

Quality Management Framework

Quality Evaluation

Therapy Focus Inc
Community Aids and Equipment Program
and School Aged Intervention – Swan
Final Report
1 April 2013

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

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1. The evaluation visit

This report describes the findings of the Independent Evaluation team who visited Therapy Focus from October 2012 to February 2013. The team leader met with management on 18 October 2012, a Preliminary Meeting was conducted on Monday 12 November 2012 and the evaluation team completed an assessment of the service point's progress towards meeting Outcomes under the Quality Management Framework (QMF) and compliance with the Disability Services Standards. The Independent Evaluators visited the service point/organisation in Bentley and Joondalup over several visits, gathered input from staff and consumer interviews and gained further consumer input via emails between 12 November 2012 and 14 February 2013. A post evaluation meeting was held on 28 March 2013.

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

- *Vikki Gates*
- *Deb Saville*
- *Viv Huntsman*

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

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

2. Acknowledgements

The Independent Evaluators would like to extend thanks to individuals, families and carers for the assistance they provided throughout the evaluation visit.

The Independent Evaluators acknowledge the commitment of the staff in providing services. This was evident from the evaluators' observations and discussions with individuals, families and carers; observations of staff interactions and discussions with staff; and from the positive comments about staff, evaluators received from individuals, families and carers.

Findings documented in this report have been selected to support the outcomes of this evaluation and highlight background evidence for good practices, required actions and key priorities for service improvement.

3. Service point profile

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

Disability sector organisation:	Therapy Focus Inc
Service point name:	Community Aids and Equipment Program and School Age Intervention – Swan
Outlet name(s):	CAEP Infrastructure (operational costs only) Community Aids and Equipment Program School Age Intervention Services (Sub Swan) School Age Intervention Services (Swan)
Chief Executive Officer:	Mr Matt Burrows

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

Therapy Focus is a not-for-profit organisation providing therapy and support services to Western Australian children and young people with a disability or learning disadvantage since 1998. Therapy Focus works closely with families, schools, carers and the community to improve the quality of life of clients in reaching their full potential. As the largest provider of therapy services for children with disability in the Perth metropolitan area, Therapy Focus currently manages the Swan School Age Intervention contract and the Sub Swan School Age Intervention contract and the Community Aids and Equipment Program (CAEP), which are subjects of this evaluation.

All services are guided by five key principles, including 1) Family Centred Practices, 2) collaborative partnerships between key stakeholders and the client, 3) the concept that learning can take place everywhere, 4) effective service involves trans-disciplinary practices and 5) focusing on Quality Management Framework Outcomes of Independence and Participation.

Recent developments to the services offered include:

- The establishment of a 'Community Connect' team, with facilitators working within each regional team to enhance the participation of children and families as active members of the wider community.
- The establishment of a Manual Handling Coordinator role to support therapists and ensure they use best practice in their own handling, and the advice they give, regarding manual handling of clients.
- The establishment of a Behaviour Support Team (BeST) to offer professional support from psychologists and social workers for clients who are in transition phases of their lives.

The organisation achieved accreditation under the ISO 9001:2008 Quality Management Standards, earlier this year.

Brief description of the School Age Intervention programs

The Therapy Focus Swan area team is responsible for managing the Swan School-Age contract and their East area team is responsible for managing the Sub-Swan School-Age as well as the Early Childhood Intervention metropolitan contract. The Swan and Sub Swan

School Age Intervention programs provide occupational therapy, physiotherapy and speech therapy to children between 5 and 18 years of age, attending school or in home school programs.

All eligible children receive comprehensive therapy services delivered by a designated team of occupational therapists, speech pathologists, physiotherapists and a community connect facilitator supported by therapy assistants.

Services are delivered at a range of possible venues such as home, school and other community locations as determined by the goals agreed and by families' choices.

The School Age Intervention programs are designed to build on the capacity of each child and the people in their lives by providing therapeutic strategies for use in the home, the school and the community. By developing ongoing reinforcement of these strategies for family, teachers and other people involved in the child's life, the therapy intervention is designed to have a lasting benefit for each child.

The individual goals for each child are identified in collaboration with the client and family and are recorded in a Therapy Service Plan which is copied to the family. Therapy services are reviewed annually to evaluate the effectiveness of therapy intervention, that it is progressing the identified goals and to plan for future services.

Resources (e.g. building/s, staffing, IT systems, vehicle/s, budget)

Therapy Focus staff work out of the Bassendean, Joondalup and Bentley offices delivering services in clients' homes, in the community and in schools throughout the Swan and sub Swan areas. Therapists are also based at Durham Road and Gladys Newton Schools.

Direct support staff supporting these programs are provided by Senior Therapists (4.9 full time equivalent or FTE), a Specialist Therapist (1 FTE), Therapists (0.3 FTE) and Therapy Assistants (0.9 FTE) through the Swan and Sub Swan School Age Intervention services.

Non direct support including administration staff and the CAEP Coordinator are based at the Bentley Office.

The School Age Intervention programs budget for 2012-13 for Swan School Age Intervention is \$2,755,921 and for Sub Swan it is \$908,419.

Brief description of the Community Aids and Equipment Program (CAEP)

CAEP is funded and managed by the Disability Services Commission (the Commission) and since its inception in 1998, Therapy Focus is responsible for administrating and allocating funds to clients for equipment and home modifications that are approved in accordance with standardised CAEP criteria.

The program adheres to CAEP guidelines with the management of the CAEP program through the use of an electronic lodgement system 'eCAEP'.

Significant streamlining of the CAEP process at Therapy Focus has recently improved services, addressing issues of delays, complex and duplicated documentation and reducing waiting lists.

CAEP processes involve assessment of client eligibility by a therapist and research into the appropriate aid or equipment to address the client's needs. Quotes are secured and equipment request filed. Once reviewed by the senior therapist the request is entered onto the eCAEP system and the Equipment Coordinator reviews the equipment request and approves the request based on date required, priority and availability of funds. Once ordered and equipment received, a therapist provides training in the use of the equipment if required and the family is provided with written instructions on the care and use of the equipment, and details of the equipment are recorded.

Resources (e.g. building/s, staffing, IT systems, vehicle/s, budget)

Therapy Focus manages its CAEP budget with the support of a (0.8 FTE) Equipment Coordinator and (0.8 FTE) administration support. The Equipment Coordinator manages the budget, prioritises need within the client population and the available funds and submits applications for growth funding and 'predicted need' as required.

The Therapy Focus CAEP budget for aids and equipment is \$1,291,010 in 2012-13. The CAEP annual income for infrastructure support is \$54,420. CAEP operational costs also include accessing therapy expertise, which is funded from other Therapy Focus funds.

Brief description of people using services

Consumers are family members and their children aged between 5 and 18 years with an intellectual, physical, cognitive, sensory or neurological disability and must be approved for disability support services by the Commission. A number of clients require the use of wheel chairs, walking frames and other adaptive equipment or require occupational therapy, physiotherapy or speech therapy services.

Consultations

During the evaluation assignment, the Independent Evaluators consulted with a total of 60 consumers/clients including 39 individuals with a disability or their parents, and an additional 21 email respondents, 11 direct therapy staff including the two Area Managers and one CAEP Equipment Coordinator.

There were no individuals or families present at the preliminary meeting but a large contingent of 13 staff were present providing an excellent opportunity to gather staff input. Documentation reviews of 30 client files were completed and external stakeholders were interviewed including two school teachers and two school Principals.

The post-presentation meeting was held on 28 March 2013 and was attended by 16 staff and no clients.

4. Executive summary

A. Good practices

This section reports the Independent Evaluators' findings of the service point's strengths in relation to addressing Outcomes through good practice.

The Independent Evaluators were particularly impressed by:

- The extensive confidence in the therapists reported by most families and the reported consistency in contact with families by therapists.
- The flexible approach championed by Therapy Focus that enables delivery in whatever mode and locations suits the families' and the clients' needs.
- The reported instances where Therapy Focus is highly valued and 'doing a great job'. The strength of their collaborative approach with families, schools and LACs was widely commended.
- One family expressed delight at the 'transition to high school' program initiated by Therapy Focus and conducted in collaboration with the school which provided training in a new route to use public transport to get to school, how to use a smart rider, getting lunch, etc that has enabled the child to be part of the mainstream community as well as increase independence.
- Families described staff attitudes that promote, 'never give up on your dreams'.
- The strong leadership within Therapy Focus.
- The extensive efforts of the CAEP Equipment Coordinator in streamlining and improving the systems, documentation and management of the CAEP program and the improved approval times.
- Established funding priorities for CAEP that makes funding more readily available with designations for 'emergency' requests offering approvals within one week; 'urgent' requests offering approvals within two weeks to two months, and 'routine' requests with approvals between two and six months.
- The recent establishment of 'Community Connect' and a Behaviour Support Team (BeST) to improve psychology and social work services for clients and families in transition.
- The implementation of Therapy Focus 'Foreseen Need' growth funding proposals to assist with effective waitlist management and also to address transitional delays in service delivery.
- Service reviews in consultation with clients are conducted as required and annually at a minimum, and clearly informs staff at all levels as demonstrated by staff comments during the evaluation relating to the majority of issues raised by families.
- The openness and acceptance of the Evaluation process; the way that the team participated in the evaluation and the keen interest in the outcomes of the evaluation to be embraced in future planning and delivery.

B. Required actions

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

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

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

B. Key priorities for service improvement

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

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

The Independent Evaluators identified the following Key Priorities for Service Improvement:

Key Priority for Service Improvement 1

Program and Outcome *Independence and Participation*

- The service to continue exploring and considering options for improving delivery times or sourcing alternative suppliers where more timely supply of CAEP aids equipment is needed for growing children to ensure the child does not outgrow the product before it is delivered.

Key Priority for Service Improvement 2

Program and Outcome *Independence and Participation*

- To explore options to minimise delays in therapy service delivery and equipment provision at the start of each school term.

Key Priority for Service Improvement 3

Program and Outcome *Independence and Participation*

- To consider and develop additional strategies and materials to better inform and service the non-English speaking families and where English is a Second Language relative to therapy and CAEP services.

Key Priority for Service Improvement 4

Program and Outcome *Independence and Participation*

- The service to consider staff development and training options to better capture client-focussed goals and their progress and achievements relative to Outcomes.

D. Matters for further consideration / exploration

This section reports the Independent Evaluators' summary of other matters arising from the evaluation of the service point.

In some cases the following issues might have only affected a few families but caused significant distress or lack of service over a long period so are considered significant:

School Age Intervention services

- A number of families expressed some level of dissatisfaction with the Therapy Focus School Age Intervention services.
- Families identified a lack of real choice for families relative to therapy services.
- Some families wanted to access a one-to-one model of therapy provision and although Therapy Focus does offer this, families said this option had not been offered, otherwise they would have taken it.
- In several cases families reported limited benefits due to the infrequency of service delivery, delays in the commencement of therapy each school term and families feeling uninvolved due to a lack of 'communication and learning' when the service is delivered at the schools where the teachers learn what to do.
- Frequent changes of therapists are a common concern as it adversely affects consistency and continuity. "My child has no rapport with the therapists and there is no continuity of quality service....it's pot luck if you get a good therapist or not," said one parent. Most parents expressed weariness with having to re-tell their story. Comments like, "I get fed up telling my story over and over: it's draining."
- Management reported that in the last 12 to 24 months the staff turnover rate had been reduced from 34 per cent to below 17 per cent owing to a range of organisational policy and operational changes.
- Several families noted they have high levels of frustration and made comments such as they, "Have given up", "It's a battle" or "We have to fight for things", "I have to be on their backs all the time" or, "I can't be bothered any longer" or, "I have expressed my concerns numerous times but nothing has changed over several years".
- One family advised that speech therapy activities for their child were arranged in English and they were encouraged to use pictures/story books and use the words and have the child repeat the words. However, the parent who works with the child most each day does not speak English. The therapy support was reported to be having little success.
- The use of translation and interpreter services has been problematic due to the broad range of often uncommon dialects involved. This is a sector-wide issue and Therapy Focus has recently established funds for translation of key documents into specific languages and dialects. Therapists also noted their interest in developing strategies and materials to better inform and service the non-English speaking families and clients of the therapy and CAEP services. Management is considering costs and methodologies.

See KPSI 3

- Families and staff identified the need to develop skills to 'better engage' schools which are resistant to having therapists do any observation, either in classrooms or playgrounds.
- School teachers and principals also reported frustration and concern over the delays in service delivery at the start of each term and in some cases they identified individuals who had received no service for half the term and in one case for up to 18 months. Staff and management advised that where the assigned therapists to a school or client carry over from one term to the next the delay is far less with continuing students but that funding allocations and planning for new clients often impacts on timely commencement of therapy delivery. **See KPSI 2**
- Parents and staff noted that some primary schools are resistant to therapists being there which has resulted in Therapy Focus making no difference at all. Some families would like to see a 'disability awareness' or community education programs for mainstream teachers and children so that children with challenges are better accepted.
- It was generally acknowledged by the teachers and principals that the therapists have too heavy a case load (to service effectively) in the time available.

- The requirement to leave the therapy program at completion of schooling worries many parents which they said, inevitably result in delays or loss of therapy or equipment supports at a time when they will be most needed (eg therapy and aids such as Netbook/iPads).
- Several families were uncertain about whether therapy would continue during school holidays, while others continued their own self-funded therapy during the breaks.
- It was noted that documentation processes are sometimes cumbersome or duplicated. In some cases it was reported that documentation was not particularly family-friendly or therapist-friendly for the purposes of tracking milestones and achievements.
- Some families wanted better follow through by therapists and more frequent progress updates and/or phone/e-mail contact, even though the families recognise the limitation of time for staff.
- Parents wanted Therapy Focus to provide information about ‘what’s out there’ rather than relying on them to research or find out from other parents when burdened and exhausted by too many chores already. The recent Community Connect service is designed to meet this need.
- Some families said they would “love to be able to take the funding and use it to pay for the services or equipment in ways they choose, within appropriate guidelines.
- Some staff identified the need to find better ways to re-engage families that have “dropped off the radar” and likely still require services.

Community Aids and Equipment Program (CAEP)

- Addressing a balance between meeting both family and client needs can often be a challenge.
- The key issue for some family and staff was the length of time it takes for the funding to come through and the time it takes to get equipment and modifications done, especially for equipment from overseas. Comments included, “Equipment takes so long to arrive that when it does get here the child has outgrown it.” And “In the end, after waiting months, we gave up....but this could have been prevented if ‘mock ups’ of certain modifications were done first to ensure effectiveness of the proposed aid; not to mention the money and nine months wasted”. **See KPSI 1**
- Staff identified ongoing concerns about suppliers not understanding CAEP Guidelines of what is acceptable for funded supplies and delivery of the wrong equipment from suppliers via ‘middlemen’ agencies.

5. Meeting outcomes

This section reports the Independent Evaluators' findings of the service point's achievements in relation to addressing the Outcomes.

Meeting Outcomes - Disability Professional Services

All Outcomes:

Evidence noted (eg observations, feedback and documentation):

- See also the Good Practices section above.

School Age Intervention services

- The majority of families indicated they are really happy or relatively happy with Therapy Focus services.
- Indicative comments about the quality and level of care shown by staff included, "They are on the ball", "Wonderful and professional", "They meet our needs", "Are responsive and they follow through", "Meticulous", "Down to earth", "Offer moral support to the whole family", "Are friendly and helpful" and "Feel heard".
- "When we need anything they respond straight away and give us above and beyond what we ask for," said one parent.
- Another family advised, "We could not do without the therapist... the enthusiasm and support...is fantastic".
- Others noted, "I am treated as an equal and it is a collaborative and co-operative approach," and "They have made a huge difference in [our daughter's] development", "They have helped us with accessing funding and pointing us in the right direction".
- One family said Therapy Focus is 'Brilliant' and another said, "I have a beautiful young man as a result of Therapy Focus"
- Staff and documentation verified the above comments and two families said that their child's teacher had also commented that s/he had noticed improvements.
- Therapy Service Plans are copied to the family to ensure understanding and clarity, and to foster a working partnership between therapists and families in working collaboratively towards the goals identified. One parent noted, "They seem to have a plan – but I might hear about it six months later."
- Teachers and principals said the service in the schools is, "Fantastic when it is working well with consistency and reliability of therapists but often this does not happen". They felt that where there are specific goals to target, this is best done outside the classroom with a briefing to the teachers on how they can foster the goals during class time. One school principal noted that the therapy funding available is used wisely within the school and by 30 June there is little left and they appreciate where the funds have been spent.
- The school along with Therapy Focus assisted a family to acquire a particular wheelchair for their child. Even though the therapist felt the wheelchair may not have been the best option for the child the collaborative approach with key stakeholders involved resolved the issues.

- One principal noted, “The Therapy Focus team we have here at the school are professional, understanding, and most importantly they work as a true team. We are very lucky to have them here and we are grateful for the work they do with the students, teachers and families. We are very lucky.”
- Staff reported a lengthy waitlist of children/families awaiting therapy services including 102 in the Swan area and 55 in the Sub Swan area. Therapy Focus has published its waitlist management procedures on their website and waitlisted individuals are prioritised into categories Urgent & Critical, High Need, Medium Need and Low Need.
- Staff advised that additional places were offered in 2011 when the Commission made additional funding available for waitlisted school age children. The lengthy waitlist persists. It was noted that some waitlisted individuals have declined offers of service but have asked to remain on the waitlist. In some cases they may be receiving therapy services from another service provider while still on another service’s waitlist.
- Families that have moved reported having to reapply for support/equipment from their new location. The Commission has recently endorsed procedures which enable shared service provision between the relevant therapy services to ensure, where possible, a continuity of service/delivery of equipment until a formal handover can be arranged.

Community Aids and Equipment Program (CAEP)

- CAEP clients were also mixed in their views about the service and the most common concern was the delays in application processing. Most however were extremely positive in their comments.
- Recent and significant improvements and streamlining of application processes have been implemented and evaluators commend the Equipment Coordinator on the changes which should help in this regard and in managing wait lists.
- In cases where CAEP Guidelines do not allow funding of certain types of equipment, applications must be made to alternative sources of funding (eg Variety).
- Therapists expressed concerns and frustration with CAEP limitations that limit funding to one “wheeled device” when an individual may require both a wheelchair and a wheeled walker and where mobility devices for ‘beyond the letterbox’ are not funded. Their concern is not being able to meet genuine individualised needs.
- One family said they had to apply first to Variety which required three letters of support from a General Practitioner, the Local area Coordinator and a teacher; none of whom know her child as well as she does. If rejected by this alternative funding source, she was advised that she could then apply under ‘community inclusion’ arrangements.
- Clients with ongoing equipment requirements have historically had to wait to apply for known changes or upgrades to equipment as their child grows (eg larger shoes, modifications to wheelchair cushioning inserts etc). New initiatives are now in place for ‘predicted need’ funding which enables families and therapists to plan ahead and reduce delays for replacement and during transitional situations.
- Some families said they needed more information about alternative options for ‘getting things’ that are needed. Therapy Focus assists with grant applications in seeking additional funding sources for clients and offer referrals where needed.

Documentation – all service

- All records were found to be very detailed, professionally written and up-to-date, and the computer system was user-friendly and while most goals are predominantly written in staff orientated ways, some strategies listed to achieve certain goals did not appear to match the identified goals (eg goal to develop client’s social and peer interaction with strategies listed to develop their ability to write numbers and letters).

- In some files documentation appeared to be duplicated and might benefit from review and streamlining.
- In some cases files had incorrect contact phone numbers which were then supplied on the list given to the Evaluation Team Leader. Therapy Focus advised that they rely on clients to advise changes to contact details for updating records.
- Progress tracking in records was found to be scarce other than notations of “achieved”, “in progress” or “abandoned” with no record of progress, achievements or reasons.
- Several files said progress reports are “with the teacher” but the families feel that they are not getting informed about what is going on.
- Several families commented that documents could be more user-friendly, written in Plain English with goals being more child-friendly and written or ‘plotted’ in ways that better engage the child.
- The service to consider staff development and training options to better capture progress and achievements relative to Outcomes. **See KPSI 4**

Summary of evidence:

- Reported benefits and value of the Therapy Focus programs were mixed and varied widely from extremes of satisfaction to reports of little evidence of therapy benefits.
- Areas of consumer disappointment include the limitation of the School Age Intervention services, which ceases for the children at age 18, and the frequent delays encountered at the start of each school year before services commence.

Independence

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

Evidence noted (eg observations, feedback and documentation):

School Age Intervention services

- Identified goals relating to independence included some clearly articulated outcomes such as, bike riding with family and friends, tying my shoe laces, cooking simple meals at home such as warming tinned baked beans on toast, and using an iPad to ask for drink and food.
- Many families reported increased confidence and independence for their children resulting from therapy services including improvements in clarity of speech and pronunciation, and progressing from uttering a single word to forming sentences. Improved and increased fine motor skills, better letter formation and pen positioning, and spacing work on the page were other reported specific examples of improvements to independence resulting from the therapy programs.
- Some families said their child’s skills had improved but they are unsure whether this was the result of therapy services or other multiple factors and professionals involved.
- Most families interviewed expressed their gratitude to the therapist for spending time within the family home and/or school putting plans in place for their child.
- One parent spoke of having a bike modified for her child so they could ride their bikes together and with friends. This has made a very real and important difference in their lives.
- One family noted that the occupational therapist is assisting with fine motor skills to enable their child to do up buttons on their shirt and pick up small objects.
- All families stated they were very much hands on with doing therapy at home.

- One mother is reluctant to use English (as a second language) when working with her child and using the iPad at home. The occupational therapist had asked for this to occur in English, as English is being used at school. The expectation of family involvement in at home therapy may require alternative arrangements or consideration where English is not a preferred or known language for some parents.
- One family indicated that Protective Behaviour Management strategies are in place and ongoing discussions are going well. The mother indicated goals and achievements are getting there in small steps for her child.

Community Aids and Equipment Program (CAEP)

- Most families receiving equipment through the CAEP program reported their high levels satisfaction with the service indicating improved independent skills for their child being developed in areas such as toileting, personal hygiene and grooming, teeth brushing, improved mobility and balance, jumping and catching skills.
- Families reported significant increased resilience for the children and their families as a whole.
- Families were extremely impressed with the level of knowledge about equipment and how to access them through the CAEP Program.

Summary of evidence:

- Enhanced independence was a well demonstrated Outcome in both the School Age Intervention services and CAEP.
- Not all families were satisfied that therapy services in schools were having any effect and prefer to be offered one-to-one therapy support.

Participation

Outcome: Participation in everyday life in usual settings.¹

Evidence noted (eg observations, feedback and documentation):

Both School Age Intervention services and CAEP

- Families were generally positive about the benefits of therapy and aids or equipment in fostering participation by children with disabilities at home with family, in school and in the community.
- One parent said about her daughter, “She can feed herself now and sit with the family at the table to eat with us all” and that this was a significant positive participation outcome for the whole family.
- Several families also reported reduced anger, frustration and stress for their children enabling greater participation in school, community and family events.
- One family noted the benefits of assistance with setting up visual schedules in the home to facilitate participation in household and other events.

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

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

- Some families reported that the therapists had been excellent at, “Steering us in the right direction,” and encouraged them to access community functions/events/sport and other activities within their own communities. Twelve families felt they are left to do all the work themselves along with all the other duties they have at home. At times families stated this can be overwhelming as they feel pressured to have to do this.
- Participation goals identified in Individual Therapy Plans included increased community participation with family and friends, to meet up with friends for an event or just coffee. Families noted these achievements often occurred in small steps and gradually over time as the child’s confidence and familiarity with surroundings and people adjusted to avoid disruptive behaviours.
- Families using Therapy Focus said that generally the services help their child participate in the family, schools and the local community and mainstream activities. They also valued:
 - The school holiday bike riding sessions, which results in being able to go to the local park and play around other children without disability.
 - Their children being better equipped to take part in various extracurricular mainstream activities.
 - Therapist and teacher working with a group of children both in and out of the classroom, using ‘social stories’ to help the group work out their differences and arguments. This has resulted in increased socialisation and acceptance between and for the whole group. It was suggested that this is a “Good or Best Practice” if it can be applied more consistently.
 - The ‘communication passport’ as an excellent tool for, “Helping my child communicate with others who can then see who she is and what she is interested in”.
 - The independence-based ‘visual cues and cards’ that enable children to interact and participate with siblings and help them to be more involved in family life.
- One family mentioned that school excursions are not accessible so her daughter cannot go. Another family said they keep their two children at home while inter-school sports days are on because the children do not feel accepted and, “It would be great if Therapy Focus could address this,” and suggested that the children with disability and their parents could do some community education in schools with mainstream children and teachers.
- One family will be moving to a country town and are concerned that they will not have any ongoing therapy service from Therapy Focus.

Summary of evidence:

- Satisfaction relative to this Outcome was high with some interesting suggestions for improvement offered by families and staff.

6. Compliance check

Standard 8 - Service management - *Running the service well*

Supporting Standards 8.1 and 8.2 - The service provider conducts police clearances and provides a safe physical environment for its consumers - *Operating a safe service*

Observation	Yes	No	N/A	Info source
The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	Y			2,3,5
National Police checks are regularly updated for Board members, staff, volunteers and contractors.	Y			2,3,5
The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff, volunteer or contractor.	Y			2,3,5
The service has an emergency evacuation plan.	Y			2,3,5
The service regularly practises its emergency evacuation plan.	Y			2,3,5
The service keeps records of evacuation trials.	Y			2,5,6
The service has policies and procedures on the administration of medication.			N/A	2
The administration of medication occurs as detailed in the policies and procedures instructions.			N/A	2
The buildings are maintained in a condition that does not pose a risk to service users.	Y			1,2,5

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

- Police Clearances and Working with Children Checks are up-to-date and are renewed every three years at the expense of the service.
- The majority of services are delivered in family homes, schools or in the community and Therapy Focus follows the fire evacuation procedures within each environment / family home. Regular evacuation drills are conducted and recorded at the offices.
- Medications are not to be administered by Therapy Focus staff.
- One parent noted a water-based incident with their child resulting in a very low level of trust relating to water-based therapies and the child has been withdrawn from these activities. Initial investigation indicates this may not have been a therapist-managed activity and no Incident Report was on file. Management is investigating the matter.

Standard 9 - Protection of Human Rights and Freedom from Abuse and Neglect - *Being protected from harm*

Observation	Yes	No	N/A	Info source
Supporting Standard 9.6: The service provider has procedures in place to respond within seven days to allegations of abuse and neglect, including reporting mechanisms and strategies for protecting people with disabilities from abuse.	Y			2,3,5

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

- If a request is made for equipment to be used as a restraining device it must be in writing and endorsed by a psychologist before it can be considered under Therapy Focus policies.

7. Appendix

A. How the quality of your service is measured

Quality Evaluation

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

Outcomes

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

Performance Indicators

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

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

B. Disability Services Standards

Standard 1 Service Access - *Getting disability services*

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

Standard 2 Individual Needs - *Getting the right help*

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

Standard 3 Decision Making and Choice - *Having choices and making decisions*

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

Standard 4 Privacy, Dignity and Confidentiality - *Keeping things private*

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

Standard 5 Participation and Integration - *Being part of the community*

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

Standard 6 Valued Status - *Valuing each person*

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

Standard 7 Complaints and Disputes - *Sorting out problems*

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

Standard 8 Service Management - *Running the service well*

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

Standard 9 Protection of Human Rights and Freedom from Abuse and Neglect - *Being protected from harm*

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

C. Disclaimer

The evaluation assessment is necessarily limited by the following:

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

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

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

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

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

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

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