

# **Quality Management Framework**

## **Quality Evaluation**

Therapy Focus Incorporated

Early Childhood Intervention - Metropolitan  
and  
Early Childhood Intervention – Peel Waroona

5 September 2011

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

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### 1. The evaluation visit

This report describes the findings of the Independent Evaluation team who visited Therapy Focus Early Childhood Intervention on 22 June, 13 July and 5 August 2011 and completed an assessment of the service point's progress towards meeting Outcomes under the Quality Management Framework (QMF) and compliance with the Disability Services Standards. Two preliminary meetings were held, one for the Metropolitan Contract on 6 May 2011 and Canning (Peel Waroona) Contract on 16 May 2011. A post evaluation meeting was held on 5 September 2011.

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

- Penny Blackburne, Team Leader
- Rhonda Murphy, Team Member

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

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

### 2. Acknowledgements

The Independent Evaluators would like to extend thanks to individuals, families and carers for the assistance they provided throughout the evaluation visit. The Independent Evaluators acknowledge the commitment of the staff in providing services. This was evident from the evaluators' observations and discussions with individuals, families and carers; observations of staff interactions and discussions with staff; and from the positive comments about staff, evaluators received from individuals, families and carers. Findings documented in this report have been selected to support the outcomes of this evaluation and highlight background evidence for good practices, required actions and key priorities for service improvement.

### 3. Service point profile

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

Disability sector organisation:	Therapy Focus Incorporated
Service point name:	Early Childhood Intervention
Outlet name(s):	Early Childhood Intervention Service – Peel Waroona Early Childhood Intervention Service - Metropolitan
Chief Executive Officer:	Matt Burrows

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

It is the vision of Therapy Focus that children and families grow and achieve their full potential. The organisation's mission is to help children to walk, talk, learn, laugh, play and be independent. Organisational values include customer satisfaction, employee fulfilment, open communication, team work and continuous improvement.

Therapy Focus aims to improve the quality of life for their clients and their families and to help their clients achieve their full potential through enhancing their independence to access and participate in community activities. Five principles underlie service provision: Family centred practice, collaborative partnerships, learning everywhere, trans-disciplinary approach and participation.

Therapy Focus was incorporated in 1998 as a not-for-profit community service organisation providing therapy and support services to children and young people with a disability or learning disadvantage. Therapy Focus is a large and growing organisation; it has three divisions providing services in four regions. The Divisions are Children and Youth Services, Community and Relationship Development and Corporate Services and the Regions are East Region established in January 2011, Canning, Swan and West Coast.

It has a Board of Directors that provides the organisation's strategic direction and supports the Executive Team to provide strong operational leadership and management.

Therapy Focus provides a range of services including the following services funded by Disability Services Commission:

- Early Intervention Services
- School Age Services
- Community Aids and Equipment Program

Early Childhood Intervention Services provide a comprehensive interdisciplinary service to children not yet attending school and their families across the metropolitan area and in the Peel Waroona area from Baldivis to Pinjarra and Waroona. Depending on need eligible children receive therapy services from one or more therapists (occupational therapists, speech pathologists, physiotherapists) and therapy assistants. Each family is allocated a Family Link Therapist (from their therapy team) who is their primary contact with the organisation. Services to each client are designed to meet the goals identified at the assessment or review meeting and documented in a Therapy Service Plan. Services and

therapy goals are reviewed at least annually. Services are delivered at a variety of locations including the clients' homes, day-care centres and preschools.

Therapy Focus other services include: The Complete Advantage, a fee for service which provides therapy to children who are ineligible for Disability Services Commission funding to help them achieve health and life outcomes and Help a Child Grow Fund which aims to foster inclusion of children with a disability in the community.

### **Resources (eg building/s, staffing, IT systems, vehicle/s, budget)**

Therapy teams consist of speech pathologists, occupational therapists, physiotherapists and therapy assistants. Most staff work across contracts in both School Age and Early Childhood Intervention Programs.

Early Childhood Intervention staff work from four offices (bases) across the metropolitan area (Joondalup, Bassendean, Bentley and Carson Street). There is a small room used by the therapists in Mandurah, and when working in the Peel Waroona area staff, are able to use wireless laptop computers for recording case notes. Although occasionally premises have been used for small therapy groups or individual treatment sessions none of the premises are considered ideal and Therapy Focus is investigating sourcing suitable premises for this in the future.

In 2010/2011 Therapy Focus received \$223, 385 from Disability Services Commission for Early Childhood Intervention Peel Waroona and \$679,764 for the Metropolitan contract. The number of places funded was 35 for Peel Waroona and 104 for the Metropolitan contract.

### **Brief description of people using services**

At the time of commencing the evaluation there were 78 clients registered with the metropolitan contract and 39 clients registered with the Peel Waroona contract (117 in total). Males outnumber female clients approximately 2:1 and ages range from a few months to six years of age. The types of disability recorded vary between contracts: Over 63% of clients registered in the metropolitan contract have either Global Developmental Delay or Intellectual Disability while only 43% of the client group in the Peel Waroona contract have recorded this as the main disability. Other types of disability include Autism Spectrum Disorder, Cerebral Palsy (34% of the Peel Waroona clients and 5% of the clients in the metropolitan contract), Speech Impairment and Spina Bifida.

### **Consultations**

During the evaluation assignment, the Independent Evaluators consulted with twenty five families (parents of children receiving service), nine therapists, three managers and seven stakeholders (including teachers, Local Area Coordinators). Two preliminary meetings were held. Twelve staff attended the meeting for the Metro East Team and six staff for the Peel/Waroona Team; no family members or stakeholders attended either meeting. Twelve therapists, two Area Managers and the Executive Manager attended the Post Evaluation meeting. All clients were invited to attend or obtain a copy of the draft report and send comments to the Team Leader. One family requested a copy of the Draft Report.

## 4. Executive summary

### A. Good practices

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

The Independent Evaluators were particularly impressed by:

- Staff commitment to family centred practice.
- Staff openness to evaluation process and efforts to facilitate family involvement in the process.
- Professionalism of all staff.
- The therapists who have good relationships with stakeholders such as Local Area Coordinators, teachers and day care providers.
- The managers who support staff to have a flexible service delivery model and encourage innovative practice.
- The fact that there is a broad range of useful information available on Therapy Focus's web site.
- The Client Record Management system which is tailored to the needs of Therapy Focus, and the Information Technology team which is responsive to suggestions for improvement by staff.

### B. Required Actions

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

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

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

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

### C. Key Priorities for Service Improvement

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

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

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

## Key Priority for Service Improvement 1

### Program and Outcome: All Outcomes

- Incorporate QMF Outcomes into information material and forms in order to educate staff and inform parents about what they can expect from Therapy Focus.

## Key Priority for Service Improvement 2

### Program and Outcome: All Outcomes

- Further develop the connection between parents and Therapy Focus, with particular regard to expected outcomes, therapy provision, communication channels and transition to school.

## D. Issues arising

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

- Staff turnover and resultant changes in therapist is an issue for many families. Comments were made referring to the length of time it takes for the child to establish rapport with new therapists and some families said that sometimes new therapists have not had adequate handover.
- Some parents commented on the young age of therapists and that they lack life skills and experience. Therapy Focus is currently addressing this matter.
- A few families do not know who to contact if they have issues with their main contact therapist.
- A few parents also said they did not raise matters with Therapy Focus staff as they were afraid it would impact on the service they were receiving.
- Families said they did not know what was going to happen after their child starts Year 1. Some were unaware that Therapy Focus does not have a school age program in their area. Therapy Focus needs to consider how to clearly inform parents about the transition from Early Childhood Intervention to school.
- Therapy Focus needs to consider ways to better inform families if they are unable to meet agreed service delivery arrangements.
- Of the twelve files viewed in detail seven had current Therapy Service Plans.
- A stakeholder advised that some families in Peel Waroona have said they are unable to access service at hours outside 10.00am – 2.30pm as the therapists are Perth based.
- The Evaluator noted that the terms 'formal and informal carer' are used in the Therapy Focus Referral form; this needs to be reviewed to be brought into line with the Western Australia "Carers Recognition Act 2004".
- There is no information about QMF Outcomes on Therapy Focus's web site or in the Welcome Packs handed to families.

## 5. Meeting Outcomes

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

### Meeting Outcomes - Disability Professional Services

#### Independence

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

#### Evidence noted (eg observations, feedback and documentation):

- All files reflected recent client contact.
- The Evaluator viewed twelve files, only seven of which had up to date Therapy Service Plans. These plans were clear and seemed very thorough with SMART goals (Specific, Measurable, Achievable, Realistic and Time Frame). A few had a Therapy Service Summary (review of progress) but they did not have a developed Therapy Service Plan. Therapy Focus staff are aware of this and are addressing the issue of updating Therapy Service Plans for all clients.
- Therapists meet with family members when establishing the Plan. Parents reported this as a useful meeting and that they were asked what they wanted help with most. This was always used as the starting point for planning. Parents expressed mixed views about this approach; a few family members said this was not helpful as they wanted more information, advice and guidance from the therapist rather than being asked what they needed; others said this planning approach was really good and that they felt valued; one parent said "we don't get pushed aside".
- Most parents contacted reported that they had a Plan and all said they were involved in discussing its content and agreeing to the order that issues were addressed. Parents said they had no problem asking for therapists to review plans early either because their child had achieved the goals or if another issue was concerning them.
- One parent said "no major complaints, we are not a high needs client." This family would like more routine and reliable contact from Therapy Focus staff. They commented there was no structure to their contact and they did not know when they are coming and added there was no plan in place that they knew of.
- One parent who receives therapy from a number of different services said "I've got that many plans I don't know what to do... it gets confusing, everybody thinks they know the best ... I take what I can."
- Most parents said their child's functional changes are tracked through regular reviews of progress and goals are agreed and set after each review meeting.
- Parents felt involved in all aspects of the therapy programs as therapy is primarily provided in the home with a parent present. All parents said they were happy to receive therapy services in their own home.
- One parent said: "When therapy is done just at the school families need to be included in the process". And another commented that parents need to be invited to meetings that Therapy Focus have with other stakeholders such as day care staff.
- A parent commented favourably that Therapy Focus staff are aware of the needs of all the family members, for example a sibling is given appropriate information about how to

engage with their family member with a disability and the therapist times the appointments to fit in with other family demands.

- Most parents said if they were concerned about any matter they would speak to their Family Link Therapist; however, one parent said that they did not know who to approach as they had a problem relating to the Family Link Therapist (that person was their only contact with Therapy Focus) and they added that they were hoping that the rapport with the therapist would improve.
- Some families did not know who they would go to if they had a complaint and some also said they would be hesitant to raise an issue in case it affected their receiving services.
- One parent said the “Service depends on the individual who is assigned to you”. This parent was highly satisfied although after receiving therapy for several years the parent said “I know the ropes”. This parent was not confident that the child would have received the same level of therapy if he/she had been unaware of the system of service delivery.
- There were many positive comments: One parent said “It is exactly what I want – they’re there when I need them”; another said “I feel really blessed that I have Therapy Focus”.
- There were many examples given where the client is being assisted to improve functional capacity to gain increased independence in personal functions and activities of daily living. Examples include:
  - Taught parent and teacher how to use assistive communication device – child uses it at preschool to do things such as ask for a biscuit or ask to go to the toilet.
  - Fine motor skills such as tying shoe laces.
  - Improved gross motor skills enabling movement around playgrounds and class rooms.
  - Using the toilet with fewer ‘accidents’.
  - Sitting posture aided by provision of mats and cushions and size appropriate tables and chairs.
  - Several clients are being taught sign language which has improved their ability to communicate with their teachers and peers in their pre-school.
  - Children learning to “take turns”.
  - Dressing independently.
  - Improved communication at home so child is able to ask for what they want and talking with family members.
  - Confidence levels of children are improving so they are participating more in all activities.
- Many parents said they learnt from the therapists and were able to implement ideas and strategies to address their children’s needs, for example how to manage bathing the child and helping the child to eat.
- One parent said the whole family is benefitting as the child who had speech difficulties and was very frustrated now uses some “hand language” and “he/she is not as frustrated now and doesn’t head butt as much as before”. The parent was very satisfied with this progress.
- There were many examples of therapists addressing environmental impacts to maximise personal functioning such as provision of loan equipment to test what is helpful; for example drinking cup, communication device, forks and spoons to accommodate movement limitations.
- File reviews also provided examples of this Outcome being achieved. For example:
  - Application for funding for purchase of equipment for client – Tripp Trapp chair so child can sit at the family dinner table.
  - Sourcing and providing (Ankle Foot Orthotic) splint.

- One client received a certificate at pre-school for “Improved talking”. The Speech Therapist had been the primary therapist involved and the goals were around improved speech.
- Engagement of stakeholders was evident with most clients. The therapists visit day care centres, kindergartens and pre-schools to observe the clients play and interact in order to inform their assessment and planning processes as well as providing tips and training regarding maximising the functional development of the child.
- Teachers in kindergartens and pre-schools spoke of receiving assistance from one or more therapists for example “Speech Therapist and Occupational Therapist alternate coming ... they do one on one activities with (the child) and support me to assist (the child)....at first (the child) had no language ... they gave us ideas and activities to develop sentence structure and final sounds ... they would bring little things they had made like cards...”.
- Therapy Focus has recently provided sign language workshops to groups of teaching and non-teaching staff and parents at a school in the Peel Waroona area. Therapy Focus staff were described as very supportive and responsive and there was positive feedback about the workshop.
- Therapy Focus has good relationships with schools. Over the last school holidays the service trialled an intensive service delivery model based at the premises of Goollelal Primary School, Kingsley.
- Two stakeholders said that a few families were frustrated at differences in what was promised compared with what was supplied. Several examples were provided where families had their expectations raised regarding service provision (in particular number of sessions) where delivery did not meet promises. It was reported that no reason was supplied by Therapy Focus to the families to explain their inability to provide promised services. This was supported by comments from several families.
- Several family members commented on staff turnover and said it affected the relationship between their child and the therapists and negatively impacted on therapeutic outcomes. For example one parent said “(my child) is shy it takes him/her a while to get to know someone”. One parent said that the new team lacked an understanding of their child’s specific disability.
- A few families said they had not received services for some months after their therapist had left and a stakeholder described that some families had been waiting for service for so long in the Peel Waroona area that they had totally missed out on receiving a service as the child had become too old to receive Early Childhood Intervention.
- Most families commented on the young age of their therapists; this was not necessarily regarded as an issue however some said that they thought therapist lacked life experience and understanding of their situation.

<p><b>Summary of evidence:</b></p>
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- Most parents spoke highly of the service they receive from Therapy Focus. Most parents described family centred practice and said the therapy goals were based on needs they identified.
- Some parents commented that they wanted more advice and information in regard to goal setting rather than being asked what they want. (Key Priority for Service Improvement – Communication.)

- Although a number of Therapy Plans were not developed all but one or two families knew what goals were being targeted by therapists.
- There is a lot of evidence of therapy provision maximising the child's independence in daily living.
- There is evidence of the engagement with relevant stakeholders and of assistance with aids, equipment to address environmental factors.
- Staff turnover and the youth and lack of life experience of staff was commented on as an issue for some families.

## Participation

**Outcome: Participation in everyday life in usual settings.<sup>1</sup>**

<b>Evidence noted (eg observations, feedback and documentation):</b>
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- Parents described a large range of community based activities their children were undertaking, these included kindergarten, day care, pre-school, horse riding, sign language lessons and sailing.
- Parents spoke of their children:
  - Participating more in family activities resulting in improved family relationships.
  - Developing skills to fit in with family activities.
  - Developing relationships with siblings.
  - Being more able to mix with other children at home and in other settings, such as kindergarten.
  - Developing more socially appropriate behaviours such as less screaming.
  - Being able to "fit in".
  - Trying to engage with others - they are "getting a voice".
  - Being able to participate more in games and fun.
  - Improving concentration and focus.
  - Listening more and following tasks.
  - Participating in "on the mat singing".
- Families were on the whole very satisfied with therapists facilitating their children's involvement in everyday life and community activity. For example one parent said that their child is very active and when outside the house "runs away". The therapist understands how difficult this behaviour is and has assisted with advice on how to manage when in the community. The parent was delighted that the therapist wrote a story to be read to the client about staying safe. The parent has a positive relationship with the therapist and said "I am impressed with the therapist's knowledge of what is available, (the therapist) knows where (my child) is going and what he/she needs."
- A few parents asked for more assistance and one parent said "I was going to suggest contact with the pre-school ... they are a bit in the dark ... if there is anything they could be doing during school hours ..."
- One day care provider had had no contact from Therapy Focus staff and said that it would help them care for the child if they had received contact.

<sup>1</sup> *Usual settings are environments of choice available to anyone of similar age, within the constraints of our civil society and the individual's resources.*

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

- Most day care centre staff have received advice and assistance from Therapy Focus therapists. One parent said “They told the carer at Day Care what to do ...it worked really well...there is a uniform approach (between service providers)”.
- Parents are confident Therapy Focus will assist in transitions to day care or kindergarten however a large number were unaware of what assistance they would receive when their child commenced school. They expressed concern over the transition to school, one family member said “not a lot is explained ... they haven’t discussed service next year but I’m expecting they’ll be there for him/her”.
- Several parents spoke about Therapy Focus therapists referring them to other services before they had mentioned their concerns to their therapists. Families were very satisfied with this and appreciated the initiative shown by the therapist, for example a suggestion was made to have a child’s hearing tested before it was raised as a concern by the parents.
- File reviews showed evidence of a range of community based activities that clients were participating in, for example other children at school are also learning Key Word Signs and this is supporting integration of the child with a disability.
- Therapy Focus staff link families with other services in the community, for example a parent said “They helped with an application to a language centre - it was a long process but the support was really valued”.
- There was a problem with bullying at school for one client. Therapy Focus worked with the teacher and students to address this, and the parent reported there were good outcomes.
- Parents were highly satisfied with the nature and range of relationships their children were able to pursue. One parent said “The therapist comes prepared with activities (the sibling) can also do with the client and this is helping the relationships between the two children in the family.”

<p><b>Summary of evidence:</b></p>
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- Many examples were observed in documentation and provided by parents of the services provided by Therapy Focus supporting clients’ participation in everyday life.
- Children are taking part in activities at school, in everyday family life and in the community.
- Parents are satisfied with the range of activities that their children are participating in.
- The evaluators were provided with evidence that confirms therapy is contributing to positive family relationships.

## 6. Compliance check

### Standard 8 - Service Management - *Running the service well*

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

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

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

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

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

## **7. Appendix**

### **A. How the quality of your service is measured**

#### **Outcomes**

- The outcomes refer to the impacts, benefits or changes that an individual experiences as a result of using a service or support.
- Outcomes also identify what an individual with a disability, their family and carer can expect from a service or support.
- People focused outcomes and performance indicators have been developed for each service type: accommodation support, advocacy, alternatives to employment, disability professional services, family support, local area coordination and recreation.

#### **Performance Indicators and Performance Measures**

- Performance indicators describe what is measured and performance measures describe how well the service is doing in supporting individuals with disabilities to achieve good outcomes. Measures include time spent in activities of the individual's choice and satisfaction with services.
- Satisfaction is defined, in the context of this report, as a comparison between how an individual feels, the expectations and standards of the service (i.e. what "should be") and the experiences of the service (i.e. what actually happens).
- Disability sector organisations are expected to progressively improve services and supports to help individuals with a disability achieve beneficial outcomes.

#### **Independent Evaluation**

- Independent Evaluators collect evidence from multiple sources to verify the quality of services and supports provided, in relation to both outcomes and compliance with the Disability Services Standards.
- People with disability, their families and carers are invited to comment on the services and supports they receive through the evaluation process.

## Disability Services Standards

**Standard 1 Service Access - *Getting disability services***

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

**Standard 2 Individual Needs - *Getting the right help***

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

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

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

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

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

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

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

**Standard 6 Valued Status - *Valuing each person***

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

**Standard 7 Complaints and Disputes - *Sorting out problems***

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

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

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

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

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

## C. Disclaimer

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The evaluation assessment is necessarily limited by the following:

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

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

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

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

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

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

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