



Juvenile Justice Centres Continuous Improvement Quality Assurance Framework Guide

Table of Contents

1. Purpose of this document	1
2. Overview of the Juvenile Justice Centres Continuous Improvement Quality Assurance Framework (JJCCIQAF)	1
3. Objectives of the JJCQAF	1
4. When to use this Guide	2
5. The Quality Assurance process	2
5.1 Planning and Preparing	2
5.2 Self-Assessment.....	2
5.3 Annual Review.....	3
5.4 Improvement Reviews and Continuous Improvement Plans (CIP).....	3
5.5 Progress Review.....	3
6. JJCCIQAF focus in 2014	3
7. What is self assessment?	4
7.1 The Self-Assessment Process.....	5
7.2 Steps in the self- assessment process	6
7.2.1 Centre Managers lead the process	6
7.2.2 Approach to self-assessment – engagement of allstaff and use of robust data	6
7.2.3 Rankings	7
7.2.4 Continuous Improvement Team (CIT).....	8
7.2.5 How the self-assessment reports are constructed	8
8. The Annual and Progress Reviews	9
8.1 The Annual Review Team (ART).....	9
8.1.1 Onsite reviews	9
8.1.2 Show Case Good Practice	10
8.1.3 Improvement Reviews	11
8.1.4 Progress Review	11
9. Sustaining centre continuous quality improvement	11

1. Purpose of this document

This document provides guidance for the Juvenile Justice (JJ) Centre employees regarding the Continuous Improvement, Quality Assurance process and the self-assessment validation process including guidance on the following areas:

- features of effective self-assessment
- Continuous Improvement Plans
- the validation process
- Summary of the Framework process

This document outlines the self-assessment process for a number of Australasian Juvenile Justice Administrators (AJJA) standards.

This document is designed to be read with the Juvenile Justice Centres Continuous Improvement Quality Assurance Framework Policy.

2. Overview of the Juvenile Justice Centres Continuous Improvement Quality Assurance Framework (The Framework)

The framework ensures children and young people who are JJ clients receive a high standard of service delivery and safe care as prescribed by legislation. The framework is a state-wide system for the regulation and quality assessment of juvenile justice centres (including Court Logistics).

The framework provides the context and all required documents for continuous improvement, monitoring and quality assurance for juvenile justice centres. Quality assurance encompasses a number of elements that work together to support improvements in JJC practice and performance.

The Framework is designed to:

- promote continuous improvement of JJC performance
- shape JJC improvement
- improve outcomes for young people
- ensure good and consistent practice is maintained and monitored across JJ.

3. Objectives of the Framework

The objectives are to:

3.1. Actively involve management and staff in building an internal culture of continuous quality improvement.

3.2. Ascertain the extent to which Juvenile Justice Centres meet the Division policy and procedural requirements, within the framework of the AJJA Service Standards.

- 3.3. Link continuous quality improvement to strategic plans.
- 3.4. Incorporate the sharing of outcomes from local quality improvement initiatives.
- 3.5. Engage management and all employees in the process resulting in ownership of solutions to quality improvement.
- 3.6. Formally recognise areas of 'Good Practice'.

4. When to use this Guide

This guide is used when Juvenile Justice Centres are assessed during the following processes:

1. Self-assessment
2. Annual Reviews
3. Improvement Reviews, and
4. Progress Reviews

5. The process

The process is divided into five steps:

5.1. Planning and Preparing

The Operations Unit Quality Assurance team develops the framework including policy and guide documents, performance indicators, surveys, executive memoranda, schedules, evidence guide and other support documents.

The annual package is approved by the Executive Director State Wide Operations. All related documents are placed on the intranet each November. This process informs all stakeholders of the reviews requirements, allowing better organisation and scheduling of tasks in order to reduce time during the review process.

5.2. Self-Assessment and Continuous Improvement Team (CIT)

The centre manager leads the quality assurance and improvement process in each centre. The centre manager is responsible for establishing a Continuous Improvement Team (CIT) ideally consisting of assistant managers, unit managers, psychologist, and any other centre staff that can add value to the QA self-assessment process.

The centre manager decides on the frequency of meetings for CIT, e.g. weekly at the beginning of the self-assessment and then monthly. The centre manager may wish to use tools such as project plans/excel etc. to track the self-assessment process and ensure all members are on task and on time.

These teams meet regularly to discuss issues and opportunities, prioritise them, and recommend solutions. This way the members of the team agree on the solutions to the issues before they escalate, thereby minimizing any impediments to continuous improvement.

Continuous improvement processes allow CIT members to uncover problems and determine ways to fix them. Through careful analysis, team members can see how individual tasks impact a centre's overall process. Because CIT work closely together, work group conflicts can also be resolved as a part of the continuous improvement effort.

CIT review their practice against performance indicators in line with AJJA Standards. Evidence is gathered and documented to inform a Self-assessment Report that is forwarded to the Operations Unit Quality Assurance team.

5.3. Annual Review

The onsite annual review is conducted over two days. The Annual Review Team (ART) is lead by a member of the QA Team and consists of members of the executive and centre practitioners who are peer reviewers. The QA Team prepares a report based on the evidence gathered and assessed. The report is then endorsed by the Executive Director State Wide Operations and forwarded to the centre manager and regional director. If the centre has outstanding indicators, the centre manager is required to develop continuous improvement plans (CIPs).

5.4. Improvement Reviews and Continuous Improvement Plans (CIP)

This is a crucial part of the QA cycle. It is a regional review of all the outstanding areas identified during the annual review phase of the QA cycle. Legislation mandates inspections of centres and it is important that this does not become a "tick and flick" process but rather is treated as a further opportunity along the continuous improvement spectrum.

It is the responsibility of the regional director to ensure that CIPs are robust and the evidence is sound.

CIPs are developed by the centre manager and endorsed by the regional director for each outstanding indicator. CIPs with evidence of improvement are forwarded to the QA Team in Operations Unit. The QA Team will consider the evidence and may seek further documentation if the evidence is insufficient or not robust enough.

5.5. Progress Review

The progress review is the final phase in the QA cycle. CIPs are assessed by the Operations Unit Quality Assurance team and an onsite visit may be conducted. The onsite visit may not be required if all outstanding indicators have by this stage been met and/or the CIPs and the evidence are rigorous and sound.

6. Continuing the focus on quality in 2015

In 2015, the focus will again be on quality of service delivery to young people, administrative processes, systems and internal controls and the quality of outputs and outcomes.

The Internal Audit Bureau (IAB) carried out a review of the Quality Assurance Program for Juvenile Justice Centres in October to December 2012. JJC QA for 2014 and 2015 have implemented the IAB recommendations including:

- increased emphasis on quality management by enhancing the assessment of the quality of administrative processes, systems and internal controls and the quality of outputs and outcomes
- reviewing the performance indicators to:
 - reduce the total numbers by combining similar PIs and deleting low value and unnecessary PIs
 - improve clarity of comprehension and objective measurability of PIs
 - realign the performance indicator assessment focus to enhance the assessment of outputs/outcomes and the quality of existing systems and internal controls to ensure ongoing compliance with standards

The Performance Indicators for 2015 are:

Custodial Performance Indicators 2015
1.1 Serious Young Offenders Review Panel (SYORP)
1.2 Orientation and Induction
1.6 Disability
3.3 Case management
3.4 Work and Development Orders (WDO)
3.7 Incentive Scheme
3.8 DRMP
3.9 Misbehaviour
9.1 Safety and Security – Part 2
9.4 Use of force
9.5 Segregation
9.5/2 Separation

Court Logistics Performance Indicators 2015
Movements (Part 1)
Safety and Security
AVL

WORK HEALTH AND SAFETY UNIT 2015
10.3 Food Safety
Local Safety Plan 2015 including contractor management

7. What is self-assessment?

Self-assessment is the process of critically reviewing the quality of ones own performance and service provision against a set of performance indicators. The main purpose of self-assessment is quality improvement. Effective self-assessment enables the centre to identify their strengths and weaknesses and to plan for improvement.

Self-assessment involves a process of self-reflection and analysis by the centre being reviewed and the preparation of a document reflecting that self-reflection/analysis.

Self-assessment may be undertaken on an individual basis or on a collective centre/unit basis. However, the centre manager is responsible for the overall leadership and coordination of the process in the centre he/she manages.

Why self-assessment is important

Self-assessment is an opportunity for JJ to:

- confirm areas where the centre is meeting the standards
- identify gaps in current systems and processes that do not meet the standards
- plan actions to address any identified gaps in systems and processes
- identify additional opportunities for improvement, to support continuous improvement.

Self-assessment involves the centre looking at how it does things, what it achieves and how it measures up against criteria. During this process, the centre's strengths, weaknesses and opportunities for improvement are identified.

Self-assessment needs to be informed by input from clients. JJ's QA Framework ensures there are accessible ways for young people to provide feedback and actively contribute to how services are delivered. There are huge benefits for organisations that link quality management with client outcomes, staff wellbeing, organisational sustainability and practice improvement. Centres should consider seeking input from young people regarding any areas under review.

Through the use of self-assessment a culture of quality improvement will be developed and the benefits of quality assurance realised.

7.1. The self-assessment process

Self-assessment is completed annually. Juvenile Justice Centres are required to provide evidence of effective delivery of services against each year's performance indicators. All Centres are provided with the self-assessment package that is available on the intranet in early November. It includes:

- The Juvenile Justice Centres Continuous Improvement Quality Assurance Framework Policy
- The Juvenile Justice Centres Continuous Improvement Quality Assurance Framework Guide
- Performance Indicators and related forms/checklists/guides
- Continuous Improvement Plan template
- Detainee surveys
- 2015 Schedule

7.2. Steps in the self-assessment process

7.2.1. Centre managers lead the process

At the scheduled time, the centre manager commences the quality assurance self-assessment process. The self-assessment process must be effectively led and managed by the centre manager. This requires the creation of a climate of trust in which the staff are able to gather evidence of work in the required format across established performance indicators. It is essential that all staff understand that continuous improvement is an ongoing process which provides the opportunity to critically reflect on and analyse the level and quality of service delivery offered. Centre managers should be committed to the aims of self-assessment and actively involved with it. Self-assessment of his/her performance will demonstrate leadership by example. Experience shows that without such leadership the QA process suffers.

7.2.2. Approach to self-assessment: engagement of all staff and use of robust data

Centre Managers are encouraged to engage all employees in the self-assessment process so outcomes reflect the whole team's views and priorities for improvement. The Framework is an evidence based model, relying on the collection of evidence from a range of sources. The Performance Indicators (PIs) developed by the Operations Unit Quality Assurance team are always linked to the policies, procedures, executive memoranda, forms or resources contained in the Operations Manual.

Meetings should be held with staff to discuss and explain the process, familiarise staff with the performance indicators, allocate tasks to various staff members e.g. who will gather which data/evidence; who is responsible for distributing and collecting the detainee/young people surveys etc. Timeframes should be defined for the tasks and progress meetings held to ensure the self-assessment process is on track.

The provision and analysis of robust data will be a vital foundation of self-assessment. Centres are expected to draw upon a wide range of performance data to inform their self-assessment report.

In short, self-assessment is rigorous, analytical and based on valid and reliable evidence and has continuous improvement as its overall aim. Together, these elements sustain the strengths and address the key areas for improvement.

The evidence will include:

- data/reports from CIMS
- case notes and case plans
- examining client D files
- staff meeting minutes and supervision records
- Client Services Meeting minutes
- Detainee Representative Committee minutes

- logbooks and registers
- documenting and/or mapping of systems and processes
- practice discussions
- service records e.g. training registers
- observation of practice
- staff and detainee surveys/interviews
- feedback from stakeholders in minutes of meetings, letters, outcomes of surveys seeking stakeholder comments
- observations and feedback from other stakeholders e.g. official visitors, chaplains, Education Training Units, Justice Health and community employees

7.2.3. Rankings

The Operations Unit Quality Assurance team develops performance indicators (i.e. clear criteria) against which self-assessments will be validated. Performance indicators are one tool to help answer the question: *How do you know whether you are achieving the outcomes as specified in NSW JJ policies and procedures?*

Juvenile Justice Centres must assign a ranking to each critical performance indicator using the following range (this allows the centre to indicate the assessed level of compliance with the indicator).

The four levels are:

A=Good Practice (difficult to envisage any further improvement) 90%-100% compliance. Evidence that the centre adheres to policy and procedures and has fully met the requirements of the indicator, and has produced a comprehensive solution or achievement.

B = Some Good Practice (substantial compliance) 60%-89% compliance. Clear evidence that the centre adheres to policy and procedures and the indicator is being addressed in practice but further improvement can be achieved.

C=Partial Development (partial compliance) 21-59% compliance. Some evidence the centre adherence to policy and procedures has taken place. Some improvements have been made to existing processes, but they are not being implemented systematically.

A Continuous Improvement Plan (CIP) is required to be developed for each PI rated 'C'.

D = To be Developed' (non-compliance) 20% or less compliance. There is little or no evidence of appropriate action.

A Continuous Improvement Plan (CIP) is required to be developed for each PI rated 'D'.

The self-assessments must be validated by the centre manager. This information enables the regional management, and the Juvenile Justice as a whole, to assess performance and promote continuous improvement.

7.2.4. Continuous Improvement Team (CIT)

Centre managers are strongly encouraged to establish a CIT. Assigning the responsibilities to one person is not recommended. The success of the continuous improvement process is dependent on collaborative ownership of the responsibilities by all relevant staff in the centre.

The CIT is the most integral component of the self-assessment process. For the self-assessment of work practices to succeed, a centre needs to establish a CIT with members that are;

- representative of a cross section of positions within the centre
- engaged in the quality assurance and continuous improvement process
- able to set a schedule for regularly meeting and updating of self-assessment reports
- able to delegate sections of the self-assessment to other relevant centre staff, and
- have an understanding of :
 - the assessment process
 - all documentation associated with the process, and
 - evidence required to calculate level of performance correctly

The centre self-assessment process will work more efficiently with a greater number of staff members involved and taking ownership of sections of the process, than with a few trying to assess areas they are unfamiliar with.

7.3. How the self-assessment reports are constructed

The performance standard is indicated at the top of the self-assessment form (Word worksheet).

The form is then divided into four columns:

Performance Indicators: give description of practice to be assessed.

These are located in the left hand column of the assessment form and provide a measure of some aspect of an individual's or organisation's performance against which the performance can be assessed.

Evidence: the evidence required for the evaluation is indicated in the 'Evidence and Comments' column.

Strong evidence is to be given for compliance levels calculated. How to provide this evidence is located at the top of each column.

Resources: this section assists staff in the self-assessment process by directing them (via a hyperlink) to the relevant legislation/policy, procedure, executive memorandum and/or form specifically relevant to the performance indicator.

Assessment: this section provides a visual indicator for the centre's self-assessment rank and the rank assessed by ART.

Note: Where detainee's 'D' files are to be assessed, a randomly selected list of names will be sent to the centre by the Operations Unit Quality Assurance team, at the commencement of the self-assessment process.

8. Annual and Progress Reviews

8.1. The Annual Review Team (ART)

The role of ART is to objectively conduct the overall assessment for all performance indicators the centre has self-assessed as either A or B. The aim is to have a review team of people who can examine the centre without bias or preconceptions. Peer reviewers are always from a different region to minimise any conflict of interest.

The ART is lead by a member of the Operations Unit Quality Assurance team and consists of members of the executive and centre practitioners as peer reviewers. The ART conducts an onsite review over two days, some off-site review activity may occur either before or after the on-site review.

The Operations Unit Quality Assurance team prepares a report based on evidence gathered and assessed. The report is endorsed by the Executive Director State Wide Operations and forwarded to the relevant centre manager and regional director.

8.1.1. On-site reviews

The two day on-site reviews are conducted to be thorough, while minimising disruption to the normal daily functioning of the centre. It is very important for the centre to be prepared for the review by ensuring adequate evidence is available for review by ART. When insufficient evidence is available, ongoing requests for information will create work for centre staff and may cause additional disruption.

The ART uses a variety of assessment approaches including;

- 'real time' observations: team members will visit areas where young people spend their time and observe a range of conditions pertinent to specific standards
- random file and document checks (including independent reviews such as Ombudsman or Official Visitor reports)
- Self-assessment reports addressing scheduled indicators
- 'Showcase Good Practice'
- informal and formal discussions with detainees and staff

- Detainee and staff focus groups. The team will hold group interviews with staff and detainees. Interviewing a range of staff and young people provides a completeness of information that can be achieved in no other way. Focus groups spark new ideas and identify information relevant to the QA process.
- detainee and online staff surveys
- review of combined data, CIMS, logbooks, registers, and centre specific electronic data.
- presentation of Business plans.
- internal/external stakeholder feedback.

The ART will randomly select current detainee's 'D' files for each unit when they are required as evidence. These will not necessarily be the same files used in the centre's self-assessment process.

8.1.2. Showcase Good Practice

The Showcase Good Practice segment of the review is an opportunity for the centre to demonstrate their good practice.

Centres are required to directly link the topic of their presentation to performance indicators under review. For example, where the centre has developed 'Good Practice' in relation to aspects of disability, use of force or segregation (some of the areas under review in 2015), their presentation will focus on these indicators. The chosen topic must be current i.e. in the last 12 months and evidence based.

8.1.3. Continuous Improvement Plans (CIPs)

The CIPs are developed by the centre manager and endorsed by the regional director for all outstanding indicators. CIPs with evidence are forwarded to the QA Team in Operations Unit.

Where the centre self-assesses A or B, they need to provide robust evidence at the Annual Review phase. Where the ranking is C or D, the centre must develop Continuous Improvement Plans and these plans must demonstrate how strengths are sustained and improved and how key areas for improvement are addressed. The outcomes of the self-assessment are a basis for action.

The centre is responsible for deciding what improvements are needed and how these will be implemented. The centre must demonstrate to the regional director that its plans are robust and are achievable. In particular, the centre manager will need to demonstrate:

- weaknesses identified in any self-assessment and/or annual review are being comprehensively addressed
- a clear and urgent timeframe for action is in place
- responsibility for addressing areas for improvement is clearly assigned
- evidence that resources are not available to support improvement (if this is the case)

- weaknesses in the self-assessment process are addressed
- strengths identified are sustained

A CIP is to be developed for all 'D - to be developed, 'C - partial development, and in certain cases, 'B - some good practice' areas. When completing the CIP, consideration should not only be given to areas requiring development identified through the self assessment process but other performance review mechanisms e.g. internal regional audits and business planning processes.

CIPs are a working document and are to be updated when changes to the action plan have been made, or at regular intervals as determined by the centre manager. They allow the centre to set clear benchmarks, indicating progress towards a Good Practice level.

Note: Ownership of CIP within the centres is to be a local decision. However, it is the centre manager's role to ensure the plans are developed, implemented and monitored.

8.1.4. Improvement reviews

An Improvement review is conducted three months after the Annual review. The review assesses the centre's progress in areas where improvement is indicated as required, therefore improvement plans form the basis of these reviews. The regional director attends this review and signs off on the Continuous Improvement Plans (CIP).

The format for these meetings is to be determined by the regional director and the CIT.

8.1.5. Progress Review

This Review is used to validate the evidence provided for CIPs and is conducted by the Operations Unit's QA Team. Centres must provide robust and comprehensive evidence of improvement for the CIPs that have been signed off by the regional director. Conducting an on-site review is at the discretion of the Operations Unit Quality Assurance team.

9. Sustaining centre continuous quality improvement

For centres to sustain Juvenile Justice' objective of developing a culture of continuous quality improvement the following should be in place:

- Centre manager's commitment to the principle of continuous improvement and the quality assurance process. It must be remembered that this NSW JJQA is underpinned by legislation.
- 'Continuous Improvement/Quality Assurance' is added to the agenda for centre weekly management meetings
- A monthly Continuous Improvement Team (CIT) meeting is held for the discussion of ongoing maintenance and review of Continuous Improvement Plans

- Individual Unit Managers undertake / own specific performance indicators in order to encourage the participation of unit staff members in providing expertise and recommendations for quality improvements
- Ongoing continuous, constructive feedback is communicated to all staff in regards to centre action plans and achievements. This can be accomplished by utilising existing meeting structures
- The CIT comprises of a cross section of all centre staff and youth officers are encouraged to participate, in order to eliminate the 'us' and 'them' stigma
- Detainee feedback is encouraged at monthly Detainee Representative Committee meetings and is documented for reviews; and,
- Allow staff to present the work they perform.