

Quality Management Framework

Quality Evaluation

Senses Foundation Inc.
Disability Professional Services
11 Kitchener Ave, Burswood WA 6100

Final Report
2 June 2014

This report was prepared by an independent evaluation team comprising members of the Panel Contract of Independent Evaluators. The Panel Contract is managed by the Disability Services Commission.

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1. The evaluation visit

This report describes the findings of the independent evaluation team who conducted its evaluation of Senses Australia between 3 March 2014 and 23 May and completed an assessment of the service point's progress towards meeting outcomes under the Quality Management Framework (QMF) and compliance with the Disability Services Standards. The preliminary meeting was held on 3 March 2014 and the independent evaluators visited the service point/organisation and conducted interviews during that same time period. A post evaluation meeting was held on 18 June 2014.

Independent evaluation team members operate under the Guidelines for Independent Evaluation. The team comprised:

- Vikki Gates
- Kerry Allan-Zinner

The organisation uses the term *clients* to refer to people with disability, family member/s of people with disability, or unpaid carers of people with disability.

NB: Under the Carer's Recognition Act 2004, a carer refers to a person who provides care or assistance to another person who is frail, has a disability, a chronic illness or a mental illness, without payment apart from a pension, benefit or allowance.

2. Acknowledgements

The independent evaluators would like to extend thanks to individuals, families, carers and Senses Australia staff for the assistance they provided throughout the evaluation. Findings documented in this report have been selected to support the outcomes of this evaluation and highlight background evidence for good practices, required actions and key priorities for service improvement.

3. Service point profile

The profile provides a brief overview of the service point evaluated.

Disability sector organisation:	Senses Australia (formerly the Senses Foundation Inc)
Service point name:	Disability Professional Services (DPS)
Outlet name(s):	<ul style="list-style-type: none">➤ DPS Comp Adult Therapy➤ DPS Comp Adult Therapy - Transition➤ DPS Comp School Age Intervention (SAI)➤ Early Childhood Intervention (ECI)➤ Deafblind Services
Chief Executive Officer:	Debbie Karasinski

Brief description of the service point (including mission/vision statements and brief history)

Senses Australia (formerly Senses Foundation) is a not for profit organisation established in 2001 to provide services to people with disabilities of all ages throughout WA; including unique services for people who are deafblind.

Providing a wide range of services, Senses Australia (Senses) offers Disability Professional Services (DPS) through physiotherapists, occupational therapists, speech pathologists, social workers and a clinical psychologist to pre-school and school aged children, teenagers and adults with disability, their family members, other professionals and organisations working with people who have a range of disabilities as well as providing services for people who are deafblind through the Deafblind Consultants.

Four underlying principles form the basis for all Senses programs:

- Family-Centred Practice - focusing on goals that are identified as important by the family and recognising that the child's family are the "expert" when it comes to their child
- Collaborative Approach - working together with the child's family, school and other stakeholders in order to achieve the best outcomes for the child
- Therapy in Everyday Activities - embedding therapy into the child's everyday routine and activities
- Family Empowerment – where families are involved, Senses seeks to ensure the family is informed and feels comfortable making decisions and helping their family member.

Services are available weekdays, 52 weeks a year and can be provided outside of these hours to support specific client needs. All services are provided in day-to-day settings such as in client's homes, at schools and workplaces or in other community settings. Most staff are based at Kitchener Avenue in Burswood.

Each client has a Key Contact Person among the members of the therapy team within their service program and in the case of deafblind clients receiving service from more than one program, they have a key contact person in each service area.

In February 2013, Senses received CAEP funding to support clients' basic and essential equipment needs across the Early Childhood, School Age and Adult Services. This was reported to foster more timely access to equipment for service users.

The Senses DPS Early Childhood Intervention Services (ECI) program provides comprehensive therapy services to children with disability throughout the Perth metropolitan area. A team of therapists, identified through family centered planning, supports each child and is established to inform and support the child, the family and all other key people in the child's life. ECI Services are delivered in the community, at home, at day care or in playgroups and other venues which the family may identify. Some Early Childhood Intervention clients may be attending school and some have very complex needs which often require periods of hospitalisation through the year. Senses provides additional support to families through the Sibling Support Program and Respite Service as well as during times of transition from ECI to School Age Therapy services.

Senses DPS School Aged Therapy Service (SAT) provides therapy services to eligible school age children with disabilities living in the metropolitan area. Therapy is provided in the child's natural environments such as at home and school. Early in the school year children and new teachers are supported by therapists as they get to know each other and throughout the term as needed. The SAT Services are delivered in the community, homes, schools and other venues as agreed with families. Services are provided individually or more recently in group settings depending on the goals and preferences identified by families and carers. Some children in the SAT Service receive respite services through block funded respite or individual funding. Through other sources of funding siblings of children with disability are able to access Senses Sibling Support Program which is run intermittently through the year. Senses provides additional support to families and clients during times of transition from SAT Services to Adult Therapy Services.

Senses DPS Adult Therapy Services (ATS) (including former Adult Transition Services) also offers comprehensive DPS programs to adults, across all disabilities throughout the Perth metropolitan area. Therapy is provided in the home (including group homes), at work or in the community at daytime activities dependent on the identified needs and effective therapy environments for the individual. Included within the comprehensive supports available are counselling, training and modelling, information and links to funding, community resources and equipment.

Some ATS clients use alternative communication methods including Auslan or AAC devices to communicate and those who are Deafblind may also receive services from the Deafblind consultants, when necessary, to support their outcomes to be achieved. The ATS works in an integrated way, especially with Senses Foundation accommodation services, where they have established life skills programs to promote skills in shopping, cooking, self-care and fitness. Addressing equipment needs is also a key aspect of the ATS program. In July 2013 the Adult Transition program for recent school leavers has been incorporated into the ATS programs.

Senses Deafblind Services (formerly the deafblind State-Wide Consultation Program) offers specialist consultation services for people who are deafblind throughout the State. A key element of this service is in working toward improving service delivery in rural and remote WA. Senses consultants have specialist knowledge in both acquired and congenital deafblindness and they work with people who are deafblind or have vision impairment and complex needs to improve and enhance their mobility, socialisation and quality of life.

The consultants in this service deliver deafblind awareness training and specifically tailor training to meet the needs of groups and individuals, including professionals and service providers. Examples of training programs include a focus on children with deafblindness,

general deafblind awareness and acquired deafblindness in elderly people. Deafblind Services within Metropolitan Perth and in rural and remote areas aim to:

- increase awareness of the incidence of deafblindness and dual sensory loss through delivery of training, providing information, advice and resources
- develop links with local key stakeholders in regional areas (clients, parents, therapists, support workers, teachers, teachers' assistants)
- identify the number of people across the state who are affected by deafblindness or dual sensory loss
- offer advice and support through the Deafblind Statewide Consultation Service via email, telephone, teleconferencing or videoconferencing.

Resources (eg building/s, staffing, IT systems, vehicle/s, budget)

The Senses Australia office is located in the Perth Metropolitan area at 11 Kitchener Avenue Burswood. Senses operates a fleet of vehicles which supports service delivery and all DPS staff are equipped with a laptop and mobile phone which support them to deliver services in the community.

Direct support staff in **ECI, SA and Adult Services** include:

- Coordinator Children's Service and Senior Occupational Therapist, 1.0 FTE
- Coordinator Adult Services and Senior Physiotherapist, 0.8 FTE
- Physiotherapists – 3 staff - 2.9 FTE
- Occupational Therapists – 6 staff – 4.3 FTE
- Speech Pathologists - 5 staff - 4.0 FTE
- Senior Speech Pathologist - 0.8 FTE
- Social Workers – 2 staff – 0.8 FTE
- Clinical Psychologist (lead in Behaviour Support also) – 1.0 FTE

Some staff work across children and adult services while others specialise their work in a single area. Non-direct support staff includes one Manager Life Skills and Family Services, 1.0 FTE. Direct support staff in the **Deafblind Services** include four Deafblind Consultants (2.66 FTE) with one non-direct support staff member, the Manager Deafblind Services (1 FTE).

The 2013/14 Budget of \$1,715,550 includes \$382,920 for Early Childhood Intervention, \$551,207 for School Age Therapy, \$520,135 for Adult Therapy and \$261,288 for DeafBlind services.

Clients and families pay no fees unless they choose to access additional 'Fee for Service' supports or if they have 'Better Start Services' through Senses in addition to DSC funding or receive 'Post Intervention Therapy Services' funded by Princess Margaret Hospital.

Brief description of people using services

Senses Australia's clients have a range of disabilities such as deafblindness; cerebral palsy; autism; down syndrome; intellectual disabilities; physical disabilities; sensory impairments; and other rare syndromes. The ECI Service supports mostly clients with complex needs including medical and high equipment requirements.

Individuals who are Deafblind vary significantly and may have congenital or early postnatal vision and hearing impairment, congenital or early postnatal impairment in either vision or hearing and acquired dual sensory impairment through late-onset changes; or those who have developed age-related vision and hearing impairment in adulthood.

Many clients with congenital deafblindness have limited communication or augmentative and alternative communication methods. Auslan and adaptive Auslan interpreters are engaged for some clients and interpreters are actively used with families from culturally and linguistically diverse backgrounds where needed.

Clients being supported include:

- ECI Service supports 29 children, 14 females, 15 males, six months to six years of age
- SA Service supports 104 Children, 33 females, 71 males, six to 16 years of age
- Adult Services supports 111 adults, 52 females, 59 males, 18 to 83 years of age
- Deafblind Service supports 66 individuals, 27 females, 29 males, from 0 to over 66 years of age.

Consultations

During the evaluation assignment, the Independent Evaluators received input and feedback by interview and email survey submissions with 12 individuals with a disability, 14 families, two DPS Managers, four direct care staff from other services or agencies and eight Senses therapy staff/consultants.

No individual or family members attended the preliminary meeting and a post-evaluation meeting is planned for 18 June 2014.

4. Executive summary

A. Good practices

This section reports the independent evaluators' findings of the service point's strengths in relation to addressing outcomes through good practice.

The independent evaluators were particularly impressed by:

- The use of videos and photographs in early childhood intervention to better demonstrate issues and achievements to family members and for encouragement and motivation.
- The development of integrated plans across all Senses services received by each client to improve and streamline whole of life planning and support for individuals.
- The successful strategies implemented to maintain continuity of support as clients move from one program to another (e.g. Early Intervention to School Age to Adult services).
- The high praise from clients, families and other stakeholders about the consistent and professional standard of service delivery.
- Senses has an impressive and accessible website with a wide range of information and resources for consumer and professional use.
- Positive and supportive workplace environment commended by employees.
- The high regard and appreciation clients/families and other service providers expressed for Senses staff, services and their 'whole of life' approach leading to increased independence and participation.
- The team approach and excellent communication reported by clients/families, staff and support accommodation staff.
- The appreciation of clients/families for the opportunities to access additional supports through Fee for Service agreements.
- The professional and individual training opportunities offered by Senses.
- The appreciation expressed by families for the wide range of resources available from Senses including literature, DVDs, web links, workshops and training, peer support, personal resources and range of products that can be purchased.
- The development of an information booklet "Equipment and Devices for People who have Dual Sensory Loss", featuring a wide range of aids, equipment and supplier information.
- The "In Touch" (formerly 'Goodvibes') publication that is Senses Australia's quarterly newsletter providing updates and information on events across variety of topics relevant to people with disabilities, families, service providers and other organisations/agencies.
- The use of Skype for rural and remote client/therapist/LAC consultation, planning and reviews where appropriate.
- Senses posting the Final Quality Evaluation Reports on their website for extended access by a wider range of stakeholders.

B. Required Actions

Disability sector organisations are required to meet all contractual obligations of their Service Agreement with the Commission. Required Actions focus on the minimum satisfactory level of service and must be implemented by the specified date.

The rating scale used to assess the Disability Services Standards is met/not met.

Based on observations and corroborative evidence examined as part of this assessment, it is assessed that the service point meets Disability Services Standards 1, 2, 3, 4, 5, 6, 7, 8 and 9.

The independent evaluators did not identify any Required Actions during the evaluation visit.

C. Key Priorities for Service Improvement

Key Priorities for Service Improvement identify actions to enhance practices in addressing outcomes for people with disability and meeting Disability Services Standards.

They need to be carefully considered by service management as part of contractual obligations and normal organisational planning processes, and then implemented. They are required to be reported upon in the next Self Assessment as evidence of continuous service improvement.

The independent evaluators identified the following Key Priorities for Service Improvement:

Key Priority for Service Improvement 1

Program and outcome - All Outcomes

Further development in the linking of identified personal goals to quality outcomes, the articulation and recording of measurable progress toward, and achievement of, identified goals and more definitive target dates are needed to ensure continuity of therapy purposes and to enable effective measurement of progress and achievements of goals.

D. Matters for further exploration

This section reports the independent evaluators' summary of other matters arising from the evaluation of the service point.

- It was suggested that the concept of integrated person centred planning could be extended to include external service providers to provide increased integrated service delivery.
- Some clients/families felt they had to “guess at something” when asked about what they needed and suggested a list of specialist services for each discipline (OT, Speech, Physio etc.) could be helpful or consideration of alternate strategies for identifying needs.
- During recent strategic planning the Deafblind Service team identified the need for and will target training in the areas of:

- Basic Orientation and Mobility (O&M)
- provision and need identification of aids and equipment
- developing communication in children
- psychological supports.
- Some consumers reported they do not have a copy of their plan.
- While clients reported positive aspects of the new premises downstairs, the elevator was identified as a source of dissatisfaction and a barrier for some.
- Some consumers noted the limited promotion of the Deafblind services and the need for ongoing information and promotion of the service in regional, rural and remote areas of the State.
- Some clients involved in fitness therapy routines felt they did not have enough support worker hours at the group home to be able to consistently get out and about and practice their fitness routines.
- Only a very few families continue to prefer direct therapy services rather than the newer model of integrated self-drive options.

5. Meeting outcomes

This section reports the independent evaluators' findings of the service point's achievements in relation to addressing the outcomes.

Meeting outcomes: Disability professional services

All outcomes:

- Individual plans are developed with input from the client/family, members of the therapy team and other stakeholders such as guardians, advocates and/or accommodation or other service staff to form a holistic integrated approach to individual planning and service delivery.
- All client files reviewed contain up to date service plans that have been reviewed or updated in the past 12 months. Within ECI and SA services many plans have been reviewed at three or six month intervals or by school term/semester. In some cases, Senses utilises the 'Strong Families' program individual plans supplied by LACs to further inform their client planning.
- The extensive staff development and improvements in articulating personal client goals and strategies to progress those goals is commendable. Individual plans are written clearly in plain English and include predominantly practical service delivery goals.
- Independence and participation outcomes are clearly being supported and progressed and while children and adults have individual plans further refinement and development of planning documentation is needed to ensure continuity of therapy purposes and to enable effective measurement and demonstration of progress and achievements of goals, including:
 - the writing of client/family goals (eg what I want to do/be able to do)
 - the linking of identified personal goals to quality outcomes
 - the articulation and recording of measurable progress toward, and achievement of, identified goals
 - more specific and definitive target dates and milestones. **See KPSI 1.**
- Positive outcomes are being fostered through training initiatives providing families and staff in the homes, Alternatives to Employment (ATE) and Recreation services with

information, skills and support to better implement therapy programs and techniques during daily living activities.

- Plans and other documented material are available in a range of alternative formats to suit individual and family needs and with consideration to culture.
- Documentation is maintained in hard copy files as well as electronic file documentation.
- There was good evidence of plans being self-directed by families, individuals and advocates.

Independence

Outcome: The individual's independence in daily living is maximised.

Evidence noted (eg observations, feedback and documentation):

- Independence outcomes are clearly being progressed across all Senses DPS services.
- Clients/families noted that therapies and other supports are “practical” and outcome focussed. One parent commented that the therapy service “has improved my [son’s/daughter’s] skills and ability to be more independent”. Other clients said, “the best result of Senses support for me has been the enduring friendships and being able to keep as much independence as possible,” and “the Communication Guide program enables me to get to appointments and get the information I need to learn to navigate new areas”.
- Several clients/families were keen to report improvements in clients’ progress toward more independent living, improved mobility, community access and inclusion, physical wellbeing, intellectual capacity, communication and social skills, academic achievements, self-care and personal independence. In one instance, it was reported that the installation of a doorbell linked lighting and vibration system alerts the client when people come to his front door which provides the client with greater control and comfort in his home. One client/family noted that support is “prompt, targeted and we get good feedback from each session.” “The improvement in hand grip strength, handwriting and letter formation has been excellent.”
- Families and staff also reported improvements in recognising and modifying behaviours, recognising the needs of others and developing greater self awareness, independent living skills, management strategies for depression and anxiety, mobility and orientation training, and maintenance of existing independence.
- ECI improvements in independence were reported, included abilities to feed oneself, sit, stand, play, find things, express feelings, establish sleep patterns, self soothe and ask to have needs met.
- Clients and families identified a range of strategies that have contributed to various improvements in ECI, SA and Adult client independence such as: negotiating home, school community environments; requesting assistance to “finding his/her way”; communicating and developing ideas; using vision and hearing aids; computer, communication aids and training; mobility aids and equipment and training; independent living training and support; anxiety and stress relieving techniques; and developing family support skills.
- Therapists were observed expressing positive attitudes about strengthening and developing client capabilities to become “...more independent so that they won’t always need my support.”
- Of particular note were the positive reports about the Deafblind Service and the range of services they provide to improve independence of individuals, their families and to other organisations. These include an increased focus on assisting people with deafblindness to

- understand and develop personal aspirational goals that can include increasing independence at home, at school, post school and with community and social inclusion.
- Specific independence enhancing Deafblind Service activities include: development of communication methods for individuals; sighted guide training; deafblind awareness training and other training necessary to support individuals' independence; and participation, environmental modification and equipment prescription; rural and remote service; management of the National Deafblind Information website; management of the Deafblind International Secretariat; and research within the deafblind area.

Summary of evidence

- Discussions, file reviews and client/family consultation clearly demonstrated a high level of satisfaction with Senses services relative to this outcome.
- Clients/families are receiving comprehensive therapy services that improve functioning and to support individuals' independence.

Participation

Outcome: Participation in everyday life in usual settings.¹

Evidence noted (eg observations, feedback and documentation):

- Families spoke of appreciating how Senses supports enhance the opportunities for their children to participate more fully in family and school life than was possible before. "We meet regularly and communicate via email and have their support when meeting with the school so we are all on the same page," said one parent.
- Families spoke of the benefits of the playgroups and hydrotherapy and noted that the opportunity to talk with other parents is invaluable and in many cases natural networking and friendships have developed.
- Clients/families commended the Deafblind consultants on their levels of knowledge and information. It was noted that consultants are skilled at training and use of electronic aids, and everyday living equipment and devices for communication, independence and participation. Their expertise extends to Orientation and Mobility, older people with sensory and other disability, Braille, behaviour support, advocacy, counselling, and assistive technologies that support participation in a wide range of activities of daily living as well as specific life interests. Modifications to smart phones and other assistive technologies "enhance our social life" and improve social participation levels.
- Client comments about the Usher Group were indicative of many comments, "the Usher Group get togethers are always wonderful and inspiring", "it offers a good reminder that we are not alone" and "the peer support and specific activities appropriate for us are excellent". One client/family spoke of how grateful they are for the Usher Group outings as they offer "a chance to share which is something none of them do easily... the social contact and being able to do different things."
- One family noted that "the best thing is the continuous support...not just with our son/daughter but as a family and as a parent." Others noted, "it's nice to get the support

¹ Usual settings are environments of choice available to anyone of similar age, within the constraints of our civil society and the individual's resources.

Activities include the range of relationships and social connections needed for successful participation within those settings.

and understanding and to know that we are not alone," and that getting feedback to "know we are doing right thing and getting different ideas and input on how to do things makes a huge difference in our lives."

- Senses also assists families in the preparation of funding applications for respite, school holiday camps and other identified needs to further enhance individual and family participation across a wide range of events and activities.
- Families commended the positive benefits of the Usher Support Group and other groups that offer participation and interaction opportunities.
- Senses works with and provides training to a range of stakeholder groups that provide direct support to clients to increase and improve participation levels. These other stakeholders include Local Area Coordination, education staff, support staff, the Department of Child Protection, health services and hospitals, targeted services such as CP Tech, and the Independent Living Centre.
- At two supported accommodation group homes Healthy Lifestyle Groups have been initiated by the adult therapy team for residents who expressed interest in improving health, fitness and losing weight. The program is ongoing with varying participation rates among the residents. Those who have persisted reported increased participation in the local community, increased fitness and motivation and, for one person, significant weight loss.
- Successful participation outcomes in the ECI program have included progress toward improved functional movement and mobility, communication, learning to play and interact, sensory stimulation, learning to eat, drink and dress. These typically are practises at day-care, home, kindergarten, therapy session and play group.
- Typical improvements in participation reported through the SA Services included effective and improved participation in school activities, communication and social skills with teachers and school mates as well as out of school with self-help and independence skills, numeracy and literacy.
- Participation outcomes also serve the Independence outcome above.
- Some parents spoke highly of the in-home therapy service and the difference it has made for their family. Going out to receive services was previously more difficult.

Summary of evidence

- For Early Intervention, Comprehensive Adult Therapy, including Transition, and for Deafblind State-wide Consultancy Program the services demonstrated evidence of supporting participation.
- Discussions, file reviews and individual and family consultation showed that Senses deliver services that meet client and family expectations relative to this outcome.

6. Compliance check

Standard 8: Service management (running the service well)

Supporting Standards 8.1 and 8.2: The service provider conducts police clearances and provides a safe physical environment for its consumers (operating a safe service)

Observation	Yes	No	N/A	Info so
The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	Yes			2,5
National Police checks are regularly updated for Board members, staff, volunteers and contractors.	Yes			2,5
The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff, volunteer or contractor.	Yes			2,5
The service has an emergency evacuation plan.	Yes			1
The service regularly practises its emergency evacuation plan.	Yes			2,5
The service keeps records of evacuation trials.	Yes			2,5
The service has policies and procedures on the administration of medication.	Yes			5
The administration of medication occurs as detailed in the policies and procedures instructions.	Yes			3,4
The buildings are maintained in a condition that does not pose a risk to service users.	Yes			1

Information source legend: 1 direct observation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with consumer/s; 5 documentation; 6 self assessment; 7 Commission staff; 8 not determined.

- The Senses Home Visit policy clearly sets out safety procedures, including requirements that visits to private homes are generally conducted by two (or more) therapists and Senses provides therapists with a mobile phone for increased security.
- Senses employees are not expected to work in environments that are or have the potential to be unsafe.
- Medications and treatments are not administered by therapy personnel.

Standard 9: Protection of human rights and freedom from abuse and neglect: being protected from harm

Observation	Yes	No	N/A	Info so
Supporting Standard 9.6: The service provider has procedures in place to respond within seven days to allegations of abuse and neglect, including reporting mechanisms and strategies for protecting people with disabilities from abuse.	Yes			3,5

Information source legend: 1 direct observation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with consumer/s; 5 documentation; 6 self assessment; 7 Commission staff; 8 not determined.

7. Appendix

A. How the quality of your service is measured

Quality Evaluation

- Independent evaluators contracted to the Disability Services Commission collect evidence from multiple sources to verify the quality of services and supports provided.
- People with disability, their families and carers are invited to comment through the evaluation process on the services and supports they use and how well they are being enabled to live a good life.
- Management and staff and other interested stakeholders are invited to comment on the services and supports provided and outcomes being achieved.
- Evidence is collected by evaluators and assessed in relation to both Quality Management Framework outcomes and compliance with the Disability Services Standards². The evaluation also provides opportunities for suggested improvements to be made.

Outcomes

- Outcomes refer to the impacts, benefits or changes that people with disability, their families and carers experience as a result of using a service or support.
- Outcomes also identify what people with disability, their families and carers can expect from a service or support.
- The outcomes and performance indicators have been developed for each service type: accommodation support, advocacy, alternatives to employment, disability professional services, family support, local area coordination and recreation. Examples include wellbeing; independence; relationships and social connection; lifestyle of choice; and community inclusion and participation.

Performance indicators

- Performance indicators describe what is looked at to decide how well the service is doing in supporting people with disability, their families and carers to achieve good outcomes.
- Satisfaction is defined, in the context of quality evaluation, as a comparison between what a person feels/expects service standards ‘should be’ and their experiences of the ‘actual service’.
- The best disability sector organisations are those that progressively improve services and supports to enable people with disability, their families and carers to achieve beneficial outcomes. The quality evaluation supports this to happen.

² Quality Management Framework outcomes and Disability Services Standards are under review for updating and consolidation.

B. Disability Services Standards

Standard 1 Service access: getting disability services

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

Standard 2 Individual needs: getting the right help

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

Standard 3 Decision making and choice: having choices and making decisions

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

Standard 4 Privacy, dignity and confidentiality: keeping things private

Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

Standard 5 Participation and integration: being part of the community

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

Standard 6 Valued status: valuing each person

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

Standard 7 Complaints and disputes: sorting out problems

Each consumer is free to raise and have resolved any complaints or disputes he or she may have regarding the service provider or the service.

Standard 8 Service management: running the service well

Each service provider adopts sound management practices which maximise outcomes for consumers.

Standard 9 Protection of human rights and freedom from abuse and neglect: being protected from harm

The service provider acts to prevent abuse and neglect, and to uphold the legal and human rights of consumers.

C. Disclaimer

The evaluation assessment is necessarily limited by the following:

The methodology used for the evaluation has been designed to allow a reasonable degree of assessment in all the circumstances, particularly cost effectiveness of the evaluation process.

The standards against which assessment is made involve subjective terms and this entails an exercise of subjective judgement.

The assessment involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.

Where outcomes for individuals are of a high standard, and observation and other evidence indicates no apparent gaps in meeting the Disability Services Standards, the Standards are deemed to have been met.

The assessment will often involve a determination as to which of two or more versions of the same facts put to the evaluation team is correct under circumstances where this issue cannot be determined with absolute certainty.

The assessment will involve the evaluation team raising issues with a sample of individuals with a disability, their family members and carers. On some occasions information gathered from a sample will not reflect the circumstances applying over the whole group.

For these reasons the evaluation team cannot and do not accept responsibility for the veracity of any information on which they have based their reports and for a subsequent incorrect assessment that may have occurred based upon that information.