



**Australian Government**



# **DES Quality Guidelines**

**V 1.1**

## **Disclaimer**

This document is not a stand-alone document and does not contain the entirety of Disability Employment Services providers' obligations. It should be read in conjunction with the Disability Employment Services Grant Agreement and any relevant guidelines or reference material issued by the Department of Social Services under or in connection with the Disability Employment Services Grant Agreement. If there is any inconsistency between this document and the Disability Employment Services Grant Agreement, then the Disability Employment Services Grant Agreement will have precedence.

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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’ in these Guidelines refer to the Department of Social Services.

## Document Change History

| Version | Effective Date | End Date | Change  |
|---------|----------------|----------|---|
| 1.0     |                |          | Original version of document                                |
| 1.1     | 1 January 2024 |          | Minor terminology and grammar updates through out document. |

## 1. Introduction

### 1.1. Quality

The purpose of the DES Quality Framework is to support the delivery of high quality individualised services that support participants towards sustained employment. These Guidelines outline how the department will monitor, measure and evaluate **KPI 3: Quality** and providers role in engaging 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*
  - *Clause 155.2 (c) (i)*
- *Section 5R Other Program Service matters*
  - *Clause 158 Complaints Resolution and Referral Services*

#### ***Reference documents relevant to these Guidelines:***

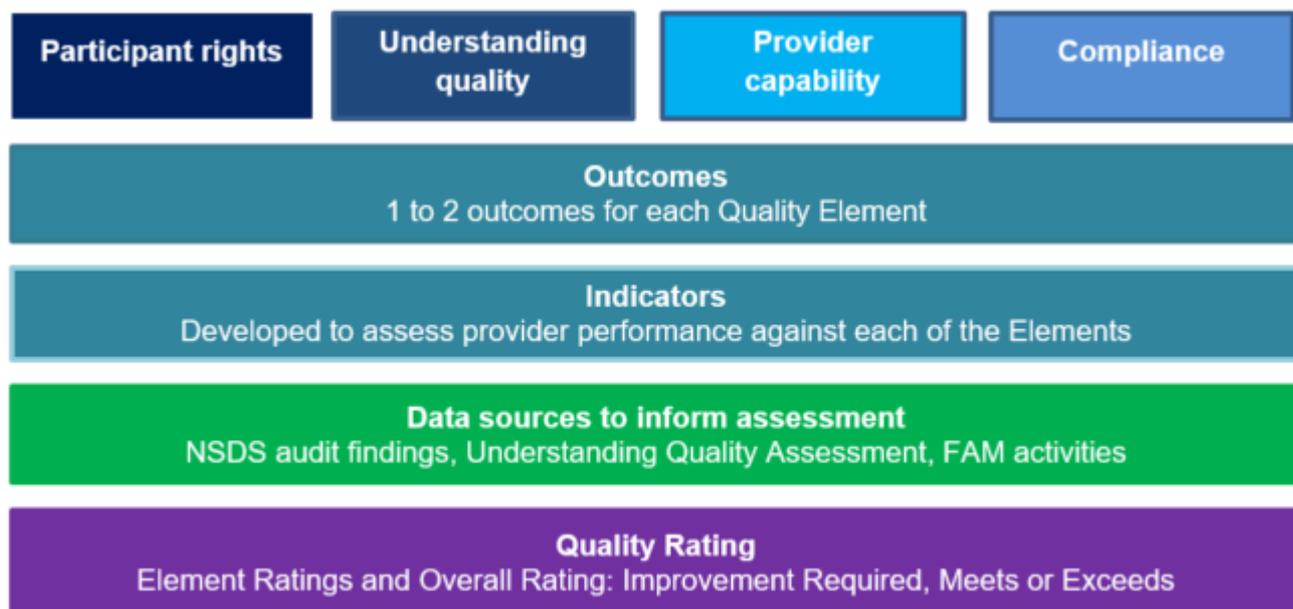
- *DES Code of Practice*
- *DES Service Guarantee*
- *DES Provider User Guide and relevant Guidelines*

### 1.2. Quality Elements

The Framework includes four quality elements. Each quality element is supported by one or two outcome statements, a set of indicators and a series of measurements. Detail describing the components, outcomes and indicators is available at **Attachment A: DES Quality Framework - Assessment Rubric**.

Figure 1 below illustrates the key components of the Framework.

Figure 1: Components of the Framework



## 2. Quality Ratings

Quality ratings will be determined at a provider organisational level. Quality ratings will be awarded on a three-point scale of Exceeds, Meets or Improvement Required for each quality element. 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 improvement.

The definition for the three ratings are detailed in Table 1 below.

Table 1: Rating Definitions

| Rating                    | Details  |
|---------------------------|--|
| Exceeds<br>✓✓✓            | Providers are exceeding the department’s quality expectations.   |
| Meets<br>✓✓               | Providers are meeting the department’s quality expectations.   |
| Improvement Required<br>✓ | 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 Framework - 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 below. Assessment ratings will undergo moderation to ensure a consistent approach to ratings.

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



#### 3.2. Provider Notification and Quality Scorecard

Quality ratings will be issued to providers through a ‘quality scorecard’. The quality scorecard will include:

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

The quality scorecard may also include:

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

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

#### 3.3. Provider Review of Rating

Once all quality assessments have been completed, providers will be issued with a quality scorecard detailing their quality rating. Providers have an opportunity to formally request a review of their quality ratings prior to public release.

Requests for review must identify which indicator and/or quality element rating is considered to be incorrectly rated with a justification statement and supporting evidence as to why a different rating is appropriate.

Providers must send review requests to the relevant Relationship Manager within 10 business days of receiving the quality rating scorecard.

Following the review period, quality rating scorecards will be affirmed or where changes are agreed, the quality rating scorecard will be reissued.

### 3.4. Release of Rating

Once finalised, all providers' quality ratings will be publicly released on the Provider Portal and the department's website. The public release of quality ratings will include a rating against each quality element and the overall quality rating.

### 3.5. Frequency and Timing

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

Table 2: Rating Periods

| Quality rating period:       | Incorporates results from:  | Quality rating released: |
|------------------------------|---|--------------------------|
| July 2023- June 2024         | <ul style="list-style-type: none"><li>NSDS audit report issued in the rating period and department data encompassing the period January 2024 to June 2024</li></ul>     | August 2024              |
| January 2024 – December 2024 | <ul style="list-style-type: none"><li>NSDS audit report issued in the rating period and department data encompassing the period January 2024 to December 2024</li></ul> | February 2025            |
| July 2024 – June 2025        | <ul style="list-style-type: none"><li>NSDS audit report issued in the rating period and department data encompassing the period July 2024 to June 2025.</li></ul>       | August 2025              |

### 3.6. Quality Improvement Plans

Providers receiving a rating of Improvement Required will be required to develop an agreed Quality Improvement Plan (QIP) with the department. The department will notify providers of their requirement to complete a QIP and a timeframe for returning a QIP 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 elements of good practice (if applicable) which require improvement
- A description of current areas for improvement
- Actions to address the areas to improve quality
- Who is responsible
- Due date

In some circumstances, the department may accept an existing comprehensive plan in lieu of a QIP. Where required the department may request this plan be updated to ensure it contains all relevant actions and strategies that contribute to quality improvements for 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.

The quality elements in the Framework align to each NSDS standard providing a level of flexibility and ensuring providers have the opportunity to continually improve and innovate over time, and to go beyond minimum standards to meet the needs of participants. In recognising this, audit results against the NSDS will be a primary source of data for determining a rating against each quality element as detailed in Table 3.

Table 3: 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<br>Standard 3: Individual Outcomes<br>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 (seven for each outcome). The indicators and approach to determine the rating is outlined in **Attachment B: DES Quality Framework – Understanding Quality Assessment – (Element 2)**

Providers must complete an Understanding Quality Self-Assessment tool 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 2 in Section 3.5).

The Understanding Quality Self-Assessment tool 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.

By looking at systems, practices, policies and procedures the self-assessment is an opportunity for providers to:

- confirm areas where their service reflects elements of good practice
- identify gaps in current systems, policies and procedures, practices and capability that could improve high quality employment service delivery
- plan immediate actions to address any identified gaps and make improvements to systems, policies and procedures, practices and capability.

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

- A provider’s Understanding Quality Self-Assessment Tool
- Departmental data and information gathered during provider engagements, including threshold and site visits
- Analysis of relevant data sources.

## **Element 4: Compliance**

Under Element 4, Funding Arrangement Managers and Relationship Managers also consider a range of information and data on DES Payment Assurance Program (PAP) results, complaints, and breaches of the DES Grant Agreement.

### **4.3. Breaches**

The department will consider all breaches, including privacy breaches, when determining a rating for Element 4: Compliance. The department will determine whether a breach will affect a provider’s quality ratings based on the severity of impact and consequence.

Breaches may affect a provider’s quality rating where a provider’s failure to comply with the DES Grant Agreement (including Guidelines) has had a potential significant impact or consequence for participants, other parties, the department or the reputation of the DES program.

In determining whether a breach will affect a provider’s quality rating, the department may consider any relevant circumstances of the provider’s non-compliance.

It may be reasonable for the department to consider mitigating or aggravating factors when considering whether a breach has a significant impact and should contribute to a provider’s quality rating.

If the department determines a breach will affect a provider’s quality ratings, providers will be advised to this effect when formally notified of the breach.

### **4.4. Compliance Improvement Plans**

Compliance Improvement Plans (CIPs) are strategic plans to improve provider compliance. Generally, CIPs are completed where 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 departments' quality assurance activities undertaken to interrogate and retest claims to ensure payments were claimed in accordance with the DES Grant Agreement, relevant guidelines and documentary evidence requirements.

Invalid (Breach) and Invalid (Recovery) claim results from the DES PAP demonstrate participant servicing that may not meet requirements, for example:

- Service fee - the participant has not received the minimum service, job plan is not current or the participant has not been assessed appropriately
- Outcome fee - the participant has not been supported to obtain and maintain employment that meets the requirements for an outcome.

DES PAP results finalised within the rating period are reviewed by the department and will be used in assessing Element 4. For the quarterly/yearly DES PAP the number of assessed claims are reviewed to calculate the percentage of claims recovered and the percentage of Invalid (Breach) and Invalid (Recovery) claims.

To meet the quality standards for this indicator, providers:

- must have less than 5% of claims recovered during a rating period

AND

- have less than 15% total Invalid (Breach) and Invalid (Recovery) claims.

The intent of the DES PAP indicator is to ensure that providers are delivering all program requirements to participants. Payment accuracy is not a consideration for this indicator. Payment accuracy is determined over a rolling period using different calculations on claim and recovery data.

#### **4.6. Incident reporting and management**

Incidents that could be damaging to the reputation of the provider, the department or the DES program must be reported to the department as per the DES Grant Agreement and related guidelines, fact sheets and forms, this 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 relevant follow-up must be completed in a timely manner and improvements/preventative measures implemented and monitored as appropriate.

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

- timeliness of notification of incidents that could be damaging to the department or program
- whether providers have actively resolved or attempted to resolve the matter and kept the department updated
- whether similar incidents have occurred previously with business and process improvements advised by providers not reducing the frequency or impact of incidents
- whether improved processes have been developed to minimise potential for future incidents

## **4.7. Complaints management**

When determining Element 4: Compliance the department will review complaints identified by them, submitted or escalated to them. 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 Framework - 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 Rating | Improvement Required ✓ | Meets ✓✓  | Exceeds ✓✓✓  |
|------------------------|------------------------|---|--|
|                        |                        | Improvement Required for ANY individual quality element | Meets for ALL quality element ratings and does not meet definition for Exceeds |

| Element   | Indicator   | Improvement Required ✓   | Meets ✓✓  | Exceeds ✓✓✓  |
|---|---|--|---|--|
| <b>1. Participant Rights</b><br>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  | NSDS Standard 1: Rights   | NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>• Not been previously reflected in a quality rating</li> </ul> OR <ul style="list-style-type: none"> <li>• Has not been resolved by the end of the rating period.</li> </ul> | NSDS audit result of conforms issued and submitted to the department in the rating period<br>OR<br>NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>• Previously been reflected in a quality rating</li> </ul> AND <ul style="list-style-type: none"> <li>• Has been resolved by the end of the rating period</li> </ul> | <i>Not applicable</i>  |
| <b>Element 1: Participant Rights Rating</b>   |   | NSDS Standard at Improvement Required  | NSDS Standard at Meets  | <i>Exceeds rating not applicable to Element 1</i>                            |
| Element   | Indicator   | Improvement Required ✓   | Meets ✓✓  | Exceeds ✓✓✓  |
| <b>2. Understanding Quality</b><br>Outcome 2.1: DES providers understand participants' needs and support participants to build capacity and achieve their employment goals and aspirations<br><br>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 | NSDS Standard 2: Participation and Inclusion<br>NSDS Standard 3: Individual Outcomes<br>NSDS Standard 5: Service Access | NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>• Not been previously reflected in a quality rating</li> </ul> OR <ul style="list-style-type: none"> <li>• Has not been resolved by the end of the rating period.</li> </ul> | NSDS audit result of conforms issued and submitted to the department in the rating period<br>OR<br>NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>• Previously been reflected in a quality rating</li> </ul> AND <ul style="list-style-type: none"> <li>• Has been resolved by the end of the rating period</li> </ul> | <i>Not applicable</i>  |
|   | Outcome 2.1: Departmental Assessment<br><i>For details see Attachment B.</i>  | Does not meet definition of Meets or Exceeds<br>(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   | Indicator  | Improvement Required ✓   | Meets ✓✓  | Exceeds ✓✓✓  |
|---|--|--|---|--|
|   | Outcome 2.2: Departmental Assessment<br>For details see Attachment B.  | Does not meet definition of Meets or Exceeds<br>(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                                   |
| <b>Element 2: Understanding Quality Rating</b>  |  | Does not meet definition of Meets or Exceeds   | All NSDS Standards at Meets;<br>AND<br>Departmental Assessment for both Outcome 2.1 and Outcome 2.2 at Meets  | All NSDS Standards at Meets;<br>AND<br>Departmental Assessment for both Outcome 2.1 and Outcome 2.2 at Exceeds |
| <b>3. Provider Capability</b><br>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 | NSDS Standard 6: Service Management  | NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>Not been previously reflected in a quality rating</li> <li>OR</li> <li>Has not been resolved by the end of the rating period.</li> </ul> | NSDS audit result of conforms issued and submitted to the department in the rating period<br>OR<br>NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>Previously been reflected in a quality rating</li> <li>AND</li> <li>Has been resolved by the end of the rating period</li> </ul> | <i>Not applicable</i>  |
| <b>Element 3: Provider Capability Rating</b>  |  | NSDS Standard at Improvement Required  | NSDS Standard at Meets  | <i>Exceeds rating not applicable to Element 3</i>  |
| <b>4. Compliance</b><br>Outcome 4.1: DES providers utilise existing compliance and assurance processes and associated outcomes to proactively support quality service delivery and continuous quality improvement                               | NSDS Standard 4: Feedback and Complaints   | NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>Not been previously reflected in a quality rating</li> <li>OR</li> <li>Has not been resolved by the end of the rating period.</li> </ul> | NSDS audit result of conforms issued and submitted to the department in the rating period<br>OR<br>NSDS audit result of nonconformity issued and submitted to department in the rating period that has: <ul style="list-style-type: none"> <li>Previously been reflected in a quality rating</li> <li>AND</li> <li>Has been resolved by the end of the rating period</li> </ul> | <i>Not applicable</i>  |
|   | DES Payment Assurance Program (PAP) results.<br><i>Results finalised within the rating period are included</i>   | > 5% of claims recovered or partially recovered<br>AND/OR<br>> 15% of claims are Invalid (Breach) or Invalid (Recovery)  | Does not meet definition of Exceeds or Improvement Required   | 0% Invalid (includes Breach, Recovery and Partial Recovery)  |
|   | Compliance Improvement Plan<br><br><i>Compliance Improvement Plans (CIPs) are strategic plans to improve compliance. Generally, CIPs are completed where a</i> | CIP required in the rating period that has: <ul style="list-style-type: none"> <li>Not been previously reflected in a quality rating</li> </ul>  | No CIP required during rating period<br>OR  | <i>Not applicable</i>  |

| Element                             | Indicator  | Improvement Required ✓  | Meets ✓✓   | Exceeds ✓✓✓   |
|-------------------------------------|--|---|--|---|
|                                     | <i>provider has less than an 85% accuracy over four rolling quarters of the DES PAP.</i>   | OR<br>Is still required at the end of the rating period   | CIP required during the rating period that has previously been reflected in a quality rating<br>AND<br>is not required at the end of the rating period           |   |
|                                     | Breach of DES Grant Agreement<br><br><i>The department will consider breaches of the Grant Agreement that have a significant impact on participants or the delivery or reputation of the DES program in assessing this indicator.</i><br><br><i>When Breach Notice is issued, the notice will confirm (where relevant) if the breach will affect the quality rating assessment.</i>  | Breach issued during rating period AND provider advised it will impact the quality rating, that has:<br><br>Not been previously reflected in a quality rating<br><br>OR<br><br>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   | <i>Not applicable</i>   |
|                                     | Incident Reporting and Management<br><br><i>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. Relevant follow up actions should be completed in a timely manner and improvements/preventative measures implemented and monitored as appropriate.</i> | 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<br><br><i>Proactive monitoring and response to complaints. Relevant follow-up and improvement actions are completed. In scope: Complaints identified by, submitted or escalated to the department.</i>   | 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   |
| <b>Element 4: Compliance Rating</b> |  | NSDS Standard, CIP or Breach indicators rated as Improvement Required;<br><br>OR<br><br>Other indicators (DES PAP, Complaints Management and Incident Reporting and Management):<br><br>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;<br>AND<br>Other indicators (DES PAP, Complaints Management and Incident Reporting and Management):<br>• Exceeds for at least two out of three indicators; and<br>• None at Improvement Required |

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

| Outcome 2.1: DES providers understand participants' needs and support participants to build capacity and achieve their employment goals and aspirations  |   |  |  |  |
|--|---|--|--|--|
| Element  | Indicator   | Descriptor**   |  |  |
|  |   | Improvement Required ✓   | Meets ✓✓   | Exceeds ✓✓✓  |
| <p>2.1.1 Employment goals and service planning participation</p> <p>The DES provider supports participants to express their employment goals and aspirations and actively participate in service planning.</p>   | <p>Participant engagement:</p> <p><i>Engagement with participants that is fair, respectful and responsive to individual needs in order to encourage active engagement in service planning.</i></p> <p><i>Understanding and connection with participant community where provider staff reflect their community and cohort and have lived experience with disability.</i></p> <p><i>Strategies are in place to build rapport and trust with participants to facilitate full access to the service and to encourage timely advice to the provider if something has changed.</i></p> <p><i>Effectively engages with participants to understand and/or support the development of goals to support capability building and employment.</i></p> | <p>Focus on instructing/directing; Limited support to express employment goals; Interpreters not used; Limited flexibility (1 point)</p>                         | <p>Participant actively participates in service planning; Support to express goals; Access to interpreters; Appropriately flexible to needs and circumstances (2 points)</p> | <p>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)</p>               |
| <p>2.1.2 Assessment of needs, circumstances, capacity and barriers</p> <p>The DES provider understands and assesses participants' needs and circumstances and their capacity and barriers to achieving their employment goals and aspirations.</p>                         | <p>Assessment Process:</p> <p><i>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.</i></p> <p><i>Conduct initial assessment and re-assess at relevant stages to monitor effectiveness of supports/interventions</i></p>   | <p>Generic assessment or process not in place or implemented inconsistently; Effectiveness of supports or interventions not monitored (1 point)</p>              | <p>Tailored assessment process; Completed at relevant stages to monitor effectiveness of supports or interventions (2 points)</p>  | <p>As per 'Meets' PLUS: Tailored assessment processes for each referral phase; Assessment results are analysed and inform organisation continuous improvement activities (3 points)</p>                      |
| <p>2.1.3 Tailored supports</p> <p>The DES provider delivers tailored supports that provide participants with suitable pathways to employment, assists them to meet their obligations and requirements, and is adaptable to changes in the participant's circumstances.</p> | <p>Eligibility and participation:</p> <p><i>Confirm job seeker eligibility for DES Program Services before Commencement to ensure job seeker receives appropriate services.</i></p> <p><i>Ensure all Participants have a Job Plan in place at all times and the requirements in the Job Plan are tailored to the Participant's individual circumstances and are appropriate to their capability.</i></p> <p><i>Effectively support participants (compulsory participants and volunteers) to meet their obligations and/or requirements as agreed in the Job Plan. This may include, but is not limited to:</i></p>  | <p>Job seeker eligibility not confirmed; Job plans not developed/not current; Little or no support to meet compulsory and/or voluntary obligations (1 point)</p> | <p>Job seeker eligibility confirmed and Job Plans developed as per requirements; Support to meet compulsory and/or voluntary obligations (2 points)</p>                      | <p>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)</p> |

| Element                             | Indicator  | Descriptor**   |  |  |
|-------------------------------------|--|--|--|--|
|                                     |  | Improvement Required ✓   | Meets ✓✓   | Exceeds ✓✓✓  |
|                                     | <ul style="list-style-type: none"> <li>• <i>clear advice regarding compulsory and/or voluntary obligations and requirements</i></li> <li>• <i>training and/or assistance to report online</i></li> <li>• <i>strategies to engage and motivate</i></li> <li>• <i>correct application of Targeted Compliance Framework</i></li> </ul>  |  |  |  |
| 2.1.3 Tailored supports (continued) | <p>Supports - Employment Assistance</p> <p><i>Supports are tailored based on assessments, understanding of the local labour market and participant employment goals. Supports are adaptable to changes in participant circumstance.</i></p> <p><i>Supports/activities may include, but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>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</i></li> <li>• <i>providing information about computer and internet facilities relevant to help participants find and keep a job</i></li> <li>• <i>help to improve job readiness</i></li> <li>• <i>working with prospective employers to match participant skills to employer needs</i></li> <li>• <i>training or work experience</i></li> <li>• <i>help to access other support services</i></li> </ul> | 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)                           |
| 2.1.4 Service delivery              | <p>Service delivery model:</p> <p><i>The organisation has a service delivery model that is effective and user-oriented and demonstrates innovation. This may include, but is not limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>Service delivery model enables delivery of agreed supports/services considering participant requirements and needs</i></li> <li>• <i>Participant support provided by designated staff</i></li> <li>• <i>Staff absence or change is effectively managed with minimal disruption to participants</i></li> </ul> <p>The DES provider supports participants in a timely manner to build long-term capability including access to interventions that address barriers, build capability, improve job readiness and supports sustained employment.</p>  | 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) |

| Element   | Indicator   | Descriptor**  |   |  |
|---|---|---|---|--|
|   |   | Improvement Required ✓  | Meets ✓✓  | Exceeds ✓✓✓  |
|   | <ul style="list-style-type: none"> <li>Tailored contacts consistent with minimum requirements to monitor activities and deliver supported pathway to sustained employment</li> <li>Contact with the participant and employer during Post Placement Support (PPS) (subject to consent)</li> <li>Majority of ongoing support is on-the-job assistance</li> </ul>  |   |   |  |
|   | <p>Staff training/experience:<br/>Staff are suitably trained and experienced to effectively support participants and deliver program objectives.</p>  | <p>Staff not always suitably trained;<br/>Gaps in knowledge of organisation processes; Staff complete annual mandatory training only; Unaware of departmental resources (1 point)</p> | <p>Knowledge of disability and employment sector; Trained in organisation processes and use of departmental resources; Undertake learning and development activities (2 points)</p>   | <p>As per 'Meets' PLUS: Comprehensively trained in disciplines relevant to caseload; Undertake regular and targeted learning and development activities (3 points)</p>   |
| <p>2.1.5 Participant Feedback</p> <p>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.</p> | <p>Participant feedback:<br/>The organisation has a participant feedback model that is effective and user-oriented. This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>Participants are given opportunities to provide feedback throughout the period of service</li> <li>Feedback is obtained using accessible and flexible methods</li> </ul> <p>Feedback informs continuous improvement in service delivery</p> | <p>Limited feedback sought from participants (1 point)</p>  | <p>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)</p> | <p>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)</p> |
| <b>Outcome 2.1: Departmental Assessment</b>   |   | <b>Improvement Required ✓</b>   | <b>Meets ✓✓</b>   | <b>Exceeds ✓✓✓</b>   |
|   |   | 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  |

**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**

| Element of good practice   | Indicator   | Descriptor**   |  |   |
|--|---|--|--|---|
|  |   | Improvement Required ✓   | Meets ✓✓   | Exceeds ✓✓✓   |
| <p>2.2.1 End-to-end recruitment support</p> <p>The DES provider delivers tailored end-to-end recruitment support to employers, including effective post placement services to participants and employers to support transition into employment and ongoing employment opportunities.</p> | <p>Recruitment support</p> <p><i>Delivers tailored end-to-end recruitment support. This may include:</i></p> <ul style="list-style-type: none"> <li>• <i>approaching employers on behalf of participants</i></li> <li>• <i>working with employers to identify recruitment needs</i></li> <li>• <i>wage subsidies</i></li> <li>• <i>providing info/support to access other support services (e.g. financial help through the Employment Assistance Fund for workplace modifications or equipment)</i></li> </ul>   | 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)  |
|  | <p>Referral of participants</p> <p><i>Match participants to positions based on assessment of participant and employer needs; Prepare and pre-screen participants; Provide employer with relevant information and support</i></p>  | 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)                           |
|  | <p>Post Placement Services</p> <p><i>Plan and deliver effective post placement services to participants and employers based on assessment of participant and employer needs. This may include:</i></p> <ul style="list-style-type: none"> <li>• <i>support to help the participant settle into employment on-the-job training</i></li> <li>• <i>information, support and training for employer and/or co-workers</i></li> <li>• <i>help to resolve any problems at work</i></li> <li>• <i>plan/strategy for participant to become an Independent Worker (where appropriate to the needs and capability of the participant)</i></li> </ul> | 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) |

| Element of good practice  | Indicator   | Descriptor**  |   |  |
|---|---|---|---|--|
|   |   | Improvement Required ✓  | Meets ✓✓  | Exceeds ✓✓✓  |
| <p>2.2.2 Stakeholder engagement and understanding of labour market</p> <p>The DES provider actively connects networks and collaborates with community, employers and other relevant stakeholders to understand labour market needs and deliver diverse and supported pathways for participants.</p> | <p>Employer Engagement</p> <p>Effective engagement with employers to meet skill and labour shortage needs.</p> <p>Effective promotion and education of the program to build employer capacity and more inclusive workplaces. Supports lead to improved employment opportunities.</p> <p>DES providers work with employers to identify job and industry specific training needs and how they can be met.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>Engaging with employers from a range of industries</li> <li>Employer network membership</li> </ul> | <p>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)</p> | <p>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)</p> | <p>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)</p>  |
|   | <p>Community/Other stakeholder Engagement</p> <p><i>Has an active presence in the community. This may involve promotion of the DES program and generate increased knowledge of the program in the community.</i></p> <p><i>Works in collaborative partnerships with stakeholders and communities to identify needs and how they can be met.</i></p>   | <p>Provider does not work in collaborative partnerships with stakeholders and communities to identify needs and how they can be met (1 point)</p>                                     | <p>Provider works in collaborative partnerships with stakeholders and communities to identify needs and how they can be met (2 points)</p>  | <p>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)</p>  |
|   | <p>Labour Market Knowledge and Application</p> <p><i>Sources data and/or information to understand current and future labour market needs</i></p> <p><i>Uses connections/stakeholder relationships and labour market knowledge to deliver connected supports and diverse pathways to employment for participants</i></p>  | <p>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)</p>   | <p>Use data and/or connections to understand labour markets; Knowledge and stakeholder relationships inform and support service planning and participant pathways (2 points)</p>            | <p>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)</p>   |
| <p>2.2.3 Stakeholder Feedback</p> <p>The DES provider seeks feedback from employers and community services on its processes and their effectiveness. DES providers actively use this to improve and innovate the services they deliver.</p>   | <p>Stakeholder feedback</p> <p><i>The organisation has a model to obtain feedback from employers and community services that is effective and user-oriented. This may include, but is not limited to:</i></p> <ul style="list-style-type: none"> <li><i>Stakeholders are given regular opportunities to provide feedback</i></li> <li><i>Feedback is obtained using accessible and flexible methods</i></li> <li><i>Feedback informs continuous improvement in service delivery</i></li> </ul>  | <p>Limited feedback sought from employers and community services (1 point)</p>  | <p>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)</p>       | <p>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)</p> |

|   | Improvement Required ✓  | Meets ✓✓   | Exceeds ✓✓✓   |
|---|---|--|---|
| <b>Outcome 2.2: Departmental Assessment</b> | Does not meet definition of Meets or Exceeds<br>(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 |

\*\* 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:

| Indicator Rating     | Details  |
|----------------------|--|
| Improvement Required | Performance generally matches the aspects of the Improvement Required descriptor for the indicator and does not meet all of 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. |

# Annexure 1: Glossary of Definitions

**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 under the Framework 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 Agreement

**Improvement Required** – A rating under the Framework where providers have not fully met the department’s quality expectations

**Meets** – A rating under the Framework where providers are considered to be 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 Framework (Participant Rights, Understanding Quality, Provider Capability, and Compliance) which are made 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

**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, and indicative ratings have been finalised

**Quality Scorecard** – 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 (seven for each outcome), informed by the provider’s self-assessment against the same 14 indicators completed twice per year.

**Understanding Quality Self-Assessment Tool** – A tool to allow 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.