



National Standards for Disability Services

Foreword

The National Standards for Disability Services are the culmination of nearly two years extensive collaboration between the National Disability Authority (NDA) and the Department of Health and Children, supported by the NDA Standards Advisory Committee, the Department of Health and Children Health Boards/Authority Working Group on the National Standards for Disability Services, people with disabilities, their families, carers, service providers, government agencies, representative bodies and other stakeholders.

The cooperation of all stakeholders demonstrates the significant commitment to improving services for people with disabilities. We are pleased with the successful outcome of this important work and appreciate the involvement of all stakeholders during the entire process.

The National Health Strategy, '*Quality and Fairness*' (2001) outlined four national goals for the health services:

- (1) Better health for everyone,
- (2) Fair access to services,
- (3) Responsive and appropriate care, and
- (4) High performance throughout the system.

The development of national standards for disability services was identified as a key action to ensure high performance. In the current Social Partnership Agreement 2003-2005 '*Sustaining Progress*', the Government expressed its commitment to complete the development of these standards.

We believe that we have now fulfilled this commitment. The standards provide a foundation for any service to ensure that it reaches an agreed level of performance and enables it to improve further the quality of service provision.

People with disabilities, as recipients of services, expect responsive, flexible and quality services. The challenge for all involved is to move forward over the coming years to ensure that all services implement and meet these standards, on a phased basis.

We would like to thank all who have participated in the development of these standards, especially people with disabilities and their families. The level of enthusiasm and ownership should ensure a smooth implementation of the standards.

Therefore, it is with great pleasure and expectation that we present to you the first National Standards for Disability Services.

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Chairperson
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Acknowledgements

The Department of Health and Children and the NDA would like to acknowledge the significant contribution of all individuals in developing the National Standards for Disability Services, in particular:

- People with disabilities, their families and carers who have provided input and feedback through meetings, submissions and through participation in the pilot of the second and third draft standards;
- Service providers and government agencies who participated in the consultation and Pilot projects;
- Members of the NDA Standards Advisory Committee for their work and expertise in the development of the standards; in particular we would like to thank Professor Vincent Dodd, the Chairperson of the Standards Advisory Committee;
- The various consultants who collaborated at different stages in the development of these standards, including Joe Wolfe and Associates, Secta Consulting, who completed the evaluation of the Pilot, and Excellence Ireland, who undertook the external assessments during the Pilot.

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Overview

1. Introduction

The aims of these first ever National Standards for Disability Services are to ensure:

- a) that the safety, dignity, independence and well being of service users are protected and promoted,
- b) that person centred service provision is established and nurtured in our services, and
- c) that all services are provided to an agreed level of quality and performance and that the level of quality is consistent on a national basis.

The National Standards for Disability Services are presented as an integrated quality framework working from a whole system approach. More than that, the standards also provide a platform for the continuous improvement of disability services.

In the past decade there has been unprecedented investment and expansion in a range of services for people with disabilities. Per annum non capital expenditure on health related support services developed specifically to meet the needs of people with different types of disability is now over €1 billion (Department of Finance, 2004).

The Department of Health and Children has overall responsibility for the development of health policy and for the planning and funding of health services. The health boards have responsibility for the provision of health and personal social services in their areas with the non-statutory sector playing a vital role.

The National Health Strategy – ‘Quality and Fairness, a Health System for You’ (2001) identifies the highly committed and dedicated workforce in the health sector, along with the co-operation between statutory and non-statutory providers as critical factors in the significant recent expansion of disability services.

Currently the health boards¹ and non-statutory agencies provide a complex and growing range of health related services for people with disabilities, including assessment, early intervention, day, residential, respite, personal assistance, sheltered occupational and rehabilitative training services, and income maintenance.

Service organisations will continue to provide a wide range of solutions through creative and innovative supports that maximise resource use and thereby deliver the best results. This places an increasing focus on developing organisational capacity for responsiveness and flexibility. In developing the standards, we have also attempted to promote and encourage innovation in service responses while maintaining organisational accountability.

¹At the time of writing there are ten health boards which provide a range of health and personal social services. The Eastern Regional Health Authority provides an umbrella for planning and coordinating health and personal social services in three Area Health Boards (Northern, East Coast and South Western), the Voluntary Hospitals and Voluntary Intellectual Disability Agencies in the region. The remaining seven Health Boards (Midland, Mid Western, North Eastern, North Western, South Eastern, Southern and Western) provide and arrange health and personal services at a regional level.

The development of National Standards for Disability Services are commensurate with the key goals outlined in the National Health Strategy (2001). The strategy identifies the development of a *“high performing health service” as a key national goal*. Action 63 in the Health Strategy states that the Department of Health and Children is committed to the development of *“national standards and protocols for quality care, patient safety and risk management...”* for all health and personal social services.

The National Standards for Disability Services are also underpinned by the legislative provision outlined in the National Disability Authority Act (1999). The National Disability Authority (NDA) was established in June 2000 as an independent statutory body under the Department of Justice, Equality and Law Reform.

Two of the core functions of the NDA are:

- (1) *‘to advise the Minister on appropriate standards for programmes and services provided or to be provided for persons with disabilities’, and*
- (2) *‘to monitor the implementation of standards and codes of practice in programmes and services provided to persons with disabilities and to report to the Minister thereon’.*

Arising from their common responsibilities in this area, the Department of Health and Children and the NDA agreed on a partnership approach to the development of national standards, with support and assistance from the Health Boards, the Eastern Regional Health Authority and the NDA’s Standards Advisory Committee.

In June 2003 the Minister for Health and Children, Micheál Martin TD, announced an extensive reform programme of health services in Ireland. Central to the Health Services Reform Programme (2003: 4) is *“the ability to deliver a high quality of service for people on a consistent national basis”*.

The reform programme identifies seven major priorities, including the need for clear accountability throughout the health system, continuous quality improvement, external appraisal and robust information gathering.

The core theme of the Health Service Reform Programme is the need to modernise health structures so that they can deal with the demands placed on the system now and over the coming decades. Central to this is the ability to deliver a high quality of service for people on a consistent national basis.

These National Standards for Disability Services are an integral element of the reform and modernisation of our health services in that they specifically require the service provider to provide a person centred service to the individual service user.

2. Vision

The vision underpinning the National Standards for Disability Services derives from the vision outlined in the National Health Strategy, which aims to deliver:

- A health system that supports and empowers you, your family and community to achieve your full potential
- A health system that is there when you need it, that is fair and that you can trust
- A health system that encourages you to have your say, listens to you and ensures that your views are taken into account.

In particular, the standards are informed by a fundamental principle underpinning disability policy in the Department of Health and Children which is to 'enable each individual with a disability to achieve his or her full potential and maximum independence, including living within the community as independently as possible' (Department of Health and Children, National Health Strategy, 2001).

3. Core Principles

Underpinning the National Standards for Disability Services are four core principles derived from the National Health Strategy and the mission of the National Disability Authority.

The first principle is equity, which means that inequalities in health services are targeted and people are treated fairly according to their need. This includes ensuring that the health system responds in a fair and equitable way to people's diverse needs.

The second principle, equality, means that the equal status of people with disabilities is acknowledged and promoted at all levels within the service system. The National Standards for Disability Services seek to ensure that services act to promote the maximum inclusion of people with disabilities as equal citizens in our society. This means that services are provided as locally as possible and in an open and transparent manner that facilitates the fullest participation of service users in mainstream activities.

The third principle underpinning the National Standards for Disability Services is accountability. The National Health Strategy (Department of Health and Children, National Health Strategy, 2001) describes this principle as follows: *'Accountability means that financial, professional and organisational accountability is strengthened for better quality, efficiency and effectiveness'*.

The final principle is person centredness. This principle contains the over-arching value which informs all other principles and which permeates throughout the entire system. Person centredness seeks to put the person first. A person centred service is provided, organised and designed around what is important to the service user from his/her perspective. A person centred approach extends to looking at what is available in mainstream and community services rather than limiting services to what is available within specialised disability services. Person centred services work to build a person centred organisational culture and remove any organisational barriers to achieving this.

4. In pursuit of Quality

The drive for quality can be placed within the broader context of public sector reform taking place globally. According to the Organisation for Economic Co-operation and Development, the fundamental goal of such reform is “to improve responsibilities of public sector institutions by encouraging a greater emphasis on performance or results” with a new understanding that “public sector institutions exist primarily to deliver a service or product” to a service user (OECD, 1996).

The core theme of the Health Service Reform Programme is the need to modernise health structures so that they can deal with the demands placed on the system now and over the coming decades. Central to this is the ability to deliver a high quality of service for people on a consistent national basis.

The Health Strategy (Department of Health and Children, National Health Strategy, 20) defines quality in health care provision as follows:

- *“that evidence-based standards are set in partnership with consumers, and are externally validated and,*
- *continuous improvement is valued”.*

Achieving quality is a complex task requiring a whole system approach – no one element of the system can ensure or deliver a quality service without the full participation of the broad range of stakeholders. Quality service provision is an outcome of effective interaction between service users, employees, board members, funding bodies and the broader community to which services are provided.

5. Dimensions of Quality

During the national consultation process which was launched in October 2002, the NDA asked stakeholders to identify *'what quality means'* to them. In over 500 submissions, five key dimensions of quality were consistently recognised by service users, funders, employees, families and carers as central to delivery of quality services.

The five dimensions of quality which form the framework of the National Standards are:

a) Person Centred Services

A Person Centred Service is provided, organised and designed around what is important to the service user from her/his perspective. To build a person centred service, organisations must have an evidence-based approach to determine the priorities of people served and to assess how effective they are in using resources to address these priorities. It is not simply a question of the organisation's resources but also of its resourcefulness.

There is an additional challenge to organisations contained in the concept of choice. Resources are limited and people sometimes make choices that are not deliverable. Organisations need to determine whether the services they provide are the services that people would choose to buy. If the answer is often 'no', then the organisation needs to change what it does with its resources.

b) Good Governance and Committed Leadership

The second dimension, Good Governance and Leadership, aims to ensure that services become *"high performing services within a high performing health system"*, by encouraging effective collaboration among services and families, funders and the local community, and by planning strategically.

c) Dignity at Work

The third dimension focuses on respecting, empowering and supporting all those who contribute to the delivery of services in an organisation, on a paid or voluntary basis, with the aim of ensuring that services are appropriately staffed, staff are competent and that staff are supported and valued in achieving the right outcomes for service users.

d) Effective Communication and Information Systems

The fourth dimension, Effective Information and Communication Systems, recognises the necessity to ensure appropriate information management and responsive and effective communication between all stakeholders.

e) Safe Environments

The final dimension of the framework concerns itself with the protection and promotion of the rights of service users and staff to safety and dignity.

6. A Quality Framework

Designing a framework that measures, confirms and acknowledges quality in health service provision is a challenging task. Felce (1996) refers to the need to develop a tool with “a *technology of measurement consistent with the breadth and sophistication of service aims*”.

Traditionally, the quality of services for people with disabilities was measured by how well organisations met standards and criteria that were defined by experts. These standards usually emphasised organisational processes and programmes. There was an assumption in this design that if organisations operated these processes, they would deliver a high quality service.

More recently, the measurement of quality has focused on the impact of organisational capacity. This approach starts with the person using services and works back through organisational processes to determine if what the organisation does, results in meaningful supports and services to the person. Putting the service user at the centre of the assessment process requires organisations to design supports and services around the priorities of people served. Putting people served at the centre of organisational assessment is the key to building person centred services.

The National Standards for Disability Services are presented as a quality framework which sets out minimum criteria for quality assurance and criteria to ensure continuous improvement. Further, the framework is designed to measure both organisational capacity and the impact on stakeholders of organisational investment.

Quality Assurance

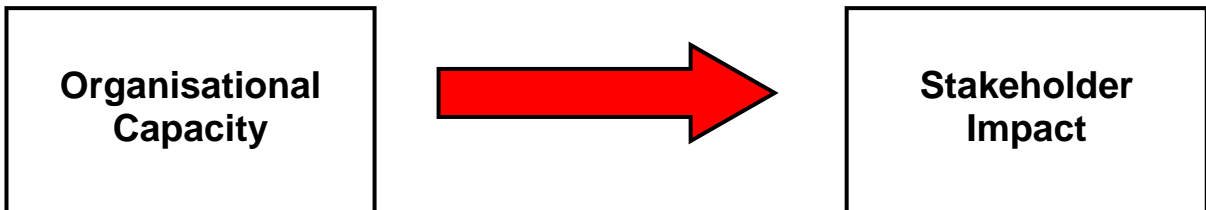
A number of the criteria found within the framework are designated as essential, and must be met for an agency to be approved against the standards. These criteria are marked in red throughout the document. Essential criteria include statutory obligations of service providers and a number of criteria regarded by the Department of Health and Children and the NDA as fundamental requirements of quality service provision to people with disabilities.

Continuous Improvement

The second element of the framework aims to ensure that continuous improvement becomes a key objective of the organisation. Through this element of the framework, services will be encouraged to work with service users to plan continuous improvement as an integral part of service development, to identify possible performance gaps and areas for improvement and to set targets and priorities. The audit tool effectively becomes the core of an action plan for continuous improvement for each agency. It achieves this by emphasising the strengths and areas for improvement of the service, and by identifying planned actions in the immediate, medium and long term.

Building organisational capacity to ensure impact

The framework is designed to ensure that the organisation has the capacity to optimise stakeholder impact across the five dimensions of quality outlined in the National Standards. Organisational capacity is defined as the combination of resources, processes and relationships between stakeholders. Stakeholder impact is defined as the outcome of service provision for each stakeholder.



In most instances each criterion will be assessed in a number of ways. This measurement will include a measurement of organisational capacity and a measurement of the impact of that capacity on service users and other stakeholders, including staff, families and funders.

The measurement of the impact of organisational capacity will be individually determined as service users have different needs and priorities. Organisations are therefore required to ascertain each service user's priorities and preferences. This involves a process of continual learning for all involved. People's priorities change as they gain in experience and confidence or indeed as a result of adverse changes in their circumstances. Individual priorities may also change significantly as a function of the lifecycle.

7. Scope of the Standards

People with disabilities utilise the range of primary, secondary and tertiary health care services which are used by everyone in the community. There is also a range of health related disability services developed specifically to meet the needs of people with different types of disability which are provided by the statutory and non statutory bodies.

These National Standards for Disability Services are designed to apply to all statutory and non statutory agencies that provide health related disability services for children and adults with autism, intellectual, physical and/or sensory disability, funded by the Department of Health and Children. In the case of children, the term service user should be taken to include the family as well as the child.

At this stage, Service-specific Criteria have been developed for Rehabilitative Training, Sheltered Occupational Services and Residential Services. In time, additional service specific standards will be developed for application to the full range of health funded disability services.

Some services to people with disabilities may be intermittent or once-off in nature. Such services may not lend themselves to being assessed against the full extent of the national standards as outlined here. Common sense judgments should be applied in such cases.

8. Monitoring

Building a person centred service is an ambitious and challenging task. Different organisations will have different strengths and starting points. Organisations will need to understand their strengths and where they need to improve. The quality framework is intended to support organisations to learn about their performance and what areas they need to focus on to improve.

A monitoring structure has been developed for the national standards which involves:

A. Preparation by service providers for External Assessment

B. External Assessment by an independent body

C. Recognition of approved services

The National Standards for Disability Services are divided into five quality dimensions, each of which has been sub-divided into a number of criteria. A significant number of core standard criteria are relevant to all types of services. In addition, there are a number of service specific criteria for Residential, Rehabilitative Training and Sheltered Occupational Services.

Each criterion consists of a number of different indicators against which the actual performance of the organisation is measured. In order to measure whether an indicator has been met, the assessor may use the following:

- Interview with service users, families, staff, (including management) and funders;
- Review of Documentation, and
- Direct Observation.

The aim of the assessment process is to provide for the objective and systematic assessment of an organisation's performance against a range of indicators. An Audit Tool has been developed and designed for use during the external assessment. However, the Audit Tool may also be useful for service providers in their preparation and application for the external assessment.

This monitoring structure reflects the underpinning principle of the standards, person centredness, and ensures that the direct experiences of those served form the basis of the measurement. A key aspect to measuring quality in a person centred way is the requirement to capture the perspective of the person receiving the services directly.

A majority of the criteria include an indicator measuring the impact on the lives of the service user. In order to capture adequately the views of the service users, the assessors will interview a randomly selected sample of service users who have consented to participate. Assessors will use different methods to ensure the interview process is accessible to all.

The National Standards for Disability Services consist of:

- a set of essential criteria that must be achieved by the service provider in order to become recognised as an approved service provider, and
- a set of quality improvement criteria.

If a service provider does not achieve any of the essential criteria, the service cannot be recognised as an approved service. A service provider that meets or exceeds these essential criteria will be recognised as an approved service.

The remaining quality improvement criteria focus on critical outcomes that an organisation should strive to achieve. A service receives the accolade 'Approved with Quality' or 'Approved with Excellence' if it achieves, along with all the essential criteria, a defined percentage of compliance against the remaining quality improvement criteria.

- In order to achieve the '**Quality**' award the service provider will have to meet at least **60%** of the quality improvement criteria, and
- In order to achieve the '**Excellence**' award the service provider will have to meet at least **85%** of the quality improvement criteria

In summary, there are three levels of recognition:

1. Approved;
2. Approved with Quality, and
3. Approved with Excellence.

The external assessment body will decide what level of recognition will be awarded. These decisions are based on the findings of the assessment. Approval is valid for a period of up to three years, after which the organisation will have to reapply for assessment.

However, the service provider has the option to appeal any decision made by the external assessment body to an independent appeals committee. A subsequent assessment will take place earlier than the three year norm.

Cases of non-compliance with standards will be reported to the Department of Health and Children. The National Disability Authority has a statutory duty to report annually to the Minister for Justice, Equality and Law Reform and may also report at any time to the Minister as it sees fit. These reports may, where appropriate, recommend the review, reduction or withdrawal of funding from a service provider.

9. Implementation and Review

The National Standards for Disability Services have been developed as a direct result of the Government's commitment as contained in the current National Partnership Agreement, Sustaining Progress.

It should be noted that the development of these standards took place within the wider context of the Health Services Reform Programme. The implementation of the standards needs to be considered within the context of this reform.

The establishment of the Health Information and Quality Authority (HIQA) is of particular importance to the successful implementation of the standards. HIQA is currently being established as a statutory agency with responsibility for:

- Developing health information;
- Promoting and implementing quality assurance programmes nationally;
- Overseeing health technology assessment.

Prior to the implementation of the standards, additional work will be undertaken to ensure that the system, and in particular the interview process, is fully accessible to people with significant cognitive disabilities.

Regular reviews of the standards are required in order to ensure that the National Standards for Disability Services remain appropriate and applicable to current practices. As in the development of these standards, future reviews will be undertaken in consultation with all stakeholders.

10. Glossary of Terms

Abuse

Abuse may be a single or repeated act, or a lack of appropriate action, occurring within a relationship where there is an expectation of trust (e.g. a formal or informal caring relationship) (North Eastern Health Board, 2002).

Abuse may be physical, sexual, psychological or emotional in nature or it may occur through neglect. It may form a continuum, which ranges from minor breaches of policy or rules to indecent assault. It may consist of a single act or a catalogue of incidents. (Health Service Employers Agency, 2004).

Child abuse occurs when someone in a position of greater power than a child causes the child harm. Child abuse can be categorised in four different types: neglect, emotional abuse, physical abuse and sexual abuse (Department of Health and Children, 1999)

Accountability

The duty to provide an account (not solely a financial account) or reckoning of those actions for which one is held responsible. Thus accountability involves two responsibilities or duties: the responsibility to undertake certain actions (or forebear from taking actions) and the responsibility to provide an account of those actions (Gray, 1996)

Advocacy

Advocacy is concerned with getting one's needs, wants, opinions and hopes taken seriously and acted upon. Advocacy can be defined as 'the functioning (speaking, acting, writing) with minimum conflict of interest on behalf of the sincerely perceived interests of a person or group, in order to promote, protect and defend the welfare of, and justice for, either individuals or groups, in a fashion which strives to be emphatic and vigorous (Wolfensberger, as cited in Comhairle, 2004). It can take a number of different forms including self, peer, professional and family advocacy.

Assessment of Need

A systematic and ongoing process for the collection and analysis of information that describes the needs of the service user in order to develop an individual service plan for the provision of services.

Consent

Agreement of the service user based on an understanding of the implications of a particular activity or decision and the likely consequences for the service user.

Equity

Equity means that inequalities in health services are targeted and people are treated fairly according to their need. This includes ensuring that the health system responds in a fair and equitable way to people's diverse needs.

Fair

Just or appropriate in the circumstances (Oxford English Dictionary, 2004)

Governance

The function of determining an organisation's direction, setting objectives and developing policy to guide the organisation in achieving its mission (Edwards and Hulme, 1995)

Governing Body

The board of management or directors and committee members with responsibility for the overall direction of the organisation including its strategic direction and policy formation.

Health and Personal Social Services

Services provided by public, private and voluntary agencies that are aimed at improving health status (Department of Health and Children, 2001)

Integrated Services

Bringing together services, providers and organisations from across the continuum to work together jointly so that their services are complementary to one another, are co-ordinated with each other and are a seamless unified system, with continuity for the service user (Irish Health Services Accreditation Board, 2004)

Multidisciplinary Team

A multidisciplinary team is a group of people from various disciplines (both clinical and non-clinical) who work together to provide a service within a specified area (Irish Health Services Accreditation Board, 2004)

Objective Life Circumstances

The concept of objective life circumstances refers to those functioning and social-material factors which have the potential to influence quality of life and the individual's general sense of well-being and satisfaction with life².

Person Centred Plan

The documented identified needs and goals of the individual service user and an agreed plan on how the necessary support will be provided for service users to achieve and maintain their goals and meet their needs.

Person Centred Service

A person centred service is one that is provided, organised and designed around what is important to the service user from their perspective. A person centred approach looks at what is available in mainstream and community services rather than limiting services to what is available within specialised disability services. Person centred services work to build a person centred organisational culture and remove any organisational barriers to achieve this.

Positive Action

Measures targeted at a particular group of people. Positive action is intended to eliminate and prevent discrimination, to rectify the impact of past discrimination and to address the needs and aspirations specific to particular groups (Eq. Authority, 2002).

Quality

Quality is meeting (and where possible exceeding) the assessed needs and defined expectations of the service user through efficient and effective management and processes.

² *Whilst the subjective element of life satisfaction is widely acknowledged and has been systematically explored by a number of researchers (e.g. Frisch et al, 1992), life satisfaction models which omit the key components of functioning and social-material circumstances have been criticised for their incompleteness (see, for example: Gladis et al, 1999).*

Quality System

A quality system is the organisational structures, responsibilities, procedures, processes and resources for implementing quality management.

Risk Management

Risk Management activities are designed to identify actual or potential risks to a patient's safety. (Hill, 2002). Risk Management should consist of an organisational approach to improving quality of care, with special emphasis on the need to reduce errors and their costs, to identify and assess potential hazards and risks, including both clinical and financial risks associating with the delivery of health care (NEHB, 2003)

Safety

Safety is being and feeling free from harm, danger, or hazards and not being or feeling subjected to unnecessary or avoidable risk in any area of life. This includes freedom from all forms of abuse and neglect.

Service Agreement

Contractual document between the service provider and the funding/commissioning body.

Service Provider

Person(s) responsible for providing the service, this includes staff and management that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to the service user.

Service user

A child or adult with a disability, their family member or carer who is receiving a service from a service provider.

Social Inclusion

Participating as an equal citizen in the wide range of social, cultural, political, economic and community activities that take place in our society.

Standard

A standard is defined as the desired and achievable level of performance against which the actual performance of an organisation can be measured

Strategic Planning

The process for developing a high level plan for achieving success in an activity, in particular being a successful organisation.

Stakeholders

In this instance, all those who have a right or duty to ensure quality and standards in services including people with disabilities, their families and friends, carers, volunteers, service providers and funders.

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The Standards

Section 1 Person Centred Services

Statement

Each service user receives person centred health services designed to meet his or her goals and needs

This section sets out the criteria required to ensure that services are centred around, and focus on, service users.

These criteria aim particularly to ensure that flexible service provision, which focuses on maximising service user independence and participation in mainstream society, becomes the norm.

A number of the criteria seek to ensure that the supportive role of family relationships is recognised and encouraged.

Three core principles of person centred services are in evidence:

- a) Person centred planning and responsive services;
- b) Protection and promotion of service users' rights and entitlements;
- c) Maximising participation and social inclusion of service users.

Building a Person Centred Service requires addressing organisational culture. It requires a continuous effort to be responsive to the person's present and emerging needs and priorities.

Person centredness requires organisations to build cultures of commitment to people that go beyond minimum compliance with legislation. For example, understanding a person's safety from the perspective of the day centre programme which is open from 9.30 – 4.30 is not the same as understanding safety from the person's perspective. Person centred organisations are required to understand how their practices, rules and procedures are experienced by the person and to learn how to accommodate the person in the delivery of services.

Essential Criteria

- 1.1 You participate in an annual assessment of your health service needs, undertaken by a multidisciplinary assessment team, which identifies the services and interventions required to meet these needs
- 1.2 Based on the outcome of the assessment of your needs, you participate in an annual person centred planning process which leads to an agreed plan outlining how the service will address your needs. For those needs which fall outside of this plan, appropriate linkages will be made on your behalf
- 1.3 The organisation regularly assesses your progress towards the achievement of the goals as appropriate to your person centred plan
- 1.4 You are informed of your entitlements as a health service user
- 1.5 Your dignity as a person is respected and valued by the organisation
- 1.6 The organisation, in compliance with equality legislation, promotes and values equality and diversity amongst service users
- 1.7 Your rights to privacy and confidentiality are respected and safeguarded
- 1.8 You are confident that your personal safety and freedom from abuse is of paramount concern to the organisation
- 1.9 You are aware of the organisation's procedure for dealing with complaints, including how to make a complaint. The organisation resolves complaints in a timely and effective manner
- 1.10 Your informed consent is gained by the service provider prior to any medical treatment, participation in research projects and the provision of personalised information for official statistics
- 1.11 There is transparency and accountability in relation to those of your financial affairs managed by the service provider
- 1.12 You are encouraged and supported to develop and maintain your independence to the fullest extent possible
- 1.13 You are encouraged and supported to participate in the life of the local and wider community to as full an extent as possible

Quality Improvement Criteria

- 1.14 You are made aware of the range of advocacy services, support services and self-help groups available and you are facilitated by the service provider to access these
- 1.15 You and, where appropriate, your family are provided with information and guidance at times of personal crisis and life transitions
- 1.16 The organisation promotes and encourages healthy living

Section 2 Good Governance and Committed Leadership

Statement

The organisation is governed and managed in a manner that ensures a quality service that meets the needs of and achieves outcomes for service users

This section sets out the criteria of Good Governance and Committed Leadership which must be met to ensure that service provision is organised and managed in accordance with legal requirements, established protocols and good management practices.

Service providers must be well-governed if they are to be capable of delivering services which meet standards.

Organisations that promote and support person-centred approaches to service delivery need to have good leadership at every level. Developing and implementing person-centred approaches presents organisations with many challenges and one key to progress lies in the development of good leadership skills throughout the organisation.

Essential Criteria

- 2.1 The organisation's internal governance arrangements provide direction and control within the organisation
- 2.2 The organisation articulates its purpose and function through a written mission statement that seeks to meet the needs of and anticipated outcomes for service users
- 2.3 A documented process of strategic planning, including annual service plans, exists to ensure that the organisation achieves its objectives as outlined in its mission statement
- 2.4 The organisation manages its financial resources in accordance with accounting protocols, legal requirements and sound financial management practices
- 2.5 The organisation publishes an annual report, including audited annual accounts
- 2.6 The organisation ensures that it maintains adequate insurance cover. At a minimum this cover will include fire, theft, employer and public liability insurance
- 2.7 The organisation has a service agreement/service plan with the relevant funding body (bodies) which outlines the nature, costs and quantum of service provision
- 2.8 A written agreement exists between the service user and the service provider which outlines the nature and extent of the service being provided, the entitlements of the service user and any conditions which govern the service received and provided
- 2.9 The organisation has a system in place for the assessment of objective life circumstances or objective conditions of life for all service users and responds as appropriate
- 2.10 The organisation has a mechanism for assessing and improving the quality and effectiveness of the organisation. This includes the active participation of service users, staff and funding bodies
- 2.11 The organisation actively works in partnerships with other agencies to ensure the provision of integrated services

Quality Improvement Criteria

- 2.12 The organisation has a system that ensures equity, fairness and transparency with regard to the prioritisation of access, based on needs of service users
- 2.13 The organisation, where appropriate, manages waiting lists in an effective and transparent manner and, at a minimum, re-assesses the needs of people on the waiting list on a 6 monthly basis
- 2.14 The organisation manages discharges and transfers of service users in a fair and transparent manner

- 2.15 The organisation reviews, at least annually, the current service provision and future service requirements of service users
- 2.16 The organisation provides opportunities for stakeholders to participate in decision-making
- 2.17 The organisation actively participates in various regional committees which have a responsibility for service planning, development and delivery
- 2.18 The organisation selects contractors on the basis of the most economically advantageous tender received that fully complies with requirements of the request for tender. The organisation ensures that there are appropriate quality and cost control procedures in relation to each contract

Section 3 Dignity at Work

Statement

Staff are recruited, managed and empowered to provide for and support a creative flexible person centred service

Health and Personal Social services are delivered by people. The achievement of standards is critically dependent on the people working in services being skilled, motivated and well-managed. Staff and management must have an orientation towards respecting the rights and choices of people using services and must provide services in keeping with the core principles of these standards.

Person-centred disability services require a strong focus on positive and proactive people management. Being person-centred requires that HR processes are designed around the needs of people using services and that staff resources are employed, deployed and reviewed in line with the changing requirements of service users, having due regard to the needs of others and the overall capacity of the organisation.

The section contains specific criteria for:

- Recruitment and Selection;
- Training and support;
- Equality and Diversity;
- Retention.

The criteria also emphasise the important role of the Equality Authority and the importance of adhering to the requirement of Irish Equality Legislation and support each organisation in developing a range of mechanisms to promote equality and diversity among its staff.

The criteria seek to ensure that the organisation collaborates in and promotes interagency learning and evidence based service delivery.

Essential Criteria

- 3.1 The organisation complies with all relevant employment legislation
- 3.2 The organisation has a system for the effective recruitment and appointment of suitably qualified and experienced staff
- 3.3 The organisation, where appropriate, has a system for the effective recruitment and appointment of volunteers
- 3.4 The organisation has a system to identify and respond to training needs of staff
- 3.5 The organisation, in compliance with equality legislation, promotes and values equality and diversity amongst its staff
- 3.6 The organisation has a system for handling grievance and disciplinary issues in a prompt and fair manner
- 3.7 The organisation has a system for dealing effectively with allegations of bullying, harassment and sexual harassment
- 3.8 The organisation values and respects all staff and volunteers

Quality Improvement Criteria

- 3.9 The organisation ensures that, at a minimum, 3% of employees of the service are people with disabilities
- 3.10 The organisation has a written job description for each post and reviews staff competencies and job performance on a regular basis
- 3.11 The organisation reviews the retention of staff members on a regular basis and, where necessary, takes action to improve the retention of staff members
- 3.12 The organisation promotes a continuous learning environment and innovative approaches to training and education of staff

Section 4 Effective Information and Communication Systems

Statement

The organisation maintains and records information and communicates with all stakeholders in accordance with good practice

This section sets out the criteria required to ensure effective communication with the range of stakeholders, including:

- Service users;
- Staff;
- Families;
- Other services, and
- The broader community.

These criteria also encourage services to manage information to ensure its appropriate accessibility and confidentiality and to take a proactive role in challenging negative attitudes towards people with disabilities.

Essential Criteria

- 4.1 The organisation has an information management policy in relation to the processing of personal information and a strategy for its implementation, in accordance with the *Data Protection Acts 1988 to 2003*
- 4.2 The organisation has a system enabling service users, families and advocates to obtain access to information, in accordance with the *Freedom of Information Act 1997 as amended*

Quality Improvement Criteria

- 4.3 The organisation has a range of mechanisms to ensure effective communication amongst staff and between the organisation and service users, funding bodies and, where relevant, families
- 4.4 The organisation makes every effort to ensure that information is available to service users in a format that meets their communication requirements
- 4.5 The organisation portrays service users in a positive manner and affords service users the opportunity to participate in the development of promotional information and any material used for public relations purposes
- 4.6 The organisation's website, if one exists, should achieve WCAG (Web Content Accessibility Guidelines) Double-A conformance. All future web design projects should specify these guidelines as the minimum conformance level required

Section 5 Safe Environments

Statement

The structures, systems and practices within the organisation are designed and provided in a manner that ensures the safety of all stakeholders

Safety is being and feeling free from harm, danger, or hazards and not being or feeling subjected to unnecessary or avoidable risk in any area of life. This includes freedom from all forms of abuse and neglect.

Safety is often presented in black and white rules. But risk assessment must be followed by risk management so that people can live the lives of their choice. The challenge in person centred services is to develop policies and procedures that minimise risks and maximise choices for people.

This section concerns itself with the protection and promotion of the rights of service users and staff to good health and safety. The section aims to ensure that the service environment is accessible, safe and appropriate to meet the needs of service users and staff.

The criteria require that service providers adhere to the necessary legislative requirements.

Service providers are also encouraged to ensure that all staff and service users receive ongoing awareness raising and training in safety promotion.

Essential Criteria

- 5.1 The organisation ensures that it complies with the requirements of the *Safety, Health and Welfare at Work Act, 1989 and the subsequent General Application Regulations 1993, as amended and with any other Health and Safety requirements*
- 5.2 All buildings comply with the minimum design criteria detailed in relevant Building Regulations, and in particular the *Technical Guidance Document M – Access and Facilities for Disabled People (2000)*, and are accessible to service users
- 5.3 The organisation has adequate emergency plans and carries out fire drills and emergency procedures
- 5.4 The organisation ensures that an appropriate number of staff are adequately trained in first aid techniques and sufficient first aid materials and equipment are provided
- 5.5 The organisation deals effectively with the management and investigation of allegations of abuse, including preventative strategies
- 5.6 The organisation has an appropriate policy in relation to medication management and administration and a strategy for its implementation
- 5.7 The organisation has in place a system of risk assessment and risk management to adequately identify and respond to risks
- 5.8 Service users and staff participate in a comprehensive safety promotion programme based on relevant health and safety statutory requirements and designed to promote safety and well-being

Quality Improvement Criteria

- 5.9 The organisation responds promptly to situations where service users are absent from the service without explanation
- 5.10 The organisation has guidelines outlining the safe delivery of intimate care to service users
- 5.11 The organisation has guidelines on behavioural support, responding to behaviours that challenge and a strategy for implementation to ensure that the safety and rights of service users and staff are respected and protected
- 5.12 All equipment is purchased to the appropriate standard and maintained and operated in line with manufacturer's instructions and good practice
- 5.13 The overall image and physical conditions of the facilities used to deliver services are of good quality and appropriate to individual service users' needs

**Service-specific Criteria for:
Rehabilitative Training Services**

Service-specific Criteria for Rehabilitative Training Services

Essential Criteria

1. The training organisation has a comprehensive system for providing trainees with information, processing applications and for the induction of trainees regarding rehabilitative training programmes
2. The training organisation has an effective system for the design, development, delivery, review and assessment of its training programmes
3. You have an Individual Training Plan (ITP) that identifies the training objectives that reflect your training needs
4. The training organisation,
 - a. complies with the maximum trainee-trainer ratio of 10:1, which applies to Rehabilitative Training programmes funded by the Department of Health and Children, and,
 - b. pays each trainee the national rehabilitative training attendance allowance
5. The training organisation ensures that the training programmes offered to trainees are externally validated and offer participants the opportunity to achieve a recognised award

Quality Improvement Criteria

6. The organisation,
 - a. undertakes regular training evaluations to ensure that the training process continues to meet your training needs and expected outcomes as identified in your ITP, and,
 - b. your ITP is amended, if required, to meet ongoing training needs identified in the training evaluation process

Service-specific Criteria for: Residential Services

Service-specific Criteria for Residential Services

Please note that the development of specific criteria for residential services for children with disabilities are under ongoing consideration by the Department of Health and Children

Essential Criteria

1. The organisation has a clear and transparent process in relation to any contributions requested from your statutory entitlements, where applicable
2. You are entitled
 - (a) to have your general health checked on an annual basis, and,
 - (b) where a specific health need is identified, to be referred for further attention by the organisation
3. You are not obliged to attend day services, programmes, activities or training when you are unwell or if you indicate you do not wish to attend such activities, subject to the reasonable operational requirements of the service
4. Your right to vote at elections/referenda in Ireland is respected and supported by the residential service provider

Quality Improvement Criteria

5. You are provided with relevant information about the residential service on offer and you are satisfied that this service on offer will meet your needs as outlined in your person centred plan
6. Your privacy is respected and protected and personal belongings are not used as communal property or lent to other service users without your permission
7. The organisation facilitates contact with your family members and friends, if you so wish
8. The organisation encourages service users to participate in the life of the local and wider community
9. Your meals are varied and nutritious and meet your dietary requirements
10. The organisation has a policy on intimate relationships and a strategy for implementation
11. You have access to the common facilities of the service. In instances where this is not possible, the reasons for the restricted access are explained to you
12. The house/residence you live in is adequately lit, heated and ventilated, has suitable facilities for laundry and cooking, has adequate private space and is furnished and decorated to a standard which creates a pleasant ambience

**Service-specific Criteria for:
Sheltered Occupational Services**

Service Specific Criteria for Sheltered Occupational Services

Please note that these services are currently under consideration by the Department of Health and Children and are subject to Departmental approval

Essential Criteria

1. The Sheltered Occupational Service (S.O.S) has a comprehensive system for processing applications and for the induction of service users
2. You are involved, with the service provider, in the development of a Person Centred Plan (PCP) which identifies and provides meaningful occupational activities and support services appropriate to your needs, abilities and preferences
3. You will receive,
 - (a) a written contract of service in a format approved by the Department of Health and Children, and,
 - (b) an SOS daily attendance allowance at a rate specified by the Department of Health and Children

Quality Improvement Criteria

4. The organisation,
 - (a) undertakes regular evaluations, to ensure that the service continues to meet your needs and expected progression, as identified in your PCP, and,
 - (b) your PCP is amended, if required, to meet ongoing needs identified in the evaluation process
5. Where you show a capacity for and interest in progressing from the S.O.S., the service provider will advise, guide and assist you in accessing relevant progression options

