

Companion Booklet to the Self-assessment Guide



Purpose

This companion booklet is designed to provide a broad range of examples of what you may already have in place, or may be able to develop, to evidence your practice against the Service standard indicators.

Developed from contributions provided by stakeholders in the sector, these examples are offered to trigger ideas as you undertake your self-assessment.

You are under no obligation to adopt any of these examples of evidence.



Companion Booklet to the Self-assessment Guide

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Limitations

The disability services sector incorporates a variety of service types, sizes, and levels of complexity. It would not be possible to provide a comprehensive range of examples for every service type, size and structure. Each service has its own unique qualities and features, and this needs to be acknowledged when determining how you evidence your practice. It is intended that service providers will make their own interpretation of and adjustments to examples they choose to use, to ensure relevance to their individual practice.

How many examples do you need?

The strength of the evidence is more important than the number of examples you use. Focus your attention on what you actually do in relation to each Service standard indicator, and then determine how you can demonstrate that. Some indicators will lend themselves to a broader range of examples than others. However, in determining how much information you need, remember the 80/20 rule (refer to Section 3, Step 4 in the guide). A few really significant examples will often provide stronger evidence than multiple examples that only partly address the intent of the Service standard indicator.

Planning your evidence

As mentioned in the guide (Section 3, Step 5 and Section 4), auditors follow a process of seeking and verifying information. They will interview management, staff and service users; observe your practices and environment; and review your documents. This process of seeking evidence through ‘people, process and paper’ is often referred to as **triangulation of evidence**.

Verification through all three sources provides the strongest evidence.

For example, an auditor may sight a document which states that a certain procedure is to be followed. This may be verified by observing staff implementing the procedure, and by inviting them to explain why they do it that way (i.e. paper, process, people). Or, managers might state at interview that they have a policy on encouraging service users to choose an advocate. This may be verified by review of the policy and service user records of nominated advocates, and by confirming with service users that they have been provided with information on how to access an advocate (i.e. people, paper, process).

In planning the presentation of evidence, service providers are urged to consider at least two sources of evidence. Whilst documentation is a key source of evidence, think about the verification process. Will staff demonstrate at interview an understanding and consistent compliance with the policy/procedure/work instruction? Do you need to instigate some staff training? Are your internal communication strategies effective? Will service users confirm the application of the procedure/policy directive? What objective evidence can be observed (e.g. in your work environment)? Can you cite that as evidence?

Through the verification process auditors will be seeking evidence of the consistency and sustainability of your systems in complying with the Service standard indicator, to provide confidence that they can issue a ‘conformity’ rating.

Cautionary reminder

In conducting your self-assessment, remember that in addition to evidence of compliance with the requirements of each Service standard indicator, you also need to be able to demonstrate the two other essential components of the Disability Sector Quality System, namely, service user participation and continuous improvement.

Ensure that you document the strategies you establish for service user participation in service planning, development, evaluation and improvement, and record the results of that participation. The findings from your service user assessment will also be a primary source of evidence of the effectiveness of your service delivery, and may be used to verify your documented procedures or information provided at interview. In addition, where service users have indicated some level of dissatisfaction, this information will become a basis for the planning of continuous improvement strategies, and should be reflected in continuous improvement plans.

Once you are satisfied that your documentation is complete, and represents an accurate reflection of what you do, remember that your continuous improvement obligation includes a regular review (and continuous improvement) of your documents, to ensure they remain current and appropriate. Any records you have of continuous improvement activities arising from periodic review processes will constitute further valuable evidence of your commitment to continuously improving performance.



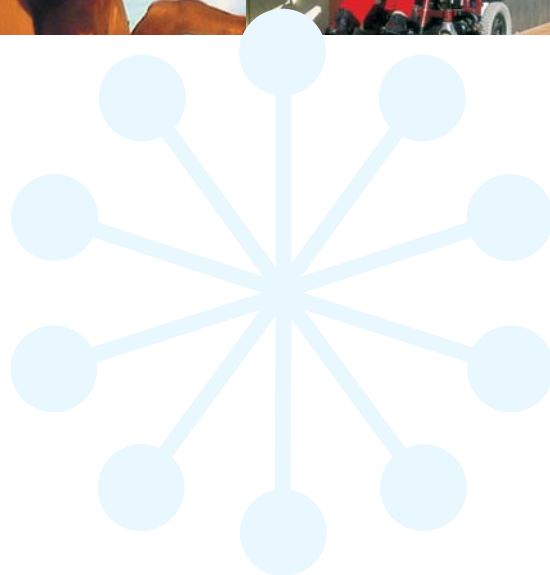
Service standard 1: Service access

Each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.



This standard is intended to ensure that the service provider implements policies and practices that:

- provide an open and accountable process for prioritising the eligibility and entry needs of potential service users and the service provider's capacity to meet these needs
- define the circumstances in which service users can exit from or no longer have access to the service.



Service standard 1: Service access

Each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.

Service standard indicator 1.1

The service provider has eligibility criteria and entry rules in place for potential users to access the service, based on capacity, available resources and funding.

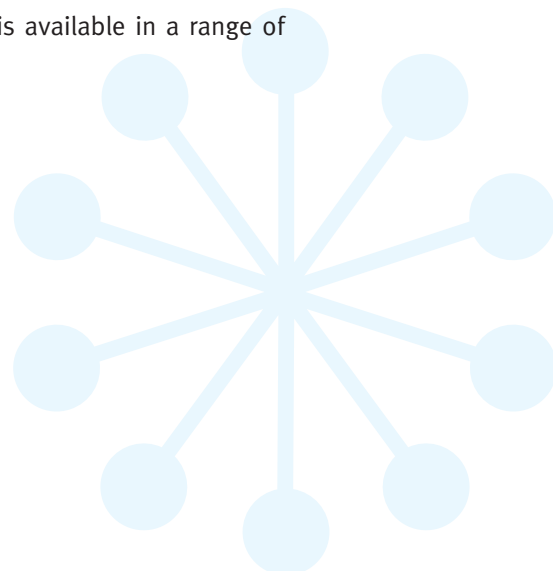
Core evidence question

What guidelines does the service have in place to determine eligibility, prioritisation of need, and capacity to respond?

Examples of evidence

- Staff knowledge and understanding of criteria is evidenced in Staff Induction Checklist*.
- Service agreement stipulates eligibility criteria.
- Service user/support feedback in assessment report verifies their understanding of the process.
- Priority rating scale is in assessment documentation*.
- Brochures or publicly available information state eligibility criteria.
- Intake/assessment forms record identified personal needs.
- Management and staff meeting minute records show how decisions are made in relation to intake, acceptance and referral to alternative services.
- Communications to stakeholders clearly describe eligibility criteria (e.g. service brochure, Assessment Information Checklist*).
- Information detailing the eligibility criteria and intake process is available in a range of formats to suit service users needs.

* Denotes sample template is provided



Service standard 1: Service access

Each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.

Service standard indicator 1.2

The service provider adopts and applies non-discriminatory eligibility criteria and entry rules with respect to age, gender, race, culture, religion and disability, consistent with the funding obligations, applicable legislation and purpose of the service.

Core evidence question

What does the service do to ensure non-discriminatory access?

Examples of evidence

- Procedures are available in appropriate formats reflective of the target group's communication needs.
- Access priority lists currency/recency with respect to registered service users (e.g. Referrals Register, Priority Rating Scale*).
- Service operates from fully accessible premises.
- Service provider holds demographics of region and service user groups, and has undertaken comparative analysis to identify proportionate representation of the service sample compared to its area of operation, and has identified any potential barriers to access.
- Geographical placement of the service and workforce capacity are adequate to meet service users' needs.
- Recruitment and selection process has the capacity to flexibly recruit and allocate staff to meet needs of the service user group, within available resources.
- Personal plans show how needs and priorities are met and how unmet needs are addressed in a non-discriminatory manner (Personalised Plan Format*).
- Referrals to alternative services are documented.
- Dated minutes of meetings show management monitors and/or reviews procedures for ensuring non-discriminatory access.
- Staff in-service education schedules include cultural awareness training.
- Staff Induction Checklist* evidences that principles of non-discriminatory access are explained at orientation.

* Denotes sample template is provided

Service standard 1: Service access

Each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.

Service standard indicator 1.3

The service provider's entry and exit procedures are fair, equitable and consistently applied.

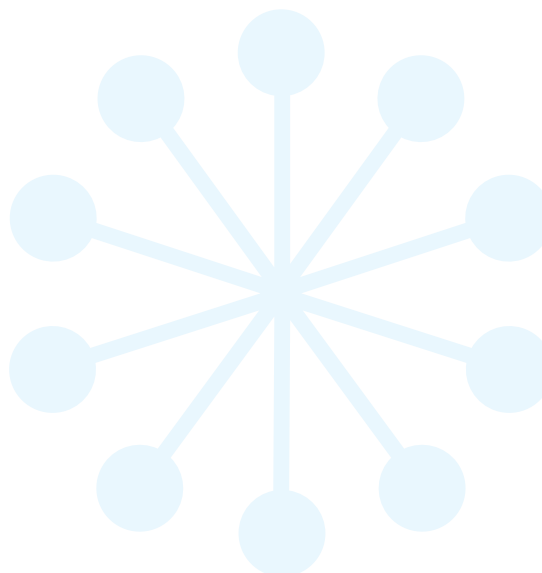
Core evidence question

How does the service ensure that its entry and exit procedures are fair, equitable and consistently applied?

Examples of evidence

- There are documented policies and procedures for deciding between applicants when there are more people who want to access the service than there are vacancies (e.g. Referrals Register*, Priority Rating Scale*).
- Documented entry procedure is current.
- Priority Rating Scale* determines prioritised access.
- Staff demonstrate an understanding of entry and exit criteria and procedures.
- Service delivery commences within specified timeframes.
- Service user/support feedback in assessment report on receipt of information on entry and exit procedures, and their perceptions of the equity of the process.
- Minutes of planning meetings record dates of procedure reviews for fair and equitable access.

* Denotes sample template is provided



Service standard 1: Service access

Each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.

Service standard indicator 1.4

Service users are provided with information and support to access a family member, independent advocate or other support person of their choice to assist them when entering or exiting a service.

Core evidence question

Are service users/supports provided with information and support to access a person of their choice or an independent advocate when entering or exiting a service?

Examples of evidence

- Policies and procedures are in place for entry to and exit from service (Policy Format*).
- Policies and/or procedures are in place if funding arrangements change.
- Current entry and exit procedures for supports to assist in this process are applied consistently when a service user is entering or exiting a service.
- Current referral practices and documented evidence of it demonstrate the participation of advocates (e.g. Referrals Register*).
- Service user's choice of support person is recognised by the service and documented in the personal plan and recorded on a Nomination of Support Person/Advocate Form*.
- Either personal or other meeting files document involvement of independent support people with respect to service users' entry to or exit from a service.
- File closure notes show involvement of advocates/support people as appropriate.

* Denotes sample template is provided

Service standard 1: Service access

Each person with a disability seeking a service has access to the service on the basis of relative need and within available resources.

Service standard indicator 1.5

The service provider, in situations where it cannot provide a service to people with a disability, provides information and/or a referral to alternative services where these exist and might be accessed.

Core evidence question

How does the service supply information and/or referral when it is unable to provide service?

Examples of evidence

- Re-assessment guidelines state under what circumstances a service may cease.
- File note or other records (e.g. Referrals Register*) indicate why a service is not provided and outcomes of referrals to alternative services.
- Entry procedure includes provision of information on the process of referral when service is not available (e.g. Assessment Information Checklist*).
- File notes verify that information detailing alternative services has been provided to service users/supports in appropriate formats, as their needs change.
- Regional demographic statistics are reported as required via CSTDA/NMDS process.
- Networks of alternative service providers are documented.
- The service has a contact list of alternative services.
- Staff can demonstrate their knowledge of alternative services.

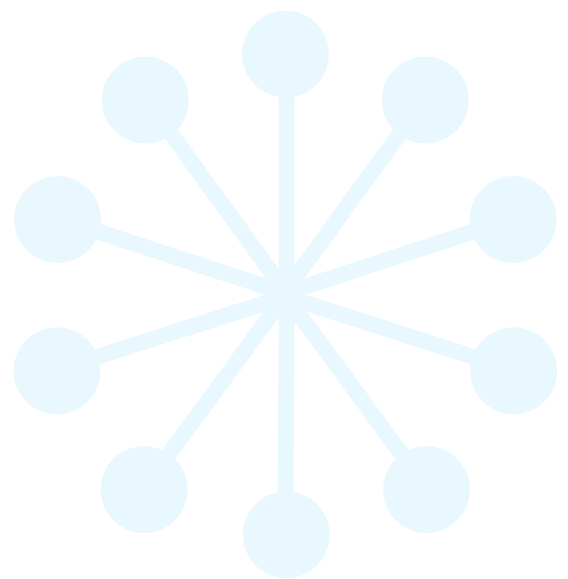
* Denotes sample template is provided

Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

This standard is intended to ensure that the service provider implements policies and practices that:

- assist people with a disability in the least restrictive way, to plan, monitor, achieve and review their individual needs and personal goals
- provide flexible support in order to meet the changing needs, goals and aspirations of people with a disability.



Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

Service standard indicator 2.1

A personalised plan is developed with each service user.

Core evidence question

How does the service work with service users/supports to develop a personalised plan for each person?

Examples of evidence

- Policies and procedures provide guidelines for consistent practice in developing personalised plans with service users (e.g. use of an Assessment Information Checklist,* Personalised Plan Format*).
- Internal random sample records audits confirm service users' files are consistent with policy requirements (see Quality Monitoring Schedule*).
- Individual plan policy refers to the application of least restrictive alternative.
- Individual plan policy refers to the application of the developmental model.
- Service user assessment report verifies that service users/supports participated in development of their personal plan.
- Staff describe how plans are developed with service users/supports.
- Service user/support person gives feedback on the relevance of the plan's content.
- Personalised plans are developed from the basis of an assessment of the individual's needs, aspirations and choices.
- An holistic approach is used in the development of personal plans, that is, they consider all aspects of a service user's life goals and engage a broad range of stakeholders in the development of the plan.
- Plan contents verify they are designed to enhance the service user's competencies and empower service users by incorporating their skills, knowledge etc. whenever possible.
- Service users/supports confirm that they have been involved throughout the plan development process.
- Staff demonstrate the application of the least restrictive alternative principle in planning for provision of services to service users.
- Staff can explain the least restrictive alternative principle and its application in working with service users to develop their plan.
- Plan proforma shows that services have been designed showing consideration of the least restrictive alternative principle.

* Denotes sample template is provided

Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

Service standard indicator 2.2

The personalised plan for each service user includes a clear articulation of what support will be provided and how the support will be delivered.

Core evidence question

How does the service document the support needs and how they will be provided for in the plan?

Examples of evidence

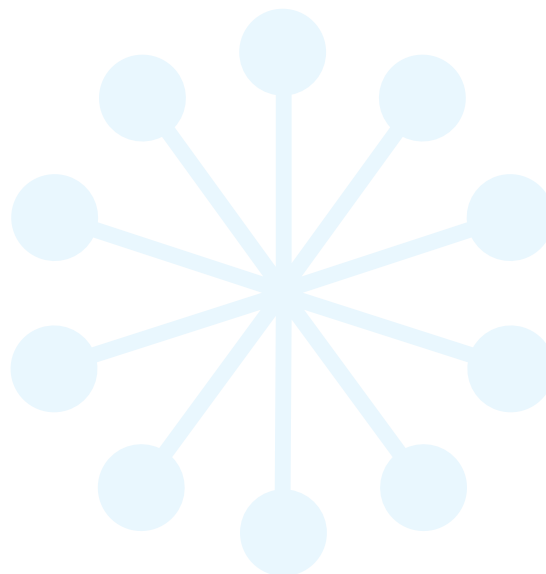
- Where support services are brokered to an external agency, the service provider has procedures in place to monitor the quality of support provided, which may be evidenced by entries in the Preferred Suppliers Register*.
- Policy directives and practice records show that critical incidents are reviewed within 24 hours.
- File records show that information included in the plan may include (but not be limited to) funding flexibility, personal goals (short, medium and long-term), personal preferences, support arrangements, consents, and health and wellbeing needs.
- File records show that the development of behaviour management and support strategies includes an analysis of the antecedents, behaviours and consequences of behaviours; and articulates a number of strategies commencing with the least restrictive alternative.
- There is file evidence that shows that plans are responsive to service users/supports changing needs.
- Risk assessments are conducted when service users have unsupervised time.
- Plan documentation includes an assessment of health and wellbeing needs and an assessment of the risks/indicators of abuse.
- File records of plans verify actions have been taken to identify and assess risks and include risk management strategies.
- Strategies for explaining resource allocation and negotiated support are supported.
- Staff are able to clearly describe relevant policies and procedures relating to individual needs planning.
- There is evidence of service user/support feedback from the service user assessment on satisfaction with support required and allocated and how the support was delivered.

Service standard 2: Individual needs

Service standard indicator 2.2 continued

- Plans identify the required level of support that has been negotiated with service user/support person.
- Records show that support strategies are in place to meet goals, within available resources.
- There is a clear linkage between the prioritisation process (as per Service standard 1) and the allocation of support documented in personalised plans.
- If support is not available to meet needs, the plan articulates what alternative sources of support have been considered, why, and what the outcome of that process was.
- Plans demonstrate that the service provider modifies the level of support as service user competencies are acquired.
- Rostering schedules demonstrate responsiveness to service users' needs (e.g. adequately skilled staff deployed to work with people with complex behavioural needs; consideration of shift lengths due to service users' needs; consideration of special cultural needs or communication needs; consideration of service users' preferences for staff).

* Denotes sample template is provided



Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

Service standard indicator 2.3

The service provider provides opportunities for service users to engage the support of people of their choice in the development of personalised plans.

Core evidence question

Are opportunities provided for service users to engage people of their choice in the planning process?

Examples of evidence

- Individual plan policy includes reference to the facilitation of service user supports in the development of personalised plans.
- Documented procedures include a range of people in the planning process.
- Plan files show service user/support involvement in identifying people of choice to provide input into the planning process.
- People of choice are defined on service users' personal plans.
- Planning records show a range of stakeholder involvement at a variety of stages within the personal planning process.
- File notes show the use of proactive strategies for including informal supports.
- Plans show that service users are being assisted to develop skills in communication and choice-making.
- Support people from alternative cultural communities or other service providers are included where specific needs are identified and are to be met.
- Staff can show examples of how they include other people in planning.
- Staff can demonstrate a number of strategies used to enhance service users informal support network (e.g. by exploring with service users their interests, cultural heritage, religious affiliation, family, friends, work colleagues).
- Staff demonstrate the provision of choice to service users by their attempts to explore a range of options with service users, as documented in individual plans.

Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

Service standard indicator 2.4

Each service user and or the nominated support person is provided with a copy of his/her personalised plan in appropriate formats.

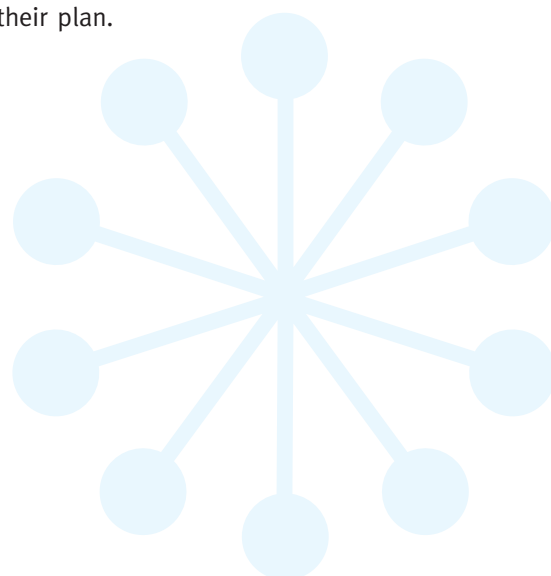
Core evidence question

Do service users receive a copy of their plan in a format that they can understand?

Examples of evidence

- Individual plan policy (Policy Format*) includes reference to plan distribution processes that reflect individuals' communication needs and preferred style.
- Alternative personal plan proformas are available.
- Personal plan proforma includes a distribution list.
- There are documented procedures for identifying and recording personalised plans in appropriate formats.
- The service has alternative forms/proformas applicable to service types and service users' needs.
- Records are kept of distribution of plans to service users/support persons in their preferred format.
- There is file evidence of completed plans in appropriate formats.
- Service users/supports can provide copies of and explain their plan.

* Denotes sample template is provided



Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

Service standard indicator 2.5

The personalised plan of each service user is reviewed within an agreed timeframe.

Core evidence question

How does the service ensure plans have a review timeframe that is being met?

Examples of evidence

- Critical incident policy includes a 24-hour review timeframe.
- Documentation indicates that there is a systematic process for reviewing personalised plans and that the reviews utilise a person-centred approach (i.e. are tailored to meet the individual's needs).
- Documented procedures are in place that stipulate the timetable for reviews.
- Documented strategies and procedural guidelines for reviewing plans reflect individuals' needs.
- Records provide evidence of plans reviewed within agreed timeframes by the responsible person.
- Review meeting minutes document progress towards goals.
- Staff are able to describe the review timetable of plans.
- Staff describe the conditions under which personal plan reviews occur, both planned and emergent.
- Service users'/supports' feedback in service assessment reports confirm their satisfaction with review timeframes and revised actions.
- Service users'/supports' feedback confirms that they have participated in reviews within the agreed timeframe.

Service standard 2: Individual needs

Individual needs and personal goals are met in the least restrictive way possible and within available resources.

Service standard indicator 2.6

The health and wellbeing needs of each person are considered in the development of their personalised plans.

Core evidence question

How does the service ensure that the health and wellbeing needs of service users are met?

Examples of evidence

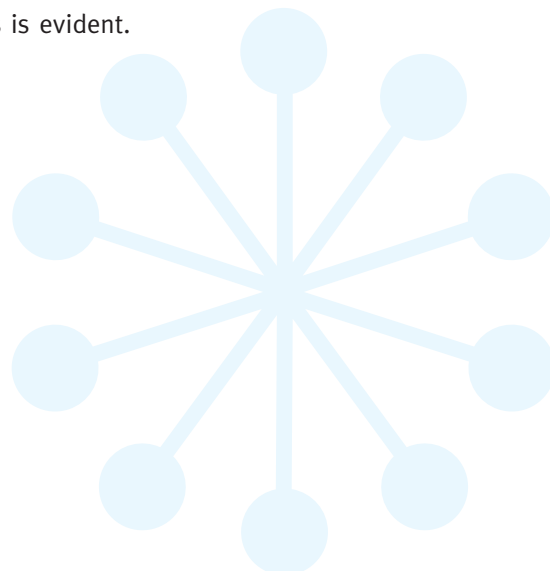
- Duty of care policy clearly defines critical or emergency needs.
- Health and wellbeing policy provides consistent guidelines for practice in meeting the health and wellbeing needs of service users.
- Human relations policy provides consistent guidelines for practice in meeting the health and wellbeing needs of service users.
- Behaviour management and support policy provides consistent guidelines for practice in meeting the health and wellbeing needs of service users.
- Critical incident policy provides consistent guidelines for practice in meeting the health and wellbeing needs of service users.
- Individual planning policy provides consistent guidelines for practice in meeting the health and wellbeing needs of service users.
- The service has documented strategies for incorporating health and wellbeing into support arrangements.
- The service provider's documented procedures are flexible enough to accommodate changing needs.
- Identified needs to support health and wellbeing of service users are recorded in service users' plans.
- Individuals' files and records show evidence of health and wellbeing needs being catered for in a timely and responsive manner.
- Individuals' files reflect the application of the health and wellbeing policy requirements.
- File evidence demonstrates the application of the human relations policy and procedures when providing support to service users.

Service standard 2: Individual needs

Service standard indicator 2.6 continued

- Service users confirm their health and wellbeing needs are met.
- Service user assessment reports confirm the service users'/support persons' satisfaction with the way the service meets their health and wellbeing needs.
- Staff can show they incorporate needs of service users into daily activities.
- Staff can describe/show adjustments made to service user support, to meet changing health and wellbeing needs.
- Staff can explain their duty of care and its implications for the services they provide to service users.
- Staff have access to the health and wellbeing policy, human relations policy, and behaviour management and support policy and are able to identify relevant sections as they relate to the service users they support.
- Staff are trained by suitably qualified practitioners in the provision of behaviour support strategies tailored to meet the needs of the service users they support.
- Staff are trained by suitably qualified practitioners in the provision of medical assistance as appropriate (e.g. administration of medication).
- Refresher training is provided to staff who have extended periods of absence from the workforce (e.g. more than one year) regarding the provision of basic behavioural support and medical support.
- Staff rosters demonstrate that staff are deployed on the basis of their capacity to provide appropriate support to meet the health and wellbeing needs of service users.
- Use of appropriate aids and equipment for daily activities is evident.

* Denotes sample template is provided

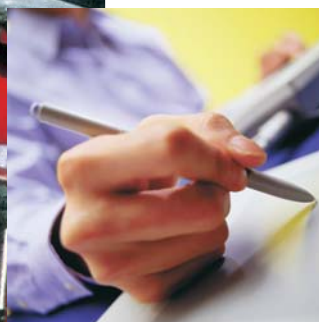


Service standard 3: Decision making and choice

Participation as fully as possible in decision making and choice of activities and events in daily life in relation to the services received.

This standard is intended to ensure that the service provider implements policies and practices that:

- provide opportunities for service users to make informed decisions and choices on a day-to-day basis according to their individual needs
- incorporate flexible service delivery options, which reflect the ever-changing needs and choices of service users
- aim at a balance between the principles of duty of care and least restrictive alternatives that don't unduly limit the ability of service users to make decisions or take responsibility for their actions
- facilitate access to other support required by service users to adequately represent their needs, views, interests, choices and rights.



Service standard 3: Decision making and choice

Participation as fully as possible in decision making and choice of activities and events in daily life in relation to the services received.

Service standard indicator 3.1

The service provider demonstrates responsiveness to the changing needs, aspirations and choices of service users.

Core evidence question

How does the service demonstrate a flexible and responsive approach to service delivery?

Examples of evidence

- Policies facilitate the transfer of funding between service providers in a timely manner, responsive to service users' needs and requests.
- Funding is portable so that service users can choose an alternative service provider or service type in a timely manner.
- Resource allocation is reviewed as the individual's needs change.
- Policies reflect client-centred practice and a person-centred planning practice framework (Policy Format*).
- Documented strategies for responding to changing needs of service users are documented.
- Personalised plans document a responsive service to individual's changing needs, aspirations and choices.
- Personalised plans show evidence of service user input into suggested changes to service delivery.
- Service users have meaningful opportunities to participate in the decision making and choice process.
- Minutes of planning meetings demonstrate that service user feedback informs decisions relating to changes in service delivery.
- Staff are skilled in needs assessment processes.

* Denotes sample template is provided

Service standard 3: Decision making and choice

Participation as fully as possible in decision making and choice of activities and events in daily life in relation to the services received.

Service standard indicator 3.2

The service provider communicates with service users in appropriate formats, to facilitate their informed decision-making and choice.

Core evidence question

What communication strategies does the service provider employ to facilitate service user participation in decision-making processes?

Examples of evidence

- Service user participation in decision making is evidenced by attendance at planning forums, personalised plans signed to confirm their agreement with contents, etc.
- Completed Assessment Information Checklists* verify that the service users'/supports' preferred format for their personalised plan has been discussed and identified.
- Management and staff can describe a broad range of formal and informal opportunities for service user input into decision making.
- Procedures relating to communicating effectively with service users are documented.
- Procedures relating to the facilitation of informed decision making and the facilitation of choices are documented.
- Proactive strategies for encouraging and supporting aspirations are recorded in personalised plans.
- Feedback in the assessment report from service users/support persons confirms their ability to choose and make decisions.
- Service user/support person feedback in the assessment report verifies the processes for making choices and decisions.
- Staff training records verify that staff are trained in facilitating informed choice and decision making as related to the individuals they support.
- Staff are provided with training in communication techniques (e.g. Makaton, use of communication aids) that are reflective of service users needs, verified by training attendance records or individual personnel files.
- Staff can explain the barriers to effective communication with service users (e.g. literacy skills, comprehension skills, physical disability, cultural factors).
- Staff have knowledge of appropriate communication strategies tailored to meet service user needs and facilitate choice-making.

* Denotes sample template is provided

Service standard 3: Decision making and choice

Participation as fully as possible in decision making and choice of activities and events in daily life in relation to the services received.

Service standard indicator 3.3

Service users are provided with information and support to access an independent support person of their choice to assist them in their decisions, choices and aspirations.

Core evidence question

How does the service facilitate the inclusion of people of choice to assist in decision making?

Examples of evidence

- Processes are documented for communicating with and educating all service users/supports about decision making and choice opportunities (e.g. Guidelines for Advocates*, Nomination of Support Person/Advocate Form*).
- How to access an advocate and the types of advocacy services available is promoted in publications (e.g. newsletters, brochures).
- Documented procedures include strategies designed to engage a broad range of stakeholders in the decision-making process.
- People independent of the service provider have a role in supporting service users in decision making.
- Culturally appropriate assistance (e.g. translated materials, interpreters) is provided to support people from diverse cultural backgrounds to be included in decision making.
- Procedure for including independent support in the decision-making process is documented.
- Service user files contain information on how other supports are utilised.
- Service user files demonstrate that a range of stakeholders have been involved throughout decision-making processes, as appropriate.
- File notes show that proactive strategies are used by staff to facilitate the involvement of informal supports.
- Service users' assessment report includes feedback on the quality of information provided and the appropriateness of communication strategies employed to facilitate their involvement in decision making.
- Service users'/supports' feedback is recorded on the involvement of advocates of their choice in decision making and of having been offered choices.
- Staff demonstrate negotiation and collaborative problem-solving approaches to service delivery.

* Denotes sample template is provided

Service standard 3: Decision making and choice

Participation as fully as possible in decision making and choice of activities and events in daily life in relation to the services received.

Service standard indicator 3.4

The service provider demonstrates that reasonable care is taken to avoid risks, without unduly limiting the ability of service users to take responsibility for their own decisions and choices.

Core evidence question

How does the service incorporate risk management strategies into decision making and choice?

Examples of evidence

- Duty of care policy documents procedures for managing risk.
- Risk management practice framework includes use of risk analysis tools, such as a Risk Analysis Likelihood Matrix*.
- Least restrictive alternative policy framework is documented.
- Developmental model policy framework is documented.
- Behaviour management and support policy framework is documented.
- Least restrictive alternative policy is applied in the development of personal plans.
- Service provider's Code of Conduct* includes application of the least restrictive alternative principle.
- Strategies are documented for management of risk and duty of care (e.g. risk management plan or as part of a personal plan).
- Procedure for gaining informed consent is documented.
- Informed consents noted on files are current and legible ('current' means reviewed within the past six months).
- Management and staff articulate the practices that positively support and reflect their duty of care.
- Service user report of assessment findings confirms the application of risk management strategies in developing the personalised plan.
- Service user/support person feedback on the service's level of duty of care is documented and how it gets service users to take responsibility for their decisions and choices.
- Service user skills and abilities are noted on their file or plan.
- Service users'/supports' decisions and choices are documented in the file.
- Critical incidents are reviewed within three days and reviews involve key stakeholders.
- Training records show that staff are trained in the developmental model and least restrictive alternative, duty of care, and risk management practices.

* Denotes sample template is provided

Service standard 3: Decision making and choice

Participation as fully as possible in decision making and choice of activities and events in daily life in relation to the services received.

Service standard indicator 3.5

The service provider demonstrates that, when limiting a service user's ability to act on an individual decision or choice, the least restrictive alternative is adopted whenever practicable.

Core evidence question

How are the strategies for implementing the principle of least restrictive service delivery applied?

Examples of evidence

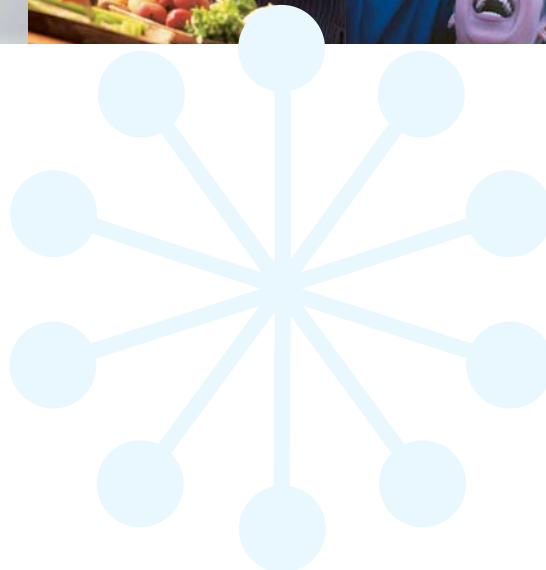
- Service user/support feedback on opportunities for meaningful decision making and choice documented (e.g. in record of service user assessment findings).
- Service user input into decision making is documented in personalised plan. (Note: service users may request a more restrictive option due to 'learned helplessness', so staff need to balance their requests with the application of the developmental model.)
- Individual files contain entries demonstrating the involvement of relevant external stakeholders (e.g. Public Trust Office, Statutory Health Attorney and Adult Guardian), in the process for determining service provision decisions.
- Individual's files contain evidence of the monitoring of implementation of behaviour management and support plans.
- Relevant external authorities sign-off on plans authorising the use of restrictive practice (e.g. psychologists — behaviour management; Medical Practitioners — medication).
- There is evidence on files of monitoring of these plans by relevant authorising agencies, and the facilitation of same by the service provider.
- The service's documented practices show that the general principles of the *Guardianship and Administration Act (2000)* are being met.
- Management reviews and monitoring of practices related to decisions and choices are documented in minutes of meetings.
- If a restrictive practice has been used inappropriately by staff, management makes appropriate referrals to the relevant internal and external agencies/staff for follow-up (e.g. Queensland Police Service to conduct an investigation; Adult Guardian regarding decision making; Children's Commission).

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.



This standard is intended to ensure that the service provider implements policies and practices that:

- comply with the privacy principles contained within relevant legislation
- ensure that service users are treated with dignity and respect in all aspects of their lives
- maintain the confidentiality of all personal information relating to service users.



Service standard 4: Privacy, dignity and confidentiality

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.

Service standard indicator 4.1

The service provider has a privacy and confidentiality policy that is consistent with relevant privacy legislation and principles.

Core evidence question

How does the service demonstrate that its policy and procedures for managing personal information are consistent with the Commonwealth and/or State privacy legislation and principles?

Examples of evidence

- Proactive strategies for promoting privacy and confidentiality policies to service users and their supports are documented and implemented.
- Records are kept of attendance at staff education sessions on the privacy principles.
- Staff can demonstrate practices that meet the eleven privacy principles.
- Staff can demonstrate an understanding of privacy and confidentiality practices and show how they consistently implement those practices.
- Completed Staff Induction Checklists* confirm that all staff have signed a Confidentiality Agreement and Code of Conduct.
- Appropriate use is made of equipment and security mechanisms for the storage of confidential files.
- Service user/support feedback confirms the extent to which service users feel the service respects and protects their right to privacy and confidentiality.
- Service user/support feedback is sought on any complaints made and subsequent actions taken regarding privacy and confidentiality.

* Denotes sample template is provided

Service standard 4: Privacy, dignity and confidentiality

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.

Service standard indicator 4.2

The service provider has proactive practices to ensure that the dignity of service users, in relation to their individual needs and circumstances is respected.

Core evidence question

How does the service demonstrate acceptance of and promote tolerance and respect for each service user's personal needs and circumstances?

Examples of evidence

- The service has documented its proactive strategies to promote cultural/ethnic/religious sensitivity.
- Observations are made during audit of the manner in which staff talk and relate to service users.
- The language used by staff, management and the management committee to describe service users is respectful.
- Staff apply age-appropriate strategies in the delivery of services.
- Staff can demonstrate that information gathered and recorded on files relates only to service delivery.
- There is evidence that the service provider has worked with service users/supports to define dignity and respect from their perspective (e.g. from file records).
- Service user files contain few examples of value-laden comments. Where such comments are evident, they are explained contextually.
- Culturally diverse posters and literature are displayed.
- Staff Code of Conduct* may be displayed, read and signed by staff, management and members of the management committee.
- Records are kept of attendance at staff and management development sessions on handling matters related to privacy and dignity.
- Records are kept of staff, management and management committee attendance at indigenous cultural awareness training.
- Records are kept of staff and management attendance at social role valorisation training.
- Records are kept of staff and management attendance at training on the application of the developmental model.

* Denotes sample template is provided

Service standard 4: Privacy, dignity and confidentiality

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.

Service standard indicator 4.3

Service users are provided with information regarding the collection, storage, disposal and accessibility of personal information. (Refer to Service standard 8: Service management.)

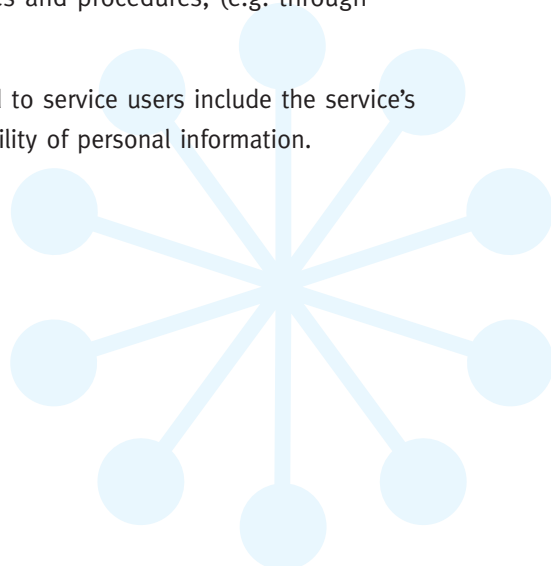
Core evidence question

What information is provided to service users regarding the collection, storage, disposal and accessibility of their files and personal information?

Examples of evidence

- Service user/support feedback included in the service user assessment records confirms service users' understanding of the information provided to them regarding the management of their personal information, and procedures for accessing their files.
- Service user/support feedback demonstrates an understanding of the information management policy and procedures.
- Signed consent/authority to release information forms are held in personal files.
- Evidence of currency of consent/release forms should be indicated by reviews/internal audits having occurred within the last six months.
- Quality Monitoring and Auditing Schedule* includes regular file audits to ensure all documented procedures (including consent for information release) are being consistently adhered to.
- Service users are kept informed about the service's policies and procedures, (e.g. through newsletters).
- The service's promotional brochure and information provided to service users include the service's procedures for the collection, storage, disposal and accessibility of personal information.

* Denotes sample template is provided



Service standard 4: Privacy, dignity and confidentiality

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.

Service standard indicator 4.4

Service users are provided with access to an independent support person of their choice to assist them in all matters relating to the collection, storage, disposal and accessibility of personal information.

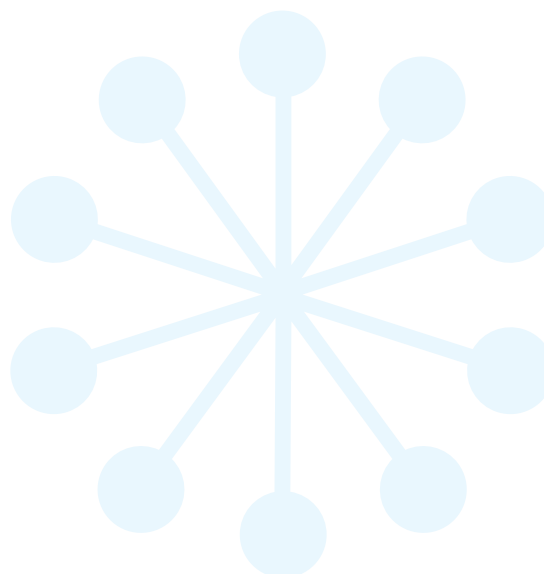
Core evidence question

How does the service help service users access independent support in relation to their personal information?

Examples of evidence

- Procedures outlining the way in which support people are encouraged to assist the service users regarding information management are current, available and implemented.
- Completed Assessment Information Checklists* confirm that service users/supports have been provided with information on the independent supports available to assist them in accessing personal information.
- Nomination of Support Person/Advocate forms* held in files verify service users' choice of independent support.
- Service user/support person feedback documented in the service user assessment report confirms assistance has been provided to engage independent support in relation to personal information.

* Denotes sample template is provided



Service standard 4: Privacy, dignity and confidentiality

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.

Service standard indicator 4.5

The service provider does not disclose personal information about service users without their informed consent. (Refer to Service standard 8: Service management.)

Core evidence question

What are the service's procedures for ensuring non-disclosure of personal information without the service user's consent?

Examples of evidence

- The service's procedure for ensuring non-disclosure without consent for release is documented.
- A documented procedure acknowledges the right of the service user or his/her legal representative to withdraw consent for release of personal information at any time.
- Staff can describe the steps taken to promote service user awareness of privacy and confidentiality (e.g. explaining why information is collected and how it may be used).
- Completed Assessment Information Checklists* confirm that information has been provided regarding the need for the service user's consent prior to release of information to a third party.
- Feedback from service users/supports in records of service user assessment findings confirm their understanding that their personal information will not be released without their consent or the consent of their legal representative.

* Denotes sample template is provided

Service standard 4: Privacy, dignity and confidentiality

Recognition of the right to privacy, dignity and confidentiality in all aspects of life.

Service standard indicator 4.6

The service provider has safeguards to ensure that only information which is relevant to the service/s provided is collected and stored. (Refer to Service standard 8: Service management.)

Core evidence question

How do services ensure that only relevant information (such as financial, medical and personal care) is recorded and stored?

Examples of evidence

- Management and staff can describe the safeguards they have in place to ensure that only relevant information is collected and stored.
- Methods of collection of personal information relate specifically to functions and/or activities for service delivery.
- Accurate information relevant to each user is held on file, and where information is inaccurate or has changed, actions are taken to redress inaccuracies.
- Service user/support feedback from service user assessment records confirms that service users are aware of information held about them and their understanding of the service's obligation to collect only information relevant to their care.
- Staff and management training records show sessions have been conducted on record-keeping requirements.
- Responses to complaints regarding holding of personal information of service users demonstrate the application of the information management policy.

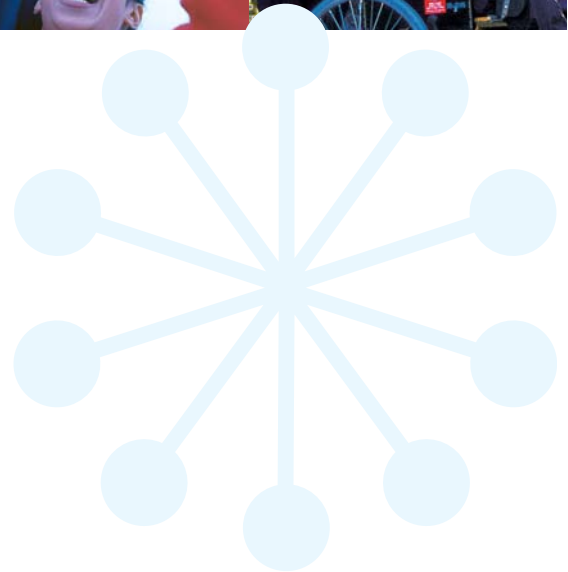
Service standard 5: Participation and integration

Support and encouragement to participate and be included in the life of the community.



This standard is intended to ensure that the service provider implements policies and practices that:

- provide services and support that facilitates the inclusion of people with a disability into the life of the community.



Service standard 5: Participation and integration

Support and encouragement to participate and be included in the life of the community.

Service standard indicator 5.1

The service provider develops, implements and reviews support services that progressively build opportunities for inclusion in the local community.

Core evidence question

How does the service achieve inclusion and participation in the community for service users?

Examples of evidence

- Service user/support feedback from service user assessment records confirms opportunities have been provided to facilitate inclusion.
- Service users have people in their social networks who refer to them as friends.
- Service users have a range of informal supports that do not rely upon paid service user/staff relationships.
- Least restrictive alternative policy includes procedures to encourage community access.
- Documented records of community participation outcomes for service users are included in personal files.
- Personalised plans include strategies for addressing barriers to inclusion.
- Files demonstrate evidence of the application of social role valorisation theory, the developmental model and least restrictive alternative.
- Staff can describe examples of strategies used to facilitate participation and inclusion.
- A range of activities is available for service users/supports.
- Social role valorisation theory underpins service practice framework.

Service standard 5: Participation and integration

Support and encouragement to participate and be included in the life of the community.

Service standard indicator 5.2

The service provider promotes the use of social networks and informal supports for service users.

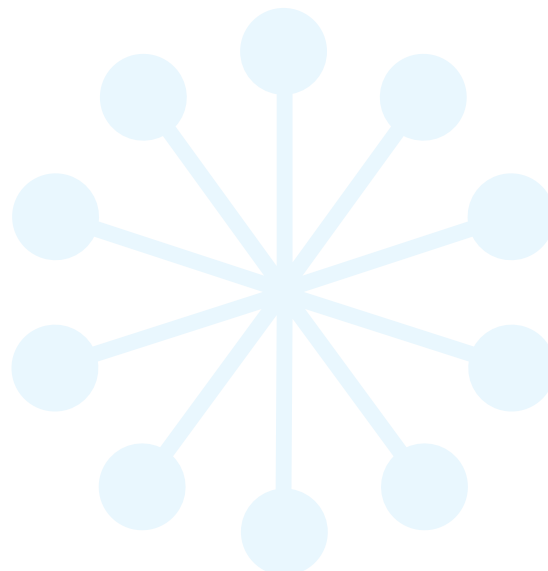
Core evidence question

How does the service promote social networks and informal supports?

Examples of evidence

- Service user/support feedback from service user assessment records confirms that use of social networks and informal supports has been promoted to service users.
- Staff demonstrate sensitivity towards and respect for the needs of the information support people of the service user.
- Service provider's Code of Conduct* includes promotion of the principles of community participation and integration for people with disabilities.
- Staff tailor services to reflect the needs of informal supports, within resource constraints and in accordance with policy frameworks.
- Sociograms in files document the nature of informal support relationships and the ways and methods of engaging informal supports.
- Personalised plans include strategies for developing or maintaining social networks and informal supports.
- Archival file material is used to inform the development or re-connection of previous informal support people, as appropriate.

* Denotes sample template is provided



Service standard 5: Participation and integration

Support and encouragement to participate and be included in the life of the community.

Service standard indicator 5.3

The service provider promotes service users' use of local or alternative community services.

Core evidence question

How does the service promote service user access to mainstream and/or alternative community services?

Examples of evidence

- Service provider's Code of Conduct* includes promotion of the principles of community participation and integration for people with disabilities.
- Records are held of links and promotions to community service providers.
- Staff have knowledge of community services available.
- Staff articulate service users' strengths, interests, needs and consequently their suitability for participation in a range of community activities.
- Strategic and business planning documents describe the range of community services, promotional activities, and take-up rates by service users.
- Staff meeting minutes document networks, linkages and promotions to community services.
- Records are kept of attendance by staff at inter-agency meetings with mainstream providers.
- Staff use of information and referral services, e.g. DIAL, Commonwealth Careline, to address service delivery issues.
- There is evidence of correspondence or other communications with alternative community services.
- Risk management strategies are designed to ensure community contact is a positive experience for all stakeholders.
- Personalised plans identify strategies and planned activities for mainstream participation.
- File notes indicate developmental activities to enhance service users' capacity to use mainstream services (e.g. travel training, money handling skills, communication skills, behaviour management strategies).
- Barriers to the use of local or alternative community services are addressed in personal plans (e.g. budget to ensure sufficient funds to catch public transport to access the community).

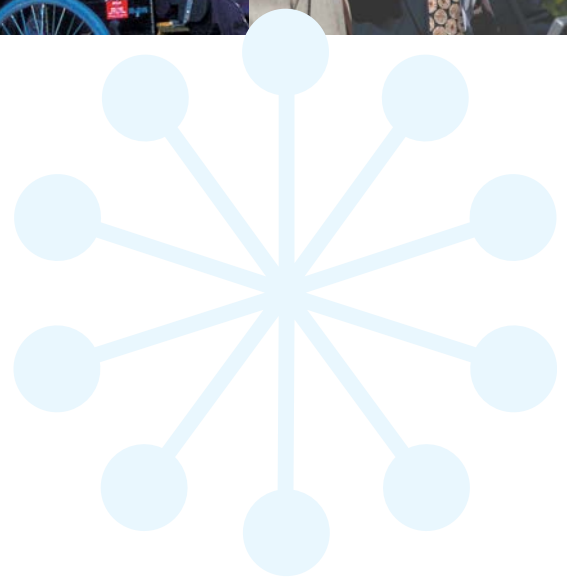
* Denotes sample template is provided

Service standard 6: Valued status

Providing opportunities to develop skills to participate in and achieve valued roles within the community.

This standard is intended to ensure that the service provider implements policies and practices that:

- enhance the abilities, skills and opportunities of people with a disability to make valued contributions to the community
- promote a positive image of people with a disability within both the service and the community.



Service standard 6: Valued status

Providing opportunities to develop skills to participate in and achieve valued roles within the community.

Service standard indicator 6.1

The service provider promotes a belief in the ability of people with a disability to fulfil valued roles in the community.

Core evidence question

How does the service promote the idea that service users have the ability to fulfil valued roles in the community?

Examples of evidence

- Service user assessment report verifies that service users/supports are aware of the service's promotional strategies, and staff give them confidence they can fulfil a valued role in the community.
- Files show evidence of a variety of valued roles taken on by service users which may include (but not be limited to) friend, neighbour, participant, family member, purchaser of a service, learner, competitor, worker.
- Policies and procedures for promotion of valued roles for people with a disability provide guidelines for consistent practice.
- Effective assessment processes and policies are in place to identify service user abilities, skills and interests.
- Social role valorisation theory underpins service delivery practice framework.
- Least restrictive alternative principle underpins practice.
- Written material produced by the service provider highlights that the service provider promotes service users' skills and abilities.
- Community groups associated with the service user provide positive feedback about the staff and their interactions with service users.
- Staff understand that service users need a higher than average standard of dress due to negative community perception about people with a disability.
- Staff understand the implications of wounding and the compounding effect of multiple types of social disadvantage, and develop strategies to prevent this occurring and minimise the harm as a result of it having occurred.
- Staff are able to articulate multiple types of disadvantage (e.g. women, people with a disability, Indigenous background), and develop strategies accordingly to overcome discrimination and promote valued roles.

Service standard 6: Valued status

Providing opportunities to develop skills to participate in and achieve valued roles within the community.

Service standard indicator 6.2

The service provider develops and maintains the skills of service users relevant to their roles in the community.

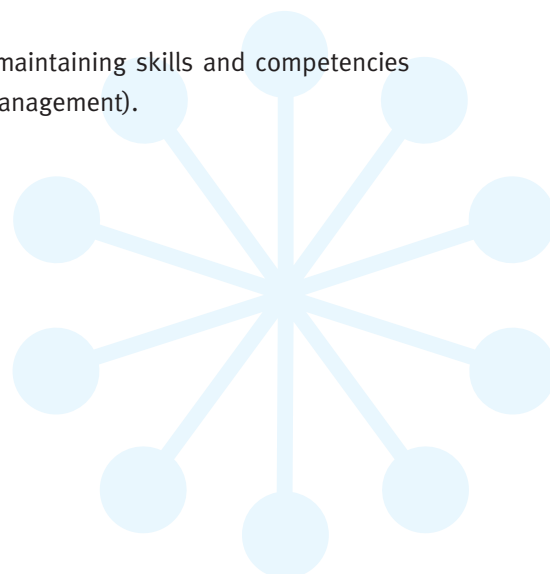
Core evidence question

How do the service's strategies assist service users to develop and maintain the skills and abilities needed as a valued member of the community?

Examples of evidence

- Policies and procedures for developing and maintaining the skills of service users provide guidelines for consistent practice.
- Service user assessment report verifies that service users/supports have been supported to develop and maintain the skills and abilities to participate as valued community members.
- Feedback from service users/supports and other stakeholders, on the contribution of the service user to the development and use of skills relative to their roles in the community.
- Opportunities identified for service users'/supports' input or contribution to the direction of the service in its community activities.
- Staff and management demonstrate a range of innovative service delivery options for the skills development of service users that can be applied in community roles.
- Critical incidents that occur in the community are comprehensively reviewed.
- Community service providers are engaged in service user planning processes, demonstrating a collaborative and inclusive planning process.
- Personalised plans include strategies for developing or maintaining skills and competencies (e.g. self confidence, communication skills, behaviour management).

* Denotes sample template is provided



Service standard 6: Valued status

Providing opportunities to develop skills to participate in and achieve valued roles within the community.

Service standard indicator 6.3

The service provider promotes opportunities for service users to fulfil valued community roles.

Core evidence question

How does the service actively seek opportunities in the community for service users to undertake valued roles?

Examples of evidence

- Policies and procedures for actively seeking opportunities for service users to undertake valued roles provide guidelines for consistent practice (Policy Format*).
- Service user assessment report verifies that service users/supports have been encouraged and supported to undertake valued roles in the community.
- Feedback from service users/supports and other stakeholders is available on the contribution/participation of service users in the community.
- Files show lists of referrals between the service and appropriate community agencies.
- Strategies for staff to assist service users to take available opportunities in the community are documented.
- Promotional materials (e.g. newsletters) contain articles or sections articulating local opportunities.
- Staff are well networked in local communities and are therefore able to source opportunities (e.g. read local newspaper, attend inter-agency forums, live locally).
- Staff can describe practical examples and strategies they have used to facilitate the taking on of valued roles by service users above daily basic need activities.
- Staff are able to articulate the status of different roles in the local community and what the service user they support considers is a valuable role to them.
- Staff are able to articulate what the service users/supports consider are valuable community roles for the service user to have.

* Denotes sample template is provided

Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.



This standard is intended to ensure that the service provider implements policies and practices that:

- encourage the raising of complaints regarding any area of dissatisfaction with service delivery, without any fear of reprisal
- create an atmosphere whereby complaints are viewed positively as an opportunity for improvement
- provide an accessible and accountable process for the effective resolution of complaints that service users/supports and other stakeholders understand and have confidence in
- enable service users/supports and other stakeholders to access appropriate support during a complaint or dispute process to ensure the satisfactory closure of the complaint through an open and transparent process.



Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.

Service standard indicator 7.1

The service provider encourages the raising of complaints by service users/supports regarding any areas of dissatisfaction with service delivery.

Core evidence question

How does the service provider encourage service users/supports to raise complaints or concerns they may have regarding service delivery?

Examples of evidence

- Complaints management process is aligned with Disability Services Queensland complaints policies and procedures for directly funded or NGO services.
- Current documented policies include informal and formal mechanisms for the resolution of complaints.
- There is an identified person or persons with responsibility and authority in relation to the complaints system.
- Information pertaining to complaints is provided in a variety of formats to maximise accessibility.
- Appropriate resources have been assigned, including personnel, training, procedures, documentation, specialist support, material and equipment, and computer hardware and software.
- Service user assessment report verifies that service users/supports have been encouraged and supported to raise complaints or concerns they may have.
- Feedback is obtained from service users/supports and other stakeholders about whether they feel encouraged and supported to raise complaints about areas of dissatisfaction.
- Service user/support staff and other stakeholders are aware of the complaints handling process.
- Appropriate support and training is provided to service users to assist them to make complaints, e.g. communication skills development.
- Potential complainants are encouraged to have another person (advocate, friend etc.) to assist them to lodge a complaint.
- Information about the complaints management process is delivered to service users/supports in a manner that highlights management's commitment to continuous improvement and that the scope of the complaints process covers all aspects of service delivery.

Service standard 7: Complaints and disputes

Service standard indicator 7.1 continued

- An individual service user's capacity to make complaints is assessed by staff and recorded on his/her individual file.
- Systemic barriers to the use of the complaints processes by service users/supports are identified and strategies are put in place to address them (For example, if a support person lives a long way from the location of the service, the statement can be taken by telephone at the service provider's cost.)
- Staff understand the complaints process and can respond to questions raised about it by service users/supports (e.g. the existence of the process, its application and usefulness, how service users/supports can use it).



Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.

Service standard indicator 7.2

Service users/supports have no fear of retributive action in raising complaints.

Core evidence question

Is there a demonstrated proactive approach by the service to ensure no negative consequences for stakeholders who raise complaints or are in dispute with the service provider?

Examples of evidence

- Statement within current policies and procedures that retributive action resulting from complaints will not be tolerated.
- Management and staff can describe the steps taken to ensure complaints and disputes are handled in a manner that respects service users'/supports' rights, privacy and confidentiality.
- Service user assessment report verifies that service users/supports who have raised complaints or concerns were not penalised in any way.
- Feedback is obtained from service users/supports and other stakeholders about whether they feel confident to raise complaints.
- If/when the agency receives allegations of retribution or fear of retribution, management responds in a timely and effective manner to those allegations, such that the issue is addressed and the service user/support person reports having confidence in management.
- Service users who suffer from retribution are provided with appropriate support to recover from any distress they feel as a result of that experience.
- Staff demonstrate that they value clients opinions (e.g. listen when they speak, observe their behaviour and are responsive to their needs, respect clients whose opinions differ from their own) and encourage them to raise concerns they may have.
- Staff demonstrate conflict resolution skills and a problem-solving approach when delivering the service.
- All staff are trained in the complaints management process during induction.
- Regular complaints management refresher training occurs for staff.

* Denotes sample template is provided

Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.

Service standard indicator 7.3

The service provider has a complaints management process provided in appropriate formats that is accessible and transparent.

Core evidence question

How does the service communicate the complaints management process to all the stakeholders?

Examples of evidence

- Policies and procedures for management of complaints provide guidelines for consistent practice in information distribution to service users (Policy Format*).
- Management can describe how it ensures that the complaint-raising procedure is suitable for the diverse needs of service types and users.
- Management monitors complaints process to identify patterns of service user engagement with the complaints process. Patterns of use indicate there is accessibility to all service users (i.e. ages, gender, type of disability, geographic location, service type, advocate type, cultural background etc.).
- When management identifies that particular client groups are not utilising the complaints process, an analysis is done to ascertain why and strategies developed to address communication issues as appropriate.
- A current statement is displayed that says the process is clear, transparent and available to all relevant stakeholders.
- Service users' skills are developed to enable them to use the complaints process.
- Service users/supports are provided with information about the complaints policies and procedures in a range of appropriate formats.
- Service user assessment report verifies that service users/supports have been provided with information on the complaints process in a format they understand.
- Service user/support feedback on the transparency and accessibility of appropriate formats for raising complaints is obtained.

* Denotes sample template is provided

Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.

Service standard indicator 7.4

Service users are provided with information and support to access an independent person of their choice to assist them through a complaint process.

Core evidence question

How does the service provide information to service users and support them to engage advocacy support to assist them through a complaint process?

Examples of evidence

- Policies and procedures for management of complaints provide guidelines for consistent practice for informing service users of the complaints procedures and how they can engage support.
- Policies and procedures clearly state the involvement of service user support and how the process works.
- Policies show that at the point of service intake, service users are provided with information in appropriate formats regarding the role of supports of their choice.
- Service user assessment report verifies that service users/supports have been encouraged and supported to engage advocacy support to assist them through a complaint process.
- Feedback is obtained from service users/supports and other stakeholders regarding the availability of advocacy or independent support assistance.

* Denotes sample template is provided



Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.

Service standard indicator 7.5

The service provider facilitates the resolution of complaints in a timely manner and in accordance with current policies and procedures.

Core evidence question

How do the service's policies and procedures facilitate the timely resolution of complaints or disputes?

Examples of evidence

- Management prioritises complaints resolution and as such provides appropriate resources to ensure that complaints are dealt with in a timely manner.
- All staff are trained in the complaints management process during induction, and are instructed that any informal complaints presented to them are to be immediately reported to the person responsible for resolving complaints, to facilitate prompt and timely resolution of the issue.
- Staff and management responding to complaints have appropriate knowledge of their legal and moral obligations for complaints management and resolution (e.g. Whistleblowers Protection legislative requirements; Freedom of Information Act requirements; the application of principles of natural justice — that is, complaints are dealt with fairly, promptly, confidentially and without retribution).
- The service provider's Quality Monitoring and Auditing Schedule* includes regular review of entries in the Complaints Register* to monitor timeliness of resolution.
- Review of Complaints Register* entries verifies the timeliness of response to complaints received.
- Various strategies are used to resolve complaints in a timely and appropriate manner (e.g. mediation, investigation, or referral to alternative agencies).
- Records of complaints raised include details of actions undertaken to mediate or resolve outcomes within agreed timeframes.
- Staff and management refer complaints promptly to external agencies when appropriate (e.g. Queensland Police Service, Adult Guardian, Public Trust Office).
- There are records of action taken when a complaint is unable to be resolved at the service provider level, and feedback provided to complainant about recommended referral to an independent complaints resolution body for resolution.

Service standard 7: Complaints and disputes

Service standard indicator 7.5 continued

- There are records of cooperation with external/independent complaint resolution services and implementation of recommendations when applicable.
- Feedback from service users/supports and other stakeholders is recorded about their level of satisfaction with the resolution of complaints or disputes that have been raised.
- Service users/supports report having been treated fairly and feel listened to as a result of having lodged a complaint.
- Service delivery plan records details of appropriate remedial or preventative action following any complaint.
- Management/staff are able to describe the process outcomes for complainants.

* Denotes sample template is provided



Service standard 7: Complaints and disputes

A proactive approach to complaints and disputes management that safeguards service users/supports from retributive action when raising complaints.

Service standard indicator 7.6

The service provider demonstrates that the process for complaints handling leads to consideration of improvements within the service.

Core evidence question

What improvements have been made to the service as a result of complaints received?

Examples of evidence

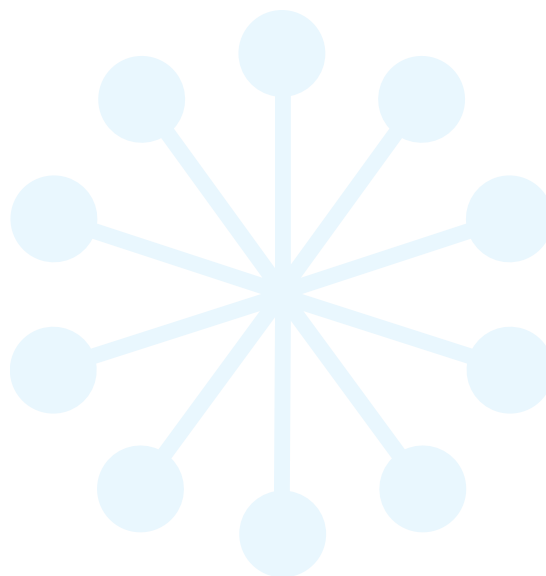
- The service provider's Quality Monitoring and Auditing Schedule* includes regular review of entries in the Complaints Register* to monitor actions taken for continuous systems improvement.
- Records of management review meeting minutes include actions taken on complaints/disputes.
- Examples of changes to service delivery as a result of management's responses to complaints are promoted by the service in newsletters.
- Regular complaints system reports to management committee highlights linkage of complaints with actions taken in service improvement.
- The documented Continuous Improvement Plan* has a section based on improvement actions planned as a result of complaints.
- Feedback is sought by management from support people/nominated advocates regarding their experiences of the complaints process, and system improvement strategies are developed in response to advocates' feedback regarding their involvement in the complaints process.
- A risk assessment is immediately made by management upon the receipt of an allegation, and action taken to minimise risk to ensure that service users' needs are the service's highest priority (e.g. staff may be re-deployed or suspended on full pay rather than continue to work with a client that has made an allegation about their performance, until the complaint can be resolved).
- Service user assessment report verifies that service users/supports are cognisant with improvements made to the service as a result of complaints or concerns they have raised.
- Feedback is recorded from service users/supports and other stakeholders about improvements that have been made to service delivery as a result of complaints/disputes.
- Staff and management respond positively to constructive feedback about their performance, to enable performance to be improved.

Service standard 7: Complaints and disputes

Service standard indicator 7.6 continued

- Management and staff describe improvements made to service delivery as a result of complaints.
- Complaints procedures highlight the positives of getting feedback on areas for improvement.
- Evidence in complaint files of closed and open complaints can be cross-referenced to any improvement actions.
- Changes to policies, procedures and practices resulting from the complaints/disputes management process are recorded (e.g. through Document Control Register*).

* Denotes sample template is provided

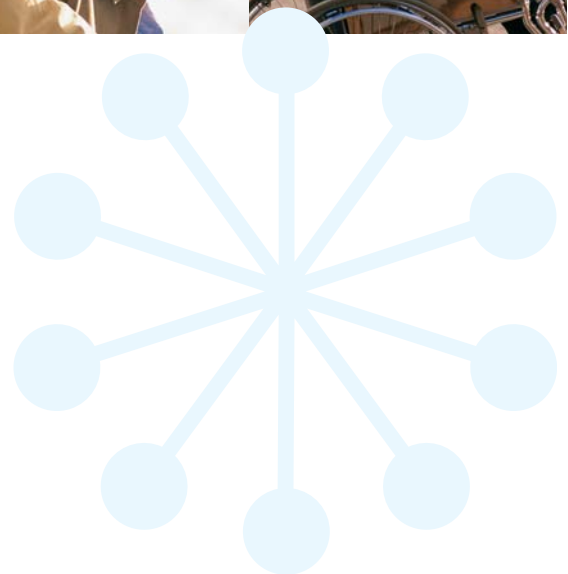


Service standard 8: Service management

Effective corporate governance through sound and visible management systems and practices.

This standard is intended to ensure that the service provider implements policies and practices that:

- accountability and responsibility are clearly aligned to legislative requirements and described in relevant policies and procedures
- a sound and visible management system based on the Queensland Disability Service Standards is established, implemented and maintained at all times for the benefit of all service users and stakeholders
- adequate resources are provided to ensure high standards of service performance and delivery to all users and stakeholders.



Service standard 8: Service management

Effective corporate governance through sound and visible management systems and practices.

Service standard indicator 8.1

The service outlet's corporate governance structure, values, strategies, objectives and practices demonstrate effective compliance with all relevant legislative, financial, administrative, service performance and delivery requirements.

Core evidence question

How does the corporate governance structure function and ensure effective service delivery and performance?

Examples of evidence

- The corporate governance structure includes (but is not limited to) delineated functional and structural areas and delegations of authority for:
 - legislative compliance
 - values of and commitment to transparent and accountable governance
 - duty of care communicated to staff and service users/supports
 - mission, vision and goals statements and Codes of Conduct* defining service performance and delivery standards
 - organisational chart reflecting reporting channels
 - definition of roles, responsibilities and accountabilities (e.g. position descriptions for staff, terms of reference for board or management committee)
 - clearly defined strategic, business and operational plans with stipulated goals, objectives, targets and performance indicators structured to type/s and level/s of service delivery
 - human resource management systems, including staff recruitment, selection, induction, and performance management
 - financial administration, delegations, approvals and other obligations clearly defined (e.g. sections of the service agreement)
 - policies, procedures, processes and practices are documented, communicated, understood, implemented and monitored, as applicable, for all aspects of service performance and delivery
 - a risk management framework is documented, communicated and implemented to minimise the organisation's exposure to risk and the impact of unforeseen circumstances on its management, staff, service users or stakeholders
 - risk control systems are for the identification, assessment, monitoring and review of risk (e.g. Risk Analysis Likelihood Matrix*)
 - maintenance of organisational assets (e.g. Assets Register*)

Service standard 8: Service management

Service standard indicator 8.1 continued

- establishment of systems for the monitoring and control of quality across the organisation, such as internal activity audits to monitor compliance with established procedural guidelines (e.g. Quality Monitoring and Auditing Schedule*)
- establishment, implementation, monitoring and continuous improvement of systems for service user/support participation in service planning and evaluation, and
- procedures for monitoring and review of the quality of service of contracted suppliers/brokered services (e.g. Preferred Suppliers Register*).
- Mission, vision and values statements are communicated to all stakeholders (e.g. displayed in premises, included in client intake information packages, promoted on service brochures).
- Explicit in the service provider's values statement is a commitment to continuous quality improvement.
- Plans are documented, current, subject to review and change, to meet goals, objectives, service user needs and performance indicators as applicable. Plans may include but not be limited to: strategic plans, corporate plans, business plans, operational plans, service user personalised plans, risk and safety management plans, continuous improvement plans.
- Reportable incidents are reported, recorded and actioned immediately (e.g. abuse and neglect).
- Financial and administrative fiduciary and reporting obligations are met in accordance with the Service Agreement, including annual and quarterly financial reports.
- Financial accounts are audited by an independent financial auditor annually, with the auditor's statement presented at the annual general meeting.
- Financial audit reports are submitted to Disability Services Queensland within the prescribed timeframe.
- The organisation's annual general report is published and made available to members and stakeholders.
- Insurances (e.g. professional indemnity, public liability, director's liability, vehicle third party and accident cover, premises and contents protection for fire/burglary) are current and appropriate for managing and nullifying risk exposure.
- Board of management meetings are held as per constitutional requirements, and agendas and minutes of meetings are maintained and are available for access by members.
- Staff training records demonstrate that all staff, management and management committee members have been trained during induction in the Code of Conduct*.
- Refresher training in the Code of Conduct occurs for all internal stakeholders every five years or after policy/practice review.

* Denotes sample template is provided

Service standard 8: Service management

Effective corporate governance through sound and visible management systems and practices.

Service standard indicator 8.2

The service outlet demonstrates effective compliance with human resource management systems and practices that include, but may not be limited to, relevant industrial relations and workplace health and safety legislation, agreements or awards.

Core evidence question

How do the human resource management systems and practices function with respect to relevant legislation, awards or agreements and workplace health and safety requirements?

Examples of evidence

- Policies and procedures for human resource management and industrial relations include:
 - stipulations of relevant awards/agreements
 - terms and conditions of employment
 - leave entitlements
 - staff grievances
 - addressing workplace bullying
 - equal employment opportunity, and
 - non-discrimatory employment practices.
- Copies of award or agreement notices are available for staff reference.
- Employees are granted access to union representation in accordance with industrial relations law and award entitlements.
- Policies are in place to protect whistleblowers.
- All staff have signed and have up-to-date employment agreements (copies of which are maintained in personnel files), and are aware of their entitlements and obligations.
- Minutes of meetings of board or management committee may show award issues discussed/resolved.
- Staff Induction Checklist* confirms initial orientation and instruction on service delivery performance requirements.
- Systems are in place for appraisal of staff performance and provision of opportunities for ongoing professional development, which may be verified by Staff Performance Appraisal and Professional Development Records*.
- All staff can demonstrate their knowledge of safety procedures.
- Service users'/supports' feedback is sought on perceived degree of safety within service outlet.

Service standard 8: Service management

Service standard indicator 8.2 continued

- Safety statistics and safety procedures are reviewed as part of the management review.
- Workplace health and safety internal audit findings inform the development of activities in the Continuous Improvement Plan*.
- Management monitors trends in relation to workplace health and safety issues, (e.g. overtime, staff turnover, workcover claims, patterns of service user behaviour), and develops strategies to address causal factors.
- Current workers compensation insurances and registration as a workplace, as required by service agreements, are available for inspection.
- Rosters and deployment practices demonstrate workplace health and safety requirements regarding shiftwork.
- Current safety policy is signed, dated, displayed and distributed as applicable.
- Management and staff demonstrate safe work practices, evidenced by regular workplace health and safety audit reports.
- Management has a staff development strategy that demonstrates that all staff, management and management committee members are trained in all relevant workplace health and safety policies and procedures (as listed above).
- Records are held of regular fire and evacuation drills.
- Fire equipment maintenance records are current and evidence compliance with fire safety regulations.
- Testing and tagging of electrical equipment at required safety intervals is evidenced by dated electrician's tags.
- Staff information sessions are held in relation to workplace health and safety practices including fire safety and essential first aid for those with service user contact.
- Documented and current risk management/business continuity plans are available at each location, as applicable. This plan may include (but not be limited to):
 - personalised plans containing evidence of risk management in relation to service users' activities (e.g. through use of a Risk Analysis tool*)
 - emergency response procedures for high-risk service outlets
 - safety statistics, and
 - management review meeting agendas and minutes that include safety issues.
- Reports are available of regular workplace health and safety audits, and actions taken to address any situations of risk (e.g. by using a Risk Analysis tool*).
- Staff demonstrate the capacity to manage risk in their environment.

* Denotes sample template is provided

Service standard 8: Service management

Effective corporate governance through sound and visible management systems and practices.

Service standard indicator 8.3

The service outlet's information management system for documents and records in both electronic and hard-copy form is established, implemented and maintained in a manner that meets legislative and Australian standards requirements.

Core evidence question

What controls does the service provider have in place for its information management system to ensure compliance with relevant legislation and national standards requirements?

Examples of evidence

- A Quality Monitoring and Auditing Schedule* includes regular audits of information management systems.
- Controls are in place for review, approval, issuing, accessing, modifying, retrieval, retention, archiving and disposal of all mission-critical documents (e.g. policies, procedures, plans, forms, promotional materials, records).
- Documents of external origin relating to policies and procedures are identified and controlled (e.g. legislation and standards).
- Current and approved policies and procedures are displayed/available at each facility/outlet in either hard copy or electronic forms.
- Obsolete or superseded documents are removed from circulation, and new documents are registered by date of application/management endorsement in the Document Control Register*.
- Administrative systems in place identify who has access to what type of information.
- Financial records are maintained securely.
- Financial delegations (authority and approval levels) are clearly specified.
- Files and records are indexed.
- Minutes of meetings are recorded in a Action Minutes format* as a control mechanism for following-up actions related to decisions made.
- Electronic information management systems include procedures for protecting data through limited access passwords and security codes.
- Identification and traceability may be annotated on document footers by drive/DIR/folder/file name/xtn.
- Virus scanning regime is in place and operational.

* Denotes sample template is provided

Service standard 8: Service management

Effective corporate governance through sound and visible management systems and practices.

Service standard indicator 8.4

The service outlet demonstrates effective service compliance, performance and delivery outcomes based on decisions from internal monitoring, review and assessment practices.

Core evidence question

What are the service's processes for monitoring, reviewing and assessing its practices, and how do these processes enable it to demonstrate effective service performance and delivery outcomes?

Examples of evidence

- Management review/s agendas/minutes/actions record findings and actions to be taken. Issues for review may include (but are not limited to):
 - policy and procedure currency
 - financial/people issues
 - obligations and service performance criteria met
 - incidents of non-compliance
 - service user/support feedback
 - internal assessment findings
 - information management
 - Continuous Improvement Plan actions, and
 - risk assessments on service performance and delivery.
- Contracts of suppliers/brokered services (Preferred Suppliers Register*) are reviewed regularly.
- Service user assessment findings have been actioned (completed) or are works in progress as part of the Continuous Improvement Plan*.
- Records are available from the organisational self-assessment captured in the self-assessment workbook.
- Assessment findings are submitted to executive management for inclusion in management review process (e.g. in reports of service user assessment, Self-assessment Workbook).
- Management actions on assessment findings are captured in minutes of meetings.
- Staff performance monitoring through performance planning and review system is evidenced by Staff Performance Appraisal and Professional Development Record*.

Service standard 8: Service management

Service standard indicator 8.4 continued

- Use of Action Minutes Format* enables transparent and prompt monitoring of outcomes from planned actions taken in response to monitoring and evaluation findings.
- Scheduled internal assessment of service standards is communicated to service users and their representatives, and appropriate support/resources allocated to facilitate their participation.
- Service user/support input is sought into monitoring, review and assessment practices.
- Service user/support feedback is sought on improved service delivery as a result of internal assessment findings.
- Minutes of meetings are available from service user planning and evaluation forums.

* Denotes sample template is provided



Service standard 8: Service management

Effective corporate governance through sound and visible management systems and practices.

Service standard indicator 8.5

The service outlet demonstrates effective service performance and delivery through a continuous improvement model.

Core evidence question

How does the service monitor and continuously improve the effectiveness of its performance and service delivery?

Examples of evidence

- There is a current documented Continuous Improvement Plan*.
- Continuous Improvement Plan information inputs resulting from monitoring activities may include (but not be limited to):
 - internal/external assessment findings
 - management review issues, staff suggestions
 - documented service user/support suggestions and inputs from consultations
 - changing policies/practices through legislation or other causes
 - staff development needs
 - strategic plan review of goals/objectives achieved
 - financial/contractual/partnership arrangements
 - workplace health and safety, and
 - resource allocation to implement actions required.
- 'Plan, Do, Check, Act' cycle of continuous improvement is evident through entries in the Continuous Quality Improvement Register*
- Service users/supports are engaged in the monitoring and continuous improvement processes through participation in internal assessment.
- Service users/supports are engaged in planning and evaluation forums where they can report on their experiences of the service's performance, and put forward suggestions for improvement
- Service users/supports participate in regular personal plan review to assess progress made towards personal goal attainment.
- Records of quarterly and annual review of service agreement with Disability Services Queensland show actions taken for improved service performance/delivery.
- Service performance results show positive trends such as:
 - number of improvements made (from CQI Register entries)
 - complaints/disputes resolved to users'/supports' satisfaction
 - improved health and wellbeing of service users
 - increased positive service user/support feedback, and
 - increasing levels of staff competencies identified during annual appraisals.

* Denotes sample template is provided

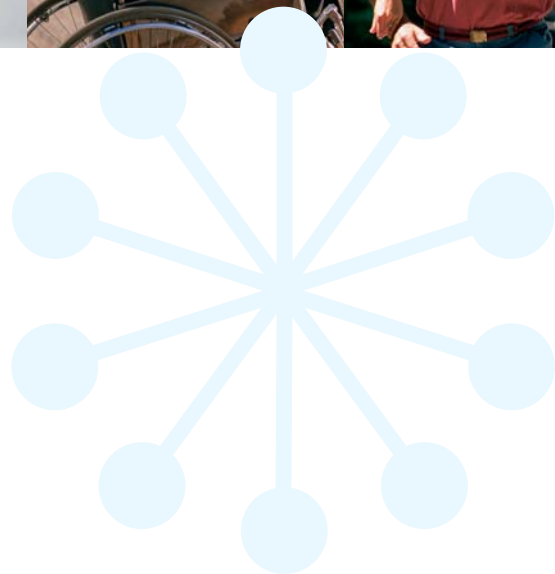
Service standard 9: Protection of legal and human rights and freedom from abuse and neglect

Upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.



This standard is intended to ensure that the service provider implements policies and practices that:

- are underpinned by the principles contained in relevant Commonwealth and State legislative and human rights instruments
- empower and support service users to exercise their human rights enshrined within the principles of the *Disability Services Act Queensland 1992*
- take a proactive duty-of-care approach to the prevention of abuse and neglect of service users.



Service standard 9: Protection of legal and human rights and freedom from abuse and neglect

Upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.

Service standard indicator 9.1

The service provider has current policies and practices protecting the rights of service users that are consistent with Commonwealth and State legislation and relevant human rights instruments.

Core evidence question

Are the service's current policies and practices consistent with relevant Commonwealth and State legislation and human rights instruments?

Examples of evidence

- Minutes of meetings demonstrate that relevant external stakeholders have been involved in the development and subsequent review of policies and practices relating to the protection of human rights (e.g. Queensland Police Service, Adult Guardian, Children's Commission).
- Management and staff demonstrate a commitment to uphold legal and human rights, which may be evidenced through signed Codes of Conduct*.
- Management files and records indicate that responses to breaches of human rights are timely and appropriate.
- Practices demonstrate that matters relating to the identification of instances of abuse are referred to relevant external stakeholders (e.g. Queensland Police Service, Adult Guardian, Department of Child Safety, the Public Trustee).
- Service users/supports feedback indicates that service users are not at risk of abuse or neglect and that their rights are being protected.
- Service users/supports feedback indicates that service users have confidence that the service's policies and practices are supportive of their human rights.
- Management can demonstrate a range of strategies used to transfer the knowledge of human rights to service users (e.g. Assessment Information Checklist*).

* Denotes sample template is provided

Service standard 9: Protection of legal and human rights and freedom from abuse and neglect

Upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.

Service standard indicator 9.2

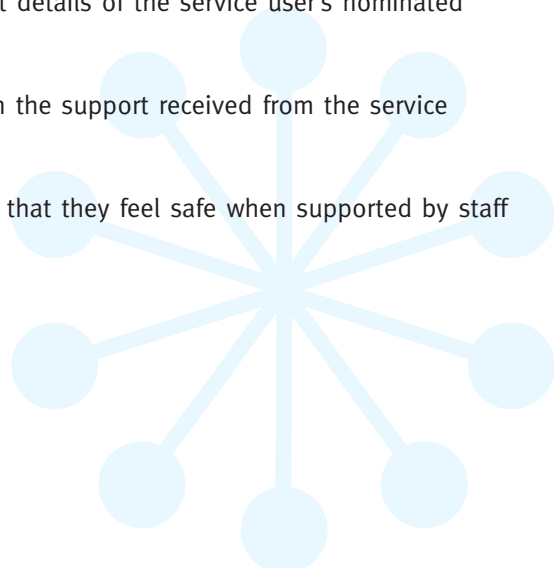
The service provider supports service users/supports in exercising their legal and human rights.

Core evidence question

How do the service's internal practices uphold service users/supports in exercising their legal and human rights?

Examples of evidence

- Current policies for the empowerment of individuals are displayed and issued to service users/supports.
- Staff can articulate basic human rights and how they support clients to exercise them.
- Minutes of management meetings demonstrate that management responds in a timely and effective manner to reports of breaches of legal and human rights.
- Wall posters are displayed, such as Charter of Service Users' Rights and Responsibilities.
- The service provider ensures that users/supports have unimpeded access to their nominated advocate.
- There are records of communications in a variety of formats to service users/supports.
- There are records of service user/support attendance at information sessions on legal/human rights.
- Personalised plans record the name and contact details of the service user's nominated informal support person/advocate.
- Service users'/supports' feedback is recorded on the support received from the service provider in exercising their human rights.
- Feedback is available from service user/support that they feel safe when supported by staff and management.



Service standard 9: Protection of legal and human rights and freedom from abuse and neglect

Upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.

Service standard indicator 9.3

The service provider has effective policies and practices in place that demonstrate prevention of any form of sexual, financial, physical, mental and verbal abuse or neglect.

Core evidence question

How do the service provider's policies and practices demonstrate prevention of any form of abuse or neglect?

Examples of evidence

- Agency policies are aligned with Disability Services Queensland policies for preventing and responding to abuse and neglect.
- Minutes of meetings demonstrate that relevant external stakeholders have been involved in the development and subsequent review of policies and practices relating to the protection of human rights (e.g. Queensland Police Service, Adult Guardian, Children's Commission).
- Strategic/operational plans contain prevention strategies to minimise abuse/neglect risks.
- Abuse and neglect strategies are included in a risk management plan.
- Records are available of any notifiable events, and subsequent reporting actions taken.
- The service provider acknowledges and respects the role of advocates for service users and provides unimpeded access on any related matter.
- Minutes of planning meetings show that prevention strategies are regularly reviewed and acted upon.
- Staff induction/orientation covers the three areas of abuse: recognition, reporting, and assisting people who have been abused.
- Staff information sessions are held on legal/human rights and prevention policies/practices for abuse and neglect.
- Staff demonstrate an understanding of preventative measures for abuse and neglect.
- Feedback is available from service users/supports on complaints or reports indicating abuse or neglect.
- Service users/supports feedback that they feel safe when supported by staff and management.
- Service users/supports indicate that they trust staff and management.

Service standard 9: Protection of legal and human rights and freedom from abuse and neglect

Upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.

Service standard indicator 9.4

The service provider has procedures in place for critical incident reporting that respond in a timely and effective manner to allegations of abuse and neglect.

Core evidence question

How does the service demonstrate the effectiveness and timeliness of its critical incident reporting procedures for allegations of abuse and neglect?

Examples of evidence

- Staff, management and management committee receive training on critical incident reporting during induction.
- Service responsiveness to alleged, suspected or actual abuse or neglect can be evidenced in records of actions and in personal files.
- Practices demonstrate that matters relating to the identification of instances of abuse are referred to the relevant external stakeholders (e.g. Queensland Police Service).
- Records of service users/supports indicate the success of the service in preventing abuse or neglect.

Service standard 9: Protection of legal and human rights and freedom from abuse and neglect

Upholding the legal and human rights of each person with a disability and taking action to prevent and/or respond to allegations of abuse and neglect.

Service standard indicator 9.5

The service provider has a documented improvement plan detailing strategies for protecting service users from abuse or neglect.

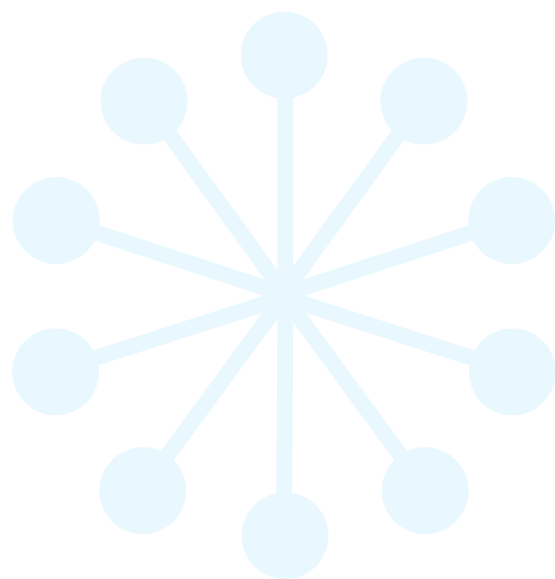
Core evidence question

Does the service's documented improvement plan include strategies for protecting service users from abuse or neglect?

Examples of evidence

- Planned strategies for protecting service users from abuse and neglect are documented in the Continuous Improvement Plan*.
- There is evidence of service users'/support' input into the improvement plan.
- There is evidence of the involvement of relevant external stakeholders in the development of the improvement plan (e.g. Queensland Police Service).
- Tracking systems are in place that show that the effectiveness of strategies in the improvement plan are monitored by management.

* Denotes sample template is provided

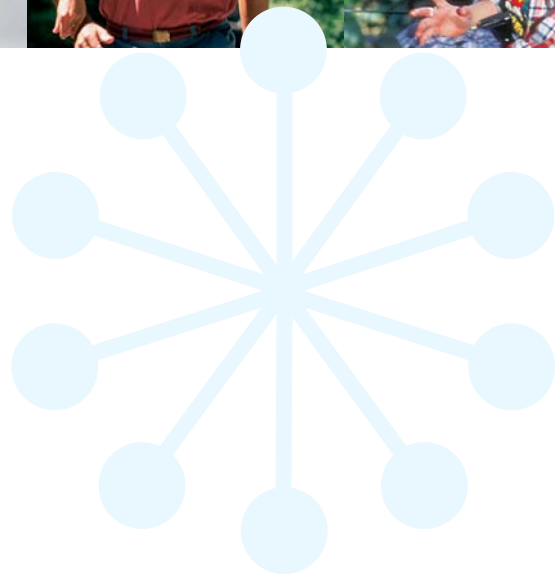


Service standard 10: Staff recruitment, employment and development

Recruitment, selection and development of paid and unpaid staff that ensures they have the relevant values, skills, knowledge and competencies to support service delivery to service users.

This standard is intended to ensure that the service provider implements policies and practices that ensure:

- suitably qualified staff to be recruited, selected and appointed through the implementation of transparent, accountable and robust processes
- staff with the training, competencies, skills and knowledge to provide service users with positive service support and delivery.



Service standard 10: Staff recruitment, employment and development

Recruitment, selection and development of paid and unpaid staff that ensures they have the relevant values, skills, knowledge and competencies to support service delivery to service users.

Service standard indicator 10.1

The service provider carries out transparent, accountable and robust recruitment and selection policies and procedures for all applicants (permanent, temporary and voluntary) which meet the specified regulatory requirements.

Core evidence question

Does the service have current policies and procedures for the recruitment and selection of all staff that meet all regulatory requirements?

Examples of evidence

- Advice is sought from key stakeholders with expertise in recruitment and selection legislative requirements in the development of policy and practices.
- Documented policies and procedures are in place for the recruitment and selection of staff, which include determination of:
 - skills and competencies required for the position
 - relevant award remuneration levels
 - key selection criteria relevant to the position
 - recruitment sources and processes
 - contents of applicants' information packages
 - selection panel training
 - processes for development of interview questions by the panel
 - processes for short-listing of applicants based on merit principle
 - application of equal employment opportunity principles in decision making
 - interview processes and techniques which are fair and equitable
 - processes for notifying applicants of results
 - referee and biodata verification and police checks
 - management of applicant grievances, and
 - appointment and induction procedures.
- Recruitment and selection proformas are used to ensure a consistent and fair approach (e.g. Recruitment and Selection Checklist*).
- Interview records and panel selection are as per documented policy (Policy Format*).

Service standard 10: Staff recruitment, employment and development

Service standard indicator 10.1 continued

- Performance indicators are reflective of the role requirements and are relevant to service users' support needs, as appropriate.
- Reports to management committee outline specific recruitment and selection process methodology and the outcomes of the process, consistent with stipulated policy.
- For appointments to positions providing direct service user support, recruitment and selection processes are designed and implemented by service users/supports whenever possible.
- Service users/supports are on the selection panel, where appropriate.
- As routine procedure, staff personnel files may include, but not be limited to:
 - minimum of two independent reference checks
 - criminal history checks
 - copies of a blue card when dealing with children
 - copies of qualifications (e.g. university certificate and resumes, and verification of same)
 - letter of appointment
 - copies of relevant documentation such as position descriptions
 - service users/supports feedback on quality of staff (e.g. suitability to support role)
 - training attendance records
 - performance appraisal records, and
 - signed Code of Conduct* and confidentiality agreements.

* Denotes sample template is provided

Service standard 10: Staff recruitment, employment and development

Recruitment, selection and development of paid and unpaid staff that ensures they have the relevant values, skills, knowledge and competencies to support service delivery to service users.

Service standard indicator 10.2

The service provider ensures there are documented position descriptions that are current and consistent with the roles and responsibilities of all paid and unpaid staff.

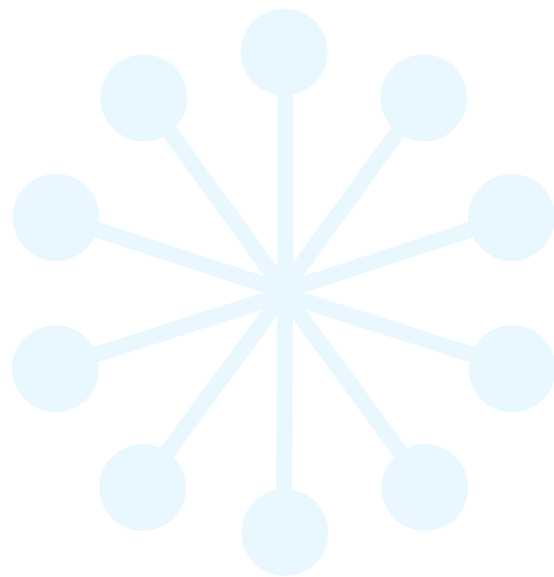
Core evidence question

Does the service have clearly documented position descriptions that are current and consistent with the roles and responsibilities of all paid and unpaid staff?

Examples of evidence

- Position descriptions are:
 - reviewed annually with the incumbent and his/her supervisor, at performance planning and review meetings
 - amended as necessary as roles and responsibilities change, and
 - updated in the Document Control Register* to reflect document currency/changes.
- All staff have a copy of their position descriptions held in their personnel files. (Induction Checklist* would verify this.)
- Copies of staff qualifications are held on personnel files.

* Denotes sample template is provided



Service standard 10: Staff recruitment, employment and development

Recruitment, selection and development of paid and unpaid staff that ensures they have the relevant values, skills, knowledge and competencies to support service delivery to service users.

Service standard indicator 10.3

The service provider provides appropriate and relevant induction to all staff (paid, volunteer, temporary or permanent) to ensure service delivery meets required standards.

Core evidence question

What is included in the service's induction procedures to ensure service delivery meets required standards?

Examples of evidence

- Management reviews induction requirements to meet changes in legislation, regulations, codes of practice and standards (e.g. may be evidenced by Quality Monitoring and Auditing Schedule*).
- Meeting minutes demonstrate that management has conducted a risk assessment and an assessment of their duty of care obligations in relation to the deployment of new staff.
- Induction is carried out within a specified timeframe.
- Induction content is relevant to service provider type.
- Rostering and deployment policy and process are explained at induction.
- Performance planning and review processes are explained at induction.
- Induction records show evidence of on-the-job use of skills/knowledge and attributes.
- Induction process and content are reflective of the roles and responsibilities outlined on the position description.
- Induction process is designed to develop a support network for the employee.
- For service user support staff, the induction process is designed and delivered by service user/supports whenever possible.
- Induction process is adapted to suit service users'/supports' needs (e.g. peak times avoided for the introduction of new support staff).
- Induction content is relevant to the amount of experience, skills and knowledge of the staff person (e.g. use of buddy shifts for staff in training).
- Process for the rostering and deployment of new support staff is based on an assessment of their level of knowledge and experience in working with service users; service users' needs; available additional support on shift; and the level of support and supervision available from management.
- Any individual staff issues identified through the implementation of the induction process are acted upon by management within the performance, planning and review process to aid staff members ongoing professional development and ensure service delivery meets required standards.

* Denotes sample template is provided

Service standard 10: Staff recruitment, employment and development

Recruitment, selection and development of paid and unpaid staff that ensures they have the relevant values, skills, knowledge and competencies to support service delivery to service users.

Service standard indicator 10.4

The service provider has an ongoing program that identifies the values, skills, knowledge and competencies of each staff member and provides ongoing development opportunities.

Core evidence question

How does the service demonstrate that it identifies the values, skills, knowledge, attributes and competencies of all staff and provides ongoing development opportunities to enhance organisational performance?

Examples of evidence

- Human resource development plan includes budget allocations for staff skills development.
- Information management systems track human resource development and performance planning and review information. (Individual Staff Performance Appraisal and Professional Development Records* and Staff Professional Development Logs* are held in personnel files.)
- All members of management and staff sign a Code of Conduct* and confidentiality agreement on appointment.
- Senior management meetings and reports demonstrate that a monitoring system is used to assess the fairness and equity of the application of performance planning and review processes (e.g. through Quality Monitoring and Auditing Schedule*).
- Management records indicate the application of a consistent process and performance standard, when performance monitoring identifies required improvement by staff.
- Senior management records show a defined minimum standard for the delivery of in-service training (e.g. all presenters, assessors and/or facilitators have Workplace Assessor and Workplace Trainer qualifications).
- Senior management records demonstrate equitable access to training by all staff and/or a prioritisation of access to training linked to service user/support needs (e.g. Staff Professional Development Logs*).
- Feedback sought from service users/supports on values/skills/competencies/attributes of staff.
- Staff, management and management committee members have attended cultural awareness training.
- Staff, management and management committee members have attended workplace bullying and harassment training
- Staff indicate that they feel their work is valued by the organisation.
- Staff feel supported by the organisation.
- Management engages all staff in a range of performance management strategies, which may include:
 - strategic planning processes, operational planning processes, team meetings, individual time with managers, developmental activities, organisational self-assessment of performance, continuous quality improvement planning, implementation and monitoring activities.

* Denotes sample template is provided



This publication is available in alternative formats (including large print) on request. Contact the Disability Information & Awareness Line (DIAL), phone freecall 1800 177 120, TTY freecall 1800 010 222, fax 3896 3467 or email dial@disability.qld.gov.au

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Guide drafted by B. Richardson & Associates