



# Quality Assessment Framework (QAF 2)

## Useful Information

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## ***Background***

The Northern Ireland Housing Executive (NIHE) acts as the Administering Authority for the Supporting People (SP) Programme in NI. This role includes the monitoring and review of services delivered under the programme.

The overall monitoring and review framework was considered as an area for potential business improvement as part of the Modernising Services Project. As a result SP has developed the new contract management arrangements which build upon the elements in the former review framework, including the Quality Assessment Framework (QAF).

At the same time the QAF in England has been reviewed and a new QAF (herein referred to as QAF2) was launched in February 2009 for use by SP providers operating in England from April 2009 onwards.

It was decided that SP would introduce a new QAF in NI based on the QAF2 introduced in England. Since then work has been ongoing to prepare for QAF2's introduction.

## ***QAF 2 Reading Group***

In preparation for the introduction of QAF2 a Reading Group was established with the aim of evaluating the draft documentation and processes with a small sample of providers. This would then inform its general rollout in terms of the documentation and guidance for providers and training required.

Providers involved in the Reading Group received training on the QAF2 and were asked to complete the QAF2 self assessment for 1 of their contract management groups which was then validated by the SP team. Providers who participated are exempt from submitting the QAF 2 for these contract management groups in 2011/12 as part of their annual returns.

Providers involved in the Reading Group have been asked to submit a short questionnaire detailing their experiences in terms of completing the self assessment and undergoing the validation process. An evaluation report is being produced based on these returns and lessons learned so far have been incorporated into the rollout of QAF2 as an annual return for all providers.



### **The Quality Assessment Framework 2 (QAF2)**

QAF2 is an amended version of the original but is intended to be more streamlined and less onerous to evidence with a greater focus on outcomes and service user involvement.

### **Main changes to the QAF**

The main change to the QAF is the removal of the prescriptive list at levels A and B. Services at levels A and B have to demonstrate that they make the grade through examples of the work they are carrying out. This is a move away from the prescriptive list that the old QAF included, instead using evidence examples, which allows services to demonstrate their value in a variety of ways. However, at level C, a mandatory list remains, which is the minimum level that providers should meet. Providers who do not meet level C will be seen to not have met the standard at all, as there is no longer a level D.

The format of the QAF has also changed significantly. Whereas under the old QAF each performance level had its own standards, the QAF2 differentiates between different levels of performance within each standard. As a result, the number of standards overall is significantly reduced. Since assessment is no longer cumulative, the scoring mechanism for determining overall performance levels has also changed. This is explained in more detail on page 5.

### **New QAF objectives**

Objective	Number of standards:	
	QAF 2	Old QAF
C 1.1 Assessment and Support Planning	5	28
C 1.2 Security, Health and Safety	3	15
C 1.3 Safeguarding and Protection from Abuse	5	12
C 1.4 Fair Access, Diversity and Inclusion	3	23
C 1.5 Client Involvement and Empowerment	5	40
<b>TOTAL</b>	<b>21</b>	<b>118</b>



### ***Assessment and Support Planning***

The new Assessment and Support Planning section has combined the two old objectives concerning Needs and Risk Assessment and Support Planning. This reduces the duplication of evidence that was produced in the old QAF.

The QAF2 focuses on support planning and risk assessments, and 'appropriate risk taking'. The concept of risk management has been made more explicit. Support planning should focus from the beginning on resettlement and move on.

### ***Security, health and safety***

This objective has not undergone many significant changes. The main alteration focuses on health and safety to include the wider community. There have also been a number of legislative changes which will be detailed in the QAF2 guidance document. Providers should be aware that health and safety legislation will apply differently in accommodation based services and floating support services.

### ***Safeguarding and protection from abuse***

The major change to this objective is that it now includes the safeguarding and protection of children, as well as vulnerable adults. There is also a stronger emphasis on multi-agency working. The extent to which services are responsible for the safeguarding and protection of children depends on the type of service they are.

The QAF2 identifies four types of services which come into contact with children. They are as follows:

- services where children are known to live
- services where children may live
- services where children may visit
- services where children neither live or visit, but clients may have access to children.

All services should have a stronger emphasis on multi agency working in relation to protection issues. Relevant services should show awareness of and engage in, the Common Assessment Framework (UNOCINI), Public Protection Arrangements NI (PPANI) and Multi-Agency Risk Assessment Conferencing (MARAC).

### ***Fair access, diversity and inclusion***

The standard has been updated to take account of recent changes in legislation.

Policies and procedures in relation to equality and diversity should take into account all the statutory requirements, but should also cover other aspects such as dress or appearance.

The requirements in relation to Equalities Schemes and Equality Action Plans should be in proportion to the size of organisation.



The requirement of 'fair exit' from service has also been introduced. The concept of 'fair exit' is twofold. First, ensuring that services are terminated in accordance to the law, and being transparent in why they are terminated. Second, in short term services, this relates to ensuring that move on processes are fair and transparent, and both clients and staff are clear about what move-on options are available.

## ***Client involvement and empowerment***

The client involvement and empowerment objective is new, combining the previous core objective C1.6 Complaints and the supplementary objectives relating to service user involvement (S1.1, 1.2, 1.3 and 1.4). The objective focuses on involving service users and supporting them to be provided with resources, which allow them to make informed decisions. For example, documents should be in an appropriate format to client needs.

The concept of client involvement runs throughout the QAF2. Services should try and involve clients at all levels, from an individual client level to service level and finally strategic level.



## ***What do the performance levels mean?***

**Level A:** means “excellence” and is associated with providers striving to be leaders in their field, and a provider which:

- is flexible and responsive, and able to adapt the service best to meet clients’ needs
- is a learning organisation that reflects on its work and uses this information to challenge its own performance
- effectively engages clients and staff in this shared learning
- engages in partnership working at a strategic level to better meet the needs of clients, the service/organisation and commissioners
- demonstrates the achievement of shared outcomes as a result of effective partnership working
- demonstrates vision, leadership and creativity that influences practices beyond the boundaries of the service.

**Level B:** means that the service can evidence good practice, and:

- has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed
- has staff that are confident to take the initiative, and work effectively with other agencies
- has clients meaningfully engaged at a service level
- Engages in partnership working at a service level to better meet the needs of clients and the service
- is working towards the achievement of shared outcomes at a service level
- challenges its own performance with internal auditing and the setting and monitoring of targets
- demonstrates a commitment to continuous improvement.

**Level C:** means that the service meets, and is able to evidence, the required minimum standard but there is scope for improvement, and:

- complies with any statutory requirements
- has policies and procedures in place, and that these are followed
- has staff that understand and can explain the policies and procedures
- has clients who understand the nature of the service they are receiving
- engages in partnership working at a client level to better meet the needs of the individual
- is working towards achievement of individual outcomes
- demonstrates a commitment to continuous improvement.



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= Failure to reach minimum

Level B or above for a majority of sta  
= Performance Level B

Level A for the majority of standards  
= Performance Level A

## ***Completing the QAF2 Self Assessment***

Service providers will use the QAF 2 to self assess services. The self assessments are to be completed by the service providers on an annual basis for their contract management groups and sent to Supporting People as one of the annual contract management returns.

The assessment tables are intended for self assessment by service providers and may be used in 2 ways:

- To facilitate objective quality assessment of a service or group of services which is then subject to external validation by SP and;
- As a tool to assist providers in the deliver of continuous improvement

Failure to meet level C means that the service is failing to meet minimum quality standards. In some instances immediate action will be required to meet legal, statutory or health and safety standards. On this basis, the evidence requirements associated with Level C are mandatory, which is the minimum level that providers should meet and evidence.

Levels A and B denote services that are either striving for excellence or are providing excellent services and are therefore innovative in their approaches to delivering services. When assessing compliance with Level A and Level B standards therefore, it is acceptable to cite alternatives to the evidence examples where these genuinely demonstrate that the standards are being met by other means.



## ***Approaches to Gathering Evidence***

The evidence should relate to the specific standard being measured. However, the same evidence may read across to other standards, for example a good support plan and risk management plan may demonstrate the meeting of standards associated with both Core Objective 1 - Needs Assessment & Support Planning and Core Objective 5 – Client Involvement and Empowerment.

For Level C under each core objective, providers should ensure that they provide evidence for each of the areas listed in the QAF2. Supporting People will be seeking to confirm that the services meet the basic requirements set out.

For Levels B and A, Supporting People will look for at least 2-3 examples of the standard being met. The examples included in the QAF 2 provide some guidance on the type of evidence which is relevant. However, the examples are not designed to be a checklist, therefore other examples can be used.

For each service or group of services Supporting People will require the following documentation:

- **A completed QAF2 self assessment**  
The QAF self assessment word form should be used to enter the narrative concerning each standard. A description of how the service meets the relevant standards should be given, rather than simply a statement that the standard has been met. This should include the relevant references to appropriate supporting evidence, for example specific policy documents or case studies. An example of a completed self assessment for Core Objective 1 – Needs Assessment & Support Planning is included as Appendix 1.
- **A completed QAF 2 summary sheet**  
This word document should be completed, confirming the self assessed scores for each core objective, for the service or group of services.
- **A completed evidence checklist**  
The proforma for the evidence checklist is included as Appendix 2. This should be completed to cross reference the evidence highlighted in the self assessment form and provided in the supporting file with the standards for which it is relevant.
- **A QAF 2 supporting evidence file**  
The supporting evidence file should include a copy of the documentation required by SP from the documentation checklist (see Appendix 3). It should also include a copy of any other supporting evidence referenced on the evidence checklist and referred to in the completed QAF2 self assessment form.



## ***Guidelines for Submitting the Evidence File***

### **DO:**

- Divide the evidence into 5 sections – one for each core objective
- Ensure each piece of evidence is clearly numbered and titled
- Cross reference evidence against standards using the Evidence Checklist
- Highlight the relevant parts if you are submitting a large document
- Ensure the completed QAF assessment has sufficient narrative to set the context for the evidence submitted
- Ensure there is sufficient evidence to enable an assessment to be made
- Include case studies where appropriate
- Check that policies and procedures are up to date (and dated)
- Make relevant links e.g. where needs and risk assessments and support plans are required as evidence submit those belonging to the same person
- Clearly identify the services to which the evidence applies where there are differences (e.g. if accommodation and floating support services follow the same Health & Safety policy but have different Lone Working Risk Assessments)
- Identify any additional evidence which may need to be viewed at the validation visit
- Ensure staff and service users are prepared for the visit and that staff have seen a copy of the completed QAF.

### **DO NOT:**

- Include irrelevant or unnecessary documentation

## ***SP Validation of QAF2 Self Assessments***

SP will seek to validate providers self assessments via desktop review and a validation visit. A desktop review can demonstrate that the service is able to meet level C requirements and some level B requirements, if sufficient detail has been provided in the self assessment and corresponding evidence file. For a full assessment against level B and level A requirements a visit will be required. The validation visit will typically be carried out over 1 day and will include interviews with managers, frontline staff and service users, as well as a review of service user files and other relevant documentation. In the case of accommodation based services, it will also include a physical inspection of the premises.



The key areas which SP will be seeking to validate include:

- For level C –
- Is the service meeting the basic requirements set out?
  - Do staff demonstrate knowledge and awareness and understanding of the requirements and their roles?
  - Do clients understand what the service is about and what they can expect from staff?
- For level B –
- Is there evidence of going beyond the basic requirements?
  - How does the service demonstrate good practice?
  - How does the service demonstrate it works in partnership with other organisations on a consistent basis?
  - How does the service demonstrate it works in partnership with clients to address their needs and develop their capacity for independence?
- For level A –
- What other service elements has the service developed to address the needs of clients, how has it innovated?
  - How does it learn from experience and use this to inform practice, strategy, policy and procedures?
  - How are clients able to influence the service and the way it develops?
  - How proactive is the service in addressing issues and developing and improving what it does?



## **QAF2 Implementation**

QAF2 training for Providers is being delivered by Sitra, who have been given responsibility for updating and maintaining the QAF in England by Communities and Local Government. They were fundamental in the drafting, piloting and review of the refreshed QAF and have a detailed knowledge of the QAF and how it should be implemented.

The training will provide a broad overview and give participants an opportunity to become familiar with the core changes. It will also encourage participants to think about how the QAF will apply to the services provided, including the requirements relating to gathering and presenting evidence.

Providers can download the following requisite documentation from the Supporting People section of the NIHE website ([www.nihe.gov.uk](http://www.nihe.gov.uk)):

- QAF2 Self Assessment Form
- Using the Quality Assessment Framework Guidance
- QAF2 Summary & Scoring Sheets
- QAF2 Documentation Checklist
- QAF2 Evidence Checklist
- Copies of all training materials

If you have any queries regarding QAF2 you can contact your local area team lead officer who will be responsible for the validation of the QAF2 self assessments. The contact details for these team members are provided below:

Louise Clarke (West)	<a href="mailto:louise.clarke@nihe.gov.uk">louise.clarke@nihe.gov.uk</a>	028 9031 8790
Donal Brereton (South East)	<a href="mailto:donal.brereton@nihe.gov.uk">donal.brereton@nihe.gov.uk</a>	028 9031 8801
Sinead Twomey (Belfast)	<a href="mailto:sinead.twomey@nihe.gov.uk">sinead.twomey@nihe.gov.uk</a>	028 9031 8568
Liam O'Hanlon (Belfast)	<a href="mailto:liam.ohanlon@nihe.gov.uk">liam.ohanlon@nihe.gov.uk</a>	028 9031 8381
Eamon Mullan (South)	<a href="mailto:eamon.mullan@nihe.gov.uk">eamon.mullan@nihe.gov.uk</a>	028 9031 8749
Pamela Stevenson (North East)	<a href="mailto:pamela.stevenson@nihe.gov.uk">pamela.stevenson@nihe.gov.uk</a>	028 9031 8881



## Appendix 1

**PLEASE NOTE:** Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards. *The indicative evidence for levels A and B are not intended to act as a checklist or to prescribe the services that organisations would be providing if they were judged by reviewing officers to have an excellent or a good service. When assessing compliance with level A and B standards therefore, it is acceptable to cite alternatives to the evidence examples where these genuinely demonstrate that the standards are being met by other means.*

While meeting individual standards cannot guarantee the achievement of specific outcomes with clients, in general they will support the service to better meet outcomes in the domains indicated.

### C1.1 Assessment and Support Planning

**All clients receive an assessment of their support needs and any associated risks. All clients have an up-to-date support and risk management plan. Assessment and support planning procedures place clients' views at the centre, are managed by skilled staff and involve other professional and/or carers as appropriate.**

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Evidence
This standard supports the service to meet outcomes in the following outcome domains: <b>Achieve economic well-being, Enjoy &amp; achieve, Be healthy, Stay safe and Make a positive contribution.</b>			
<b>C1.1.1 The needs of applicants / clients and any inherent risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate to the needs of the client group.</b>		<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
	<b>Level C</b>	<p>The needs and risk assessment policy and procedure is written down and reviewed in response to changing legislative or contractual requirements and at least every three years.</p> <p>The procedures state how clients will be involved.</p> <p>Staff understand and follow the procedures.</p> <p>There is a needs and risk</p>	<p>Example Provider Organisation's, 'Support Planning' (Ref. evidence 1) and 'Risk assessment' (Ref. evidence 2) policy and procedure is attached, it was last reviewed in December 2007.</p> <p>The procedure takes a person centred approach (see evidence 1).</p> <p>All staff received training in Support planning and risk assessment (evidence 3 – training records) and can confirm this</p> <p>The paperwork was</p>



			<p>assessment tool appropriate to the client group.</p> <p>The needs and risk assessment procedures are covered in staff induction and training programmes.</p> <p>Risk assessment procedures address:</p> <ul style="list-style-type: none"> <li>• Risk to self</li> <li>• Risk to others (including staff and the wider community)</li> <li>• Risks from others (including staff and the wider community).</li> </ul> <p>Needs and risk assessments take into account the views of other services as appropriate.</p> <p>Copies of all assessments are securely stored and accessible to relevant staff and clients.</p>	<p>piloted on clients in December 2007 (minutes of meetings confirm this), we also have access to a translation service and have produced all documentation in easy read.</p> <p>All staff received training in Support planning and risk assessment (evidence 3 – training records) and can confirm this</p> <p>Please see the risk assessment policy and procedure (Ref. evidence 2)</p> <p>The support planning and risk assessment process invite other services to be involved, the referral form (Ref. evidence 3) also requires that referral agencies attach any previous needs and risk assessments, with the client consent.</p> <p>All assessments are stored in a locked cabinet in the office at, there is a information holding policy (Ref. evidence 4). Clients can request to see their files (Ref. evidence 5, client handbook).</p>	
<p><i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i></p>			<p><b>Level B</b></p>	<p>The service works constructively with risk and does not use risk</p>	<p>The services referral (Ref. evidence 3) support planning (Ref. evidence 1)</p>



			<p>assessment to exclude applicants inappropriately. Staff take into account individual clients' insight into the assessment of needs and risks.</p> <p>Specialist expertise is sought, where required, when conducting needs / risk assessments.</p>	<p>and risk assessment (Ref. evidence 2) encourage referrals to state all past risks chronologically. The risk assessment policy looks at how to positively manage risks as opposed to use them as criteria for exclusion. If we feel that we cannot accept a client due to risk we will work with them and the referral agency to assess whether the support needs could be met with outside support and expertise. Staff and clients will be able to confirm this. See case study 1 as an example of how we have worked constructively with risk.</p>
		<p><b>Level A</b></p>	<p>The needs and risk assessment policy and procedures encourage appropriate risk taking and discourage risk avoidance as the key feature of support delivery.</p> <p>Needs and risk assessments balance promotion of independence with effective risk management.</p> <p>The service can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.</p> <p>Policy and procedure review can show the impact of client and stakeholder involvement.</p>	<p>We have developed our referral policy and procedure (Ref. evidence 3) in association with our referral agencies, and shared it within the provider forum as an example of good practice. We also ensured that clients and advocates were involved in the referral policy and procedure (Ref. evidence 3).</p> <p>Using the client forum, exit questionnaires (Ref. evidence 4) and the 'New clients settling in interview' we review the referral process, support planning and risk assessment processes and associated paperwork. From this we have made changes to policies and procedures to make them more user friendly. All policies and procedures state who has been involved in drafting them.</p>



**Appendix 2**

**Policy and procedure, case study and other paper evidence submitted for QAF**

Ref	Name	Assessment and Support Planning					Security, Health and Safety			Safeguarding and Protection From Abuse					Fair access, diversity and inclusion			Client involvement and empowerment				
		1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	5.1	5.2	5.3	5.4	5.5
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## **Appendix 3**

### Policies and Procedures QAF2

1. Needs and risk assessment policy and procedure
2. Move on policy and procedure
3. Data protection policy and procedure
4. Health and safety policy and procedure
5. Lone working policy and procedure
6. Out of hours call out procedure
7. Out of hours support procedure
8. Recruitment policy and procedure
9. Safeguarding and protection policy and procedure
10. Professional boundaries policy
11. Equality and diversity policy and procedure
12. Staff induction policy and procedure
13. Enquiries and applications policy and procedure
14. Termination of service procedure
15. Statement of rights and responsibilities
16. Code of practice
17. Complaints policy and procedure
18. Filled in support plan
19. Filled in risk assessment