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**Family &
Community Services**
Ageing, Disability & Home Care

Key Performance Indicator (KPI) Guide

Measuring performance against
the NSW Disability Services Standards



Key Performance Indicator (KPI) Guide, Measuring performance against the NSW Disability Services Standards

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1 Introduction

There are significant changes occurring in the disability sector under *Stronger Together 2*, and the work that is occurring at the national level which will require fundamental reform of the service system to give people control over their own lives and their relationship with service providers. Improving the quality of services is fundamental to the shift to person centred and life span approaches where people will be offered more choice, portability and flexibility in their funding and supports.

The NSW Disability Services Standards (NSW DSS) form the basis of Ageing Disability and Home Care's (ADHC's) approach to quality reform and have been updated to reflect contemporary practice and provide guidance as you make the transition to person centred service delivery and individualised funding arrangements.

New quality requirements for ADHC funded service providers are set out in the current Funding Agreement.

These requirements are to be implemented by service providers between 1 July 2012 and 30 June 2015 and include implementing a quality management system where you don't already have one; undertaking third party verification to verify compliance with the NSW DSS; and complying with ADHC's *Quality Policy for ADHC funded services* which provides detail about what ADHC expects.

To assist you to implement the new quality requirements, ADHC has developed a number of quality resources that can be accessed via the ADHC website.

One of these resources is this *Key Performance Indicator (KPI) Guide* which describes a set of easy to use KPIs that you can use to measure your performance against the practice requirements of the NSW DSS.

Measuring performance using these KPIs will allow you to identify where organisational performance is good and meeting the NSW DSS; where performance can be improved; to set targets to motivate continuous improvement; and to measure improvement over time.

The KPIs focus on person centred outcomes and support service providers in undertaking continuous improvement activities.

Your organisation can determine if and when it wants to use the KPIs. You are encouraged to use these KPIs as they will help you to evaluate the success of your organisation's activities and the extent to which expected outcomes are being met. They can also assist you to identify what you need to do to improve the services you deliver to people with a disability.

2 The KPIs

The KPIs can be used to measure performance against the NSW DSS.

These KPIs can tell your organisation:

- What it has in place to meet the NSW DSS
- How well it has done something (e.g. levels of satisfaction)
- What effect it has had (e.g. changes in levels of participation in the community, number of people achieving their personal goals).

The KPIs have also been designed to provide a consistent framework for capturing and measuring performance across disability services in NSW. If adopted across the sector it will make it easier for service users and potential service users to make informed decisions when choosing a provider, or providers.

There are a total of 18 KPIs across the six NSW DSS. These are set out in Table 1. The KPIs have been developed to align with the six standards and the practice requirements for each standard. There are two types of KPIs:

1. Evidence of the systems and processes that are in place to support service delivery and meet the standards. These are shaded pale grey.
2. Measures of outcomes (e.g. individual understanding and satisfaction). These are designed to capture information about people's experience in a range of areas. These areas may include satisfaction with information and service delivery, participation in the community, achieving goals, and organisational outcomes that cover things such as governance and continuous improvement. These are not shaded.

3 When to use the KPIs

Your organisation can determine if and when it wants to use the KPIs.

You may want to introduce the KPIs over time as your quality management system develops. For example, if you are just starting to build a quality management system you may not want to begin measuring performance until policies, procedures and feedback mechanisms are in place or you may want to start by using a small number of the KPIs. On the other hand, you may already be using KPIs and, in that case, you may want to map these against the KPIs set out in this *Guide* so you can be sure you are complying with the NSW DSS.

When implementing ADHC's quality requirements the KPIs can be used as part of a self assessment (see **Section 4**) and by a third party verifying whether your organisation is meeting the NSW DSS.

Within your broader quality management system the KPIs can be used:

- To establish 'baseline information' about what your organisation is achieving (i.e. how your organisation is performing now).
- To set targets to motivate continuous improvement.
- To measure and report improvement over time.

Table 1 - KPIs to measure performance against the NSW DSS

The Quality Framework KPIs			
Standard 1 Rights	KPI 1. Proportion of individuals who express that the service provider promotes the rights of individuals.	KPI 2. The service provider has policies, procedures, and informational material that promotes the rights of individuals.	KPI 3. Proportion of individuals who express that they are supported to exercise their rights all the time.
Standard 2 Participation and inclusion	KPI 4. The service provider has programs and strategies that promote and build community participation and engagement opportunities and create and develop community networks.	KPI 5. Proportion of individuals who express that the service provider promotes and encourages participation and inclusion in the community and works with individuals to create opportunities for building community networks that are aligned to their personal goals.	KPI 6. Proportion of individuals who express that they are satisfied with their level of community participation and inclusion.
Standard 3 Individual outcomes	KPI 7. Proportion of individuals who feel that the service provider encourages them to set goals that align with their personal needs and whole of term aspirational goals, and assists in identifying opportunities in the planning process to meet those goals.	KPI 8. Proportion of individuals who express that the service provider adopts a person centred approach in service delivery, and assists the individual to achieve their personal goals which includes encouraging the involvement of families, friends, and advocates in line with the wishes and consent of the individual.	KPI 9. Proportion of individuals who have an individual plan that reflects their current goals and aspirations and express that they are working towards achieving those goals.
Standard 4 Feedback and complaints	KPI 10. The service provider has accessible complaints mechanisms and record keeping systems in place to deal with complaints in a timely and effective manner.	KPI 11. Proportion of individuals that demonstrate understanding of the complaints procedure and express that they would make a complaint if and when the need arises.	KPI 12. Proportion of individuals who express that their complaint was addressed effectively in any complaints process they were involved in (as a portion of those participants who had participated in any complaints process).
Standard 5 Service access	KPI 13. The service provider provides accessible information to inform individuals, of the types and quality of services and supports that are available and how individuals can access and exit services.	KPI 14. Proportion of individuals who express that they are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and are supported in making choices.	KPI 15. Proportion of individuals who express that they receive access to services and supports that met their individual needs (or were otherwise provided with referral services and supported through the referral process).
Standard 6 Service management	KPI 16. The service provider has good governance, management and quality processes in place which includes stakeholder consultation and a formal continuous improvement strategy across all aspects of service delivery.	KPI 17. Proportion of individuals who express that they receive quality services and supports.	KPI 18. Proportion of individuals who report that the service provider is continuously requesting and analysing feedback and collaborating with individuals and stakeholders to improve the services and supports.

4 How to conduct a self assessment using KPIs

Self assessment is the starting point for an organisation wanting to identify the systems and processes that are currently working well and meeting the NSW DSS, and those that may need further development or improvement.

Measuring performance using the KPIs can be used as part of a self assessment. You can also use your existing KPIs, a quality resource, the results of existing accreditation, or a combination of these, to conduct a self assessment.

In keeping with *Stronger Together 2* and the NSW DSS, which place the person at the centre of the disability support system, you should consider how you can involve people with a disability in the self assessment process, as well as the governance body, staff and volunteers. Promoting high levels of participation will increase the long term sustainability of your quality system, as more people develop an understanding and ownership of not only the process but the outcomes of the process as well.

Any gaps that are identified through the self assessment should be fed into an action plan to identify where improvements are needed, what action will be taken, who is responsible and the timeframe for completing the action e.g. your information brochures may need to be changed if people with a disability are reporting that information in the brochures is not clear.

The results should also be used to modify, where necessary, the tools that are used to collect information e.g. you may want to add questions that relate to specific KPIs to your surveys or questionnaires. You should also consider the ways you collect information (e.g. you may want to consider using interactive computer-based tools or popular social media sites and record information (e.g. you may want to set up a separate log or spreadsheet of feedback received during day to day activities such as individual planning and when people with a disability are participating in activities).

To assess how well your organisation is meeting the NSW DSS using the KPIs you should follow the 5 step process outlined below and described in detail on the following pages:

Step 1 – Consider how to involve people with a disability, their families and carers.

Step 2 – Understand the NSW DSS.

Step 3 – Collect evidence that shows that the KPI has been met.

Step 4 – Rate whether the evidence demonstrates that performance against the KPI meets the relevant NSW DSS.

Step 5 - Document the results from the self assessment and develop an action plan.

Step 6 – Using the results from my self assessment for third party verification.

Step 1 – Consider how to involve people with a disability, their families and carers

You should involve people with a disability in the planning and implementation of self assessment process (e.g. reviewing evidence, rating performance and developing an action plan).

Involving people with a disability in the self assessment process makes sense on a number of levels. It will provide valuable information about people's perceptions of how well your organisation is meeting the NSW DSS and the KPIs. And, in particular demonstrates to a third party verifier how your organisation puts into practice the NSW DSS, in particular Standard 3 (Individual outcomes) and Standard 6 (Service management).

When involving people with a disability in the self assessment process you could consider the following questions:

- What is your organisation hoping to achieve by involving people with a disability?
- How do people with a disability want to participate e.g. as a member of the self assessment working group, as a workshop or focus group participant, via regular updates?
- Who else will need to be involved? (e.g. family members/ carers, advocates, facilitators, interpreters)
- What resources will be needed?
- What time is best to hold the consultations?
- What tools are needed for the consultation? (e.g. a meeting agenda, a facilitator)
- What support is needed for people with a disability to fully participate e.g. transport, support from a carer, an interpreter?
- What information do people with a disability need to participate?

The level of participation of people with a disability is likely to vary according to a range of factors and flexible approaches that consider the different needs of people with a disability. These include their disability type, their level of interest, their relationship to your service, and the processes your organisation chooses to use. You should tailor methods of involving people with a disability to meet different needs.

Step 2 – Understand the NSW DSS

The self assessment process should start with a full understanding of the NSW DSS.

The NSW DSS and *Standards in action*, the guide to implementing the Standards, have been updated to reflect the strategic directions of ADHC's quality reform in the disability services sector as well as contemporary practices that place people with a disability at the centre of decision making and choice about their supports and services.

There are six NSW DSS. These are:

1. Rights.
2. Participation and inclusion.
3. Individual outcomes.
4. Feedback and complaints.
5. Service access.
6. Service management.

Within each Standard there are two or three practice requirements. The practice requirements describe how you can put the principles of the *Disability Inclusion Act 2014 (DIA) and Disability Inclusion Regulation 2014* into practice.

The practice requirements are set out in the table below:

Standard	Practice requirements
1. Rights	1.1 Each person is aware of their rights and can expect to have them respected. 1.2 Service providers are to uphold and promote the legal and human rights of each person.
2. Participation and inclusion	2.1 Each person is actively encouraged and supported to participate in their community in ways that are important to them. 2.2 Service providers develop connections with the community to promote opportunities for active and meaningful participation.
3. Individual outcomes	3.1 Service providers maximise person centred decision making. 3.2 Service providers undertake person centred approaches to planning to enable each person to achieve their individual outcomes.
4. Feedback and complaints	4.1 Each person is treated fairly by the service provider when making a complaint. 4.2 Each person is provided with information and support to make a complaint. 4.3. Each service provider has the capacity and capability to handle and manage complaints.
5. Service access	5.1 Service providers make information available about their service. 5.2 Service providers have clearly defined processes to access their services. 5.3 Service providers work with other organisations to increase each person's support options.
6. Service management	6.1 Each person receives quality services that are well managed and delivered by staff with the right values, attitudes, goals and experience 6.2 Each person receives quality services which are effectively and efficiently governed.

Within each practice requirement there are a number of **elements**. The **elements** are the core things you need to do to comply with the DIA and thereby, deliver a quality service to people with a disability. They have been designed to help you understand what you need to build into the day to day practices and processes of your organisation.

The **elements** have been developed to cover the full range of service types that ADHC funds. Therefore, it is possible that some **elements** may not apply to a particular service provider depending on the types of service they deliver. For example, the **elements** relating to children's services won't apply to providers who only deliver services to adults.

You are encouraged to think about how your policies and processes promote outcomes, and how policies are applied in practice to adopt a person centred approach to achieve person centred outcomes.

Step 3 – Collect evidence that shows that the KPI has been met

Once you are familiar with the NSW DSS and have identified the elements that are relevant to the services you deliver, you should ask:

- What do I already have in place to meet the NSW DSS?
- How effective are the systems and processes I have in place?
- How can I collect a range of evidence to demonstrate that I am meeting the NSW DSS?

Evidence is the information that you can use to demonstrate whether a particular KPI has been met.

Section 5 of this *Guide* provides examples of evidence you can use for each KPI. The examples are not prescriptive or exhaustive.

Many of you will already have processes in place that will assist you to measure performance against the KPIs, including accreditation/s against other standards or quality management systems. Mapping existing systems to the KPIs will assist you to identify what is currently in place that can be used to measure the KPIs.

Types of evidence

The types of evidence suggested in Section 5 include:

- Policies that describe what you intend to do.
- Procedures/work instructions/protocols that describe how you implement the policies e.g. a guide to individual planning, the complaint handling procedure.
- Information that is provided for people with a disability, family and carers e.g. brochures, websites, social media.
- Records that show that the procedures are being implemented e.g. individual plans include personal goals and review dates, staff training register, complaints register.
- Feedback from people with a disability that shows they are achieving their goals and their level of satisfaction with the services that are being delivered e.g. surveys of service users, suggestion boxes or suggestions lodged via social media, records of informal feedback provided in the individual planning process, records of complaints, feedback provided in relation to specific programs, supports or services.
- Evidence of administrative practices that support the delivery of services e.g. business plans and strategies (e.g. a business plan that shows how community networks have or will be built); how records are stored, how information is captured so it can be used as part of the continuous improvement process).
- Continuous improvement e.g. records of meetings where the results of self assessment are discussed or policies are reviewed, action plans.

The same piece of evidence might be used to measure performance against more than one KPI. For example, a survey of individuals may cover a number of KPIs. Service providers may consider adding questions to existing surveys to ensure that the questions relate to the practice requirements and KPIs.

Obtaining feedback from people with a disability their families and carers

With the move towards person centred approaches to service delivery, new ways of obtaining feedback from people with a disability need to be considered. This can include finding ways to capture feedback as part of everyday activities such as individual planning, or organising a round table discussion or workshop, or using suggestion boxes or surveys and questionnaires. The approach adopted should be based on the needs and preferences of the people who use your service.

To encourage people with a disability to provide feedback, consider:

- Creating an environment where feedback is valued.
- Explaining why their contribution is important and how it will have an effect on your operations.
- How people with a disability want to provide feedback.
- Allowing people to provide feedback anonymously.
- Link internal feedback to an event such as an afternoon tea to show appreciation of the contribution people with a disability make.
- Using contemporary technologies such as social media.
- Keep the costs down by using written surveys and reply paid envelopes as part of the feedback process; and/or arranging meetings at venues on good public transport routes.
- Include independent support people or advocates.

When obtaining feedback from people with a disability, their families and carers, you will need to consider:

- The communication needs of people with a disability e.g. you will need to consider whether, or what specific, communication assistance may be needed to enable full participation. You should consider how to provide about the process that is easy to understand. It may also mean involving a family member or carer to support the person with a disability, or where this is not possible or appropriate, involving an independent support person. Interpreters might be needed for one-on-one or group interviews.
- How to protect confidentiality - you should aim to get informed consent, where possible. Where this is not possible, an independent support person should be involved to determine the capacity of the person to provide consent and to support an appropriate level of involvement by the person. It is preferable to obtain consent in writing.
- Building trust – when obtaining feedback, it is important to keep in mind that this is not a one-off activity, but a recurring process. Trust will build over time, and by informing people how their feedback is used and demonstrating the effects on your practices, you will be demonstrating that feedback is valued and useful. Where a person/ people with a disability are reluctant to participate, your organisation should respect this, but inform them that their role is important to the process.

Conducting surveys

If you plan to conduct surveys within your organisation you may want to consider getting some expert assistance to design the questions and the process for collecting the information and analyzing the results.

To develop and conduct a survey you will need to firstly consider the needs of the people who will be responding to the survey (how will they complete it, what assistance might they need) and also think about:

- The questions to ask. The questions in the survey, or a series of short surveys, should cover all of the elements of the NSW DSS and provide enough information to help you to improve the services you deliver.
- How you will conduct the survey e.g. paper based, on-line, face to face.
- How to ensure your sample is representative of the range of services you deliver, the locations of the services you deliver and the age ranges, disability types and cultural backgrounds of the people who use your services.
- Sample size, or the number of people who need to take part in the survey for it to give a result that is accurate and is representative of the group of people you are surveying. There are a number of websites that provide information that can help you to work out your sample size. These include:

<http://www.surveymonkey.com/mp/sample-size/>

<http://www.surveysystem.com/sscalc.htm>

<http://extension.psu.edu/evaluation/pdf/TS60.pdf>

Step 4 – Rate whether the evidence demonstrates that performance against the KPI meets the relevant NSW DSS

For Evidence KPIs –KPIs number 2, 4, 10, 13, and 16

1. Review the evidence collected for each KPI to determine whether the KPI has been met i.e. for KPI 2 does the evidence demonstrate that the service provider has policies, procedures and informational material that promotes the rights of individuals?
2. Rate whether the evidence demonstrates that performance against the KPI meets the relevant NSW DSS. For example, rate how well the policy, procedure, information brochure and practice (as seen in individual files, via feedback) addresses, or meets, the KPI.

In line with the process that will be used by third party verifiers, the ratings are as follows:

Meet the NSW DSS (M): The service provider can demonstrate compliance with the NSW DSS.

Improvement required (met in part) (PM): improvements are required in order for the service provider to demonstrate that they meet the NSW DSS.

Significant improvement required (not met) (NM): the service provider cannot demonstrate that they comply with the NSW DSS within a reasonable timeframe and will need to make significant improvements to achieve compliance.

The focus of performing the self assessment is on bringing together and reviewing relevant documentation and feedback that demonstrates how well your organisation is promoting and applying person centred approaches to service delivery and achieving the outcomes of the NSW DSS and where you can make improvements.

For Outcome KPIs – KPIs number 1, 3, 5, 6, 7, 8, 9, 11, 12, 14, 15, 17, and 18

A number of the KPIs ask you to measure the 'proportion of individuals' that experience or achieve a particular outcome. You will need to develop a 'target' for each of these KPIs. A 'target' is the proportion that you want to achieve e.g. the proportion of people who are satisfied with opportunities to participate in the community (KPI 4).

Setting targets can give you a clear idea of what your organisation is aiming to achieve. Targets can be changed over time to build on the improvements that have been made.

Your targets should be achievable; they should motivate and inspire your organisation. Look back at your performance over the past few years and get sense of where you are now and where you'd like to be in the future. Setting achievable targets means being fair on the people who have to achieve them whilst also driving continuous improvement. Setting targets should also involve a discussion about how the targets can be achieved.

For each of these, you are required to:

1. Set a target. Targets can be based on the results of previous surveys or feedback mechanisms, or an educated guess of what your organisation is currently achieving, or information on what the best services are able to do. The important thing is to set targets that are realistic but at the same time challenging for the organisation. You should be aiming to increase the target over time so that the experience and outcomes for individuals are constantly improving.

For example, you might initially set a realistic target of 60% for satisfaction with *KPI 4: The service provider has programs and strategies that promote and build community participation opportunities and create and develop community networks* as this is something that you are just beginning to develop. Over the coming years you might raise the target to 75% as this is a key area for development in your organisation.

2. Collect evidence that indicates whether individuals were supported to achieve positive outcomes or provide positive feedback.
3. Identify the total number of people who provided feedback, or responded to a survey or questionnaire AND the total number who answered positively.

To turn these figures into a percentage, divide the total number of people who answered positively by the total number of people who provided feedback and multiply by 100.

For example where 10 people agreed that a positive outcome has been achieved out of the 15 people who provided feedback, the 'proportion of individuals' is 10 out of 15, or 66 per cent.

$$10/15 \times 100 = 66\%$$

4. During the self assessment you will need to identify whether or not your organisation is meeting the targets that have been set.

If you achieve your target/s you may want to set a higher target for the next self assessment.

If you don't achieve your target/s, or achieve a much higher result, the target/s may be set too high, or too low. In either case, you will need to review the targets and what is in place to achieve them for the next self assessment.

Step 5 - Document the results from the self assessment and develop an action plan

To facilitate continuous improvement and a comparison of results over time you are encouraged to maintain a record of the self assessment results (in addition collating the documentary evidence) and to use this information to develop an action plan to address any KPIs where improvement is required.

Table 2 provides an example of what the self assessment summary and action plan could look like using *KPI 4: The service provider has programs and strategies that promote and build community participation opportunities and create and develop community networks* as an example.

A template for recording the outcomes of the self assessment and action plan against all of the KPIs is provided at Appendix A.

You are also encouraged to use the summary of the self assessment to create and share information about your performance against the KPIs; either as part of the overall quality management system, or a specific statement against the NSW DSS.

As individuals become more familiar with the KPIs, and your organisation seeks feedback from individuals it could be likely that individuals will ask for information about the results of the self assessment.

Table 2 - Sample self assessment summary using KPI 4: The service provider has programs and strategies that promote and build community participation opportunities and create and develop community networks.

KPI	Evidence (List the evidence you have used to rate performance against this KPI)	Rating (Insert the overall rating for the KPI)	Actions required (Describe continuous improvement opportunities identified and/or types of primary evidence that could be developed for future self assessments)	Person/s responsible	Timeframe
KPI 4: The service provider has programs and strategies that promote and build community participation opportunities and create and develop community networks”	<p>Vision Statement and Policies promote inclusion and participation in the community and building of community networks</p> <p>Brochures in 4 community languages, but not in Vietnamese which is a key community language for our service</p> <p>Network developed with small number of community organisations</p> <p>Staff training describes principles of community participation but has limited practical information and case studies</p> <p>Survey of service users regarding satisfaction with level of participation in the community</p>	PM	<p>No action required</p> <p>Develop brochures in Vietnamese</p> <p>Expand community network</p> <p>Revise training materials to include practical information and case studies</p> <p>Conduct further survey to determine if actions above improve the level of satisfaction with participation in the community.</p>	<p>Communications Manager</p> <p>Community Networks Project Officer</p> <p>Communications Manager</p> <p>Communications Manager</p>	

Step 6 – Using the results from my self assessment for third party verification

Third party verification will involve an assessment of your organisation's performance against the NSW DSS. This can include a review of the evidence gathered as part of your self assessment.

If you are using the KPIs, the third party verifier can refer to the evidence that you have compiled and discuss any other sources of evidence you might have e.g. processes, systems that may not be included in their package of evidence.

The third party verifier may also provide feedback on whether they believe that the rating you have assigned to the KPIs matches the information you have collected as part of the verification process.

The focus of using KPIs for third party verification is on the systems, processes and activities you have in place to measure outcomes rather than on whether you are achieving the targets that you have set.

Consistent with the Government's commitment of reducing the administrative burden on service providers, you will be able to use existing documents, records of feedback and other information you already collect as part of third party verification processes. In some cases, a source of evidence may be the outcome or findings of accreditation, certification or assessment against another quality system or industry standard that a service provider already has in place.

Service providers are required to act on the independent feedback received from the third party verifier and implement the actions within three months for any NSW DSS that are met in part or six months for standards that are unmet. On completion of the actions, service providers are required to have their full compliance with the NSW DSS verified by the third party verifier and obtain a Verification Statement. This must occur within the term of the current Funding Agreement – that is, by 30 June 2015.

5 Examples of evidence that can be used to measure performance against the KPIs

The tables below provide examples of the evidence that can be collected for each of the 18 KPIs. The examples are not a prescriptive or exhaustive. You are encouraged to think of other types of evidence that can be used, including other accreditations that are already in place or existing KPIs. Within this *Guide* the term ‘individual’ is used to mean people with a disability, and their families, friends, carers and advocates.

Types of primary evidence		Feedback from individuals e.g. survey results, feedback recorded during individual planning process.
		Documentary evidence e.g. policies and procedures.
Standard	KPI	Primary evidence
Standard 1 Rights 3 KPIs	KPI 1	
	KPI 2	 and 
	KPI 3	
Standard 2 Participation and inclusion 3 KPIs	KPI 4	
	KPI 5	
	KPI 6	
Standard 3 Individual outcomes 3 KPIs	KPI 7	
	KPI 8	 and 
	KPI 9	 and 
Standard 4 Feedback and complaints 3 KPIs	KPI 10	 and 
	KPI 11	
	KPI 12	
Standard 5 Service access 3 KPIs	KPI 13	
	KPI 14	
	KPI 15	
Standard 6 Service management 3 KPIs	KPI 16	
	KPI 17	
	KPI 18	

Standard 1: Rights

Key objective: Each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community.

Practice requirements

1. Each person is aware of their rights and can expect to have them respected.
2. Service providers are to uphold and promote the legal and human rights of each person.

Standard 1: Rights	
Key Performance Indicator 1: Proportion of individuals who express that the service provider promotes the rights of individuals.	
Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Survey or questionnaires covering awareness that the service provider promotes the rights of individuals. ▪ Face to face feedback from individuals relating to the actions the service provider takes to promote the rights of individuals. ▪ Feedback from individuals obtained during the individual planning process relating to how the service provider promotes their rights. ▪ Feedback from individuals regarding the promotion of the rights of individuals in relation to specific programs, services and supports. ▪ Feedback from individuals and the community received during workshops or quarterly forums in relation to the actions the service provider takes to promote the rights of individuals.

Standard 1: Rights	
Key Performance Indicator 2: The service provider has policies, procedures and informational material that promotes the rights of individuals.	
Evidence type	Examples of evidence
Informational material for individuals 	<ul style="list-style-type: none"> ▪ Brochures and pamphlets that describe what rights are, and how the service provider promotes the rights of individuals. ▪ Brochures in a range of languages and formats that meet the needs of people using the service. ▪ Wall posters are displayed, such as Charter of Service Users' Rights and Responsibilities.
Organisational policies and procedures 	<ul style="list-style-type: none"> ▪ Policies that capture the elements of Standard 1: Rights, including independence, rights, confidentiality, privacy, data collection, discrimination, conflict of interest. ▪ A whole of organisation Code of Conduct, or Charter of Behaviour which describes the expected behaviours of staff, volunteers and individuals in relation to the rights of individuals. ▪ Other governance policies, such as a pre-employment screening policy that relate to the rights of individuals. ▪ Information prepared for management including indicators of breach of rights and analysis to identify trends/breaches.
Organisation procedures and processes 	<ul style="list-style-type: none"> ▪ Record management keeping practices, protocols of physical and electronic security of personal information. ▪ Management and staff demonstrate a commitment to uphold rights, which may be evidenced though signed Codes of Conduct. ▪ Management files and records indicate that responses to breaches of

	<p>rights are timely and appropriate.</p> <ul style="list-style-type: none"> ▪ Practices demonstrate that matters relating to the identification of instances of abuse are referred to relevant external stakeholders. ▪ Management can demonstrate a range of strategies used to transfer the knowledge of rights to individuals. ▪ Minutes of management meetings demonstrate that management responds in a timely and effective manner to reports of breaches of legal and human rights. ▪ The service provider ensures that users/supports have unimpeded access to their nominated advocate. ▪ There are records of communications in a variety of formats to individuals/supports. ▪ There are records of individual/support attendance at information sessions on legal/human rights. ▪ Personalised plans record the name and contact details of the individual's nominated informal support person/advocate.
<p>Training of staff</p> 	<ul style="list-style-type: none"> ▪ Staff training programs and staff training materials that relate to the promotion of the rights of individuals. ▪ Staff training register that records attendance of staff and volunteers at training sessions that relate to promoting the rights of individuals. ▪ Results of the evaluation of training that relates to promoting the rights of individuals. ▪ Staff can articulate basic rights and how they support individuals to exercise them.
<p>Feedback from staff, individuals and family/friends/carers</p> 	<ul style="list-style-type: none"> ▪ Surveys (email, written telephone etc) results that relate to how well the organisation promotes the rights of individuals. ▪ Face to face feedback that that relates to how well the organisation promotes the rights of individuals. ▪ Feedback arising for from specific incidents or complaints relating to rights.
<p>Continuous improvement</p> 	<ul style="list-style-type: none"> ▪ Organisation wide continuous improvement plan, which identifies opportunities for improvement and actions taken that relate to the promotion of the rights of individuals.

<p align="center">Standard 1: Rights</p>	
<p>Key Performance Indicator 3: Proportion of individuals who express that they are supported to exercise their rights all the time.</p>	
<p>Evidence type</p>	<p>Examples of evidence</p>
<p>Feedback from individuals</p> 	<ul style="list-style-type: none"> ▪ Survey or questionnaires that captures how individuals are being supported to exercise their rights all the time. ▪ Face to face feedback from individuals collected that includes feedback relating to how individuals are being supported to exercise their rights all the time. ▪ Feedback from individuals obtained during the individual planning process about being supported to their exercise their rights all the time.

Standard 2: Participation and inclusion

Key objective: Each person is encouraged and supported to contribute to social and civic life in their communities.

Practice requirements

1. Each person is actively encouraged and supported to participate in the community in ways that are important to them
2. Service providers develop connections with the community to promote opportunities for active and meaningful participation.

Standard 2: Participation and inclusion	
Key Performance Indicator 4: The service provider has programs and strategies that promote and build community participation opportunities and create and develop community networks.	
Evidence type	Examples of evidence
Informational material for individuals 	<ul style="list-style-type: none"> ▪ Brochures and pamphlets that describe community participation opportunities. ▪ Brochures and pamphlets that describe supports available to assist individuals to expand personal networks. ▪ Brochures in a range of languages and formats that meet the needs of people using the service.
Organisational policies and procedures 	<ul style="list-style-type: none"> ▪ Policies include procedures or protocols to facilitate inclusion and participation in the community. ▪ Policies for personalised planning include prompts for goal setting regarding participation in community activities. ▪ Information prepared for management includes measurement and indicators of community participation by service users and creation and development of community networks.
Organisational business planning and strategies 	<ul style="list-style-type: none"> ▪ Vision, mission or other statements describe how community participation is encouraged and community networks created and developed. ▪ Organisational strategic business plan that identifies whole of business opportunities to create and develop community networks.
Organisation procedures and processes 	<ul style="list-style-type: none"> ▪ Strategic and business planning documents describe the range of community services, promotional activities, and take-up rates by service users. ▪ Staff meeting minutes document networks, linkages and promotions to community services. ▪ Records are kept of attendance by staff at inter-agency meetings with mainstream providers. ▪ There is evidence of correspondence or other communications with alternative community services.
Records of individual plans 	<ul style="list-style-type: none"> ▪ Service user files contain documented community opportunities that were accessed by service users or supports provided to expand their social networks. ▪ File notes indicate developmental activities to enhance service users' capacity to use mainstream services (e.g. travel training, money handling skills, communication skills, behaviour management strategies).
Training of staff 	<ul style="list-style-type: none"> ▪ Programs and staff training materials regarding participation in community activities and creating and developing community networks. ▪ Staff training register that records attendance of staff and volunteers

	<p>at training sessions.</p> <ul style="list-style-type: none"> Staff can describe examples of strategies used to facilitate participation and inclusion.
<p>Feedback from staff, individuals and family/friends/carers</p> 	<ul style="list-style-type: none"> Surveys (email, written telephone etc) regarding participation in community activities. Face to face feedback from individuals regarding participation in community activities and creating and developing community networks. Feedback from community and other organisations regarding creating and developing community networks. Feedback from specific incidents or complaints relating to community participation.
<p>Continuous improvement</p> 	<ul style="list-style-type: none"> Organisation wide continuous improvement plan, which identifies opportunities for improvement across the organisation in relation to community participation.

<p>Standard 2: Participation and inclusion</p> <p>Key Performance Indicator 5: Proportion of individuals who express that the service provider promotes and encourages participation and inclusion in the community and works with individuals to create opportunities for building community networks that are aligned to their personal goals.</p>	
Evidence type	Examples of evidence
<p>Feedback from individuals</p> 	<ul style="list-style-type: none"> Survey or questionnaire that captures how well the service provider is promoting community participation and inclusion opportunities that are aligned to personal goals. Face to face feedback from individuals relating to involvement in community opportunities that are aligned to personal goals. Feedback from individuals obtained during the individual planning process relating to how well community participation opportunities are identified and aligned to their personal goals.

<p>Standard 2: Participation and inclusion</p> <p>Key Performance Indicator 6: Proportion of individuals who express that they are satisfied with their level of community participation and inclusion.</p>	
Evidence type	Examples of evidence
<p>Feedback from individuals</p> 	<ul style="list-style-type: none"> Survey or questionnaire that captures satisfaction with current levels of community participation and inclusion. Face to face feedback from individuals collected relating to involvement in community opportunities and inclusion. Feedback from programs with community involvement and participation activities in relation to service user satisfaction. Feedback from workshops or quarterly forums in relation to the satisfaction with level of community participation and inclusion.

Standard 3: Individual outcomes

Key objective: Each person is supported to exercise choice and control over the design and delivery of their supports and services.

Practice requirements

1. Service providers maximise person centred decision making
2. Service providers undertake person centred approaches to planning to enable each person to achieve their individual outcomes.

Standard 3: Individual outcomes	
Key Performance Indicator 7: Proportion of individuals who feel that the service provider encourages them to set goals that align with their personal needs and whole of life aspirational goals, and assists in identifying opportunities in the planning process to meet these goals.	
Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Survey or questionnaires that captures how well service providers encourage individuals to set goals and identify opportunities to meet those goals. ▪ Face to face feedback from individuals that captures how well service providers encourage individuals to set goals and identify opportunities to meet those goals. ▪ Feedback from individuals obtained during the individual planning process relating to how their goals and personal needs are identified and met. ▪ Feedback from workshops or quarterly forums that captures how well service providers encourage individuals to set goals and identify opportunities to meet those goals.

Standard 3: Individual outcomes

Key Performance Indicator 8: Proportion of individuals who express that that the service provider adopts a person centred approach in service delivery, and assists the individual to achieve their personal goals which includes encouraging the involvement of families, friends, and advocates in line with the wishes and consent of the individual.

Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Survey or questionnaire that captures the effectiveness of the person centred approach to service delivery and achievement of personal goals and involvement of families, friends, and advocates. ▪ Feedback from individuals obtained during the individual planning process relating to their satisfaction with service delivery, adoption of a person centred approach and achievement of personal goals and involvement of families, friends, and advocates. ▪ Feedback from programs including day programs and community activities in relation to personalised approach to service delivery.
Feedback from staff, individuals and family/friends/carers 	<ul style="list-style-type: none"> ▪ Feedback from family and friends in relation to whether they were involved in the individual's achievement of their personal goals. ▪ Feedback from families, friends and advocates in relation to whether they felt their involvement in achieving personal goals was encouraged and supported in line with the wishes of the individual. ▪ Feedback from staff in relation to whether they believe the organisation is working with individuals to help them achieve their goals and involving families, friends, and advocates in line with the wishes and consent of the individual.

You may need to consider what processes will encourage service users to engage people of their choice in the planning process. For example, nomination of support person / advocate forms are included in service user files, and the plan outlining the processes that were used to engage the service user's support person of choice and the person's involvement in the planning process.

Standard 3: Individual outcomes

Key Performance Indicator 9: Proportion of individuals who have an individual plan that reflects their current goals and aspirations and express that they are working towards achieving those goals.

Evidence type	Examples of evidence
Records of individual plans 	<ul style="list-style-type: none"> ▪ Service user files contain a completed personal plan which has been signed by either the service user or a support person. ▪ An holistic approach is used in the development of personal plans, that is, they consider all aspects of a service user's life goals and engage a broad range of stakeholders in the development of the plan. ▪ Plan contents verify they are designed to enhance the service user's competencies and empower service users by incorporating their skills, knowledge etc. whenever possible.
Organisation procedures and processes 	<ul style="list-style-type: none"> ▪ Individual planning policies and practices including protocols and timeframes for plan reviews and capture the current goals and aspirations of service users. ▪ Internal random sample records audits confirm service users' files are consistent with policy requirements. ▪ Staff describe how plans are developed with service users/supports.
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Survey for individuals captures whether they have an individual plan that reflects their current goals and aspirations. ▪ Face to face feedback from individuals obtained during the individual planning process about their individual plan and the last time it was updated or reviewed. ▪ Feedback from individuals collected relating to whether they are working towards achieving their planned goals and are satisfied with their plan.

You may need to consider the development of detailed planning protocols, which include detailed consultation and discussion of goals and aspirations with individuals, the exploration of new opportunities and activities that haven't previously been discussed, and setting goals that are measurable and achievable, but still contain dreams and aspirations. Regular review and discussions should be conducted (yearly), to ensure that individual plans are current.

Standard 4: Feedback and complaints

Key objective: When a person wants to make a complaint, the service provider will make sure the person’s views are respected, that they are informed as the complaint is dealt with, and have the opportunity to be involved in the resolution process.

Practice requirements

1. Each person is treated fairly by the service provider when making a complaint.
2. Each person is provided with information and support to make a complaint.
3. Each service provider has the capacity and capability to handle and manage complaints.

Standard 4: Feedback and complaints	
Key Performance Indicator 10: The service provider has accessible complaints mechanisms and record keeping systems in place to deal with complaints in a timely and effective manner.	
Evidence type	Examples of evidence
Informational material for individuals 	<ul style="list-style-type: none"> ▪ Brochures and pamphlets that describe how service users can provide feedback and make complaints and the service provider’s complaint handling process, including the appeals process. ▪ Brochures in a range of languages and formats that meet the needs or people using the service. ▪ Feedback and complaints procedure promoted in service provider communication such as newsletters, website, notice boards. ▪ Complaints information highlights the positives of getting feedback on areas for improvement.
Organisational policies and procedures 	<ul style="list-style-type: none"> ▪ Policies that cover feedback and complaint handling including staff responsibilities, escalation procedures and timeframes for resolution. ▪ A whole or organisation Code of Conduct, or Charter of Behaviour which describes expected behaviours of staff, volunteers and individuals in relation to feedback and complaints. ▪ Information prepared for management includes records of incidents or complaints, timely resolution of complaints and analysis to identify trends. ▪ Complaints procedures highlight the positives of getting feedback on areas for improvement.
Organisation procedures and processes 	<ul style="list-style-type: none"> ▪ There is an identified person or persons with responsibility and authority in relation to the complaints system. ▪ Appropriate resources have been assigned, including personnel, training, procedures, documentation, specialist support, material and equipment, and computer hardware and software. ▪ A risk assessment is immediately made by management upon the receipt of an allegation, and action taken to minimise risk to ensure that service users’ needs are the service’s highest priority (e.g. staff may be re-deployed or suspended on full pay rather than continue to work with a client that has made an allegation about their performance, until the complaint can be resolved). ▪ Record management keeping practices, protocols of physical and electronic security of personal information. ▪ Records of complaints raised include details of actions undertaken to mediate or resolve outcomes within agreed timeframes. ▪ Complaints register includes a standard set of collected data about each complaint including details of complaint and subsequent resolution. ▪ The complaints process is tailored to meet the needs of service users

	<p>(e.g. culturally diverse client-base, using appropriately structured questions to gather relevant information, people with a vision-impairment receiving their complaint statement on a tape, allowing the complainant to choose the venue for making their complaint statement).</p> <ul style="list-style-type: none"> ▪ Appropriate support and training is provided to service users to assist them to make complaints, e.g. communication skills development, interpreters, use of advocates. ▪ Systemic barriers to the use of the complaints processes by service users/supports are identified and strategies are put in place to address them (For example, if a support person lives a long way from the location of the service, the statement can be taken by telephone at the service provider’s cost). ▪ Staff and management responding to complaints have appropriate knowledge of their legal and moral obligations for complaints management and resolution (e.g. Whistleblowers Protection legislative requirements; Freedom of Information Act requirements; the application of principles of natural justice — that is, complaints are dealt with fairly, promptly, confidentially and without retribution). ▪ Records of management review meeting minutes include actions taken on complaints/disputes. ▪ Regular complaints system reports to management committee highlights linkage of complaints with actions taken in service improvement.
<p>Training of staff</p> 	<ul style="list-style-type: none"> ▪ Programs and staff training materials cover ways to encourage and capture feedback and handle complaints. ▪ Staff training register that records attendance of staff and volunteers at training sessions in relation to encouraging and capturing feedback and handling complaints.
<p>Feedback from staff, individuals and family/friends/carers</p> 	<ul style="list-style-type: none"> ▪ Survey results (email, written telephone etc) in relation to feedback and handling complaints. ▪ Face to face feedback in relation to feedback and handling complaints. ▪ Feedback from support people/nominated advocates regarding their experiences of the complaints process.
<p>Continuous improvement</p> 	<ul style="list-style-type: none"> ▪ Documentation evidencing the analysis of feedback and complaints, and their inclusion in continuous improvement strategies and activities. This may include analysis of the cause of the complaint. ▪ Organisation wide continuous improvement plan, which identifies opportunities for improvement in the way that complaints were investigated and dealt with (including appeals). ▪ Organisation wide continuous improvement plan, which identifies opportunities for improvement across service delivery areas and Standards arising from feedback and complaints.

Standard 4: Feedback and complaints	
Key Performance Indicator 11: Proportion of individuals that demonstrate understanding of the complaints procedure and express that they would make a complaint if and when the need arises.	
Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Survey or questionnaires that captures individual's understanding of the complaints procedure and willingness to make a complaint if needed. ▪ Face to face feedback from individuals collected relating to their understanding of the complaints procedure.

Standard 4: Feedback and complaints	
Key Performance Indicator 12: Proportion of individuals who express that their complaint was addressed effectively in any complaints process they were involved in (as a portion of those participants who had participated in any complaints process).	
Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Surveys or questionnaires provided to individuals who have participated in any complaints process to capture their satisfaction with the procedure. ▪ Face to face feedback from individuals collected relating to involvement in complaints processes (including appeals processes).

Standard 5: Service access

Key objective: Each person is assisted to access the supports and services they need to live the life they choose.

Practice requirements

1. Service providers make information available about their services.
2. Service providers have clearly defined processes to access services.
3. Service providers work with other organisations to increase each person's support options.

Standard 5: Service access	
Key Performance Indicator 13: The service provider provides accessible information to inform individuals of the types and quality of services and supports that are available and how individuals can access and exit services.	
Evidence type	Examples of evidence
Informational material for individuals 	<ul style="list-style-type: none"> ▪ Brochures and pamphlets that describe the quality and types of services and supports available. ▪ Brochures and pamphlets that describe the how individuals can access and exit services. ▪ Information on alternative services is freely available to service users e.g. a range of brochures and information sheets about other services are on display. ▪ Brochures in a range of languages and formats that meet the needs of people using the service.
Organisational policies and procedures 	<ul style="list-style-type: none"> ▪ There are documented policies and procedures for deciding between applicants when there are more people who want to access the service than there are vacancies. ▪ Policies include procedures or protocols facilitate access and exit by service users. ▪ Policies for service user access and equity e.g. they include forms and documentation required to access additional support such as interpreters. ▪ Policies for refusal of service including reasons for refusal, alternative information to be provided and referral actions. ▪ Service user/supports have copies of the contact details of alternative service providers and information services.
Organisational business planning and strategies 	<ul style="list-style-type: none"> ▪ Strategic business plans identify networking opportunities that support service access and exits such as with CALD and Aboriginal and Torres Strait Islander networks and inter-agencies.
Training of staff 	<ul style="list-style-type: none"> ▪ Programs and staff training materials relating to the types and quality of services and supports that are available and how individuals can access and exit services. ▪ Staff training register that records attendance of staff and volunteers at training sessions. ▪ Staff in-service education schedules include cultural awareness training. ▪ Staff training materials demonstrate that principles of non-discriminatory access are explained at orientation. ▪ Staff demonstrate an understanding of entry and exit criteria and procedures.
Feedback from staff, individuals and	<ul style="list-style-type: none"> ▪ Surveys or questionnaires (email, written telephone etc) relating to the types and quality of services and supports that are available and how

<p>family/friends/carers</p> 	<p>individuals can access and exit services.</p> <ul style="list-style-type: none"> ▪ Face to face feedback relating to the types and quality of services and supports that are available and how individuals can access and exit services. ▪ Feedback from specific breaches or complaints relating to the types and quality of services and supports that are available and how individuals can access and exit services.
<p>Continuous improvement</p> 	<ul style="list-style-type: none"> ▪ Organisation wide continuous improvement plan, which identifies opportunities for improvement and action taken in relation to the types and quality of services and supports that are available and how individuals can access and exit services.

You are encouraged to consider providing information that would be useful for individuals to access other services, including mainstream services, referral services, and other supports such as local area co-ordinators, and community activity organisations.

<p align="center">Standard 5: Service access</p>	
<p>Key Performance Indicator 14: Proportion of individuals who express that they are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and are supported in making choices.</p>	
<p>Evidence type</p>	<p>Examples of evidence</p>
<p>Feedback from individuals</p> 	<ul style="list-style-type: none"> ▪ Survey or questionnaire that captures how well individuals are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and how well they are supported in making choices. ▪ Face to face feedback from individuals relating to how well they are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and how well they are supported in making choices. ▪ Feedback from individuals obtained during the individual planning process in relation to how informed they are about the services and supports available to meet needs and goals. ▪ Feedback from programs such as Day programs in relation to how well individuals are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and how well they are supported in making choices. ▪ Feedback from workshops or quarterly forums in relation to how well individuals are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and how well they are supported in making choices.

Standard 5: Service access

Key Performance Indicator 15: Proportion of individuals who express that they receive access to services and supports that meet their individual needs (or were otherwise provided with referral services and supported through the referral process).

Evidence type	Examples of evidence
Organisational policies and procedures 	<ul style="list-style-type: none"> ▪ Policy states that people with a disability who apply for services are offered assistance to facilitate access e.g. assistance with completing necessary documentation, access to an interpreter. ▪ Register of referrals/applications that shows how access policy is implemented. ▪ File notes document entry/exit decisions including factors considered, reasons for and actions arising from decisions.
Feedback from individuals 	<ul style="list-style-type: none"> ▪ Survey or questionnaires that captures satisfaction with access to services and supports that meet individual needs. ▪ Face to face feedback from individuals relating access or referral to services. ▪ Survey or questionnaires provided to individuals who have been referred to other services that captures whether support was provided when they were referred to other services. ▪ Feedback from workshops or quarterly forums in relation to access to services that meet their individual needs or support provided when being referred to other services.

Standard 6: Service management

Key objectives: Service providers are well managed and have strong and effective governance to deliver positive outcomes for the people they support.

Practice requirements

1. Each person receives quality services which are effectively and efficiently governed.
2. Each person receives quality services that are well managed and delivered by skilled staff with the right values, attitudes, goals and experience.

Standard 6: Service management	
Key Performance Indicator 16: The service provider has good governance, management and quality processes in place which includes stakeholder consultation and a formal continuous improvement strategy across all aspects of service delivery.	
Evidence type	Examples of evidence
Organisational policies and procedures 	<ul style="list-style-type: none"> ▪ Explicit in the service provider’s values statement is a commitment to continuous quality improvement. ▪ Policies are endorsed and reviewed by management (or the Board). ▪ Policies include delegation of authorities and describe responsibilities/accountabilities for all levels of the organisation. ▪ Consultation stakeholder meetings are held. ▪ Information prepared for management includes results from monitoring and evaluation processes. ▪ Information prepared for staff includes results from monitoring and evaluation processes. ▪ Organisational participation in continuous improvement is encouraged via reporting and other activities.
Organisational business planning and strategies 	<ul style="list-style-type: none"> ▪ Mission, vision and values statements are communicated to all stakeholders (e.g. displayed in premises, included in client intake information packages, promoted on service brochures). ▪ Plans are documented, current, subject to review and change, to meet goals, objectives, service user needs and performance indicators as applicable. Plans may include but not be limited to: strategic plans, corporate plans, business plans, and operational plans. ▪ Stakeholder consultation strategies are in place. ▪ Organisational chart reflecting reporting channels. ▪ Roles, responsibilities and accountabilities are defined (e.g. position descriptions for staff, terms of reference for board or management committee). ▪ Human resource management systems, including staff recruitment, selection, induction, and performance management are in place. ▪ Policies, procedures, processes and practices are documented, communicated, understood, implemented and monitored, as applicable, for all aspects of service performance and delivery. ▪ A risk management framework is documented, communicated and implemented to minimise the organisation’s exposure to risk and the impact of unforeseen circumstances on its management, staff, service users or stakeholders. ▪ Risk control systems are in place for the identification, assessment, monitoring and review of risk.
Record keeping	<ul style="list-style-type: none"> ▪ Monitoring and evaluation schedules and records.

	<ul style="list-style-type: none"> Continuous quality improvement register.
Training of staff 	<ul style="list-style-type: none"> Induction procedures for new staff and members of the board/committee includes information on the regulatory, legislative and governance frameworks. Training programs and staff training materials that cover service management. Staff training register that records attendance of staff and volunteers at training sessions.
Other staff policies 	<ul style="list-style-type: none"> Policies and protocols in relation to recruitment of staff (which will include ensuring skills match to business objectives and strategic vision). Policies and protocols in relation to retention and engagement of staff (including staff recognition programs). Induction processes for new management and staff are in place. Performance management system which is aligned to the strategic vision is in place.
Feedback from staff, individuals and family/friends/carers 	<ul style="list-style-type: none"> Surveys or questionnaires (email, written telephone etc) that cover service management. Face to face feedback that covers service management. Feedback from specific breaches or complaints relating to governance and quality.
Continuous improvement 	<ul style="list-style-type: none"> Organisation wide continuous improvement plan, which identifies opportunities for improvement and action taken in relation to service management.

In implementing effective governance principles, you can ask the following questions:

- Are there review and approval mechanisms in place across all levels of the business and operations?
- Is there regular review of the organisations performance and direction?
- Is there a balance between the focus on future development and monitoring current performance?
- Do we have the right skills in our organisation to carry out our strategic vision?

Standard 6 :Service management	
Key Performance Indicator 17: Proportion of individuals who express that they receive quality services and supports.	
Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none"> Survey or questionnaires that capture the quality of services and supports. Face to face feedback from individuals collected that includes feedback relating to service quality and supports. Feedback from workshops or quarterly forums in relation to the quality of service and supports. Survey or questionnaires provided to individuals and their families/friends/carers/advocates in relation to the quality of services and supports.

Standard 6: Service management

Key Performance Indicator 18: Proportion of individuals who report that the service provider is continuously requesting and analysing feedback and collaborating with individuals and stakeholders to improve the services and supports.

Evidence type	Examples of evidence
Feedback from individuals 	<ul style="list-style-type: none">▪ Individuals are engaged in the monitoring and continuous improvement processes through participation in internal assessment.▪ Individuals are engaged in planning and evaluation forums where they can report on their experiences of the service's performance, and put forward suggestions for improvement.▪ Survey or questionnaires that capture continuous improvement activities undertaken by the service provider.▪ Face to face feedback that captures the level of contribution to improving services and supports requested by the service provider.▪ Survey or questionnaires that capture satisfaction with continuous improvement activities undertaken by the service provider.

Appendix A

Self assessment using the NSW DSS KPIs

KPI	Evidence (List the evidence you have used to rate performance against this KPI)	Rating (M, PM, NM)	Action/s required (Describe continuous improvement opportunities identified and/or types of primary evidence that could be developed for future self assessments)	Person/s responsible	Timeframe
Standard 1 Rights					
KPI 1. Proportion of individuals who express that the service provider promotes the rights of individuals.					
KPI 2. The service provider has policies, procedures, and informational material that promotes the rights of individuals.					
KPI 3. Proportion of individuals who express that they are supported to exercise their rights all the time.					
Standard 2 Participation and inclusion					
KPI 4. The service provider has programs and strategies that promote and build community participation and engagement opportunities and create and develop community networks.					
KPI 5. Proportion of individuals who express that the service provider promotes and encourages participation and inclusion in the community and works with individuals to create opportunities for building community networks that are aligned to their personal goals.					
KPI 6. Proportion of individuals who express that they are satisfied with their level of community participation and					

KPI	Evidence (List the evidence you have used to rate performance against this KPI)	Rating (M, PM, NM)	Action/s required (Describe continuous improvement opportunities identified and/or types of primary evidence that could be developed for future self assessments)	Person/s responsible	Timeframe
inclusion.					
Standard 3 Individual outcomes					
KPI 7. Proportion of individuals who feel that the service provider encourages them to set goals that align with their personal needs and whole of term aspirational goals, and assists in identifying opportunities in the planning process to meet those goals.					
KPI 8. Proportion of individuals who express that the service provider adopts a person centred approach in service delivery, and assists the individual to achieve their personal goals which includes encouraging the involvement of families, friends, and advocates in line with the wishes and consent of the individual.					
KPI 9. Proportion of individuals who have an individual plan that reflects their current goals and aspirations and express that they are working towards achieving those goals.					
Standard 4 Feedback and complaints					
KPI 10. The service provider has accessible complaints mechanisms and record keeping systems in place to deal with complaints in a timely and effective manner.					
KPI 11. Proportion of individuals that demonstrate understanding of the complaints procedure and express that they would make a complaint if and					

KPI	Evidence (List the evidence you have used to rate performance against this KPI)	Rating (M, PM, NM)	Action/s required (Describe continuous improvement opportunities identified and/or types of primary evidence that could be developed for future self assessments)	Person/s responsible	Timeframe
when the need arises.					
KPI 12. Proportion of individuals who express that their complaint was addressed effectively in any complaints process they were involved in (as a portion of those participants who had participated in any complaints process).					
Standard 5 Service access					
KPI 13. The service provider provides accessible information to inform individuals, of the types and quality of services and supports that are available and how individuals can access and exit services.					
KPI 14. Proportion of individuals who express that they are informed of and understand the range of services and supports that are available to them to meet their individual needs and goals and are supported in making choices.					
KPI 15. Proportion of individuals who express that they receive access to services and supports that met their individual needs (or were otherwise provided with referral services and supported through the referral process).					
Standard 6 Service management					
KPI 16. The service provider has good governance, management and quality processes in place which includes stakeholder consultation and a formal continuous improvement strategy					

KPI	Evidence (List the evidence you have used to rate performance against this KPI)	Rating (M, PM, NM)	Action/s required (Describe continuous improvement opportunities identified and/or types of primary evidence that could be developed for future self assessments)	Person/s responsible	Timeframe
across all aspects of service delivery.					
KPI 17. Proportion of individuals who express that they receive quality services and supports.					
KPI 18. Proportion of individuals who report that the service provider is continuously requesting and analysing feedback and collaborating with individuals and stakeholders to improve the services and supports.					