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<td><strong>Author:</strong></td>
<td>Richard Vines, Gavan McCarthy, Chris Kirk and Michael Jones.</td>
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<tr>
<td><strong>Abstract:</strong></td>
<td>This is the second report prepared for the Office of the Community Sector’s Better Integrated Standards and Quality Assurance Systems (BISQAS) initiative. The core challenge relates to the harmonisation of three divergent quality standards (Family Services and Out of Home Care, Disabilities and Housing) using archival informatics encompassed within the Australian expression of the Encoded Archival Context standard. The objective is to simplify the three standards into one evidence collation scaffold. The report outlines how information and communication technologies can be used by divergent stakeholders to achieve the twin objectives of reducing burden and enhancing knowledge capacity. The approach has application in the harmonisation of standards across multiple levels of jurisdiction including state and commonwealth Governments.</td>
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REDUCING THE BURDEN
INCREASING THE IMPACT

Enabling the growth of quality-knowledge within the Victorian Community Sector

FINAL REPORT PREPARED FOR
THE OFFICE FOR THE COMMUNITY SECTOR
SECOND BETTER INTEGRATED STANDARDS
AND QUALITY ASSURANCE SYSTEMS

BISQAS-2 PROJECT REPORT
JUNE 2010
This report has been commissioned by the Office for the Community Sector, Department of Planning and Community Development. The views and recommendations in the report are yet to be considered.

The Office was established to lead the implementation of the Victorian Government’s Strengthening Community Organisations Action Plan, April 2008. This report was commissioned to progress one of the themes in this action plan; Reducing the regulatory burden and streamlining interaction with government. The findings and recommendations in this report will inform the work of the Office for the Community Sector as it continues to implement the actions in the Action Plan.

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We are interested to hear from and work with groups that have commitments to regulatory reforms and public knowledge as outlined in this report.
OVERVIEW, SUMMARY AND RECOMMENDATIONS

Key findings

This report provides a summary of the second Better Integrated Standards and Quality Assurance Systems (BISQAS) project – commissioned by the Office for the Community Sector (OCS) in April 2010. Two previous reports including the first BISQAS project report (Vines et. al. 2009) and the Deloitte report: Reducing the Burden: Standards and Quality Requirements for Department of Human Services (DHS) -funded Organizations (2009) have both indicated that to reduce the levels of reported burden, quality standards in general need to be simplified. The key challenge addressed in this report is ‘how to reduce the burden and complexity of three quality standards used within the Family Services and Out of Home Care (hereafter FS-OHC), Disabilities and Housing sectors’.

We have concluded from our investigations that the cross-mapping of the above three quality standards against the combined use of one generic practice-standard and one management standard can provide a pathway for the creation of one integrated quality standard across the three sectors. We spent considerable effort in developing the criteria for selecting these two generic standards. The pros and cons of our recommended approach are discussed in detail in this report. We ultimately chose the National Standards of Practice for Case Management (hereafter NSOPCM) published by the Case Management Society of Australia and the Family Relationship Services program Standard (hereafter FRSP) published by the Commonwealth Department of Families, Housing and Community Services and Indigenous Affairs.

Our methodology for harmonizing the variant nature of the three standards is outlined as follows.

![Figure 1: The standards harmonization methodology at a glance](image)
Using this approach to harmonisation, we think burden reduction can be achieved by ensuring the design of the information architecture of a new integrated standard achieves the following key objectives.

- Simplification of evidence specifications
- Simplification of the structure by which evidence can be attached to the specifications
- Simplification of the preparations for audit (internal and external)
- Simplification of the auditing process itself

As with the BISQAS-1 project, we suggest that this approach to burden reduction can provide two additional benefits that may not be immediately apparent. These include the capacity to increase the impact of service-interventions and enabling the growth of quality-knowledge across the three sectors. Such benefits we think can be accrued as a result of the rippling effect of establishing a common overarching practice framework across the three sectors and in principle, other sectors as well. This is likely to lead to:

- Opportunities to streamline cross-program service coordination for citizens including children and youth.
- Increased opportunity to introduce innovative practices for monitoring practice interventions and impacts on citizens, including children and their families.
- Greater capacity to support complex families. We suggest this can be achieved by better inter-relating practice frameworks associated with family relationship services (delivered via the Commonwealth's FRSP) and other support programs, especially the Victorian family services program that aims to support earlier intervention objectives.
- Greater flexibility in the adaptation of service design in response to emergent patterns in principle at local, regional and state levels.
- Strengthened systematic focus on impacts, through enhanced knowledge and evaluation practices.
- Greater collaborative relationships between the various stakeholders involved in continuous improvement agendas across all service systems.
- A framework to build resilient knowledge systems, including those that pertain to public knowledge designed to support citizen centric outcomes.

**Recommendation 1:**

We recommend that, the evidence specification frameworks outlined in the National Standards of Practice for Case Management (NSOPCM) and the Family Relationship Services program (FRSP) standard provide a preliminary foundation for the creation of a simpler integrated quality standard across the FS-OHC, Disabilities and Housing sectors.

**Recommendation 1.1**

We recommend OCS and DHS make representations to appropriate personnel in the Commonwealth Government to seek formal approval for the use of the FRSP standard as a preliminary basis for development of an integrated standard across the three sectors.
Recommendation 1.2

We recommend OCS and DHS make representations to the Case Management Society of Australia to seek formal agreement for the use of their voluntary standard as a preliminary basis for integrating their national case management standard into an integrated standard of practice across the three sectors.

Pathway for the development of an integrated quality standard

In this project we have used cross-mapping techniques to undertake extensive textual analysis across the three standards. Our preliminary analysis of the standards strengthens our claim that the NSOPCM and FRPS standard are simpler. This evidenced by the fact that the number of entities entered to develop the project dataset was significantly less in comparison to the three standards in question (11.7% and 3.4% of total dataset respectively).

Table 1: The % of entities making up each standard within the project dataset

<table>
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<tr>
<th>STANDARD</th>
<th>Entities</th>
<th>% of total</th>
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<tr>
<td>Family Services / OHC entities</td>
<td>785</td>
<td>37.3%</td>
</tr>
<tr>
<td>Disabilities entities</td>
<td>565</td>
<td>26.9%</td>
</tr>
<tr>
<td>Housing Entities</td>
<td>435</td>
<td>20.7%</td>
</tr>
<tr>
<td>Case Management Standard entities</td>
<td>245</td>
<td>11.7%</td>
</tr>
<tr>
<td>Family Relationship Services Program Standard</td>
<td>72</td>
<td>3.4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2102</strong></td>
<td><strong>100%</strong></td>
</tr>
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The extensive analysis of the project dataset has led us to think that the ongoing harmonisation activities should be focused on four distinct initiatives.

**Initiative 1:** Leverage the positive features of the FRSP standard
**Initiative 2:** Co-create integrated practice standard
**Initiative 3:** Develop standard modules to address ‘outliers’
**Initiative 4:** Develop exception criteria

It is appropriate to provide some detail of these initiatives in our overview and summary, as these will form the basis of any future project for harmonising the three standards, assuming our methodology for harmonisation is accepted.

**Initiative 1. Leverage the relevant features of the FRSP standard**

We have used the term ‘relevant’ here because we have taken into account the DHS Executive’s decision, to rely on the corporate standards of the audit bodies (the auditors) to assess compliance of CSOs corporate administration activities. Thus we have not referenced the following FRSP standards in our overview summary, although we have reported on these standards in the body of this report.

- **Standard 1:** Values and ethical framework
- **Standard 2:** Governance
- **Standard 3:** Planning
- **Standard 15:** Assessing performance

The most important areas where we think the FRSP standard can contribute to increased simplicity of evidence specifications is in relation to the following standards.
Standard 5: Entry of practitioners
Standard 6: Supervision of practitioners
Standard 7: Training and development
Standard 8: Staff appraisal
Standard 9: Safety of staff
Standard 10: Accessibility of services
Standard 11: Managing client feedback and complaints
Standard 12: Client confidentiality and privacy
Standard 13: Client safety

We suggest that customisation of generic and specific evidence specifications for each sector are included under each standard. The documentation process should be designed to support the twin objectives of clarity and simplicity. Significant consultation is recommended first with the Department of Human Services and second with representatives of the three sectors. There will also need to be detailed attention given to standard 10 to ensure that the requirement for culturally competent services is adequately represented in the standards. This should extend to considerations as to how to include the Aboriginal Cultural Competence Framework (Department of Human Services, 2008c) in any integrated standard.

Initiative 2. Co-creation of an integrated practice standard

We think there is a need to tread very sensitively with respect to the creation of an integrated practice standard. Our textual analysis has highlighted significant variations with respect to the social languages used across the three sectors, even to the extent that the phrase ‘case management’ itself is a contested phrase to use when discussing service intervention models.

Nonetheless, our analysis indicates there is potential to co-create the development of an integrated practice model relevant to the three sectors. We use the term ‘co-create’ to emphasise that this task requires involvement of multiple stakeholders within an effective governance and project framework. We recommend that this include consultation with the Case Management Society of Australia (hereafter CMSA) the publishers of the NSOPCM document.

We suggest that significant work is required to integrate the evidence specifications associated with FRSP standards 4 (Management of Data) and 14 (Service Design) as well as the five guiding principles, the four standards of practice and the list of ethical principles contained within the NSOPCM.

Initiative 3. Development of modules to address ‘outliers’.

We have defined an outlier as any component of the three standards that do not have relationships with any components of the NSOPCM or the FRSP standards after cross mapping from these standards has been completed. We found four hundred and seventy five (475) examples of these. However upon closer analysis of these we further found that nearly four hundred (397 exactly) could probably be dealt with through Initiatives 1 and 2 above. As a result, we suggest there are roughly seventy six (76) remaining standard components that do not logically fit under the umbrella of either the FRSP or the NSOPCM standard. We have clustered these under the following headings:
(i) Standard components that are specific to the Out-of-home care sector
- Infection control (which relates to housing)
- Suitability of carer’s home
- Property maintenance
- Health needs
- Life books
- Dressing of young people

(ii) Standard components that specifically relate to the Aboriginal child
placement principle and cultural support planning

(iii) Standard components that specifically relate to the Performance
standards for Registered Agencies (RAPS)

(iv) Standard components that relate to the broad task of records
management practices, including client and organisational records

Of the seventy six (76) outliers referred to above we think that approximately
fourty two (42) of these relate to the domain of records management.

Throughout the BISQAS-1 project report, we have emphasised the
fundamental importance of records management as an integral part of
providing authoritative evidence in relation to standard compliance
obligations. We are also aware that the Public Records Office of Victoria
(PROV) is in the process of developing a records management standard which
will become mandatory for CSOs that deliver government funded programs
anywhere in the State of Victoria.

We therefore suggest that any integrated standard across the FS-OHC,
Disabilities and Housing sectors needs to include a module that re-enforces
the requirements of the Public Records Office of Victoria (PROV) initiative.
However, we think that with any introduction of an integrated standard this
will require the implementation of support programs to assist with this
complex and demanding domain of professional practice.

Through the project, we also observed there were some standard component
headings that existed within the three standards that were not adequately
referenced in the FRSP standard. For example, one included ‘working with the
community’ which appears as a section title (i.e. Section 5) with in the
Homelessness Assistance Services Standard (HASS). Thus we wanted to
assess the extent to which this cross-mapped to the NSOPCM and the FRSP
standard. We subsequently found weak connections, but stronger connections
between the HASS standard and the FS-OHC and Disabilities standards. Thus
we conclude and recommend that this standard component within HASS
warrants the development of a separate module as part of an integrated
standard.

**Initiative 4. Development of modules to address ‘outliers’**

In parallel to initiatives 1-3, specific attention is required for the development
criteria that identify types of organizations that do not need to comply with
quality standards.

**Recommendation 2:**

We recommend the implementation of four discrete initiatives as part of
implementing a pathway for the co-creation of integrated quality
standards across the three sectors.
Recommendation 2.1

We recommend that specific attention needs to be given to two specific and identified ‘outliners’. These include ‘working with the community’ and the challenge of ‘records management’. We further recommend that, as a separate initiative, the community sector requires hands on guidance and support to adopt effective evidence collation processes and systems. There is also a need to determine how best to ensure the introduction of innovative approaches to impact monitoring. For example the systematic collation of stories and feedback anecdotes might have merit, but there is a need to reconcile these approaches with PROV requirements with respect to records keeping and records management.

Towards an integrated quality standard

We have outlined in diagrammatic form the framework associated with the proposed integrated standard (Figure 2). The features of this framework discussed in this report include:

- Documentation of the guiding principles associated with the overall approach
- Suggested draft modules that might form part of an integrated standard
- Evidence specifications which would provide requirements associated with compliance and where necessary sector specific guidelines and explanations
- An audit framework to allow for efficient self assessment and external auditing

Figure 2: Proposed framework associated with the integrated standard
We suggest there are a wide range of benefits with this proposed approach. The overarching benefit is that the modules are re-usable and thus there are likely to be considerable costs to be saved going forward as compared to the current situation. Currently, costs of quality systems are all expended in each sector and there is little provision to share costs across sectors. Our approach overcomes these inefficiencies of approach. But, beyond this, we suggest that:

- The cost of CSO compliance would be kept to a minimum
- There is potential to facilitate creative dialogue between practitioners from a wide range of sectors beyond the FS-OHC, disabilities and housing sectors
- There is significant potential to streamline ICT innovations and investments, into the community and related health sectors. This is likely to be important in relation to the introduction of a new records management standard by the PROV.

The role of quality standards as an instrument of regulation

In order to provide a methodology for the development of an integrated standard, we first felt it necessary to summarise what functions quality standards fulfil and how they do this. We suggest that quality standards need to be understood as schemas. We define a schema as the semantic and organisational structure of a cognitive process. Thus, we highlight that in integrating variant schemas, it is not just the standards themselves that require harmonisation. Strategies need to be inclusive of cognitive processes at a range of different levels. Such levels include practitioner, team, organisational as well as higher levels that involve the publishing of standards themselves. Thus quality standards published as information schemas provide a means of establishing normative work-practices relevant to any given domain of work and the various levels with which these work-practices apply. We claim this is a key objective of using quality standards as an instrument of regulation.

Our project brief required us to look at the identification of linkages and potential overlap of quality standards and other Victorian instruments of regulation and with other jurisdictions.

In responding to this part of the project brief, we have highlighted the important role that the promulgation of quality standards, including associated auditing functions, play in industry planning and sector development initiatives. We have provided examples of these in relation to the Disabilities and FS-OHC sectors in the body of this report.

After significant consideration, we have concluded that the publishing of quality standards plays a subtle, but important role in the creation and maintenance of what we have called ‘public knowledge’. In this sense, we claim quality standards need to be understood as public knowledge assets. However, we further suggest that such standards should not be reified. They need to be understood as negotiated and contested public knowledge. Because of this ‘public function’ that quality standards play, we claim there is a need to publish these within the framework of a ‘public knowledge space’. Within the context of this report, we regard a public knowledge space as a space that publishes material relevant to four specific instruments of regulation. These include:
The referencing of Acts of Parliaments within the standards.

The referencing of other types of published resources such as practice guidelines and the like that form part of the basis of legislative intent.

The ability of citizen and industry stakeholders to understand the role and the function of the various corporate bodies involved in the conception, implementation and administration of quality standards publishing and associated regulatory functions, including the changes to these functions over time.

The continued evolution through time of the evidence-base that forms the basis of quality standard specifications designed to support the best interests of citizens.

Importantly, a public knowledge space is designed to support the engagement of multiple and possibly competing stakeholders who have an active interest in the dual objectives of supporting the well being of citizens and the creation and distribution of public knowledge assets. We think that continued and modest interventions in this domain could do much to strengthen the quality and the resilience of the knowledge capacity of the Victorian community sector in very substantial ways in the years ahead. This will be especially the case with the impending retirement of the baby-boomer workforce. Thus, in Attachment 7 of this report, we provide a summary of what might be possible if a wider approach were to be adopted in these demanding areas of public administration.

**Recommendation 3:**

We recommend that the Victorian Government support the gradual development of a ‘public knowledge space’ web-site relevant to the needs of the FS-OHC, Disabilities and Housing sectors within the state of Victoria.

**Technology diffusion to enable on-going analysis**

The final part of our project brief required us to look at methods of application to enable further analysis of an extended range of service quality standards in other services.

The considerable textual analysis undertaken in this project has been reliant upon two types of innovation capacity. The first has been the continued use of the Australian expression of the Encoded Archival Context (EAC) Standard as a basis for analysing the various standard components documented in Attachments 3 and 4. The rationale for using the EAC framework has previously been discussed in the BISQAS-1 project report (Vines et. al. 2009). The analysis of all standard documents using this EAC framework has provided the basis for data entry. We explain the different approaches between the BISQAS-1 project and this project in the body of the report. The second innovation capacity has been the export of our EAC compliant data for use within a software program to create the hundreds of visualisations included in this report. These visualisations provide an effective way for stakeholders to understand complex matters associated with the compatibility / incompatibility of the social languages used across the three sectors.

It should be noted that we have considered an approach to technology innovation within the context of our emergent understandings of the four instruments of regulation outlined above. Some might regard the emphasis placed on the use of the EAC standard as un-necessary. However, we regard, for
example, the ability to track the continued evolution of an evidence base to support the continued adaptation of regulatory interventions through time as an essential characteristic of any open and knowledge orientated society. The Australian expression of the EAC framework as advocated by the National Library itself is designed to serve this type of objective. At the present time, as we have previously emphasised, there are very weak links between the various instruments of regulation outlined above and the publishing of quality standards within the State of Victoria, and for the Commonwealth Government as well.

In going forward in order to more effectively apply our analytical framework to support harmonisation objectives, there are a number of learnings that need to be amplified.

- This project has confirmed the importance of drawing upon the systematic use of human interpretative intelligence to resolve semantic differences. No amount of automation can resolve problems of semantics (Vines and Firestone, 2008).
- The EAC framework should be retained because it is fundamental to the ability, for example, to publish the changes to standards through time, including changes to the evidence-base that form the basis of standard specifications in the first place.
- There is a need to develop tools to assist with supporting more efficient data-entry and relationship mapping. These features are fundamental to the EAC framework. Current approaches to data entry and relationship mapping are excessively manual.
- There are also tools required to better facilitate efficient visualisations of identified relationships. This particular aspect of innovation is especially problematic, because it could require significant changes to the overall software platforms currently being used to support the rendering of visualisations.

We believe these aspects of intellectual property developed by the eSRC and its networks over a long period of time are of significant public importance. They also go to the heart of the ability to work systematically towards the vision of the BISQAS initiative as outlined in the first BISQAS report (ibid, 2009).

**Recommendation 4:**

We recommend the implementation of a roundtable, including representatives of the National Library, to develop an agreed and authoritative approach to technology development and diffusion. The specific agenda would relate to both the large vision outlined in BISQAS-1 report as well as the pragmatic learnings arising from this project as outlined above.
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1 PROJECT BRIEF

1.1 Terms of reference

1.1.1 Background to current project

We have quoted the Office for the Community Sector’s (OCS) background description as to the nature of the problem addressed in this project report. (Office for the Community Sector, 2010).

‘Government departments (both State and Commonwealth) contract NFP community organisations to deliver a range of services. In order to ensure the quality of these services, quality standards have been developed by the relevant State and Commonwealth departments. These standards normally encompass both the corporate structure that underpins effective organisations and service specific requirements.

In addition to the range of service quality standards, over recent years, both the Commonwealth and State Government have introduced quality improvement and quality assurance/accreditation processes to support and improve service delivery. Generally, these have evolved independently, resulting in limited mutual recognition, duplication in requirements and inconsistent timing for reviews.

Compliance requirements vary from recommended practice guidelines to regulations and independent third party performance audits linked to registration and funding. Failure to meet standards can result in loss of registration and the related funding.

Current arrangements for standards, quality assurance and accreditation processes are developed with the intent of:

- Defining minimum service levels;
- Defining organisational frameworks that support the provision of quality services;
- Promoting service consistency;
- Providing guidance about best practice approaches to support services to achieve the organisational goals of an NFP community organisation;
- Enabling the NFP community organisation, Government department and quality improvement providers to monitor and review performance in a manner that informs the improvement of service delivery; and
- Managing risk.

This range of standards, quality improvement and accreditation processes can mean that an organisation delivering a number of differently funded programs must adhere to a variety of processes that often cover a number of similar requirements (eg. governance, HR management & development, privacy etc.), but have different reporting cycles, processes, and specific requirements. The compliance burden associated with this can be significant. In addition, the cost and time required to adhere to a variety of standards could reduce the time and therefore funds available for delivering client services.
The State Services Authority (SSA) Review found that NFP community organisations strongly support the principles of regulation and the monitoring and enforcement of service quality standards to protect vulnerable clients. However, the review also found that NFP community organisations consistently argued that current processes for setting service quality standards are incremental and uncoordinated, with new requirements continually being added to existing requirements, rather than being integrated and coordinated.

Standards are often developed in isolation and without due regard to other requirements or standards. While the potential exists for different service quality standards to become better aligned, there is also potential for finding ways to integrate new requirements into the existing system, rather than continuously adding new layers, and to better manage information required to demonstrate service quality standards have been met.

The report of the 2009 Better Integrated Standards and Quality Assurance Systems Project, undertaken by the University of Melbourne for the OCS, indicated a significant overlap of service quality standards and a corresponding increase of compliance burden for organisations delivering multiple (types) services. The report also indicated the potential for reduction in the number of standards and corresponding burden’.

1.1.2 Office for the Community Sector specifications

In Table 2 below we have summarized the OCS specifications and how we have reported on these within this project report. This project report provides only one form of evidence in relation to compliance against the project brief. The eSRC has also prepared a comprehensive website which forms part of the evidence of compliance against the project deliverables.

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<th>Evidence of compliance / Section of project report</th>
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<tbody>
<tr>
<td>The high level registration of the service quality standards for the nominated (three to five) services;</td>
<td>Methodology for registering quality standards is outlined in Attachments 3 and 4.</td>
</tr>
<tr>
<td>Identification of linkages and potential overlap of these service quality standards with other Victorian instruments of regulation and with other jurisdictions;</td>
<td>Refer to - Section 7: “Related Instruments of Regulation”</td>
</tr>
<tr>
<td>Publication of the selected standards to a sufficient level of depth, using industry standard names that allow for cross mapping;</td>
<td>Refer to: - Section 3.2 “Visualization of the three standards” - HTML web outputs</td>
</tr>
</tbody>
</table>
**Table 2: OCS requirements and the location of eSRC responses**

<table>
<thead>
<tr>
<th>OCS Requirement</th>
<th>Evidence of compliance / Section of project report</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A detailed cross mapping of the selected standards in a format that enables further analysis; and</td>
<td>Refer to: - Visualisations contained throughout the project report and in Attachment 6 - PDF visualization files that relate to this project.</td>
</tr>
<tr>
<td>- Analysis of the cross mapping of the selected standards including:</td>
<td>Refer to: - Sections 4, 5 and 6 of final report - Visualisations contained throughout the project report and in Attachment 6</td>
</tr>
<tr>
<td>- identification of where there is a significant degree of commonality and potential conflict; and</td>
<td></td>
</tr>
<tr>
<td>- representation of this cross mapping in an appropriate easy to access format.</td>
<td></td>
</tr>
<tr>
<td>- Based upon the findings/outcomes and analysis of the above, practical solutions and recommendations that will enable government to:</td>
<td>Refer to: - Sections 4.1-4.4, 4.4 and 5.1-5.3 - Sections 4.3 - 4.4 and 5.3 - Key findings summarized throughout the report.</td>
</tr>
<tr>
<td>- reduce the burden of multiple reporting requirements to meet service quality standards currently incurred by NFP community organisations;</td>
<td></td>
</tr>
<tr>
<td>- remove duplicated quality standards and associated reporting elements, while maintaining quality improvement and quality assurance/accreditation processes that support and improve service delivery;</td>
<td></td>
</tr>
<tr>
<td>- utilise effective option/s for management of elements and information relating to these service quality standards; and</td>
<td></td>
</tr>
<tr>
<td>- Methods of application to enable further analysis of an extended range of service quality standards in other services.</td>
<td>Refer to: - Section 9</td>
</tr>
</tbody>
</table>

**1.2 eSRC’s interpretation of the project brief**

In preparing the response to the OCS’s project brief the eSRC took into account the methodology and findings associated with the first BISQAS project (Vines et al., 2009). Some of the important findings of this project are summarized as follows.
1.2.1 Findings arising from BISQAS-1

In the period April – June 2009, the eSRC undertook the first BISQAS project (hereafter referred to as the BISQAS-1 project). One of the original objectives of this project related to the Office for the Community Sector’s agenda associated with reducing burden and red-tape. Research was undertaken to inquire as to whether it was possible to re-use evidence that provided compliance against one particular quality standard as evidence of compliance against other standards. The particular focus for the research related to the combined use of information and communication technologies (ICT) and the informatics architecture embedded within the Australian expression of the Encoded Archival Context (EAC) standard as described in the BISQAS-1 report (ibid 2009; Australian National Library, 2008; McCarthy and Evans, 2008).

The five different quality standards selected for cross mapping were the:

- Family Services and Out-of-Home-Care Standard (FS-OHC) which is a Victorian Government quality standard.
- Disabilities Standard encompassed within the documents associated with the industry standard and life areas guide and related ‘evidence indicators’ (hereafter disabilities). The Disabilities standard has primarily been a Victorian Government quality standard.
- Family Relationship Services Program Standard (hereafter FRSP) which is a Commonwealth Government quality standard administered jointly by the Attorney General’s Department and the Department of Families, Housing and Community Services and Indigenous Affairs – FaHCSIA.
- Housing Assistance Services Standard (hereafter HASS) which is a standard relevant to both the Victorian and Commonwealth Governments.
- Home and Community Care Standard (hereafter HACC) which is also a standard relevant to both the Victorian and Commonwealth Governments.

To suite the objectives of the project, a three tiered quality standards publishing schema was imposed onto each of the five standards (see Figure 3).

<table>
<thead>
<tr>
<th>Tier</th>
<th>Name ascribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Standard</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Standard section</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Standard sub-section</td>
</tr>
</tbody>
</table>

Figure 3. A three tiered schema for cross mapping standard sub-sections (Vines et al., 2009)

By cross-mapping standard sub-sections identified as having some sort of semantic equivalence across the five different quality standards a picture of the actual complexity and fragmentation emerged. A visualization of this complexity is outlined in Figure 4 below. [Not all relationships between standard sub-sections identified as having some sort of semantic equivalence have been included in Figure 4, and thus this represents only a partial picture of the complexity].
The primary findings of the BISQAS-1 project were influenced by the significant levels of fragmentation and complexity as visible in Figure 4. Thus, the un-coordinated application of variant quality standards used to regulate different sectors within the Victorian community sector is resulting in excessive levels of burden. Reduction of burden thus requires that the quality standards be simplified. This objective has become central to eSRC’s interpretation of OCS’s BISQAS-2 project brief, whilst other findings of the BISQAS-1 project have been put on hold for the moment.

Figure 4. Cross mappings of standard sub-sections regarded as having some semantic equivalence across different quality standards.

1.2.2 The story line of three quality-standards

BISQAS-1 has provided a foundation and a vision for how the combined use of ICT and EAC informatics has the potential to transform the efficiency of the evidence collation process with respect to quality self assessment and external auditing systems. In contrast, the BISQAS-2 project brief is directed more towards what the Victorian Government can do to reduce the complexity and burden of multiple quality standards themselves.

In submitting our response to the BISQAS-2 project brief, we proposed a comprehensive range of activities to address the terms of reference. The details of these are summarized on Attachment 1. In terms of project outputs, we have indicated our intent has been to support the Victorian government to create a preliminary foundation for establishing one integrated quality standard relevant to three service domains. We recommended the selection of the FS-OHC, the Disabilities standard and the HASS on the basis that the Department of Human Services was considering the integration of management responsibility for these standards into one portfolio within the Department. In making this suggestion, we advocated the need for a harmonization process / methodology that protected as much as possible the integrity of the knowledge base associated with the current
standards and those that contributed to their formation as well as on-going commitments to sector stakeholders.

2 A METHOD FOR HARMONISING STANDARDS

2.1 What are quality-standards and what function do they fulfill?

In recommending a methodology for harmonizing the three standards outlined above we feel it necessary to outline what it is we think quality standards are. Secondly, we wish to discuss in simple terms the functions that quality-standards play.

But before engaging in this discussion, there is a need to digress. We claim that quality standards are best understood as formalized information schemas. Thus, in setting the context for discussing our methodology for harmonizing the three standards in question, we must first discuss the nature of schemas.

2.1.1 What are schemas?

We define a schema as the semantic and organisational structure of a cognitive process (Vines, Hall and McCarthy, Forthcoming). Thus, schemas can be tacit, implicit and explicit. For example, we experience the tacit nature of schemas when working in cross-cultural contexts that are unfamiliar, where the ability to understand language and to accurately attribute meaning is far from certain. Tacit schemas by their very nature are tacit. They cannot be made explicit and thus cannot be represented within documents or database structures. In contrast, the semantics and structures diffusely embedded within documents, for example, can implicitly encode a schema that is representative of a person's personal knowledge of a particular domain. Such schemas are implicit to the extent that these schemas are not explicitly represented. However, given time, they can be made explicit and this is what distinguishes implicit schemas from tacit schemas.

Increasingly there is importance being placed on publishing schemas in an explicit way. That is unstructured and semi-structured ways of thinking are increasingly being made explicit because there is significant utility associated with the use of the internet and related technological systems to manage content exchanges. This is particularly the case in relation to quality systems, where there are, for example, increasing demands to monitor and evaluate the impacts associated with different types of program / service-orientated interventions. Automated or semi-automated processing by computers can add value and greatly reduce labour requirements – so that data entered and used for one particular set of purposes can be transferred to a different information system and used for another set of purposes – without any need for re-keying of data.

For such benefits to be maximized information systems need to be harmonized by conforming to agreed standards. To reach negotiated agreements about such standards, reviews are undertaken by industry bodies which define, and then describe, the standard in question. These negotiated agreements are published as schemas. Such schemas ‘express shared vocabularies and allow machines to carry out rules made by people’ (Sperberg-McQueen & Thompson, 2007). The advantage of the process just described is that it allows an agreed body to agree upon a schema which is sympathetic to the needs of that industry (or sector) and declares this to be a standard for that industry.
2.1.2 Normative work practices and regulation frameworks

We regard the types of quality standards published by the Victorian Government (i.e. FS-OHC, Disabilities and HASS) as specific types of published schemas. At this stage, these standards pertain to both practice and organisational management norms. We claim it is the normative aspects of quality standards that give rise to the regulatory function of quality standards. Regulatory frameworks that establish normative work practices can be designed to serve three complementary purposes. First, such frameworks have the potential to moderate excessive behaviours that, in extreme cases, can lead to system collapses (such as those experienced in the recent global financial crisis). Second, as we have outlined in the BISQAS-1 report, that they can be implemented in ways which serve the wider objective of mediating and facilitating the growth of knowledge within an integrated knowledge society. And finally, as again was highlighted in the BISQAS-1 report, they can be set up in ways which facilitate partnership between funding bodies and the sectors being regulated.

2.2 Understanding the harmonization challenge

2.2.1 The inter-relationships between schemas and standards

The enforcement of any type of standard as an expected norm can be very problematic. The reason for this is that the real-world application of any standard needs to be understood within the context of a minimum of three different levels of work-practice norms. These levels relate to the individual practitioner, the organisational level and the sector level. The sector level refers to the authority-level at which any quality standards are published. As we have previously highlighted in the BISQAS-1 report, we claim that the web-based publishing and application of quality standards contributes to the fabric and nature of a ‘knowledge society’, also outlined in Figure 5, through the creation of what we have termed a ‘public knowledge space’.

![Figure 5. The different levels of harmonization required for one standard](image)

The reason why the introduction of new standards can be problematic is that they may not align with the tacit, implicit and explicit schemas held at personal, team based and divisional levels within organizations and across organizations.
The potential for disharmony expands significantly with the need to harmonise multiple standards as outlined in Figure 6.

### 2.2.2 Creating a foundation for integrating variant standards

To achieve the objective of constructing an integrated quality standard across the three relevant service domains (FS-OHC, Disabilities, HASS), we have recommended the use of a comprehensive harmonization process. We have summarized our recommended process as follows.

**Step 1: Document analysis and data entry**

In preparation for the cross-mapping process, we recommended the need for a detailed analysis of each of the documents that make up each standard. This became the basis for data entry of the standards in preparation for cross-mapping.

**Step 2: Selection of generic standards**

The mapping process we recommended as part of BISQAS-2 has been quite different from what was undertaken within the BISQAS-1 project. In the BISQAS-1 project, the five selected standards were cross-mapped drawing upon identified ‘emergent concepts’ (Vines et al., 2009). These emergent concepts were identified in the standards themselves. In contrast, with this BISQAS-2 project, we recommended the selection of two existing and authorized standards to which the three quality standards in question could be mapped (see Figure 6 below). A detailed rationale for the selection of these two generic standards is outlined later in this report.

**Step 3: Cross-mapping of heading words**

It was recommended that the eSRC technology platform be used to create relationships between the ‘heading-words’ that appear in the generic standards to identify where these heading-words occur within the three variant standards. Relationships were to be established if there was a degree of semantic equivalence between the heading words and other words that appeared in the standards. For example, the word ‘assessment’ as it relates to ‘staff assessment’ is semantically distinct from ‘client assessment’. Thus when cross-mapping using the term assessment within the context of care planning, a relationship would only be established with the occurrence of ‘client assessment’.

![Figure 6. The cross-mapping process for BISQAS-2](image-url)
Step 4: Creation of visualizations

Through the experiences of the BISQAS-1 project, we have understood the important role that visualisations play in communicating complex information. We recommended the use of visualizations to allow stakeholders to get a quick snapshot of the extent to which significant differences or similarities occurred between ‘heading words’ across the three standards.

Step 5: Analysis of visualisations

We recommended the implementation of detailed analysis to identify areas of divergence and duplication across the three standards.

Step 6: Report writing

We suggested that a detailed written report be prepared at the completion of this project to summarise our overall approach.

It has not been the intention within this BISQAS-2 project to begin to document an integrated quality standard across the three domains. To accomplish this goal, the harmonization process would require further consultation beyond this project with stakeholders from the three sectors (FS-OHC, Disabilities and Housing). This consultation would be designed as a social-learning process and can be understood as a ‘knowledge brokering’ initiative.

2.2.3 The role of knowledge brokering

In principle, the next stage of developing a common standard for the three sectors (FS-OHC, Disabilities, and Housing) would involve a lengthy engagement with sector stakeholders (which is not included in the scope of this project). The high level details of a draft common standard could be prepared using this mapping process undertaken as part of this project. But lengthy and on-going consultations would be required to begin to reversion the draft common-standard. These iterative cycles of review would be based on the continuous testing of the veracity and relevance of different standards and their elements to ensure they assist with the objectives of responding to the emergent patterns within different service systems (FS-OHC, Disabilities and Housing). The eSRC regards this aspect of the harmonization process as a social learning process which involves the delicate task of ‘knowledge brokering’ between different stakeholder groups.\(^1\)

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\(^1\) A ‘behind the scenes’ aspect of this process of harmonisation is described in technical terms as ontology mapping, ontology merging and ontology creation (Vines and Firestone, 2008).
3 PREPARATION FOR CROSS MAPPING

3.1 Document analysis and data entry

A summary list of all the documents that make up the FS-OHC, Disabilities and Housing assistance standards is provided in Attachment 2. We have analysed all these documents in detail. The means of analysing the standards in this project has been quite different compared to BISQAS-1. As mentioned previously, as part of the BISQAS-1 project a three tiered schema was ‘imposed’ on each of the five standards mapped. In contrast, an explicit objective of this project has been to represent the unique structure and semantics of each particular standard. In other words we have attempted to provide a full expression of the implicit schemas embedded within each of the quality standards associated with the three sectors (FS – OHC, disabilities and housing).

Like in the BISQAS-1 project the framework used for analysis involved the application of the Australian expression of the Encoded Archival Context standard (Australian National Library, 2008; McCarthy and Evans, 2008). The rationale and background to this standard has already been summarized in the BISQAS-1 project report (Vines et. al, 2009). A description of the framework used for data entry and types of data entered is provided in Attachments 3 and 4.

The analysis of the documents and standards revealed a number of key findings. First, the Disabilities standard has been conceived quite separately to the FS-OHC and Housing standards. This is because the standard has been explicitly conceived as an outcomes standard. This matter is discussed in more detail later in this report. Second, it was identified that the Homelessness Assistance Services Standard (HASS) was significantly modified in 2005. In 2005, many of the standards that related to ‘corporate management’ were removed from the HASS standard and were subsequently published within the Victorian Government Gazette (2005) as the Performance Standards for Registered Agencies or the Registered Agencies Performance Standards (RAPS). Because this project has required us to focus on both practice and organisational management standards, we decided to include the RAPS standard within this project. Thus, from here on we refer to standard related to the provision of homeless services as the ‘Housing Standards’. The Housing Standards includes both the HASS and the RAPS standards.

3.2 Visualisations of the three standards

As a result of entering the data using the framework outlined in Attachments 3 and 4, we were able to provide a visualization of the variant schemas associated with the three standards. After entering data using the methodology outlined above, we prepared one visualization for each of the quality standards. Visualisations for the FS-OHC, Disabilities and the housing sectors are provided in Figures 8, 9, and 10 respectively.

Internal cross references made within and between the standard documents have been highlighted in different colours. In the case of the FS-OHC standard, the Client Record Review Tool (Department of Human Services, 2008b) has been included. Thus cross references from the Client Record Review Tool to components within the Evidence Guide (Department of Human Services, 2007a) are presented in different colours. Importantly, the Client Record Review tool references many different parts of the Evidence Guide, but nowhere in the Evidence Guide is reference made to the Client Record Review Tool.
In the same way that a visualisation of the FS-OHC standard has been prepared, Figure 8 provides a similar visualisation of the Disabilities standard. Because this is an outcomes standard this means that across the four different standard documents there are cross-relationships that explicitly specify the different components of the standard. This gives rise to the different coloured lines outlined in Figure 9.

The Housing standard consists of the HASS and the RAPS standards. The implicit schemas embedded within the Housing sector are again fundamentally different to the FS-OHC and the Disabilities standards.
3.3 The pathway for integrating the three quality standards

We have provided a visualisation of the harmonisation challenges in Figure 11 below. When the three schemas are placed alongside each other this gives some practical sense of the complexity of the proposed harmonisation process.

![Image of Figure 11: Cross mapping and the creation of an integrated quality standard]

Figure 11. Cross mapping and the creation of an integrated quality standard

Importantly, our proposed harmonisation methodology needs to be understood as a process involving the creation of a new schema. But to achieve this, we have proposed that cross-maps from two generic standards (one representing a practice standard, the other a management standard) would greatly increase the efficiency of this schema expansion process. Thus we now turn our attention to the criteria we used to select the generic standards.

3.4 Criteria for the selection of generic standards

In the eSRC’s proposal to OCS, we declared our intention was to cross-map the headings contained within two generic standards to identify where and how these work-practices were specified in the three variant standards - if at all.
During this project, we developed several criteria that have been used to select the standards from which mapping would occur. These criteria are listed as follows.

- There needed to be a level of quality and simplicity about the structure and semantics of the selected standards.
- The standards could provide a simple guide for the identification of practical minimum standards.
- The copyright arrangements associated with the standards would allow the content to be sliced and diced in ways that are required in a post-print environment.
- The standards held the potential to provide an effective pathway for translating and promulgating any necessary changes to legislation and legislative intent, whilst at the same time minimising or eliminating burden creep.

We perceive that the application of these criteria is critical to the possibility of creating an integrated quality-standard across FS-OHC, Disabilities and Housing. In other words, the application of these criteria goes to the heart of attending to the dual objectives of achieving effective regulatory interventions, whilst at the same time reducing regulatory burden-creep for CSOs.

In the following two sections, we now discuss the outcomes of the cross-maps from the two generic standards (practice and organisational management standards) to the FS-OHC, Disabilities and Housing standards. We include in this reference as to how the above criteria were used to select the standards. We extend this discussion to present visualisations of cross-maps between the selected practice and organisational management standards and the FS-OHC, Disabilities and Housing standards.

4 CROSS-MAPS FROM THE GENERIC PRACTICE-STANDARD

4.1 Selection of standard

4.1.1 Victorian service-coordination framework

In the first instance, we explored the merit in choosing the Victorian Government’s Department of Health Service Coordination standard (Primary Care Partnerships, August 2009) as a practice standard. We felt that, going forward, across FS-OHC, Disabilities and Housing, if the practice-elements of these standards could be framed around common evidence frameworks, this would provide a number of benefits. These perceived benefits are summarised as follows.

- Service coordination objectives could be enhanced by the application of common frameworks associated with initial contact, initial needs identification, intake, assessment, care planning, and referral mechanisms.
- Integration of quality schemas would likely lead to a coordination and integration of data schemas used across FS-OHC, Disabilities and Housing. If this were to occur, this would further reduce the burden associated with the use of uncoordinated and disparate data and quality schemas.
- Sustainable approaches to records management protocols would be incrementally taken up by the Community sector. For example,
common and innovative approaches to service-system monitoring such as approaches towards capturing client / support user anecdotes and stories could develop across the different sectors.

The merits of such an approach were considered to be great. However, upon closer analysis of the service coordination documents, we found that the structure of the three Primary Care Partnership Service coordination documents were complex. For example, we found the descriptive nature of the documents quite lengthy, which would prevent them being easily transformed into a simple evidence scaffold for use within an information systems environment.

4.1.2 National standards of practice for case management

To explore other alternatives, we turned our attention to the possible use of the National Standards of Practice for Case Management –referred to as NSOPCM in this report (Case Management Society of Australia, 2008). In analysing this standard, we found a number of positive features.

First, we considered all the benefits outlined above in relation to the Victorian service coordination framework would be available through using this standard. Secondly, NSOPCM schema is perceived to be simple and clear. The schema is comprised of:

- Five guiding principles
- Four standards consisting of five elements which provide semantic clarity of the core concepts and their application. These consist of:
  - Name of the standard
  - Description of the standard
  - Rationale
  - Interpretation
  - Guidelines
- A detailed Self Assessment Framework, which describes the practices and the evidence required to demonstrate varying levels of practice. The varying levels of practice are specified as:
  - Below satisfactory: where practice is not acceptable to comply with the National Standards for Case Managers and warrants further investigation of practice development
  - Satisfactory: which identifies a fundamental level of practice desired
  - Good Achievement: where an incremental level of practice above the fundamental level has been achieved which represents a broader level of practice development.
  - Substantive achievement: Where a substantive level of practice has been achieved and where practice is often working at a systemic level.

A visualisation of the structure of the standard is outlined in Figure 12 below.
The NSOPCM standard states that the levels within the self assessment framework are cumulative (ibid, 2008).

The limited number of items at the good and substantive levels is indicative of the expectation that Case Managers must perform a broad and deep level of practice to fulfill the role.

4.2 Evaluation of the NSOPCM

4.2.1 Positive features

We think there are significant benefits contained within the NSOPCM. We discuss these under the following headings.

- Specification of minimum standards of practice
- Linkage of evidence specifications to defined minimum standards
- The NSCM as an existing and negotiated national standard
- Commitments to cross-disciplinary perspectives
- Systematic approach to knowledge application and creation
- Copyright approval
- Potential for workforce and systems capacity development

A) Specification of minimum standards of practice

The self assessment framework contained within the NSOPCM has the potential to be adapted to outline a minimum level of practice – something which is important to the policy position of the Victorian Government and its proposed approach to quality compliance monitoring.

B) Linkage of evidence specifications to defined minimum standards

We think that the way in which the self assessment framework is published allows for the effective linking of the standard specifications to the evidence specifications. We claim that this would allow for simple adaptations of information management systems to collate required evidence in preparation for self assessment or external audit events.

C) NSOPCM as an existing and negotiated standard for practice

The NSOPCM is a national standard negotiated by case management practitioners across Australia. We therefore claim that a move towards the harmonisation of the FS-OHC, Disabilities and Housing standards can be done within a national case management standards framework. This could have significant benefits in terms of ensuring Victoria’s standards align with emergent national standards across the national-community sector. It also has the potential to assist with the harmonisation of standards between the community sector and its service-system connections with the health sector.

D) Commitment to cross-disciplinary perspectives

The CMSA is the peak body responsible for negotiating and publishing the NSOPCM. The focus of this membership organisation is cross-disciplinary and involves representation of the interests of case management practitioners across
a wide range of service domains including (Case Management Society of Australia, 2010):

- Health
- Aged Care
- Disability Services
- Child Welfare / Protection Services
- Corrections
- Rehabilitation
- Workers' Compensation
- Immigration Long Term Care
- Education
- Acute Care
- Community Care
- Employment
- Insurance
- Mental Health
- Drug & alcohol

E) Systemic approach to knowledge application and creation

The NSOPCM contains within it commitments to important knowledge processes. First, the standard indicates that all interventions (called case management actions) are outcomes orientated. The standard also states that periodic monitoring, re-assessment and evaluation of outcomes is to be conducted against expected outcomes and available evidence.

This implies that the standard requires practitioners and their organisations to constantly develop practice within the context of a current and emergent ‘evidence-base’. This includes the participation of organisations and practitioners in research activities to continuously improve practise. The standard is also sufficiently open to allow for the piloting of innovative approaches to monitoring and impact analysis, such as the systematic capture of client / support user’s anecdotes via the use, for example, of mobile devices.

F) Copyright approval

The eSRC approached the CMSA to seek approval for the use of the standard within an electronic environment. The response was positive and the Society saw this project as an opportunity to expand the interests and influence of their organisation. Their only condition of engagement was that a copy of the final report be provided to the Society.

G) Potential for workforce and systems capacity development

The CMSA is aiming to strengthen the status of case management as a professional domain in its own right. For example, it has been recently studying ways to introduce formal accreditation systems. One aspect of the society’s focus is to strengthen the way case management as a domain can support integrated care and holistic solutions, including solutions conceived and executed within a family systems framework. Strengthening reflective practice activities through of a systematic approach to supervision is regarded as an important imperative for CMSA members. The society is also preparing to offer programs and support on other relevant themes such as the law and ethics for case managers.

4.2.2 Potential constraints

A) Potentially divergent and incommensurable social languages

The NSOPCM explicitly makes reference to service delivery using a certain type of social language. Throughout the project period, it has not been clear
whether this potential divergence in social languages within the three sectors represents unresolvable differences in perspectives as to the nature of service support across the three sectors. Thus, we aimed to explore this potential constraint in our cross mapping.

B) Level of focus for case management accountability

Throughout the NSOPCM, there is a strong emphasis on the individual accountability of case managers. This is to be expected, in that functions of case management must be enacted by case managers themselves. However, a potential and perceived constraint associated with the potential adoption of the NSOPCM as part of an integrated quality standard across FS-OHC, Disabilities and Housing is that this might by default place an in-appropriate level of focus for accountability on the case manager him or herself. Thus, there would likely be a requirement to contextualise the service-practice function within an organisational systems framework.

4.3 Cross-maps and key findings using the NSOPCM

4.3.1 Case management as a named practice

A) Functional description of case management

The CMSA has provided a functional description of case management, within a community care context (Case Management Society of Australia, May 2006).

*Case Management provides a framework to coordinate and provide health and social services for people with complex care needs. Case Managers provide a single point of contact for clients who require a complex range of services and/or require intensive levels of support on either an ongoing, short term or episodic basis. Case management services focus on maximising the individual’s capacity for independent living in the environment of their choice and serve to inform service system developments that better meet client needs.*

This functional description highlights that in principle, the intent of case management as it is understood by the CMSA has application across FS-OHC, Disabilities and Housing. All users who engage with these three service systems require coordinated services (including health and social services) in order to access ‘levels of support either on an on-going, short-term or episodic basis’.

B) Usage of the phrase ‘case management’

Despite this, as part of this project, we felt it necessary to be cognisant of very basic assumptions that could be imposed in any rushed move towards integrating the quality standards across FS-OHC, Disabilities, and Housing. Thus, we thought it necessary to assess whether the term ‘case management’ is a phrase that is widely used or an accepted part of the social languages across the three sectors. A first step in this process has been to undertake some limited textual analysis within the quality standards documents themselves. Figure 13 summarises a visualisation where the term ‘case management’ appears within the three different standards. This highlights that the housing sector tends to use this term quite commonly within their documentation, but that the term is not used extensively within the FS-OHC and Disabilities standards.
However, when the cross map is constricted to the term ‘case’ (see Figure 14 below) it indicates that the FS-OHC standard includes extensive use of this word. It should be highlighted also that the term ‘case’ (management) is referenced in the FS-OHC client record review tool (refer to Figure 14 again). We subsequently looked at the FS-OHC Evidence Guide and discovered that ‘case management’ as a term only appears within the glossary of terms within the standard and not as part of the description of the standards themselves.

When all the terms ‘case management’, ‘case’ (management) and management (of case)’ are cross mapped (see Figure 15) it highlights that service provision within the disabilities sector is very rarely referred to as a ‘case management’ service. This no doubt reflects the particular emphasis of interaction and social language that has developed between service providers and the users of services within the disabilities sector, probably over some considerable period of time. When considering Figures 13 and 14 in combination it suggests that case management as a concept is tacitly embedded within the FS-OHC standard, but that the standard does not explicitly codify what this means (other than through the glossary of terms).
C) Summary of key findings

There is considerable potential for the NSOPCM published by the CMSA to be used as a basis of integrating the practice standards across the FS-OHC, Disabilities and Housing sectors. However, in any shift towards an integrated standard substantial attention must be given to use of variant social languages across the three sectors. The FS-OHC and Housing sectors appear to have an existing practice culture that includes ‘case management’ or ‘case practice’ but the Disabilities sector does not.

A central question then must be asked: can the language associated with ‘case management’ be used as a central part of any integrated quality standard, or would this contribute to an inappropriate consolidation of the diversity of language across the three sectors? We now partially address this question through a textual analysis of the guiding principles underpinning case management.

4.3.2 Guiding principles underpinning case management

Evidence that there is potential to reconcile the differences between the social languages of each of the sectors can be found through further text analysis. We undertook some cross-mappings using the key terms associated with the guiding principles of case management. These guiding principles are summarised as follows.

<table>
<thead>
<tr>
<th>No.</th>
<th>Guiding principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Case management facilitates the personal <strong>development</strong> of clients</td>
</tr>
<tr>
<td>2.</td>
<td>Case Management advocates for client <strong>rights</strong></td>
</tr>
<tr>
<td>3.</td>
<td>Case Management is <strong>purposeful</strong></td>
</tr>
<tr>
<td>4.</td>
<td>Case Management promotes sustainable <strong>solutions</strong></td>
</tr>
<tr>
<td>5.</td>
<td>Effective <strong>communication</strong> underpins case management</td>
</tr>
</tbody>
</table>

Table 3: The five guiding principles of case management (Case Management Society of Australia, 2008, p 6)

A) Case Management facilitates the personal development of clients
In Figures 16 - 19, visualizations have been prepared to present cross-maps for each of the key words highlighted as ‘bold’. Figure 16 indicates that term ‘development’ (referring to the personal development of the client or user) is used quite extensively across all three quality standard, including within the FS-OHC client review tool for family services.

Figure 16. Cross mapping using the term ‘development’ (personal)

B) Case Management advocates for client rights

Figure 17 provides a visualisation associated with the use of the term ‘rights’ of the client (or support user). This principle of practice is shared extensively between disabilities and housing, but does not figure so prominently in the FS-OHC standard. In the case of the HASS standard, the importance of rights is emphasised because the matter has an entire section within the standard (section 1) referring to matters relating to the ‘rights of clients’.

Looking at Figure 17, it would seem that in any integrated standard consideration might be given to the role of ‘rights’ within the context of the FS-OHC sector, including childrens’ rights.

Figure 17. Cross-map using the term ‘rights’ (of client or support user)
C) **Case Management is purposeful**

Using the term case management is ‘purposeful’, it was identified that this particular language is not used at all across the three sectors. The NSOPCM describes this principle of case management in the following way (Case Management Society of Australia, 2008, p 6).

*The actions of Case Managers must address the specific needs of Clients as documented in the Client’s goals. The interventions used should be in line with the best evidence available that shows they can meet the Client’s needs. Case management must balance Client needs with the available resources by assisting Clients in the selection of services and resources that are of the highest possible quality within the accessible range of services.*

*In order to link client with the most appropriate services and resources, the Case manager must be aware of their own limitations in terms of knowledge and experience. Case Managers will refer Clients to specialists who have skills and knowledge beyond those of the Case Manager.*

This principle provides a strong foundation for a coordinated approach to service delivery. In any move towards an integrated standard the development of a common language to facilitate such mutual understandings should be encouraged.

D) **Case Management promotes sustainable solutions**

Figure 18 provides a cross map in relation to the idea that case management promotes sustainable ‘solutions’. It shows that the use of such language is not widely emphasised within the FS-OHC and Disabilities sectors. Consideration might be given to this possibility within any integrated standard.

![Figure 18. Cross-map using the term ‘solutions’](image)

E) **Effective communication underpins case management**

Figure 19 highlights that ‘communication’ appears to be a key competence associated with case management and general service provision across all sectors, particularly disabilities. It would seem there is potential to strengthen this principle within the FS-OHC sector.
F) Summary of key findings

We conclude from the above analysis that, in principle, it should be possible to draw upon the underlying principles of case management (as proposed by the Case Management Society of Australia, 2008) to nurture the development of a common language of practice across the FS-OHC, Disabilities and Housing sectors. However, this process would require a collaborative and on-going process of knowledge brokering as outlined in Section 2.2.3 of this report.

4.3.3 Case management standards

Within the context of a potential move towards an integrated quality standard across FS-OHC, Disabilities and Housing sectors we think there is potential to draw upon the vernacular and principles of ‘case management’ to contribute to this standard. Therefore, we now turn our attention to the four practice standards contained within the NSOPCM (listed below in Table 4) and continue our textual analysis across the NSOPCM and the three target standards.

<table>
<thead>
<tr>
<th>No:</th>
<th>Practice standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Case identification and assessment</td>
</tr>
<tr>
<td>2.</td>
<td>Planning</td>
</tr>
<tr>
<td>3.</td>
<td>Monitoring</td>
</tr>
<tr>
<td>4.</td>
<td>Evaluation and outcomes</td>
</tr>
</tbody>
</table>

Table 4: The four practice standards associated with ‘case management’ (Case Management Society of Australia, 2008)

In Figures 20 - 24, visualizations of cross-maps between the key terms that are bolded in Table 4 are provided. We have undertaken this textual analysis to get a preliminary sense of the fragmentation of terminologies that exist between the national case management standard and the FS-OHC, Disabilities and Housing standards.
A) Standard 1: Case identification and assessment

The NSOPCM describes standard 1 as follows (ibid, 2008):

*Clients who meet the eligibility criteria for case management are identified and an assessment is completed.*

In undertaking textual analysis across the three standards using the term ‘case identification’ or ‘identification’ (case), no cross-maps were found to exist. This highlights that there is likely to be diverse practices associated with initial contact and intake systems across the three sectors. The fragmentation might be inclusive of the ways in which eligibility criteria of a funded program are applied. Thus in any integrated standard, some attention should be placed on attempting to create a common language associated with these important program service activities. This is a key objective of the Victorian care coordination framework associated with the Primary Care Partnership networks across the health sector, referred to previously.

In contrast, cross-maps using the term ‘assessment’ have indicated a significant usage of this term across both FS-OHC and Housing. The does not extend to the Disabilities standard, but at this stage it is not clear whether this is primarily a practice terminology issue or whether it is because the Disabilities standards have been written as ‘outcome standards’.

![Figure 20: Cross-map using the term ‘assessment’ (of client)](image)

B) Standard 2: Planning

The NSOPCM describes standard 2 as follows (ibid, 2008):

*Goals agreed between the Client and Case Manager are documented based on the Client’s identified needs. Actions are planned and a timeline for review is set.*

In contrast to the terminologies associated with intake and assessment, there is a high degree of commonality associated with the term ‘planning’. This extends to the idea of care planning as a key practice concept across all three standards.
C) Standard 3: Monitoring

The NSOPCM describes standard 3 as follows (ibid, 2008). Planned services, supports and resources are monitored against the goals documented in the Client’s individualized care plan.

As outlined in Figure 22, there is some degree of commonality in the usage of the term ‘monitoring’. It would seem there appears to be less emphasis on this term within the FS-OHC sector standard than Disabilities or Housing. This is likely to be in line with early conceptions of the ‘Best Interests Case Practice Model’ that were central to the FS-OHC standard when it was first introduced in late 2007. In Attachment 5, two power point slides are included to highlight how the ‘old’ perspectives of the Best Interests Case Practice Model strongly emphasised information gathering and analysis and provided less focus on systems-based monitoring and review. However, as the second slide indicates, later conceptions of the model became more recursive and emphasised the role of ‘review’ to a greater extent. The semantics of ‘review’ versus ‘monitoring’ are not exactly the same. Thus, some practice adjustments are likely to be required if an integrated standard is to be introduced.

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D) **Standard 4: Evaluation and outcomes**

The NSOPCM describes standard 4 as follows (ibid, 2008). *Case management actions are outcome orientated. Periodic re-assessment and evaluation of client outcomes is conducted against the expected outcome and available evidence.*

Figures 23 and 24 below suggest there are some differences in the ways in which the three standards refer to evaluation and outcomes. There seems to be greater emphasis on the usage of the term ‘evaluation’ in the FS-OHC standard as compared to the Disabilities and Housing standards. However, equally, there is a greater emphasis on outcomes in the Disabilities and Housing standards as compared to FS-OHC. This is to be expected as the Disabilities standard has been conceived as an ‘outcomes standard’.

![Figure 23: Cross-map using the term ‘evaluation’](image)

![Figure 24: Cross-map using the term ‘outcome’](image)
E) Summary of overall key findings

Victoria has a rich heritage arising from the work of the Primary Care Partnership networks (PCPs). It is suggested that the Victorian community sector could draw upon their learnings associated with service coordination across health related sectors and the experience of the PCP networks. However, in analysing the current PCP services coordination standards, it has been concluded these are too complex to use as a basis for cross mapping to the FS-OHC, Disabilities and Housing sectors. In contrast, the NSOPCM is significantly simpler and we feel this would be useful to achieve the objectives of this BISQAS-2 project. Overall, we have concluded there are to be significant benefits realised if the NSOPCM were to be used to assist with the development of an integrated practice-standard across FS-OHC, Disabilities and Housing sectors.

In using NSOPCM as a basis for cross mapping, we identified there are considerable differences in the social languages that have emerged in three different sectors. Thus, considerable effort, over time, will be required to nurture the development of a common practice language across the three sectors that contribute to the dual objectives of burden reduction and diversity of practice across FS-OHC, Disabilities and Housing.

The most significant benefit associated with the potential use of an integrated practice framework across the three sectors is the impact this will have in streamlining care coordination pathways. Significant burden reduction and service improvements are likely to accrue through the use of common practice-frameworks associated with ‘initial contact’, ‘intake’, ‘assessment’, ‘care planning’, ‘referrals’ and ‘monitoring’. Further to this, with the strong emphasis placed on ‘evaluation’ and ‘outcomes’ within the NSOPCM, there can be an appropriate emphasis on outcomes associated with an integrated quality-standard. This would need to be moderated through the inclusion of ‘industry standards’. These are necessary to secure appropriate and prescriptive legislative and regulatory objectives in key areas such as ‘safety of staff’ and ‘safety of clients’.

Thus, we now turn to the use of a generic ‘management standard’ as a means of working towards an integrated quality-standard across FS-OHC, Disabilities and Housing sectors.

5 CROSS-MAPS FROM THE MANAGEMENT STANDARD

In our original proposal to OCS, the eSRC recommended the inclusion of a generic management standard to support cross-mapping. Like in the case of the practice standard, the suggestion was to cross-map high level headings within the standard against the organisational / corporate management standards contained within FS-OHC, Disabilities and Housing standards. The basis of this recommendation was twofold.

- It was understood at the time that the specification of minimum standards by DHS was to include reference to corporate management standards.
- There is a need in all standards relevant to the community sector (including its network connections to the health sector) to ensure there is consistency between the practice standards and the background legislative intent associated with regulatory interventions in any sector. This has some relevance to organisational standards.
For example, the screening of staff at the time of selection is an important matter to secure the safety of children in the FS-OHC sector. Other examples include matters pertaining to privacy and confidentiality and the use of data and information to improve the evidence and knowledge base of an organisation. All these matters require some degree of minimum standard specification.

As a result, we spent some time evaluating options in relation to the selection of an appropriate management / corporate standards.

5.1 Selection of standard

5.1.1 Australian Business Excellence Framework

In the early stages of the project a detailed analysis was undertaken of the Australian Business Excellence Framework. Support for this framework has been provided across the FS-OHC care sector for many years, until the more recent trend towards minimum standards. Within the context of this trend towards minimum standards as we applied our evaluation criteria to our analysis, we found there were a number of deficiencies. These are summarised as follows:

A) Simplicity and identification of minimum standards

The ABEF is a sophisticated standard. It has primarily been conceived as an aspirational standard. It consists of eight principles of business excellence. According to SAI Global (2007, p5):

These principles are interpreted according to individual business settings using seven categories and 17 sub-categories, or items. These broad categories and more specific items break down the complex structure of an organisation into tangible components which can be systematically monitored and improved.

In working through this structure, it was felt this level of complexity was too great for it to provide a guide through which minimum standards could be framed and articulated.

B) Copyright / content licensing provisions

Investigations were undertaken to assess whether it would prove possible to break down the content of the ABEF document for it to be used within an electronic environment. It was felt that the licensing provisions were too restrictive to progress with this post print-paradigm approach.

C) Conclusion

Given the findings in A and B, we then turned our attention to other standards and in particular the Family Relationship Services Program standard.

5.1.2 Family Relationship Services Program (FRSP) standard

The FRSP standard is a Commonwealth Government Standard used as part of the Family Relationship Services program. This program is run jointly between the Attorney General’s Department and the Department of Families, Housing and Community Services and Indigenous Affairs – FaHCSIA. The FRSP standard
consists of seven domains, fifteen standards and fifty one attributes. The attributes set out the requirements particular to each standard.

<table>
<thead>
<tr>
<th>Domain 1- Leadership and Governance</th>
<th>Domain 2- Strategy, Policy and Planning</th>
<th>Domain 3- Information and Analysis</th>
<th>Domain 4- People</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standard 1: Values and Ethical Framework</td>
<td>• Standard 3: Planning</td>
<td>• Standard 4: Management of data</td>
<td>• Standard 5: Entry of Practitioners</td>
</tr>
<tr>
<td>• Standard 2: Governance</td>
<td></td>
<td></td>
<td>• Standard 6: Supervision of practitioners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 5- Client focus</th>
<th>Domain 6- Processes, products and services</th>
<th>Domain 7- Organisational performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standard 10: Accessibility of services</td>
<td>• Standard 14: Service design</td>
<td>• Standard 15: Assessing performance</td>
</tr>
<tr>
<td>• Standard 11: Managing Client feedback and complaints</td>
<td></td>
<td></td>
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<tr>
<td>• Standard 12: Client confidentiality and privacy</td>
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<td></td>
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<td>• Standard 13: Client safety</td>
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</table>

<table>
<thead>
<tr>
<th>Domain 4- People</th>
<th></th>
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<tbody>
<tr>
<td>• Standard 7: Training and development</td>
<td></td>
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<tr>
<td>• Standard 8: Staff appraisal</td>
<td></td>
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<tr>
<td>• Standard 9: Safety of staff</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 5: The Domains and Standards of the FRSP standard</th>
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</table>

A visualisation of the structure of the standard is outlined in Figure 25 below.

Figure 25: Visualisation of the FRSP standard

5.2 Evaluation of the FRSP standard

5.2.1 Positive features

We think there are significant benefits contained within the FRSP. We discuss these under the following headings.

- Specification of minimum standards of practice
- Linkage of evidence specifications to defined minimum standards
- Copyright licensing
- FRSP as a family-support services program
- FRSP as a national standard
- Ease of translating changes to legislation and legislative intent
- Potential for cross-correlation between quality and data schemas
A) Specification of minimum standards of practice

The list of attributes attached to each FRSP Standard provides a simple way in which minimum standards can be specified. It could well be that these attributes could be customised to the needs of the FS-OHC, Disabilities and Housing standards.

B) Linkage of evidence specifications to defined minimum standards

We think that the way in which the attributes are published provides an effective way of linking the standards to evidence specifications. Like in the case of the practice standard, we suggest that this would allow for simple adaptations of information management systems to collate required evidence in preparation for self assessment or external audit events. We further suggest that this could have the un-intended consequence of contributing to the systematic capture of important archival and contextual records for each organisation.

C) Copyright licensing provisions

The FRSP is a Commonwealth Government Standard and thus subject to crown copyright provisions. We suggest this allows for the use of the FRSP standard and creates the potential for using the content for developing an integrated standard across FS-OHC, Disabilities, Housing and going forward, other sector standards as well.

D) FRSP as a family-support services standard

The FRSP standard has its origins in the provision of support programs to strengthen family relationships. The aims of this program are to (FaHCSIA, 2010):

- enable children, young people and adults in all their diversity to develop and sustain safe, supportive and nurturing family relationships; and
- minimise the emotional, social and economic costs associated with disruption to family relationships.

In evaluating the FRSP standard as a management standard to support cross mapping, we were interested to assess the extent to which the objectives of the FRSP program inter-related with the objectives of the FS-OHC, Disabilities and Housing standards. Thus, we undertook textual analysis by selecting key terms within the name of the FRSP standard as a basis for cross mapping. The outputs – using the terms 'Family' (Figure 26); 'Relationship' (Family) (Figure 27); 'Family Services' (Figure 28); and all terms (Figure 29) – are provided below.
Figure 26. Cross-map on the term ‘family’

Figure 27. Cross-map on the term ‘relationship’ (family)

Figure 28. Cross-map on the term ‘family services’
The above textual analysis suggests that the aims of the FRSP program do inter-connect with the standard specifications contained within the FS-OHC and disabilities standards. We also observe that there is less semantic interaction with the Housing standards. This is to be expected, because the HASS standard places a higher priority on inter-relationships with the family violence service system. In contrast, the ‘Family Services’ component of the FS-OHC standard is designed to support the objectives of ‘earlier intervention’ vis-à-vis children’s entry into the Child Protection system.

We conclude from the above analysis that the FRSP might well be an excellent standard to select because it has the potential to integrate management and practice standards across all three sectors. But perhaps more importantly, if this same approach is expanded into other sectors, including relevant health sectors, it could do much to support the objectives of ‘earlier intervention’ across a wide range of related community services programs.

E) FRSP as a national standard

The FRSP is a national standard. As such, it could well be that the use of this standard could do much to gradually support the changes necessary to support better coordination between Commonwealth and State Government service delivery at grass roots levels. The use of standards to support this type of transformation might well prove to be a more sustainable approach to reforming Commonwealth-State administrative arrangements than more top down political approaches.

F) Ease of translating changes to legislation and legislative intent

In some cases the need to translate changes to legislation and legislative intent can be enacted through changes to the service-level agreements between the Department of Human Services and CSOs. In other cases, such requirements need to be enacted through the quality standard. The FRSP standard provides a simple pathway for such matters to be enacted. For example, in principle, under the domain ‘People’ requirements associated with entry of practitioners (such as Police checks), supervision of practitioners and safety of staff provide a simple mechanism for integrating changes in legislation. The same is true under the domain ‘Client Focus’ through which changes to legislation associated with ‘client complaints’, ‘confidentiality and privacy’ and ‘client safety’ can be enacted.

Figure 29. Cross-map on the terms ‘family’, ‘relationship’ (family) and ‘family services’
G) Potential for cross-correlation between quality and data schemas

Under Domain 3 (Standard 4 - Information and analysis) of the FRSP standard, potential exists to align data and information capture (including records management) with requirements of specific sectors. There would be a need to ensure that this element of the standard cross-relates with emergent and evolving standards associated with case management and service delivery.

5.2.2 Potential constraints

A) Auditing arrangements

Under current arrangements, the Australian HealthCare Associates (AHA) provides independent auditing services for the FRSP program. The preferencing of the FRSP standard against other standards might be perceived as preferencing the AHA, and thus by implication to favour some audit service frameworks over others. This also might be perceived to disrupt the emergence of a quality auditing industry relevant to the community services sector’s needs.

We do not necessarily accept that this is a legitimate constraint. The reason is that much of the business-growth of the quality auditing function is being driven by the inherent complexities and the burden creep of un-coordinated regulatory interventions across Commonwealth and State Government levels. Government does not necessarily think it is in the business of quality management.

However, we think the current growth of the audit function is occurring for the wrong reasons. That is, it is the problem of burden creep and the increasing complexity of uncoordinated standards that is creating opportunities for auditors to sort these problems out.

In contrast to this, we think the problem of burden creep requires a different solution – one for which we outlined a potential solution in the BISQAS-1 project report (Vines et. al, 2009). As outlined in this report, we suggest that funding bodies and funded organisations need to conceive new partnership arrangements to support the creation of what have previously described as public knowledge, public knowledge assets and a ‘public knowledge space’.

5.3 Cross-maps and key findings using the FRSP

We now turn to the cross-mapping between the FRSP standard and the three target standards – FS-OHC, Disabilities and Housing. We have discussed the outputs of such cross mapping under the headings of the different domains within the FRSP standard itself. Cross-maps were undertaken using key words associated with each domain and these are summarised each domain heading as below. In Attachment 6, output visualisations for each key word cross mapped are provided for the readers’ convenience. Also included under each heading below is a visualisation which provides a compilation of all the key word cross maps for each domain.
5.3.1 Domain 1: Leadership and Governance

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
</tr>
<tr>
<td>Governance</td>
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<tr>
<td>Values</td>
</tr>
<tr>
<td>Ethical</td>
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<tr>
<td>Framework (values &amp; ethical)</td>
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<tr>
<td>Financial</td>
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<tr>
<td>Accountability</td>
</tr>
<tr>
<td>Risk (organisational)</td>
</tr>
<tr>
<td>System (to manage risk)</td>
</tr>
<tr>
<td>All terms for Domain 1</td>
</tr>
</tbody>
</table>

Nine visualizations related to Domain 1 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 30 below.

Figure 30. Visualisation for all cross-mapped terms within Domain 1

A) Summary of findings

We suggest that it will be possible to use the six attributes documented as part of standards 1 and 2 as a foundation to consolidate the evidence specifications across FS-OHC, Disabilities and Housing. These attributes can form the preliminary basis of a set of minimum standards across all three sectors with respect to the management domain of ‘Leadership and Governance’. Specific attention will be required in relation to the use of appropriate language relevant to the Disabilities sector.

B) Further actions to support an integrated quality standard

- Further key word searches are required on suggested words and phrases including:
- The objective is to ensure that the FRSP standard adequately addresses the variation of related semantics across the three standards.
• Where necessary, unique requirements of any sector are to be provided in summary form under the list of attributes for each standard.
• Each attribute should be given a name and a unique number so that it can be formally defined as an entity within any contextual information management system.

A set of criteria is required to identify which types of organizations do not need to comply with these standards.

5.3.2 Domain 2: Strategy, policy and planning

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
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</thead>
<tbody>
<tr>
<td>• Strategy</td>
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<tr>
<td>• Policy</td>
</tr>
<tr>
<td>• Planning</td>
</tr>
<tr>
<td>• Operational</td>
</tr>
<tr>
<td>• Strategic</td>
</tr>
<tr>
<td>• Direction</td>
</tr>
<tr>
<td>• All terms for Domain 2</td>
</tr>
</tbody>
</table>

Six visualizations related to Domain 2 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 31 below.

![Figure 31: Cross-map on the terms within Domain 2](image)

A) Summary of findings

We suggest that it will be possible to use the four attributes documented as part of standard 3 as a foundation to consolidate the evidence specifications across FS-OHC, Disabilities and Housing. These attributes can form the preliminary basis of a set of minimum standards across all three sectors with respect to the management domain of ‘Strategy, Policy and Planning’. Specific attention will be required in relation to the use of appropriate language relevant to the Disabilities sector.
B) Further actions to support an integrated quality standard

- Further key word searches are required on suggested words and phrases including:
  
  **Standard 3:** ‘transparency’, ‘decision-making’, ‘minutes’, ‘Board’, ‘delegated’ and ‘responsibility’.
  
- The objective is to ensure that the FRSP standard adequately addresses the variation of related semantics across the three standards.
  
- Each attribute should be given a name and a unique number so that it can be formally defined as an entity within any contextual information management system.

A set of criteria is required to identify which types of organizations do not need to comply with this standard.

5.3.3 Domain 3: Information and analysis

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
</tr>
<tr>
<td>Analysis (no cross maps)</td>
</tr>
<tr>
<td>Data</td>
</tr>
<tr>
<td>All terms for Domain 3</td>
</tr>
</tbody>
</table>

Six visualizations related to Domain 3 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 32 below.

![Figure 32. Cross-map on the terms within Domain 3](image)

A) Summary of findings

We think it will be necessary to customize the two attributes documented as part of standard 4 as a foundation to consolidate the evidence specifications across FS-OHC, Disabilities and Housing.

We further suggest there will be a need to create a few additional attributes under this standard. The objective is to support the proposed monitoring, evaluation and outcome standards proposed as part of the introduction of more systematic approach to case management.
B) Further actions to support an integrated quality standard

- Specific data management requirements for each sector will need to be investigated and specified.
- Two or three simple attribute statements need to be prepared to link data and information analysis activities with case management practices.
- There is a need to investigate the use of appropriate language for this standard with respect to the Disabilities sector.

A set of criteria is required to identify which types of organizations do not need to comply with this standard.

5.3.4 Domain 4: People

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
<th>Terms used for cross-mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Entry</td>
<td>• Training and development</td>
</tr>
<tr>
<td>• Practitioner</td>
<td>• Appraisal (of staff)</td>
</tr>
<tr>
<td>• Supervision</td>
<td>• Safety (of staff)</td>
</tr>
<tr>
<td>• Training</td>
<td>• All terms for Domain 4</td>
</tr>
<tr>
<td>• Development (training)</td>
<td></td>
</tr>
</tbody>
</table>

Ten visualizations related to Domain 4 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 33 below.

![Cross-map on the terms within Domain 4](image)

Figure 33. Cross-map on the terms within Domain 4

A) Summary of findings

We suggest that it will be possible to use the ten attributes documented as part of standards 5-9 as a foundation to consolidate the evidence specifications across FS-OHC, Disabilities and Housing. These attributes can form the preliminary basis of a set of minimum standards across all three sectors with
respect to the management domain of ‘People’. Specific attention is required to the use of appropriate language relevant to the Disabilities sector.

**B) Further actions to support an integrated quality standard**

*Standard 5: Entry of Practitioners*
- Detailed analysis of the FS-OHC, Disabilities and Housing standards is required to identify all specifications and legislative requirements associated with recruiting new staff into the sectors.
- Detailed customization of the standard description and the list of four attributes are required to take into account the specific requirements of each sector, particularly the FS-OHC standard.

*Standard 6: Supervision of practitioners*
- Consultation is required with the Disabilities about the introduction of a simple standard associated with the supervision of staff.
- Detailed analysis of the FS-OHC, Disabilities and Housing standards is required to identify all specifications and legislative requirements associated with supervising staff within the three sectors.

*Standard 7: Training and Development*
- Customisation of the standard description and the list of three attributes are required to take into account the needs of each sector.

*Standard 8: Staff Appraisal*
- Customisation of the standard description and the list of three attributes are required to take into account the needs of each sector.
- Specific attention should be given to linking staff appraisal systems with the objective of introducing more systematic approaches to case management.

*Standard 9: Safety of staff*
- Customisation of the standard description and the list of three attributes are required to take into account the needs of each sector.
- Specific attention should be given to introducing safety of staff consideration into the staff supervision systems.

The objective is to ensure that the FRSP standard adequately addresses the variation of related semantics across the three sector-based standards. Each attribute should be given a name and a unique number so that it can be formally defined as an entity within any contextual information management system.

A set of criteria is required to identify which types of organizations do not need to comply with these standards.

**5.3.5 Domain 5: Client focus**

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
</tr>
<tr>
<td>Focus (client)</td>
</tr>
<tr>
<td>Access (accessibility)</td>
</tr>
<tr>
<td>Feedback (of client)</td>
</tr>
<tr>
<td>Complaint</td>
</tr>
<tr>
<td>Confidentiality</td>
</tr>
<tr>
<td>Privacy</td>
</tr>
<tr>
<td>Safety (of client)</td>
</tr>
<tr>
<td>All terms for Domain 5</td>
</tr>
</tbody>
</table>

Five visualizations related to Domain 5 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 34 below.
A) Summary of findings

We suggest that it will be possible to modify the fourteen attributes documented as part of standards 10-13 as a foundation to consolidate the evidence specifications across FS-OHC, Disabilities and Housing. These attributes can form the preliminary basis of a set of minimum standards across all three sectors with respect to the management domain of ‘Client Focus’.

B) Further actions to support an integrated quality standard

- A detailed description of the support users / clients for each of the three sectors is required as an attachment to this domain and all related attributes. Specific attention is required to support the use of appropriate language.
- A separate investigation and consultation is required with respect to the possible integration of the Aboriginal Cultural Competence Framework into an integrated quality framework. Consideration should be given to establishing this as a separate module.

Standard 10: Accessibility of services

- Detailed analysis of the FS-OHC, Disabilities and Housing standards is required to identify varying approaches to cultural inclusiveness and CALD strategies.
- Consideration to be given to modifying the current standard and list of attributes based on the above findings.

Standard 11: Managing support user / client feedback and complaints

- This standard and related attributes needs to be customized extensively to include appropriate feedback mechanisms for each support user / client group.

Standard 12: Client confidentiality and privacy

- Detailed analysis of the FS-OHC, Disabilities and Housing standards is required to identify varying approaches to client confidentiality and privacy.
• Consideration to be given to modifying the current standard and list of attributes based on the above findings.

Standard 13: Client safety
• Detailed analysis of the FS-OHC, Disabilities and Housing standards is required to identify varying approaches to client safety.
• Consideration to be given to modifying the current standard and list of attributes based on the above findings.

5.3.6 Domain 6: Processes, products and services

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Process</td>
</tr>
<tr>
<td>• Products (no cross maps)</td>
</tr>
<tr>
<td>• Services</td>
</tr>
<tr>
<td>• Design</td>
</tr>
<tr>
<td>• All terms for Domain 6</td>
</tr>
</tbody>
</table>

Three visualizations related to Domain 6 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 35 below.

Figure 35. Cross-map on the terms within Domain 6

A) Summary of findings

We suggest that this domain is significantly modified and re-written. Considerable effort will be required to create an integrated standard that encompass practices such as ‘Case Management’ and ‘Working with the Community’. This matter is discussed in more detail in the next Section.
5.3.7 Domain 7: Organisational performance

The following key words were used for cross-mapping.

<table>
<thead>
<tr>
<th>Terms used for cross-mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Organisational</td>
</tr>
<tr>
<td>• Performance (organisational)</td>
</tr>
<tr>
<td>• Organisational performance</td>
</tr>
</tbody>
</table>

Three visualizations related to Domain 7 are outlined in Attachment 6. These have been aggregated to create a consolidated visualization for this domain and this is presented in Figure 36 below.

![Cross-map on the terms within Domain 7](image)

Figure 36. Cross-map on the terms within Domain 7

A) Summary of findings

This standard is sufficiently simple and all encompassing not to be modified significantly. It’s inclusion in a generic standard is dependent upon DHS request.

B) Further actions to support an integrated quality standard

*Standard 15: Assessing Performance*

- Slightly reword the standard to include reference to other sectors, not just Family Relationship Services.

6 ANALYSIS OF PROJECT DATASET

6.1 What is an outlier?

As part of the methodology for laying a foundation for an integrated quality standard across FS-OHC, Disabilities and Housing, we set out to identify those parts of the standards where no relationships were cross-mapped to either the NSOPCM or the FRSP standards. We have called these entities ‘outliers’.
6.2 Overview of project dataset

In order to identify these outliers, we first undertook an analysis of the total dataset. We provide a breakdown of this in Table 6.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Services / OHC entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Services – OHC Standard</td>
<td>785</td>
<td>37.3%</td>
</tr>
<tr>
<td>Client Review Tool</td>
<td>769</td>
<td>36.6%</td>
</tr>
<tr>
<td><strong>Disabilities entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Areas Practice Guide</td>
<td>236</td>
<td>11.2%</td>
</tr>
<tr>
<td>Essential Evidence Indicators of Industry Standards</td>
<td>97</td>
<td>4.6%</td>
</tr>
<tr>
<td>Evidence Indicators of the Outcome standards</td>
<td>134</td>
<td>6.4%</td>
</tr>
<tr>
<td>Organisational Self Assessment template</td>
<td>97</td>
<td>4.6%</td>
</tr>
<tr>
<td>Disability Framework</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Housing Entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HASS</td>
<td>345</td>
<td>16.6%</td>
</tr>
<tr>
<td>RAPS</td>
<td>87</td>
<td>4.1%</td>
</tr>
<tr>
<td><strong>Case Management Standard entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>245</td>
<td>11.7%</td>
</tr>
<tr>
<td><strong>Family Relationship Services Program Standard entities</strong></td>
<td>72</td>
<td>3.4%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2102</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Context entities</strong></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td><strong>Published Resources</strong></td>
<td>61</td>
<td></td>
</tr>
</tbody>
</table>

Table 6. Breakdown of project dataset

6.2.1 Comments on the project dataset

We think it appropriate to highlight the low percentage of entities associated with the FRSP standard (3.4%) and the NSOPCM (11.7%) with respect to the total number of entities within the dataset (2102). This highlights that the structural frameworks associated with these two standards are significantly simpler than any of the three standards in question (FS-OHC, Disabilities and Housing) and thus it emphasises the merit of the approach we are recommending going forward.

6.2.2 Identification of outliers

In order to identify these outliers, we undertook a simple SQL query of the project dataset and thus identified there were 475 entities.

<table>
<thead>
<tr>
<th>IDENTIFIED ENTITY OUTLIERS</th>
<th>475</th>
<th>22.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family services and out of home care</td>
<td>207</td>
<td>9.8%</td>
</tr>
<tr>
<td>Disabilities</td>
<td>166</td>
<td>7.9%</td>
</tr>
<tr>
<td>Housing</td>
<td>100</td>
<td>4.8%</td>
</tr>
<tr>
<td>Not relevant</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Table 7. Breakdown of entity outliers by standard of origin
With these 475 entities, we undertook brief analyses and manual cross mapping to identify areas of commonality and areas of divergence between the outliers and the three target standards. We concluded there were three groups of entities. These are summarised in Table 8 below.

<table>
<thead>
<tr>
<th>INCORPORATION OF ENTITY OUTLIERS</th>
<th>GROUP</th>
<th>475</th>
<th>22.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entities to be incorporated into FRSP standards 1-3; 5-13; 15</td>
<td>1</td>
<td>137</td>
<td>5.5%</td>
</tr>
<tr>
<td>Entities to be incorporated into a re-shaped standard encompassing the current FRSP standard 4 and 14, plus the NSOPCM standards 3, 14 and NSOPCM</td>
<td>2</td>
<td>260</td>
<td>12.4%</td>
</tr>
<tr>
<td>Other entities not incorporated</td>
<td>3</td>
<td>78</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Table 8. Three groups of identified outliers

Of the 78 identified entity outliers, these were further broken down by standard of origin as follows.

<table>
<thead>
<tr>
<th>ENTITY OUTLIERS AFTER SEMANTIC ANALYSIS</th>
<th>78</th>
<th>3.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Services - OHC Standard</td>
<td>49</td>
<td>2.3%</td>
</tr>
<tr>
<td>Disabilities</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Housing</td>
<td>27</td>
<td>1.3%</td>
</tr>
<tr>
<td>Standard document names</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Table 9. Breakdown of remaining outliers by standard of origin

### 6.3 Summary of key findings

To ensure important aspects of these outliers are adequately considered in relation to the establishment of an integrated quality standard across the three sectors, we have recommended three separate strategies for action. These are summarised as follows.

#### 6.3.1 Strategy 1: Integration of cross-mapped outliers

In relation to the first group of outliers referred in Table 8 (Group 1) above, we have made preliminary suggestions by tagging these outliers against the suggested FRSP standard they best relate to. That is we think the semantics of the entities can be incorporated into FRSP standards 1-3, FRSP standards 5-13 and FRSP standard 15. Going forward, consideration can be given as to whether these standard specifications should be included within an integrated standard and if so, how this can be done without adding too much to the complexity. This would be done as part of a negotiation process with relevant industry stakeholders.

#### 6.3.2 Strategy 2: Developing an integrated practice standard

We have identified a large number of entities (Group 2 in Table 8) which relate to both different elements of the NSOPCM and the organisational systems aspects of FRSP standards 4 and 14. Thus, we recommend there will be a need to re-shape the details of FRSP standard 4 and 14. Such work would involve:
• Inserting the proposed use of the NSOPCM standard as part of a revised Standard 14. Considerable consultation would be required to determine how much of the case management standard would be required as a minimum standard, but in principle, there would be no reason not to include the Guiding principles (with some modifications), the Four Standards, the Assessment Framework and the ethical principles of case management.
• Determine how best to shape the case management standard so as to not lose the focus on, for example, the life-areas outcomes in the case of the disabilities standard.
• Reframing the parts of FRSP Standard 14, so as to ensure that case management is understood and supported within an organisational systems framework.
• Aligning the intent of FRSP standard 4, so that data management specifications are in alignment with practice standards.

6.3.3 Strategy 3: Consideration of ‘other’ entities

There are 78 other entities which we have identified do not logically fit under the umbrella of either the FRPS or the NSOPCM standard. We have clustered these under the following headings:

(i) Specific to FS-OHC sector
   • Infection control
   • Suitability of carer’s home
   • Property maintenance
   • Health needs
   • Life books
   • Dressing of young people

(ii) Aboriginal child placement principle and cultural support planning

(iii) Entities that specifically relate to the Performance standards for Registered Agencies (RAPS)

(iv) Entities that relate to the broad task of records management practices, including client and organisational records

Each of these will require consideration as to whether the entities identified will need to be included or whether they contribute to un-necessary burden.

6.3.4 Records management

Of the seventy eight entities identified that do not easily map to Standards 1-13 and standard 15 or an integrated version of the FRSP standards 3, 14 and the NSOPCM we think that around 42 of these that fall under the umbrella of ‘records management’ activities. We have noticed that whilst the FRSP standard 12 does reference the challenge of records keeping it is constrained to the context of maintaining client confidentiality and privacy.

The eSRC is aware that the Public Records Office of Victoria is in the process of establishing a new standard associated with records keeping. This is being designed to enforce a more systematic and strategic approach to records management across all government funded organisations across Victoria. We
suggest this initiative is relevant, because the ability to systematically provide evidence of compliance against quality standards requires a strategic and systematic approach to records management.

We therefore suggest that any integrated standard across FS-OHC, Disabilities and Housing needs to include a module that re-enforces the requirements of the Public Records Office initiative within the State of Victoria. However, we think that with any introduction of an integrated standard this will require the implementation of support programs to assist with this complex and demanding domain of professional practice.

6.3.5 ‘Working with the community’

We have been aware that with the identification of outliers, that we have only been able to identify the entities within the FS-OHC, Disabilities and Housing standards where no relationships existed with entities across the NSOPCM and FRSP standards. However, we observed that the heading of Section 5 in HASS, ‘Working with the Community’ for example, does not appear to be explicitly addressed within the NSOPCM and FRSP standards.

We wanted to see if this was the case. Thus we undertook cross-mapping but in this particular case, we mapped from Section 5 of the HASS standard to the other standards. We prepared two cross-map visualisations with two key words used as a basis of textual analysis. These were ‘community’ (see Figure 37) and ‘working with’ – the community (see Figure 38) and the two combined (see Figure 39). What we have identified is that there is no reference at all to ‘working with the community’ in the NSOPCM and there are only very weak links into the FRSP standard, but these are only at the ‘attribute’ level within the standard. In contrast, there are quite strong linkages into the FS-OHC and Disabilities standards.

Figure 37. Cross-map from HASS using the term ‘community’
What we conclude from this is that there is a need to develop a separate module associated with the activities of ‘working with the community’.
7 TOWARDS AN INTEGRATED QUALITY STANDARD

7.1 Matters pertaining to copyright

Based on our analysis thus far, we now present draft ideas about what an integrated standard across the FS-OHC, Disabilities and Housing sectors might look like. In framing these draft suggestions, we are aware that any move forward could involve the use of the FRSP standard and NSOPCM and that this raises complex matters of copyright management.

Of course, there is an option to craft new standards altogether, thus bypassing the need to access licensing approval for the use of the FRSP standard and the NSOPCM. However, we believe these matters need to be considered within a national and not simply a Victorian State context. Any pathway the Victorian Government takes with respect to such matters will have crucial influence – potentially across a wide range of sectors, beyond Community Services. And, this is as it should be, because the types of burden described in this report and the previous BISQAS-1 report reflect the need for harmonization of standards across Commonwealth and state levels of jurisdiction.

Thus, we suggest the way forward will need to develop a model that is inclusive of collaborative arrangements with the Commonwealth and for example, with Societies and organizations such as the CMSA. We have previously canvassed such matters under the themes such as ‘public knowledge’, ‘public knowledge assets’ and a ‘public knowledge space’.

7.2 Proposed structure of an integrated standard

Thus we now turn to the topic of the structure of an integrated standard relevant to the needs of FS-OHC, Disability and Housing sectors. We have provided an overall framework for the integrated standard in diagrammatic form in Figure 1 previously.

This proposed framework has been influenced by the structure of the NSOPCM and the FRSP standard itself and the ways in which these standards outline evidence specifications in as simple way as possible. We now discuss our proposed framework under the following broad headings.

- Guiding principles underpinning the integrated standard.
- The standard itself which we discuss within the context of our suggested draft modules;
- Evidence specifications associated with each module
- A self assessment framework that would allow CSOs to easily interpret and respond to required self assessment and external auditing obligations.

This framework is in alignment with the wider BISQAS vision outlined in the BISQAS-1 project report as well as the related vision documented in Attachment 7.

7.2.1 Guiding principles underpinning an integrated standard

We suggest there is potential to underpin the proposed quality modules with a series of principles that would be similar in nature to the principles outlined by the CMSA. The development of such guidelines would require negotiation with the
CMSA and sector stakeholders, but in principle these guiding principles could include customized reference to:

- Quality standards are to be understood as public knowledge assets
- Practice standards facilitate the personal development of clients
- Practice involves advocacy for client rights
- Practice is purposeful and is based on evidence-informed decision making
- Practice promotes sustainable solutions
- Effective communication underpins practice

### 7.2.2 Suggested draft modules

Based on our analysis thus far, we now present preliminary ideas about what an integrated standard across the FS-OHC, Disabilities and Housing sectors might look like. We suggest the standards would break out into the draft modules outlined below. For each module, the evidence specifications would be expressed in a generic way. If any specific matter is identified as important to any specific sector, these would be outlined as sector specific guidelines and attached to each module.

**Module 1: Corporate standards**

This would consist of customized FRSP standards:

- Standard 1: Values and ethical framework
- Standard 2: Governance
- Standard 3: Planning
- Standard 15: Assessing performance

**Module 2: People**

This would consist of customized FRSP standards:

- Standard 5: Entry of practitioners
- Standard 6: Supervision of practitioners
- Standard 7: Training and development
- Standard 8: Staff appraisal
- Standard 9: Safety of staff

**Module 3: Client focus**

This would consist of customized FRSP standards:

- Standard 10: Accessibility of services
- Standard 11: Managing client feedback and complaints
- Standard 12: Client confidentiality and privacy
- Standard 13: Client safety

The evidence specifications would be expressed in a generic way. If any specific matters are identified as important to a specific sector, these would be specified as an attachment to each module as part of the sector specific guidelines. Significant work will be required to develop an approach to the Aboriginal competency framework and cultural inclusiveness.
Module 4: Evidence informed practice, including case management

This would consist of integrated and customized FRSP standards including:

Standard 4: Management of data
Standard 14: Service design

It would also include the National Standards of Practice for Case Management

Module 5: Records management and client record reviews

This module would need to be developed in alignment with the requirements of the emerging records management standard within the Public Records Office of Victoria (PROV). Specifications in relation to client file reviews would be developed relevant to each sector.

Module 6: Working with the community

We suggest this module become an explicit standard across the three sectors. The basis for the standard would be derived from the current HASS (Section 5).

Module 7: Other possible modules

It is suggested that a module around the rights of clients – inclusive of children’s rights - might be developed as a separate module. This would need to be considered within the context of the relationship between the standards underpinning the principles and the standards themselves.

7.2.3 Evidence specifications

Like in the case of the FRPS standards and the NSOPCM, we suggest that evidence specifications are set out and attached within each module. Where appropriate, this would allow for the efficient identification of appropriate evidence to be tagged against these specifications within an information systems environment. This type of architecture is described in detail in the BISQAS-1 report.

7.2.4 Audit framework

As is the especially the case with the NSOPCM, it would be proposed that the evidence specifications would be documented within a self assessment framework. This should allow for a relatively simple audit processes to occur across the different program domains within a CSO.

7.3 The benefits of our proposed approach

There are likely to be a wide range of benefits that accrue to this type of quality systems architecture beyond what we have articulated thus far in relation to burden reduction. Some of these are listed as follows:

- The proposed modules will be re-usable across a wide range of sectors beyond the three in question in this report. Thus this approach would create a model for harmonizing standards across a wide range of sectors.
- The cost of quality compliance is likely to be minimized. This is because
the evidence collation process can be integrated with obligatory requirements associated with records management. Equally, it should streamline the efficacy and efficiency of external auditing requirements, because a common audit framework would apply across different programs and CSOs.

- There is potential to facilitate creative dialogue between practitioners from a wide range of sectors, not just FS-OHC, disabilities and housing.
- There is potential to streamline ICT innovations and investments into the community and related health sectors in ways that result in information architectures that are compliant with important national institutions such as those being advanced by the national library. This is likely to be significant importance in relation to the introduction of a new records management standard by the PROV.

8 RELATED INSTRUMENTS OF REGULATION

8.1 Quality standards and sector development

A further aspect of the project brief specified by OCS (OCS, 2010) was the:

*Identification of linkages and potential overlap of these service quality standards with other Victorian instruments of regulation and with other jurisdictions.*

Quality standards have a recognised place within wider sector planning and development activities. For example, in the case of the disabilities sector, improving quality is seen as an integral part of the Government’s commitment to the disabilities industry plan (Department of Human Services, 2002)

*The Government will work in partnership with support providers in the government and non-government sectors to develop an Industry Plan. The Industry Plan will provide the blueprint for reorienting disability supports, while continuing to ensure that the support system is sustainable in the longer term. The Industry Plan will identify key elements of the disability support system that need to be re-shaped to bring about change, including workforce planning and training, purchasing mechanisms, outcome measurement, demand management, agency governance and quality mechanisms.*

This is equally true for Family Services. Quality standards were recognized as an integral part of the Government’s Strategic Framework for Family Services (Department of Human Services, 2007f, p 69).

*To support a focus on culture, both A Fairer Victoria and the Growing Victoria Together policy emphasise the importance of working closely with communities and measuring progress, to enable continuous improvement in terms of service responsiveness, effectiveness and outcomes. This focus will be maintained in relation to community, child and family services, with services using the new Standards for Family Services to support compliance, and a culture of innovation, flexibility and continuous improvement in the quality of service provision to children, young people and families.*
8.1.1 Standards publishing and contextual information

We conclude from this that the intent and content of quality standards need to be understood within a wide context. It is this concern for the systematic capturing of context that has been at the heart of the emergent standards associated with archival practice over the past 15 years. Thus, we think there is much that can be gained from applying archival informatics to the publishing of government regulatory information in the ways we have described in this and the previous BISQAS-1 project report.

In undertaking an analysis of a wide range of quality standards, there appears to be certain types of information that are contained within the semantic content of the standards. We have summarized these in Figure 40 below.

![Figure 40: Types of contextual information embedded in standards](image)

In order to determine the extent to which such contextual information is actually contained in some standards, we undertook an analysis of the FS-OHC standard. We were able to prepare a visualization of the inter-relationship between the components of the standard and external relationships embedded within the standard (see Figure 41).

What can be seen is that the FS-OHC standard references a large number of Published Resources including a several Acts of Parliament. The standard is also unusual in that it contains explicit reference to other standards within the document itself.
8.1.2 The limitations of print-based publishing

Upon closer analysis of these matters, what becomes evident is that the publishing of quality standards is not well suited to a print-presentation format. For example, within the PDF file of the Evidence Guide there is reference to the Aboriginal Cultural Competence Framework (Department of Human Services, 2008) within the FS-OHC standard thirty seven times. This tendency to reference one 'published resource' multiple times is problematic, because it does not result in the compilation of a consolidated list of evidence requirements related to the reason why the published resource is referenced. This places an undue responsibility on CSOs to make such interpretative judgments and is an example of the subtle nature of burden creep that can arise as a result of publishing standards exclusively in a print-based format.

We regard this paradigm shift beyond a print-based approach to standards publishing as no small matter. Thus, in Attachment 7, we outline a comprehensive summary of what we think is involved in this paradigm shift and its implications for any regulatory mechanism that requires the collation of evidence in systematic ways for compliance purposes.

8.2 Inter-relationships between instruments of regulation

In order to address the OCS brief, we undertook further analysis to assess the extent to which the content of the quality standards adequately and coherently reflect the inter-relationships between the various instruments of regulation. We have interpreted the instruments of regulation to include:

- The referencing of Acts of Parliaments within the standards.
- The referencing of other types of published resources such as practice guidelines and the like that form part of the basis of legislative intent.
- The ability of citizen and industry stakeholders to understand the role and the function of the various corporate bodies involved in the
conception, implementation and administration of quality standards publishing and associated regulatory functions, including the changes to these functions over time.

- The continued evolution through time of the evidence-based that forms the basis of quality standard specifications designed to support the best interests of citizens.

We suggest such matters are essential aspects of burden reduction. The publishing of such contextual information needs to re-enforce coherent, inter-related and simple messages for service stakeholders, the public and citizens in general. Thus, we were interested to assess whether there are any appreciable differences in the way Published resource materials and Acts of Parliament are cross referenced in each of the three standards. Thus we discuss this matter as follows.

8.2.1 Acts of Parliament

A) Information and Privacy Act, 2000

There appears to be a common concern for compliance against the Information and Privacy Act, 2000 across the three standards, as outlined in Figure 42 below. Thus, there is potential to leverage the benefits of a common approach to this Act across the three sectors.

![Figure 42. The Information and Privacy Act, 2000 as an example of an Act referenced in all three standards](image)

B) The Children, Youth and Families Act, 2005

There is significant cross-referencing of the Children, Youth and Families Act across all levels of components that make up the FS-OHC standard. To a lesser extent some reference is made to this Act in the Housing sector, but interestingly no reference is made to this Act in the Disabilities standard. This matter might require some investigation because it is not clear why this legislation might not have some influence on the shape of Disabilities standard as it relates to children with a disability. We do note that this matter might not be a straight forward as responsibility for children with a disability up to the age of eight does not lie with the Department of Human Services.
8.2.2 Published Resources

C) Cross referencing of all published resources

The amount of external referencing from the FS-OHC standard appears to be significantly greater than is the case in relation to Disabilities and Housing. Thus, in any move towards an integrated standard, some consideration as to the types and amounts of published resources that would be cross referenced in the standard would need to be considered.

D) Published resources with a focus on cultural competence

We have included two examples of published resources that focus specifically on improving the capacity of delivering culturally competent and inclusive services. These examples are the Aboriginal Cultural Competency Framework (Department of Human Services, 2008) and the Cultural Diversity Guide (Department of Human Services, 2006) and these are presented as visualisations in Figures 45 and 46.

It is clear that there has been a much greater emphasis on specifying the requirement for culturally inclusive services across the FS-OHC sectors than in Disabilities and Housing. Thus, the move towards an integrated standard might do much to strengthen an integrated approach to such matters across all three sectors.
8.2.3 Corporate bodies, including government departments

One of the most challenging parts of this BISQAS project has been attempting to understand the myriad of organizations involved in the conception, oversight and administration of the implementation of quality standards across the three sectors. Not only are the content of the standards themselves fragmented, but so too are the audit requirements and responsibilities. The standards themselves do not contain this information on a consistent basis. Nor has it proved easy to access this information from the public websites across the different Victorian Government Departments. We have included Figure 47 below to highlight some of the corporate bodies we understand to be involved in the administration of each of the quality standards. However, the reason for including reference to this is to highlight that more attention is required to publish the contextual information that surrounds the administration of quality standards across the State of Victoria.
8.2.4 The continued evolution of a practice evidence-base

We claim that perhaps one of the most important instruments of regulation is the publishing of the practice evidence-base underpinning standards compliance. For a knowledge society, we suggest this involves commitment to notions of public knowledge itself and thus one of the instruments of regulation involves the publishing of public knowledge assets. Thus a public knowledge space should support the engagement of multiple and possibly competing stakeholder groups who have an active interest in the dual objectives of supporting the well being of citizens benefits and the creation and distribution of public knowledge assets. We think that continued and modest interventions in this domain could do much to strengthen the quality and the resilience of the knowledge capacity of the Victorian community sector in very substantial ways in the years ahead. This will be especially the case with the impending retirement of the baby-boomer workforce. Thus, in Attachment 7 of this report, we provide a summary of what might be possible if a wider approach were to be adopted in these demanding areas of public administration. We suggest these matters inter-relate quite significantly with the recent Parliamentary Inquiry into Improving Access to Victorian Public Sector Information and Data (Economic Development and Infrastructure Committee, Parliament of Victoria, June 2009).

8.3 Summary of key findings

The appropriate publishing of quality standards remains an important responsibility of Government. The publishing and enforcement of minimum quality standards provides a pathway for ensuring that:

- Citizens can be assured of receiving reasonable and safe services based on their best interests, within the resource constraints associated with policy positions of all levels of Government
- Victorian Government ministers know, on balance, that appropriate practice are codified to the extent that these minimize the likelihood of illegal acts or acts of neglect in the delivery of services to those less advantaged in the State of Victoria.
- CSOs can know what they need to know in terms of quality compliance and auditing requirements.
Evidence specifications are kept as simple as possible, whilst at the same time ensuring minimum standards are being upheld.

At the moment, the project has identified significant variation in approach and emphasis in the ways in which quality standards are published. We also suggest that the related instruments of regulation, such as the referencing of Acts of Parliament and other related published resources including practice guides is haphazard, un-coordinated and can unknowingly contributed to burden creep. We provided one example of where one published resource was referenced 37 times within one standard. We suggested that this created un-necessary burdens for CSOs in that more needed to be done to specify minimum evidence requirements for each standard.

Beyond these pragmatic concerns, we suggest there could be great utility to be gained by using a commitment to the publishing of open and minimum standards as a means of investing in public knowledge infrastructure across the Victorian Community sector. The notion of public knowledge is not widely understood and we suggest this idea needs more systematic attention. As a result, we have provided a summary of what we consider to be the benefits of this approach (see Attachment 7). This has been prepared as a supplement to the original BISQAS vision outlined in the BISQAS-1 project report.

9 TECHNOLOGY DIFFUSION

A further aspect of the project brief specified in the RFQ (OCS, 2010) required us to look at:

methods of application to enable further analysis of an extended range of service quality standards in other services.

The textual analysis undertaken in this project has been reliant upon two types of innovation capacity. The first has been the continued use of the Australian expression of the Encoded Archival Context (EAC) Standard as a basis for analysing the various standard components documented in Attachments 3 and 4. The rationale for using the EAC framework has previously been discussed in the BISQAS-1 project report (Vines et. al. 2009). The analysis of all standard documents using this EAC framework has provided the basis for data entry. We explain the different approaches between the BISQAS-1 project and this project in the body of this report.

The second innovation capacity has been the export of EAC compliant data for use within a software program to create the hundreds of visualisations included in this report. These visualisations provide an effective way for stakeholders to understand complex matters associated with the compatibility / incompatibility of the social languages used across the three sectors. These types of visualisations are likely to be crucial to facilitate a context for meaningful change management within the Department of Human Services and the Victorian Community Sector itself. Effective change management will be required for effective development and adoption of an integrated standard both within the Department and across the sectors.

In going forward in order to support the efficiency of any harmonisation process, there are a number of learnings from this project that would be helpful amplify beyond the boundaries of this project. These are summarised here.
The project has confirmed the importance of drawing upon the systematic use of human interpretative intelligence to resolve semantic differences. No amount of automation can resolve problems of semantics.

The EAC framework should be retained because it is fundamental to the ability, for example, to publish the changes to standards through time, including changes to the evidence-base that form the basis of standard specifications in the first place.

There is a need to develop more integrated tools to assist with supporting more efficient data-entry and relationship mapping. These features are fundamental to the EAC framework. Current approaches to data entry and relationship mapping are excessively manual.

There is also a need to develop visualisations of identified relationships more efficiently. This particular aspect of innovation is especially problematic, because it could require significant changes to the overall software platforms currently being used to support the rendering of visualisations.

These capacity enhancements would assist greatly in harmonising other clusters of standards. But equally, in parallel to these suggested activities, there is also a need to increase the level of understanding within Government and the community sector itself about the principles of contextual information management that have been drawn upon to conduct this project and that are outlined in the BISQAS-1 project. We think these aspects of intellectual property developed by the eSRC and its networks over a long period of time are of significant public importance. They go to the heart of the ability of Government and the community sector to work systematically towards the types of transformations outlined in the recent Parliamentary Inquiry into Improving Access to Victorian Public Sector Information and Data (Economic Development and Infrastructure Committee, Parliament of Victoria, June 2009).

These matters are not insubstantial and will require significant and coordinated advocacy to make an impression across Government. To this extent, we recommend that an invitation only roundtable is convened by the eSRC to bring a number of parties together. The objective would be twofold. First such a forum would allow the critiquing of a proposed technology / investment pathway to support capacity enhancements to harmonise a wider number of standards. Second, this same forum would provide a means for Government itself to get a greater sense of the transformation challenge required to effectively reduce burden across the Victorian Community Sector and beyond.
ACKNOWLEDGEMENTS

The Project Team would like to acknowledge the efficient and intellectual assistance provided by Ailie Smith from the eScholarship Research Centre throughout this project.

We would like to re-affirm our previous acknowledgement of Dean Lombard and Marina Henley from the Victorian Council of Social Services. Their early support of the BISQAS initiative was very much appreciated.

We are also especially indebted to Greg Brady from Connections Uniting Care who brought to our attention the existence of the National Standards of Practice for Case Management. For this we are very grateful.

We also acknowledge the invaluable intellectual contribution and rigour of the project steering committee: Jen McKinley and Nick Allitt (Office for the Community Sector – Department of Planning and Community Development), Tim Wilmot and Susan Whitelaw (Department of Human Services).
BIBLIOGRAPHY:


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Department of Human Services, 2007d. Life Areas Practice Guide, Disability Services, Victorian Government


Department of Human Services, 2008b. Registration of Community Service Organisations: Client record review tool for family services. Victorian Government


Department of Human Services, November 2008c. Aboriginal Cultural Competence Framework. Victorian Government


ATTACHMENTS 1-7: REFER TO SEPARATE FILE
The Case Management Society of Australia was founded in 1996 in response to growing demands for support and information about case Management. It was established with critical support from health industry stakeholders. CMSA is a non-profit organisation dedicated to the support and development of the practice of quality Case Management.

The CMSA was established to:

- Publicise, advance and encourage the practice of Case Management in Australia.
- Open benchmarking opportunities within Australia and internationally.
- Educate health care professionals, health care delivery organisations, health funds and the general public in the advancement of quality health care; and promote the health benefits and cost/benefit effectiveness of Case Management.
- Promote the professionalism and science of the practice of Case Management in the development of high standards of performance, skill, service and conduct of Case Managers.
- Provide a national forum for, and assist in, unifying the common interests of professionals actively engaged in Case Management through discussions, research and courses of study in the field of Case Management, as well as through the Society's publications, conferences and meetings.
- Establish the means by which persons and firms offering services or products within or to the Case Management field may coordinate their efforts to advance the practice.
- Create opportunities for Case Managers to network with each other.
- The Case Management Society of Australia is the sole representative body of Case Management in Australia. We are the Australian affiliate of the Case Management Society International - a global affiliation that provides education forums, research and networking opportunities, which is linked with other Societies in such places as Africa, Spain, Hong Kong, the United Kingdom and the USA.

The CMSA story so far

Case Managers are now being charged with the responsibility to implement Case Management programs by ensuring collaboration between various disciplinary groups and coordination in the provision of services. There is a focus on quality cost-effective outcomes, and Case Managers are seeking information on how to go about this. CMSA has been established to meet this need. The establishment of an organisation to promote interest, knowledge and standards in Case Management such as the Case Management Society of Australia has provided a focus for practitioners, service providers and funding bodies who are confronting the challenges of the Case Management approach.

Within the first two years of its inception, the focus of the Society broadened to recognise the broad application of Case Management in diverse settings within the health and human services industries in Australia.

Contact:
Executive Officer,
Case Management Society of Australia
(Reg Office 52 Collins St Melb 3000)
PO Box 1228 Castle Hill NSW 2154
Email: cmsa@cmsa.org.au
Ph 02 8850 5447 Fax 02 8850 5447,
Web www.cmsa.org.au
ABOUT THE eSCHOLARSHIP RESEARCH CENTRE

The eSRC is part of the University of Melbourne’s Library and serves both an academic centre and a focus of infrastructure design testing and deployment. It was created in 2007 from the Australian Science and Technology Heritage Centre 1999-2006 which formed part of the University of Melbourne’s Faculty of Arts. The centre works closely with the Director eResearch in the development and implementation of strategies and policies to enable the building of 21st century digital and networked infrastructure, to support research, knowledge transfer and teaching and learning – both within the University of Melbourne, but also on a wider national and international basis.

The Centre comprises a mixture of academic researchers, archivists, librarians, systems analysts, technology developers and programmers, project managers, information technology support staff, web design and use-ability. For example: our academic researchers participate in Australian Research Council funded projects in a variety of roles from Chief Investigators or Partner Investigators to perhaps being part of a broader team providing technical and infrastructure support.

For more information refer to: http://www.esrc.unimelb.edu.au/

ABOUT THE PROJECT TEAM

Gavan McCarthy
Director – eScholarship Research Centre, University of Melbourne

Gavan was the co project leader of the BISQAS phase one project. He has long been recognised internationally and his work has generated several enduring collaborative partnerships – the link with Imperial College London being foremost. He worked with the International Atomic Energy Agency to develop a new conceptual approach to the long-term management of information about radioactive waste, and with the Australian National University to transform the Australian Dictionary of Biography into an online research resource of world stature. These assignments have enabled Gavan to develop an approach to information called “Contextual Information Management”. This approach is now, in part, encompassed in an international standard called the Encoded Archiving Context (EAC) – and Gavan has a played a key role in supporting EAC as an international XML standard. He has also worked closely with Joanne Evans in the development of the Heritage Document Management System (HDMS) and the On-line Heritage Resource management system (OHRM) which provide an ontological framework for enterprises to adopt an approach to contextual information management.

Michael Jones
Archivist and staff member – eScholarship Research Centre

Michael plays a pivotal role at the eSRC with his practical knowledge of the On-Line Heritage Resource Management System (OHRM) and the Heritage Document Management Systems (HDMS). The has extensive experience in archival processing to international standards; preparation and publication of guides to records/finding aids; arrangement, description and preservation of archival materials; researching and writing detailed contextual information, including
information on provenance and related entities; surveying and accessioning collections; digital imaging of archival material, and processing of images to allow access online; and preparation of funding proposals, including research into background information, calculating labour and materials costs, etc.

He also has a background in technical and quality coordination in the corporate sector arising from a four year engagement with MLC (National Australian Bank).

**Richard Vines (Principle researcher and author)**
*
*Director – Project Lessons – Strategic Solutions*
*
Richard Vines is an Honourary Research Fellow with the eScholarship Research Centre. He has teamed up with the eSRC to develop practical solutions to the problem of burden and regulation within the Victorian Community Sector. It has been his background in knowledge management and industry analysis that first precipitated discussions with the eSRC back in 2007 about possibilities to solve a number of interacting problems within the Community sector. For example, these discussions have continued to evolve and have contributed to the establishment of sector initiatives including the BISQAS initiative (Better Integrated Standards and Quality Assurance Systems) and to early conceptions of the Pathways Project (University of Melbourne, 2007, Pathways, 2009) – or the Who Am I? project.

A common theme relevant to both BISQAS and the Pathways projects is that all types of professional practice relevant to the Community Sector are being disrupted and influenced by the transition away from traditional print and paper based paradigms towards ones influenced by digital technologies and content markup. Richard’s understandings of these paradigmatic shifts arose from a period of working for eight years in Australia’s print and publishing industries part of which included as a consultant within a Commonwealth Government sponsored program called the Enhanced Printing Industries Competitiveness Scheme. Significant periods of time providing Lessons Learned, sector development, research and development management and International Briefing Services has also shaped his understanding of the theory and practice of knowledge management.

**Chris Kirk**
*
*Managing Director: Export Data Australia Pty Ltd.*
*
Chris is a Honourary Research Fellow with the eScholarship Research Centre. He has worked in computer hardware and software related positions for nearly 30 years. He has extensive experience in the analysis of processes as well as the design and implementation of both large and small scale information systems. He has an ongoing interest in high performance database systems and the interoperability of distributed information systems. He is a current member of the Special Interest Group on the Management of Data (SIGMOD) with the Association for Computing Machinery (ACM). Chris has played a key role in the BISQAS initiative through his advancement of the use of visualizations and visualization software systems. Achievements have included:

- Service and Support Information Systems management throughout Asia including; Call Centre, Field Service Management, and Spare Parts Inventory Systems;
• Management of post sales support for consumer digital products throughout the Asia region including; Email support, and provision of online technical information;
• Regulatory compliance, product safety and recall processes for consumer products throughout Asia.
• Establishment of three call centre facilities supporting twelve countries in the region with eight languages and more than 425,000 individual contacts per year;
• Establishment of more than 120 digital camera repair facilities throughout Asia;
• Implementation of an internet based information system that link repair centres, call centres and local Kodak offices.
ATTACHMENTS

These attachments form part of the BISQAS-2 Final report to the Office for the Community Sector (2010).

ATTACHMENT 1: MILESTONES DOCUMENTED IN PROJECT PLAN

ATTACHMENT 2: LIST OF STANDARD DOCUMENTS

ATTACHMENT 3: FRAMEWORK FOR DATA ENTRY

ATTACHMENT 4: LIST OF DIFFERENT TYPES OF METADATA

ATTACHMENT 5: THE BEST INTERESTS CASE PRACTICE MODEL

ATTACHMENT 6: VISUALISATIONS FOR FRSP STANDARD

Domain 1: Leadership and Governance
  Standard 1: Values and Ethical Framework
  Standard 2: Governance

Domain 2: Strategy, Policy and Planning
  Standard 3: Planning

Domain 3: Information and Analysis
  Standard 4: Management of Data

Domain 4: People
  Standard 5: Entry of Practitioners
  Standard 6: Supervision of Practitioners
  Standard 7: Training and Development
  Standard 8: Staff Appraisal
  Standard 9: Safety of Staff

Domain 5: Client Focus
  Standard 10: Accessibility of Services
  Standard 11: Managing Client Feedback and Complaints
  Standard 12: Client Confidentiality and Privacy
  Standard 13: Client Safety

Domain 6: Process, Products and Services
  Standard 14: Service Design

Domain 7: Organisational Performance
  Standard 15: Assessing Performance

ATTACHMENT 7: RATIONALE FOR THE BISQAS VISION
## ATTACHMENT 1: MILESTONES DOCUMENTED IN PROJECT PLAN

<table>
<thead>
<tr>
<th>OCS specification</th>
<th>eSRC response and commitment</th>
</tr>
</thead>
</table>
| Identification of three to five human services delivered by NFP community organisations in Victoria and the relevant service quality standards, accreditation systems and other linked instruments of regulation; | eSRC to undertake an in-depth analysis of standards, mapping of document structures and implement data entry at appropriate levels of granularity for each standard. The eSRC suggested a cluster of three standards namely:  
- Family Services / OHC (State centric);  
- Disabilities (State Centric with Commonwealth overlay); and  
- HASS housing (State Centric with Commonwealth overlay). It was suggested these standards be selected based on the possibility that management responsibility for these standards might be merged within DHS. The eSRC suggested that the BISQAS-2 could provide a useful resource to support appropriate internal 'change management and outcomes'. |
| A high level registration of the current service quality standards for the identified three to five services; | eSRC to map the contextual framework around each standard and publish this within an appropriate technology platform to deliver outputs to support the development of an on-line networked community of interested stakeholders. |
| A detailed publishing of the service quality standards using industry standard names; | eSRC to publish the content of the three standards in a way that reflects the document structure and semantics embedded within the print versions of these standards. |
| Cross mapping and identification of commonality and potential conflict of the particular standards; and | eSRC to map appropriate parts of the Family Services / OHC, Disabilities and HASS standard to:  
- Relevant "practice standards" from the Primary Health Care Partnership Services Coordination framework as outlined in the following Statewide Primary Care Partnerships Initiative documents: Suggested Cluster of standards  
  - Victorian Services Coordination Practice Manual  
  - Good Practice Guide  
  - Continuous Improvement Framework  
- Relevant parts of a generic "organisational management standard". |
| Mechanisms for reducing the amount and duplication of the service quality standards within and across the selected services. | eSRC to:  
(a) Identify and research "outliers" from the mapping of standards, with recommendations regarding standards harmonization;  
(b) Produce visualisations of the different elements and sub-elements within each standard and their relationships to the practice and organisational standards with the view of recommending how to reduce duplication  
(c) Release of on-line quality standards knowledge space (which at a later stage would become a public knowledge space) to support on-going efforts to harmonise the three standards. |
## ATTACHMENT 2: LIST OF STANDARD DOCUMENTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Standard documents</th>
</tr>
</thead>
</table>
  • Registration of Community Service Organisations: Client record review tool for family services, Department of Human Services, 2008. |
| **Housing**                     | • Housing Assistance Service Standards (HASS). Section 1: Upholding and promoting rights. Department of Human Services, 2005.  
  • Housing Assistance Service Standards (HASS). Section 4: Direct Service delivery to Specific groups. Department of Human Services, 2005.  
ATTACHMENT 3: FRAMEWORK FOR DATA ENTRY

The following schema was used as a basis for data entry. The overall schema relates to the Australian expression of the Encoded Archival Context standard as being developed collaboratively between the eSRC and the Australian National Library.

ENTITY DEFINITION METADATA

Metadata entries included:

1. Name of the entity
   - The name of the entity was taken directly from the quality standard. For example, if the unit of content in the standard referred to ‘Accessibility of services’, then the name of the entity became ‘Accessibility of services’.

2. Entity type
   - Each entity was identified as a particular type of entity. For example, the Name of the Family Services – Out of Home Care standard called: Evidence Guide for Registered Organisations, was ascribed the entity type: ‘Standard Document’. For units of content within the document themselves, these were given the type ‘component’ and a four letter code was added to assist identify which sector the content referred to.

3. Binomial name
   - The binomial name is attached to all units of content and refers to the name of the standard document from which the content was sourced

4. Entity category
   - The category of entity has been chosen as much as possible to reflect the integrity of the standards themselves. For example, a category of entity from the Case Management standard referred to whether the unit of content was formed part of the ‘rationale’ of each standard.

5. Function
   - The function of the entity reflects an interpretation of what the entity does within the context of the quality standard. For example, the function of an entity might be to require the specification of a particular type of evidence – for example, evidence of understanding, or evidence of approach (relevant to the Family Services Standard).

<table>
<thead>
<tr>
<th>Component name</th>
<th>Sector / focus of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSOH component</td>
<td>Family Services and Out of Home Care</td>
</tr>
<tr>
<td>DISB component</td>
<td>Disabilities</td>
</tr>
<tr>
<td>HOUS component</td>
<td>Housing</td>
</tr>
<tr>
<td>CMSA component</td>
<td>Case Management</td>
</tr>
<tr>
<td>FRSP component</td>
<td>Family Relationships Services program</td>
</tr>
</tbody>
</table>
RELATIONSHIP DEFINITION METADATA

Metadata entries included:

1. Entity identification (ID) number
   - The ID number of the source entity which forms the basis of the relationship.

2. Related ID number
   - The ID number of the related entity

3. Relationship label
   - As much as possible, the relationship label has been chosen to reflect the language embedded within the document. A list of the relationship labels used within the project are as follows:

3. Relationship meta-type
   - This metadata aims to describe the type of relationship used as a basis for cross mapping entities. This metadata has been included in the notes field

4. Relationship description
   - This metadata aims to describe the type of relationship used as a basis for cross mapping entities. This metadata has been included in the description field
ATTACHMENT 4: LIST OF DIFFERENT TYPES OF METADATA

We have provided a list of the types of metadata to comply to a spirit of openness. We are aware of different approaches to the systematic use of relationship types and meta-types. However, we feel much work is required to evaluate the best approach as it pertains to the use of the Australian expression of the Encoded Archival context standard.

<table>
<thead>
<tr>
<th>List of categories</th>
<th>List of entity functions (those in <em>italics</em> relate only to the context entities)</th>
<th>List of relationship types</th>
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</thead>
<tbody>
<tr>
<td>Evidence Guide</td>
<td>Evidence of Approach</td>
<td>Builds On</td>
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<tr>
<td>Standard</td>
<td>Evidence of Understanding</td>
<td>Cross-maps To</td>
</tr>
<tr>
<td>Standard Section</td>
<td>Evidence of Action</td>
<td>Ensured by</td>
</tr>
<tr>
<td>Performance Criteria</td>
<td>Feedback/Evaluation</td>
<td>Ensures</td>
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<td>Organisational Attribute</td>
<td>Documentation that can</td>
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<tr>
<td>Evidence Category</td>
<td>support good practice</td>
<td>Explained By</td>
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<td>Requirement</td>
<td>Processes that can support good practice</td>
<td>Has Criterion</td>
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<tr>
<td>Quality Framework</td>
<td>Measuring outcomes to support good practice</td>
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<td>Evidence Indicator</td>
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<td>Has Requirement</td>
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<tr>
<td>Practice Guide</td>
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<td>Indicates</td>
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<tr>
<td>Life Area</td>
<td></td>
<td>Interpretation</td>
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<tr>
<td>Outcome Measure</td>
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<td>Evidence of Good Practice</td>
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</tr>
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<td>Criteria</td>
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<td>Is Criterion For</td>
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<td>Is Cross-mapped From</td>
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<td>Self-Assessment Guide</td>
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<tr>
<td>Template</td>
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<td>Is Indicated By</td>
</tr>
<tr>
<td>Practice Area</td>
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<td>Is Met By</td>
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<tr>
<td>Practice Area Subsection</td>
<td></td>
<td>Is Part Of</td>
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<tr>
<td>Signpost of Good Practice</td>
<td></td>
<td>Is Rationale For</td>
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<td>Explanation</td>
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<td>Is Referred To By</td>
</tr>
<tr>
<td>Section</td>
<td></td>
<td>Is Requirement For</td>
</tr>
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<td>Client Record Review Tool</td>
<td></td>
<td>Is Subsection Of</td>
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<tr>
<td>Indicator</td>
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<td>Meets</td>
</tr>
<tr>
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<td>Previous</td>
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<td>Attribute</td>
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<td>National Standard of Practice</td>
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<td>Principle</td>
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<td>Rationale</td>
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<td>Industry Standard</td>
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<tr>
<td>Outcome Standard</td>
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</tr>
</tbody>
</table>

List of relationship meta-types

- External Cross-Map
- Internal Document Cross-reference
- Internal Equivalence
- Internal Hierarchical
- Internal Non-hierarchical
- Internal Sector Cross-reference
- Internal Sector Hierarchical
List of relationship descriptions

(part meets - does not meet the data & info systems requirements of the Family Services and Out of Home Care Standard)
Australian Council of Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) Standard 3.1, criterion 3.1.2 & 3.1.4
Australian Council of Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) Standard criterion 3.1.1, 2.1.1
Evaluation and Quality Improvement Program (EQuIP) criteria 2.2.1 and 2.2.2
Evaluation and Quality Improvement Program (EQuIP) criteria 2.2.3
Evaluation and Quality Improvement Program (EQuIP) criteria 3.1.2
Evaluation and Quality Improvement Program (EQuIP) Standard 1.1.8, 2.3.1
Evaluation and Quality Improvement Program (EQuIP) Standard 1.6.2, 1.1.3
Evaluation and Quality Improvement Program (EQuIP) Standard 2.1.1
Evaluation and Quality Improvement Program (EQuIP) Standard 2.3, criterion 2.3.1, 2.3.2, 2.3.3 & 2.3.4
Evaluation and Quality Improvement Program (EQuIP) Standard 3.1.2, Evaluation and Quality Improvement Program (EQuIP) criteria 2.2.4
Family Services only
Home and Community Care (HACC) Standard 3.1, 3.2
Home and Community Care (HACC) Standard 3.2
Home and Community Care (HACC) Standard 3.3
Home and Community Care (HACC) Standard 6
Home-based care only
Home and Community Care (HACC) Standard 3.1, 3.2
Home and Community Care (HACC) Standard 3.2
Home and Community Care (HACC) Standard 3.3
Home and Community Care (HACC) Standard 6
Homelessness Assistance Service (HASS) Standard 1.4
Homelessness Assistance Service (HASS) Standard 1.4.11
Homelessness Assistance Service (HASS) Standard 9.2, 9.3
Homelessness Assistance Service Standard (HASS) 1.1, 8.2, 7.1, 7.2, 7.3 & 7.4
Homelessness Assistance Service Standard (HASS) 1.2, 2.1.2
Homelessness Assistance Service Standard (HASS) 1.4
Homelessness Assistance Service Standard (HASS) 5.1, 5.2
Homelessness Assistance Service Standard (HASS) 7.3, 8.1
Homelessness Assistance Service Standard (HASS) 8.3
Homelessness Assistance Service Standard (HASS) 9.1
Homelessness Assistance Service Standard 1.3
Homelessness Assistance Service Standard 9.2
Homelessness Assistance Service Standards (HASS) 2.1.4, 2.1.5, 2.1.6, 2.1.8, 2.1.9, 2.1.10
Homelessness Assistance Service Standards (HASS) 7.3, 8.1
Homelessness Assistance Service Standards (HASS) Standard 4.4
International Organisation for Standardisation (ISO) 6.2.2 Competence, awareness and training
International Organisation for Standardisation (ISO) 9001 6.2.2 Competence, awareness and training
International Organisation for Standardisation (ISO) 9001 Customer comm. 2.1.3
International Organisation for Standardisation (ISO) 9001 6.2.2 Competence, awareness and training
OoHC only
OoHC only. Specific to residential care services.
Practice evidence directly applicable to residential care services
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.1
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.1, 1.7, 1.6, 2.2
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.2
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.3
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.4
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.5
Quality Improvement and Community Services Accreditation (QICSA) Standard 2.1, 2.5
Quality Improvement and Community Services Accreditation (QICSA) Standard 2.4
Quality Improvement and Community Services Accreditation (QICSA) Standard 2.4, 1.5
Quality Improvement and Community Services Accreditation (QICSA) Standard 2.4, 2.5
Quality Improvement and Community Services Accreditation (QICSA) Standard 1.2
Residential care services only
Similar usage of the phrase 'Case Management'
Similar usage of the phrase 'Client Focus'
Similar usage of the phrase 'Organisational Performance'
Similar usage of the phrase 'Personal Development'
Similar usage of the phrase 'Training and Development'
Similar usage of the word 'Access'
Similar usage of the word 'Accessibility'
Similar usage of the word 'Accountability'
Similar usage of the word 'Advocate'
Similar usage of the word 'Appraisal'
Similar usage of the word 'Assessing'
Similar usage of the word 'Assessment'
Similar usage of the word 'Assessment', as part of the phrase 'Health Assessment'
Similar usage of the word 'Case'
Similar usage of the word 'Client'
Similar usage of the word 'Communication'
Similar usage of the word 'Community'
Similar usage of the word 'Complaints'
Similar usage of the word 'Confidentiality'
Similar usage of the word 'Data'
Similar usage of the word 'Design'
Similar usage of the word 'Development'
Similar usage of the word 'Direction'
Similar usage of the word 'Entry'
Similar usage of the word 'Ethical'
Similar usage of the word 'Evaluation'
Similar usage of the word 'Family'
Similar usage of the word 'Feedback'
Similar usage of the word 'Financial'
Similar usage of the word 'Focus' (Client)
Similar usage of the word 'Framework'
Similar usage of the word 'Governance'
Similar usage of the word 'Information'
Similar usage of the word 'Leadership'
Similar usage of the word 'Management'
Similar usage of the word 'Managing'
Similar usage of the word 'Monitoring'
Similar usage of the word 'Operational'
Similar usage of the word 'Organisational'
Similar usage of the word 'Outcome'
Similar usage of the word 'Performance'
Similar usage of the word 'Personal'
Similar usage of the word 'Planning'
Similar usage of the word 'Policy'
Similar usage of the word 'Practitioner'
Similar usage of the word 'Privacy'
Similar usage of the word 'Process'
Similar usage of the word 'Product'
Similar usage of the word 'Relation'
Similar usage of the word 'Rights'
Similar usage of the word 'Risk'
Similar usage of the word 'Safety' (of Client)
Similar usage of the word 'Safety' (of staff)
Similar usage of the word 'Service'
Similar usage of the word 'Solutions'
Similar usage of the word 'Staff' (Appraisal)
Similar usage of the word 'Strategic'
Similar usage of the word 'Strategy'
The Department for Victorian Communities took control of the youth affairs function of the Department of Human Services in 2002.

The Department of Education and Early Childhood Development took control of pre-school welfare from the Department of Human Services in 2007.

The Department of Health took control of the health, mental health and aged care functions of the Department of Human Services in 2004.

The Department of Human Services assumed all of the functions of the Department of Health and Community Services in 1996.

The Department of Human Services took over responsibility for youth affairs from the Department of Business and Employment in 1996.

The Department of Human Services took responsibility for the public housing function from the Department of Planning and Development in 1996.

The Department of Planning and Community Development replaced the Department for Victorian Communities in 2007.

The registrar for Housing Agencies reports to the Minister for Housing.

The Registrar of Housing Agencies is a business unit within the Housing Sector Development Branch.
ATTACHMENT 5: THE BEST INTERESTS CASE PRACTICE MODEL

Source:
ATTACHMENT 6: VISUALISATIONS FOR FRSP STANDARD

Domain 1: Leadership and Governance

Domain 1.1 Cross-map on the term ‘Leadership’

Domain 1.2 Cross-map on the term ‘Governance’

Standard 1: Values and Ethical Framework

Standard 1.1 Cross-map on the term ‘Values’
Standard 1.2 Cross-map on the term ‘Ethical’

Standard 1.3 Cross-map on the term ‘framework’ (values and ethical)

Standard 2: Governance

Standard 2.1 Cross-map on the term ‘financial’
Standard 2.2 Cross-map on the term ‘accountability’

Standard 2.3 Cross-map on the term ‘risk’

Standard 2.3 Cross-map on the term ‘system’

Cross-map on the term ‘Framework’ (Values and ethical)
Domain 2: Strategy, Policy and Planning

Domain 2.1: Cross-map on the term ‘Strategy’

Domain 2.2: Cross-map on the term ‘Policy’

Domain 2.3: Cross-map on the term ‘Planning’
Standard 3: Planning

Standard 3.1: Cross-map on the term 'Operational'

Standard 3.2: Cross-map on the term 'strategic'

Standard 3.3: Cross-map on the term 'direction'
Domain 3: Information and Analysis

Domain 3.1: Cross-map on the term 'Information'

Standard 4: Management of Data

Standard 4.1: Cross-map on the term 'data'
Domain 4: People

Standard 5: Entry of Practitioners

**Standard 5.1: Cross-map on the term ‘entry’ (of practitioners)**

**Standard 5.2: Cross-map on the term ‘practitioners’ (entry of)**
Standard 6: Supervision of Practitioners

Standard 6.1: Cross-map on the term 'supervision'

Standard 7: Training and Development

Standard 7.1: Cross-map on the term 'Training'

Standard 7.2: Cross-map on the term 'Development'
Standard 7.3: Cross-map on the term ‘Training and Development’

Standard 7.4: Cross-map on the term ‘Training’, Development’ and ‘Training and Development’
Standard 8: Staff Appraisal

Standard 8.1: Cross-map on the term ‘Staff’ (appraisal)

Standard 8.2: Cross-map on the term ‘Appraisal’ (of staff)
Standard 9: Safety of Staff

Domain 5: Client Focus

Domain 5.1: Cross-map on the term ‘Client’

Domain 5.2: Cross-map on the term ‘Focus’ (on client)
Standard 10: Accessibility of Services

Standard 10.1: Cross-map on the term ‘access’ (accessibility)

Standard 11: Managing Client Feedback and Complaints

Standard 11.1: Cross-map on the term ‘managing’ (feedback) and ‘feedback’ (of client)

Standard 11.2: Cross-map on the term ‘complaint’
Standard 11.3: Cross-map on all terms within standard 11.3

Standard 12: Client Confidentiality and Privacy

Standard 12.1: Cross-map on the term 'confidentiality'

Standard 12.2: Cross-map on the term 'privacy'
Standard 12.3: Cross-map on all terms in Standard 12

Standard 13: Client Safety

Standard 13.1: Cross-map on the term ‘safety’ (of client)

Domain 6: Process, Products and Services

Domain 6.1: Cross-map on the term ‘process’
Domain 6.2: Cross-map on the term ‘service’

Standard 14: Service Design

Domain 7: Organisational Performance

Domain 7: Cross-map on the term ‘Organisational Performance’
Domain 7: Cross-map on the term ‘Organisational’

Domain 7: Cross-map on the term ‘Performance’ (organisational)

Standard 15: Assessing Performance

No Maps

NOTE ABOUT ATTACHMENT 6:
These visualisations are based on the project dataset. Through the project efforts were made to increase the accuracy of this dataset; however, as visualisations were - by necessity - created throughout the project, some early visualisations contain a small structural inaccuracy in the FRSP standard which was later corrected. This inaccuracy does not directly affect any parts of the standard to which cross-maps are attached, and has no impact on the interpretation of these visualisations.
ATTACHMENT 7: RATIONALE FOR THE BISQAS VISION

Background

The problem with current approaches to document management is that print-based paradigms do not allow opportunities for understanding, visualizing, researching and interpreting the complexity of the inter-connections that are implicit in all types of Government documents, whether they are regulatory, legislative or other types of documents. This matter is of immense importance for all levels of Governments – because Governments need to be better able to understand the nature of their interventions such as those applied through the introduction of quality standards, regulations or even legislation. As such, the rationale for the BISQAS project needs to be understood within the broad context of the shift away from print-centric work cultures towards the fundamentally different paradigm of mark up of documents related to syntax, semantics and context.

This broadly based vision associated with the BISQAS project arose from a wide range of inter-connecting influences and knowledge sources. Some of these are summarized as follows:

- The advocacy of the VCOSS Interoperability Working Group and this group’s concern with the inflexibilities and inefficiencies of current data and information systems as these impact the Victorian Community Sector (See Vines, Williams and Lombard, 2008).
- The expertise and historical work of the eSRC centre and its staff and in particular their approach to contextual information management (see for example McCarthy and Evans, 2008).
- The willingness and ability of the Office for the Community sector (OCS) to support new types of interventions and pilot different types of projects based on the Victorian Government’s SCOP Action Plan.

After a Public Forum held by the VCOSS Interoperability Working Group held in March 2009 (VCOSS, 2009) and with the support of VCOSS Staff, a BISQAS proof of concept project was implemented in May – June 2009. A report was prepared at the completion of this project titled: Reducing the Burden, Increasing the Impact: Enabling the growth of quality-knowledge within the Victorian Community Sector (Vines, McCarthy and Jones, 2009).

The first BISQAS project was designed to explore the potential to re-use evidence of compliance between different quality standards (for example between Family Services, Disabilities, Family Relationship Services Program (Commonwealth Govt), Housing and Home and Community Care. This represented a substantial vision associated with the shift away from print based paradigms to new content markup paradigms.
INTERIM REPORT FOR THE BISQAS-2 PROJECT

As an outcome of the first BISQAS project it was realised that the inherent complexities embedded within quality standards and the consequential fragmentation within the Victorian Community sector was too great to allow this vision to be achieved in an immediate sense. Thus the vision of BISQAS evolved to encompass objectives to do with harmonizing quality standards. This challenge is no small matter. It is important to understand that the proposed vision being presented here by the eSRC does not over-emphasise the role of technology in harmonizing standards. Rather, we are developing a vision that would allow cross departmental agreements about regulatory interventions in ways that acts to minimize unforeseen burden imposts.

What will BISQAS deliver, and how will this save Government money?

An implementation of the BISQAS project will provide a number of inter-related benefits. These are summarized as follows:

A) Development of an online information resource to allow government personnel to do their work more efficiently

An implementation of BISQAS will result in the development of a generic tool to assist Government better understand the impact of regulatory or legislative interventions. The particular focus will be on quality standards, but the tool will be extensible and thus it could extend to analysis of regulatory and legislative interventions.

Some of the functionalities of the tool will:

- Provide an ability for Government personnel to navigate through existing quality standards and visualize how different elements within each standard relate to (or otherwise) elements of other standards.
- Enable Government personnel to guide effective change management activities with respect to any proposed intervention. In the case of this particular project (BISQAS) this will be via an objective of harmonizing different quality standards.
- Catalyse opportunities for cross-departmental collaborations, where there are common interests and objectives associated with these different departments.
- Allow for more effective research in terms of impacts of any types of government interventions – in this case through the reform of quality standards.

How this will this save Government money?

As outlined in the report submitted for BISQAS Phase 1, at present there is significant complexity in standards, and in the regulatory, legislative and administrative frameworks surrounding these standards. Some of this complexity is required due to the diversity of the sector; and there is also significant potential for the reduction of complexity through the harmonisation of standards, as discussed above.

The knowledge space proposed in this report will reduce costs in three interrelated ways: by providing a single structured and (over time) authoritative tool for more effectively navigating the current complexity of this area; by providing a tool to assist with planned interventions, leading to the gradual
removal of unnecessary complexity from the system; and by providing an authoritative knowledge space which maps the necessary complexity of community sector standards and their context in a clear, easily navigable way.

In addition, this tool will make both ‘upstream’ and ‘downstream’ impacts of change more visible. Proposed interventions can be analysed, and tracked as changes are made; and the changing relationship between a department, the standards it publishes, and other branches of government will be clearly identifiable.

Over time, this will lead to reduced costs and reduced risk of unforeseen cost as change is implemented more effectively, and with a greater understanding of the consequences on the knowledge system as a whole.

B) Burden reduction through harmonisation of a wide range of quality standards

At the moment, the types of burden reduction and cost imposts arising from multiple quality assurance programs can be summarized as follows. There are costs to:

- Government arising from the number of personnel involved in conceiving, publishing and administering different quality standards in quite different ways - without an ability to pool knowledge and resources across different sectors; and
- Community Sector Organisations (CSOs) in that these organisations have to provide evidence of quality compliance against different standards using varying frameworks. The original BISQAS project highlighted that because of the complexity arising from these different frameworks, there is no way of efficiently using ICT systems to support an integrated quality program across different funded programs.

Harmonisation of standards will create an opportunity to develop a generic framework encompassing both practice and organisational management standards. Over time, therefore, an objective of harmonizing standards will catalyse a greater ability to focus on the interests and service quality of consumers themselves.

One of the benefits of the proposed approach outlined in this report is to draw upon the learnings arising from the Primary Care Partnership (PCP) Networks developed within the health and well being sector. This is why it is suggested the mapping of practice standards within (for example) the family services, disabilities and housing standards to the service coordination standard developed as part of the Victorian Government’s PCP initiative (refer to Attachment 3).

C) Establishment of an authoritative public knowledge space for quality standards – potentially at both State and Commonwealth Govt levels of jurisdiction.

The Pathways Project Website (Pathways 2009) provides an example of the type of knowledge space that would be created as part of this project. Pathways is a project conceived by the eSRC and the University of Melbourne’s School of Social
Work. This collaboration, that includes a consortia of CSOs within the Victorian Community sector\(^1\), and is now the subject of a substantial ARC project.

Pathways is a resource for people who as children were in out-of-home 'care' in Victoria, including people known as 'care' leavers, Forgotten Australians, foster children, wards of the state, adopted children, Homies, child migrants, and members of the Stolen Generations. Some of these experiences overlap – for example, child migrants and the Stolen Generations usually grew up in Homes in Australia and many children were made wards of the state as well as being fostered or adopted. Only a small proportion of all these categories of children were legally orphans and for a time the term 'orphans of the living' was common – they had parents but were not able to be cared for by them for a variety of reasons.

Pathways brings together historical resources relating to institutional 'care' in Victoria from its beginnings in the 1840s through to the present. You can use Pathways to find information, including documents and images, about

- institutions
- organisations that managed children's institutions
- policies
- public figures, and
- legislation.

The proposed BISQAS knowledge space would provide a place to publish authoritative versions of quality standards and also provide a navigation pathway through which access to related regulations and legislation would be found.

D) **Moving away from the print paradigm towards inter-connected documents, related resources, easily navigable knowledge structures, etc, leading to a reduction in duplicated work:**

C1. within and between Govt departments (Commonwealth and State jurisdictions)

C2. between Government and Community sector organisations

C3. between Community sector organisations and their representation bodies such as VCOSS and the Centre for Excellence in Child and Family Welfare

C3. between Government, the community sector, community organisations and research institutions that contribute to the research evidence within the sector

\(^1\) One of origins of this Pathways project was the successful implementation of a 'Knowledge Transfer' project funded by the University of Melbourne to the Centre for Excellence in Child and Family Welfare in 2007. This 'Knowledge Transfer’ project arose from the collaborative relationship established between Gavan McCarthy (Director of the eScholarship Centre) and Richard Vines who was a Knowledge Broker at the Centre for Excellence at the time. This project helped contribute to the development of networks that became part of the foundation for the Pathways project.
A key difficulty in the sector at present is the work required to source standards and related documents (legislation, regulations, guidelines, quality manuals, etc.) when analysing a particular sector or group of standards. This difficulty was outlined in the report produced by BISQAS Phase 1. However, by capturing this information in a knowledge space founded on the idea of the persistence of that knowledge through time – a concept which lies at the heart of the eSRC’s work over many years – this activity will not need to be repeated.

The knowledge space proposed here can be added to over time, and additional work done in future can then be made available to others (other staff, sectors, departments, etc.) as the starting point for their work. The focus on the re-use of research and knowledge gathered through investigation is perceived by academia as a source of significant savings in future, and has the potential to provide similarly reduced costs for Government.

In the move away from a print paradigm, cost reduction is also achieved through the move from a need to “search” to a new presentation of knowledge which allows users to “find” relevant related material. At present, working with standards in the community sector necessitates searching for the related documents referred to by each standard – whether it be on Government or sector websites, in legislation and regulations, via industry bodies, through filed hard copies, and so on. When individual users, sectors, departments or organisations conduct this work there are no effective systems in place to record and store this knowledge for re-use; or, where these exist within individual departments or sectors the knowledge is not available to other stakeholders in the community sector. This means each user of a particular standard must undertake the same search.

The knowledge space proposed here will make this knowledge accessible, so that rather than searching, users will be able to easily find the information and resources they need. In addition, the feedback system created by ongoing work generates an iterative system of knowledge, whereby collective knowledge and the authority structures surrounding it are reinforced (or, where required, challenged) over time. The knowledge space therefore becomes more complete and more authoritative with use, leading to increased reliability, increased efficiency for users, an associated ongoing reduction in costs throughout the community sector – and ultimately, higher quality outcomes for consumers.

E) Enhanced commitment to quality knowledge and knowledge systems

The introduction of a more generic quality management framework within the Victorian community sector is likely to have significant flow on effects in terms of efficiencies of data and information management. For example, if a generic care planning framework can be introduced across multiple sectors where the culture of case management is practiced, this is likely to result in more convergence in the architectures associated with data capture and exchange.

In turn, these sorts of reforms could do much to re-enforce a key recommendation of the Productivity Commission’s (2010) report into the Not for Profit Sector, when it highlighted the need to strengthen the knowledge systems of the NFP sector as a whole.
F) **Strengthened capacity for effective records management practices within the community sector.**

The eSRC understands that the Auditor-General has recommended the need to support contracted agencies (such as CSOs) to embrace better record keeping arrangements. This is line with the objectives arising from the BISQAS proof of concept project in which it was highlighted how a reformed approach to quality standards could be implemented in ways that are in alignment with enhanced records management practices.

The eSRC through the Who Am I project (see the Pathways Website) is currently engaged in supporting the Community Services Sector to develop stronger capacity in records management, particularly as this relates to the Out of home care sector. In fact many Community Service organisations are beginning to adopt the eSRC's Heritage Document Management System (HDMS) in order to apply more rigorous processes associated with managing case management and other records.

In principle, this BISQAS project has the potential to become a catalyst for coordinated investment into a web services solution related to records management and compliance with the principles of contextual information management.

G) **Possibilities to pool resources, funds, research and knowledge networks**

The proposed structure of the BISQAS implementation project creates an effective framework to multiply resources. For example, different departments would be able to contribute to mapping initiatives, which would result in expanded potential to develop technology and knowledge networks associated with the project.

Through the BISQAS project, other sector initiatives have been identified. For example, the Australian Psychological Society has done much to support streamlined and effective service delivery between GPs and psychologists through the projects such as the 'Clinical Psychology in General Practice Project', a Federal Government evaluation of psychological services in primary care (Vines, PhD thesis 2009). Further, they have done much to develop professional standards to support these sorts of integrated service paradigms.

**Broader considerations**

The benefits of a prolonged BISQAS initiative as described above will prove to be substantial. We suggest there is a need to conceive such reform within a broad context. We discuss two elements of these broader considerations as follows.

A) **The scale of the burden reduction challenge**

Research indicates that the number of quality standards that impact on the Community Sector and its interaction, for example, with the health sector is quite large. There is also the extra complication of the impact of Commonwealth Government standards as well.
It is within this context, that we think there is a need to advocate at higher levels in order to effectively address this problem of burden reduction and quality standards harmonisation. We would recommend to the OCS that consideration be given to undertaking an advocacy initiative in order to place this matter on the agenda of the Business Regulation Working Group (or some relevant Ministerial Council) under the umbrella of the Council of Australian Governments.

**B) Ownership, maintenance, and skills and technology transfer**

We have previously highlighted that the BISQAS initiative must be understood within the context of the continued migration away from documents conceived using traditional print-based paradigms. To realise the full value of this project, beyond the finite conception of the BISQAS implementation project as outlined in this project, there is a need to address the ongoing ownership, governance and maintenance of the online information resources created.

Moving beyond these outputs to long term, sustainable operation of a networked knowledge space needs to be understood as an entirely separate and substantial initiative involving (but not limited to) substantial skills and technology transfer. This type of investment is needed irrespective of the problem of burden reduction. That is, there is a wider trend involving the evolution of technology away from print paradigms towards paradigms involving markup of documents to reflect syntax, semantics and contextual factors. It just so happens that it is in the area of burden reduction that these new approaches to document management will offer the greatest benefit to Government.

**Conclusion**

If the BISQAS vision is implemented, as the initiative progresses, the key achievements will be as follows:

**Outputs:**
- An online information resource to allow government personnel to do their work more efficiently
- An authoritative public knowledge space for quality standards – potential at both State and Commonwealth Govt levels of jurisdiction

**Outcomes**
- Significant burden reduction through harmonisation of a wide range of quality standards
- Increased cross collaboration between Government departments
- A significant boost to innovation capacity between government and the community sector, and in particular enhanced capacity for the NFP sector to adopt appropriate records management skills and knowhow
- Knowledge network formation, which has the potential to create channels for significant investments in community based informatics and ICT know-how and capacity
- Significant reduction in duplication between governments (potentially at Commonwealth and State Govt levels), between Government departments, between Government and the NFP sector and between Government, the community sector, community organisations and...
research institutions that contribute to the research evidence within the sector

• Enhanced commitments to quality knowledge and knowledge systems along the lines recommended in the Productivity Commissions Report into the NFP sector (2010).

Benefits

• Enhanced productivity at all levels across the Community sector
• Enhanced capacity to deliver consumer benefits and outcomes
• Increased knowhow in relation to ICT and technology transfer to Government and to the NFP sector
• Increased possibilities for effective transmission of market signals, particularly into areas where the research evidence needs to be strengthened to secure enhanced outcomes
• Enhanced partnership and governance across the sector. Leading to greater clarity of role definition, including players such as regulators, auditors, and researchers.

Beneficiaries

• Personnel across a wide range of Victorian Government departments – at different levels of authority
• Personnel across a wide range of Commonwealth Government departments – at different levels of authority
• The Council of Australian Governments
• Leaders within the Victorian Community sector
• Practitioners within the Victorian Community sector
• Researchers from the University sector who have interests in aligning the research evidence base with the evolution of quality standards specifications
• Quality auditors
• Information system managers across all levels of governments and the NFP sector.
Author/s:
VINES, RICHARD; MCCARTHY, GAVAN; JONES, MICHAEL; Kirk, Chris

Title:
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