



Australian Government
Department of Social Services

National Standards for Disability Services

Stories

DSS 1503.02.15 Version 0.1 — December 2013



National Standards for Disability Services — Stories

Copyright statement



All material is provided under a [Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Australia](#) (CC BY-NC-ND 3.0 AU) licence.

The details of the relevant licence conditions are available on the [Creative Commons website](#) (accessible using the links provided), as is the full licence

The document must be attributed as the National Standards for Disability Services.

Introduction

These stories have been designed to explain what each of the National Standards for Disability Services means in practice. They cover a range of situations – different situations that people face, different needs that people have, and the different kinds of services and supports they use.

The stories are inspired by many of the stories heard during the consultation on the draft National Standards. Each story has been adapted from a number of different stories and does not tell one person's story. Names and service types have been changed, and all stories show positive outcomes.

Two stories are provided against each of the six National Standards. Each story highlights a number of key indicators of practice in the standard being profiled. These are summarised at the start of each story.

The stories are examples only, showing a range of scenarios, ranging from a young man in a regional town to an Arabic-speaking family in a city. They are intended to prompt people to reflect on the services they know, and what the National Standards for Disability Services might mean for them.

The stories are a companion resource to the National Standards. As well as the Full version, there is also an Easy English version of the National Standards. Other companion resources include an Evidence Guide and a Conversation Tool to support awareness and application of the National Standards.

Over time, more resources, including new stories, will be developed to show how the National Standards can be applied across different locations, programs and services.

Story One: Rights

This story highlights practice relating to the following indicators:

- The service, its staff and volunteers treat individuals with dignity and respect.
- The service, its staff and volunteers recognise and promote individual freedom of expression.
- The service supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.
- The service provides support strategies that are based on the least restrictive options and are contemporary, evidence-based, transparent and capable of review.

Heath is 20 and lives in a large regional town. He lives with another young man who also has a neurological condition. Heath uses domestic assistance, and personal assistance with appointments and events. He likes where he lives, but wants to live in a big city, where he could go to the football, theatre and musicals. However his family discourage him from moving, as they are concerned about how he might cope. Initially his support workers said that it would be hard to organise.

After he turns 21, Heath decides that he really wants to experience living in a city. "I want to spread my wings," he says. Heath asks Denise, his key worker, to support him to speak with his family about his goals to move away. They sit down together and map out what is required for Heath to move. Heath's family outline their worries, and Heath expresses his life goals to his family. They discuss housing, health, study, employment, friendship and travel, and together they explore the kinds of support that would be available for Heath in the city. They identify a few risks, and discuss how to manage them. They also explore new skills that Heath will need such as using public transport and managing his household budget.

Suitable accommodation is found but it isn't available straight away. In the meantime, Heath and Denise develop a plan together that includes Heath using online networks to meet other young people in the city who share his interests. He also enrolls in a TAFE that is close to his new home. He makes contact with the disability support worker to discuss his needs and supports on campus.

Story Two: Rights

This story highlights practice relating to the following indicators:

- The service, its staff and volunteers treat individuals with dignity and respect.
- The service, its staff and volunteers recognise and promote individual freedom of expression.
- The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.
- The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.
- The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.

Pradeepta is 28 and lives in a major city. She has lived in supported accommodation for several years. The organisation has recently merged with another service and Pradeepta has a number of new workers. One of the workers, Kerri, makes negative comments about the religious objects in Pradeepta's room and her food, and pressures Pradeepta to change her haircut.

A manager, Diane, overhears this and explains to Kerri that Pradeepta is free to practice her culture and her religion. Diane tells Kerri she is not to make negative comments about Pradeepta. Kerri replies that she was 'just teasing'. Diane identifies that Kerri has a very low understanding of anti-discrimination and equal opportunity laws, and becomes worried about broader staff practice. She puts in place extra supervision for Kerri, to help her to reflect on how she engages with clients and the impact of her practice. With Pradeepta's consent, Diane speaks with Pradeepta and her family to make it clear that Kerri's actions are not acceptable, and what changes are needed so it doesn't happen again.

Diane organises compulsory cultural respect training for staff, run by a multicultural advocacy service. She uses an existing representative group with family members, carers and advocates deciding which issues and situations to include. The group also recommends the service update its Cultural Diversity Action Plan. Diane runs a specific session for residents, about rights and how they should be supported and protected. Diane works with the Human Resources team to update recruitment processes, including advertising, interview questions and reference checking, to make sure there is a clear focus on cultural respect and anti-discrimination.

Story Three: Participation and Inclusion

This story highlights practice relating to the following indicators

- The service actively promotes a valued role for people with disability, of their own choosing.
- The service works collaboratively with individuals to connect to family, friends and their chosen communities.
- Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.
- Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.
- The service works in partnership with other organisations and community members to support individuals to actively participate in their community.

Harold is 49 and lives in a small rural town. He has an acquired brain injury (ABI). After rehabilitation, Harold returns home, with domestic and personal assistance for bathing, cooking, and assistance with travel and appointments. His family provide support initially, however his adult children live interstate and they return home. Harold insists that he would stay in his hometown.

He grows more independent with domestic tasks and personal care. He continues to use support for travel and social activities, as his acquired brain injury (ABI) affects his mobility, memory and speech. His key support worker, Barney, notices that Harold is quieter than usual and asks if Harold is OK. Harold says that he is frustrated and lonely. Before his accident, he managed a printing business and was involved in a bird-watching club. He says he doesn't feel as if people respect him now, and keeps to himself.

Barney knows that another local service provider runs a program to connect people with disability to their chosen interests and communities. With Barney's support, Harold meets with a community development worker, Fran, who listens to Harold and they discuss options. Harold decides to reconnect with the bird-watching club. He attends events with Barney as support at first. Harold re-establishes friendships, which boosts his confidence. Harold then works with Fran's support to start a small business, where he sells his photos of local birds at the Sunday market.

Story Four: Participation and Inclusion

This story highlights practice relating to the following indicators:

- Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.
- The service works in partnership with other organisations and community members to support individuals to actively participate in their community.
- The service actively promotes a valued role for people with disability, of their own choosing.

Kylie is 21 and lives in a major city. She has an intellectual disability. After she finishes school, she isn't too sure what to do. She works for a while in the local supermarket but finds the customer focus challenging, as she doesn't enjoy talking with people she doesn't know. After talking with her family, Kylie decides to study painting and design at the local TAFE, however finds that she doesn't meet the eligibility criteria.

The course coordinator refers Kylie to a training course that the TAFE has developed with a disability employment service. It includes painting, woodwork and ceramics. It also includes teamwork, time management and public speaking. The intention is to prepare students for further study or training or employment, and support community participation.

Kylie discusses study options with disability employment service staff, as well as her goals for the future and her learning preferences. She then enrolls in the course with staff support. A highlight of the course for Kylie is the end of course exhibition, which was held at the TAFE jointly with a number of other arts and design courses. She develops a folio of work, and gains confidence with public speaking, which assists with her interview for a visual arts TAFE course.

The TAFE and the disability employment service built their partnership over several years, to develop more pathways for people with disability into the TAFE system, as well as to improve disability awareness within the TAFE.

Story Five: Individual Outcomes

This story highlights practice relating to the following indicators:

- Service planning, provision and review is based on individual choice and is undertaken collaboratively with an individual and (with consent) their family, friends, carer or advocate.
- Service planning and delivery is responsive to diversity (including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other factors).
- The service collaborates with other service providers in planning, service delivery and to support internal capacity to be responsive to diverse needs.

Noora and Hakim arrived in a regional town as refugees with their two children. Since then, they have had Waleed who is three and has an intellectual disability and a number of chronic health issues. Noora and Hakim find the health and disability systems in Australia confusing. They know that Waleed is eligible for disability support but focus on his health issues. Their doctor refers the family to a local facilitated playgroup. Noora and Hakim don't want to go, as they feel that play isn't a priority. The doctor gives them brochures to read. Neither Noora nor Hakim is confident in reading English. They prefer to have information explained in person, but the doctor is rushed and doesn't answer their questions.

As Waleed gets older, Noora and Hakim find his behaviour difficult. Waleed is clearly frustrated by his communication barriers. One of the staff at the health centre suggests that the family contact a community organisation with a focus on disability and culturally diverse communities. The worker checks which language they prefer, and finds a contact for an Arabic-speaking worker, Aisha.

Aisha meets with the family and describes the early intervention services and supports available. Aisha recognises that Noora and Hakim are distrustful of services and people in authority roles. She explains the roles of services in supporting development and participation, such as in kindergarten and school. Aisha recommends services that have experience in working with refugee families. She helps with application forms and supports the family when they meet a service for assessment and planning. With Aisha's assistance, the family joins an Arabic-speaking family group, which meets informally for support and social contact.

Story Six: Individual Outcomes

This story highlights practice relating to the following indicators:

- The service works collaboratively with an individual and (with consent) their family, friends, carer or advocate to identify their strengths, needs, and life goals.
- The service plans, delivers and regularly reviews services or supports against measurable life outcomes.

Stella is 45 and lives in a capital city with her partner Tony and their teenage children. She has recently been diagnosed with a progressive neurological disorder. Her life expectancy is three years. The diagnosis has been very upsetting for Stella and her family.

Stella is eligible for an individualised funding package. She and Tony meet with an advisor to discuss options. The advisor focuses on Stella's health and recommends that she consider supported accommodation. Stella and Tony are frustrated, as they want to look at supports so that Stella can remain in the family home for as long as possible.

Tony contacts a state advocacy group with a focus on neurological disorders. They meet an advocate who discusses their priorities and identifies suitable organisations who can assist with changes to the family home and equipment, support for the children and case coordination, particularly to help with planning as Stella's disease progresses. With the support of their advocate, Stella and Tony choose a number of services they would like to work with, and approach one service to take on the specialist care coordination role.

Karina develops a care coordination plan with Stella and Tony. She raises a number of additional family needs, and focuses on strengths and longer-term goals. Stella is no longer able to work and is scared about what she will do with her time. Through conversation with Karina and Tony, she decides that she has always been a good writer, and would like to take up creative writing, which she can do with some modified computer equipment. Tony acknowledges the stress he is facing, and decides to participate in a peer support group. They agree to review the plan in three months.

Story Seven: Feedback and Complaints

This story highlights practice relating to the following indicators:

- Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.
- The service seeks and, in conjunction with individuals, families, friends and carers, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.
- The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.

Li is 27 and lives in a major city. She has an intellectual disability as well as vision impairment. She lives at home with her parents and participates in community-based recreation and social activities managed by a local service. Li enjoys the activities but finds them all the same. She also notices that workers mostly decide activities. Her family are happy with the services and don't want to make a fuss. They fill out the annual anonymous customer survey and make comments about activity choices but nothing seems to change.

After a change to the service's Board and management structure, it changes the way it manages complaints and feedback. A significant change is that staff are trained in seeking and responding to feedback. A second change is the service develops a participatory process for its annual review. People who use the service and their supporters are invited to small workshops to discuss key issues. Workshop material is provided in a number of different formats and languages. Li's parents take part in a separate workshop for family members.

During the workshop, Li participates in a conversation about problems and potential solutions. She talks about activities she would like to try in the future. After the workshop, the service provides a summary of things they will change based on feedback, and things they are looking into for the future. Li finds that the staff involve her more in thinking about recreation and social activities. She enjoys trying new activities, and staff ask what she thinks of activities and events after they happened.

Story Eight: Feedback and Complaints

This story highlights practice relating to the following indicators:

- Individuals, families, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.
- Feedback mechanisms, including complaints resolution and how to access independent support, advice and representation, are clearly communicated to individuals, families, carers and advocates.
- Complaints are resolved in collaboration with the individual, family, friends or carer, in a proactive and timely manner.

Vincent is 32 and lives in a major city. He has an intellectual disability with complex behaviour. He has lived in supported accommodation since he was a teenager. His parents, Maria and Carl, are increasingly frail and visit him as often as they can. One visit, they become concerned about the amount of medication used for Vincent. They raise their concerns with the support worker who says that the behaviour management recommended is too hard as there aren't enough workers on the evening shifts.

Maria and Carl are outraged and demand to speak with the service manager. The manager acknowledges that medication is being used too much and will be reviewed. Maria and Carl say that they would like to make a complaint, and the manager explains the process, including timelines. She gives them contact details for an independent advocate (Hannah) to help them with the process.

Maria and Carl begin to worry that making a complaint may make matters worse for Vincent, but the manager explains that the formal process helps the service understand issues and make improvements. They call Hannah for advice. At their request, Hannah joins them for a meeting with the service. The staff say that Vincent has become increasingly violent and they are concerned about their safety and the safety of other residents. The family and the service agree that they need to update Vincent's behaviour support plan, to support him earlier. The service agrees that workers need extra training on behaviour management, to avoid the use of medication. The service reviews its use of restrictive practices and organises training to improve behaviour support planning and implementation, and working with families to plan and review behaviour support.

Story Nine: Services Access

This story highlights practice relating to the following indicators:

- The service provides accessible information in a range of formats about the types and quality of services available.
- The service provides clear explanations when a service is not available along with information and referral support for alternative access.

Elena is 23 and lives in a regional town. She has complex communication and mobility needs that can change quickly over time. She lives with her partner who provides considerable support. She uses disability services such as attendant support workers and funding for aids and equipment. She is currently completing an online degree in journalism. At times, she is frustrated by particular support workers who are not fully trained or confident using her assistive technology, or who speak for her when they are in public.

With a move towards flexible funding packages, Elena wants to use the opportunity to redirect funding to update her assistive technology. She also wants to move to a different service where support workers are more respectful and better trained.

Elena and her partner meet with local service coordinator to discuss what is available and what services and supports Elena can use with her funding. The coordinator explains that the funding will not cover everything Elena wants and they work together to identify priorities, and alternatives. Elena asks the coordinator to assist with referral, including contacting the alternative service to confirm application processes and timelines.

Story Ten: Services Access

This story highlights practice relating to the following indicators:

- The service provides accessible information in a range of formats about the types and quality of services available.
- The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.
- The service monitors and addresses potential barriers to access.
- The service provides clear explanations when a service is not available along with information and referral support for alternative access.
- The service collaborates with other relevant organisations and community members to establish and maintain a referral network.

The story is also relevant for Standard 3. Individual Outcomes

- The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.

Nathan is 25 and lives in a remote Aboriginal community. He has an intellectual disability as well as a physical disability and uses a wheelchair. He lives with his uncle, aunt and extended family. The family home has had some work to make it easier for Nathan to get around. A big issue for Nathan is transport; many of the places he likes are on dirt tracks but the community wheelchair-accessible bus cannot go off-road. Nathan visits the nearest town for appointments, which is a three hour round trip. Nathan can't recall the last time a worker visited him.

A new coordinator, Wanda, visits the community to meet with her clients. When she meets with Nathan, she visits him in his home, meets his family, and works with an interpreter. She discovers that Nathan's wheelchair needs repairs, and while some changes have been made within the house, Nathan still needs to be lifted up and down stairs. The bathroom needs further work. Nathan and his family describe how he can't participate in some activities with his wheelchair.

Wanda explains the kinds of services that are available and the application process including the waiting time. Wanda knows that an issue is the number of trips Nathan makes to services. She discusses what she can do to coordinate appointments better. Wanda discusses the role of the local Aboriginal organisation and how it could advocate for services to use outreach to communities more.

Story Eleven: Services Management

This story highlights practice relating to the following indicators:

- Frontline staff, management and governing bodies are suitably qualified, skilled and supported.
- The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.
- The service has monitoring, feedback, learning and reflection processes which enable continuous improvement.
- The service uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.

Lisa is 49 and lives in a major city. She has autism and an anxiety disorder. Lisa uses some of her individual support package for activities such as cleaning, shopping and attending appointments. She has had the same support worker, Beth, for a number of years, but knows that this year Beth will retire. As Beth's retirement grows closer, Lisa becomes increasingly anxious about who the new support worker would be. Lisa says to Beth that she wants to feel comfortable and respected, and doesn't want a stranger (that is the new worker) in her house.

Beth raises the issue with her team leader, Sharon, who recognises the importance of providing Lisa with information and choice. With Sharon's support, Beth works with Lisa to identify key issues, and finds Lisa most wants a female worker, who has experience working with people with anxiety.

A suitable worker, Terri, is identified. Beth introduces Terri to Lisa before she retires. Together with Lisa, they discuss Lisa's preferences and schedules. Beth provides Lisa with updated information about the service, such as how to provide feedback or make a complaint. When Terri starts providing support, Sharon monitors how Lisa is going, and after the first month, contacts Lisa to get feedback.

At a staff reflection meeting, Sharon and Terri discuss the value of planning hand overs when there are known staff changes, and involving people receiving the service in the process. They share what they have learnt about working with people with anxiety. From this, the service updates its human resource management processes to require earlier planning when staff retire or resign.

Story Twelve: Services Management

This story highlights practice relating to the following indicators:

- The service has monitoring, feedback, learning and reflection processes which enable continuous improvement.
- The service has a clearly communicated organisational vision, mission and values which influence contemporary practice.
- The service has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.

Henry and his partner, Julie, live in a regional town. Henry has an ongoing psychiatric disability and uses a number of community supports, primarily through one large service. Several years ago, he was involved in a focus group to review a pilot program he used. Henry realised that as well as having a say about his own experience, he had a lot to contribute to the service about its activities and programs.

He joins a consumer group that is involved in designing a consultation process for the service's strategic plan. This aims to increase the number of people with disability and their family, carers and other supporters in the strategic planning process. A key event is a planning day, where the board and senior management attend along with people who use the service. Through this session, the organisation reviews its overall vision and everyday practice.

Henry says that the vision and plan are important, but so is communication from staff. He says that sometimes it feels like rosters and worker preference are at the centre of the service, rather than people using the service. This leads to a discussion about how to measure whether different services, programs and activities are actually person-centred. After the planning day, the service invites Henry to join their board, which he does. His first recommendation is to ensure that people's experience and outcomes are a key aspect of future reviews.