DES Quality Guidelines

Version 2.0

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Explanatory Note:

In this document, 'must' means that compliance is mandatory and 'should' means that compliance represents best practice. References to 'the department' or 'DSS' in these Guidelines refer to the Department of Social Services.

Document Change History

Table 1: Version and changes history of the DES Quality Guidelines

Version	Effective Date	Change
1.0	1 July 2023	Original version of document
1.1	1 January 2024	Minor terminology and grammar updates throughout document.
1.2	28 May 2024	Minor formatting changes in the Assessment Rubric under Outcomes 2.1.3 and 2.2.1 to provide clarification, and 'Meets' wording for Outcome 2.2.3 update to replace participants with employers and community services. 'Improvement Required' meaning clarified with extra line in Section 4.5.
2.0	19 November 2024	Sections 1, and 3.2 to 3.5 updated to reference the DES Performance Framework. Section 2 updated to reference the application of the two-point or three-point rating scale depending on the element. Section 3.4 removed reference to element ratings from public release. Revised styling and grammatical corrections. Amendments for accessibility, including: • Alt-text for tables and diagrams updated for clarity. • Reformatting of Attachments A and B and Annexure 1. • Explanation of table 2. Revised methodology at Attachment A to the overall quality rating, including changes to the definitions of 'Meets' and 'Improvement Required'.

1.Introduction

1.1. Quality

Quality is 1 of 3 domains measured under the DES Performance Framework. Under this Framework, Quality assesses the services of DES providers against 4 quality measures. These measures are also referred to as quality elements.

The Quality domain aims to help deliver high-quality personalised services. It should support participants in finding lasting employment. These Guidelines outline how the department will monitor and measure the quality elements. They will also evaluate provider roles in these processes.

DES Grant Agreement – important clauses
- Section 2E Evaluation Activities
- Section 2F Customer and Provider feedback
- Section 3C Control of Information,
  - Clause 43 Release of information on provider's performance
- Section 4D Other matters,
  - Clause 67 the department's right to publicise best practice.
- Section 5E Some basic rules about Program Services
- Section 5Q Assessment and management of Program Service Provider's performance
  - Clause 155.1 Performance assessments, and
  - Clause 155.2 (c) (i)
- Section 5R Other Program Service matters
  - Clause 158 Complaints Resolution and Referral Services

Reference documents relevant to these Guidelines
- *Disability Services and Inclusion Act 2023 (the DSI Act)*
- National Standards for Disability Services (NSDS)
- Disability Services and Inclusion Code of Conduct
- DES Quality Framework
- DES Service Guarantee
- DES Provider Performance Framework

1.2. Quality Elements

Each of the 4 quality elements are supported by one or two outcome statements and a set of indicators. Detail describing the components, outcomes and indicators is available at **Attachment A: DES Quality Assessment Rubric**.

Figure 1 below illustrates the key components of quality.

Figure 1: Key components of quality

1. Quality Elements (Measures)
1. Participant rights.   2. Understanding quality.   3. Provider capability.   4. Compliance.
2. Outcomes
1 to 2 outcome statements for each Quality Element.
3. Indicators
Developed to assess provider performance against each of the Elements.
4. Data sources to inform assessment
NSDS audit findings, Understanding Quality Assessment, Funding Arrangement Management activities.
5. Quality Rating
Four Quality Element Ratings and one Overall Quality Rating.   Possible ratings are: • Improvement Required   • Meets, and   • Exceeds.

2. Quality Ratings

Quality ratings will be determined at a provider organisation level. Quality ratings will be awarded using either a two or three-point rating scale depending on the element.

For elements 1 and 3 (Participant rights and Provider capability) the two-point scale of 'Meets' or 'Improvement Required' applies.

For elements 2 and 4 (Understanding quality and Compliance) the three-point scale of 'Exceeds', 'Meets' or 'Improvement Required' applies.

These quality element ratings will be combined to determine an overall quality rating for a provider of 'Exceeds', 'Meets' or 'Improvement Required'. These ratings will be used to provide feedback to providers on quality and help to guide quality improvements.

The outcome of each rating is displayed using filled-in circles. For example, element 2 is based on a three-point scale, if the rating score is 'Exceeds' all three circles will be filled in. If the rating score is 'Meets' only two circles are filled in.

The definitions for the ratings are detailed in Table 2 below.

Table 2: Rating Definitions

Rating	Details
Exceeds ● ● ●	Providers are exceeding the department's quality expectations.
Meets ● ● ○	Providers are meeting the department's quality expectations.
Improvement Required ● ○ ○	Providers have not fully met the department's quality expectations. Improvement actions are required or will continue.

The approach to determine the individual quality element ratings and overall rating is outlined in **Attachment A: DES Quality Assessment Rubric**.

3. Quality assessment process

3.1. Overview of the quality assessment process

The department will review and consider all available evidence and data as detailed in Section 4. Assessment ratings will undergo moderation to ensure a consistent approach.

A quality rating for each provider will be released every six months, capturing performance over a rolling 12-month period. This allows the incorporation of NSDS Audits that are conducted annually.

Figure 2: Overview of the quality assessment process

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
DSS collates NSDS reports and other data. DSS engages with providers regularly. Providers complete Understanding Quality Self-Assessments.	DSS reviews and considers all available evidence and data, including NSDS reports and Provider Understanding Quality Self-Assessments.	DSS determines ratings which are moderated and issued to providers in a Quality Assessment.	Providers receive their quality assessment. Opportunity for providers to request a review of their Quality Rating prior to public release.	All provider ratings are released publicly. Quality Improvement Plan, if required.

3.2. Provider Notification and Quality Assessment

Upon completion of all quality assessments by the department, providers will be issued with a quality assessment report detailing their rating. The report will include the:

- overall quality domain rating
- quality ratings for each quality element
- ratings for each indicator that informs the quality element rating.

The quality assessment report may also include:

- key areas of strength
- areas for further development and improvement for each quality element.

The report can be used by providers to inform continuous improvement.

3.3. Provider Review of Rating

Providers have an opportunity to request a review of their quality rating prior to public release.

Requests for review must identify which indicator rating(s) the provider believes are incorrect. They must also include a justification statement. The justification statement is limited to 250 words per indicator. It should provide evidence to support a different rating. Do not include more documents in the review request. Only the justification statement will be considered

Review requests must reach the department within 10 business days of providers receiving their quality assessment report. Providers must submit requests as per the instructions with the quality assessment report.

Following the review period, quality ratings will be affirmed. If a review changes a rating, the provider will get an updated quality rating.

3.4. Release of Rating

Quality ratings at the organisation level will be in the DES Performance Scorecard under Quality. Refer to the DES Performance Framework on the department's website for more information on the Performance Scorecard.

Once finalised, the public release of the Performance Scorecards will be available on the department's website for all providers.

3.5. Frequency and Timing

Quality ratings will be released at two points during a calendar year.

As the Performance Scorecards are released quarterly, the quality rating will only be updated on every second Scorecard release. The Performance Scorecards will reflect the quality rating from the most recently completed quality assessment.

Table 3: Examples of quality rating periods

Quality rating period	Incorporates results from	Quality rating released
January to December	NSDS audit report issued and submitted to department in the rating period and departmental data encompassing the rating period	February the following year
July to June	NSDS audit report issued and submitted to department in the rating period and departmental data encompassing the rating period	August following June
January to December	NSDS audit report issued and submitted to department in the rating period and departmental data encompassing the rating period	February the following year

3.6. Quality Improvement Plans

Providers with an overall quality rating of 'Improvement Required' must create a Quality Improvement Plan (QIP) with the department. The department will notify providers to complete a QIP. It will also set the timeframe for submitting it for review. The department has discretion to ask providers to amend QIPs as appropriate.

QIPs must describe the actions providers will implement to improve the quality of their servicing for the quality element(s) for which they have a rating of 'Improvement Required'. At a minimum QIPs must outline:

- the quality element, outcome(s), and indicator(s) which require improvement
- a description of areas for improvement
- actions to address the areas to improve quality
- who is responsible
- timeframes.

A Quality Improvement Plan template is available from the department.

In some cases, the department may accept a comprehensive plan instead of a QIP. The department may request an update to this plan. It must include all relevant actions and strategies to quality improvements in the quality element(s).

4. Evidence and Data

All Quality Elements

4.1. National Standards for Disability Services (NSDS)

The DES Grant Agreement, Service Guarantee, and Code of Practice outline the service requirements that providers need to meet, including certification against the NSDS.

Audit results against the NSDS will be a primary source of data for determining a rating against each quality element. The quality elements align to each NSDS standard as detailed in Table 4.

Table 4: Quality Elements Mapped to NSDS Standards

Quality Element	NSDS Standard
Element 1: Participant Rights	Standard 1: Rights
Element 2: Understanding Quality	Standard 2: Participation and Inclusion Standard 3: Individual Outcomes Standard 5: Service Access
Element 3: Provider Capability	Standard 6: Service management
Element 4: Compliance	Standard 4: Feedback and Complaints

Element 2: Understanding Quality

4.2. Understanding Quality Assessment

The Understanding Quality Assessment includes 14 indicators for Element 2 (7 for each outcome). The indicators and approach to determine the rating is outlined in **Attachment B: DES Quality – Understanding Quality Assessment – (Element 2)**

Providers must complete an Understanding Quality Self-Assessment every six months and return the results to the department prior to the end of each rating period (rating period dates are set out in Table 3 in Section 3.5).

The Understanding Quality Self-Assessment requires providers to detail:

- a short qualitative description of their evidence
- any planned improvement actions
- their self-rating for that indicator.

This enables providers to:

- examine and reflect on the quality of their services
- share information about the quality-of-service delivery to inform the department's assessment.

The self-assessment is an opportunity for providers to reflect on their practices, policies and procedures to:

- confirm areas where their service reflects elements of good practice
- identify gaps in current systems, policies practices and capabilities. They could also improve high quality employment service delivery
- plan actions to fix gaps and improve systems, policies and practices.

The department will then assess against the indicators in the Understanding Quality Assessment. This will consider data from the following sources:

- A provider's Understanding Quality Self-Assessment
- Departmental data and information gathered during provider engagements, including threshold and site visits.

Element 4: Compliance

Under Element 4, the department considers a range of information and data on DES Payment Assurance Program (PAP) results, incident reporting and management. It also includes complaints management and breaches of the DES Grant Agreement.

4.3. Breaches

The department will consider all breaches, including privacy breaches, when assessing a rating for Element 4: Compliance. The department will assess if a breach affects a provider's quality ratings. It will consider the breach's severity and consequences.

Breaches may affect a provider's quality rating. A provider's failure to comply with the DES Grant Agreement (including Guidelines) must have significantly impacted on participants, other parties, or the DES program reputation.

To decide if a breach will affect a provider's quality rating, the department may consider any relevant circumstances of the provider's non-compliance.

The department will consider factors that may lessen or worsen a breach. They help judge its impact on a provider's quality rating.

If the department finds a breach will affect a provider's quality ratings, it will advise providers when formally notifying them of the breach.

4.4. Compliance Improvement Plans

Compliance Improvement Plans (CIPs) are strategic plans to improve provider compliance. CIPs are done if a provider's DES Payment Assurance Program payment accuracy rate is less than 85% over four rolling quarters. The department will advise providers of their requirement to complete a CIP.

4.5. DES Payment Assurance Program results finalised in the rating period.

The DES Payment Assurance Program (DES PAP) is one of the department's quality assurance activities. It interrogates and retests claims to ensure payments were made as per the DES Grant Agreement, guidelines and evidence requirements.

Administrative Deficiency and Invalid (Recovery) claim results from the DES PAP shows participants may get poor services, for example:

- Service fee - the participant has not received the minimum service; their job plan is not current, or the participant has not been assessed correctly.
- Outcome fee - the participant has not been helped to find and keep a job that meets the requirements for an outcome.

The department will finalise each DES PAP quarter. This is after completing assessments and their reviews. The department will review DES PAP results finalised within the rating period. They will be used to assess Element 4. For the quarterly/yearly DES PAP, the number of assessed claims is reviewed. This calculates the percentage of recovered claims and the percentage of Administrative Deficiency and Invalid (Recovery) claims.

The DES PAP results indicator aims to ensure that providers meet all program requirements to participants. Payment accuracy is not a consideration for this indicator. Payment accuracy is determined over a rolling period. It uses different calculations on claim and recovery data.

Note: From 2024-25 Quarter 1 onwards, claims previously assessed as Invalid (Breach) are now classified as Administrative Deficiency.

4.6. Incident reporting and management

Incidents that could harm the reputation of the provider, the department or the DES program must be reported to the department. This is per the DES Grant Agreement and related guidelines, fact sheets and forms. It includes self-reporting of breaches, including privacy breaches by providers.

Incidents should be effectively managed, with staff and participant well-being a primary consideration. Proactive monitoring and follow-up must be timely. Implement and monitor improvements and preventative measures as needed.

In determining how an incident may affect the rating, the department will consider:

- timeliness of notification of incidents that could harm the department or program
- whether providers have actively resolved the matter and kept the department updated
- whether previously advised business and/or process improvements have reduced the frequency or impact of similar incidents
- whether improved processes have been developed to minimise the potential for future incidents.

4.7. Complaints management

To determine Element 4: Compliance, the department will review complaints from various sources including those identified by the department. In determining how complaints may affect the rating, the department will consider:

- the range and nature of complaints received and whether there are trends that signify an issue with the quality of services
- whether providers are proactively monitoring and responding to complaints
- whether relevant follow-up and improvement actions have been completed.

Attachment A: DES Quality Assessment Rubric

Providers receive a rating of Exceeds, Meets or Improvement Required for each quality element and the overall quality rating.

- Exceeds means providers are exceeding the department's quality expectations.
- Meets means providers are meeting the department's quality expectations.
- Improvement Required means that providers have not fully met the department's quality expectations. Improvement actions are required or will continue.

Overall Quality Ratings

Table 5: Overall Quality Ratings Criteria

Overall Quality Rating Level	Rating Criteria
Improvement Required	Improvement Required for more than one individual quality element AND/OR Improvement Required for more than one component* of Element 2 AND/OR Improved Required for Breach indicator in Element 4
Meets	Does not meet definition of Improvement Required or Exceeds
Exceeds	A rating of Exceeds for Element 2 and Element 4 AND A rating of Meets for all other quality elements

*The components of Element 2:

- NSDS Standard 2: Participation and Inclusion
- NSDS Standard 3: Individual Outcomes
- NSDS Standard 5: Service Access
- Outcome 2.1 Departmental Assessment
- Outcome 2.2 Departmental Assessment

Element 1: Participant Rights

Outcome 1.1

Outcome 1.1: Participants understand their rights and responsibilities as DES participants, and the role of DES providers in helping them access supports available to enable them to improve their employability and achieve positive employment outcomes.

Table 6: Assessment Rubric for Element 1: Participant Rights, Outcome 1.1

Indicator	Improvement Required	Meets	Exceeds
NSDS Standard 1: Rights	NSDS audit result of nonconformity issued and submitted to department in the rating period that: • has not been previously reflected in a quality rating OR • has been previously reflected in a quality rating AND has not been resolved by the end of the rating period.	Does not meet definition of Improvement Required	Not applicable
Element 1: Participant Rights Rating	NSDS Standard at Improvement Required	NSDS Standard at Meets	Exceeds rating not applicable to Element 1

Element 2: Understanding Quality

Outcome 2.1

DES providers understand participants' needs and support participants to build capacity and achieve their employment goals and aspirations.

Indicator description: Outcome 2.1: Departmental Assessment

For further details, see Attachment B: DES Quality – Understanding Quality Assessment – (Element 2).

Outcome 2.2

DES providers understand the local labour market and the needs and expectations of employers, and work with employers and community services to effectively support participants

Indicator description: Outcome 2.2: Departmental Assessment

For further details, see Attachment B: DES Quality – Understanding Quality Assessment – (Element 2).

Table 7: Assessment Rubric for Element 2: Understanding Quality, Outcome 2.1 and Outcome 2.2

Indicator	Improvement Required	Meets	Exceeds
NSDS Standard 2: Participation and Inclusion NSDS Standard 3: Individual Outcomes NSDS Standard 5: Service Access	NSDS audit result of nonconformity issued and submitted to department in the rating period that has: • not been previously reflected in a quality rating • OR been previously reflected in a quality rating AND has not been resolved by the end of the rating period.	Does not meet definition of Improvement Required	Not applicable
Outcome 2.1: Departmental Assessment	Does not meet definition of Meets or Exceeds (Total Weighting <14)	Achieves at least an average of 'Meets' across the seven indicators.	Four or more Indicators at Exceeds and no indicators at Improvement Required
Outcome 2.2: Departmental Assessment	Does not meet definition of Meets or Exceeds (Total Weighting <14)	Achieves at least an average of 'Meets' across the seven indicators.	Four or more Indicators at Exceeds and no indicators at Improvement Required
Element 2: Understanding Quality Rating	Does not meet definition of Meets or Exceeds	All NSDS Standards at Meets AND Departmental Assessment for both Outcome 2.1 and Outcome 2.2 at Meets	All NSDS Standards at Meets. AND Departmental Assessment for both Outcome 2.1 and Outcome 2.2 at Exceeds

Element 3: Provider Capability

Outcome 3.1

Outcome 3.1: DES providers have a continuous improvement culture with appropriate policies, systems and processes, together with staff and management capabilities to deliver quality services and manage risk.

Table 8: Assessment Rubric for Element 3: Provider Capability, Outcome 3.1

Indicator	Improvement Required	Meets	Exceeds
NSDS Standard 6: Service Management	NSDS audit result of nonconformity issued and submitted to department in the rating period that has: • not been previously reflected in a quality rating OR • been previously reflected in a quality rating AND has not been resolved by the end of the rating period.	Does not meet definition of Improvement Required	Not applicable
Element 3: Provider Capability Rating	NSDS Standard at Improvement Required	NSDS Standard at Meets	Exceeds rating not applicable to Element 3

Element 4: Compliance

Outcome 4.1

Outcome 4.1: DES providers use existing compliance and assurance processes. They should use the results to support quality service delivery and continuous improvement.

Indicator description: DES Payment Assurance Program (PAP) results

Results finalised within the rating period are included.

Indicator description: Compliance Improvement Plan

Compliance Improvement Plans (CIPs) are strategic plans to improve compliance. CIPs are completed where a provider has less than an 85% accuracy over four rolling quarters of the DES PAP.

Indicator description: Breach of DES Grant Agreement

The department will consider breaches of the Grant Agreement. They must significantly impact participants or the delivery or reputation of the DES program.

The Breach Notice will confirm if the breach affects the quality rating assessment.

Indicator description: Incident Reporting and Management

Incidents must be reported to the department as per the Grant Agreement and related guidelines, fact sheets and forms. Incidents should be effectively managed with staff and participant well-being a primary consideration. Follow up actions should be done promptly. Improvements and preventative measures implemented and monitored as needed.

Indicator description: Complaints Management
• Proactive monitoring and response to complaints. Relevant follow-up and improvement actions are completed.
• In scope: Complaints received from various sources including complaints identified by the department.

Table 9: Assessment Rubric for Element 4: Compliance, Outcome 4.1

Indicator	Improvement Required	Meets	Exceeds
NSDS Standard 4: Feedback and Complaints	NSDS audit result of nonconformity issued and submitted to department in the rating period that has: • not been previously reflected in a quality rating OR • has been previously reflected in a quality rating AND has not been resolved by the end of the rating period.	Does not meet definition of Improvement Required	Not applicable
DES Payment Assurance Program (PAP) results	More than 5% claims recovered or partially recovered AND/OR More than 15% claims are Administrative Deficiency (formerly Invalid (Breach)) or Invalid (Recovery).	Does not meet definition of Exceeds or Improvement Required	0% Administrative Deficiency (formerly Invalid (Breach)) AND 0% Invalid (Recovery), Recovery and Partial Recovery
Compliance Improvement Plan	CIP required in the rating period that has: • not been previously reflected in a quality rating OR • is still required at the end of the rating period.	No CIP required during rating period OR CIP required during the rating period that has previously been reflected in a quality rating AND Is not required at the end of the rating period	Not applicable
Breach of DES Grant Agreement	Breach issued during rating period AND provider advised it will impact the quality rating, that has: Not been previously reflected in a quality rating OR Breach resulted in remedies exercised under Clause 59 of the Grant Agreement that are still required at the end of the rating period.	Does not meet definition of Improvement Required	Not applicable
Incident Reporting and Management	Staff have limited skills/capabilities to manage incidents; Ad hoc follow up actions; Incidents are not reported as per requirements	Staff have the skills/capabilities to manage incidents; Timely follow up actions are completed; Incidents are reported as per requirements	As per Meets PLUS: Proactive incident management; Feedback informs service improvements; Systematic monitoring of preventative measures to ensure continued effectiveness
Complaints Management	Staff have limited skills/capabilities to manage complaints; Ad hoc follow up actions; Response to department regarding complaints are not provided as per requirements	Staff have the skills/capabilities to manage complaints; Timely follow up actions are completed; Response to department regarding complaints as per requirements	As per Meets PLUS: Proactive complaint management; Feedback informs service improvements; Systematic monitoring of improvement measures to ensure continued effectiveness
Element 4: Compliance Rating	NSDS Standard, CIP or Breach indicators rated as Improvement Required. OR Other indicators (DES PAP results, Complaints Management and Incident Reporting and Management): Two or more at Improvement Required	Does not meet definition of Improvement Required or Exceeds	NSDS Standard, CIP and Breach Notice indicators rated as Meets; AND Other indicators (DES PAP results, Complaints Management and Incident Reporting and Management): • Exceeds for at least two out of three indicators; and • None at Improvement Required

Attachment B: DES Quality – Understanding Quality Assessment – (Element 2)

Descriptors

Descriptors are provided for each qualitative indicator rating. Each rating descriptor is weighted 1 point for improvement required, 2 points for meets and 3 points for exceeds. These points are tallied to achieve an overall rating for each outcome.

For each qualitative indicator, the descriptors are reviewed and selected based on the available evidence (data/information sources), in line with the following guidance:

Table 10: Indicator Rating Definitions

Indicator Rating	Details
Improvement Required	Performance generally matches the aspects of the Improvement Required descriptor for the indicator and does not meet all the aspects described in the Meets category.
Meets	Performance matches the aspects of the Meets descriptor but is not sufficient to achieve Exceeds.
Exceeds	Performance matches the Meets descriptor AND matches, or is making demonstrably significant effort on matching, all aspects of the Exceeds descriptor for the indicator.

Assessment Rubric for Outcome 2.1 for the Understanding Quality Assessment

Outcome 2.1: DES providers understand participants' needs and support participants to build capacity and achieve their employment goals and aspirations.

Outcome 2.1.1: Employment goals and service planning participation

The DES provider supports participants to express their employment goals and aspirations and actively participate in service planning.

Indicator description: Participant engagement
- Engage fairly and respectfully with participants. Be responsive to their needs. This will encourage their active engagement in service planning.
- Providers should reflect and connect with participant community. Their staff should have a lived experience with disability.
- Strategies exist to build rapport and trust with participants. This will ensure full access to the service. It will also encourage timely advice to the provider if something changes.
- Effectively engages with participants to understand and/or support the development of goals to support capability building and employment.

Table 11: Understanding Quality Assessment Rubric for Outcome 2.1.1

Indicator	Improvement Required	Meets	Exceeds
Participant engagement	Focus on instructing/directing; Limited support to express employment goals; Interpreters not used; Limited flexibility. (1 point)	Participant actively participates in service planning; Support to express goals; Access to interpreters; Appropriately flexible to needs and circumstances. (2 points)	As per 'Meets' PLUS: Innovation to support ongoing engagement; Facilitate development and review of short and long-term employment goals; Highly effective efforts to engage. (3 points)

Outcome 2.1.2: Assessment of needs, circumstances, capacity and barriers

The DES provider understands and assesses participants' needs and circumstances and their capacity and barriers to achieving their employment goals and aspirations.

Indicator description: Assessment Process
- Tailored assessment process using own or available resources (e.g. JSCI, ESAt/JCA) and effective engagement with participants to identify needs, circumstances, strengths, capacity and barriers to sustained employment.
- Conduct initial assessment and re-assess at relevant stages to monitor effectiveness of supports/interventions.

Indicator	Improvement Required	Meets	Exceeds
Assessment Process	Generic assessment or process not in place or implemented inconsistently; Effectiveness of supports or interventions not monitored. (1 point)	Tailored assessment process: Completed at relevant stages to monitor effectiveness of supports or interventions. (2 points)	As per 'Meets' PLUS: Tailored assessment processes for each referral phase; Assessment results are analysed and inform organisation continuous improvement activities. (3 points)

Outcome 2.1.3: Tailored supports

The DES provider delivers tailored supports. They provide participants with suitable pathways to employment. They also help participants meet their obligations and requirements. and the supports adapt to changes in participant's circumstances.

Indicator description: Eligibility and participation

- Confirm job seeker eligibility for DES Program Services before Commencement. This is to ensure job seeker receives appropriate services.
- Ensure all participants always have a Job Plan in place. The Job Plan must be tailored to their circumstances and suitable for Support participants (compulsory and volunteers) to meet their agreed obligations and requirements in the Job Plan. This may include, but is not limited to:

  – clear advice regarding compulsory and/or voluntary obligations and requirements
  – training and/or help to report online.
  – strategies to engage and motivate.
  – correct application of Targeted Compliance Framework

Indicator description: Supports – Employment Assistance

Supports are tailored based on assessments, understanding of the local labour market and participant employment goals. Supports are adaptable to changes in participant circumstance.

Supports/activities may include, but are not limited to:
- supporting career and goal setting aligned with participants strengths and aspirations
- providing help to write a resume and advice on the best ways to look for work
- providing information about computer and internet facilities to help participants find and keep a job
- help to improve job readiness
- working with prospective employers to match participant skills to employer needs
- training or work experience
- help to access other support services.

Table 13: Understanding Quality Assessment Rubric for Outcome 2.1.3

Indicator	Improvement Required	Meets	Exceeds
Eligibility and participation	Job seeker eligibility not confirmed; Job plans not developed/not current; Little or no support to meet compulsory and/or voluntary obligations. (1 point)	Job seeker eligibility confirmed, and Job Plans developed as per requirements; Support to meet compulsory and/or voluntary obligations. (2 points)	As per 'Meets' PLUS: Strategies to support participants with poor compliance record; Highly effective and diverse strategies to engage and motivate compulsory participants and volunteers. (3 points)
Supports - Employment Assistance	Supports are not tailored or informed by assessments; participants offered a limited range of supports. (1 point)	Tailored supports informed by assessments, labour market and short-term employment goals. (2 points)	Tailored supports informed by assessments, labour market and employment goals (short and long-term); Innovation to address complex barriers. (3 points)

Outcome 2.1.4: Service delivery

The DES provider helps participants in a timely manner. They aim to build long-term capability. This includes access to interventions that address barriers, build skills, improve job readiness and support sustained employment.

Indicator description: Service delivery model

The organisation has a user-focused, effective and innovative service delivery model. This may include, but is not limited to:

- service delivery model enables delivery of agreed supports/services considering participant requirements and needs
- participant support provided by designated staff
- staff absence or change is effectively managed with minimal disruption to participants
- tailored contacts consistent with minimum requirements to monitor activities and deliver supported pathway to sustained employment
- contact with the participant and employer during Post Placement Support (PPS) (subject to consent)
- majority of ongoing support is on-the-job assistance.

Indicator description: Staff training/experience

Staff are suitably trained and experienced. They can support participants and deliver program objectives.

Table 14: Understanding Quality Assessment Rubric for Outcome 2.1.4

Indicator	Improvement Required	Meets	Exceeds
Service delivery model	Service delivery model does not enable delivery of agreed supports/services; Contacts do not meet minimum requirements. (1 point)	Service delivery model enables delivery of agreed supports/services; Contacts meet minimum requirements. (2 points)	As per 'Meets' PLUS: Tailored contacts; Staff allocation responsive to need; Planned handover if staff change; demonstrates innovation (participants tell story once). (3 points)
Staff training/experience	Staff not always suitably trained. Gaps in knowledge of organisation processes; Staff complete annual mandatory training only; Unaware of departmental resources. (1 point)	Knowledge of disability and employment sector; Trained in organisation processes and use of departmental resources; Undertake learning and development activities. (2 points)	As per 'Meets' PLUS: Comprehensively trained in disciplines relevant to caseload; Undertake regular and targeted learning and development activities. (3 points)

Outcome 2.1.5: Participant Feedback

The DES provider seeks feedback from participants on its processes and their effectiveness. DES providers actively use this to improve and innovate the services they deliver.

Indicator description: Participant feedback

The organisation has a participant feedback model that is effective and user oriented. This may include, but is not limited to:

- participants given opportunities to provide feedback throughout their period of service
- feedback is obtained using accessible and flexible methods
- feedback informs continuous improvement.

Table 15: Understanding Quality Assessment Rubric for Outcome 2.1.5

Indicator	Improvement Required	Meets	Exceeds
Participant feedback	Limited feedback sought from participants. (1 point)	Systemic approach to obtain and analyse feedback from participants using accessible and flexible methods; Feedback is used to improve and innovate service delivery. (2 points)	As per 'Meets' PLUS: Members of user group boards, councils, or similar bodies used in service design; other innovative approaches beyond feedback loop to participants or Board members with lived experience. (3 points)

Combined rating for Outcome 2.1

The points achieved from each of the seven indicators informing Outcome 2.1 are tallied to achieve an overall rating for the outcome in Table 16 below. Information about the points for these indicators are available in Table 11 for Outcome 2.1.1, Table 12 for Outcome 2.1.2, Table 13 for Outcome 2.1.3, Table 14 for Outcome 2.1.4 and Table 15 for Outcome 2.1.5.

Table 16: Combined Understanding Quality Assessment rating rubric for Outcome 2.1

Outcome	Improvement Required	Meets	Exceeds
Outcome 2.1: Departmental Assessment	Does not meet definition of Meets or Exceeds (Total Weighting <14)	Achieves at least an average of 'Meets' across the seven indicators; does not meet definition of Exceeds	Four or more Indicators at Exceeds and none at Improvement Required

Assessment Rubric for Outcome 2.2 for the Understanding Quality Assessment

Outcome 2.2: DES providers understand the local labour market and the needs and expectations of employers, and work with employers and community services to effectively support participants.

Outcome 2.2.1: End-to-end recruitment support

The DES provider delivers tailored end-to-end recruitment support to employers. It also provides post placement services help to participants and employers with job transitions and ongoing employment.

Indicator description: Recruitment support

Delivers tailored end-to-end recruitment support. This may include:

- approaching employers on behalf of participants
- working with employers to identify recruitment needs
- wage subsidies
- providing info/support to access other support services such as financial help through the Employment Assistance Fund for workplace modifications or equipment.

Indicator description: Referral of participants

This includes:

- match participants to positions based on assessment of participant and employer needs
- prepare and pre-screen participants
- provide employer with relevant information and support.

Indicator description: Post Placement Services

Plan and deliver effective post placement services to participants and employers. Base this on an assessment of their needs.
This may include:

- support to help the participant settle into employment
- on-the-job training
- information, support and training for employer and/or co-workers
- help to resolve any problems at work
- A plan for the participant to become an Independent Worker, if suitable to their needs and abilities.

Table 17: Understanding Quality Assessment Rubric for Outcome 2.2.1

Indicator	Improvement Required	Meets	Exceeds
Recruitment support	Limited recruitment support. (1 point)	Engagement on behalf of participants about suitable jobs and to identify recruitment needs; Tailored recruitment support; build capacity of employer to support participant. (2 points)	As per 'Meets' PLUS: Innovation to address employer needs; Highly effective recruitment support. (3 points)

Indicator	Improvement Required	Meets	Exceeds
Referral of participants	Limited or no systematic approach to prepare and pre-screen participants for roles, Participants often poorly matched to positions. (1 point)	Effective approaches/processes in place; Participants generally well matched to positions. (2 points)	Thorough and highly effective approaches/processes in place; Well prepared and highly suitable participants are matched to positions. (3 points)
Post Placement Services	Supports are not tailored to participant or employer needs; Limited range of post placement services; Limited or no help to resolve problems at work. (1 point)	Tailored based on participant and employer needs; Supports ensure participants receive minimum rates of pay; Supports are effective in maintaining employment. (2 points)	As per 'Meets' PLUS: Innovation to address complex issues; Participant's achieve (or are working towards) level of independence appropriate to need/capability. (3 points)

Outcome 2.2.2: Stakeholder engagement and understanding of labour market

The DES provider actively connects networks and collaborates with employers and other stakeholders. They aim to understand labour market needs and create diverse and supported pathways for participants.

Indicator description: Employer Engagement
- Effective engagement with employers to meet skill and labour shortage needs.
- Promote and educate the program to build employer capacity and more inclusivity. Supports lead to improved employment opportunities.
- DES providers work with employers to identify specific training needs. They also find ways to meet those needs.
- This may include, but is not limited to:
  – engaging with employers from a range of industries
  – employer network membership.

Indicator description: Community/Other stakeholder Engagement
- Has an active presence in the community. This may involve promoting the DES program and raising community awareness.
- Works with stakeholders and communities to identify needs.

Indicator description: Labour Market Knowledge and Application
- Sources data and/or information to understand current and future labour market needs.
- Use connections and labour market knowledge to help participants. It delivers linked supports and diverse job pathway.

Table 18: Understanding Quality Assessment Rubric for Outcome 2.2.2

Indicator	Improvement Required	Meets	Exceeds
Employer Engagement	Provider does not assist employers to meet skill and labour shortage needs by working with employers to identify job specific training needs and how they can be met. (1 point)	Provider assists employers to meet skill and labour shortage needs by working with employers to identify job and industry specific training needs and how they can be met. (2 points)	As per 'Meets' PLUS: Strategic engagement; Analyse effectiveness of actions to meet needs; build stakeholder capacity to hire, support and retain employees with disability. (3 points)
Community/Other stakeholder Engagement	Provider does not work in collaborative partnerships with stakeholders and communities to identify needs and how they can be met. (1 point)	Provider works in collaborative partnerships with stakeholders and communities to identify needs and how they can be met. (2 points)	As per 'Meets' PLUS: Strategic engagement; Analyse effectiveness of actions to meet needs; build stakeholder capacity to hire, support and retain employees with disability. (3 points)

Indicator	Improvement Required	Meets	Exceeds
Labour Market Knowledge and Application	Does not use data and/or connections to understand labour markets; Knowledge and stakeholder relationships do not inform service planning and participant pathways. (1 point)	Use data and/or connections to understand labour markets; Knowledge and stakeholder relationships inform and support service planning and participant pathways. (2 points)	As per 'Meets' PLUS: Systematic process to gather/share labour market data with staff; Drives responses to regional workforce issues; Lead employer/industry solutions. (3 points)

Outcome 2.2.3: Stakeholder Feedback

The DES provider seeks feedback from employers and the community on its processes and their effectiveness. DES providers use this to improve and innovate the services they deliver.

Stakeholder feedback

The organisation has a model to get feedback from employers and community. It is effective and user oriented. This may include, but is not limited to:

- Stakeholders are given regular opportunities to provide feedback.
- Feedback is obtained using accessible and flexible methods.
- Feedback informs continuous improvement in service delivery.

Table 19: Understanding Quality Assessment Rubric for Outcome 2.2.3

Indicator	Improvement Required	Meets	Exceeds
Stakeholder feedback	Limited feedback sought from employers and community services. (1 point)	Systemic approach to obtain and analyse feedback from employers and community services using accessible and flexible methods; Feedback is used to improve and innovate service delivery. (2 points)	As per 'Meets' PLUS: Engaged in local employer boards, Councils, or similar bodies used in service design; other innovative approaches beyond feedback loop to participants or Board members with lived experience. (3 points)

Combined rating for Outcome 2.2

The points achieved from each of the seven indicators informing Outcome 2.1 are tallied to achieve an overall rating for the outcome in Table 20 below. Information about the points for these indicators are available in Table 17 for Outcome 2.2.1, Table 18 for Outcome 2.2.2, and Table 19 for Outcome 2.2.3.

Table 20: Combined Understanding Quality Assessment rating rubric for Outcome 2.2

Outcome	Improvement Required	Meets	Exceeds
Outcome 2.2: Departmental Assessment	Does not meet definition of Meets or Exceeds (Total Weighting <14)	Achieves at least an average of 'Meets' across the seven indicators; does not meet definition of Exceeds	Four or more Indicators at Exceeds and none at Improvement Required

Annexure 1: Glossary of Definitions

Table 21: Words and Definitions list

Word or Phrase	Definition
Breach	Failure by provider to meet or perform their obligations under the DES Grant Agreement
Compliance Improvement Plans	A provider-developed strategic plan to improve compliance with the DES Grant Agreement
DES Payment Assurance Program	Quarterly review of Documentary Evidence and/or third-party verification for a random selection of claims
Elements of Good Practice	Articulate and define what good looks like for providers to meet the Quality Elements
Exceeds	A rating in Quality where providers are considered as exceeding the department's quality expectations
Funding Arrangement Management Activities	Activities undertaken by the department in managing provider compliance, performance and quality under the DES Grant Agreement
Improvement Required	A rating in Quality where providers have not fully met the department's quality expectations
Meets	A rating in Quality where providers are meeting the department's quality expectations
National Standards for Disability Services Audits	Audit reports returned to the department that assess provider conformance with the National Standards for Disability Services (NSDS)
Outcome Statements	Define the quality elements
Quality Elements	4 over-arching features of the Quality (Participant Rights, Understanding Quality, Provider Capability, and Compliance) which are made up of one or two outcome statements supporting the achievement of quality outcomes
Quality Improvement Plan	Provider-developed strategic plan to improve the quality of their DES services where they receive a rating of Improvement Required

Word or Phrase	Definition
Quality Indicators	Sub-descriptors used to assess the quality of each quality element
Quality Rating Period	A rolling 12-month period used by the department to assess provider quality
Quality Ratings	The rating (Exceeds, Meets, or Improvement Required) issued to providers after the department has assessed the quality indicators, outcomes and quality elements.
Quality Assessment	Document issued to providers at the end of a quality rating period advising of their quality ratings
Understanding Quality Assessment	An assessment undertaken by the department of Element 2 using a matrix of 14 indicators (7 for each outcome), informed by the provider's self-assessment against the same 14 indicators completed twice per year.
Understanding Quality Self-Assessment	A tool used by providers to undertake a self-assessment twice a year for Element 2, using the same matrix of 14 indicators (seven for each outcome) used by the department for the Understanding Quality Assessment. The self-assessment allows providers to reflect on the quality of their DES services.