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Organisational self-assessment guide

Service providers must continue to meet the Industry Standards. Previously, each Industry Standard had related criteria and indicators that were used to assist service providers to demonstrate their compliance. These have now been replaced by the essential evidence indicators, which are clearer and easier to measure.

In the past, organisations may have used the Service Delivery Self-Assessment tool that was provided in the Disability Self-Assessment System (DSAS) manual to evidence their compliance with the Industry Standards, to develop a quality plan and to initiate improvement activities. The following self-assessment template is an example of how to do the same thing using the essential evidence indicators.

The template aligns the essential evidence indicators with each of the six organisational practice areas that are important to service providers. The Industry Standard that each essential evidence indicator relates to is indicated in the left column of the template.

A further sample of this template can be observed in **section 5.1.2** of the handbook.

Practice area 1: Organisational culture and governance

Values and culture							
IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
1	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.						
2	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.						
3	3.1 The service provider adopts a rights-based approach to supporting people with a disability to make decisions and choices.						
4	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.						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
4	4.2 The service provider demonstrates that information privacy is based on the principles in the <i>Information Privacy Act 2000</i> (Vic) and the <i>Health Records Act 2001</i> (Vic).						
4	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	4.4 The service provider demonstrates that personal information is: <ul style="list-style-type: none"> • 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
5	5.1 The service provider adopts a community inclusion and participation approach to the way it develops service and support options.						
6	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	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.						
7	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 (Vic)</i> .						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
7	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.						
8	8.1 The service provider demonstrates a culture of value and respect for support users, their personal networks and its staff.						
9	9.1 The service provider adopts a framework for the delivery of its service that promotes and protects human and legal rights.						
9	9.2 The service provider demonstrates that it recognises the increased vulnerability of people with a disability.						
9	9.5 The service provider demonstrates that people with a disability are not verbally, physically, sexually or emotionally abused, threatened, neglected or exploited.						

Governance							
IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	8.5	<p>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:</p> <ul style="list-style-type: none"> • 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	8.6	<p>The service provider implements a documented current forward planning cycle that clearly defines:</p> <ul style="list-style-type: none"> • 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. 					

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	<p>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:</p> <ul style="list-style-type: none"> • 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 process to support users, family members and staff. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	8.8 The service provider implements documented risk management processes to identify, mitigate and manage risks that address: <ul style="list-style-type: none"> • 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	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	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.						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	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	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	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	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.						

Learning and development							
IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	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	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	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, including processes that address: <ul style="list-style-type: none"> • professional development • contemporary practice 					

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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. 						
<p>8 8.10.3 The service provider has documented roles and responsibilities for:</p> <ul style="list-style-type: none"> • direct support staff • all management positions • administrative staff • members of its governing body • consumer committees • volunteers. 						
<p>8 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.</p>						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	8.10.5 The service provider demonstrates that staffing support levels are appropriate to meeting the individual needs of support users.						
8	8.10.6 The service provider implements documented processes to develop, implement, monitor and review a staff training plan that: <ul style="list-style-type: none"> • 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	8.10.7 Appropriate to their role, staff demonstrate competence in the following areas: <ul style="list-style-type: none"> • 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	8.10.8 The service provider implements a documented performance appraisal process for staff.						

Practice area 2: Policies and practice

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
7	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	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.						
8	8.3 The service provider implements documented processes which, as a minimum, address: <ul style="list-style-type: none"> • 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 						

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
	<ul style="list-style-type: none"> • manual handling • infectious diseases • dealing with complaints • use of restraint and restrictive practice. 					
8 8.4	<p>The service provider demonstrates that its policies and established practices are consistent with the:</p> <ul style="list-style-type: none"> • <i>Disability Act 2006</i> (Vic) • current State Disability Plan or equivalent strategic government policy • Quality Framework for Disability Services in Victoria (2007) • <i>Information Privacy Act 2000</i> (Vic) • <i>Health Records Act 2001</i> (Vic) • legislative requirements of current occupational health and safety legislation. 					
8 8.11.1	<p>Service access</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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 					

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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. 						
<p>8 8.11.2 Individual needs</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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 						

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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. 						
<p>8 8.11.3 Decision making and choice</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	<p>8.11.4 Privacy, dignity and confidentiality</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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	<p>8.11.5 Participation and integration</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • location of services and support options to maximise support user participation in the community 						

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> 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. 						
<p>8 8.11.6 Valued status</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	<p>8.11.7 Complaints and disputes</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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	<p>8.11.8 Freedom from abuse and neglect</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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 						

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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. 						
<p>8 8.11.9 Access to advocacy</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	<p>8.11.10 Working with families</p> <p>As a minimum, service providers must implement documented policies and procedures that address:</p> <ul style="list-style-type: none"> • 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	<p>8.12 For each policy and procedure, the service provider demonstrates that:</p> <ul style="list-style-type: none"> • it is effectively incorporated into work practice at each service site • documented strategies to monitor and review policy and procedures, including timeframes and methods for review, are implemented • support users, families, staff and other key stakeholders are supported to actively participate in the development, implementation, monitoring and review of policy and procedures 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
	<ul style="list-style-type: none"> • staff and managers are educated and trained in the intent and use of policy and procedures • support users and family members are educated and trained in policy 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. 						
9	9.3 The service provider implements documented processes that demonstrate its commitment to health and safety.						
9	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.						

Practice area 3: Support options

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
2	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	2.3 The service provider ensures that health and wellbeing (including medical, dental and mental health) needs are met.						
3	3.2 The service provider demonstrates that: <ul style="list-style-type: none"> 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 staff are aware of, and work to minimise, power differences in consumer-staff relationships. 						
4	4.6 The service provider demonstrates that: <ul style="list-style-type: none"> 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 						

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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. 						
5 5.2	Service outlets are located in areas that enable access by support users to community services and activities.					
8 8.2	<p>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:</p> <ul style="list-style-type: none"> • food that is varied, adequate in amount and based upon nutritionally-sound principles 					

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
	<ul style="list-style-type: none"> 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. 						
9	9.4 The service provider has adequate equipment to ensure safety and security and people with a disability know how to use this equipment.						

Practice area 4: Working with individuals

IS Indicator	Evidence	How can we improve on this?	Rating
1 1.2	<p>In situations where the service provider is unable to provide a service, the service provider provides each person with a disability with:</p> <ul style="list-style-type: none"> • information in an accessible format that facilitates understanding about alternative services • a referral to alternative services that might be accessed. 		
1 1.3	<p>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:</p> <ul style="list-style-type: none"> • 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 		

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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 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.					
2 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 2.5	The service provider demonstrates that: <ul style="list-style-type: none"> • 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 					

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
	<ul style="list-style-type: none"> 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 strategies are in place to regularly monitor and review all interventions that restrict rights. 						
2	<p>2.6 The service provider supports each support user to:</p> <ul style="list-style-type: none"> identify their own ongoing and changing service needs, goals, priorities, timeframes and long-term outcomes express their cultural identity and sense of belonging, including personal identity, age, gender, cultural, heritage, religion and sexual orientation use their preferred communication style to express ideas, opinions and feelings, including preferred languages, alternative information formats and alternative communication methods identify their health and wellbeing needs 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
	<ul style="list-style-type: none"> access general community facilities and services engage the support of people of their choice in the development of their plan. 						
2	<p>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:</p> <ul style="list-style-type: none"> reflect the needs, goals, supports and actions and long-term outcomes specified by the support user describe what support will be provided and how the support will be delivered describe the approach for meeting needs in the least restrictive and least intrusive manner possible reflect the planning approach specified by the support user 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
	<ul style="list-style-type: none"> 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	2.8	The service provider adopts an outcomes measurement approach to the evaluation of the effectiveness of each support user's plan.					

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
3	<p>3.3 The service provider supports each support user to:</p> <ul style="list-style-type: none"> • make choices and decisions about their life • identify, choose and exercise as much control as possible over their own daily and lifestyle routines • exercise as much control as possible over their finances • access technology, aids, equipment and services that increase and enhance their independence and decision making ability • choose, own and maintain their own possessions • have their changing needs, aspirations and choices addressed • actively participate in all major decisions affecting the service • involve family members and friends to assist with making decisions and choices • access advocacy or other independent supports to assist with making decisions and choices. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
3	<p>3.4 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"> • legal rights, entitlements and obligations under the <i>Disability Act 2006</i> (Vic) • making a complaint to the service provider or to the Disability Services Commissioner • support options offered by the service • conditions that may apply to the services being provided • all fees, charges and other costs applicable to the service • access to advocacy or other independent supports to assist with making decisions and choices • general community facilities, activities and services • health and wellbeing issues. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
4	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	4.5 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: <ul style="list-style-type: none"> • 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
4	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"> • privacy of personal living space and belongings • private time and/or space as they wish • be treated with dignity and respect • choose who assists them with physical and personal care support needs. 						
4	4.8 Each support user has their own space when they choose.						
4	4.9 Each support user is treated with respect.						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
4	4.10 Each support user is supported to exercise their rights and responsibilities in relation to privacy and confidentiality of personal information.						
5	5.3 The service provider supports each support user to: <ul style="list-style-type: none"> • 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. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
6	<p>6.3 The service provider supports each support user to:</p> <ul style="list-style-type: none"> • 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. 						
7	<p>7.5 The service provider supports each support user to:</p> <ul style="list-style-type: none"> • raise any concerns they have about the service provider or service • have issues resolved regarding aspects of the service provider or service with which they are dissatisfied • access advocacy or other independent supports to assist with making a complaint. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
7	<p>7.6 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"> • 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 • access to advocacy or other independent supports to assist with complaints. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
8	<p>8.13 The service provider implements feedback processes to monitor the extent to which support users:</p> <ul style="list-style-type: none"> • 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 						

IS Indicator	Evidence				How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes	Systems and processes		
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – decisions that affect them – staff support – opportunities provided – participation in, and outcomes of, the planning process – safety – consistency and reliability. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
9	<p>9.8 The service provider supports each person with a disability to:</p> <ul style="list-style-type: none"> • understand what abuse and neglect is • stay safe according to their needs and wishes • live in clean, healthy and safe home environments • access clean, healthy and safe support options • have their own space • understand issues that relate to staying safe, such as how to report abuse and/or neglect and occupational health and safety requirements • understand what to do if their rights are violated • access advocacy or other independent supports to deal with allegations or concerns of abuse and/or neglect. 						

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
9	<p>9.9 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"> • rights and responsibilities of support users and staff in relation to reporting and responding to allegations of abuse and/or neglect • internal and external avenues for reporting abuse and/or neglect complaints: • timeframes for responding to allegations of abuse and/or neglect • access to advocacy or other independent supports to assist with allegations or concerns of abuse and/or neglect. 						

Practice area 5: Working with personal networks

IS	Indicator	Evidence				How can we improve on this?	Rating
		Documentation	Observable practice	Measuring outcomes	Systems and processes		
2	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	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.						
3	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.						
8	8.14 The service provider includes family members, carers and personal networks in processes to monitor service quality, consumer satisfaction and outcomes.						

Practice area 6: Working collaboratively

IS Indicator	Evidence			How can we improve on this?	Rating
	Documentation	Observable practice	Measuring outcomes		
<p>Indicators relating to this area of practice will be developed throughout 2007. These indicators will be consistent with the requirements of the <i>Disability Act 2006</i> (Vic), and a whole-of-government and whole of-community approach to the delivery of supports to people with a disability in Victoria.</p>					

Consumer assessment guide

Under the quality framework, all services must regularly review and monitor their compliance, quality of service provision and performance against the Standards for Disability Services in Victoria (2007) and relevant legislation, including demonstrating how they support people with a disability and their family members and carers to:

- participate in decision making in relation to service planning, delivery and evaluation
- participate in processes to provide feedback against the standards on the organisation’s service delivery.⁹

Elements of the approach

Each service provider must implement support user feedback processes to monitor the extent to which:

- people with a disability experience difficulty in gaining access to services and supports
- people with a disability experience outcomes that are valued by the broader community
- individual goals, needs and outcomes are identified, addressed, supported and achieved
- information provided is relevant, accessible and facilitates understanding
- rights and responsibilities are recognised, promoted and protected
- support users make decisions, choices and exercise maximum control over their lives
- personal, cultural, communication and health and wellbeing are addressed
- opportunities and support are provided to participate in community activities, such as sports and recreation activities, and arts, cultural and heritage events
- opportunities and support are provided to use community facilities, such as public transport, shops, restaurants, recreation facilities, banks, health services, places of worship, libraries, parks and natural spaces
- opportunities and support are provided to learn new skills
- support users are treated with dignity and respect, including having personal space and private time and privacy regarding personal communications and activities
- support users actively participate in the planning, monitoring and review of services and supports
- support users are free from abuse and/or neglect
- support users have complaints and grievances responded to and resolved in a manner that does not adversely affect them
- support users and family members are supported to access advocacy or other independent supports
- support users and family members 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, and safety, consistency and reliability.

⁹ Department of Human Services (DHS), *Industry Standards for Disability Services - Essential Evidence Indicators*, DHS, Melbourne, 2007

The approach selected should encourage and support consumers of a service to participate in the consumer assessment. Service providers should consider gaining representation of the diversity of the consumer group that uses the service. In both smaller and larger services the more consumers involved, the more representative will be the feedback.

- Service outlets with five or less consumers should aim to involve all consumers, or people involved in the lives of those consumers, in the assessment.
- Large service outlets must aim to involve a significant proportion of consumers (at least 10 to 15 per cent of the total consumer group, and no fewer than five support users).

While every effort should be made to encourage people with a disability to actively participate, participation in the consumer assessment is voluntary and should be extended by way of invitation.

Where support users have declined to participate, you should keep de-identified records of this information, including the dates of the assessment, the manner in which information about the assessment was communicated, the assessment methods offered and any reasons given for people with a disability not participating. This information may be useful in informing future consumer assessments.

Support users are more likely to accept the invitation to participate if they:
<ul style="list-style-type: none"> • are provided with accurate and accessible information regarding the process
<ul style="list-style-type: none"> • are supported to participate in a manner that is meaningful to them
<ul style="list-style-type: none"> • feel confident and safe to speak openly about problems and concerns
<ul style="list-style-type: none"> • feel that their ideas and opinions are genuinely valued
<ul style="list-style-type: none"> • receive feedback regarding outcomes of the assessment
<ul style="list-style-type: none"> • see positive changes as a result of their participation.

Implementing the consumer assessment

There is no one comprehensive list of approaches or activities that you are required to follow to implement a consumer assessment. The tips below, however, aim to guide the establishment of effective processes to support the participation of support users in providing feedback against the standards.

Tips for selecting an appropriate approach
<ul style="list-style-type: none"> • Work with support users and other stakeholders to develop a range of approaches.
<ul style="list-style-type: none"> • Consider a range of alternative approaches to the assessment. Use at least two approaches. The larger the service, the more important it is to consider using several approaches.
<ul style="list-style-type: none"> • Identify alternative people who could be asked questions on behalf of support users, including other services, guardians, advocates, friends or family or staff from other services used by the person with a disability.
<ul style="list-style-type: none"> • Consider a range of questions to be asked. Due to the diversity of disability services and the various needs of consumers, no single format for questions will cater for all needs. The questions asked should be tailored to suit the people with a disability who use your service and the type of service provided.
<ul style="list-style-type: none"> • Consider developing introductory questions and questions that relate to the standards.

Step One: Plan for the consumer assessment
Possible approaches
<ul style="list-style-type: none"> • Appoint someone with the dedicated responsibility for the coordination of the consumer assessment, and who can act as a point of contact for questions and information.
<ul style="list-style-type: none"> • Ask people with a disability, their family members and carers how they would like to be involved. Offer a number of participation options for support users and families to choose from, and ensure that people are given the chance to nominate other ways in which they would prefer to participate.
<ul style="list-style-type: none"> • Establish a small working group or committee consisting of people with a disability, their family members and carers, direct support staff, management, board members and other key stakeholders (for example, advocacy groups, regional partnerships and planning advisors, quality managers) to oversee the consumer assessment.
<ul style="list-style-type: none"> • Develop a plan that identifies actions, responsibilities, deliverables, timeframes and resources.
<ul style="list-style-type: none"> • Ensure that a consistent and appropriate tool has been developed to record all consumer feedback.
<ul style="list-style-type: none"> • Ensure that people with a disability are provided with information on the standards, in formats that facilitate their understanding, well in advance.
<ul style="list-style-type: none"> • Identify who will facilitate the assessment. Ensure the facilitator is properly briefed regarding the standards and the needs of consumers, and has a copy of this handbook. Where possible, consider the use of independent facilitators to undertake the assessment.
<ul style="list-style-type: none"> • Ensure that strategies are in place to maintain confidentiality.
<ul style="list-style-type: none"> • Ensure that strategies are in place to provide feedback regarding the outcome of the consumer assessment process.
Step Two: Choose a consumer assessment approach
Possible approaches
<ul style="list-style-type: none"> • Invite consumers to select a representative group to assess the service.
<ul style="list-style-type: none"> • Invite existing consumer representative structures (for example, elected consumer representatives, representative committees or self-advocacy groups that operate within the service) to think about how they can give feedback as part of their activities, and support them to do this.
<ul style="list-style-type: none"> • Invite consumers to set up an ongoing representative structure that can participate in the assessment process.
<ul style="list-style-type: none"> • Provide questionnaires to consumers in accessible formats, in hard copy or on disk, so people with a disability can complete it independently and send in anonymously.
<ul style="list-style-type: none"> • Facilitate small focus groups that target specific areas of interests, such as complaints management, individual planning or active participation.
<ul style="list-style-type: none"> • Set up Internet or web-based surveys.
<ul style="list-style-type: none"> • Facilitate over-the-phone interviews.

Step Three: Develop introductory questions

Develop an introductory section to the consumer assessment process. Include introductory questions that assist to build support users' capacity and understanding of their right to have a say about their services. This will give you broad feedback from support users and will assist to give people with a disability a context for the consumer assessment process.

- Commence all consumer assessment processes – whether written questionnaire, face-to-face interview or facilitated focus group – with a clear overview of the purpose of the assessment.
- Provide information about how the assessment will take place, approximate duration, confidentiality and feedback processes.
- Introductory questions could cover:
 - what people with a disability like best about the service
 - what people with a disability don't like about the service, and how they think it could be improved
 - what people with a disability currently know about the standards, relevant legislation and their rights and responsibilities
 - whether people with a disability know what the service and support they receive aims to do
 - ways the service helps individuals to achieve their goals and support outcomes.

Step Four: Develop questions relating to the standards

Questions need to be asked in a manner that assists you to identify how the people with a disability you support view the service, and their experience of the service in the context of the standards.

- Develop questions that reflect the intent and purpose of your service, for example, accommodation, case management, respite.
- Work with support users and other stakeholders to develop a series of appropriate questions for each of the indicators.
- Work out the order of questions in a manner that makes sense to the person with a disability. Ask follow up questions to clarify points according to the dynamics of the assessment.
- When approaching topics of complaints or abuse and neglect in Standard 9, be sensitive. Avoid asking these questions first or last.
- Avoid asking closed questions with 'yes' or 'no' answers.
- Where possible, ask the person with a disability for examples or evidence, such as a copy of their plan or information they have received.
- Remember this is not a test for the person with a disability. The questions should focus on what the service is doing well for the person with a disability, and how this might be improved.
- Provide the person with a disability with a copy of the questions, and invite them to provide further feedback later if they would like.

Sample questions relating to the standards	
<p>The following questions are examples only. As a minimum, questions must address the dimensions of Industry Standard 8 – Service Management – essential evidence indicator 8.13.</p>	
Dimensions of Industry Standard essential evidence indicator 8.13	Example questions
<ul style="list-style-type: none"> • People with a disability do not experience difficulty in gaining access to services and supports 	<ul style="list-style-type: none"> • How did you find out about this service? When you first applied to use this service, did you have any problems with getting into this service? If yes, what were these? • When you first thought about using this service, what information were you given? What were you told to expect from the service? What would you do if the service says you can't use it any more? • What would you do if you no longer wished to use this service?
<ul style="list-style-type: none"> • People with a disability are supported to experience outcomes that are valued by the broader community 	<ul style="list-style-type: none"> • How does this service support you to have friends, to see your family and to keep in contact with the people you want to see? • How do the staff here treat your family when they come to visit you? • How does this service help you to move around your community? • What do you think about your standard of living? What could this service do to assist you improve this? • Were you offered any choices about where you live? What do you think about where you live? If you share a house with someone else, how did you have any say in who this person is? • Do you want to work or study? How can this service help you to do these things?
<ul style="list-style-type: none"> • Individual goals, needs and outcomes are identified, addressed, supported and achieved 	<ul style="list-style-type: none"> • Do you have any special needs? How do staff at this service show you that they understand the help you need? • What are your ideas for your life? What would you like to be doing in the next one or two years? How could this service help you with this? • How does this service help you plan for your future and what you need? Do you have a personal plan for this service? What does it say? Do you have a copy of this plan?

Dimensions of Industry Standard essential evidence indicator 8.13	Example questions
	<ul style="list-style-type: none"> • How often do you meet with staff to talk about your services and supports? • How do you get to choose your goals, the things you want to do and the way you do them? • What would you do if you needed to change the way this service supports you?
<ul style="list-style-type: none"> • Rights and responsibilities are recognised, promoted and protected 	<ul style="list-style-type: none"> • What are some of your rights and responsibilities at this service? How does this service provider inform you of your rights and responsibilities? • What are human rights? What do these rights mean to you? Does this service protect your rights? • Do staff here keep information about you private? Are there any things that you would like to be kept more private? • What personal information does this service have about you? Why do they have this information? What happens with the information? Do you get asked for permission to share your information with other people and, if so, how do they ask you? What would you do if you don't want to share information with someone? • Do you have your own things that belong to you? Can you keep the things that belong to you in a safe place?
<ul style="list-style-type: none"> • Support users make decisions, choices and exercise maximum control over their lives 	<ul style="list-style-type: none"> • How do you make decisions about what you do in this service? How do you choose the activities you do? • How do staff here help you to choose and manage your daily routines, for example, what you wear, what you eat, who you spend time with, what you do with your spare time, what you do with your day? • How do you make decisions about your money? Do you pay for your own things? • Are there parts of your life that you would like to make more decisions about? How could this service help you to do that? • Have you ever been told that you can't make a decision about something? What happened? If there is something you do not make decisions about, what stops you from making the decisions? • Do you have any say in who your support workers are?

Dimensions of Industry Standard essential evidence indicator 8.13	Example questions
	<ul style="list-style-type: none"> • Would you like more choices in your life? What things would you like to make choices about? • How does this service ask you about any changes they make? • Are there times when you have to do things you don't want to do?
<ul style="list-style-type: none"> • Personal, cultural, communication and health and wellbeing needs and preferences are addressed 	<ul style="list-style-type: none"> • How does this service find out about the things that are important to you, for example, your cultural background, religion, how you want to dress or the language you want to speak? Do staff here help you to do these things? • How does this service respect and support your specific identity, food, language, clothing, prayer and worship needs? • Do staff here help you to be yourself and to have the personal image that you wish? • How are you supported to stay healthy? Are you satisfied with your health? What happens if you feel sick or unwell? How do you get help to understand what is making you sick and what medication you are taking? • What information has this service given you about important health issues, such as smoking, drinking alcohol, good food, exercise and different medical conditions? • How does this service support you convey your ideas and feelings? Do staff here listen to you? How could they listen to you better? • Do you use or need any specific help to give and receive information so that people understand you? How could this service help you do this?
<ul style="list-style-type: none"> • Opportunities and support are provided to learn new skills 	<ul style="list-style-type: none"> • What are the things that you think you are good at? How often do you get to do these things? How does this service help you do these things? • What new things would you like to learn? How could this service help you to learn these things? • Has anyone at this service ever asked you for your help? What do you think you could help other people with? • Have you ever thought about doing a course or some study?

Dimensions of Industry Standard essential evidence indicator 8.13	Example questions
	<ul style="list-style-type: none"> • How does this service provider highlight the good points about people with a disability? • Have you ever volunteered? Spoken at a conference? Would you like to do these things? How could this service help?
<ul style="list-style-type: none"> • Support users are treated with dignity and respect, including having private space and private time and privacy regarding personal communications and activities 	<ul style="list-style-type: none"> • How do staff here talk to you and refer to you? Do you think that the staff here treat you with courtesy and respect? • How do staff here help you with your personal needs? Do you feel safe and comfortable when staff help you with things that are personal or private? • What do you like about how staff here treat you? What don't you like? • What is privacy? How does this service help you understand about privacy? • Do staff here respect your privacy? Are there times when you do not get the privacy you would like? What would help you get the privacy you need?
<ul style="list-style-type: none"> • Information provided is relevant, accessible and facilitates understanding 	<ul style="list-style-type: none"> • How do you find out about things that are happening at this service or in your community? • What sort of information would help you to make decisions or to improve your life? • There is a law that tells service providers what information they must give you. What is this information? Has this service given you this information? Do you understand this information? What could this service do to help you better understand this information? • How would you like to receive information?
<ul style="list-style-type: none"> • Opportunities and support are provided to participate in community activities, such as sports and recreation activities, and arts, cultural and heritage events 	<ul style="list-style-type: none"> • What activities do you join in now? Where do you do these things? • What hobbies or interests do you enjoy? Do like playing a particular sport? How does this service help you to do these things? Where do you do these things? • How does this service help you to attend special events, for example, art exhibitions, festivals, dances or concerts? • What types of groups or organisations are in your community? Do you belong to any of these groups? • What types of things would you like to do in your community?

Dimensions of Industry Standard essential evidence indicator 8.13	Example questions
<p>Opportunities and support are provided to use community facilities, such as public transport, shops, restaurants, recreation facilities, banks, health services, places of worship, libraries, parks and natural spaces</p>	<ul style="list-style-type: none"> • What do you know about the area in which you live? What sort of services, buildings, places of interest are in your area? How does this service help you visit and use these places? • Where do you go to see a doctor or dentist? How does this service help you do this? • Where do you go to meet friends or celebrate special occasions? How does this service help you to do this? • Do you do your own shopping? Where do you do this? • What sort of services would you like to use in the community?
<ul style="list-style-type: none"> • Support users actively participate in the planning, monitoring and review of services and supports 	<ul style="list-style-type: none"> • How do you have a say about how this service is run and suggest improvements? How does this service support you to do that? • Have you ever been involved in any of this service’s committees or decision making groups? Have you ever interviewed for new support workers? Have you ever been involved in staff training? How could this service help you to do these things? • What policies and procedures does this service have? How do staff here help you to understand these policies and procedures? • Where does this service get its money from? What is this money for? • How does this service teach you about the standards?
<ul style="list-style-type: none"> • Support users are free from abuse and neglect 	<ul style="list-style-type: none"> • Does anyone at this service treat you in a way that you do not like? • Has anyone at this service ever yelled at you, hurt you or made you feel scared? What happened? What did other people around you do when this happened? Who did you tell and what happened when you told them? • Are there times when you do not feel safe at this service? What do you do when you feel this way? • What would you do if there was a fire or other emergency? • What would you do if you saw someone else being hurt or threatened? • What would you do if you felt sick or unwell?

Dimensions of Industry Standard essential evidence indicator 8.13	Example questions
<ul style="list-style-type: none"> • Support users and family members have complaints and grievances responded to and resolved in a manner that does not adversely affect them 	<ul style="list-style-type: none"> • What would you do if you have a problem with this service or staff? • If you needed help to make a complaint, who could give you that support and how would you get that help? • Have you ever made a complaint about this service? Explain what happened. Was it sorted out? How long did it take for this service to sort out your complaint? Were you happy with the way it was handled?
<ul style="list-style-type: none"> • Support users and family members are supported to access advocacy or other independent supports 	<ul style="list-style-type: none"> • What is advocacy? What information has this service provided to you about advocacy services? Did you understand this information? • Do you have someone who helps you speak up for yourself? Do you have someone who helps you make decisions? Would you like to have someone like this? • Have you ever used an advocacy service to help you with things at this service? How did you go about getting their help? How did the service provider treat you when you got help from the advocacy service?
<ul style="list-style-type: none"> • Support users and their family members are satisfied with the quality of the service, including: <ul style="list-style-type: none"> – decisions that affect them – staff support – opportunities provided – participation in, and outcomes of, the planning process – safety, consistency and reliability. 	<ul style="list-style-type: none"> • How well do you think staff here know you and your needs? • Do you like the staff here? Do you get a say in who is your support worker? What do you do if you are not happy with a support worker? • What do you think about the way this service makes decisions that affect you? How does this service involve you in the decisions that it makes? • What do you think about the food that this service provides? • What do you think about the space that this service provides? Is it clean and tidy? Is it safe? Does it have enough light and fresh air? • What do you think about the equipment, furniture and transport the service has? • Do you feel happy to come here? If not, why not? • How do you think this service could do things in a better way?

Facilitating the consumer assessment

It can be particularly difficult for support users to speak openly about service quality to people who are involved in the delivery of their services or who have some power and control in their life.

Using an independent facilitator helps to address this issue and encourage a fuller, unbiased assessment of the service provided. ‘Independent’ means that the facilitator does not have a conflict of interest.

An independent facilitator could be:

- an advocate
- a community visitor
- a volunteer
- a paid consultant
- another service provider
- any other person who is not a staff member, family member, manager or board/committee member, or who is not perceived as being allied with staff or management.

The facilitator should be well briefed, well prepared and have some experience in communicating with people with a disability and their family members and carers.

Support users value the opportunity to comment and provide ideas on the services they receive, but may feel nervous about speaking openly, or may even lack the experience to judge the relative quality of service. A skilled facilitator will help overcome this by:

- being well prepared
- showing empathy
- managing and resolving conflict in groups
- respecting ideas and opinions
- communicating effectively
- listening objectively
- demonstrating that they do not have a conflict of interest.

Guides for preparing a facilitator

Use the following guide to ensure that the facilitator has the appropriate experience, preparation and support.

General	Yes / No
Have we determined the timeframe for the assessment, for example, are we undertaking a brief snapshot of the quality of the service or a longer-term evaluation throughout the year?	
Have we considered how long consumers need to talk comfortably about their experience of the service and factored in the communication needs of consumers?	
Have we selected a comfortable, accessible and independent venue for the facilitation?	
Have we planned for special communication requirements, such as the need for an interpreter, Auslan interpreter or communication assistant?	
Facilitator	
Have we worked with support users to select an appropriate facilitator?	
Have we provided the facilitator with adequate information about our service?	
Does the facilitator know who to get in touch with if they have any questions?	
Have we briefed the facilitator on the quality framework and provided them with a copy of this resource guide?	
Have we worked with the facilitator to develop our preferred tool for collecting and recording consumer feedback?	
Have we briefed the facilitator about incident reporting procedures in the event of serious allegations being raised?	
Have we briefed the facilitator about complaints management procedures in the event of a formal complaint being lodged?	
Have we briefed the facilitator about privacy and confidentiality requirements?	
Is the facilitator:	
<ul style="list-style-type: none"> • familiar with the intended outcomes of the standards? 	
<ul style="list-style-type: none"> • able to listen and report in an objective manner and not impose their own values? 	
<ul style="list-style-type: none"> • able to communicate effectively with consumers? 	
<ul style="list-style-type: none"> • able to work with people with a disability with complex communication needs? 	
<ul style="list-style-type: none"> • able to facilitate a group discussion? 	

Consumer feedback surveys

A feedback survey can be used to gauge the attitudes and perceptions of people with a disability who use our services. The results can be collated, sorted into themes and used to identify areas needing improvement.

Tips for constructing a consumer feedback survey

Don't ask for information you don't really need

When you begin to create the survey, it's tempting to ask for information that you would like to know, or that you think would be interesting. Remember: You want to limit your questions to what you need to know, and what you can use.

Consider a survey's length in terms of time

A core principle of sound evaluation practice is respect for those who are providing information. Their time is valuable, just like yours. Sometimes we confuse the page length of a survey with how long it takes to fill out. Use common sense—it's rare that it's necessary to administer a five-page survey.

Know your audience

How much time do you think they'll give you?

How much time would you give if someone asked you to take a survey?

Pay attention to how the survey is formatted

Often it's necessary to spread questions out in order to leave room for answers and to make your survey more attractive and easy to read. We've all seen surveys that have a lot of questions crowded together, in an effort not to spill onto another page. While we're all for saving paper, when it comes to surveys we've learned it's best to err on the side of visual appeal and ease of completion. Test your survey yourself: do you have enough room to fill in your answers? Are the questions easy to read or are they squashed together?

Use appropriate language and formats

Keep the reading/comprehension level appropriate for the people with a disability who will be filling out the survey. Use alternative formats, including Braille, photos, illustrations and audio to meet individual communication needs.

Focus groups and meetings

Focus groups and meetings are also a useful tool for gathering feedback from people with a disability who use the service.

Tips for conducting focus groups and meetings
Have people with a disability been involved in planning from the start rather than being asked to fit in?
Have people with a disability been explicitly invited to attend?
Are activities or meetings in locations local to, or preferred by, participants with a disability?
Are maps locating the venue sent with invitations?
Has child care or respite been offered to families so they can attend?
Do health issues or support needs make it hard for people with a disability to attend at scheduled times?
Is there wheelchair access and wheelchair accessible toilets?
Are they near public transport?
Are invitations in formats participants can read and understand?
Has background information been provided to participants in a format that they can read and understand?
Does the event clash with other important activities or events?

Quality plan

The quality plan summary below should be completed last, with copies provided to relevant senior management in your organisation.

Quality plan for (outlet name):

Name of person responsible for coordinating the implementation of the quality plan:

Quality plan implementation team members	Quality plan approved
1./...../.....
2./...../.....
3./...../.....
4./...../.....
5./...../.....
6./...../.....

Quality plan monitoring and review meeting dates <i>(Consider at least a quarterly review of this plan)</i>
1. / /
2. / /
3. / /
4. / /

Summary of our initiatives for the period <i>(This is to be completed once we have identified our key improvement strategies)</i>
...../...../..... to/...../.....

Title and aim	Person responsible	Completion date
1.	/...../.....
2.	/...../.....
3.	/...../.....
4.	/...../.....
5.	/...../.....
6.	/...../.....

Evidence indicator	Rating of service quality (1-4)	Initiative title and aim	How will we achieve this?	Person responsible and timelines
Insert standards indicator			<ul style="list-style-type: none"> • What are the steps? • What are the key milestones and deliverables? • How will we manage risks? • What resources do we need? • How will we involve support users in this initiative? • How will we know we are successful? • How will we communicate the outcomes? 	
Insert standards indicator			<ul style="list-style-type: none"> • What are the steps? • What are the key milestones and deliverables? • How will we manage risks? • What resources do we need? • How will we involve support users in this initiative? • How will we know we are successful? • How will we communicate the outcomes? 	

Life areas practice guide

Development of the following practice guides was informed through the quality framework demonstration projects and enhanced by a range of practitioners and experts in the fields of human rights, advocacy, communication, health, planning, cultural and linguistic diversity, and quality management.

These practice guides are not prescriptive or exhaustive. They provide service providers with some practical ways to start to reorient services and supports to better focus on outcomes for people with a disability.

Service providers are encouraged to use the practice guides as a starting point to reflect on how they currently support outcomes for people with a disability, and the capacity of their existing quality system to measure, monitor and improve outcomes.

The learning and development strategy will support service providers to explore how to:

- undertake an individual outcomes assessment with consumers at the service location level
- integrate outcomes measurement into current processes
- interpret the data generated from individual outcomes assessment.

1. Always learning	
Outcome	People with a disability experience lifelong learning and education.
Overview	<p>We develop and grow through opportunities to learn that occur both consciously and unconsciously. Lifelong learning relates to having opportunities, encouragement and support to explore new experiences, ideas and concepts, and gain new knowledge and skills. An inclusive society requires us to have levels of knowledge and skills that enable us to make decisions, participate and be accepted by other members of the community. Knowledge and skills enhance our ability to meet basic needs, widen the range of options open to us, and enable us to influence the direction our lives take. The skills people with a disability possess can also enhance their sense of self-worth, security and belonging.</p> <p>Many people define themselves by what they can ‘do’, not only in employment but elsewhere in life. Lifelong learning includes education and training, as well as abilities gained through daily life, and skills through work and non-work activities, for example, parenting skills or skills relevant to recreation or leisure activities.</p> <p>Recognising, acknowledging and celebrating a person’s accomplishments and achievements are core to this outcome.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>1.1 People with a disability are supported to develop their life and social development skills.</p> <p>1.2 People with a disability are supported to develop their artistic, creative and intellectual potential.</p> <p>1.3 People with a disability are supported to identify, choose and realise goals that relate to their education, training and learning interests.</p> <p>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.</p> <p>1.5 People with a disability are satisfied with the support they receive to experience lifelong learning and education.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service provider, explore:</p> <ul style="list-style-type: none"> • skills and knowledge the person with a disability values and how these may be enhanced and maintained • life and social development skills and knowledge that assists the person with a disability to be independent and maximise control over their life • artistic, creative and intellectual aspirations • formal learning opportunities they would like to pursue • information and technology that can enhance their learning • leadership, mentoring and volunteering opportunities that reflect their interests • how they wish to involve family members and personal networks in supporting lifelong learning.

Promoting rights and responsibilities	Adopt a service framework that promotes lifelong learning and a belief in the ability, contribution and competence of people with a disability, and address this through the organisation’s strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding formal and informal learning and development opportunities at an individual, organisational and community level. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite community services to talk about learning, education and training opportunities.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • data from formal training approaches and skills development programs, such as active support.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individual learning needs are recognised, addressed and supported in individualised plans. • Information is collated from all individual plans to inform service planning. • Information is provided to support users regarding: <ul style="list-style-type: none"> – skills development – educational opportunities, training programs and vocational courses – leadership and mentoring opportunities in the organisation and community. • Policies and procedures address formal education and training, experiential learning, life and social development skills, independence, leadership and mentoring, and the ability, contribution and competence of people with a disability, and are developed in partnership with support users and their family members and carers. • Staff demonstrate knowledge of issues that relate to lifelong learning, and how to support each person with a disability to experience lifelong learning. • Lifelong learning is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans. • Consumer feedback processes regularly monitor and review outcomes related to lifelong learning. • Partnerships are established in the community to promote and support leadership, mentoring and volunteering opportunities.

2. Being part of a community	
Outcome	People with a disability participate in the life of the community.
Overview	<p>A community can be defined as a group of people who share a common sense of belonging, such as:</p> <ul style="list-style-type: none"> • people who live in the same place, such as a neighbourhood, suburb or town • people with common interests, such as sporting activities, type of work or environment • people of a similar age, culture or lifestyle, such as young people.¹⁰ <p>We are all part of a community, whether it is part of the broader Victorian community or belonging to a group, such as a sporting club, church, interest group, political party or cultural group. Central to any community is that members feel a sense of identity, belonging and connection, a willingness to work together to achieve common goals.</p> <p>Being part of a community is about participating in events, using facilities, interacting with people and feeling welcome. Sometimes we establish our own routines in the community that reflect our interests or preferences, such as joining a community group, barracking for a sporting team or having coffee at a favourite café. Other times, it is about acting upon spontaneous opportunities, such as participating in an art or cultural event.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>2.1 People with a disability are supported to use facilities, resources and services in the community that reflect their interests and preferences.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>2.5 People with a disability are supported to access educational opportunities in inclusive educational environments.</p> <p>2.6 People with a disability are supported to access health services in the community.</p> <p>2.7 People with a disability are supported to access information about their community.</p> <p>2.8 People with a disability are satisfied with the support they receive to participate in the life of the community.</p>

¹⁰ Department for Victorian Communities, *Indicators of Community Strength in Victoria*, DVC, Melbourne, June 2006

A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the organisation, consider exploring:</p> <ul style="list-style-type: none"> • what communities the person with a disability identifies with • how they want their community relationships to be supported • what skills the person with a disability needs to participate in the life of the community • the interests and preferences of the person with a disability and how these could be supported in the community • what information would enhance the understanding of their local community by the person with a disability • what community services, including health and education, could support the needs and wishes of the person with a disability • how they wish to involve their family members and personal networks in decisions that relate to their community participation.
Promoting rights and responsibilities	<p>Adopt a service framework that promotes community participation and inclusion, and address this through the organisation’s strategic leadership, decision making and planning processes.</p>
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding community inclusion and participation, including accessibility, features of the local community, values and attitudes and community facilities. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite local community groups (arts, cultural, sporting or heritage) to talk about their programs, events and facilities.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • daily planners, activity schedules, calendars of local events.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Community inclusion and participation is recognised, addressed and supported in individualised plans. • Information is collated from all individual plans to inform service planning. • Activity schedules, daily planners, calendars of events, health programs and educational programs identify opportunities to support people with a disability to participate in the community and use community facilities.

- Information is provided to support users about events, services, facilities and membership opportunities in their community.
- Policies and procedures address community participation and use of community facilities and are developed in partnership with support users and their family members and carers.
- Staff demonstrate knowledge of the local community.
- Consumer feedback processes regularly monitor and review outcomes related to community participation.
- Participating in the life of the community is addressed and supported through:
 - staff recruitment, orientation, education and training
 - strategic, business and quality plans.
- Partnerships with community organisations promote community participation, including local councils, health services, community groups, volunteer organisations and cultural organisations.
- The organisation participates, sponsors or volunteers in local community events.

3. Being independent	
Outcome	People with a disability have individual choice and control over their life.
Overview	<p>Being independent and having control over decisions that affect our lives, no matter how small or large, contributes to our overall sense of wellbeing. Often, these decisions and choices blend seamlessly into our everyday routines, and it may at times become easy to take the control that we exercise over these decisions and choices for granted.</p> <p>We make decisions and choices about our daily routines, including purchases, schedules and individual preferences for items and luxuries.</p> <p>Being independent comes with opportunities, practice, experience and encouragement, and often it is through our mistakes that we develop the skills to learn how to make better decisions into the future.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>3.1 People with a disability are supported to make choices and decisions about their life.</p> <p>3.2 People with a disability are supported to identify, choose and manage their own daily and lifestyle routines.</p> <p>3.3 People with a disability are supported to access technology, aids, equipment and services that enhance their independence.</p> <p>3.4 People with a disability are supported to access an independent support person to assist them with decisions and choices.</p> <p>3.5 People with a disability own their own property and possessions.</p> <p>3.6 People with a disability are satisfied with the support they receive to experience individual choice and control over their life.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the organisation, explore:</p> <ul style="list-style-type: none"> • what choices and decisions are important to them • their preferred daily and lifestyle routines • how they wish to be supported to make choices and decisions about their life • what technology, aids, equipment and services would increase and enhance their independence and decision making ability • how they would like their changing needs, aspirations and choices addressed • how they wish to be supported to actively participate in all major decisions affecting the service • how they wish to involve family members and friends to assist with making decisions and choices.

Promoting rights and responsibilities	Adopt a service framework that promotes the right of people with a disability to exercise individual choice and control over their life, and address this through the organisation’s strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding self-determination, supporting independence, dignity of risk, independence skills development and power differences in consumer-staff relationships. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite advocacy organisations to talk to support users and staff about enhancing independence.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individual preferences, decisions and choices about their everyday life are recognised, addressed and supported through individualised plans, and changing needs, aspirations and choices are addressed. • Information is provided to support users regarding: <ul style="list-style-type: none"> – rights and responsibilities in relation to making decisions – dignity of risk, staff duty of care, programs that enhance independence, advocacy supports to assist with making decisions – opportunities to actively participate in all major decisions affecting the service. • Policies and procedures ensure that people with a disability are supported to exercise maximum control over their lives and are developed in partnership with support users and their family. • Consumer feedback processes regularly monitor and review outcomes related to how people with a disability are supported to be as independent as possible. • Individual decision making and choice is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business, quality and occupational health and safety plans.

4. Being safe	
Outcome	People with a disability experience physical and emotional safety, and are free from abuse, neglect and avoidable injury.
Overview	<p>Being safe is a fundamental element of all our lives. It is particularly relevant for people who are vulnerable. For people with a disability, being safe requires organisations to ensure the actual physical, emotional and psychological safety of people using their supports, as well as supporting people with a disability to feel safe.</p> <p>Being safe is about being free from harm, and feeling safe with the manner in which supports are provided, at home, work, on the way to and from places, in the community and with the other people around them. It is about:</p> <ul style="list-style-type: none"> • recognising situations that may cause harm, injury, fear, threat, abuse or neglect • knowing how to prevent unsafe things from happening • knowing what to do if you don't feel safe.
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>4.1 People with a disability are not verbally, physically, sexually or emotionally abused, threatened, neglected or exploited.</p> <p>4.2 People with a disability are supported to understand what abuse and neglect is.</p> <p>4.3 People with a disability are supported to stay safe according to their needs and wishes.</p> <p>4.4 People with a disability are supported to live in clean, safe and healthy home environments.</p> <p>4.5 People with a disability are supported to access clean, safe and healthy support options.</p> <p>4.6 People with a disability have their own space.</p> <p>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.</p> <p>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.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the organisation, consider exploring:</p> <ul style="list-style-type: none"> • what being safe means to each person with a disability, including their safety needs and wishes • their rights and responsibilities in relation to being safe • the places, things and people that make them feel unsafe

	<ul style="list-style-type: none"> • their understanding of abuse and neglect • information, education and support to increase their knowledge and skills in keeping safe and responding to emergency or unsafe situations • equipment that meets safety needs and strategies that would make each person with a disability feel an increased sense of safety • ways to engage services in the community to enhance safety • how they wish to involve their family members and personal networks in decisions that affect their safety.
Promoting rights and responsibilities	Adopt a service framework that promotes the right of people with a disability to experience physical and emotional safety, and to be free from abuse, neglect and avoidable injury, and address this through the organisation's strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding safety issues, including occupational safety and health, personal safety, responding to emergency situations, rights and responsibilities, cross infection, medication administration, manual handling, reporting and responding to allegations of abuse and/or neglect and protective behaviours. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite safety experts to talk to staff about being safe, for example, fire safety, road safety or medical emergencies.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • incident reports • health and medical reports • results of consumer satisfaction surveys • minutes from support user committee meetings • records of complaints and grievances • minutes from occupational health and safety committee meetings • data from emergency evacuation drills • evaluations of support user and staff training programs • examples of good practice.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individual safety needs and wishes are recognised, addressed and supported through individualised plans. • Support users and their family members and carers are represented on safety committees, selection panels.

- Information is provided to support users regarding:
 - rights and responsibilities in relation to how to be safe, including being free from and reporting abuse and/or neglect, having their own space and accessing clean, safe and healthy home environments and support options
 - what people with a disability can do if they don't feel safe
 - internal and external avenues for making a complaint, reporting abuse and/or neglect, dealing with an emergency situation and reporting criminal activity.
- Policies and procedures ensure that people with a disability experience physical and emotional safety, and are free from abuse, neglect and avoidable injury, and are developed in partnership with support users and their family members and carers.
- Consumer feedback processes regularly monitor and review outcomes related to how safe people with a disability are and how safe people feel.
- Safety is addressed and supported through:
 - staff recruitment, orientation, education and training
 - strategic, business, quality and occupational health and safety plans.
- Environments are safe, comfortable and pleasant, and include appropriate safety equipment, adequate lighting and ventilation, appropriate physical accessibility and safe places where people with a disability can find privacy.

5. Building relationships	
Outcome	People with a disability experience healthy, constructive and respectful relationships.
Overview	<p>Healthy, constructive and respectful relationships are integral to our wellbeing. They give us a sense of belonging and social connectedness. We are often defined by our social roles, whether as partners, parents, children, friends, siblings, caregivers, team mates, colleagues, mentors or employers. Relationships give people support, happiness, contentment and a sense they belong and have a role to play in society. They also mean people have support networks in place they can call on for help during hard times. Social connectedness also instils a sense of community, where people join together to achieve shared goals that benefit each other and the community as a whole. This may range from working together as part of a business to contributing to their communities through voluntary groups.</p> <p>Healthy, constructive and respectful relationships are fostered when people with a disability have the support, skills and opportunities to spend time with people, make friends and interact constructively with others.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>5.1 People with a disability are supported to have contact with family and friends.</p> <p>5.2 People with a disability are supported to extend hospitality to family and friends in their own home.</p> <p>5.3 People with a disability are supported to build new social networks.</p> <p>5.4 People with a disability are free to form consenting intimate relationships and express their sexuality.</p> <p>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.</p> <p>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.</p> <p>5.7 People with a disability are satisfied with the support they receive to experience healthy, constructive and respectful relationships.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person with a disability:</p> <ul style="list-style-type: none"> • the relationships that are significant to them and how they would like to be supported to maintain these relationships • their rights and responsibilities in relation to experiencing healthy, constructive and respectful relationships • whether they are satisfied with their sense of social connectedness and their opportunities to meet people and make friends • what skills, knowledge, information and support would assist them to enhance and extend their relationships and social networks

	<ul style="list-style-type: none"> • their understanding of good sexual health, family planning and domestic violence • how they wish to involve their family members in decisions regarding their relationships and social networks.
Promoting rights and responsibilities	Adopt a service framework that promotes the right of people with a disability to choose and experience healthy, constructive and respectful relationships, and address this through the organisation's strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding issues that relate to personal relationships, sexuality, sexual health, family planning, parenting, domestic violence, counselling and relationships skills. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite professional service providers to talk to staff and support users about healthy, constructive and respectful relationships.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support users and staff training programs • examples of good practice.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individual relationship and social networks needs and wishes are recognised, addressed and supported through individualised plans. • Information is provided to support users regarding: <ul style="list-style-type: none"> – rights and responsibilities in relation to having contact with and extending hospitality to family and friends, building social networks, forming consenting intimate relationships, expressing their sexuality and making decisions regarding relationships and social networks – professional community services, such as family planning, counselling, mediation and conciliation and relationships skills courses – relationships issues, such as good sexual health, conflict resolution, domestic violence, family planning and parenting. • Policies and procedures address supporting healthy, constructive and respectful relationships and are developed in partnership with support users and their family members and carers. • Consumer feedback processes regularly monitor and review outcomes relating to healthy, constructive and respectful relationships. • Supporting healthy, constructive and respectful relationships is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans.

6. Choosing supports	
Outcome	People with a disability choose their own supports and contribute to determining the manner in which supports are provided.
Overview	<p>Individual decision making about our needs, and the choices that we make about our lives, are fundamental to our quality of life. In the course of our lives, we may choose services and supports to assist us achieve a range of health, wellbeing, educational, career or personal goals.</p> <p>When we exercise control over identifying our own needs, and have these needs respected and addressed in a prompt, professional and effective manner, not only are we more likely to experience our desired outcomes, but also we are more likely to experience a greater sense of life satisfaction.</p> <p>Past service models have provided people with a disability little or no control over supports they received. Many services and supports have been developed using a ‘one size fits all’ approach, and the individual’s needs, goals and aspirations have not been recognised or supported.</p> <p>In Victoria today, service delivery approaches aim to be individualised and community-focused, and respond to each person’s needs in creative and flexible ways so they have the opportunity to participate in activities of their choice.</p> <p>Central to this outcome for people with a disability and their family members and carers is the philosophy of individualised planning and support. This is based on each person with a disability:</p> <ul style="list-style-type: none"> • directing the planning process to the greatest extent possible and making their own choices about how they wish to live their life • being supported to identify their goals, ways that these can be achieved and the supports required • being supported to explore supports that are flexible and wide-ranging.¹¹
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>6.1 People with a disability are supported to identify their own values, needs and reasons for seeking support.</p> <p>6.2 People with a disability are supported to identify their own goals, priorities and long-term outcomes.</p> <p>6.3 People with a disability are supported to explore a range of individual planning options and approaches.</p> <p>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.</p> <p>6.5 People with a disability are supported to regularly monitor and review their supports.</p> <p>6.6 People with a disability are supported to access an independent support person of their choice to assist them to choose supports.</p>

¹¹ Adapted from The Victorian State Disability Plan in action through the 'Support & Choice' Initiative, Disability Services webpage, DHS 2007, www.dhs.vic.gov.au/disability

	<p>6.7 People with a disability are supported to access information about other services and supports that may be able to assist them.</p> <p>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.</p> <p>6.9 People with a disability are supported to participate in the planning, development and monitoring of services and supports.</p> <p>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.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, explore with the person with a disability:</p> <ul style="list-style-type: none"> • their values, goals, past experience, knowledge of their own needs and reasons for seeking support • their understanding of the purpose of the service and supports offered • their rights and responsibilities in relation to planning and choosing supports • their understanding of planning processes and any preferred approaches they may wish to use • if they wish to have an independent support person of their choice to assist them to choose supports • what supports would assist them to become more actively involved in planning and choosing • how they think their supports should be monitored and reviewed, including timeframes • their understanding of the policies, procedures and practice that relate to service • how they wish to involve their family members in decisions regarding their supports.
Promoting rights and responsibilities	<p>Adopt a service framework that promotes an individualised planning and support approach to services and the active participation of people with a disability in the planning, development and monitoring of services and supports, and address this through the organisation’s strategic leadership, decision making and planning processes.</p>
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding person-directed approaches, individualised planning and active participation. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite planning practitioners to talk about their approaches.

Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individual relationship and social networks needs and wishes are recognised, addressed and supported through individualised plans. • Information is provided to support users regarding: <ul style="list-style-type: none"> – rights and responsibilities in relation to choosing supports, including those covered by the <i>Disability Act 2006</i> (Vic) – different individualised planning processes, approaches and formats – how they can be involved in the planning, development and monitoring of services and supports – advocacy support to assist them with choosing supports. • Policies and procedures address individualised planning and support options, including different planning and support approaches, active consumer participation in the planning, development and monitoring of services and supports and how changing support needs will be addressed, and are developed in partnership with support users and their family. • Consumer feedback processes regularly monitor and review how satisfied people with a disability are in relation to how they choose their supports. • Choosing supports, and contributing to determining the manner in which supports are provided, are addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans.

7. Communicating	
Outcome	People with a disability seek, receive and impart information, ideas, opinions and feelings through their preferred communication style.
Overview	<p>Communication is one of the most basic needs and rights of all people. Communication strengthens our capacity to pursue our economic, political, social and cultural goals. We use our communication skills and methods every day to give and receive information and ideas, to express our feelings and opinions, and to understand the world in which we live.</p> <p>How we access information and communicate with others contributes to our overall quality of life. Being listened to and valued for our ideas and opinions promotes a sense of belonging and self-esteem. Being acknowledged for how we feel promotes a sense of emotional safety and security. Having access to information in ways that are accessible supports personal, cognitive and emotional development.</p> <p>We can support people with a disability to participate equally in community life by:</p> <ul style="list-style-type: none"> • ensuring each person with a disability has equitable access to information about services, activities, events and issues that affect their lives • interacting with each person with a disability, their family members and carers in ways that show we value their ideas, opinions and feelings, and respect their right to be communicated with in the manner that they prefer.
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>7.1 People with a disability are supported to convey their ideas and opinions.</p> <p>7.2 People with a disability are supported to express their feelings.</p> <p>7.3 People with a disability are supported to use their preferred style, method or language when communicating.</p> <p>7.4 People with a disability are supported to access an accessible, transparent and documented system to lodge and resolve complaints and appeals.</p> <p>7.5 People with a disability are supported to access information in formats that facilitate their understanding.</p> <p>7.6 People with a disability are supported to access technology, aids, equipment and services that facilitate their preferred communication style.</p> <p>7.7 People with a disability are supported to access advocacy organisations or individual advocates to assist them with communication.</p> <p>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.</p>

A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, explore with the person with a disability:</p> <ul style="list-style-type: none"> • the information, ideas, opinions and feelings that are important to them and how they wish to be supported to receive, express and convey these • their rights and responsibilities in relation to communication • their preferred communication style, method or language • what information formats best facilitate their understanding • their rights and responsibilities in relation to making a complaint • what support, technology, aids, equipment, information and services would enhance their communication and support them to exercise their communication rights • how they wish to involve their family members in their choices and decisions.
Promoting rights and responsibilities	<p>Adopt a service framework that promotes the right of people with a disability to seek, receive and impart information, ideas, opinions and feelings through their preferred communication style, and address this through the organisation's strategic leadership, decision making and planning processes.</p>
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding effective communication, communication rights, use of alternative and augmentative communication, developing alternative information, use of interpreters and translators, use of plain English, communicating with people with a specific sensory, cognitive, physical or psychiatric disability, acquired brain injury or neurological impairment, communicating with people with a disability who are from Aboriginal or cultural and linguistically diverse backgrounds. • Invite communication experts to talk to staff and support users, including advocacy organisations, speech pathologists, translators, designers, interpreters, communication technology experts and cultural groups.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • internal communication protocols and procedures • records of requests for translators and interpreters • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances.

Evidence of good organisational practice	<ul style="list-style-type: none">• Communication needs, wishes and styles are recognised, addressed and supported through individualised plans.• Organisational information, including policies and procedures, annual reports, activity schedules, daily planners, newsletters and bulletins and educational material, is in a variety of accessible and alternative formats that accommodate a range of communication needs and abilities.• Information is provided to support users regarding:<ul style="list-style-type: none">– rights and responsibilities in relation to expressing ideas, opinions and feelings, use of preferred communication styles, methods or languages, lodging a complaint or appeal, and accessible information formats– services, equipment and skills development that may enhance their communication.• Policies and procedures address communication rights and are developed in partnership with support users and their family.• Consumer feedback processes regularly monitor and review outcomes that relate to how people with a disability are supported to seek, receive and impart information, ideas, opinions and feelings through their preferred communication style.• Communication is addressed and supported through:<ul style="list-style-type: none">– staff recruitment, orientation, education and training– strategic, business and quality plans.
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8. Doing valued work	
Outcome	People with a disability experience meaningful and rewarding employment with just and reasonable conditions.
Overview	<p>Employment provides us with an income to meet our basic needs, to obtain items and utilities that contribute to our comfort, and increases our options for how we live our lives. Through our employment roles, we also establish social contact and a sense of achievement. If we consider the reverse, unemployment can isolate people from society and cause them to lose self-confidence.</p> <p>In Australia up until the late 1980s, sheltered workshops were established by voluntary organisations and parent groups to provide employment for people with a disability. This approach was supported by government funding that supplemented the income of people with a disability who worked in sheltered workshops with special allowances.</p> <p>Today, employment approaches aim to involve people with a disability more widely in society and ensure they have access to equal opportunities and conditions for employment and training.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>8.1 People with a disability are supported to identify, choose and realise goals that relate to their career and employment interests.</p> <p>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.</p> <p>8.3 People with a disability have access to promotion and career development opportunities.</p> <p>8.4 People with a disability receive equal pay for equal work.</p> <p>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.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person with a disability:</p> <ul style="list-style-type: none"> • goals that relate to their career and employment interests and how they wish to be supported to achieve these goals • their rights and responsibilities in relation to employment • what information would support their understanding of employment and employment issues • how they wish to involve their family members in decisions relating to employment.

Promoting rights and responsibilities	Adopt a service framework that promotes the right of people with a disability to meaningful and rewarding employment with just and reasonable conditions, and address this through the organisation’s strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding vocational skills development, open employment options, career planning, volunteering and workplace rights and conditions. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite professional services to speak to staff and support users, including advocacy organisations, business and employment services, volunteer groups, unions and trades courses.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • individual training and vocational plans • service entry information • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Career, employment and vocational goals are recognised, addressed and supported through individualised plans. • Organisational information, including policies and procedures, annual reports, activity schedules, daily planners, newsletters and bulletins and educational material, is in a variety of accessible and alternative formats that accommodate a range of communication needs and abilities. • Information is provided to support users regarding: <ul style="list-style-type: none"> – rights and responsibilities in relation to doing valued work – employment options and issues, such as vocational training, volunteering and salary and conditions. • Policies and procedures address supporting people with a disability to experience meaningful and rewarding employment with just and reasonable conditions, and are developed in partnership with support users and their family members. • Consumer feedback processes regularly monitor and review outcomes relating to meaningful and rewarding employment with just and reasonable conditions. • Doing valued work is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans.

9. Exercising rights and responsibilities	
Outcome	People with a disability exercise human rights.
Overview	<p>Human rights are the basic rights that belong to all of us just because we are human beings. They have been recognised around the world as the basic standards required for governments, societies and communities to operate in a respectful and peaceful manner.</p> <p>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.</p> <p>Our human rights entitlements include civil, political, economic, social, environmental and cultural rights. Along with rights we have responsibilities – obligations for which we are responsible. Exercising human rights is crucial to our ability to participate in society, make choices about our lives and live with dignity.</p> <p>Exercising human rights is about:</p> <ul style="list-style-type: none"> • not being discriminated against • maximising control over decisions and choices • being treated with respect.
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>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.</p> <p>9.2 People with a disability are treated with respect.</p> <p>9.3 People with a disability are supported to exercise their rights and responsibilities in relation to accessing services and supports.</p> <p>9.4 People with a disability are supported to exercise their rights and responsibilities in relation to personal privacy and dignity.</p> <p>9.5 People with a disability are supported to exercise rights and responsibilities in relation to lodging a complaint or appeal.</p> <p>9.6 People with a disability are supported to exercise their rights and responsibilities in relation to privacy and confidentiality of personal information.</p> <p>9.7 People with a disability are supported to exercise their rights and responsibilities in relation to making decisions and choices.</p> <p>9.8 People with a disability are supported to exercise their rights and responsibilities in relation to residential tenancy.</p> <p>9.9 People with a disability are supported to access independent advocacy organisations or individual advocates.</p> <p>9.10 People with a disability are supported to understand what to do if their rights are violated.</p> <p>9.11 People with a disability are satisfied with the supports they receive to exercise their human rights.</p>

A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person with a disability:</p> <ul style="list-style-type: none"> • what rights and responsibilities they most value • their rights and responsibilities in relation to the service • what things make them feel valued and respected • what information, education and support would extend their knowledge and skills in exercising their rights and responsibilities • how they wish to be supported to make decisions and choices • what independent supports or services could assist them to exercise their rights and responsibilities • how they wish to involve their family members and personal networks to assist them to exercise their rights and responsibilities.
Promoting rights and responsibilities	<p>Adopt a framework that promotes and protects human rights, and address this through the organisation’s strategic leadership, decision making and planning processes.</p>
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding human rights, <i>Disability Act 2006</i> (Vic), career planning, volunteering and workplace rights and conditions. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite human rights advocates to talk to staff and support users.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances • minutes of consumer committees and representative groups.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individual rights and responsibilities are recognised, addressed and supported in individualised plans. • A charter on human rights is developed and actively promoted. • Support users participate in organisational committees and decision making bodies. • Information is provided to support users regarding: <ul style="list-style-type: none"> – human rights – rights and responsibilities in relation to the service

	<ul style="list-style-type: none">- what they can do if they feel their rights have been violated or that they have been discriminated against- independent assistance with exercising rights and responsibilities, including advocacy organisations, Community Visitors Program, Disability Services Commissioner, police, unions, Consumer Affairs Victoria and specialist consumer advocacy groups.• Policies and procedures address human rights, accessing services and supports, personal privacy and dignity, lodging a complaint or appeal, privacy and confidentiality of personal information, making decisions and choices, residential tenancy, access to independent advocacy, dignity of risk, reporting and responding to allegations of abuse and/or neglect, and are developed in partnership with people with a disability and their family members and carers.• Consumer feedback processes regularly monitor and review outcomes in relation to human rights.• Human rights are addressed and supported through:<ul style="list-style-type: none">- staff recruitment, orientation, education and training- strategic, business and quality plans.
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10. Expressing culture	
Outcome	People with a disability experience a sense of cultural identity, belonging, affinity and connectedness.
Overview	<p>Culture refers to the customs, practices, languages, values and world views that define social groups, such as those based on nationality, ethnicity, region or common interests. Cultural identity is important for our sense of self, how we relate and interact with others, and our overall wellbeing. When we identify with a particular culture we feel we belong and are accepted for who we are.</p> <p>Australia is a culturally and linguistically diverse society. This cultural diversity is a key part of our national identity. According to the 2001 Census:</p> <ul style="list-style-type: none"> • 23 per cent of Australians were born overseas • an additional 20 per cent had at least one parent born overseas • we speak about 200 languages, and practise a wide variety of religions.¹² <p>Based on the Australian Bureau of Statistics (ABS) <i>Survey for Disability, Ageing and Carers 2003</i>, it is estimated that 276,100 Victorians who were reported as having a disability were born overseas (5.6 per cent of Victorian population).¹³</p> <p>Aboriginal people have lived in Victoria for tens of thousands of years. Across Australia there are 260 Aboriginal language groups that represent a diverse range of cultures. There are 38 Aboriginal language groups in Victoria alone.¹⁴</p> <p>Cultural diversity is not only defined by nationality or ethnicity. For example, young people adopt styles, behaviours, hairstyles, clothing, language, music genres and gathering places to establish a sense of identity. People who identify themselves as Deaf may be linked by a sense of community and a shared culture, which is strongly unified by the use of sign language.</p> <p>People with a disability share this diversity of cultural backgrounds and personal identities. Supporting people with a disability to experience a sense of cultural identity, belonging, affinity and connectedness requires a commitment to developing accessible, responsive and culturally competent services that revolve around the personal identity of each individual.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>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.</p> <p>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.</p> <p>10.3 People with a disability are supported to access information in community languages and culturally appropriate formats.</p> <p>10.4 People with a disability are supported to use their preferred language when communicating.</p>

¹² Commonwealth Government of Australia, *Multicultural Australia: United in Diversity*, Commonwealth Government of Australia, Canberra, May 2003

¹³ Disability Services Division, Department of Human Services (DHS), *Cultural and linguistic diversity strategy: Planning and delivering culturally appropriate supports for people with a disability, their families and carers*, DHS, Melbourne, 2004

¹⁴ Tourism Victoria, *Victoria's Aboriginal Tourism Development Plan 2006–2009*, Tourism Victoria, Melbourne, April 2006

	<p>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.</p> <p>10.6 People with a disability are supported to practise their cultural, religious or spiritual beliefs.</p> <p>10.7 People with a disability are supported to maintain connections to family or cultural history and traditions.</p> <p>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.</p> <p>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.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person with a disability:</p> <ul style="list-style-type: none"> • how they wish to be supported to express their culture • how they may extend their knowledge about the ways they wish to live their life • what independent cultural supports or services are available to assist them • how they wish to involve their family members and personal networks to assist them to express their culture. <p>Service providers should also consider ways to collate information from all support users to inform service planning.</p>
Promoting rights and responsibilities	<p>Adopt a service framework that promotes the right of people with a disability to experience a sense of cultural identity, belonging, affinity and connectedness, and address this through the organisation’s strategic leadership, decision making and planning processes.</p>
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding culturally competent services, cultural history and traditions and working with families from culturally and linguistically diverse backgrounds. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite advocates, community groups and cross-cultural trainers to talk to staff and support users.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice.

Evidence of good organisational practice	<ul style="list-style-type: none">• Cultural identity, belonging, affinity and connectedness are recognised, addressed and supported in individualised plans.• A statement on cultural responsiveness is developed and actively promoted.• Support users participate in organisational committees and decision-making bodies.• Information is provided to support users regarding:<ul style="list-style-type: none">– their rights and responsibilities in relation to expressing their cultural and personal identity– language, interpreter and translation services– support and community groups in the community.• Policies and procedures address supporting individual culture, language, personal identity, translation of information into community languages, access to interpreter services, and are developed in partnership with people with a disability and their family members and carers.• Consumer feedback processes regularly monitor and review outcomes in relation to cultural identity, belonging, affinity and connectedness.• Cultural identity, belonging, affinity and connectedness is addressed and supported through:<ul style="list-style-type: none">– staff recruitment, orientation, education and training– strategic, business and quality plans.
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11. Having fun	
Outcome	People with a disability experience a sense of social wellbeing through enjoyment of life and time for leisure and recreation.
Overview	<p>Participating in leisure and recreation activities is an important aspect of a balanced and healthy lifestyle. These activities take many forms, including involvement in visual and performing arts, music, literature, cultural heritage, religious activities, libraries, radio, television, and sports and physical recreation. Leisure time provides us with a time and space where we can do the things we want to do, with people we choose to do them with, away from work, daily routines and other commitments.</p> <p>Leisure and recreation encourages personal growth and self-expression, provides increased learning opportunities, creates a sense of belonging and enhances our social networks. Many of us also participate in leisure and recreation activities to improve our physical and mental health, and use the time to be free from stress and anxiety.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>11.1 People with a disability are supported to identify activities and interests they enjoy.</p> <p>11.2 People with a disability are supported to pursue hobbies and pastimes according to their interests and preferences.</p> <p>11.3 People with a disability are supported to participate in recreational, leisure and sporting activities according to their interests and preferences.</p> <p>11.4 People with a disability are supported to use their environments in a manner that reflects the activities and interests they enjoy.</p> <p>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.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, explore with the person with a disability:</p> <ul style="list-style-type: none"> • what activities and interests they enjoy and how they wish to be supported to pursue these • organised sports and recreation activities in the community they would like to participate in • stresses currently in their life and how they would like to be supported to manage these • places that would provide them an enjoyable and stress-free environment • significant people they enjoy spending time with • how they wish to be supported to participate in leisure and recreation activities.

Promoting rights and responsibilities	Adopt a service framework that promotes health and social wellbeing through enjoyment of life and time for leisure and recreation, and address this through the organisation’s strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding developing leisure and recreation options and stress management. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite community groups, recreation organisations and health professionals to talk to staff and support users.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances • minutes of consumer committees and representative groups.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Enjoyment of life and time for leisure and recreation supported in individualised plans. • Information is provided to support users regarding: <ul style="list-style-type: none"> – their rights and responsibilities in relation to recreation and leisure – recreation organisations and options in the community – stress management. • Policies and procedures address social wellbeing, leisure and recreation and are developed in partnership with people with a disability and their family members and carers. • Consumer feedback processes regularly monitor and review outcomes in relation to social wellbeing, leisure and recreation and enjoyment of life. • Social wellbeing, leisure, recreation and enjoyment of life are addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans.

12. How to live	
Outcome	People with a disability experience an adequate standard of living through exercising control over their living circumstances.
Overview	<p>Exercising control over our lives by having access to basic necessities, such as adequate food, clothing and housing, is fundamental to our wellbeing. For many of us, access to an attractive physical environment also contributes to our contentedness with life. A healthy environment provides recreational opportunities, allowing people to take part in activities they value.</p> <p>A clean, healthy environment is important for people’s physical and emotional wellbeing. At a fundamental level, elements such as clean air and good quality drinking water are vital for people’s physical health. Other environmental factors, such as noise pollution, can cause both physical harm and psychological stress.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>12.1 People with a disability are supported to identify and realise priorities and goals to assist them to exercise control over their living circumstances.</p> <p>12.2 People with a disability are supported to access adequate and affordable food, clothing, energy services, medical care and social services.</p> <p>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.</p> <p>12.4 People with a disability are supported to access natural areas and public spaces.</p> <p>12.5 People with a disability are satisfied with the support they receive to experience an adequate standard of living.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, explore with the person with a disability:</p> <ul style="list-style-type: none"> • their priorities and goals in regard to their living circumstances • their current access to adequate and affordable food, clothing, energy services, medical care and social services, and how this could be improved • their current access to personal assistance, in-home, residential or community supports to assist them to live as independently as possible, and how this could be improved. • their current access to natural areas and public spaces, and how this could be improved.
Promoting rights and responsibilities	Adopt a service framework that promotes the right of people with a disability to have an adequate standard of living through exercising control over their living circumstances, and address this through the organisation’s strategic leadership, decision-making and planning processes.

Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding standards of living. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite welfare advocates, human rights advocates, health professionals and community groups to talk to staff and support users.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Issues relating to adequate standard of living are addressed and supported in individualised plans. • A charter on the right to an adequate standard of living is adopted and promoted. • Information is provided to support users regarding: <ul style="list-style-type: none"> – their rights and responsibilities in relation to an adequate standard of living – affordable food and clothing options, energy services, medical care and social services – personal assistance, in-home, residential or community supports to assist them to live as independently as possible. • Policies and procedures address how the organisation will support people with a disability to access an adequate standard of living, including access to affordable food and clothing options, energy services, medical care and social services, personal assistance, in-home support or residential or community supports. • Consumer feedback processes regularly monitor and review outcomes in living circumstances for people with a disability. • Supporting people with a disability to access an adequate standard of living is addressed through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans.

13. Looking after self	
Outcome	People with a disability experience the best possible physical, mental, emotional and social health and wellbeing.
Overview	<p>As well as the absence of disease, health and wellbeing is a combination of a person's physical, mental, emotional and social health. It is strongly linked to happiness and life satisfaction.</p> <p>Many of us manage our own health and wellbeing by doing things to prevent and minimise the effects of a range of diseases and conditions. These include strategies to minimise the risk of disease and illness, such as participating in regular physical activity, stress management, having a balanced diet or minimising our intake of alcohol, tobacco or other drugs.</p> <p>At other times we may seek advice and treatment from health professionals to manage specific conditions, such as diabetes, cardiovascular disease, cancer, chronic disease, falls and other injuries, depression, mental illness, asthma, arthritis and dental and oral diseases.</p> <p>People with a disability experience poorer health and wellbeing than other people in the community and have a higher incidence of health problems, including swallowing problems, malnutrition, diabetes, cardiovascular disease, constipation, obesity, osteoporosis and gastric problems. Many of these problems impact significantly on their wellbeing and mortality. People with a disability die of preventable diseases approximately 20 years younger than other Australians. All aspects of supporting a person with a disability with their health and wellbeing, such as recording, monitoring, health assessment, health promotion, the coordination of different support and health care providers and staff learning and development, are important.¹⁵</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>13.1 People with a disability are supported to participate in physical activity.</p> <p>13.2 People with a disability are supported to access, prepare and consume nutritious food.</p> <p>13.3 People with a disability are supported to participate in activities to regularly monitor and review their health and wellbeing.</p> <p>13.4 People with a disability are supported to identify and realise personal goals to promote health and wellbeing.</p> <p>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.</p> <p>13.6 People with a disability are supported to access information about health professional services and supports, such as dentists, counselling, dieticians, allied health therapists and medical specialists.</p> <p>13.7 People with a disability are satisfied with the support they receive to experience the best possible physical, mental, emotional and social health.</p>

¹⁵ Adapted from information provided by Wellbeing & Practice Improvement Unit, Disability Services, Department of Human Services

A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, explore with the person with a disability:</p> <ul style="list-style-type: none"> • current health status, including medical conditions • specialist health needs or emergency management plans for existing conditions, for example, for epileptic seizures • key contact details, such as family, advocate, guardian, general practitioner (GP) and other health professionals • what they would like to change regarding their health and wellbeing • information that will increase their understanding about health and wellbeing issues and support informed decision making • how they can be supported to manage their own health and wellbeing • how they wish to involve family members and carers in decisions that affect their health.
Promoting rights and responsibilities	<p>Adopt a service framework that promotes that people with a disability have the right to the best possible physical, mental, emotional and social health, and address this through the organisation's strategic leadership, decision making and planning processes.</p>
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding health and wellbeing issues, including tobacco-related illness, the use of alcohol and other drugs, diabetes, sexual and reproductive health, nutrition and emotional wellbeing. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite community services to talk about learning, educational and training opportunities. • Invite health professionals and health promotion practitioners to talk to support users and staff about enhancing physical, mental, emotional and social health and wellbeing.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances • minutes of consumer committees and representative groups.

Evidence of good organisational practice	<ul style="list-style-type: none">• Individual health, physical, mental, emotional and social health and wellbeing are recognised, supported and addressed in individualised plans.• Policies and procedures promote the importance of good physical, mental, emotional and social health and wellbeing.• Staff demonstrate knowledge of physical, mental, emotional and social health and wellbeing issues and local services and facilities.• Information is provided to support users regarding the range of health services available in their community, and support is provided to access these.• Support is provided to support users to manage and direct their own health care.• Activity schedules, daily planners, calendars of events, health programs and educational programs identify opportunities to support access to health and wellbeing services for people with a disability.• Partnerships are formed with community organisations to promote physical, mental, emotional and social health and wellbeing, including local councils, health services, community groups, volunteer organisations and cultural organisations.• Information is collated from all individual plans to inform service planning.• Consumer feedback processes regularly monitor and review outcomes related to physical, mental, emotional and social health and wellbeing.• Physical, mental, emotional and social health and wellbeing are addressed and supported through:<ul style="list-style-type: none">– staff recruitment, orientation, education and training– strategic, business and quality plans.
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14. Moving around	
Outcome	People with a disability move freely in their environments and in the community.
Overview	Being able to move around in our environments and in our communities contributes to how well we can establish ourselves as part of our community. When we can move freely in the places where we live, work and spend time, we can take advantage of a variety of experiences and activities. Such freedoms provide us independence and give us choice about what we do and when.
Outcome Measures (Evidence indicators of the Outcome Standards)	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. 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.
A suggested approach to supporting the outcome	
Planning	At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person a disability: <ul style="list-style-type: none"> • current mobility and/or transport arrangements • barriers that prevent the person with a disability from moving freely in their environments or communities (including policies, environments, equipment and training) • the supports that are required to obtain the desired level of mobility and independence and at what times these supports are required • any specific aids, equipment, technology or modifications that would improve the freedom to move around in the environment and community of the person with a disability • any training, orientation or exposure programs or other supports that would assist the person to move freely in their environment and community. Service providers should also consider ways to collate information from all support users to inform service planning.
Promoting rights and responsibilities	Adopt a service framework that promotes that people with a disability have the right to move freely in their environments and in the community, and address this through the organisation’s strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding access to independent mobility, assistive technologies and aids, and private and public transport options.

	<ul style="list-style-type: none"> • Support people with a disability to participate in developing and facilitating education and training programs. • Invite mobility specialists (for example, occupational therapists) to talk to staff and support users about the equipment, programs and supports that are available to assist people with a disability to move freely in their environments and communities.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances • minutes of consumer committees and representative groups.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individualised plans recognise, support and address the issues that are important to each person with a disability to move freely in their environments and community. • Policies, rules, practices and procedures facilitate people with a disability to move freely in their environments and community. • Information is provided to support users regarding transport options, aids and equipment, modifications and technology that may assist people with a disability to move freely in their environments and community. • People with a disability moving freely in their environments and community is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans. • Staff demonstrate knowledge of the barriers that may prevent people with a disability accessing and using their environments and understand how to support people with a disability to move freely in their environments and in the community. • Information is collated from all individual plans to inform service planning. • Consumer feedback processes regularly monitor and review outcomes related to satisfaction by people with a disability with the support they receive to move freely in their environments and in the community.

15. Paying for things	
Outcome	People with a disability experience an adequate standard of living through exercising control over finances.
Overview	<p>Economic standard of living concerns the physical circumstances in which people live, the goods and services they are able to consume, and the economic resources they have access to. It is concerned with the average level of available resources as well as the distribution of those resources across society. Basic necessities, such as adequate food, clothing and housing, are fundamental to wellbeing.</p> <p>People with a disability often experience reduced capacity to control their own finances. It is important that not only does everyone enjoy a decent standard of living, but that our society is as prosperous as possible. Such prosperity gives people choice over how to live their lives.</p>
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>15.1 People with a disability have access to an adequate income.</p> <p>15.2 People with a disability are supported to identify their financial priorities and budget constraints.</p> <p>15.3 People with a disability are supported to choose and make personal purchases.</p> <p>15.4 People with a disability are supported to access information regarding consumer choice, such as shopping options, product advice and consumer protection.</p> <p>15.5 People with a disability are supported to understand good financial management and budget practices.</p> <p>15.6 People with a disability are supported to access information about affordable credit options, such as bank loans and mortgages.</p> <p>15.7 People with a disability are satisfied with the support they receive to experience control over their finances.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person with a disability:</p> <ul style="list-style-type: none"> • access to income, standard of living, financial priorities and budget constraints • current satisfaction with the extent to which the person with a disability exercises control of their finances • anything they wish to change about the management of their finances • if they are able to or want to manage their own money • if they require information, training, advice or support to manage their own money • if they have or need a financial administrator. <p>Service providers should also consider ways to collate information from all support users to inform service planning.</p>

Promoting rights and responsibilities	Adopt a service framework that promotes that people with a disability have the right to an adequate standard of living through exercising control over finances, and address this through the organisation’s strategic leadership, decision making and planning processes.
Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding financial planning and management tools and programs, income, consumer advice and consumer protection. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite experts to provide information about financial administration, consumer choice, product advice and consumer protection.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances • minutes of consumer committees and representative groups.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Individualised plans recognise, address and support people with a disability to experience an adequate standard of living through exercising control over their finances. • Information is collated from all individual plans to inform service planning. • Activity schedules, daily planners and educational programs identify opportunities to support people with a disability to experience an adequate standard of living through exercising control over finances, including budgeting, identifying financial priorities and making personal choice, having access to shops and banks, and being provided with product advice and consumer protection. • Information is provided to support users regarding: <ul style="list-style-type: none"> – access to income – sound financial management and budgeting practices – financial planning, including investment and credit options – product advice and consumer protection. • Policies and procedures, developed in partnership with support users and their family members and carers, ensure people with a disability experience an adequate standard of living and exercise control over their finances. • Staff demonstrate knowledge of supports to assist people with a disability to plan and manage their personal finances. • Consumer feedback processes regularly monitor and review outcomes related to how people with a disability are supported to exercise control over their finances. • Experiencing an adequate standard of living through exercising control over finances is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans.

16. Where to live	
Outcome	People with a disability experience an adequate standard of living through access to adequate and appropriately located housing.
Overview	For many people, access to adequate and appropriately located housing and accommodation contributes to their sense of wellbeing and contentedness with life. The opportunity to choose from a range of clean, healthy and affordable housing and accommodation options is vital for people’s physical and emotional health and significantly contributes to a person’s capacity for independence. Choosing where and with whom we live are personal decisions that everyone should have the opportunity to make.
Outcome Measures (Evidence indicators of the Outcome Standards)	<p>16.1 People with a disability are supported to identify and realise priorities and goals in relation to housing and accommodation.</p> <p>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.</p> <p>16.3 People with a disability are supported to understand and access appropriately designed and located housing that enhances their independence.</p> <p>16.4 People with a disability are not isolated or segregated from the community.</p> <p>16.5 People with a disability are satisfied with the support they receive to access adequate and appropriately located housing.</p>
A suggested approach to supporting the outcome	
Planning	<p>At the beginning point of a support relationship between each person with a disability and the service, consider exploring with the person with a disability:</p> <ul style="list-style-type: none"> • current living arrangements, including where and with whom the person with a disability lives • any changes the person with a disability would like to consider • any information the person with a disability requires in regard to the range of housing options that are available • does the person with a disability know their rights and responsibilities in relation to housing • are there support programs or skill development opportunities that would expand the range of housing options suitable for the person with a disability over time. <p>Service providers should also consider ways to collate information from all support users to inform service planning.</p>
Promoting rights and responsibilities	Adopt a service framework that promotes that people with a disability have the right to an adequate standard of living through access to adequate and appropriately located housing, and address this through the organisation’s strategic leadership, decision making and planning processes.

Learning and development	<ul style="list-style-type: none"> • Facilitate regular education and training for support users and staff regarding affordable and appropriate housing and accommodation options, including private rental, public housing and supported accommodation. • Support people with a disability to participate in developing and facilitating education and training programs. • Invite housing specialists to talk to staff and support users about affordable and appropriate housing options, rights and responsibilities.
Recording and documenting practice	<p>Consider documenting and reviewing:</p> <ul style="list-style-type: none"> • collective outcomes from individual plans • results of consumer satisfaction surveys • evaluations of support user and staff training programs • examples of good practice • records of complaints and grievances • minutes of consumer committees and representative groups.
Evidence of good organisational practice	<ul style="list-style-type: none"> • Access to adequate and appropriately located housing is recognised, addressed and supported in individualised plans. • Information is collated from all individual plans to inform service planning. • Programs identify housing aspirations of people with a disability and support them to access appropriate housing and accommodation options. • Information is provided to support users regarding: <ul style="list-style-type: none"> – affordable and appropriate housing options – housing design and modifications that enhance independence – rights and responsibilities in relation to housing and accommodation. • Policies and procedures address adequate and appropriately located housing and accommodation options and are developed in partnership with support users and their family members and carers. • Staff demonstrate knowledge of housing and accommodation options and supports. • Consumer feedback processes regularly monitor and review outcomes related to housing and accommodation. • Access to adequate and appropriately located housing is addressed and supported through: <ul style="list-style-type: none"> – staff recruitment, orientation, education and training – strategic, business and quality plans. • Partnerships are formed with community organisations to promote and create adequate and appropriate housing, including local councils, planning advisors, supported accommodation options, private real estate agencies, architects, the Tenants' Association and the Office of Housing.

Building quality through learning and change

A high percentage of changes introduced in organisations do not reach their full potential—that is, they are not fully implemented or do not produce the benefits envisioned by their sponsors.

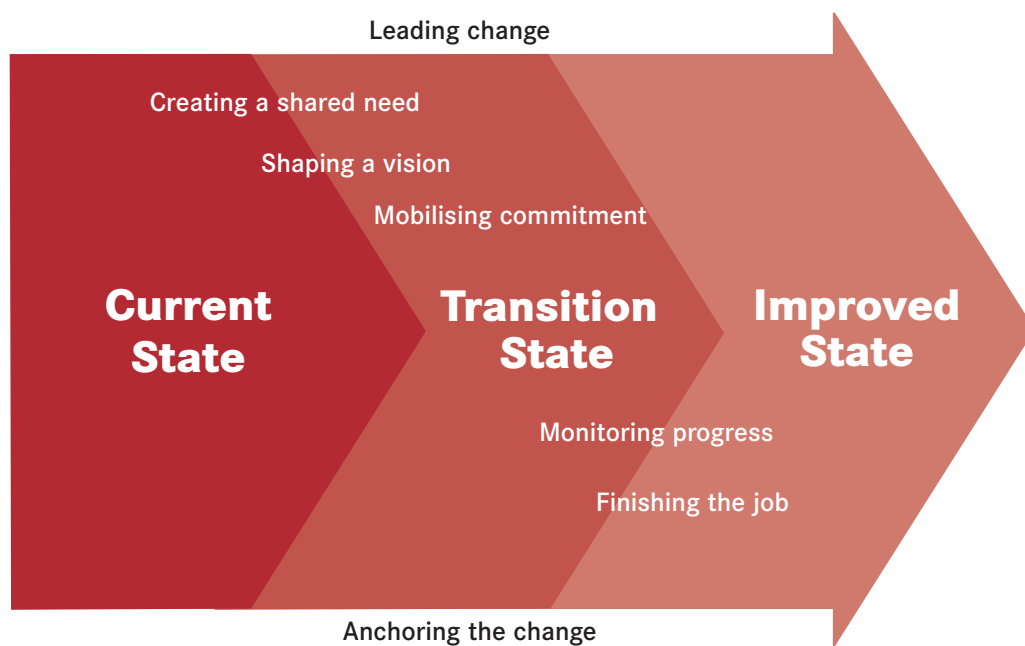
Introducing alternative ways of thinking, working and behaving - ‘change’ - usually doesn’t fail because of technical reasons, such as something inherently flawed about the change itself. Change usually fails for human reasons; the promoters of the change did not attend to the healthy, real and predictable reactions of normal people to disturbance of their routines.

It is often said that people don’t resist ‘change’ so much as they resist ‘being changed’. The aim of change management is clear - you have to explain why the affected people should want to change, and thereby cultivate readiness instead of resistance.¹⁶

Quality must be implemented systematically and strategically throughout an organisation—from the top down.

How do you get that commitment? The diagram below is one example depicting the elements of a change model and the sequence in which they occur. In the centre of the figure, all changes move from the current state, through a transition state, into the desired improved state.

Figure 3: Quality improvement model for making change work



¹⁶ Excerpt from Brien Palmer, *Making Change Work: Practical Tools for Overcoming Human Resistance to Change*, ASQ Quality Press, 2004, pages xv-xvi, 7-9

Leading the change

Leadership is not solely the responsibility of those who reside at the higher levels of the hierarchy. Instead, it's an activity in which anyone who's interested in the success of an organisation can take part by:

- defining the overall vision and mission of an organisation
- developing strategies, systems and structures to achieve the vision and mission
- creating both technical and social systems that are effectively integrated and address the needs of both customers and employees.

As a leader, advocate and champion you must:	
<p>Create a shared need</p> <p>Create, or affirm, a broadly understood need for the change.</p>	<p>Shape a vision</p> <p>You also need to create and disseminate an idea of what the outcome will look like.</p>
<p>Mobilise commitment</p> <p>As the change effort gets underway, and until the end, there must always be sufficient resources dedicated to it.</p>	<p>Monitor progress</p> <p>As work gets completed, you must have a way to track it.</p>
<p>Finish the job</p> <p>Ensure that the task reaches completion.</p>	<p>Lead change</p> <p>From the very beginning until the end, the change effort must have the backing of management, and leadership from an accountable person or people.</p>

At all stages, ensure that the change will fit in the:

- environment
- organisational structure
- business culture
- work processes.

For example, if you are introducing new methods to measure quality, you must make sure that the users will not simply keep using the old system as well, because they are familiar with it and have more trust and faith in its use. For effective sustained change to occur, you need to address:

- work-flow changes, including training and education
- rewards and recognition and transition planning, so that the new system will be aligned with the work environment.

Operational leadership involves:

- ensuring that organisational processes are effectively carried out on a day-to-day basis
- monitoring performance
- addressing constraints
- ensuring that employees understand what is to be done and are provided with the authority, knowledge and skills to do it.

The culture that results from how work is carried out shapes the way members of an organisation relate to each other and to the outside world. The levels of employee motivation and empowerment, and how conflict is resolved, both shape and are a measure of organisational cultures.

Leadership must effectively manage these issues because they also affect organisational performance.¹⁷

Value of teams

A team is a group of people who perform interdependent tasks to work toward a common mission. Some teams have a limited life; for example, a project management team designing and developing a new service or a process improvement team organised to solve a particular problem. Others are ongoing, such as a department, a service quality improvement team or an executive management team that meets regularly to review goals, activities and performance.

Understanding the relationships that exist between organisational units and processes, and the impact of these relationships on quality, productivity and cost, makes the value of teams apparent.

Types of teams

Many of today's team concepts originated in the United States during the 1970s, through the use of quality circles or employee involvement initiatives. The initiatives were often seen as separate from normal work activities, not as integrated with them. Team designs have since evolved into a broader concept that includes many types of teams formed for different purposes.

Three primary types of teams are typically used within the work environment:

1. Process improvement teams

Project teams that focus on improving or developing specific business processes. These teams come together to achieve a specific goal, are guided by a well-defined project plan and have a negotiated beginning and end.

2. Work groups or natural teams

Have responsibility for a particular process (for example, a department, a product line or a stage of a business process) and work together in a participative environment. The degree of authority and autonomy of the team can range from relatively limited to full self-management. The participative approach is based on the belief that employees will be more productive if they have a higher level of responsibility for their work.

3. Self-managed teams

Directly manage the day-to-day operation of their particular process or department. They are authorised to make decisions on a wide range of issues (for example, safety, quality, maintenance, scheduling and personnel). Their responsibilities also include processes traditionally held by managers, such as goal-setting, allocation of assignments and conflict resolution.

¹⁷ Adapted from Duke Okes and Russell T. Westcott, *Certified Quality Manager Handbook: Second Edition*, ASQ Quality Press, 001, page 3.

Empowerment of team members

Empowerment is based on the belief that employees have the ability to take on more responsibility and authority than traditionally has been given to them, and that heightened productivity and a better quality of work life will result.

Empowerment of employees requires:

- training in the skills necessary to carry out the additional responsibilities
- access to information on which decisions can be made
- initiative and confidence on the part of the employee to take on greater responsibility.

Empowerment also means giving up some of the power traditionally held by management, which means managers also must take on new roles, knowledge and responsibilities.

It does not mean that management relinquishes all authority, totally delegates decision making and allows operations to run without accountability. It requires a significant investment of time and effort to develop mutual trust, assess and add to individuals' capabilities and develop clear agreements about roles, responsibilities, risk taking and boundaries.

What does an empowered organisational structure look like?

Empowerment often also calls for restructuring the organisation to reduce levels of the hierarchy or to provide a more customer and process focused organisation.

Empowerment is often viewed as an inverted triangle of organisational power. In the traditional view, management is at the top while customers are on the bottom; in an empowered environment, customers are at the top while management is in a support role at the bottom.¹⁸

Developing a learning culture

The implementation of the quality framework may require a shift in thinking and ways of operating for some support services. The demonstration projects have highlighted, however, that in most cases the changes required build on and enhance existing ways of working, rather than completely overhauling or replacing them.

Overwhelmingly, a key message from people who participated in the demonstration projects is that a common sense approach to ensuring high quality service is to focus on the things that are important to people with a disability, and what makes a difference in their lives.

Key to implementing the quality framework is generating a common awareness, understanding and ownership of the quality framework throughout the entire organisation support service, from the support users to their family members and carers, board of directors, executive, management staff and direct support workers.

To generate this awareness, understanding and ownership to assist the change process, demonstration participants were provided with information about theories and processes that assisted them to consider ways to develop a learning culture within their organisation. These key theories and processes are discussed as follows.

¹⁸ Excerpt from Duke Okes and Russell T. Westcott, *Certified Quality Manager Handbook: Second Edition*, ASQ Quality Press, 2001, pages 29-30.

The learning organisation

In learning organisations, people are continually discovering how they create their reality and how they contribute to it. Learning organisations are characterised by five disciplines that relate to how people think, what they truly want and how people interact and learn from each other.

The five disciplines are:
1. Personal Mastery Continually clarifying and deepening our personal vision.
2. Mental Modes Understanding our assumptions and generalisations about the world.
3. Shared Vision Fostering genuine commitment to shared goals, values and mission.
4. Team Learning Team learning begins with dialogue, that is, 'thinking together' and recognising the patterns of interaction that undermine learning.
5. Systems Thinking Seeing ourselves not as separate to the world but as connected to it, that is, how do our own actions create the problems we experience rather than seeing problems as created by someone else?

Rating the level of quality achieved for an indicator

Once evidence is provided you need to decide the level of quality you have achieved. An example of a rating scale is provided below. There are many others you could use.

The matrix provided is based on a four level rating scale. The definitions in the rating scale that you are asked to consider when deciding how the service outlet has performed against a particular indicator are outlined in the matrix below. To determine whether your service meets a particular indicator, it is recommended that where the rating for any indicator in the matrix above is in category one or two, you can assess your service as meeting the indicator.

Figure 4: Rating scale

high ↑ C o n s i s t e n c y ↓ low	Rating one	Rating three
	Practice is consistent and meets the indicator	Practice is consistent but does not meet the indicator
	Rating two	Rating four
	Practice meets the indicator but is not always consistent	Practice does not meet the indicator and is not consistent
	Quality	
	← high	low →

If the rating is three or four, then your service should be assessed as not currently meeting that indicator.

Remember, that an organisational self-assessment is designed to provide you with information on how to improve your services. As improvement is always possible, even where a service assesses itself as meeting the indicator, further improvements should be considered.

Active participation

Introduction

This section was developed in partnership with the Building Participative Practice Project, an initiative of the Active Participation Strategy, Department of Human Services.

The Active Participation Strategy was informed by over a thousand people with a disability, their family members, carers and organisations that contributed to a body of knowledge about how people with a disability could be actively involved in the work of all disability services and, more broadly, in other areas of the community.

‘Active participation is about respecting individuals, their abilities and their needs and acting upon what they say.’

Active Participation Working Party member, 2003

Participative practice

Supporting quality outcomes for people with a disability relies upon you working in ways that support people with a disability to become genuinely involved in understanding and making decisions about the issues that affect their lives. This can be at an individual, organisational or community level.

This ‘participative practice’ involves you working in partnership with people with a disability to identify and strengthen their involvement in the services they receive. It is about building opportunities for people with a disability to contribute their ideas and opinions, make decisions and undertake leadership roles about all aspects of the planning and delivery of disability support services.

Participative practice is based on the democratic right of people with a disability to be involved and participate in decision making and recognises that participation strengthens communities and broadens community membership opportunities.

Participative practice rests on the strong belief that people with a disability have the right to be:

- valued for who they are
- treated fairly
- communicated with in ways that show respect.

Participative practice in our day-to-day work

When supporting people with a disability, their family members and carers, you should consider how your practice demonstrates the following beliefs and actions:

- anyone who is affected by decisions is part of the decision making process
- personal involvement in decision making is considered to be critical
- individuals’ ideas are used to make decisions and feedback is given about how these ideas will be used
- opportunities are created for equal and meaningful participation
- information and support is provided in a way that is designed around the individual
- choice is provided about how people with a disability will participate and be a part of decision making
- willingness and a positive attitude to include people with a disability in decision making
- time is taken to listen to and understand what people with a disability are saying
- physical access to buildings and services supports decision making and participation.

‘As a client you find yourself in a strange position when participating in programs and committees such as this – not an insider, but not an outsider either; and it gives an opportunity to make some observations that would not be able to be made by anyone else, anywhere else, in the process.’

Participant reflecting upon involvement in a revision of the quality framework demonstration project group, 2007

Active consumer participation guide

This guide has been developed to assist you to work in genuine partnership with people with a disability, their family members and carers to support them to actively participate in decision making and leadership in your services. The following is a guide only.

Strategies and practice	Yes / No
Building organisational capacity and culture	
Are participative practice principles reflected as part of your organisation’s values and mission statement?	
Do your staff induction, training and performance processes recognise and reward the value placed on participative practice?	
Are senior management and board members involved in consumer participation initiatives?	
Does your organisation have an action plan that outlines how the organisation will develop participative approaches?	
Is supporting active consumer participation included in job advertisements, position/duty descriptions and staff performance reviews?	
Do you have peer mentoring programs for staff and consumers to support skills and knowledge development, and to model good practice?	
Representation, decision making and leadership	
Are people with a disability, their family members and carers represented on your organisation’s board of management, specialist committees, advisory groups, reference groups, steering groups or other governance structures?	
Are people with a disability, their family members and carers supported to be actively involved in the development of policies and procedures?	
Are people with a disability, their family members and carers supported to participate on your organisation’s internal audit or monitoring teams?	

Strategies and practice	Yes / No
Are people with a disability, their family members and carers supported to be involved in:	
<ul style="list-style-type: none"> • the development and facilitation of staff training programs? 	
<ul style="list-style-type: none"> • staff and volunteer recruitment processes? 	
<ul style="list-style-type: none"> • representing your organisation at conferences, sector meetings and community events? 	
<ul style="list-style-type: none"> • consumer support and self-help groups? 	
Supporting individual outcomes	
Do you work with each person with a disability to develop a plan to identify and document how they wish to be supported to make decisions and choices at an individual, organisation and community level?	
Do you develop participation strategies that reflect identified priorities, goals and long-term outcomes for the person with a disability?	
Do you identify and document the information that each person with a disability requires to maximise their participation in the planning, development, monitoring and review of your services, and the format that information needs to be presented in?	
Continuous improvement	
Do you use de-identified information from individual plans regarding participation goals to inform the organisation's priorities and strategic direction?	
Do you regularly monitor and review the participation of support users in the planning, development, monitoring and review of your service, and plan strategies to increase and enhance participation?	
Do you implement staff learning, development and educational programs that address, participative practice – including some training from people with a disability who run awareness training?	
Do you invite someone with experience in participative practice to speak with staff and support users?	

Further information

- ➔ The Department of Human Services and the Carinya Society have developed an easy to use guide on running a focus group called *Creating Your Own Focus Group*. It is available from the Carinya Society, telephone: 9354 3337.
- ➔ The Active Participation Service (APS) is a new and innovative service that Disability Attendant Support Services Incorporated (DASSI) provides, initially funded for 12 months by the Department of Human Services. The Active Participation Service is available to individuals with a disability who would like to actively participate in decision making and/or advisory roles, for example, on committees, advisory groups and boards of management. Attendants are trained to support individuals to read documents, understand concepts and put forward their views in meetings and conferences. A brochure is available for download as a PDF from the DASSI website at: www.dassi.com.au/tr_index.html
- ➔ Department for Victorian Communities, *Inclusive consultation and communication with people with a disability: a guide for Victorian Government departments* www.dvc.vic.gov.au
- ➔ Youth Affairs Council of Victoria 2004, *Taking young people seriously: young people on boards and committees*. This handbook has many useful tips and practical tools to assist participation and shared decision making. It can be downloaded as an Adobe Acrobat file from: www.yacvic.org.au/pages/policy/participation.htm

Individualised planning and support

Providing high quality services to people includes providing what is needed, when it's needed, in a manner that suits the person.

A number of different tools and methods are used by support services to identify what people with a disability want and need. Increasingly, approaches that assist the development of individualised planning and support options have been developed in disability services around the world to ensure people with a disability receive appropriate and desired supports.

The quality framework promotes outcomes for people with a disability, and outcomes are achieved when you work in a way that places each person with a disability at the centre of their services and supports. This involves carefully listening to the person with a disability, in whatever ways the person with a disability communicates, and building individualised support approaches and options around them.

The quality framework promotes the principles of the *Disability Act 2006* in relation to individualised planning and support, and encourages service providers to explore a range of approaches that best meet the needs and outcomes of people with a disability who use services.

This guide has been developed to assist you to determine whether your individualised planning processes are based on a person-directed approach to working with people with a disability.

The following is a guide only. For details regarding legislative requirements of planning, see the *Disability Act 2006* (Vic).

Element of the approach	Yes / No
Is your planning process based on a framework that addresses community participation, choice, respect and capability of each person with a disability?	
Are individual differences and differences in family dynamics and composition respected and accepted?	
Does your planning process allow each person with a disability to define what is meaningful in their life and what really matters most to them?	
Does your planning process acknowledge and value the cultural background of each person with a disability in the planning and decision making process?	
Does your planning process provide each person with a disability with the opportunity and support to make informed choices and to exercise control of their lives?	
Do you offer a choice of flexible, dependable services that meet immediate needs and support people with a disability goals and aspirations for a lifestyle that affords personal control, informed decisions, dignity and respect?	
Does your planning process build on the strengths, gifts, skills, talents and contributions of a person with a disability?	
Does your planning process encourage the building of community around each person with a disability and facilitate relationships with people within their community?	
Does your planning process enable full and active participation for each person with a disability?	

Element of the approach	Yes / No
Are solutions to obstacles and issues that emerge during our planning process negotiated to ensure that resulting activities are consistent with the individual's preferences and goals?	
Does your planning process enable us to work in partnership with each person with a disability to explore creative options to meet the preferences and goals expressed by the person with a disability?	
Are resources to support each person with a disability based on identified needs and available in the community and/or in the service?	
Do strategies and resources used increase the likelihood that individuals will increase control over their lives, participate in community life and develop relationships?	
Is your planning process dynamic rather than static, with the support plan being revised as new opportunities and obstacles arise or when significant changes occur in the individual's life?	

Accessible information guide

This guide has been developed to assist you to assess whether the information you provide is developed in genuine partnership with people with a disability, their family members and carers, and accessible to people with a disability who use your services.

The following is a guide only. For details regarding legislative requirements, see the *Disability Act 2006* (Vic).

Strategies and practice	Yes / No
Active consumer participation	
Do you involve people with a disability, their family members and carers in developing information and processes to access information?	
Do you engage people with a disability, their family members and carers in learning, development and education about issues that relate to services and supports, including:	
• making a complaint?	
• safety issues?	
• rights and responsibilities?	
• community participation?	
• health and wellbeing?	
• leadership and decision making opportunities?	
• active consumer participation?	
Do you support people with a disability, their family members and carers with ongoing opportunities to receive information, ask questions and build on their knowledge?	
Do you involve people with a disability, their family members and carers in ongoing processes to monitor and review the provision of information, and develop strategies to overcome structures and cultures that impede provision of consistent, good information?	
Specialist expertise	
Do you involve specialist services to provide advice and expertise to develop appropriate information, such as:	
• advocacy services?	
• speech pathologists?	
• communication experts?	
• plain language translators?	
• illustrators and photographers?	
• adaptive and augmentative communication technology?	
Do you work with local multicultural and Aboriginal services to develop information in a culturally appropriate manner?	

Strategies and practice	Yes / No
Do you work with other organisations in the community to develop accurate and appropriate information that is relevant to their expertise, such as:	
<ul style="list-style-type: none"> • health service and health promotion organisations? 	
<ul style="list-style-type: none"> • government departments? 	
<ul style="list-style-type: none"> • local government? 	
<ul style="list-style-type: none"> • recreation groups? 	
<ul style="list-style-type: none"> • educational organisations? 	
Supporting individual outcomes	
Do you work with each person with a disability to develop a plan to identify and document their preferred communication style, and how they will be supported to seek, receive and impart information, ideas, opinions and feelings?	
Do you develop information that reflects identified priorities, goals and long-term outcomes for each person with a disability?	
Do you develop alternative formats and strategies for each person with a disability to give and receive information in a manner that facilitates understanding, such as:	
<ul style="list-style-type: none"> • plain English, picture or photo versions? 	
<ul style="list-style-type: none"> • summary versions? 	
<ul style="list-style-type: none"> • large print? 	
<ul style="list-style-type: none"> • audiotape? 	
<ul style="list-style-type: none"> • Braille? 	
<ul style="list-style-type: none"> • electronic formats accessible to adaptive technologies (including floppy disk, CD, email or the Internet)? 	
<ul style="list-style-type: none"> • videotape? 	
<ul style="list-style-type: none"> • written community languages? 	
<ul style="list-style-type: none"> • Auslan interpreter? 	
<ul style="list-style-type: none"> • community language interpreter? 	
<ul style="list-style-type: none"> • TTY facilities? 	
Continuous improvement	
Do you regularly monitor and review the provision of information, and plan strategies to overcome structures and cultures that impede the provision of consistent, good information?	
Do you implement staff learning, development and educational programs that address the preferred communication styles and provision of accessible information?	
Do you promote and integrate into everyday work, examples of good practice?	

Supporting communication rights guide

The following is a guide only. For details regarding legislative requirements, see the *Disability Act 2006* (Vic).

Strategies and practice	Yes / No
Do you support the right of each person with a disability to:	
<ul style="list-style-type: none"> • be offered genuine choices and alternatives? 	
<ul style="list-style-type: none"> • request desired objects, actions, events, and persons, and to express ideas, opinions, personal preferences and feelings? 	
<ul style="list-style-type: none"> • reject or refuse undesired objects, events or actions, including the rights to decline or reject all proffered choices? 	
<ul style="list-style-type: none"> • request, and be given, attention from and interaction with another person? 	
<ul style="list-style-type: none"> • request feedback or information about a concept, idea, object, person or event of interest? 	
<ul style="list-style-type: none"> • active treatment, intervention and support to enable them to communicate messages in whatever modes and as effectively and efficiently as their specific abilities will allow? 	
<ul style="list-style-type: none"> • have access at all times to well maintained, effective and efficient augmentative and alternative communication devices and other assistive devices? 	
<ul style="list-style-type: none"> • environments, supports, interactions and opportunities that encourage them to participate as full communicative partners with other people? 	
<ul style="list-style-type: none"> • be informed about the people with a disability, things, situations and events in their immediate environment? 	
<ul style="list-style-type: none"> • be communicated with in a manner that recognises and acknowledges their inherent dignity, including the right to be supported to understand and participate in communication exchanges that are conducted in their presence? 	
<ul style="list-style-type: none"> • be communicated with in ways that are meaningful, understandable, and culturally and linguistically appropriate?¹⁹ 	

¹⁹ The information in this checklist has been adapted from Bill of Communication Rights, CAUS website, 2007

Culturally competent and sensitive services guide

This guide has been developed to assist you to determine whether your practice recognises, responds to and supports the needs of people with a disability from culturally and linguistically diverse backgrounds. Identifying and understanding the cultural background of a person with a disability does not mean that all their behaviours and choices are necessarily related to their culture.

The following is a guide only. For details regarding legislative requirements, see the *Disability Act 2006* (Vic).

Strategies and practice	Yes / No
Do you work with each person with a disability to determine:	
<ul style="list-style-type: none"> • their country of birth, Indigenous status and cultural background including ethnicity and religion? 	
<ul style="list-style-type: none"> • their preferred language and literacy in English and other languages? 	
<ul style="list-style-type: none"> • their migration experience, for example, whether they came under the humanitarian program as a refugee or skilled migrant programs? This is as important as the health status and education of a person with a disability and they may have been significantly affected by their migration experience. 	
<ul style="list-style-type: none"> • whether they have extended family in Victoria and want to see or talk to them on a regular basis? 	
<ul style="list-style-type: none"> • whether they wish to attend family gatherings and celebrations, for example, weddings, funerals, holidays, reunions, christenings, bar mitzvahs, etc? 	
<ul style="list-style-type: none"> • whether they eat particular foods from their ethnic or religious background for special occasions? 	
<ul style="list-style-type: none"> • whether they regularly eat food similar to the food they ate growing up? 	
<ul style="list-style-type: none"> • what foods are avoided and why? 	
<ul style="list-style-type: none"> • whether they regularly listen to a television or radio station or read a newspaper or magazine specifically marketed to their ethnic or religious background? 	
<ul style="list-style-type: none"> • whether they wish to have decorations/artwork in their current home similar to where they grew up? 	
<ul style="list-style-type: none"> • whether they wish to wear any piece of clothing that they consider characteristic of their ethnic or religious background? 	
<ul style="list-style-type: none"> • whether they are affiliated with, or belong to, a specific religion, for example, Bahai'l, Islam, Judaism, Hinduism, Buddhism, Christianity, etc? 	
<ul style="list-style-type: none"> • whether they wish to attend church/synagogue/mosque or other religious service in their preferred language? 	
<ul style="list-style-type: none"> • whether they wish to observe special religious days or periods, for example, the holy month of Ramadan for a Muslim person with a disability? 	
<ul style="list-style-type: none"> • whether they wish to have religious materials, for example, icons, pictures, books, tapes, or a specific room arrangement? 	
<ul style="list-style-type: none"> • who they wish to involve in decision making about services and supports? 	
<ul style="list-style-type: none"> • if all individuals involved understand the plan and their respective roles in the implementation? 	

The questions on the previous page identify the importance of one or more ethnic groups in a person's background and whether that person wants to stay in contact with others of the same ethnic and religious background. They also identify the probability that personal values, which are characteristic of their background, form part of the person's world view.

Promoting a healthy lifestyle

The Department of Human Services, in collaboration with VicHealth, has identified seven priority areas to improve overall health and reduce health inequalities for all Victorians, including people with a disability.

When working with each person with a disability to support options, organisations should consider how they address the priority areas to ensure that they support people with a disability to maximise their health outcomes through a healthy lifestyle.

The following is a guide only. For details regarding legislative requirements, see the *Disability Act 2006* (Vic).

Priority areas	Yes / No
1. Promoting physical activity and active communities.	
2. Promoting accessible and nutritious food.	
3. Promoting mental health and wellbeing.	
4. Reducing tobacco-related harm.	
5. Reducing and minimising harm from alcohol and other drugs.	
6. Safe environments to prevent unintentional injury.	
7. Sexual and reproductive health.	

Meet the demonstration project participants

Seventeen organisations from the Department of Human Services Gippsland and Eastern Metropolitan regions participated in a range of demonstration projects aimed at determining the:

- indicators of practice that may be used to assess whether the support is in place to assist people with a disability achieve 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.

Department of Human Services Eastern Metropolitan Region

Agency name	Funded activities
Department of Human Services Disability Accommodation Services	Shared supported accommodation – crisis accommodation
Department of Human Services Disability Client Services	Behavioural Intervention Support Team
EW Tipping Foundation	Shared supported accommodation – community residential unit
Multiple Sclerosis Ltd (MSL)	Individual support packages – case management and therapy
SCOPE	Shared supported accommodation – community residential unit
UnitingCare Community Options (UCCO)	Flexible support – case management
UnitingCare Harrison Community Services	Outreach
Yooralla	Respite

Department of Human Services – Disability Accommodation Services

Disability Accommodation Services (DAS), Eastern Metropolitan Region, Department of Human Services, manages 108 community houses that are the homes of 535 people with a disability. DAS also operates four respite services (two for children and adolescents and two for adults) and a statewide crisis house.

Over the last five years, DAS has grown considerably, with 29 new community houses opened in Eastern Metropolitan Region as part of the Kew Residential Services (KRS) redevelopment. The Main Drive development in Kew will see the final stage of the KRS redevelopment completed by 2007. Following the opening of these houses, DAS will provide accommodation and support for approximately 635 people with a disability in 125 community houses. In addition, between 2005 and 2007, specific capital funding has been allocated to replace some of the older community houses, resulting in improved accommodation for people with a disability.

Disability support staff who work in the community houses provide support to people with a disability to increase their life experiences, to develop competencies and interests, and to become active participants in their house and community life.

DAS is introducing key concepts from the *State Disability Plan 2002–2012* into the services and supports provided and is seeking to improve the quality of service through a number of important initiatives. Staff teams use the principles of person-centred planning in assisting people with a disability to develop plans, so that their aspirations and choices can be effectively supported. Individuals' plans are starting to have a strong focus on community participation and are examining ways for people with a disability to become involved in the activities and social networks in their local communities, as well as in the pattern of everyday life at home. Staff teams continue to explore creative ways to support people with a disability to increase their involvement and inclusion.

DAS continues to actively seek the input of people with a disability living in community houses and their families about the way supports are provided and how the houses operate. DAS hopes to gather further input into service quality improvements by involving residents and family members in resident councils, forums and household meetings.

Involvement in the revised quality framework demonstration projects

DAS chose to be part of the demonstration project in an attempt to increase understanding and knowledge of quality and the new revised framework at the same time as applying it to a house not characteristic of the service. DAS, being a large regional service and an active participant of the demonstration project, saw the opportunity to provide their input into the process.

Charlton House statewide crisis house was chosen to participate in the demonstration project as it provides short-term placement and support to complex clients. It is one of only two such statewide services.

Department of Human Services – Disability Client Services

Disability Client Services (DCS) is committed to assisting people with a disability to achieve their aspirations and potential while supporting them to live within their community either with their family or in other settings. DCS has framed its practice around the key directions of the *State Disability Plan 2002–2012*, and the adoption of individualised planning and support approaches, which not only address needs but also reflect aspirations, interests and the role of informal supports and the community.

DCS uses a person-centred/strengths-based framework, which is creative, flexible, tailored to the needs of the individual and focused on developing and maintaining personal networks. DCS operates its services using an 'ages and stages' model, where teams are closely aligned to the child, adolescent and adult periods of people's lives. Teams are actively developing relationships with relevant community service partners and formulating practice relevant to the age group they are focusing on.

DCS provides the following services:

- Intake and response – a first point of contact for people with a disability to disability services, providing information, advice, assistance with planning and initiating requests for services and requests for disability supports via the Disability Support Register.
- Age specific teams – provide services to families with children with a disability and parents with a disability, adolescents and young adults, with a focus on young people leaving school.
- Adult Consultancy Service – provides individual approaches, consultation services and professional training in relation to speech pathology and behaviour intervention. The team's focus is on adults with complex behavioural, communication, developmental or mealtime issues.

- Family Support Service – works with families to assist them to resolve child behaviour, family relationship and parenting issues. The team collaborates with the Child and Family Team and the Outreach Team to deliver a comprehensive family-focused service. The Family Support Service also provides consultations to a range of community-based services.
- Outreach – provides individualised assistance to adults with a disability aimed at developing individuals' skills to live more independently in the community. It also provides group programs that allow people with a disability of all ages to learn the social and community skills they need to enjoy recreational and social activities. In collaboration with the Child and Family Team and the Family Support Service, the Outreach Team also supports parents to acquire the skills needed to support their child with a disability.

Involvement in the revised quality framework demonstration projects

DCS became involved in the quality demonstration project to develop skills and understanding in delivering client outcome driven services. Over the past six years, DCS has worked to consider the vision of the Victorian Disability State Plan and develop its service delivery accordingly. Participation in the demonstration project was a natural next step for DCS and assisted the program to consider its current client feedback systems and their impact on service planning.

The Adult Consultancy Service was the nominated DCS team that participated in the quality demonstration project, and its experience will guide the implementation of the quality framework across the program.

EW Tipping Foundation

The EW Tipping Foundation (EW Tipping) is one of Victoria's largest disability service providers, providing services to people with a disability aged 6-72 years, in a wide variety of in-home, in-community, group and individual settings.

EW Tipping operates across the state, supporting more than 700 people with a disability and employing almost 800 staff. A wide a range of person-centred models, including respite programs, community-based programs, including HomeFirst and Support and Choice, youth groups and recreation services and residential services, are provided by the organisation. EW Tipping has a longstanding record of seeking to implement and share good practice.

Involvement in the revised quality framework demonstration projects

EW Tipping Foundation wanted to understand new possibilities for enhanced service quality, focusing on great outcomes for the people with a disability it supports. While the foundation has adopted and continues to progress its services towards a greater individualised focus, the demonstration project gave an opportunity to scope new and emerging quality trends and share some of the foundation's quality practices.

The project has provided the opportunity for the people with a disability it supports at Gyton Avenue, Glen Waverley, to be more informed, have an expanded understanding and put into practice a life change that involves an increased empowerment and expectation of their rights within a residential setting. It has also afforded them the skills to be more assertive and expressive of their needs, wants, dreams and goals. In line with this, the staff at Gyton Avenue have a clear understanding of their role and passion for ensuring that life areas become an integral part of everyday life and planning for the future.

Multiple Sclerosis Ltd

Multiple Sclerosis Ltd (MSL) is an independent not-for-profit organisation supporting people with multiple sclerosis (MS) care. It provides a range of support services, information resources and educational programs to people with MS, their families, carers and other interested people in the community. MSL aims to help people living with MS understand and manage the disease to achieve optimal health and wellbeing. It works closely with other organisations to enable delivery of quality services to people with MS in their local community through a ‘coordinated care’ approach to supporting people with MS across the continuum of their disease.

People with MS who wish to improve their wellbeing can access MSL’s interdisciplinary team of health professionals to develop a personalised service plan to help manage symptoms and enhance lifestyle, whether they are newly diagnosed or dealing with more complex issues related to their advanced condition. Quality of life issues are supported through a wide choice of programs and activities for people with MS, with emphasis on the benefits of peer support, community participation and self-management, wherever possible. Support is also offered in the areas of employment, social and recreational activity, respite and accommodation.

There are currently 4,356 registered people with MS living in Victoria. The case management and therapy teams within Victoria are located at Blackburn and Footscray with regional support offered through community support workers located at Geelong, Bendigo, Ballarat, Warrnambool and Traralgon. Regional clinic/visitation is conducted regularly.

Involvement in the revised quality framework demonstration projects

The quality initiatives developed in the project included two organisational quality plans with a focus on case management and therapy service development. The first addressed the implementation of an intake system and a revised service model for the organisation. MSL is in the process of a comprehensive client satisfaction survey (1,200 people with MS) based on outcome measurement linked to life domains. Staff and client representatives involved in the project are systematically providing education and training to staff across the organisation in the quality framework, including the development of quality plans and appropriate monitoring and measurement tools for service streams.

SCOPE

Scope is a not-for-profit organisation providing disability services throughout Melbourne and Victoria to more than 5,000 children and adults with physical and multiple disabilities. The range of services Scope provides includes individualised services and supports, accommodation, respite, therapy and psychology, leisure, adult day services and employment. Thousands more people intermittently access Scope’s information, support and assessment services.

Scope is committed to overcoming the personal, structural and attitudinal barriers that prevent people with a disability from participating in community life and works to make its community more inclusive, accessible and welcoming.

Involvement in the revised quality framework demonstration projects

One of Scope’s community residential units (CRUs) in the Eastern Metropolitan Region was involved in the demonstration project. The CRU residents were keen to contribute to an improvement project that would have an impact on the quality of life of people with a disability. Scope’s participation in the demonstration project was only possible because of their involvement and enthusiasm. Scope management considered this to be a ‘typical’ CRU, which supported a range of people with different abilities and would benefit from the learning process as well as have a lot to offer.

UnitingCare Community Options

UnitingCare Community Options (UCCO) is a community service organisation that is an auspice of the Uniting Church under the umbrella of UnitingCare Victoria and Tasmania. It began in 1989 as a demonstration project program for people with dementia.

UCCO is committed to working alongside people with a disability, their families, government departments, referral agencies and other service providers to enable positive community living. It is part of a support network and acknowledges interdependence with a range of partners to do its work. Our main purpose is to ensure that older people and people with a disability receive what they need to sustain their lives in the community and create positive futures.

Each year, UCCO supports around 4,000 people with a disability across the Melbourne Eastern Metropolitan Region using funds obtained from four Australian Government and seven Victorian State Government programs. In addition, UCCO provides contracted case management services for other State Government programs and operates other services with the support of various trusts and foundations.

UCCO has service delivery locations in Camberwell, Oakleigh and Box Hill, supporting people with a disability across the entire eastern region. The head office is located at Surrey Hills, which is also the site for the new integrated Commonwealth Carelink Centre and Carer Respite Centre, which opened on 1 October 2005.

In 2004, UCCO conducted an extensive consultation process with stakeholders and developed a new vision, mission and values statement. This reflects its growing understanding of community needs and government policy directions. To enable it to enact its vision of ‘a good life for all’, a new service model was launched in July 2005.

Involvement in the revised quality framework demonstration projects

UCCO participated in the demonstration project because it wanted to be able to influence the project outcomes. UCCO feels that this has been achieved. On reflection, the agency feels it got a lot out of the process.

UnitingCare Harrison Community Services

UnitingCare Harrison Community Services is an agency of the Uniting Church in Australia and is one of 85 community agencies and missions within the synod of Victoria and Tasmania that form the UnitingCare Victoria and Tasmania (UCV&T) network.

Since the 1960s, Harrison has been offering general welfare services in the eastern metropolitan area of Melbourne. Current services and programs to clients, tenants and residents are provided through two programs – Clients Services and Housing Services. With over 150 volunteers and more than 55 employees, Harrison assists and/or accommodates more than 450 people with a disability at any one time.

All Harrison programs and services aim to maximise client, tenant and resident satisfaction and to establish well-documented, measurable, high standards of professional practice through the following programs:

- Client Services: supporting people with a disability, young people, adults and families who are homeless or at risk of homelessness, and people who require assistance to achieve greater personal independence.

- Housing Services: offering retirement housing and social housing
- Business Services: with the Administration and the Buildings & Grounds teams, providing a range of effective and efficient services to support the provision of programs to clients, tenants and residents.
- Genesis Community Support Program: assists adults with a disability to develop their independent living skills in their current living situation. Skill development activities are individually designed to support people with a disability to achieve predetermined goals. These goals are determined through an assessment process that includes discussion with the client. Areas covered in the program include cooking, cleaning, budgeting, shopping, paying bills, making appointments, community access, self advocacy and problem-solving.

Involvement in the revised quality framework demonstration projects

Harrison Community Services was invited to participate in the project through the Eastern Metropolitan Region Disability Services Partnerships and Service Planning team.

Yooralla

Yooralla is the largest disability service provider in Victoria. It provides support to thousands of Victorians with a disability and their carers every year. Yooralla is concerned with the person rather than their diagnosis and, as such, provides services to people with a very wide range of disabilities, including physical disabilities, neurological disabilities, autism spectrum disorder, intellectual disability and acquired brain injury. It often focuses on people with high support needs, including substantial behaviours of concern, complex medical needs or multiple support needs, such as those affected by dual disabilities. Yooralla provides a wide variety of services, including day support, residential support, in-home support, a continuum of respite coordination and support services, planning and facilitation services, early intervention services, therapy services, specialist school support services, equipment prescription and information services, business services and support to develop further independence. All of its efforts are focused on the individual, their needs and aspirations, and Yooralla's orientation is toward assisting them to achieve their personal objectives and interests.

Involvement in the revised quality framework demonstration projects

Yooralla chose to participate in the demonstration project to enable it to gain better insight into how measurement of quality was evolving from process driven methodologies to outcome focus. Through the project it has seen the benefits of moving to the new approach. Yooralla wanted the opportunity to input into the process of development and to work with the Department of Human Services and the consultants to arrive at an optimum approach to this new compliance requirement.

In considering Yooralla's involvement with the project, it deliberately chose a service type that would be more challenging. Involving Pendle Street, a facility-based respite, would encourage Yooralla to be creative in considering how the new quality framework would work best within its services. Unlike more intensive and recurrent services, the lack of influence over the life of the individual would force us to think outside of the square. Pendle Street offers services to all ages in three discrete four-bedroom units. Its primary user group is people with a severe physical disability, often people who also have significant medical support needs.

Department of Human Services Gippsland Region

Agency name	Funded activities
Department of Human Services Disability Accommodation Services	Shared supported accommodation and outreach, Traralgon
Department of Human Services Disability Client Services	Case Management, Morwell
EW Tipping Foundation	Shared supported accommodation, Warragul
i-GAIN Quality Learning Inc.	Futures for Young Adults (FFYA) and Day Programs, Morwell
Interchange Central Gippsland	Respite – Great Breaks, Moe
Latrobe Community Health Service	HomeFirst and Support and Choice Morwell
Moe Life Skills Community Centre Inc. (MLSCC)	FFYA and Day Programs, Moe
Moonya Inc	FFYA and Day Programs, Wonthaggi
Noweyung Ltd	FFYA and Day Programs, Bairnsdale

Department of Human Services – Disability Accommodation Services

Disability Accommodation Services provides accommodation and accommodation support to children and adults with (predominantly) an intellectual disability. The program directly manages 20 shared supported accommodation houses from Orbost to Wonthaggi as well as four respite community residential units (2 x adult; 2 x children) in Sale, Warragul and Moe. The program also offers a limited flexi respite program across the region, a very extensive outreach program (based in all office locations except Leongatha), and a small number of HomeFirst packages.

Involvement in the revised quality framework demonstration projects

One shared supported accommodation house in Wonthaggi (28 Storey Street), and staff and clients from the Morwell/Moe outreach program, participated in the quality framework demonstration project.

The program became involved in the demonstration project because:

- it is committed to trying to improve and measure meaningful outcomes to clients
- specific areas of the program – outreach and community residential units – have been doing very good work already in trying to improve services to clients
- it is the largest accommodation support service in Gippsland Region and, as part of the department, felt a responsibility to contribute to a demonstration project that was undoubtedly going to have significant impact across the disability sector.

Department of Human Services – Disability Client Services

The Department of Human Services, Disability Client Services, delivers case management services. Disability case management services aim to assist people with a disability to become more independent and active in community life. Case managers establish a positive collaborative relationship with the person with a disability and their support network, such as family members, and assist the person with a disability to identify, link with and organise the supports they need to deal with problems and achieve their goals.

Case management involves a person-directed planning process based on individualised planning and support principles. Supports accessed through case management will be suited to individual needs and the needs of family and carers.

Involvement in the revised quality framework demonstration projects

Case Management became involved in the project to gain a better understanding of how the quality framework will be implemented and affect services in the future.

EW Tipping Foundation

EW Tipping Foundation aims to provide high quality residential and support services. Whether the person with a disability lives in a house supported full-time by our staff or with their parents, with carers or independently, its aim is for the people it supports to have the highest quality of life possible.

Its services are designed for people with a range of disabilities, including intellectual disabilities, acquired brain injuries, physical disabilities, psychiatric disabilities, sensory disabilities and multiple disabilities.

All the foundation's services have a developmental focus. It aims to ensure that its clients receive a service that helps them to reach their maximum potential. This is done through medium-term and long-term plans, ensuring that service staff have the highest appropriate qualifications, and through support from the statewide support team, which includes a qualified psychologist and support staff with a range of psycho-social, psychiatric and other disability support skills and experiences.

The foundation aims for services to be as self-directed as possible. It therefore aims to ensure that the people it supports provide as much instruction as possible regarding their personal preferences, so they can be supported to live out their dreams and aspirations.

Involvement in the revised quality framework demonstration projects

The foundation was also part of the Personal Outcomes Measures demonstration project in Gippsland and saw the piloting of the new quality framework as a great opportunity to continue some of the work completed via the first project.

i-GAIN Quality Learning Inc.

i-GAIN Quality Learning Inc, a registered training organisation (RTO), provides training, skill development, leisure and lifestyle courses and business services training to the whole of the community.

In addition to training for the general community and business service sectors, i-GAIN also provides services to people with a disability, including individual and group training (tailored to the person with a disability), respite programs, adult day activity support service (ADASS) program and a friendship group. Assisting people with a disability to achieve in designated life areas is i-GAIN's primary focus, along with providing further development and growth opportunities, linking people with a disability into their communities and understanding individual needs being paramount.

Involvement in the revised quality framework demonstration projects

i-GAIN's Support and Community Services section was involved in the quality framework demonstration project. Three senior staff, together with two learners, participated in the demonstration project because it provided an opportunity to:

- be involved in improving the quality of services to people with a disability
- review i-GAIN's internal and external practices
- look at the areas we do well and the systems and processes that could be improved and aligned with the standards.

Interchange Central Gippsland

Interchange Central Gippsland provides planned respite to families who have a child or young person with a disability in the local government areas of Baw Baw, Latrobe, South Gippsland and Bass Coast. Respite is provided in a range of ways, including care in the home and community, recreational groups and activities and social support activities.

Involvement in the revised quality framework demonstration projects

Interchange's Teenage Vacation Program (TVP) and Family Choices programs are funded by Disability Services and so became involved in the project.

It became involved to:

- enable program workers to learn about the quality improvement process
- ensure the organisation is aware of what is required and of any gaps in their own processes
- ensure that the issues impacting on families with young people with a disability are included.

As a smaller organisation working with a specific target group in a specialised way, sometimes these impacts are swallowed up by the larger catchment of disability services.

Latrobe Community Health Service

Latrobe Community Health Service (LCHS) is a large rural community health service, with more than 300 staff and many volunteers. LCHS offers local, sub regional and regional services in more than 90 funded program areas from 11 offices in the Gippsland Region.

The main areas of service include community-based health and support, community dental, case management and brokerage, carer support, aged care assessment, veteran's assessment and coordination, and various alcohol and drug programs. These services operate out of sites in Churchill, Moe, Morwell and Traralgon and as outreach in Warragul, Sale, Bairnsdale and Korumburra.

Involvement in the revised quality framework demonstration projects

The case management program has been involved in the demonstration project. LCHS's involvement was through a request from the Department of Human Services. LCHS had two consumers and three staff involved in the project, including case management staff who liaised with the other case management staff to develop and refine a new tool for the care planning process with consumers. The demonstration project process has been considerable work for the staff involved; however, it is agreed the journey has been well worth it.

Moe Life Skills Community Centre

The aim of Moe Life Skills Community Centre (MLSCC) is to facilitate adult vocational and independent skills development to assist people with a disability to fully exercise their rights and achieve their aspirations as individuals within the community.

MLSCC fosters inclusion, encourages choice making by individuals, facilitates access to generic community facilities and services and nurtures the development of friendship networks. MLSCC also supports the development of new initiatives and innovative programs for people with a disability, including:

- individual support and development
- group activities in daily living skills, fitness and wellbeing, personal safety, advocacy and self-determination
- visual art and theatre
- pre-vocational training (Certificate 1 in Work Education)
- certificates in general education for adults
- Certificate 1 in Transition Education.

Involvement in the revised quality framework demonstration projects

MLSCC decided to be involved in the demonstration project because the organisation has a commitment to continuous improvement and a belief that their contribution could be valuable.

Moonya Inc

Moonya Inc has been a provider of disability services in the south west Gippsland region for more than 50 years, starting out as a school and making the change to providing services for adults with a disability as the change in policy and direction saw more school age children with a disability entering the mainstream education system.

Moonya provides the full range of disability services to adults through its Day Services, which incorporates a Futures For Young Adults (FFYA) program. It is also a Disability Employment Network (DEN) provider and operates business services that provide supported employment.

Moonya currently operates from three sites in Wonthaggi.

Involvement in the revised quality framework demonstration projects

Moonya Day Services has been involved in the demonstration project with three staff and three clients participating in the training days.

Moonya became involved in the project because:

- Moonya is committed to improving its quality processes to improve outcomes for clients
- it was an opportunity to have staff involved in a new process from the ground up, to give them a greater understanding of what they needed to achieve
- it was an opportunity for the organisation and staff to open up what they have been doing to outside scrutiny through the onsite training. This enabled Moonya to see where they were sitting in comparison to other services.

Noweyung Ltd

Noweyung's statement of purpose is: 'To aim for excellence in all that we do'.

Noweyung provides residential accommodation, training programs and supported business services to adults with a disability. It provides these services at three locations in Bairnsdale, at one location in Sale and one in Orbost. Noweyung is the lead agency for the Best Practice Partnership.

Noweyung operates a Balanced Scorecard to measure its performance against strategic goals, acknowledging that there are three dimensions of business performance that should be addressed. They are that:

- present services must be made effective (if they are not already)
- services' potential must be identified and realised
- services must be made into different services for the future.

These three dimensions are also referred to as the 'three Es' – efficiency, effectiveness and evolution.

Involvement in the revised quality framework demonstration projects

Noweyung's state-funded training program was the only area involved in the demonstration project. Business Services operations are already quality accredited and audited.

Noweyung became involved in the demonstration project through its desire to improve service delivery via quantifiable measures. This will also assist it in the ongoing development, refinement and evolution of its Balanced Scorecard.

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