



**Australian Government**

**Department of Families, Community Services  
and Indigenous Affairs**

▶ **Evaluation of the Quality  
Strategy for Disability  
Employment Services and  
Rehabilitation Services**  
Final report

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Note: This report includes comments received from stakeholders. The views and opinions expressed in this report may not necessarily be those of the consultant (Jenny Pearson & Associates Pty Ltd) or the Department of Families, Community Services & Indigenous Affairs.

April 2006

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## Executive Summary

The Quality Strategy for disability employment and rehabilitation services was designed to address issues raised in a 1997 report, *Assuring Quality*, prepared by the Disability Quality and Standards Working Party.

The goal of the Quality Strategy is to ensure that people with disabilities can seek assistance and support from a range of Australian Government-funded employment services certified against the Disability Services Standards.<sup>1</sup> The aims of introducing the Quality Strategy were to improve service quality and to guarantee that people with disabilities could access appropriate quality services that provide high level and appropriate support. The introduction of the Quality Strategy reinforced the Australian Government's commitment to ensuring that people with disabilities can access the same rights and opportunities as other Australians, including being appropriately supported in the workplace.

The Quality Strategy has three components:

- ▶ a quality assurance system (introduced on a voluntary basis from 1 January 2002 and legislated from 1 July 2002, now applying to all disability employment services funded under the *Disability Services Act*, including CRS Australia);
- ▶ continuous improvement activities; and
- ▶ complaints and referrals mechanisms (the Complaints Resolution and Referral Service and the National Disability Abuse and Neglect Hotline).

The quality assurance system was developed in accordance with an established system of certification and international standards of best practice. A key aspect of the quality assurance system is the involvement of people with disabilities in all aspects and stages of the quality assurance process.

This evaluation of the Quality Strategy follows a mid-term review conducted in 2003. The evaluation has used a range of consultation methods including questionnaires, focus groups, site visits, and interviews to obtain feedback from stakeholders with respect to the evaluation terms of reference. Program data and documentation has also been reviewed.

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<sup>1</sup> *Quality Assurance Handbook Version 2 for disability employment services*, Australian Government Department of Family and Community Services, Canberra, 2003

The overall conclusion of this evaluation is that the Quality Strategy has made significant progress in achieving the aims described above. The Quality Strategy has played an important role in ensuring that funded services meet the legislated requirement to comply with the Disability Services Standards. Initial certification audits identified over 400 non-conformities with the standards across more than 100 funded service providers. All of these areas of non-conformity have subsequently been addressed and are subject to ongoing surveillance and re-certification audits.

The implementation of the Quality Strategy has also led to an increased focus on the Disability Services Standards and on quality management in general across the disability sector. Funded services have made a number of changes to service management and provision and there is evidence of changes in organisational culture with increased emphasis on quality management and related areas such as occupational health and safety. In particular, consumer involvement and consultation has improved significantly.

The key findings of the evaluation for each of the terms of reference are presented below.

#### **Term of Reference 1**

**The Quality Strategy is meeting its stated goals in the light of government, sector and consumers' experiences and perceptions, particularly around improvements in the flexibility and responsiveness of employment assistance, and the hands-off role of government.**

The evidence obtained by this evaluation indicates that the Quality Strategy is meeting the requirements of its stated goals.

In terms of the specific goals for the three components of the Quality Strategy:

##### *The Quality Assurance System:*

- ▶ gives people with disabilities confidence in the quality and results that disability employment assistance services achieve for them;
- ▶ ensures all services meet, as a minimum, the Principles and Objectives of the Commonwealth *Disability Services Act 1986* and the Disability Services Standards;
- ▶ makes the assessment of quality more objective and measurable;
- ▶ treats all service providers equally (in both government and non-government sectors);
- ▶ links quality assurance to funding;
- ▶ reduces government intervention in the day-to-day operation of services; and
- ▶ encourages a process of continuous improvement.

##### *The Continuous Improvement component of the Quality Strategy:*

- ▶ supports ongoing activities that increase service providers' abilities to meet the Disability Services Standards (through an internal process that allows services

to constantly monitor their performance against the Standards and to plan improvements).

### *The Complaints and Referrals Mechanisms of the Quality Strategy:*

- ▶ provide an independent service that can be used when a suitable outcome cannot be found through a service provider's internal complaints processes, to express concerns about the employment or advocacy services consumers receive from a service provider, about certification decisions or about the certification process itself (Complaint Resolution and Referral Service); and
- ▶ provide a national, accessible telephone service to report abuse and neglect of people with disabilities in Australian, State and Territory Government funded services (National Disability Abuse and Neglect Hotline).

The Quality Strategy has ensured that an important legislative requirement for receipt of government funding, i.e. compliance with the Disability Services Standards, is met by disability employment services and rehabilitation services. The number and type of non-compliances identified through initial quality certification audits demonstrates that the disability employment services quality assurance (DESQA) system was needed. The Quality Strategy has provided a focus on the Disability Services Standards and on quality management in general across the disability sector.

The Quality Strategy is still a relatively new initiative and there are areas which could now benefit from further development and improvement. These potential improvements are outlined in the findings for the remaining terms of reference and in the recommendations of this evaluation.

### **Term of Reference 2**

**The costs of the Quality Strategy are reasonable and sustainable across the diversity of employment services types, including multi-site organisations and rural and remote services, taking into consideration the:**

- ▶ **costs to the sector of implementing and maintaining quality assurance;**
- ▶ **impact of ongoing certification costs on the viability of employment services;**
- ▶ **costs and risks to government of contributing to ongoing certification costs; and**
- ▶ **feasibility of a self-funded certification system.**

### Costs to the Sector

Many of the service providers who participated in this evaluation have found the cost of initial quality certification to be significant, in terms of human resource time and effort; however, benefits have also been identified.

Although the cost of quality assurance is expected to decrease for the purposes of maintaining certification, many service providers still see quality assurance as a burden on their resources, particularly when combined with other administrative and funding requirements. Larger services appear to have been better able to accommodate these costs and requirements.

Service providers reported that the quality assurance process places a greater relative resource burden on small and rural and remote services than it does on larger agencies. Additional costs were reported for quality audits conducted in rural and remote locations with some of these costs not covered by the government contribution.

In terms of an estimate of the actual financial cost to service providers, the data that was provided to the evaluation ranged widely in amount and reliability. Many services were unable to separate the costs of the quality assurance process from other management costs. Services that were able to compare the cost of the Disability Employment Services Quality Assurance system (DESQA) with other quality systems that they use (such as ISO certification), generally indicated that the costs were similar, although the staff time required for DESQA audits was greater.

Open employment providers expressed concerns that the cost of meeting DESQA requirements would place them at a disadvantage if they have to compete with Job Network providers who are not required to comply with the Disability Services Standards.

Service providers reported a number of benefits from the quality assurance system including:

- ▶ improved business management, policies, procedures and documentation;
- ▶ greater consultation with, and involvement of, consumers; and
- ▶ improved service quality.

## Government Contribution to Certification Costs

The current subsidy provided by FaCSIA for quality audit costs plays a significant role in both practical and policy terms and is particularly important for small and rural and remote services. Although no service providers reported that the cost of quality assurance was threatening their immediate financial viability, it was suggested that this could change (particularly for smaller providers) if the government contribution to audit costs was withdrawn or reduced.

Having considered the risks and benefits of continuing government contributions to the cost of quality audits, this evaluation concludes that withdrawal of the contribution and a requirement for complete self-funding of the quality assurance system, at this point in time, would have negative impacts that may not be offset by the short-term cost savings to government. This situation should be reviewed again in two to three years time when providers' quality management processes are better established and integrated into their overall management systems and other service improvement and viability initiatives are fully implemented.



### Term of Reference 3

**The Quality Strategy is effective across the diversity of service types and disability types (including multi-site organisations and CRS Australia). Evaluation of the effectiveness of the Quality Strategy should include analysis of the:**

- ▶ **strengths and weaknesses of the process for accrediting certification bodies;**
- ▶ **strengths and weaknesses of the process for certifying employment services;**
- ▶ **involvement of people with disabilities at all levels of the quality strategy; and**
- ▶ **the usefulness and useability of the easy and pictorial English information products for consumers about the Disability Service Standards and the Quality Assurance system.**

Evidence obtained by this evaluation, including stakeholder views on effectiveness, indicates that the Quality Strategy is on the whole effective, although some refinements could increase the appropriateness of the Evidence Guidelines for different service types.

Service providers have suggested that alignment/integration of state, Commonwealth and/or ISO quality standards and audit processes could improve the effectiveness and efficiency of the quality assurance process. (Currently, some organisations providing multiple service types have to undergo multiple quality audits each year.)

With the recent transfer of administrative responsibility for open employment services to the Department of Employment and Workplace Relations (DEWR), there is a high level of uncertainty amongst service providers about the future management and funding of quality for open employment services. The relationship/integration of the DESQA audit process with DEWR contract management process also needs to be considered.

### The Process for Accrediting Certification Bodies

The role of JAS-ANZ in accrediting and monitoring certification bodies is valued and adds credibility to the quality assurance process. Stakeholders identified the independence and auditing expertise of JAS-ANZ and the certification bodies as important factors in the quality assurance system.

The evaluation received some suggestions of non-compliance with, and/or insufficient understanding of JAS-ANZ Procedure 18. As Procedure 18 has only recently been reviewed and implementation of the revisions is still in progress, this situation should be monitored and appropriate actions taken as required.

Education regarding the revised procedure could be beneficial for service providers and quality auditors. A user-friendly explanation of Procedure 18 may be helpful for educational/general information purposes.

Other findings of this evaluation indicate that further review of some aspects of Procedure 18 may be required (for example, the size ranges of services that are linked to audit duration, and consumer sampling requirements).

The processes and linkages of the complaints management system should also be reviewed (e.g. the link between the CRRS and certification bodies where complaints are received that indicate non-compliance with the standards; and the process by which reports of inconsistencies in audit results are managed).

## The Process for Certifying Employment Services

Key issues identified in respect of the process for certifying employment services include:

- the importance of appropriate selection, training and certification of auditors and Consumer Technical Experts (TEs);
- better understanding (for all key stakeholders) of the role of TEs;
- more flexibility required in the duration of audit visits;
- better management of inconsistencies in audit results;
- improvement required in the quality of some audit reports; and
- clarification of the surveillance audit process for service providers.

## Involvement of People with Disabilities

The Quality Strategy has resulted in greater involvement of people with disabilities at all levels in the quality management process and in the more general management processes of disability employment services.

Difficulties were reported by service providers and auditors and TEs in regard to the selection and involvement of consumers in the audit process. These difficulties have mainly involved consumer sampling requirements and reluctance by some consumers who are selected by the sampling method, to participate in audit interviews.

It has been suggested that:

- strategies be considered to encourage consumer participation in audit consultations;
- requirements and options for consumer involvement be reviewed with consideration of the different needs of consumers of business services (supported employment), open employment services and CRS Australia;
- Annex 3 (Audit Planning and Consumer Sampling) of JAS-ANZ Procedure 18 be reviewed and promoted;
- the FaCSIA Quality Assurance Handbook information on selection and flexible involvement of consumers be clarified; and
- audit findings be more readily available to consumers and their families.

## Consumer Information Products

The existing consumer information products are not universally used. Most of the consumers responding to this issue have indicated a preference for video and/or

pictorial information. Service providers and Consumer Training and Support agency representatives have suggested that the existing pictorial information and video for consumers need to be revised.

### **Term of Reference 4**

**The Disability Service Standards, Key Performance Indicators and evidence guidelines (as detailed in the Quality Assurance Handbook) are effective when used across the diversity of employment services, based on:**

- ▶ **JAS-ANZ and certification body assessment of their validity and reliability; and**
- ▶ **service provider and consumer experience and perceptions of service assessments.**

Overall, the Disability Services Standards, Key Performance Indicators (KPIs) and Evidence Guidelines were considered to be effective and appropriate; however some refinements were suggested:

- ▶ Standard 8 (Service Management) is considered by some auditors to be too broad and may require more KPIs;
- ▶ linkage with ISO 9001-2000 was also suggested;
- ▶ some auditors are having difficulties with Standard 9 (Employment Conditions) and in particular KPI 9.1 (fair wage);
- ▶ some auditors and service providers consider there is too much overlap between the standards;
- ▶ a broader range of examples may be required for the Evidence Guidelines, in particular, separate examples for open employment, business services and vocational rehabilitation;
- ▶ adjusting the KPIs/Evidence Guidelines for open employment providers and possibly vocational rehabilitation services to recognize that these services are not the employer of the consumer; and
- ▶ service providers suggest that some auditors need to be more flexible in their use of the Evidence Guidelines, i.e. using these as examples, rather than 'must haves'.

### **Term of Reference 5**

**The continuous improvement strategy is effective, taking into account:**

- ▶ **incentives for continuous improvement resulting from certification audits;**
- ▶ **resources available to services to achieve continuous improvement; and**
- ▶ **strategies to establish performance benchmarks and identify sector trends, which can be utilized to direct continuous improvement activities.**

Now that the quality assurance system has been implemented, the continuous improvement component of the Quality Strategy requires greater focus and development.

## Incentives for Continuous Improvement

The achievement of ongoing quality certification (and hence ongoing government funding), was the main incentive for continuous improvement that was identified by service providers.

Several service providers suggested that some form(s) of award or recognition of good practice is needed to further encourage continuous improvement efforts and to raise awareness of good practice initiatives.

## Resources for Continuous Improvement

Although government representatives were able to identify a range of continuous improvement resources, most of the service providers responding to the evaluation named only the FaCSIA Continuous Improvement and/or Quality Assurance Handbooks.

Service providers suggested that the Continuous Improvement Handbook be regularly updated with current good practice examples. Distribution of good/best practice information to service providers was also a key point.

The Quality Assurance Handbook was developed for a transition period which is now over. The focus during the post-implementation phase of the Quality Strategy needs to be on continuous improvement. The two handbooks should be revised and could be combined (e.g. have one 'Quality Improvement Handbook').

A further suggestion was to create a linkage with the training programs/qualifications that are commonly undertaken by disability employment services staff and to include aspects of quality assessment, internal audit etc. in the curricula for these courses.

## Strategies to Identify Benchmarks and Trends

Service providers were concerned that they receive no general feedback from the quality assurance system in terms of best practice across the sector, i.e. the information they receive from the quality audit process is specific to their own organisation and/or limited to the continuous improvement suggestions received from the audit team that visits their service.

It was suggested that both FaCSIA and the industry peak bodies have a role to play in disseminating continuous improvement/good practice information. Specific suggestions put forward by stakeholders included:

- ▶ convening an annual forum of certification bodies to identify good practice examples and promote consistency across auditors (the good practice information would then be disseminated to service providers);
- ▶ facilitating a network(s) of QA Coordinators who are employed by disability employment services and rehabilitation services; and
- ▶ reviewing the audit reports received by FaCSIA and compiling and disseminating information on continuous improvement and best practice to service providers.

## Recommendations

This evaluation makes the following recommendations:

### **Government Contribution** (refer Section 6.0 of this report for further information)

1. Government funding contribution to the cost of disability employment service and CRS Australia quality assurance audits should continue in the short term with further review of this requirement in two to three years.

### **Integration with other Quality Systems** (refer Section 7.0)

2. FaCSIA, through the National Disability Administrators, should investigate opportunities to align or integrate Commonwealth and state/territory quality standards and audit processes.
3. The disability employment services sector (perhaps through peak bodies and in liaison with JAS-ANZ) should investigate the linkages between ISO 9001-2000 and the Disability Services Standards and consider ways for service providers to better integrate and manage the two systems.

### **JAS-ANZ Procedure 18** (Refer Section 7.0)

4. JAS-ANZ Procedure 18 should be reviewed again (at the time of introduction of ISO/IEC 17021), particularly in respect of the outlet size ranges prescribed for each audit duration, provisions for flexibility in audit duration, and consumer sampling requirements and flexible options for consumer involvement (e.g. alternative consultation options for consumers of open employment services).
5. Once JAS-ANZ Procedure 18 requirements regarding audit duration are reviewed, FaCSIA should consider reviewing the formula by which audit costs are calculated (currently this is done on the basis of number of outlets that an organisation has plus rural and remote costs with no link to audit duration) with a view to linking funding for audit costs with audit duration.
6. Plain English, user-friendly information on the key requirements of JAS-ANZ Procedure 18 should be made available to service providers in a revised Quality Assurance Handbook, including information on the role of Consumer Technical Experts and the surveillance audit process.

### **Complaints Linkages** (Refer Sections 5.4 and 5.6)

7. FaCSIA and JAS-ANZ should review the processes and linkages in the quality assurance complaints management system, including the link between the Complaints Resolution and Referral Service (CRRS) and certification bodies, the use of the CRRS in the continuous improvement process, and the process for management of inconsistencies in audit results.

### **Selection, Orientation and Training of Audit Team Members** (Refer Sections 5.2 and 7.0)

8. FaCSIA, JAS-ANZ and the accredited certification bodies should implement improvements in the selection, orientation (to the disability employment

and rehabilitation services sector), training and certification of auditors and Consumer Technical Experts, including implementation of the recently developed auditor training and certification initiative.

9. FaCSIA should consider convening a support network for Consumer Technical Experts.

#### **Consumer Involvement and Information** (Refer Sections 7.3 and 7.4)

10. Strategies to encourage and facilitate consumer participation in audit consultations should be further developed and strengthened as described in Section 7.3 of this report.
11. FaCSIA and JAS-ANZ, in consultation with service providers and certification bodies, should develop the policies and processes required to ensure that audit findings are communicated to consumers.
12. FaCSIA should review the Easy English information products for consumers regarding quality assurance and continuous improvement and consumer involvement in the audit process, noting the requests by consumers for more pictorial and video information.

#### **Standards and Evidence Guidelines** (Refer Section 8.0)

13. FaCSIA, in consultation with JAS-ANZ, certification bodies and service providers, should review the Evidence Guidelines for the Disability Services Standards with the aims of:
  - ▶ providing a broader range of examples and possibly separate examples where appropriate, for open employment services, business services and vocational rehabilitation services; and
  - ▶ recognising the needs of consumers from diverse cultural and language backgrounds and those from remote and indigenous communities.
14. The Evidence Guidelines for Standard 8 (Service Management) should be strengthened to encourage service providers to incorporate quality management into their general management systems.
15. FaCSIA should provide additional training/information to auditors in respect of Standard 9 (Employment Conditions) and particularly KPI 9.1 (fair wages). FaCSIA should also update the Quality Assurance Handbook in respect of KPI 9.1.

#### **Continuous Improvement** (Refer Section 9.0)

16. FaCSIA should now place greater focus on the continuous improvement component of the Quality Strategy, including the initiatives suggested in recommendations 17, 18, 19, and 20 below and:
  - ▶ convene an annual forum of certification bodies to identify good practice examples and promote consistency across auditors (the good practice information would then be disseminated to service providers);

- ▶ facilitate a network(s) of QA Coordinators who are employed by disability employment services and rehabilitation services; and
  - ▶ review the audit reports received by FaCSIA and compile and disseminate information on continuous improvement and best practice to service providers.
17. FaCSIA and the relevant peak bodies should develop and implement methods to identify and disseminate good practice and continuous improvement information to service providers.
  18. FaCSIA should consider the introduction of an award and/or other forms of recognition for good practice in disability employment services.
  19. FaCSIA should review, update and possibly combine the Continuous Improvement and Quality Assurance Handbooks.
  20. FaCSIA should liaise with the relevant tertiary education and training authorities regarding the potential to incorporate aspects of quality assessment and internal audit into the curricula of courses commonly undertaken by disability employment services staff.

### **Promotion of the Quality Strategy and Quality Certification** (Refer Section 5.5)

21. FaCSIA should initiate marketing strategies to promote the Quality Strategy and the Disability Services Standards and Quality Certification to individuals and agencies who are likely to use or refer consumers to disability employment services and rehabilitation services. The marketing strategies should include the use of a consistent and recognizable logo to indicate a service that has achieved quality certification.





## 1.0 Introduction

This is the Final Report of the *Evaluation of the Quality Strategy for Disability Employment Services and Rehabilitation Services* undertaken by Jenny Pearson & Associates Pty Ltd (the consultant) for the Department of Families, Community Services & Indigenous Affairs (FaCSIA).

### 1.1 Background to the Quality Strategy

The Quality Strategy for disability employment and rehabilitation services is part of a reform agenda announced in the 1996-1997 Federal Budget with the overall aim of improving the participation of people with disabilities in the workforce. The Quality Strategy was designed to address issues raised in a 1997 report, *Assuring Quality*, prepared by the Disability Quality and Standards Working Party.

The goal of the Quality Strategy is to ensure that people with disabilities can seek assistance and support from a range of Australian Government-funded employment services certified against the Disability Services Standards.<sup>2</sup> The aims of introducing the Quality Strategy were to improve service quality and to guarantee that people with disabilities could access appropriate quality services that provide high level and appropriate support. The introduction of the Quality Strategy reinforced the Australian Government's commitment to ensuring that people with disabilities can access the same rights and opportunities as other Australians, including being appropriately supported in the workplace.

The Quality Strategy has three components:

- ▶ a quality assurance system (introduced on a voluntary basis from 1 January 2002 and legislated from 1 July 2002, now applying to all disability employment services and CRS Australia);
- ▶ continuous improvement activities; and
- ▶ complaints and referrals mechanisms (the Complaints Resolution and Referral Service and the National Disability Abuse and Neglect Hotline).

The goals of the three strategy components are as follows:

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<sup>2</sup> *Quality Assurance Handbook Version 2 for disability employment services*, Australian Government Department of Family and Community Services, Canberra, 2003

#### *Quality Assurance System:*

- ▶ give people with disabilities confidence in the quality and results that disability employment assistance services achieve for them;
- ▶ ensure all services meet, as a minimum, the Principles and Objectives of the Commonwealth *Disability Services Act 1986* and the Disability Services Standards;
- ▶ make the assessment of quality more objective and measurable;
- ▶ treat all service providers equally (in both government and non-government sectors);
- ▶ link quality assurance to funding;
- ▶ reduce government intervention in the day-to-day operation of services; and
- ▶ encourage a process of continuous improvement.

#### *Continuous Improvement:*

- ▶ support ongoing activities that increase service providers' abilities to meet the Disability Services Standards (through an internal process that allows services to constantly monitor their performance against the Standards and to plan improvements).

#### *Complaints and Referrals Mechanisms:*

- ▶ provide an independent service that can be used when a suitable outcome cannot be found through a service provider's internal complaints processes, to express concerns about the employment or advocacy services consumers receive from a service provider, about certification decisions or about the certification process itself (Complaints Resolution and Referral Service); and
- ▶ provide a national, accessible telephone service to report abuse and neglect of people with disabilities in Australian, State and Territory Government funded services (National Disability Abuse and Neglect Hotline).

All of these components and services were introduced in 2001 or 2002.

The quality assurance system is based on the certification of services against the revised set of 12 Disability Services Standards (the Standards) and 26 Key Performance Indicators (KPI's) by certification bodies that have been accredited by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). JAS-ANZ Procedure 18 sets out the accreditation requirements for certification bodies assessing and certifying disability employment services. A Technical Committee that was comprised of representatives of the sector has recently reviewed the JAS-ANZ Procedure 18.

Disability employment services undergo audits by certification bodies against the Disability Services Standards every three years, are subject to at least annual surveillance audits by the certification bodies and undertake regular internal audits in conjunction with consumers of the services. The Australian Government pays a fixed amount to service providers for audit costs, based on the number of sites to be audited and the accessibility/remoteness of those sites.

After the transitional period that ended on 31 December 2004, only those existing services that are certified as fully meeting the Disability Services Standards are funded under the Disability Services Act.

There are two FaCSIA funded complaints and referrals mechanisms – the Complaints Resolution and Referral Service and the National Disability Abuse and Neglect Hotline.

The Complaints Resolution and Referral Service (CRRS) commenced on 1 July 2002. The CRRS uses a flexible model of complaints resolution emphasising empowerment of people with disability. Local resolution is encouraged as a way in which to empower service users and the CRRS will provide assistance and organise support to facilitate this process. The CRRS also offers conciliation with all staff being accredited conciliators and can also undertake a thorough investigation if appropriate. The CRRS undertakes a rigorous and individualised assessment process of complaints to determine the most appropriate resolution method. This independent service can be used when a suitable outcome cannot be found through a service provider's internal complaints processes. Consumers can also use CRRS to express concerns about the employment or advocacy services they receive from a service provider, about certification decisions or about the certification process itself.

The National Disability Abuse and Neglect Hotline started on 29 October 2001. It provides a national, accessible telephone service to report abuse and neglect of people with disabilities in Australian, State and Territory Government funded services. People with disabilities, parents, carers, advocates, service staff and health professionals are able to use the Hotline which operates from 8am to 8 pm.

A mid-term review of the Quality Strategy was conducted between September 2003 and January 2004.<sup>3</sup> The mid-term review highlighted key strengths of the quality strategy including:

- a robust quality assurance system based on independent, objective assessments against the Disability Services Standards;
- usefulness of the information and support material produced for service providers;
- opportunities for consumer involvement at all levels; and
- long-term focus on supporting a culture of continuous improvement.<sup>4</sup>

The mid-term review also highlighted challenges and recommendations for improvement and FaCSIA reports that these recommendations have for the most part been implemented.

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<sup>3</sup> ARTD Management & Research Consultants, January 2004, *Final Report, Quality Strategy for Disability Employment Assistance and Rehabilitation Services: Mid Term Review*

<sup>4</sup> FaCS, 2005, *Statement of Requirement for the Evaluation of the Quality Strategy for Disability Employment Services and Rehabilitation Services*

## 1.2 Evaluation Requirements

The broad requirements for this evaluation were to:

- ▶ undertake an evaluation of the quality strategy for Disability Employment Services and Rehabilitation Services; and
- ▶ assess and make recommendations about the effectiveness of the quality strategy, with a key focus being qualitative outcomes, including consumer satisfaction and views about quality improvements.

The terms of reference for the evaluation were to assess and make recommendations regarding:

1. Whether the quality strategy is meeting its stated goals in the light of government, sector and consumers' experiences and perceptions, particularly around improvements in the flexibility and responsiveness of employment assistance, and the hands-off role of government.
2. The cost implications of the quality strategy across the diversity of employment services types, including multi-site organisations and rural and remote services, taking into consideration the:
  - ▶ costs to the sector of implementing and maintaining quality assurance;
  - ▶ impact of ongoing certification costs on the viability of employment services;
  - ▶ costs and risks to government of contributing to ongoing certification costs; and
  - ▶ feasibility of a self-funded certification system.
3. The effectiveness of the quality strategy across the diversity of service types and disability types (including multi-site organisations and CRS Australia), including the:
  - ▶ strengths and weaknesses of the process for accrediting certification bodies;
  - ▶ strengths and weaknesses of the process for certifying employment services;
  - ▶ involvement of people with disabilities at all levels of the quality strategy; and
  - ▶ the usefulness and useability of the easy and pictorial English information products for consumers about the Disability Service Standards and the Quality Assurance system.
4. The effectiveness of the Disability Service Standards, Key Performance Indicators and evidence guidelines (as detailed in the Quality Assurance Handbook) used across the diversity of employment services, based on:
  - ▶ JAS-ANZ and certification body assessment of their validity and reliability; and
  - ▶ service provider and consumer experience and perceptions of service assessments.
5. The effectiveness of the continuous improvement strategy, taking into account:
  - ▶ incentives for continuous improvement resulting from certification audits;

- ▶ resources available to services to achieve continuous improvement; and
- ▶ strategies to establish performance benchmarks and identify sector trends, which can be utilized to direct continuous improvement activities.

### **1.3 Project Timeframe and Scope**

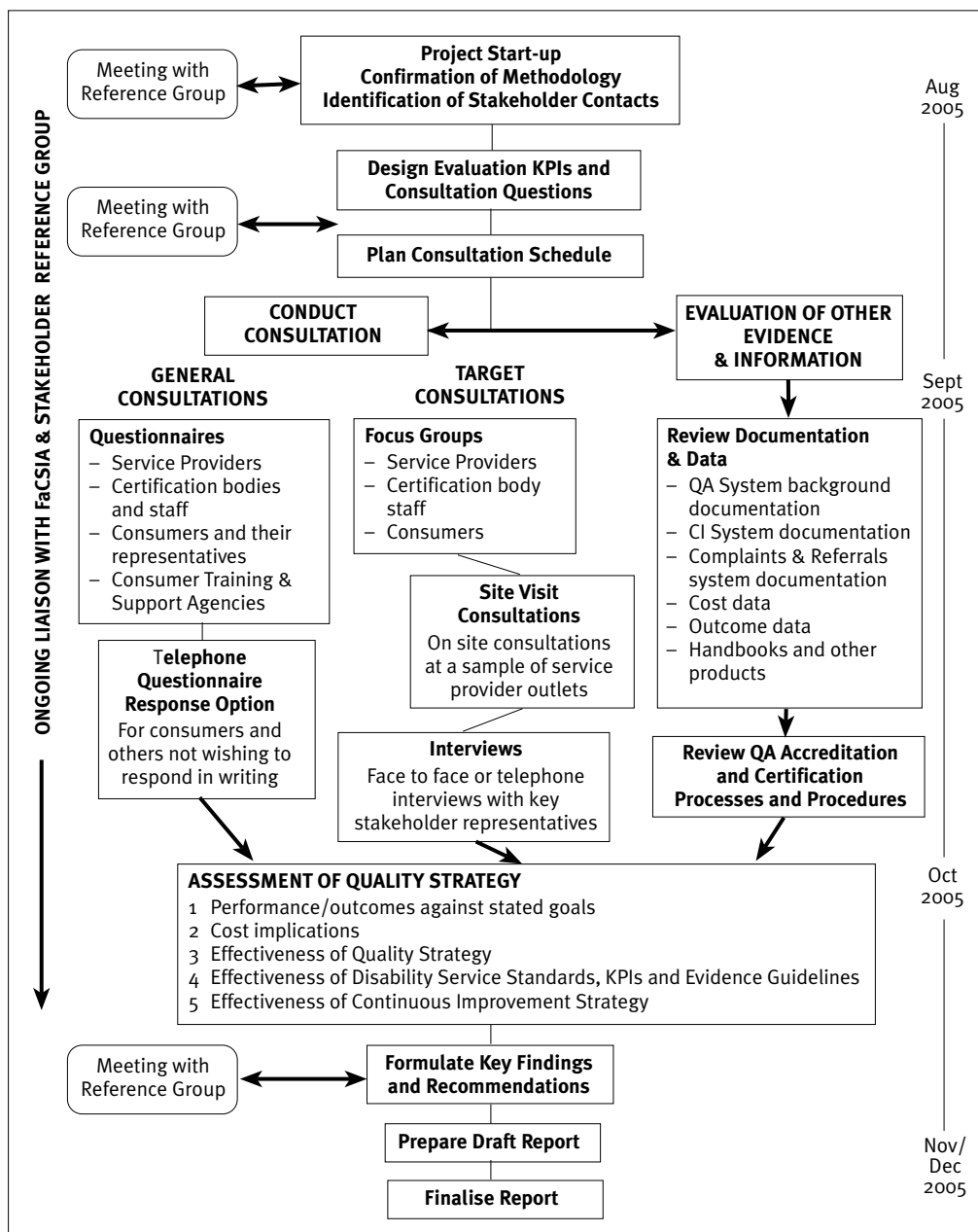
This evaluation commenced on 15 August 2005 with the draft report prepared during December 2005 and finalized following feedback in April 2006.

The project scope involved all matters specified in the terms of reference for the evaluation. Where out of scope issues were raised, these were referred to FaCSIA but are not necessarily included in this report.



## 2.0 Evaluation Methodology

The methodology for the project is summarized in the diagram below and then described in more detail.



## 2.1 Project Start up, Confirmation of Methodology and Identification of Stakeholder Contacts

Project start-up involved initial briefings with FaCSIA representatives for this project and a meeting with the Reference Group. (The membership of the Reference Group is listed in Appendix A.) Discussions with the Reference Group focused on the proposed methodology and any suggested adjustments to this, as well as identification of the key stakeholders for evaluation consultations.

A detailed Project Plan was prepared by the consultant and this included the confirmed methodology for the evaluation, consultation plan, project timeframe, roles and responsibilities, and risk management and quality management strategies.

## 2.2 Design Evaluation KPIs and Consultation Questions and Tools

In consultation with FaCSIA representatives and the Reference Group, the consultant documented performance indicators for the Quality Strategy and its evaluation. (Refer Appendix B). Consultation tools such as questionnaires and interview proforma were then drafted.

A second meeting with the Reference Group was held in September 2005 to discuss and refine the consultation tools and processes.

## 2.3 Plan and Conduct Consultations

The consultation locations were selected in liaison with FaCSIA and a consultation schedule was planned. Five methods of consultation were used for this evaluation, with the aim of providing opportunities for the full range of stakeholders to participate in consultation activities and contribute to the evaluation.

### 1 Questionnaires

Questionnaires were prepared for each of the key stakeholder groups:

- ▶ Disability employment service providers and CRS Australia;
- ▶ Certification bodies and their auditing staff/consultants/technical experts;
- ▶ Consumers and their representatives (two versions: one in Easy English); and
- ▶ Consumer Training and Support Agencies.

Concise background information outlining the purpose, key components and current processes of the Quality Strategy was attached to the questionnaire.

The questionnaires were placed on the FaCSIA website and information about the evaluation and consultation methods, including links to the questionnaires and information bulletins, was distributed through a special edition of the FaCSIA e-news. Further distribution of evaluation information occurred through peak bodies and the consultant e-mailed or posted questionnaires and information bulletins to stakeholders on request.

The questionnaires included structured questions, some quantifiable scales, tick-box or yes/no responses and open questions inviting broader comments and the raising



of other issues. Respondents could return their completed questionnaires direct to the consultant by e-mail, Reply Paid post or fax.

All questionnaires were administered on a confidential basis i.e. no information that might identify an individual or their organisation/service provider was requested.

As written questionnaires may not be appropriate or convenient for some stakeholder groups (for example, people with more severe levels of intellectual disability, literacy or language difficulties, or those who use alternative forms of communication), other consultation methods (described below) were provided.

### **2 Telephone Questionnaire Response Option**

A telephone questionnaire response option was provided by the consultant for consumers and others who were not able, or preferred not to respond to a written questionnaire. This enabled stakeholders to use the consultant's Freecall number to speak with a member of the consulting team by telephone. This response option was also made available on two evenings per week for the month of consultations.

Using this option, stakeholders were led through the background information and questionnaire content by the consultant and the stakeholder's responses to the questions were documented by the consultant. Data from the Telephone Responses was recorded on the questionnaire forms used for written responses and was collated, tabulated and analysed as per the written questionnaires.

Although over 150 calls were made to the Freecall number, most of these related to general enquiries about the evaluation and only a small number of questionnaires were actually completed by phone.

### **3 Focus Groups**

Focus groups provided an opportunity for stakeholders to discuss, explore and develop issues and suggestions. Separate focus groups were organised for three of the key stakeholder groups:

- ▶ Disability employment service providers and CRS Australia;
- ▶ Certification body staff/auditors; and
- ▶ Consumers and their representatives.

Standard questions developed from the terms of reference and key performance indicators for the evaluation were used. Where focus groups had a special interest (e.g. some groups comprised entirely rural/remote service providers) additional tailored questions were used.

In the face to face groups, the participants' responses and issues were documented by the consultant on overhead transparencies in full view of the participants. Participants were encouraged to add to, correct or change anything that was written. For telephone/videoconference groups, the consultant documented the participants' comments and then e-mailed these to the participants for checking. Feedback from a service provider who could not attend one of the face to face groups was included in the focus group comments by this method.

#### **4 Site Visit Consultations**

On-site consultations at Disability employment service providers and CRS Australia service outlets provided the following advantages:

- ▶ the ability to consult face to face with consumers and service provider staff who were not able to attend focus groups or access other methods of participation; and
- ▶ the flexibility to use the most appropriate methods of consultation for the situation (for example, a mix of individual informal interviews, small group discussions, meetings with internal quality assurance committees, etc.).

#### **5 Interviews**

The consultant conducted face to face and/or telephone interviews with a range of key stakeholder representatives, including representatives of:

- ▶ government agencies such as FaCSIA and DEWR;
- ▶ peak bodies representing service providers and consumer groups;
- ▶ CRS Australia;
- ▶ JAS-ANZ;
- ▶ certification bodies; and
- ▶ Consumer Training and Support Agencies.

Stakeholders for interview were identified with input from the Reference Group. Interview questions included some core questions, as designed in step 2.2 of the methodology, as well as questions specific to the individual stakeholder. The Reference Group reviewed draft interview questions and these were then finalised into interview proforma and used to document interviewees' responses.

### **2.4 Evaluation of Other Evidence and Information**

The consultant reviewed and evaluated other evidence and information regarding the Quality Strategy and its components.

Relevant documentation and program data such as policy statements, background information, handbooks and other products, cost data and outcome data were reviewed by the consultant.

The consultant also reviewed the processes and procedures used for quality assurance accreditation and certification.

### **2.5 Assessment of the Quality Strategy**

The information from the consultation activities and the evaluation of documentation and other evidence was collated and analysed by the consulting team. This assessment focused on describing and summarising the key issues and suggestions arising in respect of the terms of reference, i.e:

1. Performance/outcomes against stated goals

2. Cost implications
3. Effectiveness of the Quality Strategy
4. Effectiveness of the Disability Service Standards, Key Performance Indicators and Evidence Guidelines
5. Effectiveness of the Continuous Improvement Strategy.

### 2.6 Formulation of Key Findings and Recommendations

Following step 2.5 above, the consultant met with FaCSIA and the Reference Group to present the key issues and suggestions and to workshop key findings and potential recommendations.

### 2.7 Preparation of Draft and Final Reports

The consultant then prepared a Draft Report. The report was finalised following feedback from FaCSIA and the Reference Group.



## 3.0 Profile of Evaluation Participants

The number and profile of participants for each of the evaluation consultation activities is presented below.

### 3.1 Questionnaires

#### Questionnaire for Disability Employment Service Providers and CRS Australia

A total of 43 completed Service Provider questionnaires were received. Just over half of these responses were from business services. A breakdown by service type appears in the following table.

Service Type	No. of responses	% of Total Responses
Business Service (Supported Employment)	23	53.5%
Open Employment	13	30.2%
Both Open and Supported Employment	5	11.6%
Rehabilitation Service (CRS Australia)	1	2.3%
Other (please specify): <i>Supported Wage Assessor, Staff Training consultant</i>	1	2.3%
<b>Total</b>	<b>43</b>	<b>100%</b>

New South Wales was over-represented in the Service Provider returns. No responses were received from the ACT or Tasmania.

State/Territory Location	No. of responses	% of Total Responses
ACT	0	0.0%
New South Wales	24	54.5%
Northern Territory	2	4.5%
Queensland	1	2.3%
South Australia	1	2.3%
Tasmania	0	0.0%
Victoria	11	25.0%
Western Australia	5	11.4%
<b>Total</b>	<b>44 *</b>	<b>100%</b>

\* Note: One respondent providing services in two states

Rural/regional services were well-represented in the sample

Urban/Rural Location	No. of responses	% of Total Responses
Urban (metropolitan area)	19	42.2%
Rural or regional area	26	57.8%
<b>Total</b>	<b>45 *</b>	<b>100%</b>

\* Note: Two respondents providing services in both urban and rural/regional areas

### Questionnaire for Certification Bodies and Staff

Eight returns were received for this questionnaire, with respondents including auditors, consumer technical experts (TEs) and managers of certification bodies.

	No. of responses	% of Total Responses
A manager of an accredited certification body	2	22.2%
An auditor employed or contracted by an accredited certification body	4	44.4%
A technical expert for an accredited certification body	3	33.3%
A group of personnel from an accredited certification body	0	0.0%
Other (please specify)	0	0.0%
<b>Total</b>	<b>9 *</b>	<b>100%</b>

\* Total of 8 respondents but 1 respondent ticked two categories

### Questionnaire for Consumer Training and Support Agencies

Nine questionnaires were returned from Consumer Training and Support Agencies.

### Questionnaire for Consumers and their Representatives (Standard Version and Easy English Version)

There were a total of 166 consumer questionnaire returns, with the majority (76%) being in the Easy English format. Eighteen (11%) of the consumer returns were received from a pictorial version of the Easy English questionnaire developed by a service provider for consumers with severe disabilities. Not all questions were addressed by this pictorial version. These responses are included with the Easy English returns for analysis purposes.

Contact with service providers and other information suggests that a number of providers assisted by distributing evaluation information and questionnaire forms to their consumers.

Just under two-thirds (63%) of the respondents were consumers/employees of business services.

## Profile of Evaluation Participants

Respondents to Consumer Questionnaires (Standard and Easy English versions)	No. of Standard Questionnaire Returns	No. of Easy English Returns	% of Total Returns (n=166)
An employee of a Business Service <i>I work at a Business Service</i>	8	115	74.1%
A consumer of an Open Employment Service <i>I am getting help to find a job from an Open Employment Service</i>	4	27	18.7%
A consumer of CRS Australia <i>I get services from a rehabilitation service (CRS Australia)</i>	2	4	3.6%
A parent or other family member of a person with a disability	8	N/A	4.8%
An advocate or other representative of people who have a disability	0	N/A	0%
An organisation representing people who have a disability	0	N/A	0%
Other (please specify): <i>I am someone else who is interested in the Quality Strategy</i>	0	7	4.2%
<b>Total Questionnaires Returned</b>	<b>22</b>	<b>144</b>	<b>**</b>

\* Easy English version of the question choices is shown in italics

\*\* Some respondents selected more than one category, so totals add to more than 100%

### 3.2 Focus Groups

A total of 14 focus groups were conducted for the evaluation. Six of these groups were conducted by teleconference or videoconference. (This method enabled providers in rural and remote locations and states not visited by the consultant to participate.)

#### Focus Groups for Service Providers

Ten Service Provider focus groups were held for each of the following locations/groups:

- ▶ Adelaide;
- ▶ Melbourne;
- ▶ Sydney;
- ▶ Brisbane;
- ▶ Horsham;
- ▶ Port Pirie (conducted by telephone as there was only one participant);
- ▶ WA ACROD business services group;
- ▶ WA ACROD open employment services group;
- ▶ WA ACROD Country Managers group; and
- ▶ CRS Remote Area Rehabilitation Consultants.

A total of 46 service providers and peak body representatives participated in these focus groups. 48% were Business Service providers, 20% Open Employment providers and 12.5% were from organisations providing both business services and Open Employment. The remaining participants were peak body representatives and staff from CRS Australia.

### **Focus Groups for Certification Bodies and Staff**

Focus groups for Certification Bodies and their staff/contractors were held in:

- ▶ Adelaide;
- ▶ Melbourne;
- ▶ Sydney; and
- ▶ Brisbane.

These groups were small and had a total attendance of nine participants: six of whom were auditors and three TEs.

### **Consumers and their Representatives**

There were no bookings for the Consumer focus groups, even though these were scheduled in the evening. Consumers and their representatives seemed to prefer to participate by questionnaire and site visit consultations.

### **3.3 Site Visits**

The consultant was invited to visit 3 services to conduct on-site consultations. These services comprised 2 business services and 1 CRS Australia unit.

A mix of informal interviews and group discussions were used in these settings. Questions similar to those for the focus groups were used as a basis for discussion. There were 56 participants in the on-site consultations (19 staff, 35 consumers and 2 advocates). Some consumers who could not attend on the day contacted the consultant later by telephone.

### **3.4 Interviews**

A total of 24 detailed interviews were conducted with a range of stakeholders (as previously listed in 2.3). An additional 3 people responded to the interview questions by answering the interview questions in writing. Further brief, unstructured telephone interviews also occurred with some participants who did not wish to participate in a formal interview.



### 3.5 Overall Participation Rate

Total participation across all of the consultation activities is shown in the table below.

Stakeholder Group	Questionnaires	Focus Groups	Site Visits	Interviews	Total
Disability Employment Services and CRS Australia	43	46	19	5	113 *
Consumers	166		35		201
Certification Bodies	9	9			18
CT&S Agencies	9			5	14
Other Stakeholders**			2	14	16
<b>Total</b>	<b>227</b>	<b>55</b>	<b>56</b>	<b>24</b>	<b>362</b>

Notes:

\* Of the service provider participants, approximately 45% were from business services, 19% open employment services and 10% organisations providing both BS and OE. The remainder were CRS Australia and peak body representatives.

\*\* Other Stakeholders included staff/representatives of FaCSIA, DEWR, JAS-ANZ and peak bodies and consumer advocates.

The mid-term review obtained 262 questionnaire returns when these were sent direct to individual service providers. Distribution via the FaCSIA e-news bulletin for this evaluation was not as effective. Direct feedback from service providers to the consultant suggested that some had difficulty in accessing the questionnaire and other information via the website.

Peak bodies also advised that service providers (particularly open employment providers) were extremely busy with tender preparation during the consultation period. One peak body provided a single interview response on behalf of members.

Overall, FaCSIA reports that there are 389 funded disability employment assistance providers. Accounting for attendance of more than one representative from a single agency in the focus groups and subtracting the representatives of CRS Australia, we would estimate that approximately 16% of all disability employment services participated through the service provider consultation activities for this evaluation. (Note that service providers were asked to return only one questionnaire per agency.)

Consumer participation was much higher for this evaluation than it was for the mid-term review. A number of service providers and others made particular efforts to inform consumers of the evaluation (e.g. through placing information and the consumer questionnaire in their newsletters). One provider even converted the consumer questionnaire to a simpler pictorial format specific to the needs of their consumers.

The results of consultations conducted for the mid-term review and for this evaluation mean that the majority of service providers and a significant proportion of consumers have provided feedback on the Quality Strategy.



## 4.0 Analysis of Program Data and Other Evidence

FaCSIA provided the evaluation consultant with data relating to the cost and outcomes of certification and surveillance audits. The results of analysis of this data are summarized below.

### 4.1 Number of Certification and Surveillance Audits Conducted

From 14 November 2001 to 7 July 2005, a total of 1400 quality audits were conducted: 745 certification audits and 655 surveillance audits.

Just over half (50.5%) of the service outlets audited were open employment services, 48.5% were providing supported employment (i.e. business services), with the remainder providing targeted support or Work Based Personal Assistance (WBPA).

A total of ten certification bodies conducted the 1400 audits. The four most frequently used certification bodies conducted 38%, 29%, 19% and 8% of the audits respectively.

### 4.2 Costs to Government

The FaCSIA contribution to audit costs is based on the number of outlets that a service provider has and there is additional funding for rural and remote services.

FaCSIA has calculated that the average cost to FaCSIA for a certification audit is \$9,260 and the average cost for a surveillance audit is \$4,945. These amounts include the additional rural and remote payments provided to 51 organisations.

### 4.3 Non-Conformities Identified

A total of 112 organisations were identified at certification audit as having non-conformities with the Disability Services Standards that precluded them from certification. Certification subsequently occurred once the non-conformities had been addressed. The profile of these non-conformities across the Standards, KPIs and service types is shown in the following table. (The data includes non-conformities identified for 2 organisations on their second certification audit)

Disability Service Standard/KPI (Abbreviated descriptions only – see Appendix C for complete Standards)	Number of Non-Conformities by Type of Organisation (n=112)			Total Non-conformities on Certification Audit
	Open Employment	Supported Employment	Both Open and Supported	
<b>Standard 1: Service Access</b>				
KPI 1.1 (Non-discriminatory entry rules)	1	2	1	4
KPI 1.2 (Entry & exit procedures fair, equitable & consistent)	1	2	1	4
<b>Standard 2: Individual Needs</b>				
KPI 2.1 (Employment goals reflect individual needs and goals)	5	15	4	24
KPI 2.2 (Individual's employment goals used as basis for service provision)	6	21	7	34
KPI 2.3 (Services delivered through plans with no unnecessary restrictions or constraints)	2	11	4	17
<b>Standard 3: Decision making and Choice</b>				
KPI 3.1 (Opportunities for individual to participate in decision making)	10	10	2	22
KPI 3.2 (Service provider acts on individual's input)	1	7	1	9
<b>Standard 4: Privacy, dignity and confidentiality</b>				
KPI 4.1 (Service complies with Information Privacy Principles)	6	6	2	14
KPI 4.2 (Service promotes tolerance and respect for individual needs)	0	2	0	2
<b>Standard 5: Participation and Integration</b>				
KPI 5.1 (Opportunities for participation and involvement in the community through employment)	0	1	0	1
<b>Standard 6: Valued Status</b>				
KPI 6.1 (Service promotes belief and ability to fulfill valued roles)	0	2	1	3
KPI 6.2 (Service promotes employment opportunities to fulfill valued roles)	1	1	0	2
KPI 6.3 (Service develops and maintains skills relevant to individual's roles in the community)	1	3	0	4
<b>Standard 7: Complaints and Disputes</b>				
KPI 7.1 (Service encourages raising of complaints)	2	2	1	5
KPI 7.2 (Service recipients have no fear of retribution)	1	1	0	2
KPI 7.3 (Service facilitates resolution of complaints)	3	5	2	10
<b>Standard 8: Service Management</b>				
KPI 8.1 (Service has management systems that facilitate quality management and CI)	19	36	4	59

## Analysis of Program Data and Other Evidence

Disability Service Standard/KPI (Abbreviated descriptions only – see Appendix C for complete Standards)	Number of Non-Conformities by Type of Organisation (n=112)			Total Non-conformities on Certification Audit
	Open Employment	Supported Employment	Both Open and Supported	
<b>Standard 9: Employment Conditions</b>				
KPI 9.1 (Award-based wages and pro-rata wages determined through transparent wage assessment tool)	5	29	12	46
KPI 9.2 (Employment conditions consistent with norms and legislation)	3	8	4	15
KPI 9.3 (Individuals informed of how wages and conditions are determined)	0	3	5	8
<b>Standard 10: Service recipient training and support</b>				
KPI 10.1 (Service provides or facilitates relevant training and support programs)	2	12	2	16
<b>Standard 11: Staff recruitment, employment and training</b>				
KPI 11.1 (Service identifies skills and competencies of each staff member)	4	26	2	32
KPI 11.2 (Service ensures staff have relevant skills and competencies)	5	26	4	35
KPI 11.3 (Service ensures provision of appropriate and relevant training)	3	25	2	30
<b>Standard 12: Protection of human rights and freedom from abuse</b>				
KPI 12.1 (Service takes steps to prevent abuse and neglect)	1	5	2	8
KPI 12.2 (Service upholds legal and human rights of service recipients)	0	3	0	3
<b>Totals</b>	<b>82 (20%)</b>	<b>264 (65%)</b>	<b>63 (15%)</b>	<b>409 (100%)</b>

As shown in the table above, a total of 409 non-conformities were recorded for 112 organisations, i.e. an average of 3.65 non-conformities for each non-complying organisation. The majority (65%) of these non-conformities occurred in organisations providing supported employment, with 20% occurring in organisations providing open employment and the remaining 15% in organisations providing both open and supported employment.

The KPIs that registered the highest number of non-conformities were (in descending order):

- ▶ KPI 8.1 (The service provider has management systems in place that facilitate quality management practices and continuous improvement) – 59 con-conformities
- ▶ KPI 9.1 (The service provider ensures that people with a disability, placed in open or supported employment, receive wages according to the relevant award, order or industrial agreement (if any)(consistent with legislation). A wage must not have been reduced, or be reduced, because of award exemptions or incapacity to pay or similar reasons and, if a person is unable to work at full productive capacity due to a disability, the service provider is to ensure that a pro-rata wage based on an award, order or industrial agreement is paid. This pro-rata wage must be determined through a transparent assessment tool or process, such as Supported

Wages System (SWS), or tools that comply with the criteria referred to in the Guide to Good Practice Wage Determination including: compliance with relevant legislation; validity; reliability; wage outcome; and practical application of the tool)  
– 46 non-conformities

- ▶ KPI 11.2 (The service provider ensures that its staff have relevant skills and competencies) – 35 non-conformities
- ▶ KPI 2.2 (Each individual's employment goals are used as a basis for service provision, with the service provider undertaking a process of planning, implementation, review and adjustment to facilitate the achievement of these goals) – 34 non-conformities
- ▶ KPI 11.1 (The service provider identifies the skills and competencies of each staff member) – 32 non-conformities
- ▶ KPI 11.3 (The service provider ensures the provision of appropriate and relevant training and skills development for each staff member) – 30 non-conformities
- ▶ KPI 2.1 (Each individual's employment goals are established objectively to reflect his or her needs and personal goals) – 24 non-conformities
- ▶ KPI 3.1 (The service provider provides appropriate and flexible opportunities for each individual to participate in decision-making at all levels, including individual choices in pre-employment and employment planning, service delivery planning and corporate and business planning) – 22 non-conformities
- ▶ KPI 2.3 (Services are delivered to meet each individual's employment goals through pathways and plans that do not have any unnecessary restrictions or constraints) – 17 non-conformities
- ▶ KPI 9.2 (The service provider ensures that, when people with a disability are placed in employment, their conditions of employment are consistent with general workplace norms and relevant Australian government and State legislation) – 15 non-conformities

The profile of these non-conformities suggests that at the time of introduction of the quality assurance system, there were significant deficiencies in respect of management systems, wage determination, individual planning and decision making, and staff training and skill development.

The corresponding data for surveillance audits (to end of June 2005), shows that 48 organisations had non-conformities at surveillance audit. The profile of non-conformities had changed from that of the certification audits, with the relative proportion of non-conformities in open employment organisations increasing:

- ▶ 51% of the non-compliances were for organisations providing supported employment;
- ▶ 39% for organisations providing open employment; and
- ▶ 9% for organisations providing both open and supported employment (and 2% other).

The average number of non-conformities per non-complying organisation had decreased to 1.8.

The KPI recording the highest number of non-conformities at surveillance audit was KPI 8.1 (25 non-conformities) followed by KPI 2.2 (15 non-conformities), and KPI 2.1 (9 non-conformities).

### 4.4 Complaints Data

Of complaints addressed by the Complaints Resolution and Referral Service (CRRS) in the 2004-05 financial year, 39% related to open employment services and 36% to supported employment services.

The Disability Services Standards to which complaints were most frequently related were:

- ▶ Standard 9 (Employment Conditions);
- ▶ Standard 12 (Protection of human rights and freedom from abuse);
- ▶ Standard 10 (Service recipient training and support);
- ▶ Standard 8 (Service Management);
- ▶ Standard 1 (Service Access); and
- ▶ Standard 2 (Individual Needs).

More than 50 complaints were recorded in relation to each of the above standards.

The methods used by CRRS to address complaints include:

- ▶ provide information to a person for them to direct the resolution of the complaint;
- ▶ facilitate the internal resolution of a complaint;
- ▶ referral for advocacy to assist with the complaints process;
- ▶ hold a conciliation;
- ▶ investigate the complaint; and/or
- ▶ refer to an appropriate service if outside of the CRRS's jurisdiction.

For 2004-05, the most frequent actions taken were:

- ▶ complaint withdrawn by the complainant;
- ▶ self-directed internal resolution;
- ▶ referral;
- ▶ CRRS directed internal resolution; and
- ▶ CRRS investigation.

Reasons for withdrawing a complaint include:

- ▶ fear of retribution;
- ▶ the complaint is addressed without it being raised;

- ▶ the person would like to have a forward focus and not revisit the complaint;
- ▶ the person finds a new service; and
- ▶ people just need to debrief with the CRRS and are happy to move forward.<sup>5</sup>

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<sup>5</sup> CRRS Annual Report 1 July 2004 – 30 June 2005



# Key Issues arising from Stakeholder Consultations

*The following sections report the key issues that were raised for each term of reference by stakeholders through the various consultation methods.*



## 5.0 Term of Reference 1: Performance/Outcomes against Stated Goals

### Term of Reference 1

**The Quality Strategy is meeting its stated goals in the light of government, sector and consumers' experiences and perceptions, particularly around improvements in the flexibility and responsiveness of employment assistance, and the hands-off role of government.**

### Goals of the Quality Strategy:

*The Quality Assurance System:*

- ▶ gives people with disabilities confidence in the quality and results that disability employment assistance services achieve for them;
- ▶ ensures all services meet, as a minimum, the Principles and Objectives of the Commonwealth *Disability Services Act 1986* and the Disability Services Standards;
- ▶ makes the assessment of quality more objective and measurable;
- ▶ treats all service providers equally (in both government and non-government sectors);
- ▶ links quality assurance to funding;
- ▶ reduces government intervention in the day-to-day operation of services; and
- ▶ encourages a process of continuous improvement.

*The Continuous Improvement component of the Quality Strategy:*

- ▶ supports ongoing activities that increase service providers' abilities to meet the Disability Services Standards (through an internal process that allows services to constantly monitor their performance against the Standards and to plan improvements).

*The Complaints and Referrals Mechanisms of the Quality Strategy*

- ▶ provide an independent service that can be used when a suitable outcome cannot be found through a service provider's internal complaints processes, to express concerns about the employment or advocacy services consumers receive from a service provider, about certification decisions or about the certification process itself (Complaint Resolution and Referral Service); and

- ▶ provide a national, accessible telephone service to report abuse and neglect of people with disabilities in Australian, State and Territory Government funded services (National Disability Abuse and Neglect Hotline).

## 5.1 Is the Quality Strategy Meeting its Stated Goals?

The evidence obtained by this evaluation indicates that the Quality Strategy is meeting the requirements of its stated goals.

Seven of the eight respondents to the Certification Bodies Questionnaire rated the Quality Strategy as ‘Effective’ or ‘Very Effective’ in meeting its goals.

Amongst Certification Bodies focus group participants, the view generally was that the Quality Strategy goals had all been met but there were suggestions that:

- ▶ continuous improvement required further development;
- ▶ CRRS and the Hotline should be promoted more; and
- ▶ the wage assessment process should be reviewed.

### Improvement in Service Quality and Outcomes

The majority of Service Provider questionnaire respondents considered that the quality of their services had improved.

Has the quality of your service improved since the Quality Strategy was introduced?	No. of responses	% of Total Responses
Yes	27	61.4%
No	9	20.5%
Unsure	8	18.2%
<b>Total</b>	<b>44 *</b>	<b>100%</b>

\* Note: One respondent selected both Yes and No for this question

Changes cited by service providers included:

- ▶ improved documentation;
- ▶ clear policies and procedures;
- ▶ increased accountability;
- ▶ improved communication with consumers and increased involvement of consumers in service management; and
- ▶ improved service delivery.

Some service providers felt that service quality had not improved and some were concerned about the additional administrative burden of the quality assurance system.

## Term of Reference 1: Performance/Outcomes against Stated Goals

Comments from Service Provider Questionnaire respondents included:

- ‘More organized and professional. Better policies, procedures, forms, generally everyone is more knowledgeable as they have received more and better training/information. HOWEVER, there is some irritation and frustration from staff due to the cost and time resource required to implement the changes.’
- ‘A number of significant improvements have been born via audit preparations, consumer participation, and audit feedback. More than that however is the influence of the overall ‘culture’ of continuous improvement that has extended (in our organisation) beyond the basic requirements of audit compliance.’
- ‘Information for employees is clear and concise. There is an increased awareness of quality and how it relates in the workplace. . . . A Worker’s Committee has been implemented which enables workers to raise any issues in the workplace or just have their say, through their elected representative.  
Workers are more conscious of what’s happening in their workplace and the sorts of things they need to be aware of eg OHS.  
Additional training has been implemented and workers request additional external training or assistance to enroll in courses externally.’

*(Comments from Service Provider Questionnaire Respondents)*

Most Service Provider focus group participants felt that consumer outcomes had improved as a result of the Quality Strategy, particularly in terms of consumer involvement, training and consultation and wage outcomes.

Other service providers who were interviewed commented that the Quality Strategy had:

- ▶ clarified and ensured that the service is complying with the standards;
- ▶ converted the standards from the abstract to the practical;
- ▶ brought quality assurance and the standards to the forefront;
- ▶ promoted ongoing improvement of the service; and
- ▶ increased the focus on consumer participation and helped to engage consumers a lot more.

A peak body responding on behalf of service providers suggested that business services are better able to systematize quality assurance and continuous improvement (for example, through workers’ committees) than open employment services.

For a large multi-site organisation, it was reported that quality assurance had helped them to achieve consistency across all their sites.

One service provider commented that the Quality Strategy had made a big difference to consumers: 'We revisited everything we do and made sure it is client focused'.

Respondents to the Questionnaire for Certification Bodies and Staff described a number of changes in service providers' procedures and practices since the Quality Strategy was introduced. For example:

- 'Involvement of client reps on boards of management has improved.  
More involvement in the internal audits using clients/consumers.  
More staff training implemented within the services to help provide the consumers with better services.  
More involvement of clients in the planning and management of services.  
Clients kept better informed of the mission and direction of the services.  
Clients provided with more consumer support and training about the Standards.'
- 'Services have improved, particularly those that were not too great to begin with. Outcomes are more clearly focused on clients needs and objectives although there is still some room for improvement at some services.'

*(Comments from respondents to Questionnaire for Certification Bodies)*

Participants in Certification Bodies Focus Groups also described significant improvements and 'huge changes'.

- Feedback from consumers that things have really changed since audits began
- Businesses have been forced to become more professional
- Huge change in the way management now views the organisation and employees
  - much more aware of what are significant issues re Disability Services Standards and also running business
- Consumers are generally a lot happier with the work environment and the attitude of the employer
- Positive consumer feedback from both open employment services and business services
- There are cases of significant increases in consumer confidence
- Huge change in all services, no matter what size
- Services are doing things smarter and more efficiently eg reducing paperwork duplication

*(Comments from Certification Bodies Focus Groups)*

## Term of Reference 1: Performance/Outcomes against Stated Goals

Consumers responding to the standard version of the Consumer questionnaires were asked if they had noticed any changes in service provision.

Have you noticed any changes in the way that your service provider does things since the quality audits began? If yes, what changes have you seen?	No. of Standard Questionnaire Responses	% of Total Standard Responses (n=20)
Yes	6	30.0%
No	7	35.0%
Unsure	7	35.0%
<b>Total</b>	<b>20</b>	<b>100.0%</b>

Changes in service provision reported by consumers included:

- ▶ greater involvement and communication with case manager;
- ▶ more training provided;
- ▶ individual planning meetings;
- ▶ employees' meetings;
- ▶ more opportunities to have a say;
- ▶ fairer wages;
- ▶ greater variety of jobs; and
- ▶ improved safety at work.

Comments included:

- ‘Training and meetings increased  
We had meetings before, but there are more now  
Pay has increased ten-fold. It is a lot better.  
Safety is number 1 here.’
- ‘I meet 1:1 to discuss work goals with my consultant.  
I get training every week on the Standards.  
I have a card listing complaint services and abuse hot-line number.’
- ‘Job Action Group (JAG). My service has always done this but wants to keep improving and asks us how.’

*(Comments from Consumer Questionnaire respondents)*

Respondents to the Easy English version of the Consumer Questionnaire were asked if they thought their service was better now than it was before the quality audits. The majority (64%) thought that the service was better, while 18% thought it was about the same.

<b>Do you think your employment service or rehabilitation service is better than it was before quality audits and having to follow the Disability Services Standards?</b>	<b>No. of Easy English Responses</b>	<b>% of Total Easy English Responses (n=129)</b>
Yes, it's better	83	64.3%
It's about the same	23	17.8%
No, it's NOT better	3	2.3%
Not sure	20	15.5%
<b>Total</b>	<b>129</b>	<b>100.0%</b>

Respondents to the Questionnaire for Consumer Training and Support Agencies identified a number of changes in service provider procedures and practices. These mainly involved:

- ▶ formalised and upgraded procedures;
- ▶ increased consumer training and participation in service management; and
- ▶ increased awareness of the Disability Services Standards.

Two respondents noted that the amount of paperwork had increased.

Respondents to the Questionnaire for Consumer Training and Support Agencies were asked if they thought that the quality of disability employment services and/or rehabilitation services has improved as a result of the Quality Strategy. The majority (63.6%) of questionnaire respondents considered that the quality of services had improved. Two respondents indicated no, and two were unsure.

Comments from the questionnaire respondents included:

- ‘Yes, in regards to paperwork and maintaining accurate records, the services seem to be more organized.

Unsure as to the improvement of services in terms of Consumers. The focus of services has been Consumers’ needs and this has been maintained, although the requirement to produce more records has detracted from this.

There is more encouragement for Consumers to be more active in the area of continuous improvement. Through training, Consumers are more aware of their rights.’

- ‘Employees have greater awareness of DSS and therefore of their rights. The audit process (if properly conducted) provides opportunities for employees to feedback to auditors which may assist in the resolution of employment problems.

Increased awareness of DSS means greater accountability by services and supervising staff.’

*(Comments from CT&S Questionnaire respondents)*

### **Responsiveness and Flexibility of Services**

Although some Service Provider focus group participants felt that both responsiveness and flexibility had improved, others considered that flexibility had not improved. For example:



## Term of Reference 1: Performance/Outcomes against Stated Goals

- No doubt that it has improved flexibility and responsiveness
- Responsiveness:
  - the Strategy has made requirements clearer
  - focussed organisations on achieving these
  - being clear with clients and the community
- Focus on Standard 9 has made services be responsive in focussing on appropriate wage outcomes and more responsive in how they support people to develop their employment skills and productivity
- We are less flexible now in bending the rules? Flexibility has decreased
  - flexibility may have been afforded to a privileged few in the past
  - maybe this means that services are now more equitable

*(Comments from Service Provider's Focus Groups)*

Half of the eight respondents to the Consumer Training and Support Agency questionnaire were unsure about whether employment services have become more flexible and responsive since the introduction of the Quality Strategy.

### **Consumer Confidence in Services**

The general view amongst Service Provider focus group participants was that quality certification of itself does not increase consumer confidence. This was mainly due to clients focussing on the service they receive rather than having awareness and understanding of quality certification as such.

Other service providers consulted through interviews and site visits suggested that consumers may already have a minimum expectation of government-funded services and that the quality certification may mean more to advocacy groups and consumer representatives.

## 5.2 The Quality Assurance System

### **Objectiveness of the Quality Assurance System**

The majority (65%) of Service Provider Questionnaire respondents considered that the quality assurance system provides an objective assessment of quality. Twenty three per cent (23%) responded 'No' and 12% were 'Unsure'.

Concerns were raised about variation in the interpretation of the Standards across auditors and the certification body's relationship with the service provider and the potential for this to affect objectivity. For example:

- 'Experience has indicated that there is a wide range in the assessors and what they require. Some organisations have received certification with minimal quality assurance systems in place. (1 service received certification, then went into liquidation within a very short time) External auditors vary in interpretation.'

- ‘While the process will always have an element of subjectivity in it, the QA process has reduced the level of subjectivity. In many instances it has provided a specific objective basis for assessment.’
- ‘The assessment is relatively objective. This is somewhat dependant upon the integrity, experience and qualifications of the 3rd party auditing organisation, who in some cases have developed long term professional relationships with organisations. It could be argued that it is in the best interests of certifying bodies to provide favourable outcomes/reports to providers, who in this situation are more likely to book repeat business.’

*(Comments from Service Provider Questionnaire Respondents)*

- ‘Think it can be objective but this is dependent on the skills of the auditor. These skills are not always what we would hope... Auditor’s values are not always consistent with the Disability Services Standards.’

*(Comments from Service Provider interview or site visit)*

When asked if they thought that the quality assurance system has improved the objectiveness of quality assessment in disability employment and rehabilitation services when compared with the former standards monitoring process, the general view among Service Provider Focus Group participants was that objectivity had been improved. As for the questionnaire respondents, there were some reservations about consistency across auditors. Comments included:

- Definitely has improved objectiveness
- Previous system was more about the writing ability of organisations
- It is more impartial than the previous standards monitoring process
- Not sure if it’s a perfect system, but it is better than the previous system

*(Comments from Service Providers Focus Group participants)*

One service provider commented that some auditors tended to be too rigid, requiring the service to meet every example in the Evidence Guidelines, rather than assessing whether the service demonstrated the concept of the standard.

Consumer Training and Support Agencies were asked if they thought that the new quality assurance system is more objective than the former standards monitoring process. Although half of the ten responses to this question indicated ‘yes’, there was a high level of uncertainty and two respondents selected more than one category.

Respondents to the Questionnaire for Certification Bodies and Staff were asked to rate the objectiveness of the quality assurance system for disability employment services and rehabilitation services when compared with the quality systems they work with in other sectors. The majority (6 of the 7 respondents) selected ‘Objective’ or ‘Very Objective’ ratings.

## Term of Reference 1: Performance/Outcomes against Stated Goals

Comments from questionnaire respondents included:

- ‘Often, in other sectors, the performance criteria are not as clearly defined. Within the disability sector, the performance requirements and KPI’s are clear.

The only variable is the level of rigour applied by certification bodies. Many of our clients have told us that this does vary considerably.’

- ‘The QA system is generally objective. However, processes for obtaining ‘reliable’ feedback for consumers is difficult, especially from those in the ‘Open Employment’ category.’
- ‘Probably by its nature, DSS is not as objective, in numerical terms, as, say, ISO9001.’

*(Comments from respondents to the Questionnaire for Certification Bodies)*

The Certification Bodies focus groups identified issues regarding Standard 8 – mainly that this standard is too broad, too general and some auditors are using their ISO experience to rate this standard.

It was suggested that the standards should be reviewed by experienced ‘standards writers’ to ensure that they are auditable. Linking the standards to ISO 9001 was also suggested.

Flexibility in the regulation of the number of hours spent at the audit site was requested in order to allow for the different audit needs at different sites.

### **Fairness and Equity of the Quality Assurance System**

Respondents to the Service Providers questionnaire were asked if the quality assurance system is fair and equitable for all service providers. A slight majority (55%) answered yes to this question.

A key issue of concern in respect of the equity of the system was a greater relative financial and administrative burden for small services and rural and remote services. Lack of consistency between auditors was also cited. Written comments from service providers included:

- ‘Smaller organisations struggle with the cost and use of current staffing and are disadvantaged by their limited resources and size.’
- ‘We believe that the assessment is dependent upon the varying auditors and their interpretation of the company/environment that they are auditing on the day.’
- ‘Most small services had only minimal admin staff (often just the manager and secretary), so to impose such a change required most services to employ extra staff to implement and continue to maintain the system. This is an enormous increase in costs to small regional business services that already struggle financially.’

*(Comments from Service Provider Questionnaire Respondents)*

A stakeholder interviewee suggested that some services had achieved certification when they should not have. Another felt that the quality assurance system was designed for consumers with intellectual disability and did not suit consumers in other services.

### **Consumer Involvement in the Quality Assurance System**

The majority (87%) of Consumer Questionnaire respondents indicated that they had heard of the Disability Services Standards.

The majority of respondents to the Consumer Questionnaire rated the importance of services' compliance with the Disability Services Standards as 'Important' or 'Very Important'. Refer to the table below.

<b>How important do you think it is for employment services or rehabilitation services to meet the Disability Services Standards?</b>	<b>No. of Standard Questionnaire Responses</b>	<b>No. of Easy English Responses</b>	<b>% of Total Responses (n=166)</b>
Very Important	17	118	81.3%
Important	4	15	11.4%
Not Very Important	0	0	0%
Not Important at all	0	1	0.6%
Unsure	1	10	6.6%
<b>Total</b>	<b>22</b>	<b>144</b>	<b>100.0%</b>

Consumers consulted through a site visit said that service compliance with the Disability Services Standards was important 'so that we can have a proper, happy and safe working environment'.

Consumers were asked about their involvement in quality assurance activities. In the table below, the response options presented in the Easy English version of the Consumer Questionnaire are shown in italics with the standard version appearing in normal print.

## Term of Reference 1: Performance/Outcomes against Stated Goals

Have you been involved in any quality assurance activities with your disability employment service or rehabilitation service provider? If yes, what activities have you been involved in? (e.g quality committee, quality circle meetings, quality audit)	No. of Standard Questionnaire Responses	No. of Easy English Responses	% of Total Respondents (n=166)
Quality Committee <i>I have been a member of a quality committee at work</i>	1	36	22.3%
Employee Committee or Workers' Committee <i>I have been a member of the employee committee or workers' committee</i>	4	41	27.1%
Quality audit <i>I have been asked questions for a quality audit or internal audit</i>	0	41	24.7%
Training about the Disability Services Standards <i>I have had training about the Disability Services Standards</i>	3	97	60.2%
Other quality activities (please write what these are) <i>I have been involved with other quality activities (please write what these are)</i>	3	38	23.1%
<i>Not sure/hot been involved in any quality things</i>	N/A	17	10.2%
<b>Total</b>	<b>22</b>	<b>144</b>	<b>*</b>

\* Note: Many respondents were involved in more than one quality activity, so totals add to more than 100%

The 'Other' quality activities most frequently cited by consumers were:

- ▶ Occupational Health & Safety training; and
- ▶ Other training and information sessions.

Consumers were also asked about their involvement in the actual quality audits. Two thirds of the consumer respondents (across the Standard and Easy English versions of the questionnaire) indicated that they had been present when the quality audit team visited. Twelve per cent (12%) were unsure.

Just over half (53.5%) of 144 responding consumers indicated that the quality audit team had talked with them or asked them questions and the majority (78%) of those that did report contact indicated that the questions they were asked by the audit team were appropriate and easy to understand.

In terms of consumer involvement at other levels of the quality assurance process, people with disabilities are involved as TEs in each audit team. At the JAS-ANZ level, JAS-ANZ has TEs who are involved in accreditation and surveillance audits of the certification bodies. The Accreditation Review Board also includes a person with a disability.

## **Involvement of FaCSIA in the Day to Day Operations of Services**

Service Provider focus group participants were asked if the involvement of FaCSIA (formerly FaCS) in the day-to-day operations of services had decreased since the introduction of the new quality assurance system. There were mixed views and some uncertainty on this topic. For example, some service providers reported having greater contact with FaCSIA now, but for reasons other than quality assurance.

Certification bodies, auditors and TEs were asked about their experience of the involvement of FaCSIA in the certification process. All but one of the questionnaire respondents described the involvement of FaCSIA as 'helpful' and/or 'effective'. Two respondents indicated that the involvement was limited.

There was variation in the views of focus group participants with some very positive feedback but one group concerned about inconsistent advice from FaCSIA.

### **5.3 Continuous Improvement Component**

The continuous improvement aspects of the Quality Strategy are reported under Term of Reference 5, as this deals specifically with continuous improvement. (Refer Section 9.0 of this report)

### **5.4 Complaints and Referrals Mechanisms**

Service providers responding to the questionnaire and those participating in the Service Provider focus groups reported a mix of experiences with the CRRS. Most of the feedback was positive, although two service providers described lengthy time periods for the resolution of complaints. Another concern was that, in this instance, the complaint had to be managed entirely by phone. The need for CRRS to be aware of the legislative requirements in all states and territories was also identified.

CRRS staff identified the requirement for complainant consent as a key factor in the timeframe for investigating complaints. Advocacy services can also be difficult to obtain in some areas.

One service provider described the Hotline's referral service as 'excellent'. The Hotline service has also been used to provide external advice and review of a service provider's draft policy document. Another provider described how one of their staff had contacted the Hotline for advice and got 'very useful and helpful information about how to manage a situation'.

A service provider peak body suggested that most complaints would now be dealt with through services' internal complaints mechanisms before they reached CRRS.

CRS Australia has its own legislated complaints management system which includes the option for consumers to progress a complaint to the Administrative Appeals Tribunal and up to the Federal Court. CRS Australia consumers still have access to the CRRS and the two organisations liaise and refer in respect of complaints.

DEWR also has an internal complaints management system which receives consumer complaints and then refers those relating to disability employment services to CRRS.

## Term of Reference 1: Performance/Outcomes against Stated Goals

Consumers were asked about their knowledge and use of the CRRS and the Hotline. The majority (75%) of consumers responding to either version of the questionnaire indicated that they had heard of the CRRS and the Hotline.

A similar majority (75%) indicated that they also knew how to contact these services. Eleven consumers reported that they had contacted the CRRS or the Hotline.

Consumer Training and Support Agency respondents were generally unsure about the proportion of the consumers they support who are aware of the CRRS or the Hotline. Written comments included:

- ‘Clients seem aware, but not sure how confident they are to use it. Small increase in number of consumers who say they would use CRRS. Many are still not aware, or they have seen the brochure but don’t know what it is for.’

*(Comments from CT&S Questionnaire respondent)*

Suggestions regarding the CRRS and the Hotline from Consumer Training and Support questionnaire respondents were as follows:

- ‘Have found that some consumers get stuck on which one to use (in any training we point out that it is one number, one service answering the phone – that they will sort out after the call is made – most important is to get the call made!)’
- ‘Getting info to consumers away from their service provider (so they don’t have to ask for it from the people they may be complaining about) thus far I think has relied on CT&S – what now?’
- ‘More marketing to raise awareness of the service provided.’
- ‘Refreshing posters regularly - many services have posters displayed but they appear to get lost due to consumers not noticing them after time due to familiarity.’

*(Comments from CT&S Questionnaire respondents)*

The need for a direct link between the CRRS and certification bodies was suggested. Currently, if a service provider does not comply with a CRRS recommendation arising from a complaint, the process is that the CRRS notifies FaCSIA. FaCSIA may then refer the matter on to the service provider’s certification body, depending on the priority of the issue. FaCSIA may also follow-up the complaint from a funding agreement non-compliance perspective.

Although non-compliance with recommendations is rare, it was suggested that a direct link with certification bodies could ensure that auditors check the issue and associated management processes on site.

### 5.5 Marketing and Promotion of the Quality Strategy

A number of service providers said that they did not widely use their DESQA certification in promoting their service. This was mainly due to a poor awareness of the Disability Services Standards and the DESQA process beyond those directly involved in the system.

The ISO 9001 certification was more commonly used. The logo for this is more widely recognized, whereas multiple logos are in use to signify DESQA certification. (These logos may belong to the certification bodies.)

One provider said that 99% of the time, teachers, parents and organisations that would refer clients have no awareness of DESQA or even of the Disability Services Standards. It was suggested that teachers/transition teachers, day program providers, etc. need to know what quality certification means, what the DESQA process is and what service types (e.g. business services) offer. A simple, one-page explanation of the Standards and DESQA for community members and other key players was requested.

## 5.6 Discussion of Key Issues for Term of Reference 1

The issue of financial burden for small and rural and remote providers and the need for increased focus on continuous improvement are dealt with under Terms of Reference 2 and 5 respectively (refer sections 6.0 and 9.0 of this report).

Other key issues identified by stakeholders in response to Term of Reference 1 are summarized below.

### **Interpretation of the Standards, KPIs and Evidence Guidelines**

Variation amongst auditors in the use and interpretation of the Disability Services Standards, Key Performance Indicators and Evidence Guidelines was a concern to service providers and other stakeholders who provided feedback by questionnaires, focus groups and interviews.

The Quality Strategy is a relatively new initiative and consistency between auditors has improved since implementation of the quality audits. Feedback from FaCSIA also suggests that the quality of audit reports has improved since the first round of certification audits.

The development of a compulsory, accredited training program for audit team members should assist in addressing these issue of auditor inconsistency. Review of the Evidence Guidelines (as recommended by this evaluation) should also help to promote more flexible interpretation of the guidelines as required to suit different service types.

### **Availability of Quality Audit Findings to Consumers**

This issue was raised by the Reference Group for the evaluation, following reports that some consumers had been refused access to quality audit reports and findings – reasons of commercial confidentiality were apparently given for the withholding of this information.

It is important for reasons of credibility and transparency that the information on the results of quality audits is available to consumers and their parents and/or advocates. This may also encourage continuous improvement. A recommendation of this evaluation (Recommendation 11) addresses this issue.



### Audit Duration

Audit team members and service providers suggested that the current durations for audit visits may be insufficient for some service situations (and possibly excessive for others) and that more flexibility is needed so that the audit team can respond appropriately to the individual circumstances of the service provider.

Currently, Annexe 1 of JAS-ANZ Procedure 18 (Issue No. 2) 'provides guidance on the amount of time required by the certification body for assessing single-site disability employment services of various sizes. It indicates the number of auditor-days to be spent on-site by the certification body at each disability employment service for initial assessment, annual surveillance and reassessment.' Procedure 18 does provide for some flexibility in audit duration and requires that the certification body has a procedure for determining the amount of time necessary. This procedure has to allow for flexibility 'in the light of what is found during an assessment'.

Certification bodies were not required to comply with Issue No. 2 of Procedure 18 until March 2006, so it may be that full implementation of Annexe 1 has not yet occurred at the time of this evaluation.

Reference Group discussion suggested that the size categories in Table 1 of Annexe 1 (currently: less than 30 consumers; 31-100; 101-300; and over 300) could be reviewed to better reflect the current profile of service provider sizes.

This evaluation has made three recommendations (Recommendations 4, 5 and 6) in respect of Procedure 18.

### Complaints Resolution and Referral Service (CRRS)

There were three major suggestions relating to the CRRS:

- ▶ review the time required to resolve complaints (service providers who have been involved in CRRS complaint resolutions have suggested that this is currently too long);
- ▶ increase the promotion of the CRRS; and
- ▶ clarify the link between the CRRS and service providers' certification bodies where complaints indicate a breach of the Disability Services Standards (currently this link is via FaCSIA).

A recommendation (Recommendation 7) has been made in respect of these issues.

Reference Group discussion also suggested that the co-existence of the CRRS and the National Disability Abuse and Neglect Hotline was confusing for consumers who could be unsure about which service to use (even though the Freecall number is the same for both services). Having a combined name for the two services was suggested; however, the different jurisdictional coverage of the services may be a barrier to combining the name and/or services (i.e. the CRRS covers complaints relating to the Disability Services Standards for disability employment services, whereas the Hotline is concerned with complaints of abuse and neglect across all state/territory and Australian Government jurisdictions and service types).



## 6.0 Term of Reference 2: Cost Implications

### Term of Reference 2

**The costs of the Quality Strategy are reasonable and sustainable across the diversity of employment services types, including multi-site organisations and rural and remote services, taking into consideration the:**

- ▶ **costs to the sector of implementing and maintaining quality assurance;**
- ▶ **impact of ongoing certification costs on the viability of employment services;**
- ▶ **costs and risks to government of contributing to ongoing certification costs; and**
- ▶ **feasibility of a self-funded certification system.**

### 6.1 Costs to the Sector

Service Providers responding to the questionnaire were asked to estimate the costs per year to their service in complying with quality assurance requirements. The most notable feature of responses to this question was the large variation in reported costs. See the table overleaf.

Note that there are significant limitations to the cost data shown in this table, i.e.

- ▶ Only 13 respondents were able to provide any cost data
- ▶ In some cases the cost data was incomplete
- ▶ No adjustments were made for factors such as size of the organisation
- ▶ Questionnaire responses suggest there is considerable uncertainty about the exact costs of complying with annual quality assurance requirements. Comments by some respondents also suggest that the costs nominated included the costs of initial certification plus ongoing compliance.

The cost data is therefore of limited value as no reliable conclusions can be drawn from the data.

	Direct Costs			Indirect Costs		
	Min	Max	Ave	Min	Max	Ave
Audit Preparation	\$0	\$60,000	\$12,047	\$0	\$10,000	\$2,189
Internal Audit and Self-monitoring	\$0	\$60,000	\$9,273	\$0	\$7,000	\$1,333
External Quality Audit against Disability Services Standards	\$0	\$13,500	\$5,512	\$0	\$3,500	\$532
Continuous Improvement	\$0	\$60,000	\$9,967	\$0	\$10,000	\$2,154
Less FaCSIA Reimbursement	-\$4,000	-\$31,212	-\$8,579	-\$0	-\$400	-\$33
<b>Total Costs</b>	<b>\$700</b>	<b>\$183,934</b>	<b>\$36,292</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$7,623</b>

When asked what quality assurance activity or component incurs the greatest cost for their service, the responses from service providers varied but the most frequently cited big cost items were preparation for audit, internal audits and continuous improvement.

In terms of the quality assurance activity or component that incurs the smallest cost, the responses again varied but the most frequently identified low cost item was the external quality audit (as this is funded).

Service providers were asked to estimate the number of hours of staff time that were required to achieve quality certification against the Disability Services Standards. As for cost estimates, the staff time estimates showed a large range.

To achieve Quality Certification	Staff Hours Required
Minimum	38
Maximum	4,320
Average	984

The majority (61%) of respondents to the Service Provider Questionnaire considered that the costs of the current quality assurance system are ‘Much Greater’ than the former standards monitoring process. A significant proportion (19.5%) were unsure about this.

How do the costs of the current Quality Assurance system compare with the costs of the former standards monitoring process?	No. of responses	% of Total Responses
Cost is much greater than former system	25	61.0%
Cost is greater than former system	7	17.1%
Cost is around the same	1	2.4%
Cost is less than former system	0	0.0%
Cost is much less than former system	0	0.0%
Unsure	8	19.5%
<b>Total</b>	<b>41</b>	<b>100.0%</b>

Comments from Service Provider focus group participants included:

- Cost in staff and management time to prepare for and work through the audit has increased.
- New system costs a lot more
  - former system involved 1 person writing a response
  - now the whole agency is involved in writing, reporting and auditing
- There is no comparison because service providers didn't used to pay anything for the previous process. There was considerable workload in preparations for the standards monitoring process.

*(Comments from Service Provider Focus Group participants)*

Service Provider focus group participants were asked how the cost of the quality assurance system for the Disability Services Standards compliance compares with the costs of other quality monitoring systems that they use. Where services were using ISO, the general view was that the costs of the two systems were similar.

One provider compared the DESQA system with that of another funder which comprises a desk review only of a sample of consumer files. The provider commented that although this other quality assessment process is less onerous and complicated, it is less thorough and the provider does not get the opportunity to discuss or explain their processes.

### **Cost Issues for Rural and Remote Providers**

Service providers identified a number of cost issues associated with rural and remote locations.

- Travel and petrol costs.
- Getting clients to audits.
- Current funding doesn't even cover the auditors' airfares, let alone the \$99/hour for travel time.
- Rural and remote services are very small so the ratio of quality assurance costs to income is much greater than for larger metropolitan services.
- The management of the quality assurance workload is very difficult for small rural and remote services with limited staff resources (e.g. it can take 95% of the manager's time to prepare for an audit plus after-hours work).

*(Comments from Service Provider Focus Group)*

The majority (61%) of questionnaire respondents considered that the nature of their service resulted in additional quality assurance costs. The most frequently cited reasons for these additional costs were:

- rural or remote location;
- multi-site organisation;

- ▶ service covering a large geographical area;
- ▶ small size service; and
- ▶ requirements of meeting multiple state, Commonwealth and industry standards.

When asked what benefits result from the quality assurance system, Service Provider questionnaire respondents identified a number of organisational benefits of the quality assurance process. For example:

- ‘Good to use as part of staff induction. If the systems are in place such as up to date policy and procedure manuals it can be used to demonstrate to new staff how we do particular tasks.

The process of using improvement requests as part of our continuous improvement allows staff to have their suggestions and ideas realized. – in the past someone might have come up with a new idea for doing something and it would be talked about but not implemented, whereas now the ideas or improvement suggestions must be taken up and discussed at QA meeting and actioned prior to feeding information back to the person who originally suggested it.

Our QA system also dictates the regularity of OHS inspections, which ensures that we continue to look at staff safety in the workplace.

Internal Audits allow staff to see what other roles within the organisation entail. – Because a staff member doesn’t conduct internal audits within their own department it is a good way of giving them insight into someone else’s job.’

- ‘Provides opportunity to regularly reassess the service and improve systems.

Ensures a high quality of service for people with a disability.’

- ‘Made our business much more efficient

We are much more accountable for what we do

Outcomes for people with disabilities are much better

Creating pathways to employment vs consumers used to stay in a Business Service forever – due to better planning and training.’

*(Comments from Service Provider Questionnaire Respondents)*

These opinions were not entirely universal. One respondent felt there was very little benefit as the service should be of a high standard anyway. Another recognised the benefits of ‘having a professional organisation take a look at the way we manage our business’ but was concerned about the cost of the process.

## 6.2 Impact of Ongoing Certification Costs

Participants in the Service Provider focus groups were asked if the costs to their service of ongoing quality management decreased after initial implementation of the quality assurance requirements. The views of service providers varied on this matter. While some suggested that there would be a decrease in cost, many pointed to the

ongoing cost of continuous improvement processes which had not been a feature to the same extent under the previous standards monitoring process.

On average, Service Provider questionnaire respondents estimated that the amount of staff time required for annual surveillance audits was about one quarter less than that required for achieving initial quality certification.

<b>To meet Annual Surveillance Requirements</b>	<b>Staff Hours Required</b>
Minimum	16
Maximum	8,299
Average	733

Service Provider Focus Group participants were asked if they considered that the costs of ongoing quality certification would effect their service's viability. None of these participants considered that their service's viability was threatened at present, although some rural services said this could change if costs increased or the subsidy for audit costs was reduced.

### 6.3 Government Contribution to Ongoing Certification Costs

Term of Reference 2 included consideration of the costs and risks to government of contributing to ongoing certification costs. Feedback from stakeholders on this issue is reported below.

#### **Risks of Ongoing Government Contributions to Quality Certification Costs**

Stakeholder interviews identified the following risks of ongoing government contributions to quality certification costs:

- ▶ prices charged by certification bodies (and audit function and behaviour) may be driven by the funding that is available;
- ▶ there is the potential for certification bodies to over-service an organisation;
- ▶ services may become too reliant on this contribution;
- ▶ there may be decreased ownership of the quality process by service providers if government continues to cover the costs;
- ▶ government may be seen to be continuing to have a high level of involvement/ control in organisations which conflicts with the aim of making organisations more independent and self-reliant;
- ▶ it is not consistent with a proper purchaser:provider relationship;
- ▶ there is a risk that government will not have the funds for ongoing contributions;
- ▶ if an expectation of ongoing funding is put in place, this may cause problems if the contribution has to be decreased or ceased;
- ▶ DEWR does not provide specific funding for quality certification in other services that it funds – this leads to an issue of a level playing field for services; and
- ▶ there is a risk that costs will rise.

## **Strategies to Manage these Risks**

The following strategies were suggested to manage these risks:

- ▶ change the current methodology for reimbursement (e.g. include an additional amount in case based funding for each client, include consideration of number of outlets and rural/remote location);
- ▶ be more precise in Procedure 18 about the frequency of surveillance audits (so that timing of audits cannot be manipulated to increase certification body revenue);
- ▶ gradually decrease the certification contribution made by government with sufficient advance notice for services until they are fully self-funding this (but may still have to provide additional support for rural and remote services);
- ▶ continue the government reimbursement;
- ▶ regulate and oversee the cost of certification;
- ▶ investigate the quality funding approaches used by other sectors and governments (e.g. aged care, NSW state government);
- ▶ perhaps there is capacity to build quality funding into start-up funding;
- ▶ reduce the level of compliance requirements (e.g. frequency of surveillance audits) to reduce costs;
- ▶ require certification audits but not have subsequent surveillance audits unless non-conformities are found in the certification audit, i.e. surveillance audits on an exception reporting basis;
- ▶ have self-certification of Disability Services Standards;
- ▶ just have compliance with the standards as a contractual obligation;
- ▶ streamline audits for open employment services (especially Standard 9); and/or
- ▶ have different KPIs and Evidence Guidelines for open employment services.

## **Benefits from Ongoing Government Contributions**

Stakeholders identified the following benefits from ongoing government contributions to quality certification costs:

- ▶ assists with commitment from service providers as they know they are getting a specific amount of funding for undertaken audits;
- ▶ some business services with viability problems would not be able to self-fund certification costs and all the viability strategies have not yet taken hold;
- ▶ smaller services may not be able to absorb the costs as well as larger services;
- ▶ there is an industry expectation that government will continue to provide for the hard costs of certification while industry pays for the soft costs of preparation, maintenance, etc.;
- ▶ rates (for audit costs) can be standardised and negotiated on a national level;
- ▶ whilst the reimbursement remains, there is acknowledgement of what the payment is for and this keeps the focus on QA;



- ▶ it shows government making a statement that service quality is important and government is prepared to make an investment in a process that ensures quality and continuous improvement; and
- ▶ allows government to insist that certification is to be done at a high level and that there is ongoing compliance with the standards.

### Government Contribution Amount

Reference Group discussion identified that the current government reimbursement for audit costs has no link to service size – the key determinant of audit duration and hence, audit cost. The contribution is instead related to the number of service outlets that an organisation has, with additional funding provided for rural and remote services. It was therefore suggested that the government contribution should be linked to service size, consistent with audit duration specifications in JAS-ANZ Procedure 18.

## 6.4 Feasibility of a Self-Funded Certification System

Participants in the Service Provider focus groups were asked if they thought that a self-funded system for ongoing quality certification would be feasible. There was a generally negative reaction to this question from focus group participants. There were particular concerns about the capacity of small and/or rural services to self-fund the DESQA requirements.

There was discussion of an option of building a quality funding component into the base Case Based Funding (CBF) price but there were concerns that this would conflict with the philosophy and purpose of CBF. Comments from focus group participants included:

- If there were up-front base funding incorporating quality costs, how would you calculate the quantity of funding for each organisation? How much paperwork would be required?
- Better to stay with existing reimbursement system with special funds for smaller services assistance.
- Trying to identify separate elements of business costs and fund them separately may not be realistic
  - but to remove the current subsidy would drive a lot of small organisations to the wall.
- Incorporating the FaCSIA quality audit reimbursement into the existing funding would just mean that this would disappear
  - we are already having to cover so many additional things.
- If self-funded, agencies should be free to choose their quality system
  - but this would lead to variance in quality
  - but perhaps already have variance under the current system
  - auditors have something to do with this variance.
- It's too early for self-funding
  - maybe in a few years time.
- Illogical for it to go under CBF because this is related to individual support.

*(Comments from Service Provider Focus Groups)*

## **What would a Self-Funded Certification System Look Like?**

Stakeholders participating in interviews were asked what the key features of a self-funded certification system should be, if such a system were to be introduced. The suggestions (and some reservations) included:

### *Incorporation into Case-Based Funding*

- ▶ If the funding was built into Case Based Funding, larger services would benefit more than smaller services.
- ▶ If the reimbursement was absorbed into normal funding, it will be forgotten and QA will be seen as another impost that services don't get funded for.

### *Links to Other Quality Standards*

- ▶ Links to existing standards could be useful to facilitate ease of compliance and common understanding of requirements by providers.
- ▶ Would want to link to other broader quality standards if possible e.g. ISO 9001. Could there be a disability component to a set of general quality standards, i.e. have one audit across a number of modules depending on the type of service provided?

### *Other Implementation Issues*

- ▶ Implementation of self-funding would need to be gradual. Funding would still need to be linked to QA through the service contract. May need to increase to a 3 to 5 point quality rating scale to provide incentive to services.
- ▶ It would have to be based on commercial arrangements between the service provider and certification body with service provider having to negotiate the best deal.
- ▶ If self-funded, competitive market forces may drive down the price of audits and this may lead to less rigorous audits. JAS-ANZ would need to ensure a minimum standard of audit. Current features such as annual surveillance audits would need to be preserved.

Some interviewees repeated their concerns that removal of the government funding contribution at this time would present a large risk and that the sector was not ready for this.

## **Potential Advantages of a Self-Funded System**

Stakeholders suggested the following potential advantages of a self-funded system:

- ▶ Potentially certification bodies may reduce fees.
- ▶ Because organisations would be paying for their audits, they will seek out certification bodies that provide good value.
- ▶ Perhaps more active involvement and ownership by service providers.
- ▶ Administratively simpler for government and less outlay.

### Potential Disadvantages of a Self-Funded System

Stakeholders also identified potential disadvantages. For example:

- ▶ May break down a lot of the good relationship that has been developed between the industry and government in this reform process.
- ▶ There may be pressure to water down the links between funding and quality.
- ▶ Potential threat to the viability of small and rural and remote services.
- ▶ Calls into question government's capacity to insist on compliance with the standards
- ▶ Standards compliance would have to be specified in more detail in the funding contract.

### Quality Assurance for Open Employment Agencies now Administered through DEWR

The recent transfer of management of disability open employment and rehabilitation services to DEWR means that these services will now be operating in a different administrative and funding environment. The legislative requirement for these services to comply with the Disability Services Standards remains in place.

The issue of quality assurance for disability open employment agencies that are now administered through DEWR was raised in some stakeholder discussions. There is uncertainty about the future arrangements for open employment.

The scope of this evaluation did not include investigation and analysis of the DEWR quality management system(s) against the requirements of the Disability Services Act or comparison with the FaCSIA Quality Assurance system. The issue of future funding and management of quality in open employment services is therefore referred to DEWR and FaCSIA for more detailed consideration.

## 6.5 Discussion of Key Issues for Term of Reference 2

### Cost and Workload for Service Providers

The cost and particularly the time and workload associated with quality assurance, were the greatest concerns for service providers in relation to Term of Reference 2. Some organisations reported large amounts of staff time spent preparing for certification audits. Although the time required was generally expected to decrease once initial certification is achieved, the ongoing requirements associated with surveillance audits and continuous improvement are still expected to present a significant burden.

This burden was reported to be greater for small and rural and remote services. The administrative and human resources available to these services are obviously less than for larger organisations. Additional audit costs were also reported for rural and remote services (e.g. the cost of accommodation, travel and travel time for the auditors) which it was claimed are largely non-recoverable expenses borne by the service provider.

Service providers also spoke of the other administrative requirements associated with government funding requirements and it is possible that a number of recent reforms and initiatives have compounded the administrative workload described by providers.

It appears that the implementation of the quality assurance system presented a major challenge for many providers. Those already involved in other quality management and standards systems (such as ISO 9001) have perhaps found the concepts and procedural requirements less burdensome.

Many larger organisations have appointed a staff member with the specific role of quality management and this appears to have reduced the overall burden in these organisations.

A further and possibly more detailed examination of the costs for service providers of quality assurance once the system is more established could assist in determining how well services have been able to accommodate the new requirements within their existing cost structures.

Any initiatives that can assist services in managing their quality requirements would obviously be welcome. Information and/or mentoring for new managers who have not been involved in a quality audit before could be helpful where staff turnover has occurred.

### **Linkage with Other Quality Systems**

Organisations that provide multiple service types are now having to meet the quality assurance requirements of different jurisdictions and sectors. Some reported having 3 or 4 quality audits per year to meet FaCSIA, state government and ISO quality standards requirements.

Investigation of the linkages and recognition of any overlaps or common areas within these systems could assist in reducing the cost and effort associated with managing and auditing these standards. State/territory governments are using the Disability Services Standards (minus employment-related requirements) as the basis for their quality systems<sup>6</sup> and so there is the potential for duplication in the certification process if the commonalities are not recognised.

### **Government Contribution**

Term of Reference 2 required this evaluation to investigate the feasibility of a self-funded system for quality certification. Stakeholders had a range of views on this matter but the balance of opinion suggests that caution should be exercised. Whilst it would be *possible* to implement a self-funded system (if additional funds were provided to assist smaller and rural and remote services), it is likely that political impetus and service provider commitment to quality certification against the Disability Services Standards would be placed at risk. There are a number of other variables such as audit cost and quality of audits that are yet to be stabilized under the new system. In short, now may not be the time to introduce a self-funded system.

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<sup>6</sup> Disability Services Standards core standards 1 to 8 inclusive are required to be used by all jurisdictions as a requirement of the Commonwealth State/Territory Disability Agreement (CSTDA).

## **Term of Reference 2: Cost Implications**

It could be argued that quality assurance should be an integral part of service management and this is certainly the ideal situation. At this stage, however, many service providers have not reached this level of integration and still need assistance and funding support to achieve quality management and service provision that complies with the Disability Services Standards.

This situation should continue to be reviewed. In two to three years time, when the quality assurance system is well-established and viability and other management improvement initiatives have taken effect, the capacity and readiness of the sector to adopt a self-funded system may be much improved.



## 7.0 Term of Reference 3: Effectiveness of the Quality Strategy

### Term of Reference 3

**The Quality Strategy is effective across the diversity of service types and disability types (including multi-site organisations and CRS Australia). Evaluation of the effectiveness of the Quality Strategy should include analysis of the:**

- ▶ **strengths and weaknesses of the process for accrediting certification bodies;**
- ▶ **strengths and weaknesses of the process for certifying employment services;**
- ▶ **involvement of people with disabilities at all levels of the quality strategy; and**
- ▶ **the usefulness and useability of the easy and pictorial English information products for consumers about the Disability Service Standards and the Quality Assurance system.**

### 7.1 Strengths and Weaknesses of the Process for Accrediting Certification Bodies

JAS-ANZ accredits certification bodies to conduct DESQA audits. The requirements for certification bodies are set out in JAS-ANZ Procedure 18. The JAS-ANZ accreditation process includes witness audits, where a JAS-ANZ auditor and TE observe an audit team from the certification body conducting a DESQA audit. Regular (6 monthly to 12-monthly) surveillance audits of the certification bodies are also conducted by JAS-ANZ and re-accreditation occurs every 4 years.

#### **Strengths of the Accreditation Process**

When asked what they considered were the strengths of the process for accrediting certification bodies, the comments from Certification Bodies questionnaire respondents and focus group participants included:

- ‘Ensures some level of control over certification bodies to ensure they are following the right procedures and processes.  
Ensures staff conducting audits are competent – as assessed by JAS-ANZ witnessed audits and review of records.’

*(Comment from Certification Body Questionnaire respondent)*

- Ensures everyone is working to at least the same minimum standards
- Good feedback received from JAS-ANZ auditor and more so from JAS-ANZ Technical Expert (TE)
- Witnessing should help to develop the competencies of the auditors (provided that the JAS-ANZ team has an understanding of the DESQA system and the Disability Services Standards)

*(Comments from Certification Bodies Focus Groups)*

### **Weaknesses of the Accreditation Process**

Certification Bodies questionnaire respondents and focus group participants described several perceived weaknesses in the accreditation process, for example:

- ‘Does not ensure that audit results and reporting outcomes are consistent. Some certification bodies conduct more rigorous audits and provide more detailed reports than others. Only ensures that a minimum standard is met.’
- ‘JAS-ANZ costs are far too high and there is an imbalance in the number of witness audits for small Certification Bodies versus those with large client numbers. Also some States have the advantage of lower JAS-ANZ auditor and technical expert travel costs because of the location of these people.’

*(Comments from Certification Bodies Questionnaire respondents)*

The suggestion was also made that all audit teams be subject to JAS-ANZ auditing processes, as currently, not all audit teams are witness audited.

- There are substantial requirements for auditors and TEs in Procedure 18 but these are more aimed at experience of people in the disability industry, rather than being a good auditor. It is also important that the auditor is comfortable in service industry auditing and interviewing clients. ie it is more important for the person to be a good auditor – preferably with disability experience rather than having extensive disability experience but lacking audit experience.
- Role of the TE is to be experienced in disability and have good communication skills with people who have disabilities – you are not necessarily a good TE just because you have a disability
- JAS-ANZ needs to be more consistent on the role of the TE and the TE needs to be present for the FULL duration of the audit not just the interviews
- Certification bodies are getting reports from service providers of inconsistencies in audit reporting and KPI outcomes – this suggests that the JAS-ANZ accreditation/auditing process is not fully effective (although good)

*(Comments from Certification Bodies Focus Groups)*



#### Suggestions for Improving the Accreditation Process

Certification bodies, auditors' and TEs' suggestions for improving the process for accrediting certification bodies were as follows:

- ▶ Change the system to be more outcome focused. That is JAS-ANZ auditing team need to be sure that a certification body actually makes the correct decision, not just follows a process.
- ▶ Create a better framework of qualifications for auditors and a process for assessing auditor suitability for disability service audits.
- ▶ Ensure that all members of advisory council etc. have the standard qualifications that are required of TEs.
- ▶ Reduce the JAS-ANZ costs charged to certification bodies.
- ▶ Reduce the cost of Professional Indemnity insurance for TEs.
- ▶ JAS-ANZ should work with government agencies to minimise the cost and time burden.
- ▶ JAS-ANZ should facilitate the sharing of ideas, alternative forms of audit processes and how to engage consumers.
- ▶ FaCSIA, ACROD, ACE, JAS-ANZ should provide more feedback to certification bodies regarding any inconsistencies identified, so these can be addressed.

TEs described the lack of any form of support network for TEs (one network that was set up has lapsed). A high turnover of TEs was described and the question was posed of how many of the original TEs trained four years ago are still working in this role.

Most of the suggestions from service providers involved the selection and training of auditors and TEs and JAS-ANZ's role in ensuring consistency across auditors. A selection of comments from the Service Provider focus groups appears below.

- JAS-ANZ must be stricter in monitoring that certification bodies adhere to the JAS-ANZ guidelines
- Lack of continuity across certification bodies e.g. inconsistent interpretation of the Evidence Guidelines for Disability Services Standards
- Selection of auditors
  - need experience in the provision of disability services
  - need to have a greater understanding and knowledge of disability services
- Need understanding about the interpretation of the standards rather than rigid adherence to Evidence Guidelines
- Issue of training for auditors
  - they need more understanding of the industry
  - more experience in the industry
  - need to be able to judge the resource requirements and differences in individual clients
- TEs need to understand the culture and forces in the disability sector  
*(Comments from Service Provider Focus Groups)*

One focus group questioned increases in the costs charged by certification bodies and how and why these increases had occurred.

## 7.2 Strengths and Weaknesses of the Process for Certifying Employment Services

### **Strengths of the Process for Certifying Disability Employment Services and Rehabilitation Services**

Service providers attending the focus groups were asked what they considered were the strengths of the process for certifying disability employment services and rehabilitation services. External review by professional auditors using transparent standards, with consumer involvement, resulting in increased accountability and improved business practices were common themes in the responses to this discussion question. A selection of focus group comments appears below.

- New standards and KPIs are a lot better than the old supporting standards
  - gives a degree of credibility to what we do
  - increases confidence of consumers
  - gives clearer direction
  - everyone in the organisation gets involved vs old system where this did not happen
- Provides feedback (independent) that you are doing a good job
- External component of the process is a strength
- It has empowered our consumers to stand up and have a say and be involved
- Consumer participation and consultation:
  - we got some great outcomes and ideas from this
  - quality audit process has made this a standard practice
  - we have found we have a great resource in our consumers in terms of planning and general ideas
- When consumers go from one service to another they can expect to receive the same standard of service
- There is a sense of achievement that our service has met the standards and been certified.
- Feedback from the auditors was constructive
- The auditors were with us for 3 days and got to meet our clients
  - we got the opportunity to explain the reality of providing services in remote and indigenous communities
- The auditors we had were able to take these realities on board, they were flexible

*(Comments from Service Provider Focus Groups)*

### Term of Reference 3: Effectiveness of the Quality Strategy

One service provider interviewee commented that the mix of individual interviews and focus groups with consumers, interviews with staff and file reviews, etc. adds credibility to the quality certification process, as triangulation of data is used to reach the audit findings.

Another provider said that: ‘a benefit of the audit process is that FaCSIA is backing up the standards and the protection of consumers with evidence that this is happening’.

#### **Weaknesses of the Process for Certifying Disability Employment Services and Rehabilitation Services**

Weaknesses identified by Service Provider focus group participants included:

- ▶ the cost and workload associated with the certification process, diverting staff attention away from clients;
- ▶ problems with the process for selecting clients for audit requirements;
- ▶ perceived inconsistencies in audits across services;
- ▶ difficulties applying the Disability Services Standards across the 3 service types (i.e. business services, Open Employment and Vocational Rehabilitation);
- ▶ insufficient duration of the audit visit;
- ▶ repetitive nature of the audit questions due to overlap between the 12 standards; and
- ▶ surveillance auditing of only 4 ‘compulsory’ standards each year.

Other comments included:

- When auditors look through the documentation
  - a lot of comments are around the format of the documents, eg the contents of the header, or where the logo is located
  - ie a lot of time is spent on nit-picking rather than dealing with the real issues with implementation of the standards
- Auditors are identifying better practice as they come around and the bar is continually lifting. The weakness is that service providers don’t get to know where the new bar is until they are audited.
- For service providers having an audit for the first time, we don’t really know what to expect e.g. what are our obligations to provide office space for the auditors, do we need to contact clients?, etc.
- It was a big logistical effort e.g. getting all of the audit documentation on site, administrative arrangements, etc
- There was a huge cost in terms of time and expense which was not recoverable.

*(Comments from Service Provider Focus Groups)*

Some service providers suggested that the TE should be more closely matched with the consumer group of the service that is being audited.

When asked if their service had ever appealed a quality audit decision through the JAS-ANZ appeal process, only one questionnaire respondent had appealed a decision and they were not satisfied with the timeliness or nature of the response.

### **Suggestions for Improving the Certification Process**

Service provider suggestions for improving the process of certifying disability employment services and rehabilitation services included:

- ▶ reducing the frequency of audits (e.g. surveillance audit every 18 months);
- ▶ aligning state/territory and Commonwealth disability standards and other standards (such as ISO 9001-2000) and integrating the respective quality auditing processes;
- ▶ improving the effectiveness of TEs;
- ▶ rotating the standards for surveillance audits or targeting the standards for which a service had improvements suggested on certification audit; and
- ▶ providing a process of pre-briefing on the big picture of the organisation before the auditors come to do the audit.

Comments from the Service Provider questionnaire and focus groups included:

- As an organisation that delivers many health-related services, we have a number of “Disability Service Standards” to juggle and meet. It would be more appropriate if the various government bodies and accreditation teams got together to provide a unified Disability Service Standard. This will make it much easier for us to produce the right materials for the various audits (and ISO accreditation) etc. As it is, we need to spend time specifically tailoring our responses for the different audits which just wastes time.
- Align the Federal Government and State Government Disability Service Standards (DSS).
- The scrapping of the Best Practice (Rating 3 – commendable) could affect organisations motivation to aspire to best practice.
- Reintroduce the rating of Best Practice policy, procedures and initiatives.
- FaCSIA showcase and/or reward Best Practice systems and initiatives (through publicity, maybe on the FaCSIA Website; receiving a letter from the Minister).
- FaCSIA promote networking and information sharing with organisations who have demonstrated Best Practice ( support Best Practice sharing and minimise ‘reinvention of the wheel’).
- Contract and finance Disability Service Providers to manage the development of new initiatives rather than private consultants and public servants.

*(Comments from Service Provider Questionnaire respondents)*

### Term of Reference 3: Effectiveness of the Quality Strategy

- Need more time to discuss the audit recommendations with the auditors (more than half an hour).
- Need better understanding for auditors of the different services types, levels of disability etc.
- Should have a feedback form that can be sent to the certification body after the audit
  - could the feedback be anonymous and go straight to JAS-ANZ or another intermediate body?
- Improve the consumer sampling process.
- Audit teams should always comprise two people
  - safer for them and for us.
- Use of local advocates to be involved in consumer interviews and to assist consumers prior to interviews.
- We need a pre-audit checklist or guidelines to help service providers prepare for an audit and information about what we can expect from the auditors.
- TEs need training
  - training on attitudes
  - training on issues for different disability types.

*(Comments from Service Provider Focus Groups)*

Auditors and TEs also had a range of suggestions for improving the process of auditing and certification:

- revise KPIs so that these are more consistent and clearly defined;
- remove KPI 9.1 and refer this to the relevant wage authorities;
- address issues of training and experience for auditors;
- inform service providers of the role of the TE;
- require all certification audits to be conducted by a team of two people i.e. an Auditor and CTE;
- place a cap (e.g. 10 consumers) on the number of consumers that must be interviewed at a site (retaining the square root formula up to this cap);
- allow for flexibility in the duration of audit;
- extend the timeframe for submission of audit reports to FaCSIA or have exception reporting within the current timeframe;
- service providers to encourage consumers to bring along an advocate or family member to audit interviews (particularly for those consumers with more severe levels of disability);
- if the selected clients are not available on the day of audit, their files should still be inspected for compliance to the standards;

- ▶ improve the cost effectiveness of the process, particularly for smaller services; and
- ▶ ensure that disability employment service buildings are accessible and that private interview rooms are available.

There were varied opinions on whether a standard proforma for audit reports would improve report consistency and quality and/or facilitate collation and analysis of report data. Auditors and TEs generally did not support this suggestion.

In terms of audit timeframe, one stakeholder suggested that certification bodies have difficulties in calculating the time that will be required at an audit site. If the audit time for a site was prescribed and then certification bodies were to quote on that, the pricing process would be easier and more transparent. The audit duration would have to link with Procedure 18 requirements.

### 7.3 Involvement of People with Disabilities

Service providers responding to the questionnaire described a number of ways in which consumers are involved in quality management and certification, including:

- ▶ consumer consultative or representative committees;
- ▶ other consumer meetings and forums;
- ▶ membership of management committees or boards of management;
- ▶ participation in internal audits (some providers reported training consumers as internal auditors);
- ▶ participation in interviews for external audits;
- ▶ training for consumers regarding the Disability Services Standards and quality;
- ▶ consumer surveys;
- ▶ participation in staff selection and/or staff appraisal processes;
- ▶ involvement in reviews of policies and procedures;
- ▶ individual consumer reviews and planning meetings;
- ▶ suggestions boxes;
- ▶ newsletters; and
- ▶ consumer/employee handbooks.

A service provider peak body considered that involvement of consumers was essential to the quality assurance process. A consumer commented: 'It is important that auditors hear about the positives that are happening. Consumer interviews are important.'

Some service providers (particularly open employment providers) reported difficulties with achieving the required consumer involvement in the external quality audits. For example:

### Term of Reference 3: Effectiveness of the Quality Strategy

- In open employment, getting consumer participation is quite difficult, especially if consumers are working
  - becomes an issue from an audit perspective
  - consumers don't really have a choice (Standard 3)
  - random selection can involve consumers who are working full-time
  - may not be a realistic expectation of employers (to release employees for quality audit interviews)
- 6 out of 8 consumers selected by the auditors on our last audit refused to be interviewed – this led to a lot of toing and froing between us and the auditors
  - perhaps the auditors could select consumers based on specified numbers with particular disability types
  - could service providers select the sample?
  - some consumers who are selected are not able to give meaningful feedback where others do not get a chance to be involved
  - could there be a process where appropriate consumers can be selected without the risk of manipulation of the selection?
- There needs to be a more encouraging process to get consumers involved in the audit process
- If they can't get 'face to face' interviews with all consumers, there should be some flexibility to allow all the interviews to be conducted over the phone if necessary

*(Comments from Service Provider Focus Groups)*

A service provider with a high proportion of consumers from other cultural and language backgrounds suggested that there may be a number of barriers to consumer involvement in audit consultations, including:

- language barriers;
- fear or distrust of government;
- fear that it may impact on their service;
- culture of apathy;
- mental health issues;
- self esteem issues;
- limited literacy; and
- transport difficulties and expenses.

One of the consumers of the service explained that:

- consumers might think they will have to discuss their disability with the auditors;
- if they were not born in Australia, they may be afraid they will be wrongly identified as illegal immigrants;
- they may think that their Disability Support Pension may be affected; and

- ▶ people are too busy with their Job Search and cold calling, etc. and ‘if you don’t have to come in to the service, you won’t want to’.

Certification body representatives and auditors and TEs were asked how people with disabilities are supported to be involved as audit team members. No specific issues or problems were identified here, although in other questions, a TE requested assistance with Professional Indemnity insurance (e.g. group insurance arrangement), funding or support for workplace modifications and equipment, and award rates of pay for TEs.

Focus group participants also requested more technical and equipment support for TEs. The comment was made that certification bodies are generally good in recognising TEs needs.

It was noted that employment on a contractor basis presents a barrier for TEs and a lack of job security was identified by one participant. One suggestion was a resource kit for TEs and prospective TEs with information on the requirements of the role and how to go about arranging insurance, Workcover, taxation arrangements, etc. A network for TEs was also suggested.

When Consumer Training and Support Agency staff were asked how adequate the involvement of consumers is in all levels of the Quality Strategy, the majority (58%) of the eight questionnaire respondents rated the involvement of consumers as ‘Not Very Adequate’ or ‘Not Adequate at all’.

### **Suggestions for Improving the Involvement of People with Disabilities**

Service provider suggestions for improving the involvement of people with disabilities in the audit process included:

- ▶ letters to consumers should be less formal;
- ▶ survey forms if used should be short, tick a box and in Easy English;
- ▶ options of either 1:1 interview or focus group should be provided with translator available if required;
- ▶ audit consultations should be arranged to coincide with times when consumers are already in attendance at the service;
- ▶ meals and refreshments should be provided for consumers participating in consultations; and
- ▶ travel costs should be reimbursed.

Participants in the Certification Bodies focus groups suggested the following strategies for improving the involvement of people with disabilities in quality management and monitoring:

- ▶ guidelines for service providers on how to encourage consumers to participate in audit interviews/consultations;
- ▶ use of specialised trainers to increase consumer understanding of the quality audit process;



### Term of Reference 3: Effectiveness of the Quality Strategy

- ▶ increase consumer knowledge of CRRS and the Hotline;
- ▶ train some consumers as internal auditors for their own organisation; and
- ▶ encourage the involvement of consumers on service providers' boards (where they are competent to take on this role) and in management.

Suggestions from Consumer Training & Support Agency staff involved training for consumers on the Standards and their rights, and independent support for consumers during the audit process. It was also suggested that focus groups/small groups work better than individual audit interviews.

#### 7.4 Consumer Information Products

Most respondents (90.2%) to the service provider questionnaire indicated that their consumers know about the easy and pictorial English information products about the Disability Services Standards and the Quality Assurance system.

When asked whether their consumers use the information products, the responses were as shown in the table below.

<b>Do the consumers of your service use these (easy and pictorial English) information products?</b>	<b>No. of responses</b>	<b>% of Total Responses</b>
Yes	21	51.2%
No	11	26.8%
Unsure	9	22.0%
<b>Total</b>	<b>41</b>	<b>100.0%</b>

Service provider suggestions for improving consumer access to the information products included:

- ▶ provide them in Braille and on audio cassette;
- ▶ personal mail out to employees;
- ▶ shorten the length of the Easy English information products;
- ▶ translation into relevant languages/dialects;
- ▶ provide more videos, including videos with role plays;
- ▶ send multiple hard copies of the products to service providers; and
- ▶ provide the information as a computer-based interactive program (similar to those used for drivers licence tests)

The consumer information products are already available in a range of formats, including some of those suggested above.<sup>7</sup>

<sup>7</sup> The Disability Services Standards are currently available in audiotape (full version and easy English version), Braille, 14 community languages, pictorial English, and posters (based on pictorial English). Explanations of the Standards and the quality assurance certification process for consumers are available in easy English, pictorial English, videos and interactive CD-ROM.

Some services reported that they had developed their own pictorial communication aids. One provider suggested that simple clear coloured illustrations were more easily understood than more complicated cartoons.

The suitability of the consumer information products for people who do not have an intellectual disability was questioned.

Just over two-thirds of Consumer Questionnaire respondents indicated that they knew of the consumer information products.

<b>Did you know that there are Easy English and pictorial information packs for consumers about the Disability Services Standards and the Quality Assurance System?</b>	<b>No. of Standard Questionnaire Responses</b>	<b>No. of Easy English Responses</b>	<b>% of Total Responses (n=143)</b>
Yes	10	90	69.9%
No	7	20	18.9%
Unsure /Not sure	4	12	11.2%
<b>Total</b>	<b>21</b>	<b>122</b>	<b>100.0%</b>

Less than half of the consumers reported having used the information packs.

<b>Have you ever used these consumer information products?</b>	<b>No. of Standard Questionnaire Responses</b>	<b>No. of Easy English Responses</b>	<b>% of Total Responses (n=147)</b>
Yes	6	60	44.9%
No	14	54	46.3%
Unsure /Not sure	2	11	8.8%
<b>Total</b>	<b>22</b>	<b>125</b>	<b>100.0%</b>

The information packs were rated as mainly 'Easy' or 'Very Easy' to use.

<b>If yes, how easy were the products to use?</b>	<b>No. of Standard Questionnaire Responses</b>	<b>No. of Easy English Responses</b>	<b>% of Total Responses (n=81)</b>
Very Easy	1	37	46.9%
Easy	4	26	37.0%
Difficult	2	2	4.9%
Very Difficult	1	0	1.2%
Unsure /Not sure	2	6	9.9%
<b>Total</b>	<b>10</b>	<b>71</b>	<b>100.0%</b>

The majority of responding consumers also indicated that the packs were 'Useful' or 'Very Useful'

<b>How useful were the products?</b>	<b>No. of Standard Questionnaire Responses</b>	<b>No. of Easy English Responses</b>	<b>% of Total Responses (n=81)</b>
Very Useful	1	29	37.0%
Useful	4	28	39.5%
Not Very Useful	0	3	3.7%
Not Useful at all	2	2	4.9%
Unsure /Not sure	4	8	14.8%
<b>Total</b>	<b>11</b>	<b>70</b>	<b>100.0%</b>

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Consumers had a number of suggestions for improving the consumer information, such as:

- ▶ have them in different languages;
- ▶ accessible on the internet;
- ▶ simplify the information and use plain English and larger print;
- ▶ use videos and pictures;
- ▶ place the information packs in lunchroom areas;
- ▶ interactive CD-RoMs;
- ▶ sign language or oral explanation for people with sensory disabilities; and
- ▶ include the information in newsletters.

The majority (82%) of Consumer Training and Support Agency questionnaire respondents rated the consumer information products as 'Useful' or 'Very Useful' and 60% of the questionnaire respondents rated the products as of 'Easy' or 'Very Easy' for consumers to use.

Consumer Training & Support Agency questionnaire respondents' suggestions for improving access to the consumer information products appear below:

- 'It is critical that support is provided when utilizing the products. Using the exact same picture as those of the people in the video would make the booklets more user friendly.'
- 'Products are focused on Employment agencies rather than business services. Maybe photos rather than cartoons same as video. Most consumers don't use CD Rom'
- 'Some consumers find the Easy English version hard to follow and the pictorial version product is just too hard for them. The pictorial version needs revision.'

*(Comments from CT&S Questionnaire respondents)*

#### 7.5 Overall Effectiveness of the Quality Strategy Across Service Types and Disability Types

Evidence from stakeholders suggests that the Quality Strategy is effective for large and multi-site organisations and particularly business services. Resource requirements are the main issue for smaller and rural or remote services.

The main points of concern for open employment service providers are difficulties in obtaining sufficient consumer numbers for audit interviews/focus groups and the need for more specific examples in the Evidence Guidelines. (Refer Term of Reference 4 in Section 8.0 of this report for further discussion)

CRS Australia clients are encouraged to be self-sufficient and independent and do not require the same level of support on the job as occurs in other service types. For example, clients are shown how to check that their wages meet Award requirements.

These clients may also not identify themselves as people with a disability – more as a person with an illness or incapacity. Improved effectiveness of the quality assurance system for CRS Australia would therefore involve more specific examples for vocational rehabilitation services in the Evidence Guidelines and pre-audit orientation or familiarity of audit team members with the nature of the services and client population in this service type.

### **Issues Relating to Other Cultural and Language Backgrounds**

Consultations with a peak body raised the following issues in relation to people with disabilities from other cultural and language backgrounds:

- ▶ people whose first language is not English may have difficulty in accessing information;
- ▶ services may lack awareness of the needs of this population;
- ▶ the Disability Services Standards are not specific or strong enough to make cultural and linguistic needs explicit;
- ▶ only Standard 1 has any mention of cultural access whereas other standards could also include these aspects;
- ▶ auditors need cultural awareness training;
- ▶ service providers who do not provide information in community languages are still certified; and
- ▶ many service providers are refusing to provide interpreting services because of cost.

It was suggested that:

- ▶ there is a need for more explicit requirements in the Standards, KPIs and Evidence Guidelines;
- ▶ auditors and certification bodies should have skills in cultural competency and disability and there should be training for auditors and service providers in cultural awareness;
- ▶ other accessibility issues, such as physical accessibility of services should also be considered and only those services that are accessible should be funded; and
- ▶ contractual arrangements with funding bodies should include benchmarks for participation of consumers from other cultural and language backgrounds.

### **Issues for Service Providers in Remote and Indigenous Communities**

There are a number of challenges for service providers in remote and indigenous communities in meeting the Disability Services Standards as defined in the current KPIs and Evidence Guidelines. For example:

- ▶ opportunities for employment placements are few and far between;
- ▶ the whole concept of Award wages can be foreign to some indigenous people;
- ▶ training is limited and alternative services and support services are far away;

### Term of Reference 3: Effectiveness of the Quality Strategy

- ▶ job goals are limited by what jobs and training are available;
- ▶ the concept of keeping a client file, obtaining consent, etc. may be very difficult for an indigenous person to understand; and
- ▶ a long term and trusting relationship may have to be established before consumers give real feedback rather than just agreeing to questions or suggestions.

Suggestions for conducting a quality audit in a remote and/or indigenous community included:

- ▶ The service provider would need a couple of days to orientate the auditors to the communities and the context.
- ▶ Auditors for audits involving remote and indigenous communities and clients should have training in cultural awareness.
- ▶ Different evidence guidelines and questions are needed.
- ▶ Audit team members need to be physically mobile for visits to remote indigenous communities.
- ▶ Need to have appropriate genders in the audit team (e.g. it may be culturally inappropriate for a male auditor to interview a female indigenous client).
- ▶ Ideally, the TE would be drawn from the local area, or possibly the audit team could have a local indigenous liaison officer. Because of cultural/family issues, etc. this would need to be done on a case by case basis, e.g. it may not be appropriate to have an indigenous person from another part of Australia act in a TE or liaison role.
- ▶ The auditors need to be prepared for the environmental conditions in remote locations e.g. 44 degrees C, humid and no air conditioning.
- ▶ Audit teams need to choose the time of year carefully as heat or rain can make the visit very difficult or impossible.
- ▶ Office accommodation can have very limited space in remote service units and there is nowhere else for the audit team to go. Service delivery has to shut down during the audit.
- ▶ Overnight accommodation may also be difficult to obtain in remote locations and may need to be booked months in advance.
- ▶ These issues are not insurmountable but planning is needed well in advance (12 months), e.g.
  - the best time of year to visit
  - how to consult with people
  - logistical issues
  - cultural issues
  - permits to visit indigenous communities
- ▶ The more remote the site, the more planning is needed.

## 7.6 Discussion of Key Issues for Term of Reference 3

### **Role of JAS-ANZ and Procedure 18**

Stakeholders stressed the importance of the JAS-ANZ role in monitoring the quality of certifying bodies and the quality and consistency of audits.

Compliance with the requirements of JAS-ANZ Procedure 18 was a concern. There were some anecdotal reports of non-compliance. It would seem that some service providers have limited awareness of the Procedure 18 requirements. The recent revision of the procedure may have led to some uncertainty. Procedure 18 is based on ISO EC Guide 62 which will be replaced in 6-9 months by ISO/IEC 17021. This revision should flow into the next version of Procedure 18. In the meantime, continued checks that the requirements are being met by certification bodies and provision of information about the procedure to service providers may address the issues that have been raised.

Feedback from stakeholders also suggests the need to:

- ▶ increase the flexibility of audit duration;
- ▶ improve the management of inconsistencies in audits; and
- ▶ review and clarify the process of surveillance auditing for service providers.

### **Role of TEs**

A number of stakeholders (particularly service providers) called for improved selection and training of auditors and TEs. There were concerns that some auditors and TEs do not have the right mix of auditing skills and knowledge of the disability sector. Attitudes and awareness of disability and the different types of disability were important from the perspective of service providers.

The planned introduction of certified training for auditors and TEs should assist in addressing these concerns.

TEs themselves suggested that their role needs to be better promoted. Information and technical/equipment support was also requested.

### **Consumer Involvement**

Some service providers and auditors and TEs reported difficulties in the process for sampling and involvement of consumers in the quality audit process. These difficulties were not universal and indeed, the question was posed as to why some organisations seemed to have difficulty with consumer involvement in the audit whereas others did not.

It appears from some stakeholder comments that the flexible provisions of Annexe 3 (Audit Planning and Consumer Sampling) of Procedure 18 are not always being utilized. This may suggest the need for increased promotion of this part of the procedure. The Quality Assurance Handbook could also be updated in this respect.

### Term of Reference 3: Effectiveness of the Quality Strategy

It was suggested that different consumer involvement approaches may be required for consumers of business services, open employment, and CRS Australia. For example, it may be quite difficult for a consumer in open employment to be absent from their job in order to participate in an interview or focus group with the quality auditors.

Whilst it was suggested that consumer involvement could be by open invitation, or targeted to those more likely to want to be involved or able to be effectively involved, such strategies might increase the possibility of manipulation or bias of the consumer sample.

One view expressed in the Reference Group for the evaluation suggested that consumers should not be involved at all in the quality audits. The evidence and feedback from stakeholders participating in the evaluation and the mid-term review does not support this view. Not involving consumers in the quality process would be inconsistent with the intent of the Disability Services Standards, the aims of the quality assurance system and the general principles of quality management where the customer/client/consumer is a focal point in determining the quality of a service. *Voluntary* involvement is obviously a key principle to be maintained.

Strategies to facilitate consumer involvement in a variety of ways need to be promoted. The revision or further development of video and pictorial information for consumers could also raise their awareness and understanding of the quality audit process.

The issues raised for consumers from other cultural and language backgrounds and consumers in remote and indigenous communities also need to be considered.





## 8.0 Term of Reference 4: Effectiveness of the Disability Services Standards, Key Performance Indicators and Evidence Guidelines

### Term of Reference 4

**The Disability Service Standards, Key Performance Indicators and evidence guidelines (as detailed in the Quality Assurance Handbook) are effective when used across the diversity of employment services, based on:**

- ▶ **JAS-ANZ and certification body assessment of their validity and reliability; and**
- ▶ **service provider and consumer experience and perceptions of service assessments.**

### 8.1 Effectiveness of the Disability Services Standards

JAS-ANZ representatives described the DESQA system as being based on international best practice, with most other quality standards not having the same level of guidance (through KPIs and evidence guidelines) as the Disability Services Standards. The ISO 9001, for example, requires that the organisation have processes but it leaves it to the auditor to determine the adequacy of these processes. The trend is now moving in the direction of providing KPIs and guidelines. The additional guidance and information that is provided for the Disability Services Standards should improve the standardization and reliability of the audits when compared with other quality systems.

Certification Bodies questionnaire respondents reported no particular difficulties with the standards, although there were suggestions:

- ‘Why not consider ISO 9001 as the core Quality Management System for all organisations with the Standards as pre-requisite requirements for certification.’
- ‘There may be some scope for improved compartmentalisation. Some of the State jurisdictions have reduced the number of Disability Service/s Standards.’

*(Comments from Certification Bodies Questionnaire respondents)*

Focus groups for Certification Bodies, auditors and TEs elicited some more detailed comments, for example:

- Standard 12 is non-auditable, very hard
  - have to pick up a lot from vibes, etc
  - service providers need to have some basic policies in this area eg staff training in these issues, discussing these issues with clients, OEs need to ensure they are placing clients into reputable organisations
- There is a great deal of overlap between the 12 standards
  - they are interlinked
  - auditors spend a lot of time going backwards and forwards through the same documentation to develop findings for the 12 standards
  - query: could the 12 standards be reduced to 6 or 7
- Standards 5, 6 and 12 can be hard to see in action
  - eg Standard 5 (Participation & Integration) can be harder to see in open employment services
  - what is the responsibility of the OE service?
  - or is being in open employment satisfying participation requirements?

*(Comments from Certification Bodies Focus Groups)*

The majority (87.5%) of the 8 Certification Body Questionnaire respondents rated the Disability Services Standards as 'Effective' (on a scale of *Very Effective/Effective/Not Very Effective/Not Effective at all/Unsure*).

Just over one quarter of the Service Provider questionnaire respondents considered there were standards, KPIs and/or evidence guidelines that were not appropriate or effective. Comments from respondents questioned the need for Standard 12 (given the wide range of other mechanisms for protection of human rights) and the duplication between KPIs across the standards. Issues were raised in respect of Standard 9, including the changing requirements for this standard, the interpretation of KPI 9.1 (i.e. which wage tools are allowable) and the appropriateness of this standard for consumers in open employment (the respondent felt that these clients should be allowed to negotiate their own terms and conditions with employers as a matter of personal privacy).

## 8.2 Effectiveness of the Key Performance Indicators

One respondent to the Certification Bodies questionnaire commented that many of the KPIs and evidence guidelines were not really written in measurable terms. All of the six respondents rated the KPIs as 'Effective' or 'Very Effective'. Focus group participants requested clarification around a number of the KPIs:

- KPI 9.1 has caused the most grief in terms of understanding and application by service providers
  - so many variations in wage assessment tools
  - so many disputes

**Term of Reference 4: Effectiveness of the Disability Services Standards,  
Key Performance Indicators and Evidence Guidelines**

- Can also be a lack of clarity around ‘Valued Status’ and ‘Community Participation’ standards and KPIs
  - Evidence Guidelines are unclear
- Standard 8 (Service Management) has 1 KPI but this covers such a broad area
  - needs some defined criteria and maybe more KPIs
  - some auditors are relating this back to ISO 9001 framework, but you can’t impose this on a service provider who hasn’t adopted ISO 9001

*(Comments from Certification Bodies Focus Groups)*

### 8.3 Effectiveness of the Evidence Guidelines

The Evidence Guidelines were variously described as ‘good’, ‘comprehensive’ and ‘useful’ by Certification Bodies questionnaire respondents. One respondent suggested that a Plain English version of the guidelines would be easier to understand and would assist service providers to explain the information to consumers.

The following suggestions were put forward by Certification Bodies focus group participants:

- ▶ Evidence Guidelines could be sorted into ‘essentials’ and ‘others’;
- ▶ a broader range of examples of what would demonstrate some standards (eg Community Participation); and
- ▶ separate examples for Open Employment, business services and CRS Australia.

When asked how effective the Evidence Guidelines are, a majority (83.4%) of the six Certification Body respondents to this question rated the guidelines as ‘Effective’ or ‘Very Effective’. The remaining respondent rated the guidelines as ‘Not Effective at all’. An accompanying comment explained that this was ‘because the evidence guides are being taught to be used as, and are being used as ‘a script’ to measure compliance . . . if you have one of these – tick the box; if not, non compliance.’

### 8.4 Overall Effectiveness of the Quality Assessment Process

The majority (86%) of the Service Provider Questionnaire respondents rated the quality assessment process as ‘Effective’ or ‘Very Effective’.

<b>How effective do you think the quality assessment process is? (i.e. how the quality audits are done)</b>	<b>No. of responses</b>	<b>% of Total Responses</b>
Very Effective	4	9.3%
Effective	33	76.7%
Not Very Effective	5	11.6%
Not Effective at all	0	0.0%
Unsure	1	2.3%
<b>Total</b>	<b>43</b>	<b>100.0%</b>

Service provider ratings in terms of the *content* of the quality assessment were not quite as favourable. Although 82% of questionnaire respondents rated the content as ‘Appropriate’ or ‘Very Appropriate’, 18% felt the content was not very appropriate.

<b>How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)</b>	<b>No. of responses</b>	<b>% of Total Responses</b>
Very Appropriate	4	9.1%
Appropriate	32	72.7%
Not Very Appropriate	8	18.2%
Not Appropriate at all	0	0.0%
Unsure	0	0.0%
<b>Total</b>	<b>44 *</b>	<b>100.0%</b>

\* Note: One respondent selected both ‘Appropriate’ and ‘Not Very Appropriate’ ratings

The standard version of the Consumer Questionnaire asked consumers how effective they thought the quality assessment process is. Half of the respondents were unsure and 18% of the remainder rated the process as ‘Not Very Effective’. This was exceeded slightly by the number of consumers who thought the process was ‘Effective’ or ‘Very Effective’.

<b>How effective do you think the quality assessment process is? (i.e. how the quality audits are done)</b>	<b>No. of Standard Questionnaire Responses</b>	<b>% of Total Standard Questionnaire Responses (n=22)</b>
Very Effective	2	9.1%
Effective	5	22.7%
Not Very Effective	4	18.2%
Not Effective at all	0	0.0%
Unsure	11	50.0%
<b>Total</b>	<b>22</b>	<b>100.0%</b>

The Easy English version of the questionnaire asked if consumers thought that they quality audits worked well. The majority (76%) thought that it did work well, 4% responded ‘No’ and 20% were ‘Not sure’.

A question about the *appropriateness* of the quality assessment was included in the standard version of the Consumer questionnaire only. As occurred with the effectiveness rating, there was a high proportion of consumers who were unsure.

<b>How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)</b>	<b>No. of Standard Questionnaire Responses</b>	<b>% of Total Standard Responses (n=22)</b>
Very Appropriate	1	4.5%
Appropriate	5	22.7%
Partly Appropriate	4	18.2%
Not Appropriate at all	1	4.5%
Unsure	11	50.0%
<b>Total</b>	<b>22</b>	<b>100.0%</b>

**Term of Reference 4: Effectiveness of the Disability Services Standards,  
Key Performance Indicators and Evidence Guidelines**

Suggestions from consumers for improving the appropriateness or effectiveness of the quality assessments included:

- ‘Make the questions easier to understand. Some didn’t make sense. They should apply to our service/workshop.’
- ‘Involve more people’
- ‘Pick out people who have a bit better understanding of the standards.’
- ‘There could be surprise element used, rather than planned appointments’

*(Comments from Consumer Questionnaire Respondents)*

**The Quality Assurance Handbook**

The majority (81%) of Service Provider questionnaire respondents found the FaCSIA Quality Assurance Handbook ‘Useful’ or ‘Very Useful’.

<b>How useful do you find the Quality Assurance Handbook?</b>	<b>No. of Responses</b>	<b>% of Total Responses</b>
Very Useful	6	14.3%
Useful	28	66.7%
Not Very Useful	5	11.9%
Not Useful at all	2	4.8%
Unsure	1	2.4%
<b>Total</b>	<b>39</b>	<b>100.0%</b>

Service provider suggestions for improving the Quality Assurance Handbook included:

- ▶ updates published on the FaCSIA website in a printable format compatible with the Handbook format –rather than waiting to reprint the whole Handbook;
- ▶ a Plain English version with more examples;
- ▶ an audio version for people who have vision impairment and for those with English as a second language or poor literacy skills;
- ▶ a plain text personal computer formatted workbook for consumers;
- ▶ a quarterly newsletter from FaCSIA with relevant changes or information;
- ▶ a simplified version of the self assessment handbook to help services monitor their KPIs; and
- ▶ a simplified and more concise version of the Quality Assurance Handbook that includes examples of best practice.

## 8.5 Discussion of Key Issues Arising for Term of Reference 4

### **The Standards and KPIs**

The main issues identified in respect the Disability Services Standards and the KPIs were that:

- ▶ Standard 8 was considered to be too broad and in need of additional KPIs;
- ▶ some auditors are having difficulties with Standard 9 and KPI 9.1; and
- ▶ there is overlap between the standards.

Most of the comments and suggestions came from auditors and TEs.

The Disability Services Standards themselves are legislated and also incorporated in the Commonwealth State Territory Disability Agreement (CSTDA) and hence in state and territory quality and funding systems. Changing the standards would therefore be a major task. There is more scope for clarifying the KPIs.

Overlap between the standards was seen from one perspective as a hindrance with auditors having to go backwards and forwards through documentation to find the relevant information. From another perspective, the overlap was seen as key feature of integrated standards that work in combination.

Additional auditor training and familiarity with the standards and use of the groupings suggested in the Quality Assurance Handbook may assist.

### **Evidence Guidelines**

A broader range of examples in the Evidence Guidelines was suggested in order to improve the appropriateness and relevance of the guidelines for the different service types. It was suggested that having separate examples for open employment, business services and vocational rehabilitation services would improve the interpretation and application of the standards and KPIs and make these more appropriate and relevant to the different service types. A recommendation has been made to this effect (Recommendation 13).

The need for auditors to use the Evidence Guidelines as a 'guide' and not as prescriptive list or script was emphasised. Additional auditor training should assist in this.

## 9.0 Term of Reference 5: Effectiveness of the Continuous Improvement Strategy

### Term of Reference 5

The continuous improvement strategy is effective, taking into account:

- ▶ incentives for continuous improvement resulting from certification audits;
- ▶ resources available to services to achieve continuous improvement; and
- ▶ strategies to establish performance benchmarks and identify sector trends, which can be utilized to direct continuous improvement activities.

### 9.1 Continuous Improvement Activities

Three-quarters (76%) of the Service Provider Questionnaire respondents indicated that they had introduced or changed continuous improvement activities since the introduction of the Quality Strategy.

Most of these service providers cited reviews and updates of policies and procedures, training, internal audits and the appointment of continuous improvement personnel and committees. For example:

- ‘We now have a Continuous Improvement Facilitator and formal continuous improvement process.  
Service Delivery is now evaluated.  
Streamlined management reporting and planning process.  
Risk management and internal audit introduced.  
Dedicated staff training and mentoring officer.’
- ‘Increased participation of Consumers in QA processes and activities.  
Various internal monitoring systems (re Consumer turnover, grievances etc).  
Enhancement of Employee Representative Committee’s role (including training and support to match renewed expectation of participant performance).  
Enhanced Corporate Governance procedures and activities (more a result of previous standing ISO processes).’

*(Comments from Service Provider Questionnaire Respondents)*

Certification Bodies questionnaire respondents described variable understanding by service providers of the concept of continuous quality improvement.

- ‘Although some services have excellent improvement programs in place, others do not really implement this well.’
- ‘I am not sure the underlying principles of Quality Assurance and Continuous Quality Improvement are understood and bedded down in a number of service provider agencies.’
- ‘Only the larger services have a reasonable understanding of what this is about.  
More training regarding the gathering and use of information (statistics) and training in the linkages between business planning and Continuous Improvement (CI).’

*(Comments from Certification Bodies Questionnaire respondents)*

Focus group comments also suggested variable application of continuous improvement.

## 9.2 Incentives for Continuous Improvement

When asked what incentives or benefits their service receives for undertaking continuous improvement, many service providers said there were no incentives, or identified the funding link to quality certification as the main incentive for continuous improvement. Some described a range of service quality improvements and benefits, for example:

- ‘To deliver a better service.  
Gives the service credibility.  
Highlights strengths and weaknesses.’
- ‘Benefit of doing things better, often with much input from employees – improved performance and morale.’
- ‘Indirect incentives and benefits mainly, as staff and consumers strive for better outcomes and derive satisfaction and better service provision.  
Direct financial gain from improvement in case based funding processes.  
Higher professional standards and community perception of a well run service.’

*(Comments from Service Provider Questionnaire respondents)*

CRS Australia has a range of internal incentives based on performance, including performance against the Disability Services Standards.

When focus group participants were asked how effective the existing incentives are for encouraging services to achieve continuous improvement, most groups wanted to know what these incentives were. Many participants felt that retaining FaCSIA funding was the only material incentive for continuous improvement. Others were able to



## Term of Reference 5: Effectiveness of the Continuous Improvement Strategy

identify benefits to their organisation from continuous improvement activities, such as:

- There are internal incentives for an organisation to have a system of CI
  - improved outcomes and services for clients
  - increased focus on clients and client outcomes and individual client needs.
- Can flow on to other tenders etc, eg we can cite quality certification and show the certificate
  - it shows that you are a quality company with sustainable practices etc.

*(Comments from Service Provider Focus Groups)*

One service provider said that there was no kudos attached to DESQA as it was compulsory and applied to all services. Another participant was disappointed that 'rating 3' had been withdrawn as this had provided an incentive.

### 9.3 Resources for Continuous Improvement

FaCSIA Officers listed the following continuous improvement resources that are available to service providers:

- ▶ Continuous Improvement Handbook;
- ▶ Disability Services Standards Workshops;
- ▶ FaCSIA Website;
- ▶ IDEAS Group funded project reports;
- ▶ other FaCSIA produced reports;
- ▶ Complaint Resolution and Referral Service;
- ▶ information via peak bodies – conferences, websites;
- ▶ training provided by peak bodies;
- ▶ quality networks in each state;
- ▶ Disability e-newsletter;
- ▶ reviews conducted for business services Assistance Package;
- ▶ organisations networking with each other; and
- ▶ FaCSIA Project Officer (in some states).

When service providers were asked what continuous improvement resources they were aware of, most referred only to the FaCSIA Continuous Improvement Handbook. Some nominated the FaCSIA website and other internet resources, advice from certification bodies and links with other providers, peak bodies and FaCSIA contract managers or resource officers.

One focus group participant described the FaCSIA QA and CI Handbooks as 'two of FaCSIA's best publications'.

CRS Australia staff mainly use the CRS internal quality improvement resources and the organisation also has a number of specialized *Networks of Excellence* focused on best practice and professional development.

The majority (67%) of Service Provider questionnaire respondents had used the continuous improvement resources and 89% found them 'Useful' or 'Very Useful'.

Suggestions from questionnaire respondents and interviewees for improving or adding to the continuous improvement resources included:

- 'Electronic internal audit provision.'
- 'Additional one on one support or regular contact/visits by FACSIA resource officer.'
- 'CI training – regional training on what is 'best practice', now that FaCSIA has this information.  
Financial assistance to enable interservice visits (especially for rural services) – costs of visits, travel, staff time and backfill of positions.'
- 'FaCSIA could play a greater part in facilitating networking and sharing of models of service provision. There is still much reinventing of the wheel.'
- 'We need something more up to date with good ideas and suggestions that have come out of the audits. It should be readily accessible and up to date, e.g. on a website. We are coming up for recertification, so we are looking for new information, wanting to keep ahead.'

*(Comments from Service Provider Questionnaire Respondents and Interviewees)*

A JAS-ANZ representative suggested that ISO 9001-2000 leads the international discussion and activity on continuous improvement and should provide a benchmark for the continuous improvement components of the Disability Services Standards.

## 9.4 Strategies to Identify Benchmarks and Trends

Focus group participants had a range of suggestions regarding the identification of performance benchmarks, and/or sector trends that could be used to direct continuous improvement activities. For example:

- CI Handbook updates should continue
  - could include updated best practice information.
- Annual forum of certification bodies could give useful best practice information and improve consistency across auditors.
- Sessions or focus groups on case examples, sharing information
  - best practice, what is working well
  - we may not even know that these things are happening or how it works.

## Term of Reference 5: Effectiveness of the Continuous Improvement Strategy

- A ‘Network of QA Coordinators’ – could ACROD look at this?
- Could we get some more information from certification bodies about what they will be looking for when they audit the standards i.e. the sorts of things that would demonstrate to auditor that the standard is being met?
- Have some form of feedback through FaCSIA E-news of the positive and negative issues that have arisen through the audits during the past 3 months.
- Would be nice if there was a Certificate IV qualification designed around the Disability Services Standard assessment
  - so that we could do internal assessments better
  - query: possible new components in the Cert IV course for quality assessments (and wage assessments, DMI, etc).

*(Comments from Service Provider Focus Groups)*

One service provider commented:

- ‘There is no information coming back from the quality audit system to provide feedback to the sector – this means that service providers have to be reactive (reacting to recommendations when an audit is done) rather than proactive (upgrading to best practice before an audit).’

When asked if they had any ideas about how their peak body could facilitate continuous improvement activities, suggestions from focus group participants included:

- Peak bodies could have a project officer to provide quality advice, training and development.
- Could some of this be directed by information that FaCSIA gets from the DESQA audits
  - eg FaCSIA could identify trends/issues and work with the peak bodies.
- Australian Organisation for Quality could give more general information about quality.
- Need a higher level of coordination between Commonwealth and State governments re QA systems.
- Aged care sector has some overlaps with the disability sector
  - could tap into the QA experience of the aged care sector through peaks such as Aged & Community Services and the Australian body, ACSA.

*(Comments from Service Provider Focus Groups)*

## 9.5 Discussion of Key Issues Arising for Term of Reference 5

### **Incentives for Continuous Improvement**

Other than the achievement of quality certification and hence, continuation of government funding, most service providers were unable to identify any incentives for continuous improvement. Some cited the general benefits of quality improvement to their organisation, but most felt that encouragement for continuous improvement was lacking.

The main suggestion from service providers and some other stakeholders was for some form of award or other public recognition of good practice. DESQA certification of itself was not considered to provide this as it is a compulsory requirement for all service providers and therefore does not differentiate a service from others.

### **Strategies for Identifying and Sharing Best Practice Information**

Service providers commented that they do not receive best practice information from the quality assurance system as a whole. It was also suggested that the information in quality audit reports could be better utilized to identify and disseminate information on best practice and continuous improvement examples.

The main stakeholder suggestions for identifying and sharing best practice information were:

- ▶ hold an annual forum of certification bodies (auditors and TEs) to identify good practice examples and promote consistency across auditors;
- ▶ establish network(s) of QA Coordinators or like positions employed by service providers to manage quality systems;
- ▶ collate and disseminate information for service providers on continuous improvement and best practice, including feedback from the QA system (this could be done via FaCSIA and peak bodies); and
- ▶ develop the roles of FaCSIA and the peak bodies in continuous improvement.

### **Continuous Improvement Resources**

The FaCSIA Continuous Improvement Handbook is the main resource used by service providers but an update, including more current examples of best practice was suggested. Alternative versions and formats of the CI and QA handbooks were also proposed. A suggestion from the Reference Group was that the two handbooks could be combined now that the initial implementation of the Quality Assurance system is complete, with the new combined handbook possible called 'the Quality Improvement Handbook'.

Staff were also identified as a resource for continuous improvement and quality management in general. A suggestion for improving staff skills and knowledge in this area was to include aspects of quality assessment (and other relevant assessments, such as the DMI) in the curricula of courses commonly undertaken by disability employment service staff.

Recommendations have been formulated to address all of these issues (Recommendations 16 to 20).

## 10.0 Link to the Findings of the Mid-Term Review

A mid-term review of the Quality Strategy was conducted for FaCSIA by ARTD Management Consultants from September 2003 to January 2004. The mid-term review identified a number of aspects of the Quality Strategy that were working well and a number of challenges.

The mid-term review was able to obtain input from a higher number of service providers (259 respondents to a service provider questionnaire sent directly to each provider), whereas this evaluation has received a higher rate of input from consumers.

Key issues identified by the mid-term review that relate to those identified by the current evaluation of the Quality Strategy are discussed below.

### **Service Provider Views on the Quality Assurance System**

The majority (89%) of service providers responding to the mid-term review questionnaire strongly agreed or agreed that the quality assurance system would improve the appropriateness and responsiveness of their organisation's employment services. There were also some concerns at that time which are again reflected in the feedback to the current evaluation, including:

- ▶ perceived inconsistencies in the interpretation of the Standards;
- ▶ concerns about the depth and quality of audit activities and reports;
- ▶ the appropriateness of strategies to involve people with disabilities in all aspects of the Quality Strategy; and
- ▶ concerns about the ongoing costs of compliance.<sup>8</sup>

### **Common System for all Disability Employment and Rehabilitation Services**

The majority of informants for the mid-term review supported the use of a common quality framework for all disability employment and rehabilitation services; however, as for the current evaluation, there were concerns that the common requirements at times resulted in a 'one size fits all' approach.

Integration of the Commonwealth quality assurance system certification audits with those required by state/territory governments and other funding programs was a suggestion raised in both the mid-term review and the current evaluation.

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<sup>8</sup> *Quality Strategy for Disability Employment Assistance and Rehabilitation Services: Mid Term Review, Final Report*, ARTD Management & Research Consultants, 20 January 2004

## **Information and Support Material**

In the mid-term review, 80% of service providers indicated that the FaCSIA information and support systems for the Quality Strategy were working well. The need for 'hands on' support to accompany the information resources was also highlighted.

## **Continuous Improvement**

A key finding and recommendation from the mid-term review was the need to provide a greater emphasis on continuous improvement once the initial task of quality certification for all organisations was achieved. This need has also been identified in the current evaluation.

## **Consumer Involvement**

The mid-term review noted the support for consumer involvement in the quality audit process:

Lead auditors and consumer technical experts (CTEs) involved in certification audits noted that people with a disability are extensively involved in QA audits and their views form a central part of the evidence used in certification decisions. They highlighted that audit assessments against all Standards (except Standard 8 service management) drew heavily on evidence directly related to consumers' views and experiences. This view was supported by JAS-ANZ, who have responsibility for providing independent oversight and quality control of the QA system. (ARTD, 2004, Mid Term Review Final Report, p.16)

At that point, 67% of service providers reported that the available support and opportunities for people with disabilities to get involved in the QA system were working well and that a range of participation structures and processes were being used to encourage consumer involvement.

As with the current evaluation findings, challenges were identified in obtaining sufficiently broad consumer representation and involving consumers with different disability types and those receiving open employment assistance. There were concerns from some mid-term review informants that excessive demands were being placed on consumers and the mid-term review report highlighted 'the need for a flexible approach to consumer involvement strategies that recognizes the rights of consumers not to be involved'. Access to advocacy and support to assist consumers to have their say was also raised.

## **Roles of the Key Players in the Quality Assurance System**

The mid-term review noted the need expressed by some informants for greater clarity and promotion of the respective roles of JAS-ANZ, FaCSIA, and certification body audit team members, particularly TEs. Promotion of certification body and JAS-ANZ complaints mechanisms and clarification of the link from the CRRS to certification audits were also recommended.

FaCSIA has redirected the role of its officers to avoid perceptions of over-involvement in the quality certification process. The mid-term review also highlighted the importance of clarifying and strengthening the role of FaCSIA staff in State and Territory offices in promoting continuous improvement activities and a potential role of FaCSIA in dissemination of information about best practice.

### **Training for Audit Team Members**

The mid-term review of the quality strategy recommended that accredited training be a compulsory requirement for all audit team members as a means of promoting the longer-term credibility and reliability of audits. FaCSIA and key stakeholders worked with RABQSA International Inc (an accredited personnel and training provider certification body) in late 2005 to develop knowledge competencies, skills competencies and personal attributes for audit team members. Independent training organisations will prepare training courses and the examination of the course to meet the knowledge competency requirements. Training provider examination requirements will be certified by RABQSA, ensuring they meet all the personnel certification requirements. Individual auditors and technical experts will be examined against the competencies, and upon successful completion, certified by RABQSA to participate in audits of disability employment services.

The transition period from the current system to the new Scheme commenced in March 2006, ending on 30 June 2007. All current audit personnel (lead auditors, auditors and consumer technical experts) are required to be certified within the Scheme by June 2007 to continue to undertake Disability Services Employment Services Quality Assurance (DESQA) audits.

### **Other Actions that have been Implemented Following the Mid-Term Review**

A number of other initiatives have been implemented since the mid-term review reported its findings and recommendations. These include:

- reinforcement of the Government commitment to the 31 December 2004 deadline for all funded disability employment and rehabilitation service providers to achieve certification against the Disability Services Standards;
- clarification by FaCSIA of the interpretation of Standard 9 and KPI 9.1;
- staged certification process (involving later auditing of Standard 9) introduced for service providers who were still in the process of implementing award-based wages;
- provision of intensive support for services with limited experience with quality assurance systems;
- review of JAS-ANZ Procedure 18 undertaken; and
- future role of Consumer Training and Support Agencies reviewed.





## 11.0 Conclusions and Recommendations

This evaluation concludes that the Quality Strategy is meeting the requirements of its stated goals and has played an important role in ensuring that funded services meet the legislated requirement to comply with the Disability Services Standards. More generally, the Quality Strategy has provided a focus on these standards and on quality management across the disability sector.

The Quality Strategy was implemented on 1 July 2002 and after the significant process of achieving initial quality certification for service providers there are now areas which could benefit from further development and improvement.

The terms of reference for this evaluation, key findings and recommendations are summarized below.

### **Term of Reference 1**

**The Quality Strategy is meeting its stated goals in the light of government, sector and consumers' experiences and perceptions, particularly around improvements in the flexibility and responsiveness of employment assistance, and the hands-off role of government.**

The evidence obtained by this evaluation indicates that the Quality Strategy is meeting the requirements of its stated goals. For example:

- ▶ the majority of Service Provider questionnaire respondents considered that the quality of their services had improved since the introduction of the Quality Strategy;
- ▶ most Service Provider Focus Group participants felt that consumer outcomes had improved as a result of the Quality Strategy, particularly in terms of consumer involvement, training, consultation and wage outcomes; and
- ▶ nearly two-thirds of consumers responding to the Easy English Consumer Questionnaire thought that their employment service or rehabilitation service was better than it was before the quality audits.

Over 80% of consumers responding to the consumer questionnaires considered that it was *Very Important* for employment services and rehabilitation services to meet the Disability Services Standards.

The quality assurance system that is a key component of the Quality Strategy is based on internationally recognized quality certification systems and best practice

standards and has been developed in conjunction with JAS-ANZ and the disability sector.

The Quality Strategy is still a relatively new initiative and stakeholders have identified some areas for further development. These are documented under the relevant terms of reference.

### **Term of Reference 2**

**The costs of the Quality Strategy are reasonable and sustainable across the diversity of employment services types, including multi-site organisations and rural and remote services, taking into consideration the:**

- ▶ **costs to the sector of implementing and maintaining quality assurance;**
- ▶ **impact of ongoing certification costs on the viability of employment services;**
- ▶ **costs and risks to government of contributing to ongoing certification costs; and**
- ▶ **feasibility of a self-funded certification system.**

The disability employment services sector has found the cost of initial quality certification to be significant in terms of human resource time and effort. Larger services and particularly those already familiar with quality management systems, have generally adopted the DESQA requirements with more ease than smaller services that had no previous experience with quality management.

The concurrent implementation of a number of other sector reforms has compounded the impact of the quality management related workload.

Ongoing certification costs are unlikely to affect the viability of disability employment services while the government contribution to audit costs continues. Continued attention needs to be paid to the additional audit costs incurred by rural and remote services.

The current subsidy provided by FaCSIA for quality audit costs plays a significant role in both practical and policy terms and is particularly important for small and rural and remote services. Having considered the risks and benefits of continuing government contributions to the cost of quality audits, this evaluation concludes that withdrawal of the contribution and a requirement for complete self-funding of the quality assurance system, at this point in time, would have negative impacts that may not be offset by the short-term cost savings to government. This situation should be reviewed again in two to three years time when providers' quality management processes are better established and integrated into their overall management systems and other service improvement and viability initiatives are fully implemented.

## **Recommendation**

### **Government Contribution**

1. Government funding contribution to the cost of disability employment service and CRS Australia quality assurance audits should continue in the short term with further review of this requirement in two to three years.

### Term of Reference 3

**The Quality Strategy is effective across the diversity of service types and disability types (including multi-site organisations and CRS Australia).**

**Evaluation of the effectiveness of the Quality Strategy should include analysis of the:**

- ▶ **strengths and weaknesses of the process for accrediting certification bodies;**
- ▶ **strengths and weaknesses of the process for certifying employment services;**
- ▶ **involvement of people with disabilities at all levels of the quality strategy; and**
- ▶ **the usefulness and useability of the easy and pictorial English information products for consumers about the Disability Service Standards and the Quality Assurance system.**

Evidence obtained by this evaluation, including stakeholder views on effectiveness, indicates that the Quality Strategy is on the whole effective, although some refinements could increase the appropriateness of the Evidence Guidelines for different service types.

Service providers have suggested that alignment/integration of state, Commonwealth and/or ISO quality standards and audit processes could improve the effectiveness and efficiency of the quality assurance process. (Currently, some organisations providing multiple service types have to undergo multiple quality audits each year.)

With the recent transfer of administrative responsibility for open employment services to DEWR, there is a high level of uncertainty amongst service providers about the future management and funding of quality for open employment services. The relationship/integration of the DESQA audit process with the DEWR contract management process also needs to be considered.

A number of findings of this evaluation indicate that further review of some aspects of JAS-ANZ Procedure 18 may be required (for example, the size ranges of services that are linked to audit duration, and consumer sampling requirements).

The processes and linkages of the complaints management system should also be reviewed (e.g. the link between the CRRS and certification bodies where complaints are received that indicate non-compliance with the standards; and the process by which reports of inconsistencies in audit results are managed).

A number of issues repeatedly raised by stakeholders indicate the need for improved selection, orientation and training of auditors and TEs. The forthcoming training and certification program for audit team members will be an important contribution to these improvements.

The Quality Strategy has resulted in greater involvement of people with disabilities at all levels in the quality management process and in the more general management processes of disability employment services. Some difficulties persist in the selection and involvement of consumers in the audit process, particularly for open employment services.

The existing consumer information products now require revision and consumers have requested more use of pictorial and video formats. Information is also required, however, for consumers who do not have literacy or language difficulties.

## Recommendations

### **Integration with other Quality Systems**

2. FaCSIA, through the National Disability Administrators, should investigate opportunities to align or integrate Commonwealth and state/territory quality standards and audit processes.
3. The disability employment services sector (perhaps through peak bodies and in liaison with JAS-ANZ) should investigate the linkages between ISO 9001-2000 and the Disability Services Standards and consider ways for service providers to better integrate and manage the two systems.

### **JAS-ANZ Procedure 18**

4. JAS-ANZ Procedure 18 should be reviewed again (at the time of introduction of ISO/IEC 17021), particularly in respect of the outlet size ranges prescribed for each audit duration, provisions for flexibility in audit duration, and consumer sampling requirements and flexible options for consumer involvement (e.g. alternative consultation options for consumers of open employment services).
5. Once JAS-ANZ Procedure 18 requirements regarding audit duration are reviewed, FaCSIA should consider reviewing the formula by which audit costs are calculated (currently this is done on the basis of number of outlets that an organisation has plus rural and remote costs with no link to audit duration) with a view to linking funding for audit costs with audit duration.
6. Plain English, user-friendly information on the key requirements of JAS-ANZ Procedure 18 should be made available to service providers in a revised Quality Assurance Handbook, including information on the role of Consumer Technical Experts and the surveillance audit process.

### **Complaints Linkages**

7. FaCSIA and JAS-ANZ should review the processes and linkages in the quality assurance complaints management system, including the link between the CRRS and certification bodies, the use of the CRRS in the continuous improvement process, and the process for management of inconsistencies in audit results.

### **Selection, Orientation and Training of Audit Team Members**

8. FaCSIA, JAS-ANZ and the accredited certification bodies should implement improvements in the selection, orientation (to the disability employment and rehabilitation services sector), training and certification of auditors and Consumer Technical Experts, including implementation of the recently developed auditor training and certification initiative.

9. FaCSIA should consider convening a support network for Consumer Technical Experts.

### **Consumer Involvement and Information**

10. Strategies to encourage and facilitate consumer participation in audit consultations should be further developed and strengthened as described in Section 7.3 of this report.
11. FaCSIA and JAS-ANZ, in consultation with service providers and certification bodies, should develop the policies and processes required to ensure that audit findings are communicated to consumers.
12. FaCSIA should review the Easy English information products for consumers regarding quality assurance and continuous improvement and consumer involvement in the audit process, noting the requests by consumers for more pictorial and video information.

### **Term of Reference 4**

**The Disability Service Standards, Key Performance Indicators and evidence guidelines (as detailed in the Quality Assurance Handbook) are effective when used across the diversity of employment services, based on:**

- ▶ **JAS-ANZ and certification body assessment of their validity and reliability; and**
- ▶ **service provider and consumer experience and perceptions of service assessments.**

Overall, the Disability Services Standards, Key Performance Indicators (KPIs) and Evidence Guidelines were considered to be effective and appropriate; however some refinements were suggested. In particular, review of the Evidence Guidelines is required to provide more relevant examples for the different services types.

## Recommendations

### **Standards and Evidence Guidelines**

13. FaCSIA, in consultation with JAS-ANZ, certification bodies and service providers, should review the Evidence Guidelines for the Disability Services Standards with the aims of:
  - ▶ providing a broader range of examples and possibly separate examples where appropriate, for open employment services, business services and vocational rehabilitation services; and
  - ▶ recognizing the needs of consumers from diverse cultural and language backgrounds and those from remote and indigenous communities.
14. The Evidence Guidelines for Standard 8 (Service Management) should be strengthened to encourage service providers to incorporate quality management into their general management systems.

15. FaCSIA should provide additional training/information to auditors in respect of Standard 9 (Employment Conditions) and particularly KPI 9.1 (fair wages). FaCSIA should also update the Quality Assurance Handbook in respect of KPI 9.1.

### **Term of Reference 5**

**The continuous improvement strategy is effective, taking into account:**

- o incentives for continuous improvement resulting from certification audits;**
- o resources available to services to achieve continuous improvement; and**
- o strategies to establish performance benchmarks and identify sector trends, which can be utilized to direct continuous improvement activities.**

Now that the quality assurance system has been implemented, the continuous improvement component of the Quality Strategy requires greater focus and development.

Service providers consider that more incentives and recognition are required for continuous improvement. There are also requirements for up to date continuous improvement/best practice information and resources.

Best practice information and sector trends need to be identified from the quality audit reports provided to FaCSIA and disseminated to the sector. FaCSIA and peak bodies would have a role in researching, promoting and distributing this information.

## **Recommendations**

### **Continuous Improvement**

16. FaCSIA should now place greater focus on the continuous improvement component of the Quality Strategy, including the initiatives suggested in recommendations 17, 18, 19, and 20 below and:
- ▶ convene an annual forum of certification bodies to identify good practice examples and promote consistency across auditors (the good practice information would then be disseminated to service providers);
  - ▶ facilitate a network(s) of QA Coordinators who are employed by disability employment services and rehabilitation services; and
  - ▶ review the audit reports received by FaCSIA and compile and disseminate information on continuous improvement and best practice to service providers.
17. FaCSIA and the relevant peak bodies should develop and implement methods to identify and disseminate good practice and continuous improvement information to service providers.
18. FaCSIA should consider the introduction of an award and/or other forms of recognition for good practice in disability employment services.
19. FaCSIA should review, update and possibly combine the Continuous Improvement and Quality Assurance Handbooks.

20. FaCSIA should liaise with the relevant tertiary education and training authorities regarding the potential to incorporate aspects of quality assessment and internal audit into the curricula of courses commonly undertaken by disability employment services staff.

### **Promotion of the Quality Strategy and Quality Certification**

Further promotion of the Disability Services Standards, the Quality Strategy and quality certification to the wider disability community is now required so that the significance of DESQA certification is better understood and recognized by those who may use or refer consumers to disability employment and rehabilitation services.

Some stakeholder comments also suggest that continued attention is required in providing information to disability employment service providers about the quality assurance system, the resources that are available, and other components of the Quality Strategy.

### **Recommendation**

21. FaCSIA should initiate marketing strategies to promote the Quality Strategy and the Disability Services Standards and Quality Certification to individuals and agencies who are likely to use or refer consumers to disability employment services and rehabilitation services. The marketing strategies should include the use of a consistent and recognizable logo to indicate a service that has achieved quality certification.





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## Appendix A

**List of Reference Group Members**

<b>Stakeholder Group</b>	<b>Representative</b>
Department of Families, Community Services & Indigenous Affairs	Marion Carrick
Department of Families, Community Services & Indigenous Affairs	Sharon Floyd (to Dec 2005) Fran Cole (from Jan 2006)
Department of Families, Community Services & Indigenous Affairs	Anthony Bartolo
Department of Employment and Workplace Relations	Stephen Erskine (part project) Jenny Chadwick (part project)
Australian Association of Certification Bodies	Trish Hodgson (auditor) Anne Briscoe (technical expert)
Consumer Training and Support Agencies	Jenny Dixon
JAS-ANZ	Steve Keeling
ACE	Keryl Neville
ACROD	Jennifer Kitchin
Australian Federation of Disability Organisations	Mark Pattison

## Appendix B

### Performance Indicators and Consultation Questions for the Evaluation

Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
<p><b>Term of Reference 1</b></p> <p>The Quality Strategy is meeting its stated goals in the light of government, sector and consumers' experiences and perceptions, particularly around improvements in the flexibility and responsiveness of employment assistance, and the hands-off role of government.</p> <p>Stated Goals:</p> <p><i>The Quality Assurance System:</i></p> <ul style="list-style-type: none"> <li>▶ gives people with disabilities confidence in the quality and results that disability employment assistance services achieve for them;</li> <li>▶ ensures all services meet, as a minimum, the Principles and Objectives of the Commonwealth <i>Disability Services Act 1986</i> and the Disability Services Standards;</li> <li>▶ makes the assessment of quality more objective and measurable;</li> <li>▶ treats all service providers equally (in both government and non-government sectors);</li> <li>▶ links quality assurance to funding;</li> <li>▶ reduces government intervention in the day-to-day operation of services; and</li> <li>▶ encourages a process of continuous improvement.</li> </ul> <p><i>The Continuous Improvement component of the Quality Strategy:</i></p> <ul style="list-style-type: none"> <li>▶ supports ongoing activities that increase service providers' abilities to meet the Disability Services Standards (through an internal process that allows services to constantly monitor their performance against the Standards and to plan improvements).</li> </ul>	<ul style="list-style-type: none"> <li>▶ Stakeholder perceptions of: <ul style="list-style-type: none"> <li>– changes in the flexibility and responsiveness of employment assistance since the introduction of the Quality Strategy</li> <li>– confidence in the quality of disability employment services</li> <li>– confidence in the results that services will achieve for consumers</li> </ul> </li> <li>▶ Number and proportion of services initially non-compliant but now certified as complying with the Disability Services Standards</li> <li>▶ For each Disability Services Standard: the number of services receiving non-compliance ratings</li> <li>▶ Quality auditors' and service providers' perceptions of the objectiveness of quality assessment before and after the Quality Assurance system was introduced</li> <li>▶ Service provider perceptions of equity of treatment in the Quality Assurance system</li> <li>▶ Description of the linkage of funding to quality before and after the introduction of the Quality Assurance system</li> <li>▶ Description and stakeholder perceptions of government intervention in the day-to-day operation of services before and after the introduction of the Quality Assurance system</li> </ul>	<p><b>Service Providers</b></p> <ul style="list-style-type: none"> <li>▶ What changes has your service made to policies, procedures, documentation/ records and/or client services as a result of the Quality Strategy?</li> <li>▶ In your opinion, has the Quality Strategy improved the flexibility and/or responsiveness of the service that your agency provides? If yes, in what ways?</li> <li>▶ Has the quality of your service has improved since the Quality Strategy was introduced? If yes, in what ways?</li> <li>▶ Do you think that outcomes for consumers of your service will improve as a result of the Quality Strategy?</li> <li>▶ Do you think that quality certification increases consumer confidence in your service?</li> <li>▶ Does the quality assurance system provide an objective assessment of quality? If no, why not?</li> <li>▶ Do you think that the quality assurance system has improved the objectiveness of quality assessment in disability employment and rehabilitation services when compared with the former standards monitoring process?</li> <li>▶ Do you think that the quality assurance system is fair and equitable for all service providers? If no, why not?</li> <li>▶ Has the involvement of FaCSIA in the day-to-day operations of services decreased since the introduction of the new quality assurance system?</li> <li>▶ Has your service introduced or changed any continuous improvement activities since the introduction of the Quality Strategy? If yes, please list these activities or changes.</li> <li>▶ Does your service undertake any internal continuous improvement and self-monitoring activities? If yes, how effective do you think these activities are?</li> <li>▶ Has your service ever used the Complaints Resolution and Referral Service (CRRS) or the National Disability Abuse and Neglect Hotline? If yes, how helpful was the service in resolving your complaint or concern?</li> </ul> <p><b>JAS-ANZ and Certification bodies</b></p> <ul style="list-style-type: none"> <li>▶ What changes have you observed in service providers' procedures and practices since the Quality Strategy was introduced?</li> </ul>

<p><b>Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)</b></p>	<p><b>Performance Measures and Data Sources</b></p>	<p><b>Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)</b></p>
<p><i>The Complaints and Referrals Mechanisms of the Quality Strategy</i></p> <ul style="list-style-type: none"> <li>▶ provide an independent service that can be used when a suitable outcome cannot be found through a service provider's internal complaints processes, to express concerns about the employment or advocacy services consumers receive from a service provider, about certification decisions or about the certification process itself (Complaints Resolution and Referral Service); and</li> <li>▶ provide a national, accessible telephone service to report abuse and neglect of people with disabilities in Australian, State and Territory Government funded services (National Disability Abuse and Neglect Hotline).</li> </ul>	<ul style="list-style-type: none"> <li>▶ Description of service providers' continuous improvement activities before and after the introduction of the Quality Strategy</li> <li>▶ Service provider's perception of the effectiveness of internal continuous improvement and self-monitoring activities</li> <li>▶ Proportion of consumers/families/representatives consulted who are aware of the National Complaint Resolution and Referral Service (NCRRS) and the Disability Service Abuse and Neglect Hotline (DSANH)</li> <li>▶ Proportion of consumers/families/representatives consulted who have had an unresolved complaint and proportion of these who have used the Complaints and Referrals mechanisms</li> <li>▶ Feedback from any consumers/families/representatives who have used the NCRRS and DSANH regarding the ease of access and responsiveness of these services</li> <li>▶ Feedback from any service providers who have used the NCRRS</li> <li>▶ Data from NCRRS and DSANH regarding numbers and types of complaints received from consumers of disability employment services and rehabilitation services and from service providers</li> </ul>	<ul style="list-style-type: none"> <li>▶ How objective do you think the quality assurance system for disability employment services and rehabilitation services is when compared with quality systems you work with in other sectors?</li> <li>▶ What has been your experience of the involvement of FaCSIA in the certification process?</li> </ul> <p>Consumers and their representatives</p> <ul style="list-style-type: none"> <li>▶ Have you heard of the Disability Services Standards?</li> <li>▶ How important do you think it is for employment services or rehabilitation services to meet the Disability Services Standards?</li> <li>▶ Have you been involved in any quality assurance activities with your disability employment service or rehabilitation service provider? If yes, what activities have you been involved in? (e.g quality committee, quality circle meetings, quality audit)</li> <li>▶ Have you been present when the quality audit team has visited your employment service to check how the service is complying with the Disability Services Standards?</li> <li>▶ Have the quality audit team talked with you or asked you questions? If yes, were the questions you were asked by the auditors appropriate and easy to understand?</li> <li>▶ How well do you think the quality audits are done (When the quality audit team visit your employment service or rehabilitation service)?</li> <li>▶ Have you noticed any changes in the way that your service provider does things since the quality audits began? If yes, what changes have you seen?</li> <li>▶ Do you think that the quality audits have improved the service that you receive? If yes, in what ways has the service got better?</li> <li>▶ Do you think that the quality system will make it more likely that your service provider will help you to get or keep a job? Why?</li> <li>▶ Have you heard of the Complaints Resolution and Referral Service (CRRS) or the National Disability Abuse and Neglect Hotline? If yes, do you know how to contact these services if you have a complaint?</li> <li>▶ Have you ever phoned the Complaints Resolution and Referral Service (CRRS) or the National Disability Abuse and Neglect Hotline? If yes, how easy was it to contact the service(s)? How helpful was the service?</li> </ul>

Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
		<p><b>Consumer Training &amp; Support Agencies</b></p> <ul style="list-style-type: none"> <li>▶ What changes have you observed in service provider procedures and practices as a result of the Quality Strategy?</li> <li>▶ Do you think that the quality of disability employment services and/or rehabilitation services has improved as a result of the Quality Strategy? If yes, in what way(s)?</li> <li>▶ Do you think that employment assistance services have become more flexible and responsive since the introduction of the Quality Strategy?</li> <li>▶ Do you think that the new quality assurance system is more objective than the former standards monitoring process?</li> <li>▶ Do you think that the new quality assurance system is more equitable than the former standards monitoring process?</li> <li>▶ How confident are you that the quality of disability employment services and rehabilitation services will be ensured by the Quality Strategy?</li> <li>▶ What proportion of consumers that you support are aware of the Complaint Resolution and Referral Service (CRRS) or the National Disability Abuse and Neglect Hotline (NDANH)?</li> <li>▶ Do you have any feedback or suggestions regarding the CRRS or the NDANH?</li> </ul> <p><b>FaCSIA Representatives</b></p> <ul style="list-style-type: none"> <li>▶ How has the relationship between funding and quality of service changed since the introduction of the Quality Strategy?</li> <li>▶ How effective do you think the current linkage between funding and quality is?</li> <li>▶ What do you see as the appropriate role of FaCSIA in working with services in their continuous improvement activities?</li> </ul>
<p><b>Term of Reference 2</b></p> <p>The costs of the Quality Strategy are reasonable and sustainable across the diversity of employment services types, including multi-site organizations and rural and remote services, taking into consideration the:</p> <ul style="list-style-type: none"> <li>▶ costs to the sector of implementing and maintaining quality assurance;</li> <li>▶ impact of ongoing certification costs on the viability of employment services;</li> </ul>	<ul style="list-style-type: none"> <li>▶ FaCSIA data on the government cost contributions per service and service type</li> <li>▶ Service provider sector data or estimates of the costs of implementing and maintaining the quality assurance system, including cost differences for multi-</li> </ul>	<p><b>Service Providers</b></p> <ul style="list-style-type: none"> <li>▶ What do you estimate are the costs per year to your service in complying with the quality assurance requirements? (Direct costs and Indirect costs for Audit Preparation, Internal Audit and Self-Monitoring, External Audit and Continuous Improvement, Less FaCSIA Reimbursements)</li> <li>▶ What quality assurance activity or component incurs the greatest cost for your service?</li> </ul>

<p><b>Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)</b></p>	<p><b>Performance Measures and Data Sources</b></p>	<p><b>Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)</b></p>
<ul style="list-style-type: none"> <li>• costs and risks to government of contributing to ongoing certification costs; and</li> <li>• feasibility of a self-funded certification system</li> </ul>	<p>site organisations, rural and remote services, and open employment vs business services</p> <ul style="list-style-type: none"> <li>• Breakdown of service provider quality assurance cost components</li> <li>• Service provider data and/or perceptions of the cost effects of ongoing quality compliance on service viability</li> <li>• Risks of ongoing government contributions to certification costs identified by FaCSIA and DEWR</li> <li>• FaCSIA, DEWR and service provision sector descriptions of a self-funded certification system</li> <li>• FaCSIA, DEWR and service provision sector views on the feasibility of a self-funded certification system, including potential advantages and disadvantages</li> </ul>	<ul style="list-style-type: none"> <li>• What quality assurance activity or component incurs the smallest cost for your service?</li> <li>• How many hours of your staff's time do you estimate were required to achieve quality certification against the Disability Services Standards?</li> <li>• How many hours of your staff's time do you estimate is required to meet the requirements of annual surveillance audits?</li> <li>• How do the costs of the current quality assurance system compare with the costs of the former standards monitoring process?</li> <li>• How does the cost of the quality assurance system for the Disability Services Standards compliance compare with the costs of other quality monitoring systems that you may use (e.g. ISO standards monitoring)?</li> <li>• What benefits result from the quality assurance system?</li> <li>• Once you completed initial implementation of the quality assurance requirements and certification, did the cost to your service of ongoing quality management and monitoring decrease?</li> <li>• Does your service type, size, structure, client group or location result in additional quality assurance costs? If yes, please describe.</li> <li>• Do you consider that the costs of ongoing quality certification will affect your service's viability? If yes, in what way and to what extent?</li> <li>• Do you think a self-funded system for ongoing quality certification would be feasible? If no, why not? If yes, what would be the key features of such a system?</li> </ul> <p><b>FaCSIA and DEWR representatives</b></p> <ul style="list-style-type: none"> <li>• What do you consider are the risks of ongoing government contributions to quality certification costs?</li> <li>• What strategies could be used to manage or minimise these risks?</li> <li>• Are there any benefits that may arise from ongoing government contributions to quality certification costs?</li> <li>• If a self-funded certification system were to be introduced, what should be the key features of this system?</li> <li>• What do you consider would be the potential advantages of a self-funded system?</li> </ul>

Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
		<ul style="list-style-type: none"> <li>▶ What do you consider would be the potential disadvantages of a self-funded system?</li> <li>▶ Should there be a different funding contribution and/or quality management system for open employment agencies now administered through DEWR? If yes, what should be the key features of this system?</li> </ul>
<p><b>Term of Reference 3</b></p> <p>The Quality Strategy is effective across the diversity of service types and disability types (including multi-site organizations and CRS Australia). Evaluation of the effectiveness of the Quality Strategy should include analysis of the:</p> <ul style="list-style-type: none"> <li>▶ strengths and weaknesses of the process for accrediting certification bodies;</li> <li>▶ strengths and weaknesses of the process for certifying employment services;</li> <li>▶ involvement of people with disabilities at all levels of the quality strategy; and</li> <li>▶ the usefulness and useability of the easy and pictorial English information products for consumers about the Disability Service Standards and the Quality Assurance system.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Stakeholders views on the strengths and weaknesses of the process for accrediting certification bodies (including suggestions for improvement)</li> <li>▶ Stakeholders views on the strengths and weaknesses of the process for certifying employment services (including suggestions for improvement)</li> <li>▶ Evidence from consumers, service providers and certification and accreditation bodies of the meaningful involvement of people with disabilities at all levels of the Quality Strategy</li> <li>▶ Stakeholder awareness of and access to the consumer information products</li> <li>▶ Consumers' (and their representatives') views and ratings on the usefulness and useability of the consumer information products</li> <li>▶ Stakeholder suggestions for improvement in the access to, content, and/or format of, the consumer information products</li> </ul>	<p><b>Service Providers</b></p> <ul style="list-style-type: none"> <li>▶ Do you have any suggestions regarding the process for accrediting certification bodies?</li> <li>▶ What do you consider are the strengths of the process for certifying disability employment services and rehabilitation services?</li> <li>▶ What do you consider are the weaknesses of the process for certifying disability employment services and rehabilitation services?</li> <li>▶ Do you have any suggestions for improving the process of certifying disability employment services and rehabilitation services?</li> <li>▶ Has your service ever appealed a quality audit decision (through the JAS-ANZ appeal process)?</li> <li>▶ In what ways are people with disabilities involved in quality management and certification at your service outlet(s)?</li> <li>▶ Do the consumers of your service know about and use the easy and pictorial English information products about the Disability Service Standards and the Quality Assurance system?</li> <li>▶ Do you have any suggestions to improve consumer access to these information products?</li> </ul> <p><b>JAS-ANZ and Certification bodies</b></p> <ul style="list-style-type: none"> <li>▶ What do you consider are the strengths of the process for accrediting certification bodies?</li> <li>▶ What do you consider are the weaknesses of the process for accrediting certification bodies?</li> <li>▶ Do you have any suggestions for improving the process for accrediting certification bodies?</li> <li>▶ Do you have any suggestions for improving the process of auditing and certifying disability employment services and rehabilitation services?</li> <li>▶ Overall, how would you rate the effectiveness of the Quality Strategy for Disability Employment Services and Rehabilitation Services in meeting the Strategy's goals?</li> </ul>



Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
		<ul style="list-style-type: none"> <li>▶ How are people with disabilities supported to be involved as audit team members?</li> <li>▶ Do you have any suggestions for improving the involvement of people with disabilities in quality management and monitoring?</li> </ul> <p><b>Consumers and their representatives</b></p> <ul style="list-style-type: none"> <li>▶ How have consumers/workers at your service been involved in quality management and the quality assurance audits?</li> <li>▶ Do you have any suggestions about how consumers/workers could be better involved in quality management and quality assurance?</li> <li>▶ Do you have any suggestions for improving the process of quality auditing and certification of disability employment and rehabilitation service providers? Do you have any ideas about how the quality audits could be improved?</li> <li>▶ Did you know that there are easy English and pictorial information packs for consumers about the Disability Services Standards and the Quality Assurance system?</li> <li>▶ Have you ever used these consumer information products? If yes, how easy were the products to use? How useful and appropriate were the products?</li> <li>▶ Do you have any suggestions for improving the information about quality assurance for consumers (e.g. what the information should contain, what formats the information should be in, how consumers can obtain the information, etc)?</li> </ul> <p><b>Consumer Training &amp; Support Agencies</b></p> <ul style="list-style-type: none"> <li>▶ How adequate is the involvement of consumers in all levels of the Quality Strategy?</li> <li>▶ Do you have any suggestions about how consumers/workers could be better involved in quality management and quality assurance?</li> <li>▶ Do you have any suggestions for improving the process of certifying disability employment services and rehabilitation services?</li> <li>▶ How useful are the consumer information products for the Quality Strategy (easy English and pictorial English information about the Disability Services Standards and the quality assurance system)?</li> <li>▶ How easy to use are these products for consumers?</li> </ul>

Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
		<ul style="list-style-type: none"> <li>▶ Do you have any suggestions for improving access to these information products or their content or format?</li> </ul> <p><b>FaCSIA Representatives</b></p> <ul style="list-style-type: none"> <li>▶ What do you consider are the strengths of the process for accrediting certification bodies?</li> <li>▶ What do you consider are the weaknesses of the process for accrediting certification bodies?</li> <li>▶ Do you have any suggestions for improving the process for accrediting certification bodies?</li> <li>▶ What do you consider are the strengths of the process for certifying disability employment services and rehabilitation services?</li> <li>▶ What do you consider are the weaknesses of the process for certifying disability employment services and rehabilitation services?</li> <li>▶ Do you have any suggestions for improving the process of certifying disability employment services and rehabilitation services?</li> </ul> <p><b>DEWR Representatives</b></p> <ul style="list-style-type: none"> <li>▶ What do you consider are the strengths of the current process for certifying disability employment services and rehabilitation services?</li> <li>▶ What do you consider are the weaknesses of the process for certifying disability employment services and rehabilitation services?</li> <li>▶ How does this process fit with the current standards and quality monitoring processes used for DEWR-funded employment agencies?</li> <li>▶ Do you have any suggestions for improving or changing the process of certifying disability open employment services?</li> </ul>
<p><b>Term of Reference 4</b></p> <p>The Disability Service Standards, Key Performance Indicators and evidence guidelines (as detailed in the Quality Assurance Handbook) are effective when used across the diversity of employment services, based on:</p> <ul style="list-style-type: none"> <li>▶ JAS-ANZ and certification body assessment of their validity and reliability; and</li> <li>▶ service provider and consumer experience and perceptions of service assessments.</li> </ul>	<ul style="list-style-type: none"> <li>▶ JAS-ANZ and certification bodies' views and ratings of the validity, reliability and overall effectiveness of the <ul style="list-style-type: none"> <li>– Disability Services Standards;</li> <li>– Key Performance Indicators; and</li> <li>– evidence guidelines</li> </ul> </li> <li>▶ JAS-ANZ and certification bodies' views regarding any service types or situations for which the standards, indicators</li> </ul>	<p><b>Service Providers</b></p> <ul style="list-style-type: none"> <li>▶ How effective do you think the quality assessment process is? (i.e. how the quality audits are done)</li> <li>▶ How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)</li> <li>▶ Are there any of the Disability Services Standards, Key Performance Indicators and/or evidence guidelines that you consider are not appropriate or effective for your service? If yes, please describe.</li> </ul>

Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
	<p>and/or evidence guidelines are not effective</p> <ul style="list-style-type: none"> <li>• Service providers' and consumers' views and ratings of the appropriateness and effectiveness of quality assessments in terms of the assessment process and assessment content</li> </ul>	<ul style="list-style-type: none"> <li>• Do you have any suggestions for improving the appropriateness and/or effectiveness of the quality assessments?</li> <li>• How useful do you find the Quality Assurance Handbook?</li> <li>• Do you have any suggestions for improving the Quality Assurance Handbook?</li> </ul> <p><b>JAS-ANZ and Certification bodies</b></p> <ul style="list-style-type: none"> <li>• Do you have any comments on the validity and reliability of:               <ul style="list-style-type: none"> <li>– the Disability Services Standards;</li> <li>– Key Performance Indicators; and</li> <li>– the evidence guidelines</li> </ul> </li> <li>• Overall, how would you rate the effectiveness of:               <ul style="list-style-type: none"> <li>– the Disability Services Standards;</li> <li>– Key Performance Indicators; and</li> <li>– the evidence guidelines</li> </ul> </li> <li>• Are there any service types or situations for which the Disability Services Standards, Key Performance Indicators and/or evidence guidelines are not effective? If yes, why/in what way?</li> </ul> <p><b>Consumers and their representatives</b></p> <ul style="list-style-type: none"> <li>• How effective do you think the quality assessment process is? (i.e. how the quality audits are done)</li> <li>• How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)</li> <li>• Do you have any suggestions for improving the appropriateness or effectiveness of the quality assessments?</li> </ul> <p><b>Consumer Training &amp; Support Agencies</b></p> <ul style="list-style-type: none"> <li>• How effective do you think the quality assessment process is? (i.e. how the quality audits are done)</li> <li>• How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)</li> <li>• Do you have any suggestions for improving the appropriateness and/or effectiveness of the quality assessments?</li> </ul>

Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)	Performance Measures and Data Sources	Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)
<p><b>Term of Reference 5</b> The continuous improvement strategy is effective, taking into account:</p> <ul style="list-style-type: none"> <li>▮ incentives for continuous improvement resulting from certification audits;</li> <li>▮ resources available to services to achieve continuous improvement; and</li> <li>▮ strategies to establish performance benchmarks and identify sector trends, which can be utilized to direct continuous improvement activities.</li> </ul>	<ul style="list-style-type: none"> <li>▮ Service providers' views and ratings of the incentives for continuous improvement</li> <li>▮ FaCSIA and service provider descriptions of the resources that are available to services to achieve continuous improvement and the utilisation and usefulness of these resources</li> <li>▮ Stakeholder descriptions of any strategies that are or could be used to establish performance benchmarks, identify sector trends and direct continuous improvement activities</li> </ul>	<p><b>Service Providers</b></p> <ul style="list-style-type: none"> <li>▮ What continuous improvement activities does your service undertake? (e.g. internal quality audits, self-monitoring, benchmarking with other services)</li> <li>▮ Has your service introduced or changed any continuous improvement activities since the introduction of the Quality Strategy? If yes, please list these activities or changes.</li> <li>▮ What incentives or benefits does your service receive for undertaking continuous improvement?</li> <li>▮ How effective are the existing incentives for encouraging services to achieve continuous improvement?</li> <li>▮ What continuous improvement resources are you aware of that are available to services?</li> <li>▮ Has your service used any of these resources? If yes, how useful did you find the resources?</li> <li>▮ Do you have any suggestions for improving or adding to the continuous improvement resources for service providers?</li> <li>▮ Do you have any suggestions regarding the identification of performance benchmarks and/or sector trends that could be used to direct continuous improvement activities?</li> <li>▮ Have you any ideas about how your peak body could facilitate continuous improvement activities?</li> </ul> <p><b>JAS-ANZ and Certification bodies</b></p> <ul style="list-style-type: none"> <li>▮ Do you have any comments or suggestions on the continuous improvement activities undertaken by disability employment services and rehabilitation services?</li> <li>▮ Do you have any suggestions regarding the identification of performance benchmarks and/or sector trends that could be used to direct continuous improvement activities?</li> </ul> <p><b>Consumers and their representatives</b></p> <ul style="list-style-type: none"> <li>▮ Are you involved in any continuous improvement activities at your employment or rehabilitation service? (e.g. quality improvement activities, such as a quality committee, quality circles, etc.)</li> <li>▮ Do you have any suggestions for improving these continuous improvement activities?</li> </ul> <p><b>FaCSIA Representatives</b></p> <ul style="list-style-type: none"> <li>▮ Do you have any comments or suggestions regarding incentives for services to achieve continuous improvement?</li> </ul>

<p><b>Key Performance Areas and Indicators (based on the Evaluation Terms of Reference and Stated Goals of the Quality Strategy)</b></p>	<p><b>Performance Measures and Data Sources</b></p>	<p><b>Potential Questions/Discussion Topics for Stakeholder Consultations (Questionnaires, focus groups, site visits, interviews)</b></p>
		<ul style="list-style-type: none"> <li>▶ What continuous improvement resources are available to services?</li> <li>▶ How well-utilised are these resources?</li> <li>▶ Do you have any suggestions for improving or adding to continuous improvement resources for service providers?</li> <li>▶ Do you have any suggestions regarding the identification of performance benchmarks and/or sector trends that could be used to direct continuous improvement activities?</li> </ul> <p><b>DEWR Representatives</b></p> <ul style="list-style-type: none"> <li>▶ Do you have any comments or suggestions regarding incentives for services to achieve continuous improvement?</li> <li>▶ Do you have any comments or suggestions on the continuous improvement activities undertaken by disability employment services and rehabilitation services?</li> <li>▶ Do you have any suggestions regarding the identification of performance benchmarks and/or sector trends that could be used to direct continuous improvement activities?</li> </ul>

## Appendix C

### The Disability Services Standards and Key Performance Indicators

Disability Services Standards	Key Performance Indicators (KPIs)
<p><b>Standard 1: Service access</b> Each person with a disability who is seeking a service has access to a service on the basis of relative need and available resources.</p>	<p>KPI 1.1 The service provider adopts and applies non-discriminatory entry rules in respect of age, gender, race, culture, religion or disability, consistent with the contractual obligations and purpose of the service.</p> <p>KPI 1.2 The service provider's entry and exit procedures are fair and equitable and consistently applied.</p>
<p><b>Standard 2: Individual needs</b> Each person with a disability receives a service that is designed to meet, in the least restrictive way, his or her individual needs and personal goals.</p>	<p>KPI 2.1 Each individual's employment goals are established objectively to reflect his or her needs and personal goals.</p> <p>KPI 2.2 Each individual's employment goals are used as a basis for service provision, with the service provider undertaking a process of planning, implementation, review and adjustment to facilitate the achievement of these goals.</p> <p>KPI 2.3 Services are delivered to meet each individual's employment goals through pathways and plans that do not have any unnecessary restrictions or constraints.</p>
<p><b>Standard 3: Decision making and choice</b> 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 service he or she receives.</p>	<p>KPI 3.1 The service provider provides appropriate and flexible opportunities for each individual to participate in decision-making at all levels, including individual choices in pre-employment and employment planning, service delivery planning and corporate and business planning.</p> <p>KPI 3.2 The service provider acts upon the outcomes of service recipient input into decision-making.</p>
<p><b>Standard 4: Privacy, dignity and confidentiality</b> Each service recipient's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.</p>	<p>KPI 4.1 The service provider complies with the Information Privacy Principles of the Privacy Act 1988 in order to protect and respect the rights of individual service recipients. The service provider does not disclose personal information about service recipients without their informed consent.</p> <p>KPI 4.2 The service provider promotes tolerance and respect for each service recipient's personal needs and circumstances.</p>
<p><b>Standard 5: Participation and integration</b> Each person with a disability is supported and encouraged to participate and be involved in the community.</p>	<p>KPI 5.1 The service contributes to individual outcomes for service recipients that progressively builds opportunities for their participation and involvement in the community through employment.</p>
<p><b>Standard 6: Valued status</b> 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.</p>	<p>KPI 6.1 The service promotes the belief and ability of service recipients to fulfill valued roles in the community.</p> <p>KPI 6.2 The service promotes employment opportunities for service recipients to fulfill valued roles in the community.</p> <p>KPI 6.3 The service develops and maintains service recipients' skills relevant to their roles in the community.</p>

<p><b>Standard 7: Complaints and disputes</b> Each service recipient is encouraged to raise, and have resolved without fear of retribution, any complaints or disputes he or she may have regarding the service provider or the service.</p>	<p>KPI 7.1 The service provider encourages the raising of complaints by service recipients regarding any areas of dissatisfaction with the service provider and the service.</p> <p>KPI 7.2 Service recipients have no fear of retribution in raising complaints.</p> <p>KPI 7.3 The service provider facilitates the resolution of complaints or disputes by service recipients regarding the service provider and the service</p>
<p><b>Standard 8: Service management</b> Each service provider adopts quality management systems and practices that optimise outcomes for service recipients.</p>	<p>KPI 8.1 The service provider has management systems in place that facilitate quality management practices and continuous improvement.</p>
<p><b>Standard 9: Employment conditions</b> Each person with a disability enjoys working conditions comparable to those of the general workforce.</p>	<p>KPI 9.1 The service provider ensures that people with a disability, placed in open or supported employment, receive wages according to the relevant award, order or industrial agreement (if any) (consistent with legislation). A wage must not have been reduced, or be reduced, because of award exemptions or incapacity to pay or similar reasons and, if a person is unable to work at full productive capacity due to a disability, the service provider is to ensure that a pro-rata wage based on an award, order or industrial agreement is paid. This pro-rata wage must be determined through a transparent assessment tool or process, such as Supported Wage System (SWS), or tools that comply with the criteria referred to in the Guide to Good Practice Wage Determination including:</p> <ul style="list-style-type: none"> <li>• compliance with relevant legislation;</li> <li>• validity;</li> <li>• reliability;</li> <li>• wage outcome; and</li> <li>• practical application of the tool.</li> </ul> <p>KPI 9.2 The service provider ensures that, when people with a disability are placed in employment, their conditions of employment are consistent with general workplace norms and relevant Australian Government and State legislation.</p> <p>KPI 9.3 The service provider ensures that, when people with a disability are placed and supported in employment, they, and if appropriate, their guardians and advocates, are informed of how wages and conditions are determined and the consequences of this.</p>
<p><b>Standard 10: Service recipient training and support</b> The employment opportunities of each person with a disability are optimized by effective and relevant training and support.</p>	<p>KPI 10.1 The service provider provides or facilitates access to relevant training and support programs that are consistent with the employment goals and opportunities of each service recipient.</p>

<p><b>Standard 11: Staff, recruitment, employment and training</b></p> <p>Each person employed to deliver services to a person with a disability has relevant skills and competencies.</p>	<p>KPI 11.1 The service provider identifies the skills and competencies of each staff member.</p> <p>KPI 11.2 The service provider ensures that its staff have relevant skills and competencies.</p> <p>KPI 11.3 The service provider ensures the provision of appropriate and relevant training and skills development for each staff member.</p>
<p><b>Standard 12: Protection of human rights and freedom from abuse</b></p> <p>The service provider acts to prevent abuse and neglect and to uphold the legal and human rights of service recipients.</p>	<p>KPI 12.1 The service provider takes all practical and appropriate steps to prevent abuse and neglect of its service recipients.</p> <p>KPI 12.2 The service provider upholds the legal and human rights of its service recipients.</p>

Note: Readers are also referred to the Evidence Guidelines for each of the KPIs. The Evidence Guidelines are documented in Section 10 of the Quality Assurance Handbook (version 2), Australian Government Department of Family and Community Services, 2003.



## Appendix D

### **Questionnaire for Disability Employment Service Providers and CRS Australia**

This questionnaire forms part of the evaluation of the Quality Strategy for disability employment services and rehabilitation services.

The goal of the Quality Strategy is to ensure that people with disabilities can seek assistance and support from a range of Australian Government-funded employment services certified against the Disability Services Standards.

The Quality Strategy has three main components:

- ▶ a quality assurance system that now applies to all disability employment services and CRS Australia (this involves certification and surveillance audits of services against the Disability Services Standards);
- ▶ continuous improvement activities; and
- ▶ complaints and referrals mechanisms (the Complaints Resolution and Referral Service and the National Disability Abuse and Neglect Hotline).

This questionnaire may be completed by the manager and/or staff of a disability employment service or rehabilitation service. We need only one service provider questionnaire completed per service outlet, so staff may complete the questionnaire as a group if preferred. Separate questionnaires are available for consumers.

Please complete and return this questionnaire by no later than **31 October 2005**.

If you need the questionnaire in another format, require further information, or if you would like to complete the questionnaire by telephone, please phone the consultant on **Freecall 1800 108 700**.



**5. Do you think the quality of your service has improved since the Quality Strategy was introduced?**

Yes	
No	
Unsure	

**If yes, in what ways?**

### **Quality Assurance and Certification**

**6. Do you think that the quality assurance system provides an objective assessment of quality?**

Yes	
No	
Unsure	

**If no, why not?**

**7. Do you think that the quality assurance system is fair and equitable for all service providers?**

Yes	
No	
Unsure	

**If no, why not?**

**8. How effective do you think the quality assessment process is? (i.e. how the certification process works, how the quality audits are done)**

Please tick one box

Very Effective	
Effective	
Not Very Effective	
Not Effective at all	
Unsure	

**9. Do you have any suggestions for improving the quality assurance and certification process for disability employment services and rehabilitation services?**

**10. How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)**

Please tick one box

Very Appropriate	
Appropriate	
Not Very Appropriate	
Not Appropriate at all	
Unsure	

**11. Are there any of the Disability Services Standards, Key Performance Indicators and/or evidence guidelines that you consider are inappropriate or ineffective for your service?**

Yes	
No	
Unsure	

**If yes, please describe:**

--

**12. How useful do you find the Quality Assurance Handbook?**

Please tick one box

Very Useful	<input type="checkbox"/>
Useful	<input type="checkbox"/>
Not Very Useful	<input type="checkbox"/>
Not Useful at all	<input type="checkbox"/>
Unsure	<input type="checkbox"/>

**13. Do you have any suggestions for improving the Quality Assurance Handbook?**

--

**14. Has your service ever appealed a quality audit decision (through the JAS-ANZ appeal process)?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Unsure	<input type="checkbox"/>

**If yes, do you have any comments or suggestions about the appeal process?**

--

## Consumer Involvement in Quality Assurance

15. In what ways are people with disabilities involved in quality management and certification at your service outlet(s)?

--

16a. Do the consumers of your service know about the easy and pictorial English information products about the Disability Service Standards and the Quality Assurance system?

Yes	
No	
Unsure	

16b. Do the consumers of your service use these information products?

Yes	
No	
Unsure	

17. Do you have any suggestions to improve consumer access to these information products?

--

### The Cost of Quality Assurance

**18. What do you estimate are the costs per year to your service in complying with the quality assurance requirements?**

	Direct Costs	Indirect Costs	Total
Audit Preparation	\$	\$	\$
Internal Audit and Self-monitoring	\$	\$	\$
External Quality Audit against Disability Services Standards	\$	\$	\$
Continuous Improvement	\$	\$	\$
Less FaCS Reimbursement	-\$	-\$	-\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Does this estimate include GST?**

Yes	
No	

**If you were unable to complete the table in Q 18 above, please complete Questions 19 and 20 below.**

**19. What quality assurance activity or component incurs the greatest cost for your service?**

**20. What quality assurance activity or component incurs the smallest cost for your service?**

**21. How many hours of your staff's time do you estimate were required to achieve quality certification against the Disability Services Standards?**

hours

22. How many hours of your staff's time do you estimate are required to meet the requirements of annual surveillance audits?

hours
-------

23. How do the costs of the current quality assurance system compare with the costs of the former standards monitoring process?

Please tick one box

Cost is <b>much greater</b> than former system	<input type="checkbox"/>
Cost is <b>greater</b> than former system	<input type="checkbox"/>
Cost is around the <b>same</b>	<input type="checkbox"/>
Cost is <b>less</b> than former system	<input type="checkbox"/>
Cost is <b>much less</b> than former system	<input type="checkbox"/>
Unsure	<input type="checkbox"/>

24. Does your service type, size, structure, client group or location result in additional quality assurance costs?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Unsure	<input type="checkbox"/>

If yes, please describe:

--

25. What benefits do you think result from the quality assurance system?

--



## Continuous Improvement

**26. Has your service introduced or changed any continuous improvement activities since the introduction of the Quality Strategy?**

Yes	
No	
Unsure	

**If yes, please list these activities or changes.**

**27. What incentives or benefits does your service receive for undertaking continuous improvement?**

**28. What continuous improvement resources are you aware of that are available to services?**

**29. Has your service used any of these continuous improvement resources?**

Yes	
No	
Unsure	

**If yes, how useful did you find the resources?**

Please tick one box

Very Useful	
Useful	
Not Very Useful	
Not Useful at all	
Unsure	

**30. Do you have any suggestions for improving or adding to the continuous improvement resources for service providers?**

--

## Complaints Services

**31. Has your service outlet ever used the Complaints Resolution and Referral Service or the National Disability Abuse and Neglect Hotline?**

Yes	
No	
Unsure	

**If yes, how helpful was the service(s) in resolving your complaint or concern?**

Please tick one box

Very Helpful	
Helpful	
Not Very Helpful	
Not Helpful at all	
Unsure	

## Other Comments or Suggestions

32. Do you have any other comments or suggestions about the Quality Strategy?

## How to Return your Completed Questionnaire

Thank you for completing this questionnaire. Please return your completed questionnaire to the evaluation consultant by any of the following methods:

Email: [jennyp@internode.on.net](mailto:jennyp@internode.on.net)

Post: Jenny Pearson & Associates Pty Ltd  
Reply Paid 246  
SEMAPHORE SA 5019

(You will not need a postage stamp if you use this Reply Paid address)

Fax: (08) 8449 7789

## Appendix E

### Questionnaire for Certification Bodies and Staff

This questionnaire forms part of the evaluation of the Quality Strategy for disability employment services and rehabilitation services.

The overall goal of the Quality Strategy is to ensure that people with disabilities can seek assistance and support from a range of Australian Government-funded employment services certified against the Disability Services Standards.

The Quality Strategy has three main components:

- ▶ a quality assurance system that now applies to all disability employment services and CRS Australia (this involves certification and surveillance audits of services against the Disability Services Standards);
- ▶ continuous improvement activities; and
- ▶ complaints and referrals mechanisms (the Complaints Resolution and Referral Service and the National Disability Abuse and Neglect Hotline).

This questionnaire may be completed by personnel of DESQA accredited certification bodies including managers, auditors and technical experts.

Please complete and return this questionnaire by no later than 31 October 2005.

If you need the questionnaire in another format, require further information, or if you would like to complete the questionnaire by telephone, please phone the consultant on Freecall 1800 108 700.

### About the Person or Group Completing this Questionnaire

#### 1. Are you:

Please tick one box

A manager of an accredited certification body	
An auditor employed or contracted by an accredited certification body	
A technical expert for an accredited certification body	
A group of personnel from an accredited certification body	
Other (please specify):	

## **The Process for Accrediting Certification Bodies**

(e.g. JAS-ANZ Procedure No. 18 – *General Requirement for Bodies Operating Assessment and Certification of Disability Employment Services*)

**2. What do you consider are the strengths of the process for accrediting certification bodies?**

**3. What do you consider are the weaknesses of the process for accrediting certification bodies?**

**4. Do you have any suggestions for improving the process for accrediting certification bodies?**

## The Quality Assurance System for Disability Employment Services and Rehabilitation Services

5. How objective do you think the quality assurance system for disability employment services and rehabilitation services is when compared with quality systems you work with in other sectors? (e.g. how measurable and assessable are the performance indicators that are specified, how consistently are the quality standards and indicators interpreted, how fair and equitable is the quality assessment process?)

Please tick one box

Very Objective	
Objective	
Not Objective	
Unsure	

Do you have any comments about the objectivity of the quality assurance system?

6. How are people with disabilities supported to be involved as audit team members?

7. Do you have any suggestions for improving the process of auditing and certifying disability employment services and rehabilitation services?

- 8. Do you have any comments on the validity and reliability of the Disability Services Standards? (as documented in the Quality Assurance Handbook for disability employment services)**

- 9. Do you have any comments on the validity and reliability of the Key Performance Indicators? (as documented in the Quality Assurance Handbook for disability employment services)**

- 10. Do you have any comments on the validity and reliability of the Evidence Guidelines? (as documented in the Quality Assurance Handbook for disability employment services)**

- 11. How would you rate the effectiveness of the Disability Services Standards?**

Please tick one box

Very Effective	
Effective	
Not Very Effective	
Not Effective at all	
Unsure	

**12. How would you rate the effectiveness of the Key Performance Indicators?**

Please tick one box

Very Effective	
Effective	
Not Very Effective	
Not Effective at all	
Unsure	

**13. How would you rate the effectiveness of the Evidence Guidelines?**

Please tick one box

Very Effective	
Effective	
Not Very Effective	
Not Effective at all	
Unsure	

**14. Are there any service types or situations for which the Disability Services Standards, Key Performance Indicators and/or evidence guidelines are ineffective or inappropriate?**

Yes	
No	
Unsure	

**If yes, please describe:**

--



15. What has been your experience of the involvement of the Commonwealth Department of Family and Community Services (FaCS) in the certification process? (e.g. How have FaCS officers been involved, has this involvement been appropriate?)

### **Continuous Improvement Activities**

16. Do you have any comments or suggestions about the continuous improvement activities undertaken by disability employment services and rehabilitation services?

17. Do you have any suggestions about the identification of performance benchmarks and/or sector trends that could be used to direct continuous improvement activities?

## The Overall Effect of the Quality Strategy for Disability Employment Services and Rehabilitation Services

### 18. What changes have you observed in service providers' procedures and practices since the Quality Strategy was introduced?

#### The goals of the Quality Strategy are as follows:

##### *The Quality Assurance System:*

- ▶ gives people with disabilities confidence in the quality and results that disability employment assistance services achieve for them;
- ▶ ensures all services meet, as a minimum, the Principles and Objectives of the Commonwealth Disability Services Act 1986 and the Disability Services Standards;
- ▶ makes the assessment of quality more objective and measurable;
- ▶ treats all service providers equally (in both government and non-government sectors);
- ▶ links quality assurance to funding;
- ▶ reduces government intervention in the day-to-day operation of services; and
- ▶ encourages a process of continuous improvement.

##### *The Continuous Improvement component of the Quality Strategy:*

- ▶ supports ongoing activities that increase service providers' abilities to meet the Disability Services Standards (through an internal process that allows services to constantly monitor their performance against the Standards and to plan improvements).

##### *The Complaints and Referrals Mechanisms of the Quality Strategy*

- ▶ provide an independent service that can be used when a suitable outcome cannot be found through a service provider's internal complaints processes, to express concerns about the employment or advocacy services consumers receive from a service provider, about certification decisions or about the certification process itself (Complaints Resolution and Referral Service); and
- ▶ provide a national, accessible telephone service to report abuse and neglect of people with disabilities in Australian, State and Territory Government funded services (National Disability Abuse and Neglect Hotline).

**19. Overall, how would you rate the effectiveness of the Quality Strategy for Disability Employment Service and Rehabilitation Services in meeting the goals listed above?**

Please tick one box

Very Effective	<input type="checkbox"/>
Effective	<input type="checkbox"/>
Not Very Effective	<input type="checkbox"/>
Not Effective at all	<input type="checkbox"/>
Unsure	<input type="checkbox"/>

**Would you like to comment:**

**Other Comments or Suggestions**

**20. Do you have any other comments or suggestions about the Quality Strategy?**

## **How to Return your Completed Questionnaire**

Thank you for completing this questionnaire.

Please return your completed questionnaire to the evaluation consultant by any of the following methods:

Email: [jennyp@internode.on.net](mailto:jennyp@internode.on.net)

Post: Jenny Pearson & Associates Pty Ltd  
Reply Paid 246  
SEMAPHORE SA 5019

(You will not need a postage stamp if you use this Reply Paid address)

Fax: (08) 8449 7789

## Appendix F

### Questionnaire for Consumer Training & Support Agencies

This questionnaire forms part of the evaluation of the Quality Strategy for disability employment services and rehabilitation services.

The goal of the Quality Strategy is to ensure that people with disabilities can seek assistance and support from a range of Australian Government-funded employment services certified against the Disability Services Standards.

The Quality Strategy has three main components:

- ▶ a quality assurance system that now applies to all disability employment services and CRS Australia (this involves certification and surveillance audits of services against the Disability Services Standards);
- ▶ continuous improvement activities; and
- ▶ complaints and referrals mechanisms (the Complaints Resolution and Referral Service and the National Disability Abuse and Neglect Hotline).

This questionnaire may be completed by the managers and/or staff of Consumer Training & Support agencies.

Please complete and return this questionnaire by no later than 31 October 2005.

If you need the questionnaire in another format, require further information, or if you would like to complete the questionnaire by telephone, please phone the consultant on Freecall 1800 108 700.

### The Overall Effect of the Quality Strategy

1. **What changes have you observed in disability employment or rehabilitation service providers' procedures and practices as a result of the Quality Strategy?**

**2. Do you think that the quality of disability employment services and/or rehabilitation services has improved as a result of the Quality Strategy?**

Yes	
No	
Unsure	

**If yes, in what way(s)?**

**3. Do you think that disability employment services and rehabilitation services have become more flexible and responsive to consumer needs since the introduction of the Quality Strategy?**

Yes	
No	
Unsure	

**If yes, in what ways have services become more flexible and responsive?**

## The Quality Assurance System

**4. Do you think that the new quality assurance system is more objective than the former standards monitoring process?**

Yes	
No	
Unsure	

**5. Do you think that the new quality assurance system is more equitable than the former standards monitoring process?**

Yes	
No	
Unsure	

**6. How effective do you think the quality assessment process is? (i.e. how the quality audits are done)**

Please tick one box

Very Effective	
Effective	
Not Very Effective	
Not Effective at all	
Unsure	

**7. How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)**

Please tick one box

Very Appropriate	
Appropriate	
Not Very Appropriate	
Not Appropriate at all	
Unsure	

- 8. Do you have any suggestions for improving the appropriateness and/or effectiveness of the quality assessments?**

### **Consumer Involvement**

- 9. How adequate is the involvement of consumers in all levels of the Quality Strategy?**

Please tick one box

Very Adequate	<input type="checkbox"/>
Adequate	<input type="checkbox"/>
Not Very Adequate	<input type="checkbox"/>
Not Adequate at all	<input type="checkbox"/>
Unsure	<input type="checkbox"/>

- 10. Do you have any suggestions about how consumers could be better involved in developing quality services?**



## Information Resources for Consumers

- 11. How useful are the consumer information products for the Quality Strategy?  
(easy English and pictorial English information about the Disability Services Standards and the quality assurance system)**

Please tick one box

Very Useful	
Useful	
Not Very Useful	
Not Useful at all	
Unsure	

- 12. How easy to use are these products for consumers?**

Please tick one box

Very Easy	
Easy	
Difficult	
Very Difficult	
Unsure	

- 13. Do you have any suggestions for improving access to these information products or their content or format?**

## **The Complaints and Referrals Mechanisms**

- 14. What proportion of consumers that you support do you think are aware of the Complaints Resolution and Referral Service or the National Disability Abuse and Neglect Hotline?**

- 15. Do you have any feedback or suggestions regarding these services?**

## **Other Comments or Suggestions**

- 16. Do you have any other comments or suggestions about the Quality Strategy?**

## How to Return your Completed Questionnaire

Thank you for completing this questionnaire. Please return your completed questionnaire to the evaluation consultant by any of the following methods:

Email: [jennyp@internode.on.net](mailto:jennyp@internode.on.net)

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SEMAPHORE SA 5019

(You will not need a postage stamp if you use this Reply Paid address)

Fax: (08) 8449 7789

## Appendix G

### Questionnaire for Consumers and their Representatives

This questionnaire forms part of the evaluation of the Quality Strategy for disability employment services and rehabilitation services.

The goal of the Quality Strategy is to ensure that people with disabilities can seek assistance and support from a range of Australian Government-funded employment services certified against the Disability Services Standards.

The Quality Strategy has three main components:

- ▶ a quality assurance system that now applies to all disability employment services and CRS Australia (this involves certification and surveillance audits of services against the Disability Services Standards);
- ▶ continuous improvement activities; and
- ▶ complaints and referrals mechanisms (the *Complaints Resolution and Referral Service* and the *National Disability Abuse and Neglect Hotline*).

This questionnaire may be completed by consumers, their family members, advocates or representative organisations.

Some of the questions refer to individual consumer's experience of the quality system. You do not need to answer any questions that are not relevant to you.

You can complete this questionnaire by telephone. Please phone the consultant on Freecall **1800 108 700**.

An Easy English questionnaire for consumers is also available.

If you need the questionnaire in another format or if you need more information, please phone the consultant on Freecall 1800 108 700.

Please complete and return this questionnaire by no later than **31 October 2005**.

## About the person completing this questionnaire

### 1. Are you?

Please tick any boxes that apply

An employee of a Business Service	
A consumer of an Open Employment Service	
A consumer of CRS Australia	
A parent or other family member of a person with a disability	
An advocate or other representative of people who have a disability	
An organization representing people who have a disability	
Other (please specify):	

## Disability Services Standards

### 2. Have you heard of the Disability Services Standards?

Yes	
No	
Unsure	

### 3. How important do you think it is for employment services and rehabilitation services to meet the Disability Services Standards?

Please tick one box

Very Important	
Important	
Not Very Important	
Not Important at all	
Unsure	

## Consumer Involvement in the Quality Strategy

### 4. Have you been involved in any quality assurance activities with your disability employment service or rehabilitation service provider?

Yes	
No	
Unsure	



## The Quality Assurance System

**8. How effective do you think the quality assessment process is? (i.e. how the quality audits are done)**

Please tick one box

Very Effective	
Effective	
Not Very Effective	
Not Effective at all	
Unsure	

**9. How appropriate do you think the content of the quality assessment is? (i.e. what is assessed, what questions are asked, what evidence is examined, the standards and indicators that are used)**

Please tick one box

Very Appropriate	
Appropriate	
Partly Appropriate	
Not Appropriate at all	
Unsure	

**10. Do you have any suggestions for improving the appropriateness or effectiveness of the quality assessments?**

## Continuous Improvement

- 11. Are you involved in any continuous improvement activities at your employment service or rehabilitation service?** (e.g. quality improvement activities, such as a quality committee, training about quality, internal quality audits done by the employment service or rehabilitation service, etc.)

Yes	
No	
Unsure	

- 12. Do you have any suggestions for improving these continuous improvement activities?**

## The Effect of the Quality Strategy

- 13. Have you noticed any changes in the way that your service provider does things since the new quality strategy and the quality audits began?**

Yes	
No	
Unsure	

**If yes, what changes have there been?**



**14. Do you think that the new quality strategy and the quality audits have improved the service that you receive?**

Yes	
No	
Unsure	

**If yes, in what ways has the service got better?**

### Information for Consumers

**15. Did you know that there are easy English and pictorial information packs for consumers about the Disability Services Standards and the Quality Assurance system?**

Yes	
No	
Unsure	

**16. Have you ever used these consumer information products?**

Yes	
No	
Unsure	

**If yes, how easy were the information products to use?**

Please tick one box

Very Easy	
Easy	
Difficult	
Very Difficult	
Unsure	



**If yes, how easy was it to contact the service(s)?**

Please tick one box

Very Easy	
Easy	
Difficult	
Very Difficult	
Unsure	

**How helpful was the service?**

Please tick one box

Very Helpful	
Helpful	
Not Very Helpful	
Not Helpful at all	
Unsure	

**Other Comments or Suggestions**

**21. Do you have any other comments or suggestions about the Quality Strategy?**

## **How to Return your Completed Questionnaire**

**Thank you for completing this questionnaire.**

Please return your completed questionnaire to the evaluation consultant in any of the following ways:

Email: [jennyp@internode.on.net](mailto:jennyp@internode.on.net)

Post: Jenny Pearson & Associates Pty Ltd  
Reply Paid 246  
SEMAPHORE SA 5019

(You will not need a postage stamp if you use this Reply Paid address)

Fax: (08) 8449 7789

## Appendix H

### Questionnaire for Consumers – Easy English

The Australian Government has a plan for disability employment services and rehabilitation services.

The plan means that services must follow the Disability Services Standards, go through Quality Assurance (QA) and keep trying to improve.

The plan is called the Quality Strategy.

The plan and rules aim to make sure people who have disabilities get good services to help them find and keep a job.

**We need your help to see how well the Quality Strategy is doing the things it is meant to do.**

**You can help by answering these questions.**

**A parent, friend or someone you trust can help you.**

You can do this questionnaire by telephone. If you want to do this phone **1800 108 700**.

This a Freecall number so there is no cost to you for the phone call.

If you need more help you can also phone **1800 108 700**.

### About YOU

#### 1. Please tick the box that is right for you

I work at a Business Service	
I am getting help to find a job from an Open Employment Service	
I get services from a rehabilitation service (CRS Australia)	
I am someone else who is interested in the Quality Strategy	

### Disability Services Standards

#### 2. Have you heard of the Disability Services Standards?

Yes	
No	
Unsure	

**3. How important do you think it is for your employment service to follow the Disability Services Standards?**

Please tick one box

Very Important	
Important	
Not Very Important	
Not Important at all	
Unsure	

**At YOUR Employment or Rehabilitation Service**

**4. Have you been involved in any of these things that help your service follow the Disability Services Standards and be a good quality service?**

Please tick any boxes that are right for you

I have been a member of a quality committee at work	
I have been a member of the employee committee or workers' committee	
I have been asked questions for a quality audit or internal audit	
I have had training about the Disability Services Standards	
I have been involved with other quality activities (please write what these are):	
Not sure/not been involved in any quality things	

**5. When the quality auditors visited your employment service or rehabilitation service, were you there?**

Yes	
No (go to question 7)	
Not sure (go to question 7)	

**6. Have the quality auditors ever talked with you or asked your permission to see your file?**

Yes	
No (go to question 7)	
Not sure (go to question 7)	

**If yes, were the questions the auditors asked easy to understand?**

Yes	
No	
Not sure	

**7. Do you have any ideas about how to have more of a say in helping your service follow the Disability Services Standards?**

**Please write your ideas in this box**

**Quality Audits – What YOU Think**

**8. Do the quality audits work well? (when the quality auditors visit your employment service or rehabilitation service)**

Yes	
No	
Not sure	

**9. Do you have any ideas for making the quality audits better?**

## Continuous Improvement

Continuous Improvement is when services try to improve the service they provide all of the time.

### 10. Are you involved in any continuous improvement activities at your employment or rehabilitation service?

Please tick any boxes that are right for you

A Quality Committee	<input type="checkbox"/>
Training about quality	<input type="checkbox"/>
Internal quality audits done by the employment service or rehabilitation service	<input type="checkbox"/>
Employees Committee or Workers Committee	<input type="checkbox"/>
Safety or OH&S Committee	<input type="checkbox"/>
Other things the service does to help improve quality: (please write what these are)	<input type="checkbox"/>
I have not been involved in any of these things	<input type="checkbox"/>
I am not sure	<input type="checkbox"/>

### 11. Do you have any ideas for making these continuous improvement activities better?



## How well has the Quality Strategy worked

**12. Do you think your employment service or rehabilitation service is better than it was before quality audits and having to follow the Disability Services Standards?**

Yes, it's better	
It's about the same	
No, it's NOT better	
Not sure	

**13. What things have changed at your employment service or rehabilitation service since the quality audits began?**

For example

- ▶ have you had more training than you did before the quality audits
- ▶ do you have individual meetings to plan your work goals
- ▶ are there more ways now to have a say about your work
- ▶ do you get fairer pay now
- ▶ do you feel safer at work, or
- ▶ do you think that not much has changed

**Please write in this box the things you think have changed**

## Information for Consumers

**14. Did you know there is information to help consumers understand quality assurance and the Disability Services Standards?**

Yes	
No	
Not sure	

**15. There are information packs about the quality system in Easy English and pictures. Have you ever used these information packs?**

Please tick one box

Yes	
No (go to question 17)	
Not sure (go to question 17)	

**If yes, how easy were the information packs to use?**

Please tick one box

Very Easy	
Easy	
Difficult	
Very Difficult	
Not sure	

**16. How useful were the information packs for you?**

Please tick one box

Very Useful	
Useful	
Not Very Useful	
Not Useful at all	
Not sure	

- 17. Do you have any ideas for improving the information for consumers? (Maybe you have some ideas about what the information should have in it, or how consumers can get the information)**

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**Complaints and Referrals Services**

- 18. Have you heard of the Complaints Resolution and Referral Service or the National Disability Abuse and Neglect Hotline?**

Yes	
No (go to question 23)	
Not sure (go to question 23)	

- 19. If you have heard of these services, do you know how to contact them if you have a complaint?**

Yes	
No (go to question 23)	
Not sure (go to question 23)	

- 20. Have you ever phoned the Complaints Resolution and Referral Service or the National Disability Abuse and Neglect Hotline?**

Yes	
No (go to question 23)	
Not sure (go to question 23)	

**21. If you have phoned one of these services, how easy was it to contact the service?**

Please tick one box

Very Easy	
Easy	
Difficult	
Very Difficult	
Not sure	

**22. How helpful was the service?**

Please tick one box

Very Helpful	
Helpful	
Not Very Helpful	
Not Helpful at all	
Not sure	

### **Other Ideas or things you want to say**

**23. Do you have any other ideas or things you want to say about the Quality Strategy?**

## How to Return your Completed Questionnaire

### Thank you for your help.

When you have finished your questionnaire please send it to the evaluation consultant in any of these ways:

Post: Jenny Pearson & Associates Pty Ltd  
Reply Paid 246  
SEMAPHORE SA 5019

(You will not need a postage stamp if you use this Reply Paid address)

Email: [jennyp@internode.on.net](mailto:jennyp@internode.on.net)

Fax: (08) 8449 7789

Please send your finished questionnaire **before the 31<sup>st</sup> of October 2005.**





