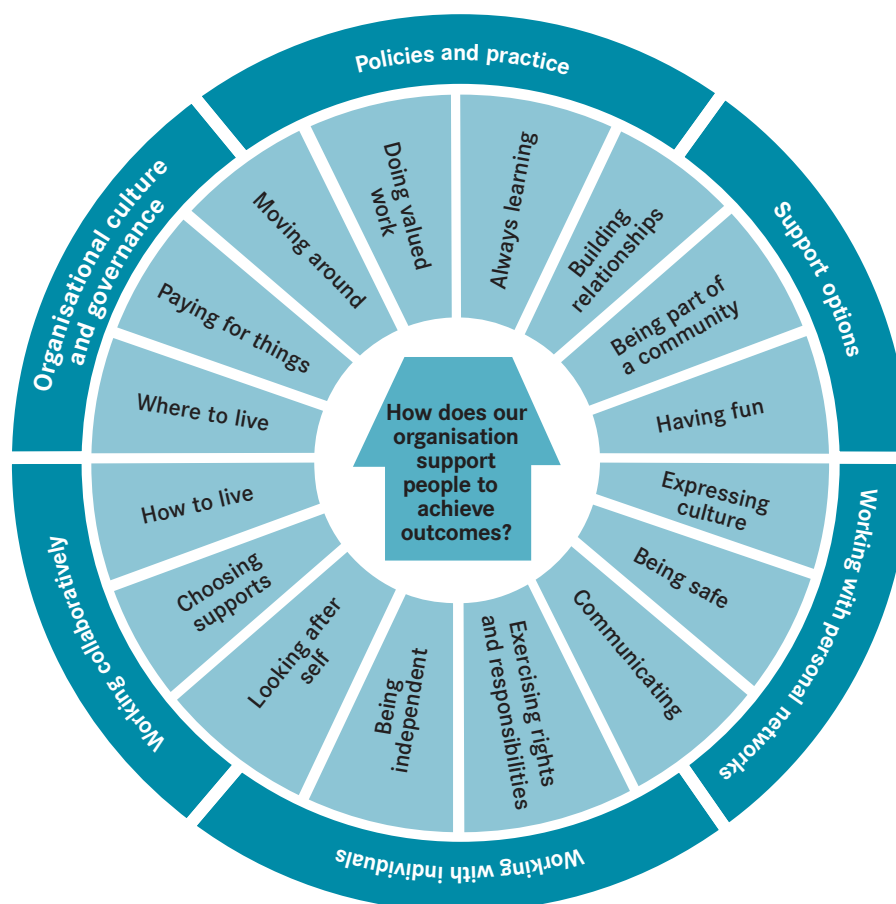
The quality framework presents an opportunity to examine in greater detail the impact that our practice has on outcomes for people with a disability. In doing so, we begin to see our services from a different perspective – that of each person who uses the service. As we acquire new understanding and knowledge about what is important to each person, we can move toward ensuring that rather than our practice driving outcomes, the things that are important to people with a disability drive our practice.

To better understand the relationship between our practice and outcomes for people with a disability, the quality framework defines two interrelated areas across which we can collect, compare and analyse information to improve the quality of our services:

- areas of life that are important to people with a disability
- areas of practice important to organisations.

<sup>6</sup> Disability Services Australia Ltd, *Life to Live, The history of people with disabilities in Australia – 100 years*, A resource guide prepared by Disability Services Australia Ltd, [www.dsa.org.au/life\\_site/text/index.html](http://www.dsa.org.au/life_site/text/index.html)

Figure 1: Structures and processes that lead to good practices, better services and desired outcomes for individual support users



### 3.3 Independent quality monitoring

Central to all robust quality frameworks is a mechanism to independently monitor and verify the quality of the product or service.

Independent quality monitoring is a process independent of the organisation that will require service providers to demonstrate how their systems and processes meet each of the standards.

As part of a staged approach to the implementation of the quality framework, independent quality monitoring will commence from July 2009.

An independent mechanism for monitoring the quality of support to people with a disability will:

- focus on outcomes
- involve support users, their families and carers in the process
- be cyclical
- be consistent with or complement existing quality systems
- be applied consistently to department-managed and community service organisations
- be applied across Disability Services Division funding models and activity types
- be aligned with divisional, departmental and government policy objectives
- promote continuous quality improvement.



## 4. Evidence indicators

### 4.1 Indicators of service quality

An indicator describes a measurable element of practice that may be used to assess whether the practice meets a particular standard.

Throughout the revision of the standards project, service providers highlighted the need for indicators of service quality that clearly describe expectations of practice, and that could be used to objectively determine compliance with the standards. These indicators are relevant to all Victorians.

Through a robust organisational self-assessment process, service providers must use each indicator to determine whether their practice meets the requirements of the indicator and what improvements need to be made. In assessing against each indicator, service providers should seek and record evidence across all aspects of the service outlet's practice, including:

- documentation
- systems and processes
- management
- staff knowledge
- consumer feedback
- observable practice.

Given that ideas are always changing and that services can always improve, every service should be able to identify areas where improvements can be made. Even if an organisation meets all the basic requirements of the standards, a commitment to service excellence and continuous improvement will motivate the organisation to identify service improvement activities that further improve outcomes for people with a disability and their family members and carers.

Services should also consider developing or using some agency-specific indicators of service quality.

### 4.2 Essential evidence indicators of the Industry Standards

Industry Standards were first introduced in 1997. Service providers have been using these standards to implement organisational systems and processes and safeguard the rights of people with a disability, their family members and carers.

The **essential evidence indicators of the Industry Standards** build on the indicators first published through Disability and Self-Assessment System (DSAS). The essential evidence indicators ensure that the expectations for compliance with each standard are clear and provide a level of consistency with other quality frameworks.

Over time, new indicators (developmental indicators) will be progressively introduced into the quality framework to reflect innovative approaches to service delivery and drive continuous improvement across the disability sector.

The table on the following page lists each of the Industry Standards and the corresponding essential evidence indicators.

## Essential evidence indicators of the Industry Standards

### Industry Standard 1: Service access

**Fair and equitable practices that are consistent with funding obligations, applicable legislation and purpose of the service are applied when managing and allocating resources.**

Explanation: This standard is about services being there for the people with a disability who need them the most, and about ensuring that access to services and supports is fair and based on the needs of each person.

- 1.1 The service provider adopts and applies non-discriminatory eligibility criteria and entry rules with respect to age, gender, race, culture, religion and disability, consistent with funding obligations, applicable legislation and purpose of the service.
- 1.2 In situations where the service provider is unable to provide a service, the service provider provides each person with a disability with:
  - information in an accessible format that facilitates understanding about alternative services
  - a referral to alternative services that might be accessed.
- 1.3 The service provider provides accurate and accessible information in a format that facilitates understanding to potential and current support users. As a minimum, this information must cover:
  - the service target group and their needs
  - entry and exit rules
  - entry and eligibility criteria for the service
  - criteria to determine the priority for service for each person with a disability
  - conditions that may apply to the services being provided
  - all fees, charges and other costs applicable to the service
  - voluntary and involuntary exit from the service
  - networking with and engaging alternate services
  - referral to other services
  - access to advocacy or other independent supports to assist with access to services.
- 1.4 The service provider must provide each support user with information in an accessible format that facilitates their understanding and must also support them to access a support person of their choice to assist them when entering or exiting a service.

<b>Industry Standard 2: Individual needs</b> <b>Planning and support is tailored, flexible, responsive and appropriate to the individual.</b>	
Explanation: This standard is about the service working with each person to support them to reach their goals and do the things that they want to do, in the way that they want to do them.	
2.1	The service provider demonstrates that services and supports are based on a framework of supporting people with a disability to experience outcomes valued by the broader Victorian community.
2.2	The service provider demonstrates that planning approaches are underpinned by the right of each person with a disability to exercise control over their life.
2.3	The service provider ensures that health and wellbeing (including medical, dental and mental health) needs are met.
2.4	The service provider demonstrates that where a person with a disability requires support to communicate their needs, the service provider engages family members, carers or an independent advocate in the planning process.
2.5	The service provider demonstrates that: <ul style="list-style-type: none"> <li>• where a support user’s disability or behaviour requires some restriction of their rights, this restriction is applied only when necessary and for as little time as possible</li> <li>• strategies are in place to empower and provide appropriate support for each support user who has some restriction placed on their rights so that the need for restriction decreases over time</li> <li>• strategies are in place to regularly monitor and review all interventions that restrict rights.</li> </ul>
2.6	The service provider supports each support user to: <ul style="list-style-type: none"> <li>• identify their own ongoing and changing service needs, goals, priorities, timeframes and long-term outcomes</li> <li>• express their cultural identity and sense of belonging, including personal identity, age, gender, cultural, heritage, religion and sexual orientation</li> <li>• use their preferred communication style to express ideas, opinions and feelings, including preferred languages, alternative information formats and alternative communication methods</li> <li>• identify their health and wellbeing needs</li> <li>• access general community facilities and services</li> <li>• engage the support of people of their choice in the development of their plan.</li> </ul>
2.7	The service provider implements a documented process to support each person with a disability to develop an individualised plan in a way that maximises the support user’s control of the process. As a minimum, the plan must: <ul style="list-style-type: none"> <li>• reflect the needs, goals, supports and actions and long-term outcomes specified by the support user</li> <li>• describe what support will be provided and how the support will be delivered</li> <li>• describe the approach for meeting needs in the least restrictive and least intrusive manner possible</li> <li>• reflect the planning approach specified by the support user</li> </ul>

- be reviewed at least annually, or within timeframes as specified by the support user, or in response to the support user’s changing needs and circumstances
- be reviewed with the active participation of the support user in the development, monitoring and review of their plan
- consider and respect the role and involvement of family and personal networks that are significant to the person with a disability in the planning process
- where relevant, strengthen and build capacity within families to support children with a disability
- provide the support user, or their nominated support person, information in a format that is accessible and facilitates understanding.

2.8 The service provider adopts an outcomes measurement approach to the evaluation of the effectiveness of each support user’s plan.

2.9 The service provider demonstrates that individualised planning and support processes consider and respect the role and involvement of family and personal networks that are significant to the person with a disability in the planning process.

2.10 The service provider demonstrates that, where relevant, individualised planning and support processes strengthen and build capacity within families to support children with a disability.

### Industry Standard 3: Decision making and choice

**Support options are planned, developed, implemented and reviewed in a manner that is responsive to the decisions, choices and aspirations of individuals.**

Explanation: This standard is about staff listening to support users about what they want and need and ensuring that they are supported to make decisions about the services and supports they receive.

- |     |  |
|-----|--|
| 3.1 | The service provider adopts a rights-based approach to supporting people with a disability to make decisions and choices.  |
| 3.2 | <p>The service provider demonstrates that:</p> <ul style="list-style-type: none"> <li>• reasonable care is taken to avoid risks, without unduly limiting the ability of support users to exercise their right to make their own decisions and choices</li> <li>• staff are aware of, and work to minimise, power differences in consumer-staff relationships.</li> </ul>   |
| 3.3 | <p>The service provider supports each support user to:</p> <ul style="list-style-type: none"> <li>• make choices and decisions about their life</li> <li>• identify, choose and exercise as much control as possible over their own daily and lifestyle routines</li> <li>• exercise as much control as possible over their finances</li> <li>• access technology, aids, equipment and services that increase and enhance their independence and decision making ability</li> <li>• choose, own and maintain their own possessions</li> <li>• have their changing needs, aspirations and choices addressed</li> <li>• actively participate in all major decisions affecting the service</li> <li>• involve family members and friends to assist with making decisions and choices</li> <li>• access advocacy or other independent supports to assist with making decisions and choices.</li> </ul> |
| 3.4 | <p>The service provider provides each support user with accessible information, in a format that facilitates understanding, to enhance informed decision making and choice. As a minimum, this information must cover:</p> <ul style="list-style-type: none"> <li>• legal rights, entitlements and obligations under the <i>Disability Act 2006 (Vic)</i></li> <li>• making a complaint to the service provider or to the Disability Services Commissioner</li> <li>• support options offered by the service</li> <li>• conditions that may apply to the services being provided</li> <li>• all fees, charges and other costs applicable to the service</li> <li>• access to advocacy or other independent supports to assist with making decisions and choices</li> <li>• general community facilities, activities and services</li> <li>• health and wellbeing issues.</li> </ul>                |
| 3.5 | The service provider demonstrates that, where relevant, the wishes and choices of family members and personal networks that are significant to the person with a disability are considered in the decision-making process.   |

### Industry Standard 4: Privacy, dignity and confidentiality

#### Privacy, dignity and confidentiality are respected and maintained.

Explanation: This standard is about the service provider keeping information about support users private. It is also about service providers treating support users with respect and promoting their human dignity and self-worth.

- 4.1 The service provider adopts pro-active practices to ensure that the dignity of support users in relation to their individual needs and circumstances is respected.
- 4.2 The service provider demonstrates that information privacy is based on the principles in the *Information Privacy Act 2000* (Vic) and the *Health Records Act 2001* (Vic).
- 4.3 The service provider demonstrates that where a support user cannot give consent to information being shared or decisions in relation to personal privacy and dignity, it considers how it can best protect privacy, dignity and confidentiality.
- 4.4 The service provider demonstrates that personal information is:
- stored and managed in a manner that protects it from misuse and loss, and unauthorised access, modification or disclosure
  - accurate, complete and up-to-date
  - only released where consent has been given
  - de-identified when released for evaluation and research purposes
  - accessible to support users in formats that facilitate their understanding.
- 4.5 The service provider provides each support user with accessible information, in a format that facilitates understanding, about their rights and responsibilities in relation to information privacy. As a minimum, this information must cover:
- the purposes for which personal information is collected
  - to whom (or the types of individuals or organisations to which) the organisation usually discloses information of that kind
  - any law that requires the particular information to be collected
  - the main consequences (if any) for the individual if all or part of the information is not provided
  - how they can access personal information the service provider holds about them
  - informed consent processes.
- 4.6 The service provider demonstrates that:
- privacy of the personal living space and belongings of each support user is respected
  - assistance with physical and personal care support needs for each support user is prompt and provided in a manner that preserves dignity and privacy
  - staff support each support user to keep personal communication and activities private
  - staff respect and support each support user to have private time and/or space as they wish
  - each person with a disability is supported to choose who assists them with physical and personal care support needs
  - staff are respectful and courteous to each support user in all interactions.

4.7	The service provider provides each support user with accessible information, in a format that facilitates their understanding, about their rights and responsibilities in relation to personal privacy. As a minimum, this information must cover the right to: <ul style="list-style-type: none"><li>• privacy of personal living space and belongings</li><li>• private time and/or space as they wish</li><li>• be treated with dignity and respect</li><li>• choose who assists them with physical and personal care support needs.</li></ul>
4.8	Each support user has their own space when they choose.
4.9	Each support user is treated with respect.
4.10	Each support user is supported to exercise their rights and responsibilities in relation to privacy and confidentiality of personal information.

### Industry Standard 5: Participation and integration

**Support options are planned, developed, implemented and reviewed in a manner that builds opportunities for individuals to participate in the life of the community.**

Explanation: This standard is about the service provider assisting people with a disability to participate in their community and do the same sorts of things as other people.

5.1 The service provider adopts a community inclusion and participation approach to the way it develops service and support options.

5.2 Service outlets are located in areas that enable access by support users to community services and activities.

5.3 The service provider supports each support user to:

- use facilities, resources and services in the community that reflect their interests and preferences
- participate in a range of recreation, leisure and sporting activities in the community that reflect their interests and preferences
- participate in a range of cultural events in the community that reflect their interests and preferences
- access community and health services in the community
- identify and overcome barriers that may prevent or restrict their participation in activities in the community
- establish, preserve and enhance links with their families, friends and/or other support networks where they choose to do so.

### Industry Standard 6: Valued status

**Support options are planned, developed, implemented and reviewed in a manner that recognises the skills, abilities and potential of individuals and enables the achievement of valued roles in the community.**

Explanation: This standard is about the service provider supporting people with a disability to do the sort of things that other people do in the community by valuing and enhancing a person's abilities, contribution and competence.

- 6.1 The service provider adopts a framework that promotes a belief in the ability of people with a disability to fulfil valued roles in the community and enhances the ability, contribution and competence of people with a disability.
- 6.2 The service provider demonstrates that any public relations, community awareness or fundraising activities that it undertakes promote the abilities, contribution and competence of people with a disability.
- 6.3 The service provider supports each support user to:
- develop their life and social development skills
  - participate in activities and assume roles that are valued in the general community
  - participate in activities that highlight their competence and expertise, such as facilitating staff training or representing the organisation on committees
  - develop and maintain the skills necessary to participate as a valued member of the community
  - identify and support goals that relate to education, training and learning interests.

## Industry Standard 7: Complaints and disputes

**Complaints and disputes are addressed promptly, fairly and respectfully without compromising services to the individual.**

Explanation: This standard is about the service provider listening to consumers and trying to sort out any problems or concerns they may have with the service or staff, in a manner that makes support users feel safe and respected.

- |     |   |
|-----|---|
| 7.1 | The service provider adopts an approach to the handling, management and resolution of complaints and grievances that is underpinned by natural justice principles and is consistent with the <i>Disability Act 2006</i> (Vic).  |
| 7.2 | The service provider demonstrates the use of a complaints management system that meets the needs, expectations and rights of complainants and that responds to support user grievances in a timely and effective manner.  |
| 7.3 | The service provider demonstrates that support users are not adversely affected because a complaint has been made by them or on their behalf.   |
| 7.4 | The service provider maintains records of complaints made by support users, families, carers, staff, volunteers, advocates and members of the community, and uses this information to inform service improvement.   |
| 7.5 | <p>The service provider supports each support user to:</p> <ul style="list-style-type: none"> <li>• raise any concerns they have about the service provider or service</li> <li>• have issues resolved regarding aspects of the service provider or service with which they are dissatisfied</li> <li>• access advocacy or other independent supports to assist with making a complaint.</li> </ul>   |
| 7.6 | <p>The service provider provides each support user with information, in an accessible format that facilitates their understanding, regarding:</p> <ul style="list-style-type: none"> <li>• rights and responsibilities of support users and staff in relation to complaints</li> <li>• who to direct disputes and complaints to</li> <li>• processes for lodging and managing complaints</li> <li>• steps and timeframes in assessing and resolving complaints and disputes</li> <li>• internal and external avenues for making a complaint</li> <li>• review of decisions in relation to complaints and mechanisms for appeal</li> <li>• recording and reporting of complaints</li> <li>• access to advocacy or other independent supports to assist with complaints.</li> </ul> |

## Industry Standard 8: Service management

**Management and governance practice is sound, accountable and consistent with current disability support policy and practice.**

Explanation: This standard is about services running well, spending money responsibly and making sure all staff have the right skills.

- 8.1 The service provider demonstrates a culture of value and respect for support users, their personal networks and its staff.
- 8.2 The service provider ensures that the environments the organisation provides for people with a disability are safe, comfortable, pleasant and include, where relevant, access to:
- food that is varied, adequate in amount and based upon nutritionally-sound principles
  - adequate living environments, including adequate common space as well as places where people with a disability can find privacy
  - appropriate equipment and furniture
  - adequate lighting and ventilation
  - appropriate physical accessibility.
- 8.3 The service provider implements documented processes which, as a minimum, address:
- health maintenance for support users
  - non-aversive behaviour management
  - supporting consumers to make informed decisions
  - safe practices in medication administration, handling, storage and recording
  - providing an appropriate diet and sound nutrition
  - reporting and responding to incidents and allegations of abuse and/or neglect
  - manual handling
  - infectious diseases
  - dealing with complaints
  - use of restraint and restrictive practice.
- 8.4 The service provider demonstrates that its policies and established practices are consistent with the:
- *Disability Act 2006* (Vic)
  - current State Disability Plan or equivalent strategic government policy
  - Quality Framework for Disability Services in Victoria (2007)
  - *Information Privacy Act 2000* (Vic)
  - *Health Records Act 2001* (Vic)
  - legislative requirements of current occupational health and safety legislation.

8.5 The service provider defines its strategic directions and priorities in partnership with support users, their personal networks, staff and other key stakeholders, and has defined and documented the:

- values and beliefs underpinning service delivery
- appropriate direct service delivery model for the organisation
- purpose of each service provided by the organisation
- management structure for the organisation.

8.6 The service provider implements a documented current forward planning cycle that clearly defines:

- long-term goals
- short-term objectives and priorities for the current period
- how the organisation will meet the objectives
- timeframes in which it will meet them
- how the organisation will measure performance
- resources needed
- individual responsibilities.

8.7 The service provider implements processes to regularly review and monitor its compliance, quality of service provision and performance against the Standards for Disability Services in Victoria and relevant legislation, including processes to:

- collect and record evidence to assess performance across all aspects of the service, including governance arrangements, business structures, management and service delivery
- measure and record support user and family member feedback
- plan for ongoing improvement
- independently review and monitor services
- provide feedback regarding the outcome of review and monitoring processes to support users, family members and staff.

8.8 The service provider implements documented risk management processes to identify, mitigate and manage risks that address:

- prevention and response to situations that pose a serious danger or threat
- emergency evacuation procedures
- management of risks in the physical environment
- analysis of incident and accident reports
- infection control procedures
- safe environments and work practices.

8.9 The service provider manages financial resources in a responsible, accountable and prudent manner that maintains financial and organisational viability and meets financial accountability and reporting requirements.

8.9.1 The service provider demonstrates that all statutory and compliance financial reporting requirements are completed on time and without qualification, consistent with funding and service agreements and/or legislative or departmental guidelines.

8.9.2 The service provider implements documented processes to regularly monitor and review its financial status and has in place a documented annual budget planning process that takes account of funding, expenditures, profit and loss statements, reconciliation of accounts, bank balances and cash flow.

8.9.3 The service provider ensures that there are regular reports to the management group of the organisation regarding performance against the annual budget.

8.9.4 The service provider ensures that support users' finances are treated with probity and efficiency, and has in place documented processes regarding the administration, expenditure and accounting of support user personal finances that are consistent with departmental and legal administration requirements.

8.9.5 The service provider implements documented processes to ensure that all contracts and sub-contracts are negotiated in a responsible, accountable and prudent manner, and meet contractual requirements.

8.10 The service provider ensures that members of its governing body, management, staff and volunteers have, appropriate to their role, the qualifications, knowledge, values, personal skills, attributes and cultural competence to manage and provide service and support to people with a disability and their personal networks.

8.10.1 The service provider implements documented recruitment processes to attract and ensure members of its governing body, management, staff and volunteers have appropriate attributes, qualifications and values.

8.10.2 The service provider implements documented ongoing orientation, induction, education and training processes that support the development and understanding of members of its governing body, management, staff and volunteers, appropriate to their role. This includes processes that address:

- professional development
- contemporary practice
- organisational values and beliefs
- rights and responsibilities
- working with individuals
- working with families
- specialist knowledge and skills
- occupational health and safety
- service structure, activities, outcomes and objectives.

8.10.3 The service provider has documented roles and responsibilities for:

- direct support staff
- all management positions
- administrative staff
- members of its governing body
- consumer committees
- volunteers.

8.10.4 The service provider implements documented processes to apply effective pre-employment screening and safety checks for all members of its governing body, management, staff and volunteers.

8.10.5 The service provider demonstrates that staffing support levels are appropriate to meeting the individual needs of support users.

8.10.6 The service provider implements documented processes to develop, implement, monitor and review a staff training plan that:

- is consistent with the current objectives and priorities of the organisation
- is consistent with the roles and responsibilities of staff
- has been developed from an analysis of individual staff skills and experience
- comprises orientation, induction and ongoing training strategies
- involves consumers in the training needs analysis
- involves consumers in the training delivery.

8.10.7 Appropriate to their role, staff demonstrate competence in the following areas:

- handling of consumer finances
- dealing with emergency situations that pose a serious danger or risk
- infection control
- health maintenance
- non-aversive behaviour management
- supporting consumers to make informed decisions
- safe practices in medication administration, handling, storage and recording
- providing an appropriate diet and sound nutrition.

8.10.8 The service provider implements a documented performance appraisal process for staff.

8.11 The service provider implements documented policies and procedures that relate to:

**8.11.1 Service access**

As a minimum, these policies and procedures must address:

- service target group and their needs
- entry and exit rules
- entry and eligibility criteria
- criteria to determine the priority for service for each person with a disability

- conditions that may apply to services and supports being provided
- all fees, charges and other costs applicable to the service
- voluntary and involuntary exit from the service
- networking with and engaging alternate services
- referral to other services.

#### **8.11.2 Individual needs**

As a minimum, these policies and procedures must address:

- individualised and person-directed planning approaches
- monitoring, reviewing and evaluating plans
- active participation of people with a disability in the development, review and monitoring of their plan, services and supports
- respecting and supporting personal culture, including age, gender, religion and sexual orientation
- respecting and supporting cultural diversity, including people with a disability from Aboriginal and culturally and linguistically diverse backgrounds
- respecting and supporting communication, including preferred communication styles, language and accessible information formats
- promoting social, physical and emotional health and wellbeing
- least restriction of rights and least intrusive approaches to support needs and goals.

#### **8.11.3 Decision making and choice**

As a minimum, these policies and procedures must address:

- rights and responsibilities of support users, management and staff
- active consumer participation in organisational decision making, strategic planning and consumer-directed committees
- least restrictive approaches to limiting a support user's ability to act on an individual decision or choice
- provision of information in accessible formats that facilitate the understanding of each person with a disability.

#### **8.11.4 Privacy, dignity and confidentiality**

As a minimum, these policies and procedures must address:

- collection, storage, disposal and accessibility of personal information
- access to advocacy or other independent support to assist in matters relating to the collection, storage, disposal and accessibility of personal information
- informed consent for disclosure of personal information
- decision making processes for when a person with a disability cannot give consent to information being disclosed
- privacy of personal living arrangements, belongings, time and space
- respect for the physical person with a disability.

#### **8.11.5 Participation and integration**

As a minimum, these policies and procedures must address:

- location of services and support options to maximise support user participation in the community
- opportunities to form and maintain a variety of ties, connections and involvement in the community
- use of community facilities, such as public transport, shops, restaurants, recreation and entertainment facilities, banks, places of worship, educational institutions, libraries, parks and natural spaces
- participation in community activities, such as sports and recreation activities and arts, cultural and heritage events
- establishing, maintaining and enhancing links with families, friends and other personal relationships
- overcoming barriers to participation in the community.

#### **8.11.6 Valued status**

As a minimum, these policies and procedures must address:

- promoting the ability, contribution and competence of people with a disability
- developing and maintaining skills of people with a disability
- supporting education, training and learning interests of people with a disability.

#### **8.11.7 Complaints and disputes**

As a minimum, these policies and procedures must address:

- rights and responsibilities of support users and staff in relation to complaints
- who to direct disputes and complaints to
- processes for lodging and managing complaints
- steps and timeframes in assessing and resolving complaints and disputes
- internal and external avenues for making a complaint
- review of decisions in relation to complaints and mechanisms for appeal
- recording and reporting of complaints.

#### **8.11.8 Freedom from abuse and neglect**

As a minimum, these policies and procedures must address:

- rights and responsibilities of support users and staff in relation to abuse and neglect
- staff duty of care
- reporting and investigation of allegations of abuse and/or neglect
- steps and timeframes for investigating, responding to and reporting of incidents and allegations of abuse and neglect
- preventing incidents of abuse and neglect and reducing potential risk
- training in self-protective behaviours for support users and staff

- support for consumers who have experienced abuse and/or neglect
- support for staff who have a consumer advocate role in cases of abuse and/or neglect.

#### **8.11.9 Access to advocacy support**

As a minimum, these policies and procedures must address:

- access to advocacy or other independent supports to assist with access to services
- access to advocacy or other independent supports to assist with planning
- access to advocacy or other independent supports to assist with making decisions and choices
- access to advocacy or other independent supports to assist with making a complaint or lodging an appeal against a decision.

#### **8.11.10 Working with families**

As a minimum, these policies and procedures must address:

- role of family and personal networks in planning to support individual needs
- working with families to strengthen and build capacity to support children with a disability
- role of family members and carers in decision making and choices
- developing and maintaining positive family and cultural connections.

8.12 For each policy and procedure, the service provider demonstrates that:

- it is effectively incorporated into work practice at each service site
- documented strategies to monitor and review policies and procedures, including timeframes and methods for review, are implemented
- support users, families, staff and other key stakeholders are supported to actively participate in development, implementation, monitoring and review of policies and procedures
- staff and managers are educated and trained in the intent and use of policies and procedures
- support users and family members are educated and trained in policies and procedures
- accessible format versions of policy and procedures, that facilitate individual understanding, have been provided to all support users, family members, staff and volunteers.

8.13 The service provider implements feedback processes to monitor the extent to which support users:

- experience difficulty in gaining access to services and supports
- experience outcomes that are valued by the broader community
- goals, needs and outcomes are identified, addressed, supported and achieved
- receive relevant information in a format that is accessible and facilitates understanding
- rights and responsibilities are recognised, promoted and protected
- make decisions and choices in a manner that supports the individual to exercise maximum control over their lives
- personal, cultural, communication, and health and wellbeing needs and preferences are addressed

- are supported to participate in community activities, such as sports and recreation activities, and arts, cultural and heritage events
- are supported to use community facilities, such as public transport, shops, restaurants, recreation facilities, banks, health services, places of worship, libraries, parks and natural spaces
- are supported to learn new skills
- are treated with dignity and respect, including having private space and private time and privacy regarding personal communications and activities
- actively participate in the planning, monitoring and review of services and supports
- are free from abuse and neglect
- have complaints and grievances responded to and resolved in a manner that does not adversely affect them
- are supported to access advocacy or other independent supports
- are satisfied with the quality of the service, including:
  - decisions that affect them
  - staff support
  - opportunities provided
  - participation in, and outcomes of, the planning process
  - safety
  - consistency and reliability.

8.14 The service provider includes family members, carers and personal networks in processes to monitor service quality, consumer satisfaction and outcomes.

<b>Industry Standard 9: Freedom from abuse and neglect</b> <b>Supports are provided in safe and healthy environments that support individuals to exercise their legal and human rights.</b>	
	<p>Explanation: This standard is about services making sure that support users are safe from injury, threat, fear and abuse and that their legal and human rights are protected when accessing services.</p>
9.1	The service provider adopts a framework for the delivery of its service that promotes and protects human and legal rights.
9.2	The service provider demonstrates that it recognises the increased vulnerability of people with a disability.
9.3	The service provider implements documented processes that demonstrate its commitment to health and safety.
9.4	The service provider has adequate equipment to ensure safety and security and people with a disability know how to use this equipment.
9.5	The service provider demonstrates that people with a disability are not verbally, physically, sexually or emotionally abused, threatened, neglected or exploited.
9.6	The service provider demonstrates that all allegations of abuse and/or neglect of consumers are responded to immediately.
9.7	The service provider implements documented processes to provide the appropriate support for people with a disability who have experienced abuse and/or neglect.
9.8	<p>The service provider supports each person to:</p> <ul style="list-style-type: none"> <li>• understand what abuse and neglect is</li> <li>• stay safe according to their needs and wishes</li> <li>• live in clean, safe and healthy home environments</li> <li>• access clean, healthy and safe support options</li> <li>• have their own space</li> <li>• understand issues that relate to staying safe, such as how to report abuse and/or neglect and occupational health and safety requirements</li> <li>• understand what to do if their rights are violated</li> <li>• access advocacy or other independent supports to deal with allegations or concerns of abuse and/or neglect.</li> </ul>
9.9	<p>The service provider provides each support user with accessible information regarding freedom from abuse and neglect in a format that facilitates their understanding. As a minimum, this information must cover:</p> <ul style="list-style-type: none"> <li>• rights and responsibilities of support users and staff in relation to reporting and responding to allegations of abuse and/or neglect</li> <li>• internal and external avenues for reporting abuse and/or neglect complaints</li> <li>• timeframes for responding to allegations of abuse and/or neglect</li> <li>• access to advocacy or other independent supports to assist with allegations or concerns of abuse and/or neglect.</li> </ul>

### 4.3 Evidence indicators of the Outcome Standards

Sixteen life areas have been developed to assist service providers to focus on the things that are important to people with a disability and their family members and carers (see 5.2.2).

A suite of **evidence indicators of the Outcome Standards** has been developed for each of the 16 life areas (see **Life areas practice guide in the toolkit**). These evidence indicators describe measurable elements of practice that may be used to assess whether the support is in place to assist people with a disability achieve the outcome. These outcomes are reflective of those valued by the broader Victorian community.

The presence of the support, as defined by the indicator, increases the likelihood that people with a disability will experience the broader outcome and, in this way, the indicators act as building blocks to improve services provided to people with a disability.

These indicators will form the basis of outcomes measurement for disability services in Victoria.

The evidence indicators of the Outcome Standards map back to the Outcome Standards for Disability Services and will be used to determine compliance.

In the following list, the number beside each indicator can be cross-referenced with an outcome measure for the life areas (see **Life areas practice guide in the toolkit**).

## Evidence indicators of the Outcome Standards

<b>Outcome Standard 1: Individuality</b> <b>Each individual has goals, wants, aspirations and support needs and makes decisions and choices about their life.</b>	
Please note that the numbers on the left side of each indicator show how they will be cross-referenced with one of the 16 Life Areas in the Quality Framework for Disability Services in Victoria (2007).	
1.3	People with a disability are supported to identify, choose and realise goals that relate to their education, training and learning interests.
1.4	People with a disability are supported to understand about learning, development and education options and issues, such as further education, leadership and mentoring opportunities and volunteering.
3.1	People with a disability are supported to make choices and decisions about their life.
3.2	People with a disability are supported to identify, choose and manage their own daily and lifestyle routines.
3.4	People with a disability are supported to access an independent support person to assist them with decisions and choices.
4.3	People with a disability are supported to stay safe according to their needs and wishes.
6.1	People with a disability are supported to identify their own values, needs and reasons for seeking support.
6.7	People with a disability are supported to access information about other services and supports that may be able to assist them.
7.3	People with a disability are supported to use their preferred style, method or language when communicating.
8.1	People with a disability are supported to identify, choose and realise goals that relate to their career and employment interests.
10.1	People with a disability are supported to live their lives in a manner that respects and supports their culture, language, religious and spiritual beliefs.
10.2	People with a disability are supported to maintain and share their life experiences, culture, language, celebrations, rites, music, history and all those things that give meaning to their lives.
10.3	People with a disability are supported to access information in community languages and culturally appropriate formats.
10.4	People with a disability are supported to use their preferred language when communicating.
10.5	People with a disability are supported to participate in arts and heritage activities, ceremonies and events that reflect their sense of personal and cultural identity and belonging.
10.6	People with a disability are supported to practise their cultural, religious or spiritual beliefs.
10.7	People with a disability are supported to maintain connections to family or cultural history and traditions.

10.8	People with a disability are supported to use their environments in a manner that supports and reflects their cultural identity and sense of belonging.
11.1	People with a disability are supported to identify activities and interests they enjoy.
11.2	People with a disability are supported to pursue hobbies and pastimes according to their interests and preferences.
11.3	People with a disability are supported to participate in recreational, leisure and sporting activities according to their interests and preferences.
11.4	People with a disability are supported to use their environments in a manner that reflects the activities and interests they enjoy.
12.1	People with a disability are supported to identify and realise priorities and goals to assist them exercise control over their living circumstances.
13.3	People with a disability are supported to participate in activities to regularly monitor and review their health and wellbeing.
13.4	People with a disability are supported to identify and realise personal goals to promote health and wellbeing.
15.2	People with a disability are supported to identify their financial priorities and budget constraints.
15.3	People with a disability are supported to choose and make personal purchases.
16.1	People with a disability are supported to identify and realise priorities and goals in relation to housing and accommodation.

<b>Outcome Standard 2: Participation</b>	
<b>Each individual is able to access and participate in their community.</b>	
Please note that the numbers on the left side of each indicator show how they will be cross-referenced with one of the 16 Life Areas in the Quality Framework for Disability Services in Victoria (2007).	
2.1	People with a disability are supported to use facilities, resources and services in the community that reflect their interests and preferences.
2.2	People with a disability are supported to participate in a range of recreation, leisure and sporting activities in the community that reflect their interests and preferences.
2.3	People with a disability are supported to participate in a range of cultural events in the community that reflect their interests and preferences.
2.4	People with a disability are supported to experience a variety of social roles through membership and affiliation with cultural, recreational, leisure or sporting groups that reflect their interests and preferences.
2.5	People with a disability are supported to access educational opportunities in inclusive educational environments.
2.6	People with a disability are supported to access health services in the community.
2.7	People with a disability are supported to access information about their community.
5.1	People with a disability are supported to have contact with family and friends.
5.2	People with a disability are supported to extend hospitality to family and friends in their own homes.
5.3	People with a disability are supported to build new social networks.
12.4	People with a disability are supported to access natural areas and public spaces.
13.1	People with a disability are supported to participate in physical activity.
14.1	People with a disability are supported to access and use their environments.
14.2	People with a disability are supported to experience personal mobility with the greatest independence.
14.3	People with a disability are supported to access mobility aids, equipment and assistive technologies and supports.
14.4	People with a disability are supported to access public transport.
16.2	People with a disability are supported to access a range of affordable housing options, including private rental, public housing programs and supported accommodation.

<b>Outcome Standard 3: Capacity</b>	
<b>Each individual has the ability and potential to achieve a valued role in the community.</b>	
Please note that the numbers on the left side of each indicator show how they will be cross-referenced with one of the 16 Life Areas in the Quality Framework for Disability Services in Victoria (2007).	
1.1	People with a disability are supported to develop their life and social development skills.
1.2	People with a disability are supported to develop their artistic, creative and intellectual potential.
3.3	People with a disability are supported to access technology, aids, equipment and services that enhance their independence.
4.2	People with a disability are supported to understand what abuse and neglect is.
5.5	People with a disability are supported to understand issues that relate to healthy, constructive and respectful relationships, such as sexual health, family planning, parenting and domestic violence.
5.6	People with a disability are supported to access information about professional services aimed at promoting healthy, constructive and respectful relationships, such as counselling services, mediation and conciliation services and relationships skills courses.
7.5	People with a disability are supported to access information in formats that facilitate their understanding.
7.6	People with a disability are supported to access technology, aids, equipment and services that facilitate their preferred communication style.
7.7	People with a disability are supported to access advocacy organisations or individual advocates to assist them with communication.
8.2	People with a disability are supported to understand about employment options and issues, such as vocational training, volunteering, salary and conditions and workplace rights.
12.3	People with a disability are supported to access personal assistance, in-home, residential or community supports to assist them to live as independently as possible.
13.5	People with a disability are supported to understand about health and wellbeing issues, such as tobacco-related illness, the use of alcohol and other drugs, diabetes, sexual and reproductive health, nutrition and emotional wellbeing.
13.6	People with a disability are supported to access information about health professional services and supports, such as dentists, counselling, dietitians, allied health therapists and medical specialists.
15.4	People with a disability are supported to access information about consumer choice, such as shopping options, product advice and consumer protection.
15.5	People with a disability are supported to understand good financial management and budget practices.
15.6	People with a disability are supported to access information about affordable credit options, such as bank loans and mortgages.
16.3	People with a disability are supported to understand and access appropriately designed and located housing that enhances their independence.

## Outcome Standard 4: Citizenship

### Each individual has rights and responsibilities as a member of the community.

Please note that the numbers on the left side of each indicator show how they will be cross-referenced with one of the 16 Life Areas in the Quality Framework for Disability Services in Victoria (2007).

3.5	People with a disability own their own property and possessions.
4.1	People with a disability are not verbally, physically, sexually or emotionally abused, threatened, neglected or exploited.
4.4	People with a disability are supported to live in clean, safe and healthy home environments.
4.5	People with a disability are supported to access clean, safe and healthy support options.
4.6	People with a disability have their own space.
5.4	People with a disability are free to form consenting intimate relationships and express their sexuality.
6.6	People with a disability are supported to access an independent support person of their choice to assist them to choose supports.
7.1	People with a disability are supported to convey their ideas and opinions.
7.2	People with a disability are supported to express their feelings.
7.4	People with a disability are supported to access an accessible, transparent and documented system to lodge and resolve complaints and appeals.
8.3	People with a disability have access to promotion and career development opportunities.
8.4	People with a disability receive equal pay for equal work.
9.1	People with a disability are not discriminated against on the basis of gender, race, history, nationality, sexual orientation, personal identity, religious and spiritual beliefs and ethnicity.
9.2	People with a disability are treated with respect.
9.3	People with a disability are supported to exercise their rights and responsibilities in relation to accessing services and supports.
9.4	People with a disability are supported to exercise their rights and responsibilities in relation to personal privacy and dignity.
9.5	People with a disability are supported to exercise rights and responsibilities in relation to lodging a complaint or appeal.
9.6	People with a disability are supported to exercise their rights and responsibilities in relation to privacy and confidentiality of personal information.
9.7	People with a disability are supported to exercise their rights and responsibilities in relation to making decisions and choices.
9.8	People with a disability are supported to exercise their rights and responsibilities in relation to residential tenancy.

9.9	People with a disability are supported to access independent advocacy organisations or individual advocates.
9.10	People with a disability are supported to understand what to do if their rights are violated.
9.11	People with a disability are satisfied with the supports they receive to exercise their human rights.
12.2	People with a disability are supported to access adequate and affordable food, clothing, energy services, medical care and social services.
13.2	People with a disability are supported to access, prepare and consume nutritious food.
15.1	People with a disability have access to an adequate income.
16.4	People with a disability are not isolated or segregated from the community.

<b>Outcome Standard 5: Leadership</b>	
<b>Each individual informs the way that supports are provided.</b>	
Please note that the numbers on the left side of each indicator show how they will be cross-referenced with one of the 16 Life Areas in the Quality Framework for Disability Services in Victoria (2007).	
1.5	People with a disability are satisfied with the support they receive to experience lifelong learning and education.
2.8	People with a disability are satisfied with the support they receive to participate in the life of the community.
3.6	People with a disability are satisfied with the support they receive to experience individual choice and control over their life.
4.7	People with a disability are supported to understand issues that relate to staying safe, such as how to report abuse and/or neglect and occupational health and safety requirements.
4.8	People with a disability are satisfied with the support they receive to experience physical and emotional safety and be free from abuse, neglect and avoidable injury.
5.7	People with a disability are satisfied with the support they receive to experience healthy, constructive and respectful relationships.
6.2	People with a disability are supported to identify their own goals, priorities and long-term outcomes.
6.3	People with a disability are supported to explore a range of individual planning options and approaches.
6.4	People with a disability are supported to identify and choose options and approaches that may support them to achieve their goals or long-term outcomes.
6.5	People with a disability are supported to regularly monitor and review their supports.
6.8	People with a disability are supported to inform the development of policies, procedures and practice that relate to the delivery of service and supports.
6.9	People with a disability are supported to participate in the planning, development and monitoring of services and supports.
6.10	People with a disability are satisfied with the support they receive to choose their own supports and contribute to determining the manner in which supports are provided.
7.8	People with a disability are satisfied with the support they receive to seek, receive and impart information, ideas and opinions through their preferred communication style.
8.5	People with a disability are satisfied with the support they receive to access meaningful, rewarding and safe employment with just and reasonable conditions.
10.9	People with a disability are satisfied with the support they receive to express their cultural and linguistic needs and their sense of belonging, affinity and connectedness with others.
11.5	People with a disability are satisfied with the support they receive to experience a sense of social wellbeing through enjoyment of life and time for leisure and recreation.

12.5	People with a disability are satisfied with the support they receive to experience an adequate standard of living.
13.7	People with a disability are satisfied with the support they receive to experience the best possible physical, mental, emotional and social health.
14.5	People with a disability are satisfied with the support they receive in relation to moving freely in their environments and in the community.
15.7	People with a disability are satisfied with the support they receive to experience control over their finances.
16.5	People with a disability are satisfied with the support they receive to access adequate and appropriately located housing.

## 5. Applying the standards

### 5.1 Organisational self-assessment

Self-assessment may be carried out in many ways. Service providers are encouraged to select an approach that best reflects the service type and the consumer requirements.

This may involve:

- integrating the essential evidence indicators into the organisational self-assessment component of an existing quality system
- establishing a new quality system
- using the self-assessment matrix contained in this resource guide.

Whichever approach is selected, self-assessment should be used to drive both quality assurance and continuous improvement.

Service providers are encouraged to consider the following when selecting an approach to self-assessment.

Does our self-assessment approach enable us to:
• focus the self-assessment at each service outlet?
• take a planned, process-based approach to the self-assessment?
• involve as many management/team members as possible?
• use the evidence indicators to critically reflect on present performance?
• seek objective and measurable evidence of performance across all aspects of our service?
• assess our service's achievements and areas for development?
• use examples of good practice to generate ideas for further development?
• rate our service delivery evidence against the indicators?
• identify and prioritise opportunities for improvement?
• record improvement activities?

#### 5.1.1 Collecting evidence

When collecting evidence against the indicators, focus your attention on what you actually do in relation to each indicator, and then determine how you can demonstrate that. As you work through each indicator, you will find that some are prescriptive, while others lend themselves to a broader range of examples.

The strength of the evidence and how it may be demonstrated in practice is more important than the number of examples you use.

For example, you may start by recording as evidence a document that relates to a specific procedure. Evidence should then be collected that objectively verifies the implementation of the procedure. This may involve talking to staff to ascertain their understanding of the procedure, watching the procedure in action, or reviewing the experience of support users in the implementation of the procedure.

Evidence against each indicator should attempt to cover:

- policies and procedures
- observable practice
- staff awareness
- support user experience
- records and other documentation
- governance, leadership and decision making
- outcomes measurement
- systems and processes.

**‘Recognising the challenges of developing a system that goes beyond tick boxes and checklists.’**

Reflections of a revised quality framework demonstration project participant, 2006

### 5.1.2 Using the evidence indicators in organisational self-assessment

An organisational self-assessment matrix mapping the essential evidence indicators against the six areas of practice that are important to organisations has been developed to assist you to gather information to make informed decisions about service quality.

For each indicator you must provide evidence about what you are doing to meet the conditions set out in the indicator. This means you need to provide measurable, objective evidence to back-up your opinion.

Use the sample matrix, on the following page, as a guide to consider how you will make a judgement about whether your service meets each of the indicators. A full template aligning the essential evidence indicators for Industry Standards with each practice area is available in the toolkit – see **Organisational self-assessment guide**.

Consider the consistency and sustainability of the evidence, and reference as many sources as possible. One way to do this is to implement a series of ongoing assessments throughout an assessment cycle as opposed to an annual assessment. In this way, you are able to objectively review the indicator a number of times and collect more robust evidence prior to rating the level of compliance.

## Sample self-assessment matrix

### Practice area

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	<p>The service provider implements documented policies and procedures that relate to <b>8.11.3 Decision making and choice</b></p> <ul style="list-style-type: none"> <li>Active consumer participation in organisational decision making, strategic planning and consumer-directed committees</li> </ul>	<ul style="list-style-type: none"> <li>Policy on active participation of consumers in decision making developed in consultation with consumers through focus group in January 2007</li> <li>Consumers facilitated staff orientation and induction session April 2007</li> <li>Regular evaluation of orientation and induction sessions, incorporating consumer facilitation conducted</li> <li>Results from evaluation recorded and presented to Committee of Management June 2007</li> </ul>	<ul style="list-style-type: none"> <li>Policy on active participation of consumers in decision making developed in consultation with consumers through focus group in January 2007</li> <li>Consumers facilitated staff orientation and induction session April 2007</li> <li>Regular evaluation of orientation and induction sessions, incorporating consumer facilitation conducted</li> <li>Results from evaluation recorded and presented to Committee of Management June 2007</li> </ul>	<ul style="list-style-type: none"> <li>Policy on active participation of consumers in decision making developed in consultation with consumers through focus group in January 2007</li> <li>Consumers facilitated staff orientation and induction session April 2007</li> <li>Regular evaluation of orientation and induction sessions, incorporating consumer facilitation conducted</li> <li>Results from evaluation recorded and presented to Committee of Management June 2007</li> </ul>	<ul style="list-style-type: none"> <li>Develop strategies for consumers to participate in development of organisational business plan in September 2007</li> <li>Develop an expression of interest process for consumers to participate in formal leadership training</li> <li>Individual planning tool to be revised in 2008 to identify areas of skills and interest in participating in organisational decision making, strategic planning and consumer-directed committees</li> </ul>		

## 5.2 Consumer assessment

The majority of quality systems used across human services fields, such as disability, mental health, health and community care, recognise that support users should be involved in activities to plan, develop and evaluate the services they receive.

Consumer assessment is underpinned by the principle that people should be involved in decisions that affect their lives. Such a process aims to clarify feedback about the quality of our services and supports. Through consumer assessment processes, people with a disability have a safe and supportive opportunity to discuss the performance of a service, identify where the service is performing well and where it could make improvements.

People with a disability and their family members and carers should be empowered to have a say in the services we provide. By listening to and acting upon the needs, concerns, ideas and suggestions of support users, we can use their knowledge, expertise and experience to make improvements to the quality of service delivery and outcomes for people with a disability.

Benefits of effective consumer participation for support users:
<ul style="list-style-type: none"> <li>• greater satisfaction with the services they receive</li> </ul>
<ul style="list-style-type: none"> <li>• greater decision making and control over their lives</li> </ul>
<ul style="list-style-type: none"> <li>• opportunities for support users and providers to work together on areas of concern</li> </ul>
<ul style="list-style-type: none"> <li>• opportunities for individualised, flexible and responsive services</li> </ul>
<ul style="list-style-type: none"> <li>• opportunities for support users to contribute to a ‘learning organisation’.</li> </ul>
Benefits of effective consumer participation for service providers:
<ul style="list-style-type: none"> <li>• opportunities for support users and providers to work together on areas of concern</li> </ul>
<ul style="list-style-type: none"> <li>• opportunities for improved, more positive, relationships between people with a disability, their family members and carers and service providers</li> </ul>
<ul style="list-style-type: none"> <li>• improved performance by service providers and therefore more effective service delivery</li> </ul>
<ul style="list-style-type: none"> <li>• increased efficiencies, improved planning and a better allocation of resources</li> </ul>
<ul style="list-style-type: none"> <li>• more effective services through more inclusive planning processes</li> </ul>
<ul style="list-style-type: none"> <li>• evidence of effective support user participation.<sup>7</sup></li> </ul>

The toolkit provides a **Consumer assessment guide** that may assist you in the preparation and implementation of a consumer assessment.

<sup>7</sup> Information in this table adapted from Disability Sector Quality System, Disability Services Queensland, 2004

## 5.3 Quality plans

A quality plan ties together all the activities that affect the quality of the organisation and the service it delivers. Quality plans integrate the components of both quality assurance and quality improvement.

A quality plan uses information gathered from the self-assessment, ties it together and sets the priorities and actions for improvements for the forthcoming continuous improvement cycle. It sets out necessary strategies or actions to improve quality improvement activities.

A good quality plan should include:

- the areas identified for action to improve service quality
- clear quality improvement activities for each action
- priority setting
- who will be responsible for the implementation of quality improvement activities
- the time frame for completion of each action
- a schedule for monitoring and review of plan implementation
- how to evaluate the quality improvement activities.

The toolkit provides a sample **quality plan** for you to consider or use. An organisation's business plan, strategic plan or similar planning tool may already incorporate the quality improvement activities outlined above. Organisations are encouraged to integrate the quality planning process into existing business planning processes.

The Disability Services Policy and Funding Plan provides supplementary information about required quality management activities. This is updated by the Department of Human Services annually.

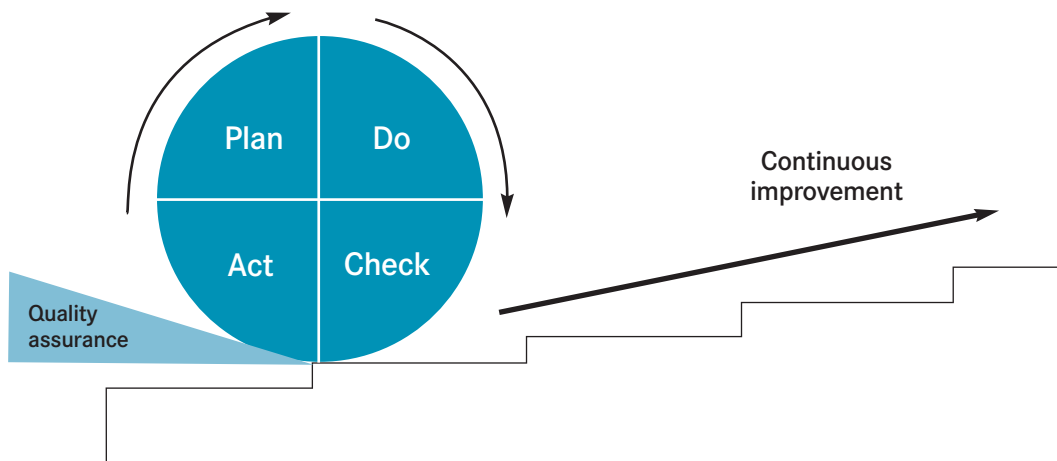
### 5.3.1 The relationship of the quality plan to self-assessment

The standards are the foundation for a quality assurance system across all disability services. They provide the principles that ensure a value-based framework to underpin the procedures, processes and practices in our services.

The quality planning cycle is the internal process that services will use to ensure that continuous improvement activities are integrated into their annual planning.

The quality planning cycle is reflected in the diagram below, which illustrates the 'plan, do, check and act' cycle of continuous quality improvement.

Figure 2: Continuous incremental improvement cycle



1. **Plan** for the self-assessment
2. **Do** it
3. **Check** the data to identify areas for action
4. **Act** to correct or improve.

As the quality plan must be implemented at each service outlet level, the quality plan should describe local quality improvement activities specific to the outlet and be held at the service outlet. Service providers should also consider developing creative and accessible formats of the quality plan to enable people with a disability to understand the improvement strategies that are being implemented.

There are many different templates that may be used to develop and document a quality plan. Service providers are encouraged to work in partnership with support users to explore and develop a planning template that best addresses the needs of the support users and the service type.

### 5.3.2 Completing and implementing the quality plan

1.	Collect your organisational self-assessment data.
2.	Collect your support user feedback information.
3.	Collect data from all other relevant sources, including complaints management system, risk registers, incident reports and good practice examples.
4.	Analyse the data and set priorities for action.
5.	<p>Develop your quality improvement initiatives.</p> <p>For each of your planned quality improvement initiatives, identify the aim and the strategies to achieve the outcome. Consider:</p> <ul style="list-style-type: none"> <li>• What are we trying to achieve?</li> <li>• What are the steps?</li> <li>• What are the key milestones, deliverables and tangible products?</li> <li>• How will we manage risks?</li> <li>• What resources do we need?</li> <li>• How will we involve support users in this initiative?</li> <li>• How will we know we are successful?</li> <li>• How will we communicate the outcomes?</li> </ul>
6.	<p>Conduct regular meetings scheduled to review progress and consider the following:</p> <ul style="list-style-type: none"> <li>• What action has taken place in relation to each quality improvement initiative?</li> <li>• What is going well?</li> <li>• What barriers are being experienced in relation to achieving the improvements?</li> <li>• What action can be taken to overcome the barriers?</li> <li>• How are we communicating the progress?</li> <li>• What other opportunities are arising?</li> </ul>

## 5.4 Measuring outcomes

Outcomes are benefits or changes for individuals or populations during or after participating in program activities. They are influenced by a program's outputs. Outcomes may relate to behaviour, skills, knowledge, attitudes, values, condition, or other attributes. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program.<sup>8</sup>

### 5.4.1 An overview of outcomes measurement

Outcome measurement can be defined as the regular, systematic tracking of the extent to which people with a disability who receive services and supports experience benefits or changes in their lives.

Effective outcomes measurement in our services relies on:

- the active participation of people with a disability, their family members and carers
- a clear understanding of the purpose of the service and any constraints
- effective quality systems
- a participatory approach to exploring, negotiating and agreeing outcomes and how they will be supported
- an individualised approach to planning, developing and reviewing supports.

Examples of outcomes for people with a disability include improved:

- emotional wellbeing
- economic circumstances
- health conditions
- knowledge and skills
- social status
- customer satisfaction.

### 5.4.2 Using the life areas to develop outcomes measurement tools

The quality framework does not prescribe a specific approach or tool for service providers to use to measure outcomes for people with a disability. Rather, it promotes that a range of outcomes measurement tools are developed across the disability sector to reflect different service types and the different needs and expectations of support users.

<sup>8</sup> United Way of America, Outcome Measurement Resource Network, <http://national.unitedway.org/outcomes/>

Outcomes measurement – a recommended approach
1. Work with each person to establish a clear understanding of the purpose of the service or support.
2. Work with each person to negotiate and agree on the specific outcomes to be achieved.
3. Work with each person to document the desired outcomes and plan the supports required to support the outcome.
4. Work with each person to determine how to measure the outcomes, including what questions would be useful to measure change for the person over time.
5. Develop measurement tools.
6. Use the tool to measure the person’s situation or circumstances prior to the service or support being implemented, and again at a point in time after the completion of service.
7. Work with each person to reflect upon and document the results.
8. Show a cause and effect connection between the support and the outcomes.

### 5.4.3 Relationship between the Outcome Standards evidence indicators, the life areas and the Outcome Standards

From September 2007, service providers will be supported, through learning and development activities, to meet the Outcome Standards.

The life areas have been used to develop Outcome Standard evidence indicators (see **Life areas practice guide** in the toolkit). These indicators can be mapped back to one of the five Outcome Standards (see **Evidence indicators of the Outcome Standards** in this resource guide).

Assessments against the evidence indicators will be used to demonstrate compliance with the Outcome Standards.