Chapter 6

Standards

The aim of this chapter is to illustrate the importance of standards and to describe their present status in the community. It shows why standards are necessary for the efficient operation of the health and welfare system. It also shows why standards are important to evaluation. A description of the standards that do exist, and of the type of standards that are required, is given with related recommendations.

Definition of standards

The Concise Oxford Dictionary defines 'standards' as *weight or measure to which others conform or by which the accuracy or quality of others is judged . . . thing serving as basis of comparison.*[1] It is the concept of standards being a measure of quality, amount, accessibility or relevance that the Committee has adopted. There are two broad categories of standards: **provision standards** and **performance standards.**

Provision standards may be divided into distribution standards and structural standards. *Distribution standards* refer to the number of facilities in proportion to the size of a demographic group: for example, x hospital beds per y people over age 60, or x child-minding centres for y children aged from 1 to 5 years. *Structural standards* refer to numbers and types of facilities or staff that should be available within a service: for example, x basins for y children, or one supervisor to z children.

Performance standards refer to desirable patterns of care or practice: for example, workers should be empathetic in their interaction with clients. Avedis Donabedian has identified two types of performance standards and has described how each is derived. *Normative standards* are derived, in principle, from:

> the sources that legitimately set the standards of knowledge and practice in the dominant medical care system. In practice, they are set by standard textbooks or publications, panels of physicians, highly qualified practitioners who serve as judges or a research staff in consultation with qualified practitioners. Normative standards can be put very high and represent the 'best' medical care that can be provided, or they can be set at a more modest level signifying 'acceptable' or 'adequate' care. In any event, their distinctive characteristic is that they stem from a body of legitimate knowledge and values rather than from specific examples of actual practice. As such, they depend for their validity on the extent of agreement concerning facts and values within the profession or, at least, among its leadership.[2]

Empirical standards are derived from:

> patterns of care observed in actual practice. The standards consist of the practice of an institution accepted as a leader in the field, or of averages and ranges obtained from information about practice in a large number of institutions.[3]

Standards not only are important in the process of evaluation, but also are essential to the general operation of the health and welfare system.

Importance of standards to the health and welfare system

Standards play a vital role in the day-to-day running of a service by providing a rationale for decisions. The Victorian Council of Social Service supported this view in a submission to the Committee:

> . . . the principal purpose of standards is to reduce the uncertainty in the decision-making process. When an individual, groups of individuals, or an organisation (i.e. a

decision-making entity) makes a decision about the allocation of resources in its environment which will eventually affect the welfare of itself and others, then standards help to ensure that these effects will be acceptable to the decision maker. As such, standards aid in the routinisation of the process of decision making by providing an external decision rule which will help guide one portion of the decision-making process along an acceptable path.[4]

Standards also guide the individual health and welfare worker and make more possible inter-agency comparison and co-operation. The lack of broad-ranging consultation between services in Australia[5] means that it is very easy for workers to become 'lost in their own little world'. They accept the norms of their own service and may lose sight of their intended role in the total system. If standards were set, these workers would have some reference point in the outside world by which they could assess their own performance and would be able to communicate more easily and co-operate with other similar services.

Clients also benefit from defined standards which provide them with information about their welfare rights. If expectations about rights are not realised in a particular agency, clients can submit a valid complaint using the defined standards as a basis. They can also 'shop around' for an agency that meets the standards. These opportunities could improve the chance that the client will receive satisfactory service.

At the same time, the availability of standards could improve the quality of the health and welfare system by placing pressure on agencies to conform to the standards if they wished to avoid losing their clients and possibly their funding.

One of the most serious consequences of a lack of stated standards is a wide variation in the quality of services provided. Mrs A. Gorman, Executive Director of the Family and Children's Services Agency in the New South Wales Department of Youth and Community Services, illustrated this point when she told the Committee that the standards of institutions for children across Australia vary from Dickensian to excellent.[6] She elaborated by saying:

> . . . there is a tremendous unevenness in the quality of care. Let us take children's homes as an example. We have done some work on this. Some children's homes have a custodial relationship with the children. They feed and clothe them but nothing else. No effort seems to be made to run a program of activity for the children. The homes have small staff numbers and the quality of the staff is also low in that the staff has had no training and does not have too much time for the children. The staff get cranky and might be authoritarian.[7]

A consequence of a lack of provision standards is inadequate capacity to plan at program level. Without such standards, there is no rationale for deciding the type and location of services or the facilities to be contained within them. This view was supported by Mr Maurice Benfredj, Director/Social Planner of the Western Adelaide Regional Council for Social Development:

> The absence of such standards leads to ad hoc planning, and thus to the overlap of services in some areas and the complete absence of services in other areas.[8]

At agency level, the absence of provision standards also creates problems. When making submissions to governments for funds, agencies without set structural standards have no rational base from which they can state their case for improved or expanded facilities. They do not know whether the facilities that they have are above or below the norm. Without distribution standards, they can have little idea of where their agency should be located to serve most effectively; that is, they do not know whether there are too many or too few of a type of service in any particular area.

Importance of standards to evaluation

Goals and objectives are essential to evaluation (see Chapter 5). Without standards, it is difficult to set realistic goals and objectives. If agencies do not know the norm for particular services, it is difficult for them to set objectives achievable in their own environment.

In evaluation activity, a set of standards is needed:

1. to specify the dimensions that are to be considered;
2. to provide a measure against which assessment can be made.

Standards therefore make evaluation reports more objective and comparable.

Standards used to specify the dimensions of evaluation

There is a wide range in the quality of services in Australia and, without a statement of standards, internal evaluations conducted by any government department or non-government agency will depend on the norms of the evaluator. The set of criteria adopted for evaluation in one service may be totally different from criteria in another, and any assessment of their relative worth may be impossible. For example, if there is no standard requiring that nursing home staff be empathetic and kind in their approach to patients, a nursing home that does not include this concept of kindly attitude in its criteria may be unaware that its operation is not optimal. Furthermore, without this standard being set, there is no rationale for anyone to tell an evaluator of the particular nursing home that this dimension should be included.

Standards used as a measure for assessment

Simple specific standards such as x beds per y people over age 60 can be used alone to serve as a measure in assessing achievement. However, broader standards may need to be broken into several simpler criteria to enable the assessment to be made. For example, one of the ethical standards set by the Australian Medical Association is: 'A doctor should be ever striving in the interests of his patients to improve his knowledge and skill'.[9] From this standard, criteria such as numbers of journals read per week or post-graduate courses undertaken may be specified, and these would enable the performance of a doctor to be measured more objectively and accurately.

Current situation in standard setting in Australia

The current situation regarding standard setting in Australia is unsatisfactory. In both government and non-government services, there is a lack of precisely defined standards for the efficient operation of the health and welfare system and for its adequate evaluation. Our view was supported by several witnesses who work at the planning levels of the health and welfare system. Ms E. Cox, Director of the Council of Social Service of New South Wales, told the Committee: 'I think one of the problems with the welfare section, generally is that there has been very little investment in standard setting'.[10] Mr Maurice Benfredj observed:

> The more difficult aspect of the evaluation of health and welfare services is that of qualitative standards. The basic problem here is, in our opinion, that there are no adequately defined standards in existence.[11]

Mr P. Allen, Acting Executive Director, Victorian Council of Social Service, said:

> We made a serious attempt in our study within Victoria to identify standards which we could use to assess the efficiency and effectiveness of existing service provisions, and we were unable to do so.[12]

Our view was further supported by several other witnesses from the non-government sector,[13] and by a social worker in hospital practice.[14]

However, our evidence did reveal that there has been an increasing amount of standard setting in Australia. One notable set of performance and structural standards is the *Accreditation Guide for Australian Hospitals and Extended Care Facilities*[15] issued by the Australian Council on Hospital Standards. This is a comprehensive guide about staffing arrangements, facilities that should be provided, and procedures to be followed in hospitals and extended care facilities. The stated purpose of the publication is 'to provide standards of comparison for hospital professionals intent on improving patient care in the facilities in which they give service'.[16]

There are also specifications set out in various Acts controlling health and welfare professionals, for example, the New South Wales Medical Practitioners Act, 1970. However, the provisions contained in these Acts are very limited in their purview, pertaining mainly to qualifications, and they provide no real guide-lines for the professional in his day-to-day activities.

Some professional organisations have established their own standards in the form of a code of ethics. The Australian Medical Association, for example, has produced a booklet[17] which outlines the traditional standards for doctors. These are derived from statements in the Hippocratic Oath, the Declaration of Geneva and the International Code of Medical Ethics, as well as from additional statements of policy definitions and rules developed over the years.[18] The statements of standards cover the doctor's interaction with the patient, the practice, his colleagues, other professions, commercial undertakings, the general public and the media. The stated purpose of the publication is:

> . . . to serve as a guide to members of the profession in maintaining a high standard of ethical conduct, and as a basis for answering many of the problems which confront them in their relationship with one another, with their patients, and with the community as a whole.[19]

The Australian Physiotherapy Association has also published a booklet outlining basic ethical principles, rules of ethical conduct, ethical guide-lines on private practice, advertising and research involving human subjects.

State Governments have formulated minimum standards for some services. For example, the Queensland Children's Services (Day Care Centres) Regulations of 1973 set out minimum standards on building requirements, furniture and equipment, health, hygiene and safety, staffing and number of children. Most standards are concerned with facilities and staff numbers. These standards are set in terms of the *minimum* level that is acceptable to government. There is a lack of standards concerned with the *desirable* number of facilities for each service. Standards relating to desirable numbers would be a better guide for agencies in formulating objectives and making submissions to governments than would minimal standards.

Additionally, there is a reference to performance, in Regulation 36:

> (3) Each member of the staff employed on the premises of a day care centre shall be a person who—
>
> (*a*) is sympathetic to the welfare of children;
>
> (*b*) has adequate knowledge, understanding and experience to recognize and meet the needs of children and the ability to superintend children;
>
> (*c*) is of suitable age, health and personality to carry out his respective duties;
>
> (*d*) is a person of good character and repute.

The Western Australian Government has developed some distribution standards. In that State, the Health Services Executive is responsible for the review of distribution standards. It receives or has received, recommendations from State committees and from national bodies such as the National Health and Medical Research Council, the former Hospitals and Health Services Commission, and the Hospital and Allied Services Advisory Council. The opinions of international and other State bodies are also taken into consideration. On several occasions, the State Health Services Executive, through the Minister, has contracted consultants to advise on particular matters of standards and distribution.[20]

Examples of the distribution standards operating in Western Australia are:

Hospitals.

Bed Provision Rates.

Acute Hospital Beds: 5 beds/'000 Weighted Population
3.5 Beds/'000 General
0.5 Beds/'000 Obstetric
0.5 Beds/'000 Psychiatric
0.5 Beds/'000 Super Specialty

When planning for small areas these rates are modified to take account of the Demographic Structure of the population under consideration. Allowance also must be made for Aboriginals.

Doctors.
Approximately 1 doctor/700 population

Dentists.
1 Dentist/2000 population

Nurses: 1/200 population.

Physiotherapists.
Metropolitan area—1 Physiotherapist/5000 population
Rural—general—1 Physiotherapist/10 000 population
—specific—variable between.[21]

While these standards, on number of facilities in proportion to population, are certainly a step forward, it would be more useful to planners if demographic variables were taken into account. Facilities should be expressed, for example, in number per thousand children aged from 1 to 5 or people over age 60. This would ensure that services were placed in optimal locations where they would be most relevant to the surrounding population. There should also be distribution standards relating to accessibility in terms of time or distance travelled for urban dwellers; for example, people should not have to travel more than x miles to reach a hospital.

Summary and conclusions

Standards are important to the efficient operation of the overall health and welfare system, to the efficient operation of agencies and to evaluation.

Standards facilitate the efficient operation of the health and welfare system by encouraging a relatively uniform quality of services throughout the country, and by facilitating rational decisions about location, type of service and required facilities.

At the agency level, standards assist in the efficient operation of services by providing a rationale on which submissions for increased facilities can be based and assessed; by providing a rationale for day-to-day decision making; by providing a reference point for comparisons with the outside world so that individual professional workers can make some assessments of their own performance; and by making more

possible inter-agency comparison and co-operation. Clients also benefit from the information about welfare rights that is provided by defined standards.

Standards are important for the purposes of evaluation, because they enable more precise and relevant objectives to be set; they specify the dimensions that are to be considered; they enable evaluation reports to become more comparable one with another; and they provide measures against which assessment may be made.

The evidence presented to us indicates that the extent of standard setting and articulation in the community is insufficient for the efficient operation of the health and welfare system and for its adequate evaluation.

We acknowledge that the task of setting standards is not easy. At times it is even difficult for those providing a service to achieve a consensus on the major dimensions for the operation and evaluation of a service. However, the Committee believes that the existence of standards is so important that a determined effort must be made to set adequate standards.

Recommendations

The Committee recommends:

1. **That all professional groups develop and disseminate comprehensive standards of performance for the guidance of their members and for the protection and information of clients.**

2. **That the Social Welfare Policy Secretariat be instructed to develop a co-operative strategy which will ensure that appropriate standards are progressively developed in Australian health and welfare services before 1981 and that mechanisms are established for regular review and updating of these standards.**

3. **That the Commonwealth and each State Government set and disseminate appropriate, comprehensive structure and distribution standards for health and welfare services under its control.**

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