

Quality Management Framework

Quality Evaluation

Therapy Focus Inc
School Age Intervention Services (West Coast)
Goollelal Primary School, 30 Cadogan Street, Kingsley
Joondalup Office, 10 Elcar Lane, Joondalup

Report
18 March 2014

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

Team Leader: Penny Blackburne

Report prepared for:
Quality Unit
Disability Services Commission,
146 - 160 Colin Street, WEST PERTH WA 6005
Phone: 9426 9727 Fax: 9481 5223

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1. The evaluation visit

This report describes the findings of the Independent Evaluation team who visited Therapy Focus, SAI West Coast on 9 and 13 December 2013 and completed an assessment of the service point's progress towards meeting Outcomes under the Quality Management Framework (QMF) and compliance with the Disability Services Standards. The preliminary meeting was held on 13 November 2013. A post evaluation meeting was held on 17 March 2014.

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

- Penny Blackburne, Team Leader
- Kerry Allan-Zinner, Evaluator

The organisation uses the term client to refer to people with disability, family member/s of people with disability, or unpaid carers of people with disability. Individual Plans are called Service Plans.

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 and external stakeholders (teachers) for the assistance they provided throughout the evaluation. 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:	SAI West Coast
Outlet name(s):	School Age Intervention Services (West Coast), U5, 1140 Albany Highway, Bentley Goollelal Primary School, 30 Cadogan Street, Kingsley Joondalup Office, 10 Elcar Lane, Joondalup
Chief Executive Officer:	Matt Burrows

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

Therapy Focus was incorporated in 1998 as a not-for-profit community service organisation.

The primary aim of Therapy Focus is to improve the quality of life of all children. It helps children to realise their potential through inclusion of children with disabilities into their communities and enhancing their independence to access and participate in community activities.

The Children and Youth Services (CAYS) division of Therapy Focus currently manages four School Age contracts, two Early Childhood Intervention contracts and one Community Aids and Equipment Program.

The West Coast region provides School Age Intervention services (SAI) to children with disabilities who attend school in the coastal suburbs from Mosman Park in the south to Two Rocks in the north, and west of Wanneroo Road.

Recent developments to the services offered include:

- Restructure of the Therapy Focus organisation. The new structure commenced in October 2013 and consists of Regional Manager, Team Leaders, Advanced Clinicians and Therapists.
- The establishment of a Community Connect team, with Community Connect Facilitators working within each regional team to enhance the community participation of registered children and their families.
- The establishment of a Manual Handling Coordinator role to support the therapists and ensure they use best practice in their own physical work 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 to clients who are at transition points in their lives.

The organisation received accreditation under the ISO 9001:2008 quality management standards in May 2012.

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

West Coast region has a total workforce of 24.8 FTE. The breakdown is as follow:

Area Manager	1.0 FTE
Senior Therapists	3.8 FTE
Specialist Therapist	1.0 FTE
Therapists	15.6 FTE
Therapy Assistants	2.4 FTE
Community Connect Facilitator	1.0 FTE

Annual budget \$ 3,017,826

Brief description of people using services

486 people receive services from SAI West Coast; two thirds are male and one third female; their ages range from 6 to 18 years. To be eligible for a service all people must have a disability: 44% of people registered have autism spectrum disorders as their primary disability and 38% have intellectual disability as their primary disability.

Consultations

During the evaluation assignment, the Independent Evaluator consulted with thirty one families, four therapists, three administrators/managers and eight external stakeholders. Families were informed of the preliminary meeting but none attended, 11 therapists and the Area Manager attended the preliminary meeting and 10 therapists, the Area Manager and the Service Contracting and Development Officer, DSC attended the post-evaluation meeting. No family members were present at the post evaluation meeting however one person made contact with the Team Leader and expressed satisfaction and agreement with the report.

4. Executive summary

A. Good practices

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

The Independent Evaluators were particularly impressed by:

- The overwhelmingly favourable feedback from parents. Comments about Therapy Focus staff and services included "Therapy Focus are wonderful", "staff are brilliant and contact with school is brilliant", "my (child) has come on in leaps and bounds, (they) have given the school some good ideas", "great help, ...useful resources" and "they're awesome".
- The therapists' professional approach to their work and the strength of teamwork observed during the course of the evaluation.
- The effort that Therapy Focus makes to foster excellent relationships with staff at the schools attended by their clients. For example Therapy Focus recently conducted a workshop at a primary school to assist teachers to use augmented and alternative speech technology. This will be followed up by targeted contact with teachers who are working with children who use the technology.

- Therapy Focus steps to improve staff retention through a mentoring program where new graduates are mentored by experienced staff. This is not currently being provided as the rate of staff turnover has slowed.

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 the Disability Services Standards 1, 2, 3, 4, 5, 6, 7, 8 and 9.

The Independent Evaluator did not identify any Required Action during the evaluation visit.

C. 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 did not identify any Key Priorities for Service Improvement.

D. Matters for further exploration

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

- Review the role of team leaders to ensure support is provided to Family Link Therapists and there is a procedure for monitoring all Service Plans.
- It is suggested that Therapy Focus clarify its role with principals and staff of schools to ensure shared understanding of overall service goals.
- Therapy Focus therapists to be mindful of the importance of communication between themselves, teachers and parents to ensure a shared understanding of each person's role and the importance of respecting each other's areas of expertise and boundaries.
- Transition from primary to high school is a time of great concern for many parents. It is suggested that Therapy Focus give consideration to forming a parent support group and a peer support group that would assist in reducing anxieties experienced during this time.

5. Meeting outcomes

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

Service delivery:

- When a new referral is accepted the client and his/her family is assigned a Family Link Therapist. The therapy team is allocated according to the child's individual and changing needs.
- Services are delivered at a range of venues such as home, school and other community locations. Where possible services are delivered at times and in locations that suit families best. Therapy settings include: In schools, out of school activity settings, at homes and in the community, for example local parks.
- Families were unanimous in their view that all therapists are "lovely, caring, committed, focussed, helpful, have good ideas and strategies."
- One family said that they've noticed their child connects differently to each therapist and when therapists change the connection between the new therapist and child takes time to develop again and this impacts on the effectiveness of services received.
- One teacher stated staff turnover is a problem affecting the staff at the school as they need to "retell information about students and repeated observation of students sometimes lead to escalation of behaviours."
- Turnover of therapists has reduced recently partly aided by the mentoring program that has been developed by Therapy Focus although this program is not currently being run in part because staff turnover has reduced.
- Therapy Focus has identified a need and established a Manual Handling Coordinator role to support therapists both in their direct work and advising and supporting carers regarding manual handling of children with disabilities.
- Several families commented they felt lack of funding impacted on the service they received, for example the evaluator was told when the therapist went on leave nobody replaced that therapist. Some parents said they would like more information about funding levels and entitlement to therapy.
- One parent felt that a therapist did not fully understand their family's barriers.

Communication:

- In general, parental satisfaction with service provided seems to be in direct relation to the communication between parents and therapist: The more connected the family is with the therapist the more satisfied parents said they were.
- While it was reported to the evaluators that the communication between therapists and parents is generally good with regular e-mails and telephone calls from therapists, a few parents said they did not know when their child was visited by a therapist at school.
- Some parents did not know who their Family Link Therapist was. For example, one parent thought the therapist (also the Family Link Therapist) had left Therapy Focus. This parent said he/she did not know who to contact and they were concerned about lack of progress.
- One family felt that therapists could improve communication by ensuring they inform parents of new or changed plans or strategies that are developed between therapists, and teachers at school. They added the child does not have capacity to explain therapy

related conversations making it difficult for parents to support, follow through and facilitate changed strategies at home and in community.

- It was noted that at the planning meeting the question is asked about parents' preferred method of contact but the evaluators observe that possibly more attention could be placed on both parents' preferred method of contact and in this way both parents could be given the opportunity to be involved.
- Most parents spoke positively about the link between therapists and teachers, for example, "the school and (therapist's name) are both on the same page, they work together with myself ... don't confuse (child's name) ... good relationship". One parent commented that the school had set ways of dealing with things (behaviour) and so did Therapy Focus and that this was "sometimes difficult to work with."
- While most principals and teachers were highly satisfied with the communication between Therapy Focus and themselves this relationship cannot be taken for granted and therapists need to be mindful of the privilege they have accessing children in the school settings.
- Some teachers commented on the need for therapists to consider what is in place at the school before they make suggestions about strategies to parents as at times strategies suggested are either in place already or in some cases strategies suggested are contrary to those already in place at the school.
- One teacher said that sometimes parents have said to teachers that they felt pressured to agree to strategies suggested by Therapy Focus.
- One teacher said there seems to be a lack of clarity about the role of Therapy Focus: Is it to assist with issues related to home goals or more general (including issues at school)?
- Several teachers commented that therapists should consider the schools' practices and how they are approaching issues and concerns when sending reports and letters to families.
- While it may be difficult to arrange, planning meetings would be better conducted as round table meetings with family members and other stakeholders to ensure all are 'on the same page', and roles and responsibilities are clearly understood and agreed.

Service Plans:

- All files reviewed had up to date Service Plans in place and there is evidence these are reviewed regularly, at least annually, sometimes more often.
- Most families said they have current and relevant therapy plans, and they are involved in the planning and strategy development, and that plans are user friendly.
- From the file reviews it was evident that where relevant children are given opportunity to have input into personal therapy goal setting and assessment of progress.
- There was evidence of input from each member of the therapy teams to provide a holistic approach to individual therapy goal and outcomes.
- All Plans reviewed had family goals identified, followed by therapy goals to address the family goals and clear strategies established. Plans are written clearly in plain English.
- File reviews demonstrated that the content of the Service Plans, goals and strategies were consistent with feedback from families. For example: Where family explained the current goals and strategies, the service plans evidenced shared understanding and implementation.

- Service plans contained strategies to encourage consistency of therapy practices at home, school and in community.
- Therapy goals and outcomes are realistic, practical and work to improve the individual's capacity for physical, intellectual, social, academic, communication, self-awareness, self-care and personal independence development and progress.
- Evidence was sighted that demonstrated that new goals are developed as goals are met.
- From the evaluators file reviews it was noted that there were some Plans with few goals. Some Plans had only one goal for therapy over the forthcoming twelve month period, for example the Plan of a child in the last year of primary school had one goal "understand money". It was explained this could be due to the fact that the client was working towards exiting the service, if this is the case perhaps a note could be made of this factor to ensure it is clear and understood by those concerned.
- While Family Link Therapists prepare the Service Plans there is limited review of the Plans by the Team Leaders. It is suggested the planning process would benefit if all Service Plans are reviewed by Team Leaders on a regular basis, this would ensure consistency across the team and possibly improved goal setting for clients.
- Some parents said they did not know what to ask for in terms of assistance and support from Therapy Focus and they got ideas from talking with other parents, for example help with transport training.
- One family reported that it takes too long for Therapy Focus to implement planned strategies, especially where materials and tools need to be provided and strategies taught to key people, like parents and teachers.
- One family reported that face to face planning sessions don't always occur in a timely manner. The family said the planning sessions are due once a term and are sometimes held late.

Meeting Outcomes - Disability Professional Services

Independence

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

Evidence noted (e.g. observations, feedback and documentation):

- Families reported that therapists are very good at helping children and their families identify areas where a child can become more age appropriately independent and work with the family to suggest ideas, new routines and behaviour management strategies. Often tools are provided in the form of literature, visual plans/diaries/charts and practical aids and equipment. Ipads are used for learning, communication and development of motor skills.
- Parents spoke with pride and joy when describing achievements made by following therapy plans and taking advice from their therapist team member/s. Achievements with independent gains in the areas of self-care, mobility, inclusion at school, modified behaviour and self-awareness and behaviour regulation are highly valued.
- Many families said that achieving even the smallest therapy goal increases the wellbeing and independence of the client and his/her whole family.
- Two families interviewed have more than one child with a disability. In both cases parents commented that the younger child had reached milestones earlier due to an early diagnosis and tapping into Therapy Focus Early Intervention supports sooner.
- Another family with two children with disability appreciated that both are supported by Therapy Focus and have individualised therapy goals and strategies that meet individual needs and ages of the children. The family is very happy with the service. Both parents work and are happy for their children to participate in therapy at school in a way that is independent and separate from home and family. The family are kept informed by Therapy Focus and the school and they implement strategies at home to enhance therapy outcomes and work toward an independent and inclusive lifestyle.
- Parents commented that they really appreciated the fact that the therapists listened to them and provided them with mentoring, support, information and advice.
- Other stakeholders are involved in order to maximise success of interventions and therapists refer to other organisations if the clients' needs are outside their scope, for example to People First for sexuality and relationship matters, Princess Margaret Hospital for help with swallowing.
- The evaluators were given many examples of the client and the family achieving increased independence. For example "I'm not afraid to go out now because I know my child can cope with a babysitter. The other children are benefiting and becoming more independent because our household is now consistently working on therapy modified behaviour goals and (behaviour) modelling." "When he/she is experiencing anxiety in public we talk about therapy strategies and now most of the time it means we don't have to go home".
- From the file reviews evaluators noted many examples of current goals related to increased independence: Self-regulating highs and lows at school; riding bike independently and safely; learning to use switches for communication and play; increase capacity for using a walker; participating in sports day; learning social cues and how to respond; toilet and personal care training; increasing independence at

home; accessing school safely; achieving a better seating position to enable safe eating and drinking.

- A huge range of equipment is provided to address environmental impacts and maximise independence. Examples of equipment provided are shower chairs, rails, ramps, walkers, wheel chairs, modified stationary, laptops, Ipads, modified cutlery and other daily living utensils and aids, picture boards.

Summary of Evidence

Many examples were provided where clients are increasing their independence at home, at school and in the community. At this point in time the Outcome is being achieved.

Participation

Outcome: Participation in everyday life in usual settings.¹

Evidence noted (e.g. observations, feedback and documentation):

- Families who have children requiring high levels of physical support and additional needs that include medical conditions reported that therapists are gentle and caring in their approach and include and inform the child of conversations and manual handling expectations. “When he knows they are going to move him, it’s much less stressful.” These families also reported that they do not like it when therapists change as there is often a lot of critical information to understand about the child and it takes time to build trusted relationships.
- Some examples were provided by parents where assistance from therapists is maintaining their children in mainstream schools. One parent described that the therapist has been asked by the school for help to address behavioural issues and that they were sure this has helped the child to remain in school.
- Principals and class teachers also spoke of examples of the support and advice provided by therapists being very useful to addressing issues faced in the school environment.
- One person said that despite assistance from Therapy Focus their child had been suspended from attending school. The parent was satisfied with services received from Therapy Focus but future plans are not established and the parent stated assistance is required regarding accessing suitable ongoing supports. The parent said they did not know where to turn to regarding this matter. (The evaluation team leader was given permission to discuss this with the Area Manager and this has been followed up.)
- Many examples were provided where Therapy Focus staff assists families with applications for respite, school holiday camps and other programs in the community.
- One family is thrilled that Therapy Focus recommended their child to the YMCA’s Big Brother Big Sister program. “Big Brother –Big Sister program is fantastic my child has benefited so much from having a role model and mentor that is not connected with

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.

family, school or therapy. Our volunteer Big Brother has connected really well and shows my child how to participate in the world, and they have fun together.”

- There was mixed opinion from parents about the usefulness of Therapy Focus’s service in helping the family to access the community:
 - One parent said they were very happy that Therapy Focus had assisted them to learn strategies to increase mobility and participation at school. However this parent was less confident and knowledgeable about the development of plans and strategies, and did not know they could ask for translation support.
 - One parent said that armed with therapy strategies “we can now go out as a family. All our child wants to do is be where the action is, the walker has enabled that.”
- The Community Connect Team Facilitators assist therapy teams and families by conducting research into suitable and available local participation opportunities that include: sports clubs, Scouts/Guides, and volunteering. The Community Connect team can act as a conduit to introduce and support children with a disability to join a club or group and provide assessments based on therapy and equipment needs to maximise successful participation.
- An example was provided that demonstrates Therapy Focus are mindful of connecting young people with community programs, for example a group of people who were attending a fitness group conducted at Challenge Stadium are now integrated into other fitness and sport programs.
- Not all families were satisfied with the involvement of their child in the community; one parent said “Therapy Focus needs to be more active/involved in advocating with community groups.” The evaluators are aware that Therapy Focus is now placing more emphasis on this aspect of their services with the development of the Community Connect team.
- Where relevant, families said the Behaviour Support Team (BeST) has been a valuable asset in helping them to cope day to day and assisting family’s capacity and confidence in participating in celebrations with family and friends, out of school activities and everyday activities. “It’s easier to go shopping on my own, but I want my child to learn to cope with and enjoy every day experiences.”
- Therapy Focus run a Young and Fit program weekly, after school. The program was highly recommended by parents of participating and former participating children. The program encourages participation through physical activity and team work development.
- Therapy Focus facilitates some school holiday activities/programs, such as ‘Cyclones bike riding group.’
- Most families agreed that Therapy Focus is a great support and resource in the lead up and during transition periods: Early Intervention to Kindergarten, Kindergarten to Pre-Primary, Primary to High School and planning and preparing for post school.
- Some parents expressed anxiety and concern about the transition from primary to high school. Therapy Focus staff are aware of the importance of this transition but unfortunately it coincides with therapist changes, as for efficiency, therapists tend to work at particular schools. Therapy Focus does work to minimise the disruption of clients adjusting to new therapists and vice versa.
- The establishment of a Behaviour Support Team (BeST) that offers professional support from Psychology and Social Work for families and children with a disability is viewed as an asset by families, particularly during transition phases.

Summary of Evidence

While excellent outcomes are being achieved for clients in school communities there is scope for Therapy Focus to facilitate more involvement and participation for people in the broader community. It is acknowledged by the evaluation team that the Community Connect Team is focusing on this outcome.

6. Compliance check

Standard 8 - Service management - *Running the service well*
Supporting Standards 8.1 and 8.2 - The service provider conducts police clearances and provides a safe physical environment for its consumers - *Operating a safe service*

Observation	Yes	No	N/A	Info source
The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	✓			2, 3,5
National Police checks are regularly updated for Board members, staff, volunteers and contractors.	*1 ✓			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.	✓			2, 5
The service has an emergency evacuation plan.	✓			2, 5
The service regularly practises its emergency evacuation plan.	✓			2, 5
The service keeps records of evacuation trials.	*2 ✓			2, 5
The service has policies and procedures on the administration of medication.	*3 N/A			2, 3
The administration of medication occurs as detailed in the policies and procedures instructions.	*3 N/A			4
The buildings are maintained in a condition that does not pose a risk to service users.	✓			1, 2

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.

- *1 Federal Police Checks are obtained for Board members, staff and volunteers. There was no procedure for ensuring Board members' Police Checks are updated regularly as there was no record of the dates renewals are due. This has been addressed during the course of the evaluation and there is now a procedure in place.
- *1 Therapy Focus has three staff members collecting and monitoring Police Checks. Checks for volunteers, staff and Board members are handled by different people; this procedure is being reviewed to ensure a consistent approach across the organisation. See above comment.
- *2 Records of evacuation trials are held centrally in Head Office but it was noted that although an evacuation trial had been held at Joondalup office recently this had not been recorded in the usual manner. The Coordinator of Workplace Health, Safety and Quality monitors evacuation practices and other occupational health and safety procedures. A new process has been introduced to avoid this happening in future.

- *3 Staff do not administer medication.

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.	✓			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.

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.