

Quality Evaluation Report

Version 1:3, February 2016

Assessment against the National Standards for Disability Services

Disability sector organisation:	People with Disabilities (WA) Inc
Service point name:	Whole organisation (Disability Services Commission funding only)
Outlet/Consortium names:	People with Disabilities WA (PWdWA) Advocacy South West (ASW) Sussex St Community Law Service (SSCLS)
Chief Executive Officer:	Ms Samantha Jenkinson
Final report date:	15 June 2017
Evaluation team:	Ms Natalie Georgeff

*This report was prepared by a member of the Panel Contract of Team Leaders and Evaluators. The Panel Contract is managed by the Disability Services Commission.

Further information

Please contact the Quality and Evaluation team.

Contact details:

Quality and Evaluation

Disability Services Commission,

146 - 160 Colin Street, West Perth WA 6005

Phone: 9426 9200

quality@dsc.wa.gov.au

Contents

Part A: Executive summary	3
Introduction	3
Summary of findings	5
Part B: The Standards	7
Standard 1: Rights	8
Standard 2: Participation and inclusion	11
Standard 3: Individual outcomes	13
Standard 4: Feedback and complaints	17
Standard 5: Service access	19
Standard 6: Service management	21
Appendix 1: Definitions	25
Disclaimer	27

Acknowledgments

The Evaluator extends thanks to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

Part A: Executive summary

Introduction

This report describes the findings of the evaluator who visited People with Disabilities (WA) Inc and completed an assessment of feedback from individuals with disability, their families and carers, staff and management; and the service's compliance against the National Standards for Disability Services. A preliminary meeting was held on 4 April 2017 and an exit meeting was held on 15 June 2017.

The organisation uses the term 'client' or 'person' to refer to people with disability, family member/s of people with disability, family, and carers.

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

Service profile	
Service description	
The services provided	<ul style="list-style-type: none"> • PwdWA formed a 'Consortium' in 2015 to provide individual advocacy services throughout Western Australia and consists of People with Disabilities WA (PWdWA) as the lead agency, Advocacy South West (ASW) and Sussex St Community Law Service (SSCLS). • As a group, they provide legal and non-legal advocacy to people with disability who find themselves in vulnerable or marginalised situations, using an issues-based model. • Services are provided across the Perth metropolitan area and regional specific advocacy in the Upper and Lower South West, Great Southern, Goldfields/Esperance, and Mid-West/Gascoyne.
The resources	<ul style="list-style-type: none"> • In 2015, the Consortium was successful in a tender to provide individual advocacy services. The Commission funds the Consortium \$720,000 per annum. PWdWA also received \$33,750 in 2016/17 for provision of advocacy to individuals receiving Commission Supported Community Living support, transitioning to the non-government sector. PWdWA receives only federal funding to undertake systemic advocacy (0.8FTE). • Staffing funded by the Commission consists of Executive Director 0.3FTE, Executive Officer 0.4FTE, Team Leader 0.2FTE, Senior Advocate 0.6FTE, Individual Advocates 4.3FTE, and Administrative and Finance Officer 0.4FTE.
The people using services	<ul style="list-style-type: none"> • From July 2016 to the end of December 2016, 447 clients accessed individual advocacy services across all three organisations. The mean age group of people using services was

	<p>40-55 years, with an increase in the number of people aged less than 30 years living in regional areas.</p> <ul style="list-style-type: none"> • Most clients live with a physical, psychiatric and/or intellectual disability. Twenty people identified as Aboriginal or Torres Strait Islander (ATSI) and fourteen identified as being from a culturally and linguistically diverse background (CALD). • All Consortium partners have seen an increase in people with co-occurring or multiple disabilities, which is increasing the complexity of advocacy.
--	---

Consultation

Statistics

Number of interviews with individuals with disability	2
Number of telephone interviews or emails with individuals with disability	12
Number of telephone interviews or emails with family members / friends / carers / advocates	3
Number of individual files / plans reviewed	8
Number of complaints for past year reviewed	2
Number of staff consulted / interviewed	9
Number of external stakeholders consulted	2

Quality Evaluation assessment against the Standards

The following scale has been used to measure performance against **each National Standard**

Met	Feedback, observed and written evidence clearly demonstrates that the service provider meets the requirements
Not met	Feedback, observed and written evidence clearly demonstrates that the service provider does not meet the requirements

Based on the information provided by individuals, their families, friends, carers, advocates, staff and management; and through documentation and observations made by the Evaluation team, this organisation's performance has been assessed as:

Assessment against the Standards

Standard	Assessment
Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)

If/where noted during a Quality Evaluation, GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.

Person-centred practice/s	<ul style="list-style-type: none"> The Consortium has a very strong rights ethos and is clearly committed to working towards their combined vision, mission and values. The Consortium plays a critical role in endorsing people with disability and their valued status.
Business practice/s	<ul style="list-style-type: none"> People with disability are authentically involved with the governance of the Consortium. There is a culture of continuous improvement, with staff and members very aware of pressing issues and challenges in delivering their services.
Other good practices noted	<ul style="list-style-type: none"> Individual plans are streamlined and effective, consistently using an issues-based model of advocacy that is focused and responsive to the client. Well-connected networks and collaboration with a wide range of local agencies and organisations is evident.

Required Actions (RA)

If/where noted during a Quality Evaluation, RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty of care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.

There were no Required Actions identified during this evaluation.

Service Improvements (SI)

If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.

No	Standard	SI statement
1.	1	Incorporate the language and concepts of safeguarding in relation to advocacy for relevant policies and procedures (on review). This includes promoting least restrictive practices.
2.	2	Develop a combined policy statement or position paper about the identified challenges in engaging Aboriginal and Torres Strait Islander people with advocacy services.
3.	4	Develop a consistent feedback and complaints form and mechanism across the Consortium.
4.	6	Create a medication management policy for the Consortium, stating that they are not involved in administering medication to any person.

Other Matters (OM)

If/where noted during a Quality Evaluation, OMs refer to identified matters that are not within the scope of a Required Action/s or Service Improvement/s and therefore, do not have reporting requirements. The following includes up to four (4) brief example/s of OMs noted.

No	Standard	OM statement
1.	1,4	Explore how individual and systemic advocacy can achieve a positive outcome in common discrimination cases and complaints, and/or an understanding and/or acceptance of why they are not successful.
2.	3	Consider developing a combined/consistent individual plan and risk assessment across the Consortium.
3.	3,5	Monitor the increase in the number of client referrals, their complexity and the level of difficulty accessing service options on behalf of clients eg WA NDIS, HACC and mental health services.
4.	6	Investigate options for increasing disability-parking bays at the Nedlands office and achieving front access to the Albany Office.

Part B: The Standards

In this section, the Standards are assessed against compliance requirements and qualitative elements. A brief comment is provided regarding the Standard.

There are six National Standards that apply to disability service providers.

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths that enable individuals to reach their goals.
4. **Feedback and complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Further information about the National Standards and the Commission's Quality System can be access on the website:

<http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system>

Standard 1: Rights

The intent of this Standard is to promote ethical, respectful and safe service delivery that meets legislative requirements and achieves positive outcomes for people with disability. This Standard has a focus on particular rights including: freedom of expression, decision-making and choice; freedom from restriction; freedom from abuse, neglect, harm, exploitation and discrimination; privacy and confidentiality.

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.

- **(P) proposed:** not existing and yet to be developed
- **(E) existing:** currently in place
- **(R) under review:** in place and scheduled for review
- **(NA) not applicable:** not relevant

The service point has the following policies and / or procedures for:

- | | P | E | R | NA |
|---|---|---|---|----|
| • treating individuals with dignity and respect | | X | | |
| • promoting and supporting individuals' freedom of expression and decision-making and choice | | X | | |
| • recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents | | X | | |
| • safeguarding individuals' rights | | | X | |
| • providing contemporary, evidence-based support strategies with minimal restrictions | X | | | |
| • maintaining individuals' privacy and confidentiality | | X | | |

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- All clients interviewed reported that they were treated with respect and dignity, and were fully involved with making decisions. Comments included, "I felt like I was listened to", "You really feel like you've got someone on your side" and "I had a voice on behalf of me".
- Most clients interviewed received support to access/continue a Disability Support Pension (DSP) and to challenge/lower Centrelink debt.
- Some clients expressed frustration that their discrimination issues were difficult to prove and were not resolved on an individual or systemic level, for example, student rights at university, disclosure of disability and unfair dismissal. One client had their case heard by the Equal Opportunity Commission with support from an advocate. The case was dismissed and they found it hard to accept this outcome and what to do next to "fight the system". (Other matters 1)

Staff and management knowledge

- Staff report an increase in the level of assistance provided to clients regarding issues with Centrelink in the past year; in particular, dealing with pension reviews and appealing/lowering Centrelink debt.
- Some staff concur that it is difficult to close discrimination cases if they are unsuccessful and that they often feel options are limited without increased legal support and systemic advocacy. (Other matters 1)
- Staff must report an incident, or abuse or neglect immediately. Any serious incidents are reported to the CEO of each organisation, and then to a nominated officer who enters the information on the online portal to report to the Commission on behalf of the Consortium. There have been no incidents to report, although advocacy support is provided to some clients involved in serious incident reporting with another organisation.

Observations

- The Consortium is clearly committed to working towards their vision, mission and values. For example, the vision of PWdWA is that 'people with disabilities are equal and valued citizens' and their mission is 'advocating for the rights and empowering the voices of people with disabilities in WA'. ASW's business principles state that 'we will be passionate, innovative and fearless in the promotion and defence of the rights and interests of people with disabilities'.
- PWdWA's annual report (2016) refers to common advocacy issues related to the upholding of client rights, including support to access the State Administrative Tribunal, HaDSCO, Australian Human Rights Commission, Public Trustee and Equal Opportunity Commission.
- ASW's client handbook contains information about client rights and responsibilities, privacy and confidentiality and encourages membership.
- All agencies in the Consortium promote the Complaints Resolution and Referral Service (CRRS) abuse and neglect hotline, with an information sheet for all clients.

Critical documents, systems and processes

- Examples of policies and procedures related to this Standard include:
 - 'Privacy, dignity and confidentiality' with information about disclosure and consent.
 - 'Code of conduct' promoting the rights of people with disability, stating that staff must report any 'suspected fraudulent, corrupt, criminal or unethical conduct in accordance with due care and diligence'.
 - 'Rights of clients, staff, volunteers and community members' which outlines how SSCLS staff will treat people with disability with dignity and respect, and support decision-making and choices; with a responsibility to report abuse and neglect and the important role of family, friends and important others in clients' lives.
 - 'Protection of human rights' which outlines how PWdWA 'supports legal and human rights to be free from abuse and neglect' with strategies and actions to prevent abuse and neglect as a key priority.
 - 'Decision making and choice' includes ethical guidelines about how to provide advocacy services that promote decision-making and individual choice, 'balanced against our organisation's responsibility not to act on decision by a person that might pose a significant and foreseeable risk to their safety or interest and the safety of staff'.

- Strategies and responsibilities outlined in the PWdWA's duty of care policy and procedure are too generalised, for example, 'compare possible benefit against possible harm' and 'balance rights of all stakeholders with possible risk'. There is a need to incorporate the language and concepts of safeguarding in relation to advocacy and other contemporary strategies, such as supporting least restrictive practices across the Consortium. (See Compliance table - Service Improvement 1)

Assessment against the Standard

General statement	The Consortium sets a high standard in promoting and protecting the rights of people with disability. Clients and staff report challenges in upholding discrimination cases.
Standard 1: Rights	Met

Standard 2: Participation and inclusion

The intent of this Standard is to promote the connection of people with disability with their family, friends and chosen communities. It requires services to work collaboratively with individuals to enable their genuine participation and inclusion, and that the individual's valued role needs to be one of their own choosing.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • actively promoting a valued role for individuals, related to their interests and preferences 		X		
<ul style="list-style-type: none"> • promoting and supporting participation and inclusion and community connection 		X		
<ul style="list-style-type: none"> • respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection 	X			

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p>Feedback from individuals with disability, their families, friends, carers and advocates</p> <ul style="list-style-type: none"> • All of the clients interviewed acknowledged the support from advocates to enable their inclusion to have a valued role and have community connections. • One client explained how they were assisted to gain access to the Home and Community Care (HACC) waitlist for personal care services. They received support "big time" with determining eligibility, understanding and completing documentation and attending medical appointments, commenting, "without them I would have been stuck". • Other clients reported assistance with "getting my life back on track" for issues related to subsidised accommodation and finances, such as support with reading and responding to correspondence and paying utility bills on time. • Another client was very satisfied with support to fix communication and staffing issues with their service provider. They explained that the advocate organised a mediation meeting, circulated an action plan and provided a copy of the National Standards to the service, commenting, "they pay attention to me now".
Staff and management knowledge

- An advocate described how they facilitated communication between a parent and school staff to support inclusion in the child's school, stating, "I helped the parent focus on the relevant issues and focus on a solution".
- PWdWA's annual report (2016) refers to common advocacy issues related to housing, including: communicating with the Department of Housing, maintenance issues, ensuring the client makes court appearances related to possible eviction and risk of homelessness.
- Staff reported strategies that they use to engage and support Aboriginal and Torres Strait Islander (ATSI) people, particularly in regional areas of the Goldfields and Mid-West, for example, meeting at the Aboriginal medical centre that is highly accessed; and being a member of the Goldfields disability reference group. They explained the complexities and challenges of working with Indigenous people, commenting: "There is such a complex back story of mental health issues, suicide, grief, abuse and/or domestic violence". (Service Improvement 2)

Observations

- ASW's business plan (2016/2017) includes a focus area of Indigenous advocacy, 'to implement culturally appropriately methods to better access and support the local Indigenous community'. A recent SSCLS self-assessment recognised that it is difficult to access and assist people from an ATSI background.
- It is recommended that the Consortium develop a combined policy or position paper regarding challenges in engaging Indigenous people to access advocacy services. (See also Compliance table - Service Improvement 2)

Critical documents, systems and processes

- Examples of policies and procedures related to this Standard include:
 - 'Code of conduct' that staff respect clients as valued people and work in collaboration with stakeholders to promote the rights of people with disability.
 - 'Valued status' with procedures that support advocacy services are provided 'in the most inclusive and most empowering way' and 'that people with disabilities are encouraged to participate in the community in ways that are valued and meet their aspirations'.
 - 'Participation and social inclusion' that outlines the role of the legal advocate and the valued role of people with disability, including Indigenous people.
 - 'Consultation, participation and integration' that ensures that advocacy services facilitate a client's inclusion into the community, including the development of relationships and networks with stakeholders.
- ASW's current strategic plan states their belief of valued roles and 'the importance of choice, equality, opportunity and inclusion in society'.
- SSCLS's client charter states that 'clients have the right to be treated with equality, respect and dignity by all staff; without distinction of background, religion, sex, disability, financial circumstances, sexual preferences, family or marital status, political opinion or other status or characters.

Assessment against the Standard

General statement	The Consortium plays a critical role in endorsing a valued status for people with disability in their chosen community.
--------------------------	--

Standard 2: Participation and inclusion	Met
--	------------

Standard 3: Individual outcomes

The intent of this Standard is to promote person-centred approaches to service delivery where individuals lead and direct their services and supports. Services and supports are expected to be tailored to an individual's strengths and needs, and deliver positive outcomes. This Standard recognises the role of families, friends, carers and/or advocates in service planning, delivery and review.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • person-centred individual service planning, delivery and review 		X		
<ul style="list-style-type: none"> • respecting and responding to individual diversity 		X		
<ul style="list-style-type: none"> • respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection 		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p>Feedback from individuals with disability, their families, friends, carers and advocates</p> <ul style="list-style-type: none"> • Clients were able to describe the planning process, which is tailored to their needs, and were clear in what the advocate can provide, what outcome was reached and when their case is considered closed. • Comments include, "They really honed in on the issues", "They were supportive in what I wanted to achieve" and "They were straight with me". • One client reported how an advocate assisted them with an appeal process for a Disability Support Pension review. They described how they and the advocate set up an action plan and wrote to the Ombudsman with the outcome of being able to keep their pension. • Another client described how the advocate "interpreted Centrelink letters and wrote back on my behalf". • Some clients interviewed required advocate support with their WA NDIS plans, eg support with the eligibility/application process, getting their current plan reviewed earlier than twelve months and/or support in understanding their current plan. • Most of the clients described how advocate support had resulted in less stress and anxiety, and improved wellbeing.

Staff and management knowledge

- Staff can describe the model of advocacy they provide, which is issues and empowerment based with a person-centred approach and involving family members when appropriate.
- Staff described an extremely wide range of individual advocacy issues that they are involved with. For example, but not limited to: accommodation/housing (tenancy, neighbours, maintenance, safety and security), financial issues and support, transport, education (schools and universities), health, employment, discrimination cases and working with the justice system.
- Staff reported an increase in the number of people they support with complex and long-term issues. They commented that it is often difficult to focus on the most pressing issue and close their case. They add that that clients can often be very emotional (upset or angry) and they follow risk assessment guidelines as a form of safeguarding. (Other matters 3)
- On average clients who receive information and/or a referral to another service use three hours of an advocate's time. Direct advocacy cases average 13 hours of an advocate's time, with extremely complex cases using 40 hours or more of the advocate's time. (Other matters 3)
- Staff often use the Ethnic Disability Advocacy Centre (EDAC) for advice when working with clients from a culturally diverse background, or refer clients to this service if they have specific or more complex cultural needs.

Observations

- PWdWA's annual report (2016) refers to common advocacy issues related to clients' service providers, such as communication breakdown, lack of compatibility with support staff and not being provided with adequate information about their rights.
- ASW's intake and assessment framework promotes advocates to identify cultural backgrounds and individual diversity.

Critical documents, systems and processes

- Examples of policies and procedures related to this Standard include:
 - 'Decision-making and choice' procedure that outlines how the advocacy process promotes people with disability to self-determine, by assisting them to identify their needs and goals, foresee and explore consequences of actions; and value their views, preferences and suggestions.
 - 'Individual needs' procedures, which include creating an individual profile and responding to cultural or linguistic needs, and clients are provided with services that are responsive to their individual needs, interests and aspirations.
- ASW's business plan (2016/2017) includes a focus area of CALD advocacy, 'to implement culturally appropriately methods to better access and support the local CALD community'.
- In their current strategic plan (2016-2020), ASW states their belief 'in justice and human rights for people with disabilities irrespective of age, gender, culture or linguistic background, religious beliefs, sexuality or disability'.

Individual plan assessment

This section relates to people with individualised funding (where plans are completed by organisations / Local Coordinators).

Desktop assessment

- Eight plans were reviewed and 100 per cent met basic qualitative and outcomes criteria.
- Individual plans from across the Consortium were reviewed. Although plans are basic, they are streamlined and effective, and meet the outcomes criteria as they are up-to-date, have relevant goals, strategies and outcomes, are in Plain English and reviewed on an ongoing basis. Areas for improvement include making sure all plans have a signature of agreement (PWdWA) and consistently report on progress and outcomes (ASW).

Plans consider and document individual choices

- All individual plans use an issues-based model of advocacy that is focused and responsive to the client. For example, the initial action plan clearly describes the main issue requiring resolution and the contributing factors.
- ASW's assessment tool organises descriptive information using a framework of systems (person, family/household and community) and developmental areas (eg employment, legal, education) which assists the advocate to identify the presenting issue area (eg accommodation, discrimination or rights, or legal).

Plans record decisions regarding the individual's supports and funding arrangement, with determination of safeguards as appropriate

- ASW's intake procedure includes a risk and safety assessment where the advocate seeks evidence for issues around, mental health, physical harm/safety, homelessness, and the breakdown of critical support arrangements; and includes a home-visit safety assessment.
- The risk management guide by SSCLS sets mandatory minimal standards for Community Legal Centres.
- It is recommended that the Consortium develops a combined/consistent plan and risk assessment, but the evaluator is satisfied with the current standard. (Other matters 2)

Plans include monitoring, reviewing and following up individual progress against goals and outcomes

- The ASW initial action plan includes the client-preferred outcome, client actions, advocate actions, expected date for the commencing action and next contact date.
- It is stated that the SSCLS plan must set out client objectives, performance indicators, staffing and hours, with case notes.

Stated outcomes reflect the wishes of people using services and the extent to which they feel they have choice and control

- All clients must sign a consent agreement form 'to act as my advocate' or 'authority to advocate' and sign their plan.

Statement about individuals' satisfaction with the supports provided to facilitate achievement of goals

- A client feedback survey is provided to all clients once their case is closed and asks if the client was satisfied with the level support, to give an overall rating, the 'usefulness of assistance', or how involved the client felt in creating their plan.

Assessment against the Standard

General statement	Advocates consistently use an issue-based and person-centred approach, using a focused and responsive planning process.
Standard 3: Individual outcomes	Met

Standard 4: Feedback and complaints

The intent of this Standard is to ensure that positive and negative feedback, complaints and disputes are effectively handled and seen as opportunities for improvement. Services should provide a range of opportunities to seek feedback, recognising that people need to feel safe to provide feedback and have access to advocates and independent support.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • encouraging and managing feedback, complaints and dispute resolution 		X		
<ul style="list-style-type: none"> • developing a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services 		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p>Feedback from individuals with disability, their families, friends, carers and advocates</p> <ul style="list-style-type: none"> • All of the clients interviewed were encouraged and supported to give ongoing feedback about their advocacy services and to make a complaint, if required. This included getting support to give feedback or make a complaint to another organisation. • Some clients reported that they would like legal and non-legal advocates having “more clout and confidence” and that there are “limitations to their power” with discrimination cases, appeals and complaints. They reported that they had expressed this frustration to their advocate and wished that more could be done on a systemic level. (Other matters 1)
<p>Staff and management knowledge</p> <ul style="list-style-type: none"> • A SWOT analysis of PWDWA in 2015 included consultation with members and clients and demonstrated a high level of satisfaction. It resulted in a number of relevant issues and opportunities. For example, not enough legal advocates, limited support in rural and remote regions of WA in particular for people from ATSI and CALD backgrounds, parking space at the Nedlands office, uncertain funding climate and lack of political support for advocacy. • A client feedback survey is provided by the entire Consortium once the client’s case is closed, asking questions about service access, timelines, confidentiality,

understanding their rights, being treated with dignity and respect and understanding how to making a complaint. Clients are given the option to complete the survey by phone.

- Staff reported that they support clients to log or make a complaint, for example to HaDSCO, the Ombudsman, the Consumer Liaison Officer at the Commission, or to support a client during the WA NDIS appeals process.

Observations

- The SSCLS client charter encourages feedback and explains their complaints procedure.
- The ASW client handbook encourages giving feedback and/or making a complaint, stating it is okay to complain and provides their complaints procedure.
- The PWdWA individual advocacy brochure and booklet states how to make a complaint, that feedback is welcome, and encourages clients to become involved as a member.
- SSCLS uses a suggestion box and has a complaints form to provide feedback. A formal feedback or complaints form from ASW or PWdWA was not observed. It is recommended that the Consortium develop a consistent form that is made available to all clients. (Service Improvement 3)

Critical documents, systems and processes

- Examples of policies and procedures related to this Standard include:
 - 'Complaints and disputes' and 'Client complaints and feedback' outlining strategies to assist clients to provide feedback and/or make a complaint in a fair and non-threatening fashion.
 - 'Quality management', 'Continuous improvement' and 'Continuous Improvement Registers'.
- The evaluator viewed the Complaints Register for PWdWA, which received two complaints in the past year, with appropriate response and detailed documentation. ASW and SSCLS did not have any complaints, but also keep a register.

Assessment against the Standard

General statement

The Consortium is open to receiving feedback and complaints and uses this information as an opportunity to identify areas for improvement. They are highly instrumental in encouraging clients to give feedback or make a complaint about other services.

Standard 4: Feedback and complaints

Met

Standard 5: Service access

The intent of this Standard is to ensure that access to services and supports are fair and transparent and that individuals understand criteria and processes regarding access to, and use of, a service or support. This includes clear explanations when a service or support is not available and referral to alternative service options.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • promoting and supporting fair and transparent service access 		X		
<ul style="list-style-type: none"> • maintaining up-to-date information on alternative service options and referral support 		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p>Feedback from individuals with disability, their families, friends, carers and advocates</p> <ul style="list-style-type: none"> • Most clients interviewed found out about/accessed the Consortium through self-referral, a family member, a disability service provider or Local Coordinator. • One client explained that they heard an advocate from the Consortium talking on the radio about preventing abuse and neglect of people with disability, stating that they liked their attitude. • As outlined in Standards 2 and 3, clients reported that advocates assisted them to access and/or improve their access to other service providers, including Local Coordinators, to support the planning process.
<p>Staff and management knowledge</p> <ul style="list-style-type: none"> • In the Perth metropolitan area, half of the people seeking advocacy is through self-referral, with agency or family referrals approximately 20 per cent each. In regional areas, over 60 per cent of clients are referrals from other agencies. • Staff report an increase in the number of referrals and level of assistance that they are providing to clients regarding their WA NDIS planning (eligibility, review or appeal) and accessing HACC or mental health services. (Other matters 3) • There is also an increase in complex clients being referred with limited options when finding appropriate support and services. Comments include: "We are helping more people falling through the cracks", "Our clients are getting more complex, long-term issues. It's getting more difficult to find them support or refer them on". (Other matters 3)

- The Team Leader does the initial intake assessment and then refers to the most appropriate advocate with advice.
- PwDWA supports 16 peer support groups; and in particular has worked with Women with Disabilities WA and Self Advocacy WA.
- Some staff reported that they would like more opportunities to use video/teleconferencing facilities available for meetings with clients. One staff member in a regional area reported that their clients preferred face-to-face meetings, so this increased travel and time taken.

Observations

- One of the strengths of the Consortium is their well-connected networks and collaboration with a wide range of local agencies and organisations providing legal, housing, health, disability, mental health, legal services and social support across the State. For example, Local Coordinators, Partners in Recovery, Health Consumers Council, Aboriginal Legal Service, Ombudsman WA or Mission Australia.
- There are multiple referral points across the Consortium. An extensive list was provided to the evaluator and included over 100 organisations related to key advocacy issues.
- The SSCLS client information kit describes the process of intake and support.
- The PwDWA individual advocacy brochure is accessible, and written in Plain English with descriptive pictures.

Critical documents, systems and processes

- Across the Consortium, adequate policies and procedures exist that describe entry and exit procedures, prioritisation, and referral management of services and support. This includes policies and procedures for defining eligibility, refusal of service, and client transition or exit from service.
- The intake procedure for ASW is comprehensive and includes an intake and assessment framework with four stages: initial contact; initial interview; assessment; and intervention planning, evaluation and closure.
- The ASW Assessment tool includes information to assist client orientation and induction to the advocacy service, such as the client information pack and handbook.
- A closure letter is sent to all clients, asking them to contact the advocate within fourteen days if they require further assistance, and that they are welcome to contact the agency in the future.

Assessment against the Standard

General statement	Access criteria and intake processes for advocacy services are clear and transparent. There are increasing challenges for advocates to find other service providers and alternative service options on behalf of their clients.
Standard 5: Service access	Met

Standard 6: Service management

The intent of this Standard is to ensure that services are accountable and have sound governance that will enable services and supports to be delivered in a safe environment by appropriately qualified and supervised staff. It also requires services to promote a culture of continuous improvement as a basis for quality service delivery.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management) 		X		
<ul style="list-style-type: none"> • employment records that are current and maintained (ie Police Clearances and Working with Children Checks) 		X		
<ul style="list-style-type: none"> • individuals' records that are current and maintained (ie individual plans, services received, demographics, etc) 		X		
<ul style="list-style-type: none"> • work health and safety 		X		
<ul style="list-style-type: none"> • maintaining a safe environment (ie fire and evacuation) 		X		
<ul style="list-style-type: none"> • administration of medication 			X	
<ul style="list-style-type: none"> • risk management 		X		
<ul style="list-style-type: none"> • financial management 		X		
<ul style="list-style-type: none"> • promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review 		X		
<ul style="list-style-type: none"> • training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices 		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
<ul style="list-style-type: none"> • current and dated 		X		
<ul style="list-style-type: none"> • include a review date 		X		
<ul style="list-style-type: none"> • where appropriate, developed in consultation with individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • where relevant, available to potential and current individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • made available in customised accessible formats, including languages other than English, as required 		X		

Operating a safe service

This section relates to the operational component of the Standards and indicates where practices are in place for the service point.

- **(M) met:** practices demonstrate the requirements have been met
- **(NM) not met:** practices demonstrate the requirements have not been met
- **(NA) not applicable:** this practice is not relevant

The status of the following practices for the service point is assessed as:

	M	NM	NA
• The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	X		
• National Police checks are regularly updated for Board members, staff, volunteers and contractors.	X		
• The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.	X		
• Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.			
• The service has an emergency evacuation plan.	X		
• The service regularly practices its emergency evacuation plan.	X		
• The service keeps records of evacuation trials.	X		
• The administration of medication occurs as detailed in the policies and procedures instructions.		X	
• The buildings are maintained in a condition that does not pose a risk to staff and service users.		X	
• Regular work health safety audits are undertaken to identify and address potential safety hazards.	X		
• A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.	X		
• There is a current record of staff training in the implementation of policies, procedures and practices.	X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- Most of the clients interviewed report that the advocates have the necessary attitude and skills to assist them; in particular, developing trust and rapport, developing a focused action plan, keeping them informed and managing their emotions.

Staff and management knowledge

- Staff have professional qualifications in psychology, social work, law and/or community development.
- People with disability, family members and carers are encouraged to participate in the Committee of Management responsibilities.
- There is adequate evidence that there are regular staff meetings, performance management, training and supervision of staff. For example, the dedicated roles of the Team Leader or Senior Advocate.
- Staff reported that they support each other, often debrief and understand each other's strengths and share knowledge and strategies. They are aware of boundaries and the risk of burnout due to the nature of their role.
- Staff report that the PWdWA Nedlands and Albany offices have compromised accessibility. There is one disability-parking bay at Nedlands, which is on a slope and four staff with disability. The Albany office is only accessible from the back of the building. (See Operating a safe service table - Other matters 4)
- PWdWA management has written to the local council twice since November 2014 to request accessible parking and requested funds through Lotterywest to purchase an office; but were unsuccessful due to uncertainty of funding. (Other matters 4)

Observations

- PWdWA's Committee of Management has members with disability and some staff have experience of disability.
- ASW's business principles state that 'we will actively facilitate and value the involvement of people with disabilities in our organisational governance'.
- Strategic and operation plans from each of the Consortium are of a high quality, relevant, demonstrate a culture of continuous improvement and incorporate feedback from staff, committee members, clients and stakeholders.

Critical documents, systems and processes

- Examples of policies and procedures related to this Standard include:
 - 'Decision-making and choice' procedure that outlines how PWdWA will provide information in accessible formats and/or languages, when requested.
 - 'Service access' procedure by SSCLS, which outlines accessibility in terms of physical access and information being translated into the required language, Plain English or Auslan.
 - 'Client participation' and 'Valued status' have procedures that aim to increase the involvement of people with disability in organisational governance and strategic direction. For example, PWdWA is to have a 'minimum of 75 per cent of committee members as people who identify as having a disability'.

- 'Occupational health and safety' and 'Risk management' which include relevant checklists; and occupational health and safety is a standing item in all staff meetings.
- Extensive policies and procedures for human resource management exist related to recruitment, induction and training, performance management and staff grievances.
- PWdWA has a recent medication management policy, stating that they are not involved in administering medication to any person. It is required that the ASW and SSCLS develop this policy or create one as a Consortium. (See Operating a safe service table and Compliance table - Service Improvement 4)

Assessment against the Standard

General statement	It is evident that there is a culture of continuous improvement across the Consortium with people with disability encouraged to be involved with governance of the Consortium.
Standard 6: Service management	Met

Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development.</p>	<ul style="list-style-type: none"> • The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance. • The organisation has managed and reported on financial and human resources activities well. • Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities. • The organisation demonstrates strong public accountability (websites, publications, public disclosure).
Required Actions (RA)	
<p>RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.</p>	<ul style="list-style-type: none"> • There is a total breakdown of a system or procedure governed by applicable Standards. • There is a total absence of a requirement being addressed by the provider. • There is a failure to comply with the requirements of the Standards. • There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues). • The major gap represents a high risk to individuals. • Experience and judgement indicate there is a likely failure to assure quality services. • A number of long-standing gaps in the Standards are related to the same requirement.
Service Improvements (SI)	

<p>SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.</p>	<ul style="list-style-type: none"> • There is a weakness in the system, not the absence of a system. • Human error is evident. • The weakness affects the service, but is not unsafe ('misdemeanour-like'). • There is minimal risk to individuals. • Experience and judgement indicate an improvement will enhance the quality of the service. • A single observed lapse or isolated incident is evident, but does not impact the whole. • There is sound ongoing intent to address the issue, but it is not yet fully resolved. • SIs may include, but are not limited to opportunities to: <ul style="list-style-type: none"> • Improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. • improve systems, processes and databases (eg data not current) to improve work efficiency. • present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.
<p>Other Matters (OM)</p> <p>OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements.</p>	<ul style="list-style-type: none"> • Matters for consideration do not represent a gap or weakness in meeting the Standards. • A lack of financial and/or human resources and/or strategic governance to enhance services and foster a positive attitude/culture is evident.

Disclaimer

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.
- The assessment will often involve a determination as to which of two or more versions of the same facts put to the evaluator(s) is correct under circumstances, where this issue cannot be determined with absolute certainty.
- The assessment will involve the evaluator(s) raising issues with a sample of individuals with disability, their family members, carers, friends, advocates and other relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.