

Human Services Quality Framework

Self-assessment and Continuous Improvement Guide for Specialist Homelessness Service Providers

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1. Introduction

The Human Services Quality Framework (HSQF) is a system for assessing and improving the quality of human services and promoting quality outcomes for customers. It applies to organisations delivering services under a service agreement with the Department of Communities, Child Safety and Disability Services (the department) or other specified arrangements. The HSQF incorporates:

- a set of quality standards (Human Services Quality Standards (the standards)) which cover the core elements of human services
- an assessment process to measure the performance of organisations against the standards (assessments are conducted at an organisation level across all in-scope services)
- a continuous improvement framework which supports the participation of customers in quality improvement.

2. Purpose

This guide is designed to help organisations understand the self-assessment and continuous improvement process, including how to undertake a review of their performance against the standards and identify where improvements can be made and addressed over time. It is relevant to organisations required to demonstrate compliance with the standards through self-assessment.

The guide is supported by two companion documents – a workbook that is a tool for undertaking a self-assessment and recording the findings, and a template for developing a continuous improvement plan which is available on the Department of Housing and Public Works website at: www.hpw.qld.gov.au/Housing/Homelessness The guide and workbook should be read in conjunction with the *Human Services Quality Standards* and the *Human Service Quality Framework User Guide* which details:

- evidence requirements that are common to all funded organisations and should be evidenced as part of meeting a standard/indicator
- suggestions for evidence or ways an indicator may be demonstrated as relevant to an organisation's size and structure.

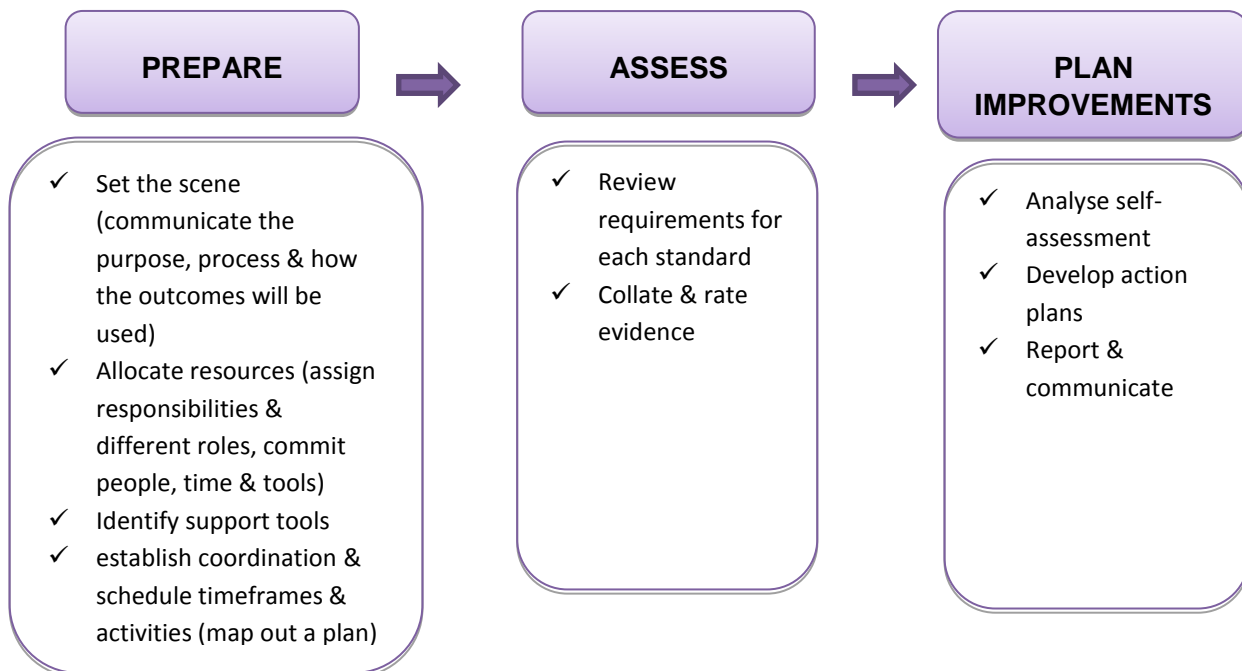
3. About self-assessment

Self-assessment provides an opportunity for your organisation to review your performance against the standards and to identify which processes are working well and which may need further development or improvement. It provides vital information to help your organisation develop a continuous improvement plan to guide service improvements.

The success of the self-assessment process relies on your organisation being open to an honest appraisal of its ability to demonstrate, through evidence, that it is meeting the standards. There are no right or wrong answers and it is not about finding fault or blame. Self-assessment is a reflective process, looking at what is already in place, what improvements need to be made and sharing this information with staff, customers and stakeholders.

Self-assessment is an initial analysis (or snapshot) of the quality of service delivery in your organisation. It is not a process that needs to be completed every year, but the results of a self-assessment should lead to an improvement process that may span up to 1–2 years. The self-assessment process provides an excellent opportunity to increase your organisation’s understanding of its systems and processes and to involve people at all levels in the organisation in developing and implementing processes that support effective service delivery. Most importantly, self-assessment encourages innovation and is an opportunity for service providers to improve service delivery and outcomes for customers.

Self-assessment requires planning and preparation to ensure the process has direction, leadership and resources, and that people involved understand why it is being done and what is to be achieved. The diagram below outlines the key steps in the self-assessment process. While these generally flow from one to the next, there may be times when it is necessary to return to a previous step or action to reconsider or repeat findings or activities.



4. Types of evidence – People, process, paper

Evidence can be gathered from various sources to show that your organisation is meeting the expected outcome of the standard and the performance indicators (standard indicator) of each standard.

The strongest evidence is that which can be verified through interview, observation and documentation – ‘people, process and paper’. You should look for examples of evidence from each of these sources for every standard indicator.

There is no set rule about the amount of evidence that should be recorded. Organisations will need to assess whether the evidence collected meets the intent of each standard indicator and addresses the requirements of the *HSQF User Guide*. You can use the companion self-assessment workbook available from the department’s website to record your findings and to identify any gaps or areas that need improvement. Below are some examples of the types of evidence available from the different sources:

People

- people using services are satisfied with the support they receive
- people using services participate in activities that are consistent with their individual support plan and the goals they have set
- people using services are clear about what service they are receiving, who will be delivering it and how they can seek change or provide feedback (if required)
- staff are able to explain how policies and procedures for management of complaints and critical incidents apply to their role

Process

- people using services are consulted in the development of individualised plans and these plans are regularly reviewed to ensure that goals are being met
- policies and procedures are regularly reviewed and approved by the relevant governance group
- regular meetings are held with appropriate personnel to ensure staff, people using the services and visitors are aware of emergency evacuation procedures
- regular emergency evacuation drills are carried out and analysis of outcomes undertaken for continuous improvement

Paper

- governance documentation (such as Board or Management Committee reports)
- strategic, operational plans and policies and procedures
- files of people using services (both electronic and paper versions) including individual support plans
- human resource information (both electronic and paper versions), such as personnel files, criminal history and working with children checks, training records, performance reviews and records of disciplinary action
- information provided to people using services, such as handbooks or ‘welcome packs’
- meeting minutes and quality improvement action plans
- internal review or evaluation reports
- complaints and critical incident reporting registers
- other records, including results of feedback from people using services.

The table below provides an example of how the different types of evidence work together to demonstrate compliance with a standard indicator.

Standard 2 Service access	
Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.	
Standard Indicator 2.1	
Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.	
People	Can your staff or customers tell you what the service's eligibility criteria and entry rules area? Can your staff and people using services (new and existing) describe where to find information on the eligibility criteria and entry rules?
Process	Are there eligibility, entry and exit process documents, and are they followed? Can you follow an application for service through the process?
Paper	Are there policies, procedures or brochures outlining the eligibility, entry and exit process?

Further examples of how to record evidence against an indicator is available in the self-assessment workbook.

5. How evidence and findings are rated against the standards

As part of the self-assessment process, your organisation will need to record a rating against each standard indicator using the following scale:

- **Met:** evidence demonstrates that the organisation meets the requirements of the indicator
- **Partially met:** evidence demonstrates that the organisation only meets part of the requirements of the indicator
- **Not met:** evidence demonstrates that the organisation does not meet the requirements of the indicator.

Where an organisation considers an indicator is not applicable to the types of services they deliver, (for example, where no services are delivered directly to customers), a '**not applicable**' rating can be used.

Practical examples of how these ratings can be used to assess evidence against an indicator are provided in Table 1.

Table 1: Examples of ratings

Rating	Description and example
<p>Met</p>	<p>Your organisation effectively meets the requirements of the indicator and evidence is available to support the assessment. Evidence is preferably demonstrated through the following:</p> <ul style="list-style-type: none"> • People – people using services (as well as other stakeholders such as families, internal clients and staff) confirm that they are receiving the services that are specified to be delivered. • Process – your organisation is able to demonstrate that what you do matches what you say you do and that the process is consistently performed or applied. • Paper – your organisation has a documented approach to meeting the standard via a policy, procedure or other appropriate document such as a register or form. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Your organisation has a complaints policy, procedure and lodgement form. These are distributed to people using services and available on your website and in the reception area of the office. All complaints are recorded on a register that is kept up to date and regularly reviewed by management and/or in team meetings to ensure that timeframes are met, processes are consistent with the policy and improvements are occurring. A recent survey of people using services indicated that the complaints</i></p> </div>
<p>Partially met</p>	<p>Your organisation does not fully meet the requirements of the indicator or the outcome is only partially effective</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Your organisation has a complaints management system as described in the above example. However, an internal audit of service user files shows that not all customers have received a copy of the policy and complaints form upon entry to the service. Your organisation does not have the complaints form on the website or kept anywhere in the office for service users to access. A recent survey of customers indicated that although some might have wanted to raise a complaint, they were unsure of the</i></p> </div>

Rating	Description and example
<p>Not met</p>	<p>Your organisation has no documentation or processes in place to meet a major component of an indicator, or the outcome is ineffective or does not meet legislative requirements.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Your organisation has a complaints policy and procedure; however, it has not been reviewed for many years. A complaints register is kept but on review it is found that many complaints have not been addressed, and others were not addressed within an appropriate timeframe or responded to in writing as required by procedure. An internal audit found that people using services were dissatisfied with the complaints process and indicated that they reluctant to raise complaints because they were afraid of losing services.</i></p> </div>

6. Recording the results of your self-assessment

Your organisation will need to keep a record of the findings of your self-assessment including the evidence used to assess the organisation’s performance against an indicator, a final rating for each indicator, identified gaps in systems and processes that do not meet the standards, and opportunities for improvement.

Organisations are encouraged to use the companion self-assessment workbook to record their findings and identify areas for improvement. When completed, your organisation’s self-assessment should include:

- evidence of current good practice
- evidence of what results have been achieved and how your organisation demonstrates that it meets each standard indicator
- evidence that your organisation meets the mandatory requirements of each indicator, as relevant
- areas for improvement which will form the basis of the continuous improvement plan
- organisation level rating against each standard indicator.

Organisations are encouraged to make time with their Board or Management Committee to involve them in the process and advise them about steps to address any issues found.

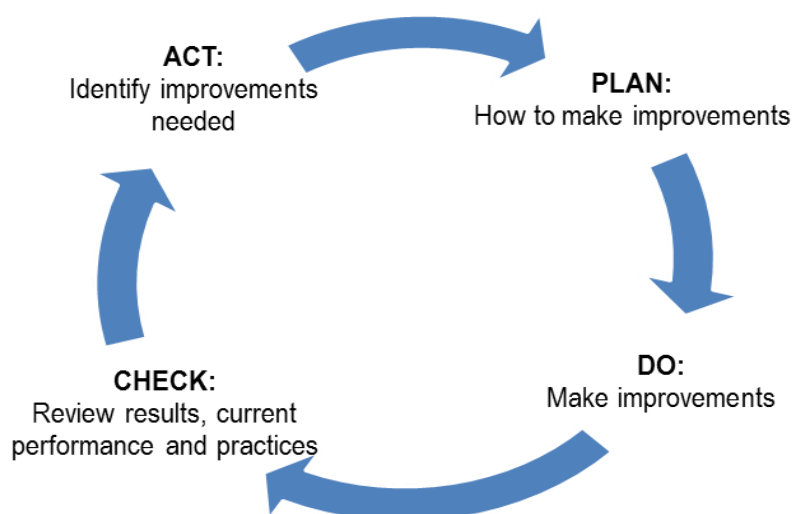
Where an organisation is required to demonstrate compliance with the standards through self-assessment, Board or Management Committee endorsement of the self-assessment is required before a copy of the workbook or other approved record is submitted to the department. Further information on this process is outlined in Section 10.

7. Continuous improvement

Continuous improvement is an important part of an organisation’s ongoing functioning. It involves regular review and action on service delivery, processes and planning activities. Continuous improvement can be identified from results of a self-assessment process, customer feedback, complaints or other service delivery issues that have been experienced.

The 'Plan, Do, Check, Act' model demonstrates a continuous improvement cycle that applies to all aspects of an organisation's service delivery, management and operations. There are four interrelated phases in this continuous improvement cycle as outlined below.

Plan	Establish the goals and processes (activities) necessary to implement improvement
Do	Implement planned improvement activities
Check	Monitor, measure and report on the effectiveness of results
Act	If the desired result has been achieved, formalise the process so it becomes sustainable and imbedded in practice. If monitoring suggests that the planned activity has not been successful, there is a need to develop another strategy. This means commencing the cycle again.



The information collected during a self-assessment will help to demonstrate areas for improvement and the reasons to make changes in those areas. This process can be seen as building a case for change within an organisation, as it helps stakeholders understand why the organisation is seeking to make changes to processes and systems.

After the self-assessment is completed, an organisation should act on any identified areas for improvement as soon as possible. It is important to prioritise these and give consideration to:

- the importance of the improvement to customer or staff safety
- the impact of the improvement to service delivery
- the urgency to implement the improvement action
- the resources and abilities required to achieve the change.

8. The continuous improvement plan

The continuous improvement plan is designed to provide a summary of any actions required to meet each standard indicator. A continuous improvement plan documents:

- areas for improvement
- planned actions to be taken
- who is going to undertake the actions required
- timeframes for completion.

The plan is necessary where standards have been rated in the self-assessment process as either 'not met' or 'partially met' and need to have appropriate resources and time allocated to address them.

On occasion, an identified action may have received a rating of 'met', but still requires improvement actions. Organisations can also document any opportunities for improvement that they identify even when a rating of 'met' has been found. These are considered to be optional actions to promote continuous improvement and to ensure the organisation keeps up to date with best practice.

A template for a continuous improvement plan to record and monitor actions to improve processes and service delivery is available on the department's website at:

www.hpw.qld.gov.au/Housing/Homelessness

9. Continuous improvement plan – what happens next

An organisation's continuous improvement plan remains in place into the future to capture additional areas which require improvements. Outcomes from complaints, feedback, customer surveys etc. can be added to the plan over time if any areas for improvement have been identified.

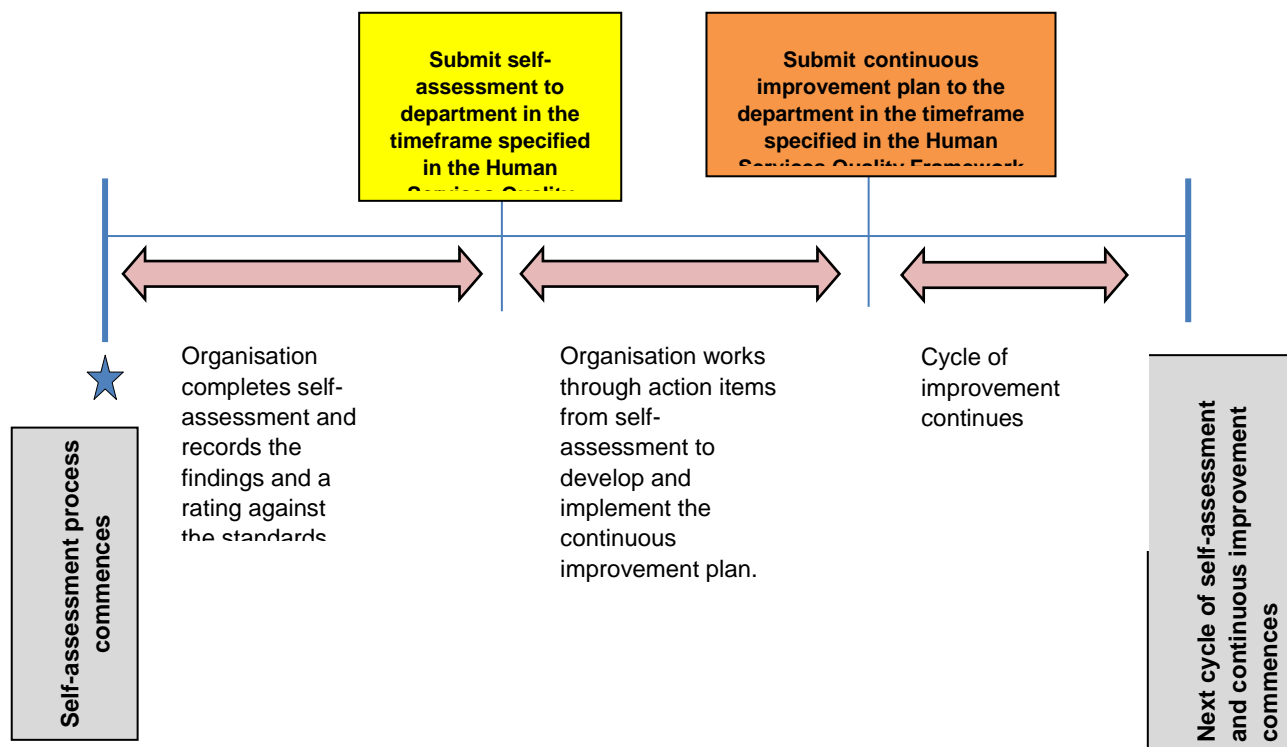
An organisation can use regular staff or management meetings to review the progress of the continuous improvement plan, as well as identify new areas for improvement. The plan should be an operational document and reviewed regularly on an ongoing basis (e.g. quarterly). This regular review will identify progress that has been made towards improving systems and processes and areas that may need additional resources, extra energy or even different strategies to achieve the desired outcomes.

10. Next steps – submitting the self-assessment and continuous improvement plan

Organisations that are required to demonstrate their compliance with the standards through self-assessment are required to submit copies of (at organisation-level) self-assessment and continuous improvement plan to the department. Department contract managers will use the self-assessment to support contract management processes, including identifying how an organisation is performing against the standards, evidence of good practice and opportunities for improvement. The continuous improvement plan is a useful source of information for regional contract managers about how improvement activities are identified and implemented over time. An overview of the self-assessment and continuous improvement cycle is detailed in the diagram on the next page.

Organisations should refer to their *Service Agreement – Funding and Service Details* or contact their regional contract manager for information about the methods of demonstrating compliance that applies to their organisation. Organisations are required to undertake a self-assessment and submit to the department within 18 months of the service agreement commencing, and continuous improvement plan is required to be submitted to the department within 12 months of completing the self-assessment

Diagram - Overview of self-assessment and continuous improvement cycle



11. Resources

This guide is part of a suite of resources and tools to support organisations to develop and maintain a quality system which drives continuous improvement and promotes service quality, including:

- *Human Services Quality Standards* (the standards) which set a benchmark for the quality of service provision. Each standard is supported by a set of indicators which outline what an organisation is required to demonstrate to meet the standard.
- *Human Services Quality Framework User Guide* which is designed to help organisations interpret and apply the standards in service delivery settings. The User Guide should be referred to when completing the self-assessment workbook. It highlights:
 - the outcome, context and individual indicators of each standard and where relevant provides an explanation of what the indicator means for human services
 - common evidence requirements and suggestions of ways an indicator may be demonstrated (e.g. systems and processes that an organisation may have in place to show that they meet an indicator such as a policy, register, file, meeting minutes, client surveys).
- *HSQF Quality Pathway for Service Providers* which comprises a series of information sheets designed to assist service providers understand and implement a quality system that meets the requirements of the HSQF (available on the Department of Communities, Child Safety and Disability Services website at www.communities.qld.gov.au/hsqf).
- *Human Services Quality Framework: Self-assessment workbook* which is a tool for reviewing processes and practices against the standards.
- *Human Services Quality Framework: Continuous Improvement Plan Template*.

12. Further information and support

Further information about the HSQF is available on the department's website at www.hpw.qld.gov.au/Housing/Homelessness or from your regional contract manager.

Region	Phone	Email
Brisbane North Coast Region	3896 9977	HSODCMBrisbaneNorthCoast@hpw.qld.gov.au
Central Region	4938 4880	HSCDMODCMCentralRegion@hpw.qld.gov.au
Northern Region	4036 5538	HSMailboxODCMNorthern@hpw.qld.gov.au
Southern Region	3437 6047	HSODCMSouthern@hpw.qld.gov.au

Providers required to obtain certification or complete a self-assessment under the HSQF with DCCSDS should refer to information on the DCCSDS website: www.communities.qld.gov.au/hsqf or contact the HSQF Team within DCCSDS on phone 1800 034 022 or email hsqf@communities.qld.gov.au.

Useful websites:

QCOSS Community Door

<http://communitydoor.org.au/organisational-resources/quality-assurance/human-services-quality-framework>