Standards for Community Services

Self-assessment manual
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1. Introduction

The Standards for Community Services were developed by the Department of Communities in partnership with the community services sector as part of the Strengthening Non-Government Organisations strategy. This is a collaborative strategy between the Queensland Government and members of the sector to build the capacity of funded organisations and strengthen community-based services.

The standards are an important part of this strategy because they provide a structured approach for reviewing services in an organisation, and a foundation for continuous improvement.

There are eleven standards organised into three broad focus areas:

- **People using services**: Standards 1–6 focus on ensuring that people using services receive individually tailored and culturally sensitive services that are delivered with respect for their individual rights.
- **People working in services**: Standards 7–9 focus on ensuring that client services are provided by staff and volunteers who are appropriately selected, competent and supported in performing their roles.
- **Governance**: Standards 10 and 11 focus on ensuring that client services are based on a clear vision and set of organisational values, and strong governance arrangements.

A copy of the standards is available on the Department of Communities website at: [www.communities.qld.gov.au/community/strengthening_ngos/initiatives/standards.html](http://www.communities.qld.gov.au/community/strengthening_ngos/initiatives/standards.html)

1.1 Implementing the standards

The standards outline the minimum expectations of services provided by organisations with funding from the Department of Communities. Implementation of the standards is a condition of all service agreements between the department and funded organisations.

All in-scope organisations (those not licensed and receiving more than $100,000 in triennial funding per annum from the Department of Communities) are required to provide evidence of their implementation of the standards to the department. This involves conducting a self-assessment of their performance against the standards and reporting the results to the department. They are also required to develop an improvement plan. Organisations receiving less than $100,000 are encouraged to undertake similar self-assessment and improvement planning but are not obliged to do so.
1.2 Manual and workbook

This manual has been developed to inform organisations about requirements under the standards and to assist them complete their self-assessment and develop an improvement plan. It is a learning guide for organisational planning and development to improve service quality.

The manual is divided into two parts:

- **Part A** explains the main steps involved in implementing the standards; the purpose and benefits of the standards; and the principles underpinning quality services.
- **Part B** outlines key features of the standards and provides a step-by-step guide to self-assessment and reporting results.

This manual is accompanied by a self-assessment workbook that includes data collection pages for gathering evidence of practice against the standards; score sheets; templates for reporting and developing an improvement plan; and a client survey.

1.3 Other resources

As well as the manual and workbook, a set of online policy guides and templates is being provided on the Community Door website at www.qld.gov.au/ongo/ for organisations to adopt or modify for their own use.

Further policy development resources are available on the Queensland Council of Social Service (QCOSS) website at www.qcoss.org.au. QCOSS is a key partner with the Department of Communities in the Strengthening Non-Government Organisations strategy, including the introduction of the Standards for Community Services.

1.4 Feedback and further information

The Department of Communities welcomes your feedback on these resources, and any suggestions for improvement. For further information, please contact your regional office or:

Standards Implementation Project Team
Department of Communities
GPO Box 806
Brisbane Qld 4001

Phone: 07 3247 9164
Email: standards.team@communities.qld.gov.au
Part A

The standards — implementation, purpose and quality principles
2. Implementing the standards

This section of the manual provides a short summary of the steps involved in implementing the standards. Two phases of implementation are planned:

- phase 1, 2008–10
- phase 2, 2011 onwards.

2.1 Phase 1 — self-assessment and quality improvement

The first three years of implementation (2008–10) are a developmental phase, with a focus on self-assessment and quality improvement rather than compliance. It is expected that organisations will be able to show that they have met the standards by the end of this phase.

2.1.1 Self-assessment against the standards

The first step in implementing the standards is to conduct a self-assessment. All in-scope organisations (those not licensed and receiving more than $100 000 in triennial funding per annum from the Department of Communities) will be expected to conduct a self-assessment by December 2008.

The self-assessment requires your organisation to gather four types of evidence to use in assessing its performance against the standards.

These four types of evidence are:

- **guiding documents**: documents that outline the way the organisation conducts particular areas of its business — that is, policy and procedures documents
- **staff awareness**: the degree to which staff members are aware of, understand and put into practice the processes outlined in guiding documents
- **records**: documentary evidence of staff implementing processes in the guiding documents — for example, client assessment forms, promotional material, meeting minutes, program data readouts
- **client feedback**: feedback from clients about their levels of satisfaction with service quality.

Section 6 of this manual provides you with more detail about conducting your self-assessment.

You can use the self-assessment workbook to document the first three kinds of evidence against each of the requirements under the standards and to prepare a summary report of your organisation’s overall performance.

You then need to lodge this summary of your self-assessment (not the workbook itself) with the Department of Communities. You can submit this in hard copy or by using the electronic self-assessment tool provided by the department.
2.1.2 Improving performance against the standards

After completing the self-assessment process you will:

- have an overall assessment of your organisation’s performance against the standards
- have a list of areas where you have identified that your organisation’s performance can be improved. This will be recorded in your improvement plan.

The department is not expecting all organisations to fully meet the standards at their first self-assessment. Rather, it expects that this process will assist organisations to develop skills in assessing their own performance; identifying opportunities for improvement; and developing improvement plans for areas requiring attention. All in-scope organisations are required to develop an improvement plan by the end of February 2009.

Improvement planning could mean different things for different organisations depending on the sort of shortfalls you have identified. If you do not have policies or procedures to cover some of the required areas, then you may embark on a process to develop your policy base. If you have the policies in place, but found that staff awareness of them was low, then a training or information strategy would be more appropriate.

If you have only a few documents that demonstrate the work of your organisation and how it was done, you may need to revise your procedures to ensure that records are kept and activities are evidenced. If client feedback responses are poor, you may need to re-examine the way you provide services in the areas they have identified.

2.2 Phase 2 — compliance

The outcomes of self-assessment and improvement planning should provide the necessary evidence for organisations to demonstrate that they have met the standards.

Phase 2 (2011 onwards) will focus on compliance with the standards. All in-scope organisations will have their compliance with the standards monitored from 2011.
3. Purpose of the standards

This section provides a broad overview of the purpose of the Standards for Community Services and what they mean for service providers and their clients.

3.1 Why do we need standards?

The standards are about ensuring clients receive the service they need, when they need it, and that their rights are respected. The introduction of standards gives clients confidence that service providers are focusing on getting the best possible outcomes for them and working to continuously improve the quality of services they deliver.

One purpose of the standards is to outline what an organisation is expected to do when it is functioning well to meet clients’ needs — that is, to provide a benchmark against which organisations can measure themselves. This gives management and staff an indicator of how well they are doing and what could be done better. Assessment against the standards also provides information and assurance to the Department of Communities about the effectiveness and sustainability of services provided to clients.

Another purpose of the standards is to encourage organisations to focus on improving quality. This could mean meeting the standards at a minimum level. However, it could also mean going beyond minimum requirements and establishing processes for the continuous improvement of service quality.

3.2 What do the standards mean for clients?

The standards are focused on improving outcomes for people using services and on strengthening safeguards to ensure their rights are protected.

The standards aim to ensure that all services delivered through the community services sector in Queensland meet at least a minimum level of quality. They may also inspire some organisations to achieve a higher-than-minimum level of quality of services for clients.

Clients will be able to have greater confidence that, regardless of whatever type of service they need or wherever they live, they will receive a high-quality client service from an organisation that is intent on achieving positive outcomes for them.

Clients using community services are in a unique position to judge performance, based on their perceptions of the benefits they have received from using a service. A ‘quality’ organisation is one that is ‘client-focused’ — it responds effectively, not just to the needs of its clients, but also to their feedback.

By establishing systems for listening and responding to client feedback, including their personal experiences, unmet needs and suggestions for improvement, organisations are able to design and deliver services that are client-focused and client-driven.
3.3 What do the standards mean for your organisation?

Meeting the standards and assessing your organisation against them will take time and effort. However, when the work is done, your organisation is certain to be in a better place than it was before: clearer about its purpose and processes and better equipped to provide quality services to clients.

Meeting the standards will mean:

- the reward of working in an environment of shared values with a common sense of direction and purpose
- stimulation, learning and personal development through sharing knowledge and skills with other members of the team
- confidence in your organisation’s ability to make a positive and creative contribution towards service improvement.

Clarifying your objectives, vision and values may be an important first step. You may need to think about the purpose of your organisation and why you do things the way you do. You will think about your organisation’s values and about where clients fit within your organisational culture. You may ask yourself what impacts you want to make on the lives of your clients. You may ask where your organisation is heading, and what its strengths and weaknesses are.

For people whose work involves supporting others, it is important to know that you are doing a good job, and that what you do makes a difference to your clients’ quality of life. This is true whether you are a paid worker, a volunteer worker or a committee member. It is also important to be able to use your expertise to bring about change and improvements in the way your organisation goes about its business.

3.4 What do the standards mean for government?

The introduction and implementation of minimum standards that are met (or exceeded) by all funded organisations will lead to improved service delivery and help to ensure that clients receive a consistent and acceptable level of service, whatever their needs and wherever they are in Queensland.

The standards will also strengthen the partnership between the government and the community services sector by clarifying the government’s expectations of service delivery. As a result, the government will have greater confidence in its current and future investments in non-government organisations and a better understanding of how it can support organisations to deliver the quality of services it is asking for.

The community services sector as a whole will benefit from demonstrating its capacity to deliver high-quality services. This in turn will boost community confidence in the capacity of non-government providers to deliver effective and individually responsive services to clients.
4. A quality framework

The Standards for Community Services aim to promote quality outcomes for clients. Through a self-assessment process, organisations will be guided towards self-development and quality improvement.

Standards provide the basic elements of a quality system and give assurance that a particular level of quality has been met and maintained. Before undertaking your self-assessment against the standards, it may be helpful to look at the ‘big picture’ — what a quality framework is all about and where it might lead your organisation.

As the quality framework model (Figure 1) illustrates, the purpose of your organisation is to improve the quality of life for clients, through service delivery that is focused on improving outcomes for each individual.

The driving force in developing a quality client service is an internal culture that supports client-focused service delivery. In practice, this means a continuous cycle of reviewing service delivery and client outcomes, implementing improvement processes, and then reviewing these, and so on.

The foundation of this cycle is the Standards for Community Services. As you move through your self-assessment, you may find that some improvements are needed to meet the requirements of the standards. Once you have taken those steps and completed your improvement tasks, you will have reached a foundational level of quality.

At this level, having implemented the Standards for Community Services:
• you will have documented your policies and procedures
• your staff will have a clear understanding of your organisation’s procedures and apply them consistently
• you will have records as evidence of your activities
• your clients will have confidence that your procedures are designed to support their needs.

This strong foundation acts as a platform or backstop, as you move upwards through a continuous cycle of process improvement. This cycle means a constant search for new and better ways of providing services to clients. This is referred to as **aspirational quality**.

Meeting the standards at a foundational level is an opportunity to explore continuous quality improvement principles and adopt them in your organisation. Five principles for the development of a quality client service are described in the following sections.

There will be early opportunities to adopt some of these principles as you undertake your first self-assessment and improvement-planning processes.

### 4.1 Five principles for quality client service

#### 4.1.1 Principle 1: Client focus

The overarching goal of any quality system for a community service is improved outcomes for clients. Client satisfaction, while not the only measure, is the best measure of whether your organisation is functioning well.

A client’s satisfaction will depend on whether their needs and expressed preferences are being met. High-performing organisations are able to meet clients’ existing needs and monitor and respond to changing needs.

To achieve client-focused and client-driven services, it is necessary to build rapport and strengthen interpersonal relationships so as to better understand client expectations.

Your organisation’s planning and evaluation must be informed by your clients’ experiences of the services they receive. This means your organisation needs to provide opportunities for clients to participate in decisions about the types of services and support they need. Client feedback should be a key driver of service development and continuous improvement plans. Ideally, this takes place in a partnership between clients and your organisation, with both parties regarded as important contributors to quality.

The extent to which clients feel their contributions are valued will depend on trust, support and mutual respect. These qualities need to be nurtured. When an organisation consistently listens, takes action and informs clients of changes made as a result of their feedback, this provides incentive for greater involvement.

Having a client focus will also include taking into account the diverse needs, issues, capabilities, values, opinions and motivation levels of clients to contribute.
A quality client service is:

- client-focused and client-driven
- measured by client satisfaction based on outcomes
- based on a partnership with clients and committed to valuing and supporting their participation
- open and honest with clients.

A client focus includes:

- focusing service development and improvement on clients’ needs
- creating relationships built on trust, support and mutual respect
- engaging clients as valued partners in continuous improvement processes.

4.1.2 Principle 2: Change management

Quality improvement means embracing change as an opportunity to improve performance.

Not everybody welcomes change. For this reason, managing change is dependent on leadership. The leaders of your organisation are responsible for creating an environment where change is seen as a challenge and opportunity, rather than a threat. In this environment, a commitment to improving performance can be nurtured.

Everyone is responsible for quality. Your organisation’s leaders need to welcome and support the analysis and reflective thinking of employees and volunteers, and value and encourage all contributions. Enthusiasm and commitment are generated when employees and volunteers are encouraged to share their ideas for improving services to clients. People need to know that they can suggest changes and identify problems in a constructive way, and that this will be welcomed and appreciated.

Participation should be encouraged in the standards self-assessment process and ongoing planning for improvement. It is rare to find a staff member or volunteer without a single idea about how service delivery could be improved. Direct involvement also increases the likelihood that the reasons for change will be understood, supported and successfully implemented.

Effective change management includes:

- motivational leadership and shared unity of purpose
- valuing change as a challenge and an opportunity
- strategies to overcome resistance to change
- promotion of participation and support in generating ideas for improvement.
4.1.3 Principle 3: Participation and communication

Quality is about people. It is about what they do, how they do it and how they measure it. This includes the clients, employees, volunteers and people who govern an organisation.

Quality improvement processes rely on people being actively involved and engaged. This in turn requires relationships built on trust, mutual respect and a shared sense of purpose. Participation in decision making encourages a team approach and enables all parties to develop a shared vision for the future that generates enthusiasm and commitment.

Formal and informal opportunities need to be created for clients, employees and volunteers to be actively involved in management decisions through participation in service planning, evaluation and improvement. Think about the opportunities you provide for clients, employees and volunteers to participate in organisational decision making. For example, do you have team meetings, forums, formal surveys, ‘think tanks’, open days, reference groups, complaints systems, planning days, a suggestions box?

Some questions to think about when planning quality improvement processes include:

- How do you decide whom to invite?
- How do you invite them to participate?
- How do you respond to or act on feedback?
- What do you do to overcome potential barriers to participation?
- Do you need interpreters?
- Do you consider cultural needs?
- How does your organisation’s culture encourage participation?
- Do you consider people’s family commitments when scheduling meetings?
- Are your premises physically accessible?
- Can you offer transport to meetings?

Similarly, to enable all parties to feel valued and respected as vital contributors, you need to focus on how your organisation communicates — that is, how you distribute and receive information.

Firstly, think about which strategies work best for distributing information:

- Are people more likely to become engaged through newsletters or notices, or through face-to-face meetings?
- What is the tone of the information you provide?
- Will people really feel welcome to participate and provide their input?
- What fears or concerns might they have?
- How can you reassure them?
Secondly, consider how your organisation receives information:

- What feedback mechanisms do you have — for instance, surveys and forums?
- Do you use minutes of meetings as a source of information and feedback?
- Have you established good interpersonal relationships that encourage open communication?

You may use a wide range of communication strategies to engage people. Choose the ones that work best for you.

<table>
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<th>Participation includes:</th>
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<tbody>
<tr>
<td>• involving people throughout the organisation</td>
</tr>
<tr>
<td>• building teamwork</td>
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<tr>
<td>• generating a shared commitment and vision for the future</td>
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<tr>
<td>• encouraging critical reflection</td>
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<tr>
<td>• welcoming constructive criticism</td>
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<tr>
<td>• encouraging organisational learning and empowerment</td>
</tr>
<tr>
<td>• identifying and removing barriers to participation.</td>
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<table>
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<tr>
<th>Communication includes:</th>
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<tr>
<td>• engaging everybody with something to contribute</td>
</tr>
<tr>
<td>• finding the right means to communicate and to receive information</td>
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<tr>
<td>• welcoming open and supportive exchanges where honesty and joint problem solving are encouraged.</td>
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4.1.4 Principle 4: Organisational learning

To develop and deliver quality services, your organisation needs to be open to new ideas and better ways of doing things. By developing good communication systems and encouraging organisation-wide participation, you have made a positive start. You will have created an environment where change and empowerment can happen through the sharing of information, skills and knowledge. Most importantly, you will be listening to and learning from client feedback.

You can also learn from the experiences of employees and volunteers about how well your organisation’s procedures work. They are often in a good position to identify how procedures can be improved for the benefit for clients. Because employees and volunteers are the ones who have to put new procedures in place, they will know how well these systems work and whether they can be improved. By sharing information and knowledge, organisations can reduce duplication and variation of tasks and develop more efficient systems.

A ‘learning’ organisation is one that resists being directed merely by habit. It encourages open minds, creative and innovative thinking, and opportunities to learn from new approaches being adopted by others. Employees and volunteers, as individuals or as a group, are encouraged and supported to develop new skills and achieve new competencies.
Organisational learning includes:

- sharing information, skills and knowledge
- empowering clients and staff
- learning from the experiences of others
- encouraging creativity and innovation
- using new knowledge and ideas to increase efficiencies and improve service effectiveness
- developing new competencies.

4.1.5 Principle 5: Continuous improvement

Continuous improvement is a philosophy — a way of thinking that directs practice. It is about ongoing organisational development and performance management through process improvement.

It requires a willingness to continually review internal procedures so that opportunities for improvement can be identified. This means being able to balance pride in work already done with a constant search for new and better ways of doing things.

Your organisation needs to be able to critically reflect on its procedures and identify weaknesses, problems or gaps. Using this information, you can develop and implement an improvement plan that responds to the issues identified.

Your organisation then needs to monitor the results of the changes to ensure they have achieved the desired outcome. The result of the changes might be reflected in data about services delivered or in feedback from clients.

If the changes are successful, they can then be consolidated through updating policies and procedures, and ensuring employees and volunteers understand and are trained in the new way of doing things.

Continuous improvement is therefore a cycle of review that includes:

- planning for improvement
- taking action
- monitoring results
- consolidating the new process
- planning for the next review.
Part B
Assessing and reporting performance against the standards
5. About the standards

This section of the manual provides a brief overview of key features of the Standards for Community Services.

5.1 Organisation of the standards

There are 11 standards grouped into 3 focus areas:

People using services
1. Accessibility of services
2. Responding to individuals, families and communities
3. Participation and choice
4. Confidentiality and privacy
5. Feedback and complaints
6. Protecting safety and wellbeing

People working in services
7. Recruitment and selection processes for people working in services
8. Induction, training and development of people working in services
9. Employee and volunteer support

Governance
10. Organisational alignment
11. Governance and accountability

5.2 Guidance about minimum requirements

The Standards for Community Services document includes guidance about minimum requirements to meet the standards, as shown in the sample pages opposite.

5.2.1 Areas of the standards

Across the 11 standards, there is a total of 36 areas. However, your organisation does not need to have 36 separate policies and procedures. It is entirely up to your organisation to decide how its policy titles and areas are best arranged.

You may find that one of your policy or procedures documents covers a number of the required areas. Given that many of the areas have strong links with each other, it is almost inevitable that there will be overlaps. This is fine as long as each of the areas is dealt with, and your policy covers the elements discussed in section 5.2.2.
5.2.2 Elements to consider

The elements to consider listed with each area of the standard provide detailed guidance about the issues your organisation needs to look at as you assess your performance in that area.

Each of these issues should be covered in your guiding documents unless you consider it to be ‘not applicable’ for your organisation or service. It follows, then, that the way your organisation deals with these issues should be clearly understood by employees and volunteers, and reflected in client feedback.

Just as it is unnecessary for your policies to be sorted into the 36 required areas listed under the standards, the elements to consider do not necessarily have to be dealt with under the areas where they are listed. What is important is that the applicable element is covered somewhere in your policies and procedures or other guiding documents. For example, the procedure for informing employees about criteria for eligibility for services may not be detailed in your eligibility policy. It could be part of your training or induction policy instead.
6. The self-assessment process

This section of the manual provides a step-by-step guide to undertaking an assessment of the way you manage key aspects of your organisation and its services.

6.1 The manual and the workbook

This manual and the self-assessment workbook are the resources provided to organisations for conducting a self-assessment.

The manual provides an overview of the self-assessment process. It guides you through the steps for each part of the self-assessment, giving detailed descriptions of the tasks you need to undertake and referring you to relevant parts of the workbook where necessary. A glossary of terms is also included.

The workbook consists of data collection pages, score sheets, templates for reporting on your self-assessment and developing an improvement plan, and materials for gathering and collating client feedback.

6.2 Why self-assessment is important

A self-assessment is a systematic review of policies and procedures to determine the extent to which these meet the Standards for Community Services. It should be conducted by people in your organisation who have the skills to coordinate the process, such as engaging other staff in examining the standards, conducting focus groups and interviews, and deciding which policies, records or other documents might need to be examined or revised.

Done well, self-assessment will give you confidence that your organisation has procedures in place to meet the needs of clients and that you are meeting the foundational quality requirements of the Department of Communities.

The department is not expecting all organisations to fully meet the standards at their first self-assessment. Rather, it expects that this process will assist organisations to develop skills in assessing their own performance, identifying opportunities for improvement and developing improvement plans for areas requiring attention.

Where the results indicate that you have areas requiring attention, or that some systems need strengthening, this needs to be reported honestly. All organisations have room for improvement. Finding areas where your organisation does not yet meet the standards shows that you have been able to conduct your review objectively.

The department is very clear that no organisation will have its funding withdrawn on the basis of a self-assessment report. The department’s response to organisations giving themselves low ratings against particular standards will be to assist them to implement an improvement plan that can make things work better.
Transparency in reports will be appreciated by the department and recognised as an important part of the continuous improvement process.

6.3 Overview of a self-assessment

Figure 2 provides an overview of the stages and steps in a self-assessment.

![Figure 2: Overview of steps in the self-assessment process](image-url)
6.4 Planning and preparing for a self-assessment

A successful self-assessment relies on good planning and preparation. Depending on the size of the organisation, the exercise may require the cooperation and participation of a number of people.

There are a number of steps to take before the self-assessment to help ensure that the process runs as smoothly as possible and embraces the quality principles discussed earlier in this manual. These recommended steps are outlined in Figure 3 and explained in the following sections.

Figure 3: Process for planning a self-assessment

Some steps may occur concurrently. The way in which you manage these steps, and the necessary links between them, will be clearer once planning is underway.

6.4.1 Step 1: Owning and leading the self-assessment project

An essential first step is for management to authorise and support the conduct of the self-assessment project. It will be useful to work with management and other
staff to draw up terms of reference for the self-assessment, for endorsement by the management committee or board of the organisation.

Your organisation may wish to recognise the management committee or board as the ‘primary client’ of the process in the terms of reference. In other words, the report of the self-assessment is for the consideration of the management committee or board, and it will be up to them to support any recommendations for improvement.

The decision to establish the self-assessment should be formally recorded in the minutes of the management committee or board.

It is also useful to identify a leader of the self-assessment project. This person would be responsible for overseeing the conduct of the project and reporting to the management committee or board.

6.4.2 Step 2: Creating a self-assessment schedule

A self-assessment schedule is like a calendar, showing when you will implement your self-assessment processes and which parts of your organisation will be covered. For many organisations this is very straightforward, especially for those funded under a single program. For multi-program or multi-site organisations, the schedule will require more planning, and consideration of the points raised in step 4.

The schedule should cover:
- the time period(s) in which the self-assessment will be carried out
- the programs to be involved, where a distinct program focus is preferred
- the service locations involved, where the organisation operates more than one site.

The more people you involve, the greater the organisational benefit. Remember that participation builds teamwork and empowers individual members of the team.

Ultimately, the schedule will become part of the broader ongoing action plan (see section 6.4.5).

6.4.3 Step 3: Choosing a quality team

Your organisation’s quality team will guide the self-assessment process and undertake the main self-assessment tasks. Bringing together a team of people for this purpose is an important step.

If your organisation is small, you may have few choices about whom to involve. If it is larger, you will need to include the perspectives of people in different roles and work areas. For instance, you need a balance of service practitioners and administrative people across the different areas of the organisation. Depending on time and availability, it would also be useful to include a member of the management committee or board.
If the self-assessment is a multi-site exercise, you may wish to ensure you have a person from each location on the team. If your organisation has a significant number of volunteers, it is also important to bring their perspectives to the quality team. You could also invite clients, where appropriate, to be part of this team.

It is important to consider the types of qualities that team members should bring to the self-assessment process, either individually or as a group. Think about people who:

- are good at interacting with others, with high-level group or one-to-one communication skills
- understand how to analyse procedural documents
- are able to be objective and critically analyse issues
- are able to devote time to the self-assessment.

The team can also co-opt people to assist with particular tasks as needs arise. This may include bringing in someone from outside the organisation to assist with group facilitation or other appropriate tasks.

6.4.4 Step 4: Making key process decisions

There are several decisions about the self-assessment process which you need to make in consultation with the management committee and your team. These decisions will vary according to the size and nature of your organisation. If you have a schedule involving more than one self-assessment, these decisions may vary from one self-assessment to another.

You will need to be familiar with the practice outlined in ‘Conducting the self-assessment’ (see section 6.5) to discuss these matters with your team. Reading this section will help you understand the decisions that need to be made.

The following are some key questions to answer.

What is the scope of the self-assessment in a multi-program organisation?

Programs develop in different ways at different times. There may be perceptions that some programs or activities expose your organisation to greater risk than others. The levels of development, in terms of procedures and documentation, may be very different from one program to another. You may wish to create a schedule of smaller self-assessments to enable you to focus quickly on areas which are regarded as higher risk than others, or look separately at programs that are difficult to consider together.

Remember that if you do a single self-assessment across a number of programs and sites, the problems in one program may tend to dominate the strengths of the other programs. Within the same program, some sites may be performing far better than others. If you choose this path, it is important that all programs and sites are involved. You need to take this into account when planning the self-assessment. For instance, you will need to collect and analyse data specific to each site if the locations are sufficiently distinct.
What is the scope of the self-assessment in a multi-site organisation?

Multi-site organisations need to decide how to cover the different sites in their self-assessment. You may choose to conduct separate and distinct self-assessments in each site. When constructing samples of employees and management to take part in testing awareness of key processes, you need to ensure that people from each site are included. Client feedback from each site must also be included.

You can manage the self-assessment in a way that enables you to identify results for each site separately, enabling a comparison between sites if this is useful. Ensure that self-assessment practices are consistent both within and across locations. The leader of the self-assessment project needs to provide an effective central coordination role, together with local-level involvement.

It is important to note that the department is not expecting organisations to carry out separate self-assessments for distinct funded activities or for each different site. It is just as acceptable to do a single organisation-wide self-assessment.

Will we work through the assessment by evidence type or by standard?

Each of the four evidence types for your self-assessment involves different data-gathering processes. The first involves examining the range of guiding documents your organisation uses. This can be done by your team. The second involves sampling staff awareness of the processes described in the guiding documents. This can be done in groups or individually but is likely to involve a separate or larger group of clients than the quality team. The third involves sampling the activity records or documentation your organisation keeps. The fourth involves analysing client feedback in relation to the standards. Both the third and fourth tasks can be done by the quality team.

If you are a small organisation, it may be easier for you to work through all four evidence types for one standard and then move onto the next one. This is because your quality team is likely to be the same group as your staff awareness sample group.

However, if your staff sample is likely to be larger, or a different group from the quality team, you will wish to avoid reconvening this sample group each time you move onto a new standard. In this situation, it may be easier to look at all 11 standards in relation to one evidence type and then move onto the next evidence type. Or you might work through three evidence types (for example, guiding documents, records and client feedback) for each standard and leave the other evidence type (for example, staff awareness) for a separate session.

The workbook is organised so that you can work through the four evidence types for each standard in order. However, you may work through the workbook in a different order if it is more appropriate for your organisation.

It is important to read the following section about planning and to decide the order in which you will work through the workbook. This will have implications for the scheduling of some of your data-gathering activities.
6.4.5 Step 5: Documenting a plan

Once you are familiar with this manual, and you and your quality team have considered the various aspects of the self-assessment, it is a good idea to document a brief action plan for the process. The plan should include:

- the schedule of self-assessments (where relevant) and when each self-assessment will start and finish
- the required dates for documents (for example, policies and procedures) and when and where the assessment of that documentation will occur
- the process for selecting people to participate in group discussions or interviews
- the process for accessing a sample of client records and other records
- plans for informing and involving people in your assessment and continuous improvement activities
- arrangements to protect privacy and confidentiality when gathering data.

6.4.6 Step 6: Securing formal internal approval

The leader of the self-assessment project team should seek to have the plan endorsed by the organisation’s management committee or board.

6.4.7 Step 7: Promoting the self-assessment within your organisation

An important aspect of preparation is communication with the people in your organisation about the self-assessment. When the time comes to seek feedback, communication with people who use services will also be essential.

It is likely that some people will have little or no experience of self-assessment processes. Consider some key messages about:

- why the self-assessment is occurring
- the potential benefits for your organisation
- what the new standards cover and the evidence requirements
- how the self-assessment will occur and opportunities for involvement.

Positive internal leadership will help to ensure that the self-assessment process and the standards in general are regarded as important and beneficial. It is important for people to see that your management committee or board, as well as everyone in the organisation, has a direct interest in ensuring that the standards are met.

Encourage people to join in a spirit of courageous self-criticism. This is not a protective or blaming process. It is about ‘fact finding, not fault finding’.

Choose a variety of media (newsletters, employee meetings, special presentations, informal word-of-mouth) to promote key messages about the self-assessment. Effective communication will help to generate cooperation and interest for the activities it entails.
6.5 Conducting the self-assessment

The conduct of the self-assessment involves collecting, managing and assessing the four forms of evidence for all the standards. The self-assessment workbook provides data collection pages designed to help you record evidence and compare it with the requirements of the standards.

You only need to rate your organisation’s performance using the first three evidence types — guiding documents, staff awareness and records. However, you must seek the fourth type of evidence (client feedback). The workbook includes a survey that will help you seek the views of service users. It is useful to compare their feedback with the assessment of your organisation’s performance by management, employees and volunteers.

Ensure that the data you collect is stored securely. The assessment of the data requires your team to model the role of an external auditor — someone whose sole interest is in a rigorous assessment of the data.

Figure 4 shows the steps involved in conducting a self-assessment of your organisation’s performance.
6.5.1 The four types of evidence

The four forms of evidence for self-assessment — guiding documents, staff awareness, records and client feedback — are consistent across the 36 areas of the standards.

Guiding documents

‘Guiding documents’ is a general term for documents that outline the way your organisation conducts particular areas of its business. Each standard requires you to show that your procedures in these areas are sustainable by formalising them in guiding documents — for example, policies, procedures, protocols, practice statements and charters.

In your self-assessment you need to evaluate your guiding documents and ensure that their content meets the requirements of the standards and that they are up to date and regularly reviewed. If you do not have all the required policies and procedures in place, you will need to develop them.

A set of policy guides and templates for all areas of the standards is being provided on the Community Door website (www.qld.gov.au/ngo). The standards do not require a particular format or template for procedures and policies, so these resources are provided for assistance and adaptation as you choose.

Staff awareness

This form of evidence focuses on the level of awareness that people in your organisation have about policy content, and the extent to which documented procedures are being applied. It involves gathering evidence about their knowledge and understanding of procedures in guiding documents and whether they are equipped to implement these processes.

Staff awareness of organisational policies and procedures is a critical factor in delivering quality client services, so it is important that this form of evidence is sought from everyone working in the organisation, including management, employees and volunteers.

Records

This is a broad term for evidence that shows that the procedures outlined in your guiding documents are actually carried out. This can mean different things depending on the standard involved. For example, in relation to service delivery, it could mean completed needs assessment reports or support plans. In relation to reporting, it could mean copies of reports sent to funding bodies. In relation to training, it could be a detailed list of who has attended training and when.

Other records could include client data, intake forms, induction kits, feedback forms, audit reports and promotional resources.
Client feedback

Organisations are expected to seek feedback from clients on their satisfaction levels and opinions about the quality and effectiveness of services. Part D of the self-assessment workbook provides a client survey for this purpose. It is recommended that you use this survey. If you have developed your own, you need to make sure it is equivalent to the one provided.

Using the four types of evidence

You are seeking four types of evidence that your organisation’s procedures comply with the requirements of the standards. Remember that your aspirational goal is a quality client service, where developing responses to clients’ needs is your central driving force. Client outcomes are therefore the central focus in assessing your evidence, as shown in the ‘Evidence of practice’ diagram (Figure 5). The first three types of evidence ensure your procedures are in place. The effectiveness of those procedures then needs to be verified through client feedback. Your clients are therefore the source of your fourth type of evidence.

If your organisation is able to produce the four forms of evidence showing that it is meeting each area of the standards, it can be confident that it is achieving or contributing to the achievement of client outcomes.

Figure 5: Evidence of practice
6.5.2 Assessing your guiding documents

Your organisation does not need to have a separate policy or procedure for each of the 36 areas covered by the standards. Different organisations will have their own ways of organising their documentation. However, it is important that these documents have a high level of ownership in an organisation, so it is best if there is strong participation in the way they are formulated. It is also important to be clear about the aims or objectives of procedures and how they contribute to broader organisational goals.

The self-assessment will enable you to identify any areas of your documentation where improvement is needed. Key steps in assessing guiding documents are outlined in Figure 6.

Figure 6: Process for assessing guiding documents
Step 1: Identify relevant guiding documents

Make a list of the documents you wish to examine as evidence of process — the policies, procedures, service agreements, flow charts, work instruction documents and so on that may be evidence of how the service meets the standards.

Tasks for step 1

- Assemble your quality team for a workshop to identify guiding documents relevant to the standards.

- Provide the workshop with one or more copies of the workbook pages where evidence about guiding documents is to be recorded.

- If you are part of a multi-site self-assessment which involves site-specific assessments of guiding documents, mark the form with the name of the site. If documents from a number of sites are being considered and identified simultaneously, it is important to record which sites the documents are from.

- Select a place to start identifying existing guiding documents. It is up to you where you start. You might like to start with a standard where you are confident of the documents you have in the organisation. Alternatively, start with the first standard.

- Ask the team to read through the standard, the areas of the standard, and each of the elements to consider. Discuss the meaning and scope of the standard and each of the areas and elements to consider.

- Invite people to identify guiding documents that set out procedures relevant to the standard. List the names of these documents (and the relevant sections or subsections) in the ‘Evidence’ section of the data collection pages of the workbook.

- Work through the areas and elements to consider for all 11 standards in this way, noting the names of relevant documents and sections of documents for each of the elements. Depending on how you have organised your policies and procedures, the same document may be listed several times.
Step 2: Assemble identified documents

Assemble the identified documents so that they can be assessed in detail. It is important to be organised about assembling the documents so that everything is in one place for the analysis. The assessment will be difficult if copies of documents are missing.

Tasks for step 2

- Using the list of documents prepared in step 1, make sure that sufficient copies of all the documents are available for the quality team to work with. If multiple sites are being examined as part of a whole-of-organisation assessment, you will need to have copies of all the relevant documents for each site.

- Identify the assessment location (the room or meeting area to be used) and date.

- Work through the list of documents, and ask members of the team to take responsibility for bringing copies of documents to which they already have access.

- A day or two before the assessment, check that all the required documents are assembled in the agreed location and organise them into a logical order. If something is missing, make sure you follow up with the person responsible, allowing sufficient time for it to be copied and made available for the workshop.

Step 3: Assess the guiding documents against the standards

The aim of this step is to rate how well the guiding documents reflect the requirements of the relevant standards. During this step you will complete all the pages of the workbook that deal with guiding documents. An annotated workbook sample is provided opposite.

Ensure that one or more people are allocated the task of keeping formal copies of the completed workbook pages. If you are managing a multi-site or multi-program self-assessment, and there is to be a separate assessment of the documentation of each site or each program, you will need to complete a form for each relevant site or program.
Assessing for Standard 1 (Accessibility of services)

This standard is about the ways in which a funded organisation makes itself open and available to the people who use, or may need to use, its services or activities. The key is to be actively oriented to the needs, culture and outlook of the people using services, so that they experience an organisation that is as open and engaging as possible.

1.1 Access

Elements to consider about access

- Timing and location — for example, whether the services are centre-based or outreach, whether operating hours are linked to client need, whether the organisation provides out-of-hours information for clients
- The organisation’s understanding of the access needs of people in the target group(s)
- The physical set-up of facilities to manage accessibility
- Proactive strategies to reach Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people with a disability, and other people within the agreed target group
- Records to monitor the use of services by groups of people within the agreed target group, including Aboriginal and Torres Strait Islander peoples, people from diverse cultural or linguistic backgrounds, and people with disabilities
- Other evidence relevant to the organisation

Guiding documents (access)

The organisation develops and regularly reviews policies and procedures that deal with access to services.

Do your organisation’s policies and procedures cover access?  

- Yes
- No

If ‘no’, go to ‘Areas for improvement’. If ‘yes’, list your policies and procedures that cover access in the ‘Evidence’ section on the facing page.

Are any of the elements for consideration not applicable to your organisation?  

- Yes
- No

If ‘yes’, please specify which elements and why.

Do your organisation’s policies and procedures deal with the applicable elements?  

- Yes
- No
- Some

Which applicable elements are not covered? (List these in ‘Areas for improvement’ on the facing page.)

Are the actions and timing of actions clear?  

- Yes
- No

Is it clear who is accountable for developing and monitoring these policies and procedures?

Do your organisation’s policies and procedures keep up to date and reviewed?  

- Yes
- No

If ‘yes’, enter last date of review:

How frequently are policies and procedures reviewed?

- 6-monthly
- Yearly
- 3-yearly

Evidence

Note the names of documents that cover the applicable elements.

Rating

Refer to the guiding documents rating card.

- A. Exceeds requirements
- B. Meets requirements
- C. Partly meets requirements
- D. Does not meet requirements
- E. Not applicable (if so, please specify why)

Areas for improvement

If your organisation does not have policies and procedures relating to access, or you answered ‘no’ to any of the questions, record this here. It is sufficient to note the general areas for improvement. More detail can be recorded when you develop your improvement plan.

In listing areas for improvement, take into account feedback from your client survey.

What are the gaps or applicable elements that you need to cover?
Tasks for step 3

☐ The quality team meets as agreed. Ensure the team understands that this may take half a day or more and it is best if the time is uninterrupted if possible.

☐ Give the team an overview of the following tasks for the assessment and then facilitate the process as a ‘trial run’ for an area of a standard. You may want to make copies of the relevant pages from the workbook for each team member.

☐ Ask team members to read the first standard, the area under the standard and the elements to consider for that area.

☐ Examine the document(s) identified as relevant to this area. Take some time to read each one.

☐ Now turn to the workbook pages. Note that they restate the area of the standard and the requirement that the organisation develops guiding documents (most often policies and procedures).

☐ Answer the questions in the workbook that relate to the documents and how well these identify tasks and processes.

☐ If you tick ‘not applicable’ to any of the questions, offer a comment about why this form of documentation is not relevant or required in your organisation.

☐ The ‘Evidence’ section of the workbook asks you to list the documents that cover the applicable elements. Check the original list prepared in step 1 and decide whether it needs to be amended now that the team has assessed the documents against the standards.

☐ Provide a rating for your documents based on the guiding documents rating card in the workbook. (Detach this card and use it as you assess each set of guiding documents against the standards.) It is important that you accurately assess and rate your organisation’s performance. Choose the rating with the description that best fits.

Step 4: Identify areas for improvement

Finally, make sure that any ideas for improving the guiding documentation for the area of the standard being assessed are recorded in the ‘Areas for improvement’ section of the workbook. In doing this, you should take account of feedback from your client survey. You can provide more detail about areas for improvement later in the improvement plan.

For a multi-site or multi-program self-assessment, where results for each site or program are required individually for comparative purposes, you will need to complete workbook pages and list areas for improvement for each site or program.

Taking stock

When you have worked through a couple of areas of the standards, encourage people to reflect on how the assessment is going. The first areas will always take the longest time; check that you have allowed enough time for the process. Ask the team whether they would like to adjust the process in some way, without compromising the rigour of the practice.
6.5.3 Assessing staff awareness

In this part of the self-assessment, the emphasis is on testing people’s awareness of the way that things are done in the organisation. You are not seeking their opinions so much as working out what they know about the policies and procedures covered by the standards. The self-assessment is seeking evidence to confirm that people working in the organisation understand how its processes are managed.

The self-assessment will enable you to decide whether your management, employees and volunteers are sufficiently aware of how key procedures work, and to rectify any areas that need improvement. Steps in assessing staff awareness are outlined in Figure 7.

Figure 7: Process for assessing staff awareness

Step 1: Decide who will be involved
Test awareness with a reliable sample of the employees, volunteers and members of the management committee or board. This should be a randomly selected sample of people who reflect the key role types of the organisation.
Tasks for step 1

- Decide how many people need to be in the sample. This decision is closely linked to the second step of deciding whether to use group work (focus groups) or individual interviews.

  - If you are in a relatively small organisation, with no more than 15 people involved, including the management committee, you should involve just about everyone. Assuming some people are not able to take part, and you get around 90 per cent of the people in your organisation, you are going to have a reliable sample. Because you are trying to include everyone, questions about the randomness of the ‘sample’ do not arise.

  - In larger organisations, the proportions of people involved can be smaller. For instance, if the total number of people in the organisation is 50, including the management committee, you will get a reliable sample if you ensure that say 40–50 per cent of people are involved. If you have a couple of hundred people, a sample of 25–30 per cent of people should be adequate.

  - Do your best to ensure that the people who take part are a representative sample — that is, a true mix of roles, levels and position types within the organisation being assessed. Again, this is easy if everyone is being invited to participate. However, if you are using a sample of the total number of people, you need to make sure that you do not inadvertently favour certain types of people or roles in the balance of the numbers. Finally, you need to ensure that there is a proportional representation of management committee members, administrative employees, practitioners, paid managers, volunteers and so on.

Step 2: Decide on group work or individual interviews

The aim of this step is to decide whether to test awareness through group work or individual interviews. For the purposes of adding up the results for your self-assessment at the end, it is best that you choose one or the other rather than a mixture of both. If time is the most crucial factor or you have a large organisation with multiple sites, group work may be the better option.

The advantages of group work are that it is likely to be:

- more efficient than individual interviews in terms of time. Although a single session of group work takes longer than an interview, it involves several people at the same time — for example, talking to 10 people in a group is likely to be quicker than conducting 10 interviews.

- more effective than individual interviews because of the ‘net knowledge transfer’ between those who are highly aware of procedures and those who are still coming to grips with how things work.

With group work, you should avoid having more than 12 to 15 people in a group session, so that people have a realistic chance to be heard. Depending on the numbers, you may need to plan for a number of group sessions during the data collection process, if you choose this option.

If you are managing a multi-site or multi-program self-assessment, and there is to be a separate assessment of each site or each program for comparative
purposes, it will be necessary to create the groups around the sites or programs in question. This will enable a group perspective to be formed on each site or location.

Individual interviews also have particular advantages. For example, they can provide:

- a more precise measure of process awareness
- a more anonymous interaction for the interviewee because their views are not on show
- opportunities for the interviewee to learn and to reflect their considered ideas for improvement.

The quality team may wish to think about these and any other ‘pros and cons’, and make a decision about whether group work or individual interviews will be used. A pragmatic decision is required. Done well, both forms of collecting data on staff awareness are credible.

Step 3: Prepare for the data collection

The aim of this step is to ensure that you are ready to implement group work or individual interviews on staff awareness, in accordance with your plan.

Tasks for step 3

- Discuss the ‘Staff awareness’ data collection pages from the workbook with people doing individual interviews or facilitating group work, ensuring that they are familiar with the questions and can explain them to participants. Ensure that they are also familiar with the results of the assessment of guiding documents. This will mean that they know where the guiding documentation is strong and where it could be improved across the standards. It may be useful for them to have access to a summary of the guiding documents assessment.

- Prepare a schedule for interviews or group work sessions, with venues and any necessary catering arrangements. Any one interviewer may be able to manage five or six interviews in a day. A facilitator should probably conduct only one group session a day, because post-group rating work is best done on the same day if possible. Once the schedule is prepared with dates, times and venues, it should be widely promoted within the organisation.

- Think about how to record what people say. Ensure that the person in the recording role can recognise the key aspects of procedures that must be recorded. Individual interviewers should be able to record what people say as they go. Group facilitators will need someone to help with recording responses — either someone from the group or a person appointed for the purpose. You may wish to consider getting members of the quality team to undertake the recording role. The use of a photocopying whiteboard, if one is available, is ideal for this purpose.

With these matters attended to, you are ready to collect the data on staff awareness. An annotated workbook sample is provided over the page.
Standards for Community Services

Staff awareness (Access)

Staff members have a good understanding of the organisation’s policies and procedures for providing equitable access to services for users.

Using the highlighted questions below, ask a selection of your organisation’s employees and volunteers to describe their understanding of your access policies and procedures and how they are implemented. Record their responses in the ‘Evidence’ section. Review the responses/results from the interviews to determine a rating for this evidence type.

What is your understanding of the way your organisation provides equitable access to services for users?

What is your understanding of how the organisation makes itself accessible to Indigenous people and people from culturally and linguistically diverse communities?

How many people were invited to give feedback? (e.g. 3 employees, 2 volunteers, 5 out of a total of 20 staff members = 5/20)

employees ______ volunteers = ______

How many actually participated? (e.g. 2 employees, 2 volunteers, 4 out of 5 invitees = 4/5)

employees ______ volunteers = ______ / ______

How was the feedback obtained?

interviews (how many/position and role of interviewees)

Areas for improvement

If your co-workers do not have a clear understanding of the way your organisation provides equitable access to services for users, record this here. It is sufficient to note general areas for improvement. More detail can be recorded in the improvement plan. In listing areas for improvement, take into account feedback from your client survey.

Rating

☐ A. Exceeds requirements
Your co-workers all have a clear understanding of the way your organisation provides equitable access to services for users and have input into the review of these processes.

☐ B. Meets requirements
The majority of your co-workers have a clear understanding of the way your organisation provides equitable access to services for users.

☐ C. Partly meets requirements
Your co-workers have a limited understanding of the way your organisation provides equitable access to services for users.

☐ D. Does not meet requirements
Your co-workers have a poor understanding of the way your organisation provides equitable access to services for users.

☐ E. Not applicable (if so, please specify why)

Areas for improvement

If your co-workers do not have a clear understanding of the way your organisation provides equitable access to services for users, record this here. It is sufficient to note general areas for improvement. More detail can be recorded in the improvement plan. In listing areas for improvement, take into account feedback from your client survey.

Give brief details of participants.

Record key aspects of group or individual answers.

Rate the level of awareness.

List areas for improvement.
Step 4: Conduct group discussions or individual interviews

The aim of the interviews or group discussions is to capture the key aspects of what people think and say about procedures and outputs relevant to the standards. The questions are all about what you do in your organisation. Each question is an invitation to people to describe in their own words how a service or administrative procedure is conducted in the organisation.

Tasks for step 4

- Explain the aims of the session or interview. Everyone needs to be clear about its purpose and how it will be conducted.
- Distribute a copy of the standards and the awareness questions to be explored (copied from the ‘Staff awareness’ data collection pages of the workbook). The facilitator/interviewer reads the first standard and the related staff awareness questions (in the shaded boxes on the data collection pages) for the first area of the standard.
- Check to see if the meaning of the question is clear and clarify the question if necessary. Invite responses to the first question.
- Adopt a listening role. Note key phrases and steps in the procedure being described. Ensure that the person in the recording role notes the responses in the ‘Evidence’ section of the data collection pages of the workbook.
- Invite anyone who has something different or new to add to speak.
- Reflect to participant(s) the key aspects of the procedure that have been described for the first area. Add or correct the record as necessary.
- Repeat for each of the areas in the first standard and continue across all 36 areas of the standards.

Step 5: Determine ratings and record comments and ideas for improvement

This step can be done once the ‘Staff awareness’ data collection pages and the group sessions or interviews are completed.

In a multi-site or multi-program self-assessment (where results for each site or program are required individually for comparative purposes), you need to complete group data collection pages for each site or program, or a number of interviews for each site or program.

Tasks for step 5

- Review the requirements of the first standard and the meaning of the awareness question for each of its elements.
Review the response recorded for each question from the group or interviewee. If necessary, discuss the response with the person who undertook the recording to clarify any questions.

Review any other notes taken by the facilitator or interviewer.

To rate each area of the standard for your organisation, use the rating criteria in the workbook and tick the appropriate box. If you tick ‘not applicable’ to the rating question, offer a comment explaining why staff awareness is not relevant or required. For instance, you may be interviewing a person in an administrative role, who may not be required to be aware of certain service processes.

Identify any differences between the perceptions and practices of staff and the content of your organisation’s policies. Consider reasons and possible remedies for these differences.

Record any areas for improvement. In doing this, you should take account of feedback from your client survey.

Repeat these steps for each area of the first standard and continue across all 36 areas of the standards, noting that each area has its own distinct data collection pages and rating criteria.

6.5.4 Assessing records

This part of the self-assessment entails examining your organisation’s records of activities (as required for each area of the standards) and identifying any areas where improvements in recording methods could be made.

Records may include:
- employees and client files
- management committee or board decision making
- minutes of meetings
- employee appraisal records
- referral records
- views of people using the service
- data collection reports
- evaluations of strategic or program plans
- training evaluations
- letters of complaints or compliments
- improvements registers
- log-books
- maintenance records
- purchasing and supply records
- anything else that might serve as evidence that a policy or procedure has been implemented.
It is vital that services are able to confidently demonstrate the immediate results of what they are doing.

The tasks associated with assessing records are illustrated in Figure 8.

![Figure 8: Process for assessing records](image)

**Step 1: Identify relevant records and physical evidence**

The aim of this step is to identify records and physical evidence of your organisation’s activities that show procedures are being implemented, in accordance with the requirements of the standards.

**Tasks for step 1**

- Assemble your quality team for a brief workshop on identifying relevant records and physical evidence. Have one or more copies of the ‘Records’ data collection pages from the workbook. If you are part of a multi-site self-assessment, where there are location-specific assessments of records, it is a good idea to mark the pages with your site name. By now the team is likely to have developed some familiarity with the standards and their requirements. This will help to make the assessment of records both effective and efficient.

- Ask the team to read through the first standard and each of the standard areas.

- Turn your attention to the first area and invite the team to think about service or organisational records or physical evidence that shows procedures are
implemented according to the standard. List the names/types of these records (for example, client files, meeting minutes) in the space provided at the beginning of the data collection pages.

- Work through the areas for all 11 standards in this way, noting the names/types of relevant records for each area. Depending on how you have organised your records, the same one may be listed several times.

Remember that in a multi-site or multi-program self-assessment, where results for each site or program are required individually for comparative purposes, you will need to complete a ‘Records’ data collection page for each site or program.

**Step 2: Identify and manage privacy issues**

You need to ensure that the privacy of clients, employees, volunteers and any other people involved is not compromised by examining the records you have identified in step 1. As with all other activities, the self-assessment must be conducted in accordance with Standard 4 (Confidentiality and privacy).

**Tasks for step 2**

Identify the people who will be examining the records and physical evidence. They may not be people who normally have access to these records.

- Identify documents and records that are likely to contain sensitive information about clients and other stakeholders. Clearly, some of the records will be more sensitive than others.

- Ensure that client consent has been obtained for sharing any sensitive records internally for the purposes of the self-assessment. It is important that you take these steps well ahead of when the records may be required for the self-assessment. In the process of obtaining consent, if it is not already obtained, make it clear to service users that the self-assessment is not about them as individuals, and that no copying or movement of records will take place.

**Step 3: Examine and rate records**

The aims of this step are to ensure that access to the identified records is available when needed, that an adequate sample of records is examined, and that data is recorded about what the samples show.

Unlike the assessment of guiding documents, the assessment of records does not involve the assembly of documents. Rather, records are assessed, more or less, where they are located. They are used briefly, and as noted, no copies or movement beyond the immediate environs is necessary.

The output is a completed ‘Records’ data collection page for each area of the standards, including ratings, qualitative comments and ideas for improvement. An annotated workbook sample is provided opposite for your reference.
Records (Access)

Records (such as data, strategies put in place) show that any barriers to accessing services have been identified and removed.

Examine and review the records relating to your access policies and procedures. (See section 6.5.4 of the self-assessment manual for examples of records and information on sampling.)

Ensure that the name/type, location and number of records assessed are entered in the ‘Evidence’ section and an adequate sample is examined.

What types of records demonstrate that your organisation is accessible to the range of people you are funded to serve?

Do those records of service usage demonstrate access by people, including Aboriginal and Torres Strait Islander peoples, Australian South Sea Islanders and people from other diverse cultural or linguistic backgrounds? Yes No

If ‘no’, which potential client group is not accessing your organisation’s services?

Are any barriers to accessing services identified? Yes No

Do records show that your organisation works to remove any barriers to accessing services and is always looking for ways to improve these processes with feedback from service team members and users? Yes No

Standard 1: Accessibility of services

Evidence

Note the name/type, location and number of document(s) sighted.

Rating

A. Exceeds requirements
Records show that your organisation identifies and removes any barriers to accessing services and is always looking for ways to improve these processes with feedback from team members and users.

B. Meets requirements
Records show that your organisation identifies and removes any barriers to accessing services.

C. Partly meets requirements
Records show that your organisation only identifies some barriers to accessing services and not all barriers have been removed.

D. Does not meet requirements
Records show that your organisation does not identify or remove any barriers to accessing services.

E. Not applicable (if so, please specify why)

Areas for improvement

If you have answered ‘no’ to any of the questions, or you have identified areas that require improvement or review, record this here. In listing areas for improvement, take into account feedback from your client survey.

List the name/type, location and number of records examined.

Rate your organisation’s records.

List areas for improvement.

Note names/types of records that could be examined.

Answer the questions about your organisation’s records.

Area of the standard

Description of good practice
Tasks for step 3

- Advise people responsible for records of the need for access and arrange an acceptable time and date for this to occur. Arranging for access is likely to be straightforward in small and medium-sized organisations. The proximity of people and the records themselves will mean that a brief conversation to explain the nature of the sample of records being sought, and the purpose for seeing them, will be sufficient to enable the process to go ahead.

In larger organisations, this may be more complicated. You may not know the person(s) to contact to arrange access to the records. In these circumstances, a memorandum or email may be necessary to formalise the request, including a suggested day, time and location for access. Even in small organisations, if there is any uncertainty about the legitimacy of the request for access, it may be advisable to put the request in writing.

- Think about how many discrete records you require. This is about examining a reliable sample, noting that with some records, only one document of the type specified will be available. In strictly technical terms, the size of the sample will vary with the number of records of each type. Where there are multiple records relevant to an area of the standard, you need to choose a sample that will give the team confidence about any conclusions reached.

- Undertake the examination as arranged. Review all the areas for the first standard in the data collection pages of the workbook. Return to the first area and examine records indicated for that area by answering the questions on the data collection pages.

- Where there are multiple records, commence with five randomly chosen records. If the five records chosen appear to meet the standard, choose another five records and assess them to be sure of your conclusion. However, if the first five records do not meet the standard, then you can probably note that the records do not meet the standard and go no further. If your examination of the first five records produces mixed results, you need to look at another five or so records. If the mix continues, you can note that the records ‘partly meet’ the requirements of the standard.

- Consider whether the sample size is sufficient by taking into account an appropriate proportion of the total number of records of a particular type.

- Enter details of the name/type, location and number of records assessed in the ‘Evidence’ section of the data collection pages of the workbook.

- Rate the records on how well they meet the requirements of each area of the standard. If you tick ‘not applicable’ to the rating question, offer a comment about why these records are not relevant or required in your service(s).

- Record any areas for improvement. In doing this, you should take account of feedback from your client survey.

- Repeat the steps for all 36 areas of the standards, noting that each area has its own distinct data collection page and rating criteria.
6.5.5 Integrating client feedback

Seeking and analysing service users’ views and feedback is a fundamental part of assessing the way that funded organisations operate in terms of the standards.

The self-assessment process requires you to integrate analyses of client feedback with your self-assessment report. Your organisation may already have client satisfaction and feedback-gathering mechanisms in place. If not, you may choose to use the client survey in Part D of the self-assessment workbook. If you do not have a client satisfaction and feedback strategy, it is strongly recommended that you use this survey.

Step 1: Plan your client consultations

Approaches for gathering client feedback will vary, depending on your service type, size, number of sites, clients’ support needs, whether advocates or parents need to be included, and existing feedback processes. You know your organisation best — plan an approach that best meets your needs and those of your clients.

Clients do not need to be familiar with the detail of the standards and policy requirements in each standard area. The feedback you are seeking from clients is about the outcomes of your procedures — whether these are effective in achieving their purpose of enabling clients to achieve sustainable benefits.

Ensure that the methods for obtaining feedback meet your organisation’s requirements, notably that collection processes are sound and offer clients confidentiality in relation to employees and others actually delivering services.

Where it is affordable, feedback collected by people independent of your organisation is preferable. Unless clients are able to offer views in a context that is removed from the person(s) who provided the services, the feedback is likely to be compromised.

Step 2: Read the latest feedback report

Assuming a strategy for collecting feedback from people using services has been implemented, obtain the latest feedback report. Read the report for its analysis of the questions relevant to the standards (this may be the client survey).

Make sure you are confident about any conclusions reached. Check that the methods for obtaining the feedback were sound, that client consent to participation was established, and that any conclusions are well supported by the data.

Step 3: Integrate the analysis with the self-assessment report

Transfer feedback results and comments for each standard onto the ‘Client survey results’ pages in Part D of the workbook. An extract from the workbook is provided over the page.
It is important that you summarise qualitative comments in a way that offers insights relevant to the standard. This is a matter for your judgment. Try to summarise what you regard as key points from the feedback.

<table>
<thead>
<tr>
<th>Feedback results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Standard for accessibility of services</strong></td>
</tr>
<tr>
<td>Q1. How well known do you think this service is in your community?</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td><strong>Q2. Was it easy to get to see someone at the service when you needed to?</strong></td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td><strong>Q3. How comfortable did the employees make you feel?</strong></td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td><strong>Q4. Was the building easily accessed?</strong></td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td><strong>2. Standard for responding to individuals, families and communities</strong></td>
</tr>
<tr>
<td>Q5. Did people in the service understand your needs and issues?</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td><strong>Q6. Was there a plan for the assistance you were to receive?</strong></td>
</tr>
<tr>
<td>Comments</td>
</tr>
</tbody>
</table>

Summarise qualitative comments.
7. Reporting results and planning for the future

This section guides you through the main steps required for calculating and reporting the results of your organisation’s self-assessment.

7.1 Reporting your results

Creating a self-assessment report for your organisation involves taking the data and information already gathered and presenting it in a format that is readily understandable by people in your organisation. Key steps are shown in Figure 9.

![Creating the self-assessment report](image)

The final report will contain a rating for each standard for the first three evidence types, as well as an overall result across all standards for your organisation. It is this result that will reflect the overall performance of the service(s) being assessed.

Each area of each standard is rated according to a five-part scale. For instance, guiding documents for an area of a standard would be given one of the following ratings:

A. Exceeds requirements
B. Meets requirements
C. Partly meets requirements
D. Does not meet requirements
E. Not applicable
This rating occurs during or immediately after each of the three data-collection processes. Similar five-part scales are used for staff awareness and records.

By the time you begin to create a report, you will have completed data collection pages for three evidence types, with ratings for each area of the standards. Use these ratings, and the other information you have collected, to compile your report.

7.1.1 Step 1: Transfer area ratings to the score sheets

The aim of this step is to ensure an accurate transfer of data from the various data collection pages into the relevant score sheet. The result will be a set of score sheets that include all relevant ratings from the data collection pages.

Tasks for step 1

- From the workbook, choose the score sheet that applies to your self-assessment. Note that there are separate, clearly labelled score sheets for evidence relating to guiding documents, staff awareness and records. There are also separate forms for single-site and multi-site/multi-program self-assessments. Note that a single-site organisation may need to use the multi-record score sheet for staff awareness if awareness data was collected using individual interviews.

- Review your completed data collection pages. Check them for completeness, clarity and legibility.

- Transfer the ratings (simply an A, B, C, D or N/A) for each area of the standard (1.1, 1.2, 1.3, 2.1 etc.) into the ‘Area rating’ cells of the relevant score sheet. An extract from the guiding documents score sheet is shown below, with key cells highlighted.

![Single site — Guiding documents](image-url)

Fill in this cell with an A, B, C, D or N/A to show the ratings for areas 1.1, 1.2 and 1.3 for guiding documents. Do the same down this column for all areas of the standards.
For multi-site or multi-program processes, the entry will be into column 1 in the multi-site/multi-program guiding documents score sheet. If you are in a multi-site process, repeat this transfer for the second, third and subsequent locations into column 2, column 3 and so on.

Repeat the process for each area and for each evidence type (guiding documents, staff awareness and records). While this is a straightforward transfer, it is important to be accurate. When you are finished, you will have ratings for each of the 36 areas of the standards.

7.1.2 Step 2: Determine results for each form of evidence

The aim of this step is to determine results for each standard for each form of evidence. This is a matter of aggregating element ratings based on some straightforward ‘business rules’ designed for the purpose.

‘Business rules’ for determining results for each standard

- Straight A responses achieve a result of exceeding the standard for that form of evidence (A).
- Level A or B responses are required for all areas to achieve a result of meeting the standard for that form of evidence (B).
- A single level C response leads to partly meeting the standard for that form of evidence (C).
- A single level D response leads to failing to meet the standard (D).
- A ‘not applicable’ response, justified in the qualitative comments, is regarded as the equivalent of a level A or B response which meets the standard.

The idea is to apply these rules to work out results for each standard for each form of evidence. This is done on the same score sheets used for the transfer of the data from the data collection pages.

Tasks for step 2

- Return to your score sheets with completed area ratings. Starting with the first standard in the score sheet (in the first site if you are in a multi-site organisation), look at what the areas show. Use the rules above to decide the result. In other words, if all the areas are ‘A’, write ‘A — Exceeds’ in the ‘Standard rating’ column. If all the areas are ‘B’ or if there is a mix of ‘A’ and ‘B’, write ‘B — Meets’. If one or more elements are ‘C’, write ‘C — Partly meets’. If ‘D’, write ‘D — Does not meet’.

The sample over the page provides guidance.
If you are in a multi-site/multi-program organisation, repeat this process for each of the site columns into which you entered ratings. Apply the same rules across the sites (or programs) to determine the overall organisation rating for each standard. In other words, a single C level rating in one site will lead to ‘C — Partly meets’ for that form of evidence for that standard for the entire organisation. A sample is provided below of a multi-site/multi-program score sheet, envisaging a three-site (or three-program) organisation or service.

When all the ratings have been determined, you have finished the process of collation and aggregation using the score sheets. It is now time to finalise your report.
7.1.3 Step 3: Finalise your report

The key inputs are the completed data collection pages. The aim of this step is to produce a self-assessment summary report that:

- captures the key insights of the qualitative data for each form of evidence, with a summary for each standard
- creates links across forms of evidence, highlighting any consistencies and inconsistencies
- offers conclusions about strengths and opportunities for improvement, based on the three interdependent analyses (one for each form of evidence).

Tasks for step 3

- Starting with guiding documents, transfer the final organisational results for each standard from the score sheet into the ‘Guiding documents’ section of the self-assessment summary report (in Part C of the workbook). A sample workbook page is shown below.

![Sample workbook page](image)

- Repeat for the other forms of evidence. Again, you may have a number of forms to consider.

- Enter a summary of comments and ideas for improvement into the box below the ratings. This summary should consist of the key areas for improvement listed on the data collection pages for the standards.

- Calculate your overall result for each standard. Follow the business rules as previously. For each standard, look at the results for each evidence type and identify the lowest score of the three. Adopt this score as your overall result and write it in the ‘Overall result’ box.
Depending on how many completed data collection pages you have, preparing the report may well require a workshop with the quality team. As a minimum, make sure you involve people who facilitated group discussions and examination of documents to be part of the analyses.

You will be required to submit your self-assessment summary report to the Department of Communities. The report will assist the department to work with your organisation on any improvement opportunities that arise from the self-assessment.

7.2 Presenting your findings

It is important to communicate the key findings of the self-assessment with people inside your organisation. There are likely to be many areas across the standards where your organisation is doing well and this will show in the results. It is important to take the opportunity to present a picture of strengths to the people who are working hard to improve the services provided by the organisation.

Of course, opportunities for improvement are vital aspects of the presentation. If you are able to communicate these effectively, you will generate interest for getting involved in change and improvement.

Think about creating a computer-based presentation to clearly reflect the key findings. Make presentations at staff meetings, in different service locations if you are a multi-site provider, and in management committee or board meetings. You may wish to consider making a presentation to relevant people in the department.

7.3 Convincing the board to adopt the self-assessment report

A presentation to your management committee or board is particularly important. Be prepared to explain both the process of the self-assessment and its outcomes. Also be prepared to respond to any challenges to the findings that may arise, particularly if there are areas of non-compliance that are likely to be sensitive for people.

You may wish to use the occasion to seek a formal endorsement of the self-assessment report. In doing so, make sure that there is time for discussing ‘next steps’ with the committee or board, including the creation of a plan to work on opportunities for improvement.

7.4 Creating a plan for improvement

Of course, neither the self-assessment report nor the presentation is a plan for action. There may be all sorts of ideas for improvement in your self-assessment report. Some ideas may be very worthwhile, but there is no commitment to the ideas until they have been considered within your organisation’s planning processes.
A vital next step is the creation of an improvement plan. The aim is to reflect the organisation’s considered commitment to improvement options.

The creation of the improvement plan needs to take account of:

- the priority areas for improvement (as determined by the management committee or board and others within your organisation after due consideration of risks and urgency)
- the level of resources needed to pursue the improvement options
- the views of the department. (It may be very useful to involve the department in the creation of your improvement plan.)

The creation of the improvement plan may or may not be a task that falls to your self-assessment team. Ideally, improvement planning should be a subset of broader organisational planning processes, and priorities should be assessed alongside other important operational objectives. An improvement plan template is provided in Part C of the self-assessment workbook. A sample page is shown below.

**Improvement plan**

<table>
<thead>
<tr>
<th>Organisation name:</th>
<th>Improvement plan for the period: from to</th>
</tr>
</thead>
</table>

1 **Standard for accessibility of services**

The organisation makes its services accessible to all people within the agreed target group for the services.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Improvement action/s</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requests for service and referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify areas for improvement.

List actions to be taken to make improvements.
<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>agreed target group</td>
<td>The individuals or groups who need or want to use the services provided as described in a signed service agreement between a non-government organisation and the Department of Communities.</td>
</tr>
<tr>
<td>area for improvement</td>
<td>An issue or process that needs to be established or changed in order to meet a requirement of the standards.</td>
</tr>
<tr>
<td>area of the standard</td>
<td>A subgroup or category of issues and activities covered under the standard. Each area is numbered according to its standard. For example, the first area of Standard 9 is numbered 9.1.</td>
</tr>
<tr>
<td>aspirational quality</td>
<td>A future goal for quality that involves continuously improving and aiming for excellence in service delivery.</td>
</tr>
<tr>
<td>client</td>
<td>A person, family or community that uses a service or participates in community development or other funded activity. For some organisations, a client may be another organisation.</td>
</tr>
<tr>
<td>client feedback</td>
<td>Documented information on the views of service users. It is their opportunity to say how they felt about using the service and the way they were treated.</td>
</tr>
<tr>
<td>community development</td>
<td>Funded strategies to develop or enhance community capacity, on a local, regional or statewide basis.</td>
</tr>
<tr>
<td>continuous improvement</td>
<td>Actively seeking opportunities for improving an organisation by involving everyone in continuously reviewing processes, planning improvements, checking results, and commencing the improvement cycle again.</td>
</tr>
<tr>
<td>form of evidence</td>
<td>A type of proof that shows how an organisation is meeting the standard requirements. Could be in the form of guiding documents, staff awareness, records or client feedback.</td>
</tr>
<tr>
<td>foundational quality</td>
<td>The minimum level of quality. Standards are an example of foundational quality. They are a set of criteria for what should be in place to meet basic aspects of service delivery.</td>
</tr>
<tr>
<td>guiding documents</td>
<td>Evidence in the form of documents that guide organisational activities (for example, policies, procedures, flow charts, charters, memorandums and protocols).</td>
</tr>
<tr>
<td>improvement plan</td>
<td>This results from a self-assessment and is a plan of action that lists activities and strategies for improvement based on the 11 standards.</td>
</tr>
<tr>
<td>management committee</td>
<td>The committee that looks at overall operations and the strategic direction of the organisation.</td>
</tr>
<tr>
<td>quality</td>
<td>The good results that follow from designing good practices and implementing them well.</td>
</tr>
<tr>
<td>Term</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>records</td>
<td>Evidence (such as notes in case files, meeting records, needs assessment records, action plans and information registers) that show that an organisation’s key procedures are being carried out according to guidelines. This may also include physical evidence of what is in place (for example, secure storage of client files, and private interview areas for clients).</td>
</tr>
<tr>
<td>self-assessment</td>
<td>An organised way of reviewing the evidence gathered by an organisation to determine how well the standards are met.</td>
</tr>
<tr>
<td>service delivery</td>
<td>All community service strategies funded by the department, including services delivered to individuals, families and to groups of people, of all ages, and regardless of the service type used.</td>
</tr>
<tr>
<td>staff awareness</td>
<td>Evidence in the form of records of focus groups or interviews with employees and management (and volunteers where they are involved) which indicates whether they are aware of and understand the procedures they should be using.</td>
</tr>
<tr>
<td>standard</td>
<td>A statement of expectation which is related to the way an organisation delivers its services to individuals, families and groups. It is supported by a description of evidence, which enables comparisons to be made between the expectation and what is actually happening.</td>
</tr>
</tbody>
</table>