

*Joint Accreditation System of Australia and New Zealand*

**PROCEDURE NUMBER 34**

**Draft Issue No 1 Dated 17 March 2009**



**REQUIREMENTS FOR BODIES PROVIDING AUDIT AND CERTIFICATION OF  
DISABILITY SERVICE PROVIDERS IN VICTORIA**

Authority to Issue

Dr James Galloway  
Chief Executive  
With Authority of the Governing  
Board

---

## CONTENTS

---

<b>0</b>	<b>INTRODUCTION .....</b>	<b>1</b>
<b>0.1</b>	OBJECT AND FIELD OF APPLICATION .....	1
<b>0.2</b>	BACKGROUND .....	2
<b>1</b>	<b>SCOPE .....</b>	<b>4</b>
<b>2</b>	<b>REFERENCES .....</b>	<b>4</b>
<b>3</b>	<b>DEFINITIONS .....</b>	<b>5</b>
<b>4</b>	<b>CERTIFICATION BODY .....</b>	<b>8</b>
<b>4.1</b>	GENERAL PROVISIONS .....	8
<b>4.2</b>	ORGANISATION .....	8
<b>4.3</b>	OPERATIONS .....	8
<b>4.4</b>	SUBCONTRACTING .....	8
<b>4.5</b>	QUALITY SYSTEM .....	9
<b>4.6</b>	CONDITIONS AND PROCEDURES FOR GRANTING, MAINTAINING, EXTENDING, SUSPENDING AND WITHDRAWING CERTIFICATION .....	9
<b>4.7</b>	INTERNAL AUDITS AND MANAGEMENT REVIEWS .....	9
<b>4.8</b>	DOCUMENTATION .....	9
<b>4.9</b>	RECORDS .....	9
<b>4.10</b>	CONFIDENTIALITY .....	10
<b>5</b>	<b>CERTIFICATION BODY PERSONNEL .....</b>	<b>10</b>
<b>5.1</b>	GENERAL .....	10
<b>5.2</b>	QUALIFICATION CRITERIA .....	10
<b>6</b>	<b>CHANGES IN CERTIFICATION REQUIREMENTS .....</b>	<b>12</b>
<b>7</b>	<b>APPEALS, COMPLAINTS AND DISPUTES .....</b>	<b>12</b>
<b>8</b>	<b>APPLICATION FOR CERTIFICATION .....</b>	<b>13</b>
<b>8.1</b>	INFORMATION ON THE PROCEDURE .....	13
<b>8.2</b>	THE APPLICATION .....	13
<b>9</b>	<b>PREPARATION FOR EVALUATION .....</b>	<b>14</b>
<b>10</b>	<b>EVALUATION .....</b>	<b>14</b>
<b>11</b>	<b>EVALUATION REPORT .....</b>	<b>17</b>
<b>12</b>	<b>DECISION ON CERTIFICATION .....</b>	<b>19</b>
<b>13</b>	<b>SURVEILLANCE .....</b>	<b>19</b>
<b>14</b>	<b>USE OF LICENCES, CERTIFICATES AND MARKS OF CONFORMITY .....</b>	<b>21</b>
<b>15</b>	<b>COMPLAINTS TO SUPPLIERS .....</b>	<b>21</b>
<b>ANNEX A</b>	<b>AUDIT DURATION .....</b>	<b>22</b>
<b>ANNEX B</b>	<b>CERTIFICATION OF DISABILITY SERVICE PROVIDERS WITH MULTIPLE SITES ..</b>	<b>23</b>

---

<b>ANNEX C</b>	<b>AUDIT PLANNING AND SERVICE USER SAMPLING.....</b>	<b>28</b>
<b>ANNEX D</b>	<b>CODE OF ETHICS.....</b>	<b>31</b>

## Table of Figures/Tables

---

Figure 1 - Accreditation and certification criteria .....	2
Table 1 - Sampling Model example .....	26

---

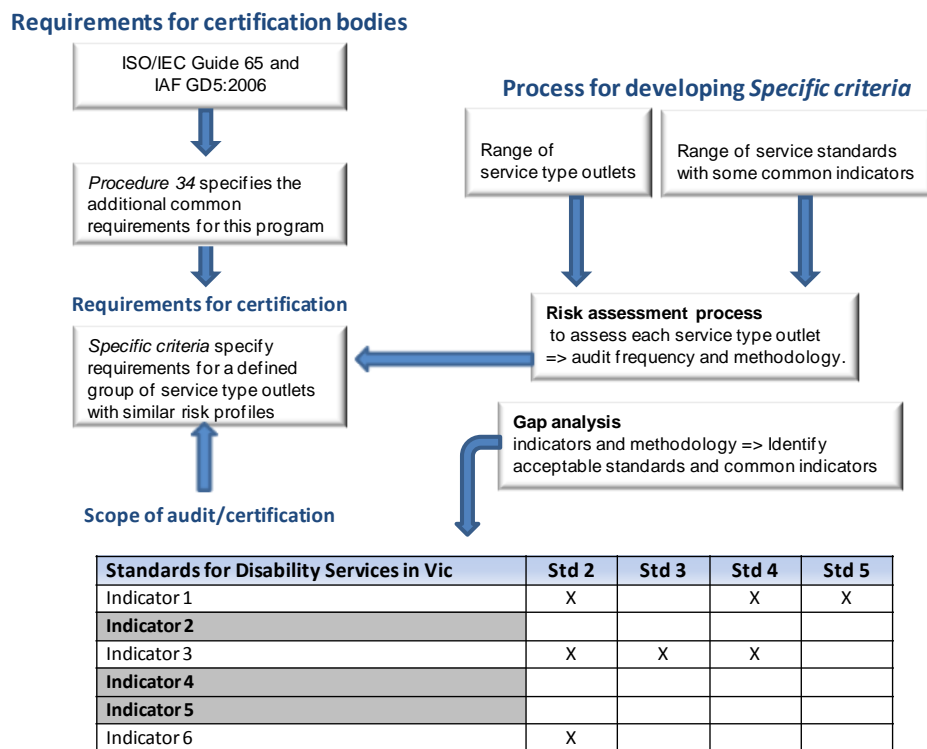
## 0 Introduction

---

### 0.1 Object and field of application

- 0.1.1 This procedure, including the attached Annexes, sets down the requirements (accreditation criteria) for bodies seeking accreditation by the Governing Board of the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), to audit disability service providers in Victoria ("service providers") and certify that they meet the Standards for Disability Services in Victoria, set down by the Victorian government. The Disability Act 2006, administered by the Department of Human Services (the Department) determines the disability service providers referred to in this procedure.
- 0.1.2 Accreditation in conformity with ISO/IEC Guide 65 (G65) and the criteria in this procedure acknowledges that bodies possess the necessary competence and reliability to operate a conformity assessment system for disability service providers in Victoria, and will thereby facilitate their acceptance or recognition on a national and international basis.
- 0.1.3 Only those certification bodies that have been accredited by JAS-ANZ to ISO/IEC Guide 65 (G65), IAF Guidance on the Application of ISO/IEC Guide 65 (IAF GD 5:2006) and this procedure shall carry out audits and issue certificates against the Standards for Disability Services in Victoria (SDSV). It is the responsibility of a disability service provider seeking certification to the SDSV to verify the accreditation status of the chosen certification body, by either requesting a copy of their accreditation certificate (or acknowledgement of application) and scope; by contacting JAS-ANZ; or by searching the JAS-ANZ Register, which is available on-line at [www.jas-anz.org](http://www.jas-anz.org).
- 0.1.4 The Department may review criteria or set additional criteria, in consultation with all stakeholders. In any case, these criteria will be reviewed within two years after implementation; or as the need arises. Revised or additional criteria will be the subject of an agreement between JAS-ANZ and the Department and will be regarded as part of these accreditation criteria. Where there is inconsistency between the revised or additional procedure and this procedure, the requirements of the revised or additional procedure will prevail. *Figure 1 on page 2* depicts the process for developing this procedure.

Figure 1 - Accreditation and certification criteria



**Note:** A gap analysis and risk assessment will be completed when it is considered necessary to develop *specific criteria* that would be appropriate to specific service type outlets.

Using the example in Figure 1 above, the gap analysis would form the basis for determining the proposed scope of certification such that at least standards 2, 4 and 5 would be included in the audit because they have been identified as not being adequately covered by any of the other recognised standards/audits.

## 0.2 Background

- 0.2.1 ISO/IEC Guide 65 is an International Standard that sets out the requirements for certification bodies providing audit and certification of product certification systems.
- 0.2.2 To facilitate the uniform interpretation and application of ISO/IEC Guide 65 for audit and certification of disability service providers in Victoria, this procedure incorporates the work of the JAS-ANZ Disability Services in Victoria Technical Committee (DSVTC), aligned with the requirements of ISO/IEC Guide 65, to produce normative criteria.
- 0.2.3 These criteria were developed in line with ISO/IEC Guide 65 clause 4.1.3, by a technical committee convened by JAS-ANZ, with members representing the significantly interested parties. This procedure shall be read in conjunction with ISO/IEC Guide 65 and IAF GD 5.

- 
- 0.2.4 Certification bodies seeking JAS-ANZ accreditation shall satisfy the requirements of ISO/IEC Guide 65, IAF GD5 and the normative criteria (including the attached Annexes) in this procedure.
- 0.2.5 The term 'should' is used in this document to indicate recognised means of meeting the requirements of the standard. A certification body can meet these in an equivalent way provided this can be demonstrated to JAS-ANZ.**
- 0.2.6 The term 'shall' is used in this document to indicate those provisions which, reflecting the requirements of the relevant standard, are mandatory.**
- 0.2.7 All the major headings (numbers 1-15) of this procedure have been reproduced from ISO/IEC Guide 65.
- 0.2.8 This procedure does not diminish any of the requirements of ISO/IEC Guide 65. The clause numbers in this procedure are prefixed with the letter 'J' to indicate mandatory criteria developed by the JAS-ANZ DSVTC for the audits and certification of disability service providers in Victoria.
- 0.2.9 The text of ISO/IEC Guide 65 is not included in this document and shall be referred to separately.**
- 0.2.10 References in this procedure to specific clauses of ISO/IEC Guide 65 shall be read to mean references to ISO/IEC Guide 65 in conjunction with the IAF GD 5:2006 and the corresponding criteria in this procedure.

---

## Conformity assessment – requirements for bodies providing audit and certification of disability service providers in Victoria

### 1 Scope

---

- 1.1 ISO/IEC Guide 65 and the IAF GD5 provide the accreditation requirements for bodies providing audit and certification of products, processes and services.
- 1.2 Procedure 34 should be read in conjunction with, and in addition to, ISO/IEC Guide 65 and IAF GD 5:2006.
- 1.3 Procedure 34 applies the same headings as those in ISO/IEC Guide 65 and the IAF GD5 so it can be more easily read in conjunction with these primary references.

### 2 References

---

- 1.1 National Standards for Disability Services (1993).
- 1.2 Standards for Disability Services in Victoria (2007), comprising the Industry Standards for Disability Services in Victoria and the Outcome Standards for Disability Services in Victoria.
- 1.3 Disability Discrimination Act (Cwlth) 1992.
- 1.4 Privacy Act (Cwlth) 1988 as amended 2000.
- 1.5 IAF MD 2:2007 (Issue 1) – IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems; available at [www.iaf.nu](http://www.iaf.nu).
- 1.6 International Accreditation Forum, IAF GD 5:2006 - Guidance on the Application of ISO/IEC Guide 65:1996.
- 1.7 ISO/IEC Guide 65:1996 - General requirements for bodies operating product certification systems.
- 1.8 ISO 19011:2002 - Guidelines for quality and/or environmental management system auditing.
- 1.9 Health Records Act 2001 (Victoria) including the *Health Privacy Principles*.
- 1.10 Information Privacy Act 2000 (Victoria).
- 1.11 Working with Children Act 2005 (Victoria).
- 1.12 Quality Framework for Disability Services in Victoria (2007).
- 1.13 Disability Act 2006 (Victoria).
- 1.14 JAS-ANZ Procedure 03 – Rules of procedure governing the use of the accreditation symbol.

---

### 3 Definitions

---

J.3.1 The following definitions also apply to this document:

<u>Audit-trained service user (ATSU)</u>	A person eligible to be a member of the audit team and who is either a person with a disability within the meaning of the Disability Act 2006 who has experience as a service user of a disability support service; or a family member or primary carer of a such a person. An ATSU has specialist knowledge and abilities; eg. empathy with the life experience of people with disability, and ability to plan and facilitate the effective input of people with disability in an audit process. An ATSU shall provide evidence to the certification body of having been a service recipient of a government funded disability service in Australia, or that he/she is a family member or primary carer of such a person.
<u>Audit team</u>	a team of at least two persons appointed to conduct an audit. An audit team normally comprises a lead auditor and an ATSU. An ATSU may also perform the role of lead auditor (or auditor) if appropriately qualified, but the audit team shall still comprise at least two persons.
<u>CB</u>	Certification body
<u>CD</u>	Committee Draft
<u>Central office</u>	the office of a disability service provider that has the responsibility to administer the service provider's management system and the right to implement corrective actions at any site.
<u>Certification audit</u>	all activities related to the initial certification of a disability service provider to determine whether the service provider meets the requirements of the SDSV.
<u>Certification body</u>	a body accredited as conforming to the criteria in this document which audits and certifies to the SDSV.
<u>Close out</u>	verification by a certification body that corrective action has been implemented by a disability service provider to address a major nonconformity or nonconformity.
<u>Community visitor</u>	a trained volunteer who visits a range of disability residential services, supported residential services and mental health facilities to identify, monitor and resolve issues. The Community Visitor Program is co-ordinated by the Victorian Office of the Public Advocate.
<u>Conflict of interest</u>	a relationship between the certification body, or a person working for the certification body (paid or unpaid, staff or contractor), and a disability service provider or person, that threatens the impartiality of the certification body. Such relationships apply to past, present or future involvement and include: <ol style="list-style-type: none"><li>having worked with, or been a service user of, or consulted to the service provider in the last two years, or reasonable prospects of such work in the next two years</li><li>any financial interest in the service provider or relatives or friends with a financial interest in the service provider</li><li>being in competition with the service provider</li><li>any other commercial or voluntary arrangement or directorship with the service provider</li></ol>

---

	<ul style="list-style-type: none"><li>e. having immediate family members employed by a service provider, or in any of the above situations</li><li>f. any personal bias or inclination which would affect decisions in relation to the service provider</li><li>g. any personal obligation, allegiance or loyalty which would affect decisions in relation to the service provider.</li></ul>
<u>Conformity</u>	the requirements of an evidence indicator associated with the SDSV are met.
<u>Continuous improvement</u>	a detailed program of improvement resulting from activities that may include, but are not limited to, internal review, internal or external audit or assessment, service user feedback, complaints and other service delivery issues.
<u>Consent</u>	the voluntary agreement of a person or a person's authorised representative about a proposed action – ie.: participate in an interview; enter a premises; review personal records.
<u>Department</u>	Victorian Government Department of Human Services (DHS), including where acting as administrator of the Disability Program on behalf of the Victorian government.
<u>Disability service</u>	a service specifically provided for the support of a person with disability by a disability service provider.
<u>Disability Services Commissioner</u>	an independent statutory body established under the Disability Act 2006, The Commissioner encourages and assists the resolution of complaints in provision of disability services as well as education, training and research to improve disability services complaints systems.
<u>Disability service provider</u>	the Secretary of the Department of Human Services and any person or body registered on the register of disability service providers kept under section 46 of the Disability Act 2006.
<u>Disability service provider with multiple sites</u>	a disability service provider with one central office and multiple full-time and/or part-time sites. Includes service sites of sub-contractors at which disability services are provided.
<u>JAS-ANZ DSVTC</u>	JAS-ANZ Disability Services in Victoria Technical Committee
<u>Evidence indicator</u>	Evidence indicators represent outcomes that need to be demonstrated or measured in order to meet each standard within the SDSV.
<u>Full-time site</u>	a service location controlled by a disability service provider at or from which disability services are always provided. Includes service sites of sub-contractors at which disability services are provided.
<u>G65</u>	ISO/IEC Guide 65:1999 - General requirements for bodies operating product certification systems
<u>IAF</u>	International Accreditation Forum
<u>IAF GD 5</u>	IAF GD5:2006 - Guidance on the Application of ISO/IEC Guide 65:1996
<u>Major nonconformity</u>	the requirements of an evidence indicator associated with the SDSV are not met, or the outcome is ineffective. A number of related nonconformities may also constitute a major nonconformity.
<u>Nonconformity</u>	the requirements of an evidence indicator associated with the SDSV are not fully met, or the outcome is only partly effective.

---

<u>Notifiable issue</u>	evidence or allegations of a serious health, safety or abuse risk, financial impropriety and/or professional misconduct.
<u>Observation</u>	opportunity for improvement. Observations do not prevent certification, but they should be carefully considered by management and addressed wherever possible, to ensure that conformity is not compromised in the future.
<u>Other technical expert</u>	a person other than an ATSU who provides specific knowledge or expertise to the audit team, and engaged by the CB to participate in the audit or relevant part of the audit.
<u>Outreach site (community)</u>	a service location for a disability service provider set up in the premises of another organisation or in the community. An outreach site (community) may be accessed by the service provider for a period on a regular basis such as weekly or monthly, or on demand. Outreach sites do not include service users' private homes.
<u>Outreach site (private)</u>	a service location for a disability service provider in premises owned or in the control of a service user whom the service provider is supporting. An outreach site (private) may be accessed by the service provider for a period on a regular basis such as daily, weekly or monthly, or on demand. Outreach sites (private) include service users' private homes and may be entered with the consent of the service user.
<u>Part-time site</u>	a permanent service location controlled by a disability service provider at or from which disability services are provided regularly on only some days of the week, or intermittently. Includes service sites of sub-contractors at which disability services are provided.
<u>Performance measure</u>	performance measures for the standards defining the scope of compliance monitoring. Published in the Victoria Government Gazette as required by the Disability Act 2006.
<u>Person with disability</u>	person with disability attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent.
<u>Police check</u>	a check which complies with the department's policy on pre-employment / pre-placement safety screening.
<u>Region</u>	DHS has a centralised policy development function, with eight regions responsible for delivery of services, including management of the relationship with funded disability service providers.
<u>Register</u>	the Register of Disability Service Providers created by the Disability Act 2006.
<u>SDSV</u>	Standards for Disability Services in Victoria. Comprising the Industry Standards for Disability Services in Victoria and the Outcome Standards for Disability Services in Victoria (the Standards) plus the relevant evidence indicators.
<u>Self-assessment</u>	an assessment by, or on behalf of, a disability service provider conducted by people as far as possible free from direct responsibility for the activities being assessed, to determine conformity with the SDSV. Self assessment against the SDSV is always conducted in consultation with service users.

---

<u>Senior Practitioner</u>	a statutory office within the department created by the Disability Act. The Senior Practitioner is generally responsible for ensuring that the rights of people subject to restrictive interventions and compulsory treatment are protected.
<u>Service user</u>	primarily, a person with disability who is receiving / has received within the last 12 months a service from the disability service provider being audited. Service user may also mean family member/s or an unpaid primary carer or advocate of that person with disability.
<u>Sub-contractor</u>	an entity providing disability services on behalf of a disability service provider.
<u>Working With Children Check</u>	a check of the record of people who work or volunteer in certain child-related work. Looks for criminal offences specified in the Act or findings by a specified professional disciplinary body. Criminal offences not specified in the Act can be considered if there is a potential link to a risk to the safety of children and exceptional circumstances may exist that justify refusal of the application.

---

## **4 Certification body**

### **4.1 General provisions**

J.4.1.3 If an explanation is required for the consistent application of this procedure or reference standards, such explanatory requirements shall only be acceptable if approved and published by the JAS-ANZ DSVTC.

### **4.2 Organisation**

J.4.2.1 The certification body shall ensure that the structure that safeguards impartiality shall be an impartial committee which includes an ATSU. Service users shall also be represented on the committee.

J.4.2.2 The certification body shall not offer certification to a disability service provider where that service provider has received consultancy or self-assessments from the certification body.

J.4.2.3 The certification body shall have a documented, publicly available policy on handling gifts or hospitality offered by a disability service provider to which it is contracted to provide certification services.

### **4.3 Operations**

*Left blank intentionally*

### **4.4 Subcontracting**

*Left blank intentionally*

---

## **4.5 Quality system**

J.4.5.3 (n) The certification body's procedures for internal audits shall be based on the provisions of ISO 19011.

## **4.6 Conditions and procedures for granting, maintaining, extending, suspending and withdrawing certification**

J.4.6.1 Certification shall not be granted to the disability service provider until there is sufficient evidence to demonstrate that the arrangements for management review and self-assessment have been implemented, are effective and are being maintained, and one complete self-assessment and review program covering all the service provider's activities has been conducted.

J.4.6.2 The certification body shall have documented procedures that shall be made available on request for:

- a. the initial certification audit and surveillance audits of a disability service provider (including reporting), in accordance with the provisions of ISO 19011
- b. identifying and recording nonconformities and the need for appropriate corrective action by service providers.

## **4.7 Internal audits and management reviews**

*Left blank intentionally*

## **4.8 Documentation**

J.4.8.1 Certification bodies shall include the following in public information:

- a. participation by service users in audits is at all times voluntary and shall be based on the principle of informed consent. Where possible, a service user's informed consent for interview shall also grant permission for the audit team to review that service user's file
- b. service users should be invited by their disability service provider to both the opening and closing meetings of all audits
- c. the process for transferring certification shall be in accordance with IAF MD 2:2007.

## **4.9 Records**

J.4.9.1 The following information shall be included in the certification body's records:

- a. clear, up to date documentation of the supporting information and rationale for any decisions to sample disability service providers with multiple sites
- b. sufficient information to trace all on-site audit durations, and the basis for the calculations

- c. justification for, and documentation of any departure from the requirements in the Annexes
- d. the number and type of service users consulted during each audit
- e. how it ensured that service users provided their informed consent to participate in the audit and for the certification body to access their files.

#### **4.10 Confidentiality**

- J.4.10.1 All confidential information about a disability service provider, comprising documentation, records, data either in hard copy or electronic format, or verbal information that comes into the possession of a certification body or any of its representatives shall be treated in accordance with the Privacy Act and the Victorian Information Privacy Act and Health Records Act.
- J.4.10.2 Information about a service user that is identifiable directly or indirectly to that service user shall not be disclosed without the written consent of that person, unless required by law. Where written consent is unobtainable or impracticable, the service user shall be supported by a family member, carer or advocate empowered to make a decision about consent.
- J.4.10.3 Information about a service user that is in a form that could reasonably be expected to identify individuals shall not be published in a generally available publication.
- J.4.10.4 Information about a service user may not be used for any other purpose than the assessment of conformity with the standards applicable to services provided.
- J.4.10.5 Information about a particular disability service provider may be disclosed to the department without the written consent of the service provider.
- J.4.10.6 If necessary, service user files may be de-identified to allow sampling; eg. to investigate complaints or when there is a lack of service user consents for file access.

## **5 Certification body personnel**

---

### **5.1 General**

- J.5.1.1 Auditors shall meet the requirements of ISO 19011.
- J.5.1.2 The certification body shall have processes to ensure that personnel have appropriate knowledge. It shall determine and define the competence required for each technical area and each function in the certification activity, including functions undertaken by management and administrative personnel, as well as audit and certification activities.

### **5.2 Qualification criteria**

- J.5.2.1.1 All audit personnel shall comply with the code of ethics. *See Annex A Audit duration on page 22.*

- 
- J.5.2.1.2 It is desirable for the ATSU to also have experience and/or training in disability service auditing or evaluation.
- J.5.2.1.3 An ATSU shall have the following knowledge, skills and attributes:
- a. knowledge of the legislative and regulatory requirements applicable to disability service providers, the SDSV, and trends in providing disability services
  - b. understanding of continuous improvement concepts, methods and planning processes
  - c. understanding of service provider audit tools and service user/support person input to audit processes, from a service user's perspective
  - d. understanding of service provider management practices and how they impact on service users
  - e. ability to communicate effectively in writing or orally or using alternative communication systems with all parties involved in the audit process.
- J.5.2.1.4 An ATSU shall possess the following personal attributes:
- a. ethical, ie. fair, truthful, sincere, honest and discreet
  - b. open-minded, ie. willing to consider alternative ideas or points of view
  - c. diplomatic, ie. tactful in dealing with people
  - d. observant, ie. actively aware of physical surroundings and activities
  - e. perceptive, ie. instinctively aware of and able to understand situations
  - f. versatile, ie. adjusts readily to different situations
  - g. tenacious, ie. persistent, focused on achieving objectives
  - h. decisive, ie. reaches timely conclusions based on logical reasoning and analysis
  - i. self-reliant, ie. acts and functions independently while interacting effectively with others.
- J.5.2.1.5 All auditors and ATSUs shall successfully complete the department's mandatory workshop "Preparing to audit disability services in Victoria" before auditing in the system.
- J.5.2.1.6 All audit team members shall have a current police check and a current Working With Children check.
- J.5.2.4 The certification body shall document monitoring procedures for all audit team members, including ATSUs, other technical experts. Procedures shall include on-site observation. The certification body should establish the frequency of observation to take account of the criticality and volume of the work being undertaken, the experience and performance history of the audit team members and any data obtained from other types of monitoring activity such as review of audit reports and client feedback.

- 
- J.5.2.5 Where other audits are conducted simultaneously or consecutively with an audit against the SDSV, there may be elements common to all systems. Regardless, all standards and evidence indicators of the SDSV shall be audited by audit teams complying with all the requirements of this procedure. *See also* Figure 1 - Accreditation and certification criteria on page 2.
- J.5.2.6 When selecting the audit team for a specific audit, the certification body shall ensure that the skills brought to each assignment are appropriate. The team shall:
- a. as a minimum comprise two people, ie. a nominated lead auditor and an ATSU. In deciding the size and composition of the audit team and the need (if any) for other technical experts (in addition to the ATSU), consideration shall also be given to the range of disability types and service user communication styles likely to be encountered during the audit.
  - b. have an understanding of and empathy with the service provider's values that are required to achieve outcomes that meet service user needs
  - c. understand the geographic, religious or cultural context in which the service provider operates
  - d. use appropriate processes to communicate effectively in writing or orally or using alternative communication systems with all parties involved in the audit process
  - e. inform the certification body, prior to the audit, about any existing, former or envisaged link between themselves or their service providers and the service provider to be audited.
- J.5.2.7 During an audit, the ATSU and any other technical expert shall not audit independently and shall work under the direction of, and maintain ongoing communication with, the lead auditor. The ATSU and any other technical expert may interview service users face-to-face or by telephone without other members of the audit team present, if the service user has consented.

## **6 Changes in certification requirements**

---

*Left blank intentionally*

## **7 Appeals, complaints and disputes**

---

- J.7.1 The certification body shall include an ATSU in each appeal hearing.
- J.7.2.1 The certification body shall have a documented process to receive, evaluate and make decisions on complaints. A description of the complaints-handling process shall be publicly accessible.
- J.7.2.2 The complaints-handling process shall include at least the following elements and methods:

- 
- a. an outline of the process for receiving, validating, investigating the complaint, and for deciding what actions are to be taken in response to it
  - b. tracking and recording complaints, including actions undertaken in response to them
  - c. ensuring that any appropriate correction and corrective action are taken.
- J.7.2.3 The decision to be communicated to the complainant shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint.
- J.7.2.4 The certification body shall copy matters referred to it by the department into its complaints system and action them according to its procedures for handling complaints.

## **8 Application for certification**

---

### **8.1 Information on the procedure**

- J.8.1.4 The certification body shall require its certified disability service providers to ensure that the information supplied under clause J.8.2.1 is kept up to date.

### **8.2 The application**

- J.8.2.1 The following information shall be provided by the disability service provider prior to the on-site audit:
- a. general information concerning the SDSV system and the activities it covers, and relevant human and technical resources
  - b. a description of the services to be certified
  - c. a copy of the documentation of the core processes of the SDSV system
  - d. results of the latest self-assessment against the SDSV and current quality plan.
- J.8.2.2.1 The certification body shall have a legally enforceable agreement for providing certification services to the disability service provider. The agreement shall extend to all the sites covered by the scope of a multiple site certification.
- J.8.2.2.2 The agreement shall also document that:
- a. the disability service provider makes available to the certification body, when requested, the records of all communications and action taken in relation to the requirements of the SDSV or other normative documents. This includes correspondence, recommendations and actions documented by the Disability Services Commissioner (DSC), Community Visitors, the department, or any other disability service provider, relating to complaints about the service provider seeking certification;

- 
- b. the department reserves the right to refer matters to the certification body for attention (see clause J.10.7)
  - c. the department shall notify the service provider and JAS-ANZ when it refers a matter to the certification body for attention.

## **9 Preparation for evaluation**

---

- J.9.2.1 The audit program shall include an initial audit and periodic surveillance audits. See Clause 13.
- J.9.2.2 Audits shall be planned to allow sufficient time and resources for the activities listed at clause J.10.13, eg. to report compliance against each evidence indicator, and to fully comply with the reporting requirements in this procedure.
- J.9.3 The disability service provider shall be informed of the names of the members of the audit team who will carry out the audit, with sufficient notice to appeal against the appointment of any particular auditors or technical experts. The CB shall seek the service provider's agreement to the audit plans prior to conducting the audit.
- J.9.4 The certification body shall have documented procedures for contract review. In particular, and as part of the contract review process applied to each application for certification, the certification body shall:
  - a. review the outcomes of observations and discussions during any pre-audit site visits
  - b. review any legal requirements that may impact on the disability service provider's SDSV system
  - c. confirm the availability of the required audit team competencies
  - d. calculate the audit duration - Annex A and Annex B refer
  - e. for a service provider with multiple sites, identify the range of activities covered by the SDSV management system to be certified and any differences between sites as the basis for determining the level(s) of sampling - Annex B refers.

## **10 Evaluation**

---

- J.10.1 The initial audit shall be performed in a 2 stage process. For most initial audits, at least part of the stage 1 audit shall be carried out at the disability service provider's premises in order to achieve the objectives stated above. The stage 1 audit shall:
  - a. review the service provider's system documentation against the SDSV

- 
- b. evaluate the service provider's location and site-specific conditions and hold discussions with the service provider's personnel to determine the preparedness for the stage 2 audit
  - c. review the service provider's status and understanding regarding requirements of the SDSV
  - d. collect necessary information regarding the scope of the SDSV system, services delivered and location(s) of the service provider, and related statutory and regulatory aspects and compliance
  - e. review the allocation of resources for stage 2 audit and agree with the service provider on the details of the stage 2 audit
  - f. provide a focus for planning the stage 2 audit by gaining a sufficient understanding of the service provider and its service delivery
  - g. evaluate if the self-assessment and review processes are being planned and performed, and that the level of implementation of the SDSV system substantiates that the service provider is ready for the stage 2 audit.
- J.10.2 The certification body shall document stage 1 audit findings and communicate them to the disability service provider, identifying any areas of concern that could be classified as nonconformities during the stage 2 audit.
- J.10.3 In determining the interval between stage 1 and stage 2 audits, the certification body shall consider the needs of the disability service provider to resolve areas of concern identified during the stage 1 audit. The certification body may also need to revise its arrangements for stage 2.
- J.10.4 The purpose of the stage 2 audit is to evaluate the implementation, including effectiveness, of the service provider's SDSV system. The stage 2 audit shall take place at the site(s) of the disability service provider. It shall include at least the following:
- a. information and evidence on conformity to all requirements of the SDSV
  - b. performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with expectations in the SDSV)
  - c. the service provider's SDSV system and performance as regards legal compliance
  - d. operational control of the service provider's service delivery
  - e. self-assessment against the SDSV and review processes
  - f. management responsibility for the service provider's policies
  - g. links between the requirements of the SDSV and the service provider's policies, performance objectives and targets (consistent with expectations in the SDSV), legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and self-assessment findings and conclusions.
- J.10.5 Annex A provides requirements for audit duration.

- 
- J.10.6 Annex B contains requirements for sampling and certification of disability service providers with multiple sites.
- J.10.7 The department reserves the right to refer matters to the certification body for attention at audit, such as:
- a. failure of the disability service provider to implement recommendations made by the DSC;
  - b. failure of the service provider to follow directions of the department in the context of section 99 of the Disability Act 2006
  - c. allegations of abuse and neglect within an organisation, including physical, sexual, emotional or financial abuse, or restrictive practices or interventions (including chemical and physical restraint, and seclusion, including denying a person assistance) or any other serious conformity issues
  - d. serious allegations related to financial mismanagement or fraud
  - e. other matters that may become subject to external investigation (for example, by the police).
- J.10.8 If an audit team finds evidence of a notifiable issue, the certification body's procedures shall require it to record the details, and to immediately notify the disability service provider's manager (unless there is justifiable reason for not doing so, such as a risk of compromising collection of evidence in subsequent investigations), and the department.
- J.10.9 The certification body is not responsible for resolving a notifiable issue, but has a duty of care to report the evidence. Certification cannot proceed until the department advises the certification body that the notifiable issue is resolved. If the disability service provider is already certified, the certification body shall seek advice from the department.
- J.10.10 The ATSU shall actively participate in the following audit activities with other team members and this involvement shall be traceable via reports or other documents on the certification body's files:
- a. developing and agreeing the final audit plan
  - b. planning and preparing the methods of service user participation in the audit and evaluating the need for independent support for service users
  - c. participating for the full duration of the audit, including the opening meeting, audit team review meeting(s) and closing meeting
  - d. engaging service users during the audit to collect, examine and analyse evidence with respect to the SDSV
  - e. reviewing service user files or following up issues with service users
  - f. preparing the written audit report.
- J.10.11 The certification body shall fully explain and clarify requirements to the disability service provider during all stages of the certification process from

---

application, to pre-audit, during the audit, and post-audit stages including surveillance and recertification.

- J.10.12 The certification body shall ensure that the disability service provider invites service users to both the opening and closing meetings of all audits.
- J.10.13 At all audits a closing meeting shall take place between the audit team and the disability service provider's management and any service users who wish to be involved, prior to concluding the on-site audit. At the closing meeting, the audit team shall:
- a. explain its initial audit findings regarding the conformity of the service provider with each standard and evidence indicator
  - b. if applicable, provide the service provider with written confirmation of major nonconformities and nonconformities, including the SDSV evidence indicators they relate to, explanatory comments, and the close out dates
  - c. summarise any notifiable issue raised during the audit
  - d. summarise any audit follow-up activities
  - e. briefly summarise all the available avenues for resolving complaints and appeals including via JAS-ANZ or the certification body
  - f. summarise the timing of, and requirements for, preparing for and conducting surveillance audits.

## **11 Evaluation report**

---

- J.11.1 Written reports of SDSV audits require summary statements that express the circumstances and outcomes of the particular audit. The content of all reports shall include:
- a. a brief description of the disability service provider, including the service(s) offered
  - b. the number and type of stakeholders consulted with during each audit
  - c. a brief summary of the overall findings (conclusions) of the audit, including comments on the effectiveness of the service provider's system to ensure conformity with the SDSV
  - d. an adequate description of the main evidence and audit trails to support the ratings of evidence indicators. Qualifying comments about evidence indicators should reflect the varying language for different types of services delivered
  - e. suggestions for continuous improvement
  - f. positive findings (areas of best practice; noteworthy features).

- 
- J.11.2 Where applicable, reports (eg. of surveillance or follow-up audits) shall document:
- close out of each major nonconformity and nonconformity revealed previously
  - any useful comparison with the results of previous audits.
- J.11.3 In an audit that covers more than one type of certification standard (eg. ISO 9001:2000 in addition to SDSV), the report shall clearly identify all requirements of the SDSV.
- J.11.4 The certification body shall provide the written report, including agreed proposed corrective action (if applicable), to the disability service provider and the department at [www.qualityindisability@dhs.vic.gov.au](mailto:www.qualityindisability@dhs.vic.gov.au) within 20 working days of the completion of the on-site component of the audit, even if the decision is not to certify.
- J.11.5 The certification body's procedures shall ensure that in the instance of a major nonconformity:
- the major nonconformity is closed out before certification
  - close out shall normally require a follow-up visit by the certification body. If the disability service provider is already certified, evidence of a corrective action plan shall be presented to the certification body within 5 working days, and close out shall normally require a follow-up visit by the certification body within three months
  - the certification body shall be able to justify circumstances where close out of a major nonconformity, or downgrading the major nonconformity to a nonconformity did not require a follow-up visit
  - if the service provider is already certified, failure to close out the major nonconformity within three months, or take action sufficient to downgrade the major nonconformity to a nonconformity, shall result in automatic suspension of certification
  - for a certified service provider, if the major nonconformity is downgraded to a nonconformity, that nonconformity shall be closed out within a further three months (total of six months to fully action a major nonconformity).
- J.11.6 The certification body's procedures shall ensure that in the instance of a nonconformity:
- the nonconformity is closed out before certification
  - if the disability service provider is already certified, the nonconformity shall be closed out within six months
  - for a certified service provider, failure to close out a nonconformity within six months will result in a major nonconformity being raised with the service provider's corrective action process.

---

## 12 Decision on certification

---

- J.12.1 In the context of this procedure, 'Decision on certification' includes a decision to continue certification.
- J.12.2 The certification body shall include an ATSU in the certification decision-making process.
- J.12.3.1 Certification documents shall include:
- a. the effective date of certification. The effective date shall be on or after the date of the formal decision by the certification body
  - b. the effective date of continued certification
  - c. the JAS-ANZ symbol. Refer to JAS-ANZ Procedure 3.
- J.12.3.2 The certification body shall forward a copy of the certificate(s) with the report mentioned at clause J.10.4.
- J.12.3.3 The certification body shall advise the department by email to [qualityindisability@dhs.vic.gov.au](mailto:qualityindisability@dhs.vic.gov.au) within 5 working days of decisions to continue, suspend or withdraw certification, and the reasons for those decisions.
- J.12.4 If a disability service provider ceases to provide disability services or the department revokes its registration for any other reason, the department will notify JAS-ANZ and the certification body that issued certification within 10 working days of revocation becoming effective. The certification body shall immediately withdraw certification of the service provider.

---

## 13 Surveillance

---

- J.13.1.1 In the context of this procedure, 'surveillance' includes periodic surveillance audits. Surveillance audits are on-site audits and shall be planned together with any other surveillance activities so that the certification body can maintain confidence that the certified services continue to fulfil requirements.
- J.13.1.2 Once certification is achieved, the first surveillance audit shall be conducted not less than 12 months and not more than 18 months from the date of the last day of the on-site component of the initial certification audit.
- J.13.1.3 The second surveillance audit after certification shall occur not less than 12 months and not more than 18 months from the date of the last day of the on-site component of the first surveillance audit. The program shall include the evidence indicators not included in the previous surveillance audit.
- J.13.1.4 If two consecutive surveillance audits reconfirm certification, and there are no major nonconformities identified, the next surveillance audit shall be conducted not less than 18 months and not more than 24 months from the date of the last day of the on-site component of the previous audit.

- 
- J.13.1.5 The next surveillance audit shall occur not less than 18 months and not more than 24 months from the date of the last day of the on-site component of the previous surveillance audit. The program shall include the evidence indicators not included in the previous surveillance audit. This pattern of surveillance audits shall be repeated for subsequent surveillance audits.
- J.13.1.6 The program for surveillance audits shall ensure that all SDSV evidence indicators are covered over any two consecutive surveillance audits and each surveillance audit shall also include:
- not less than 2/3 of the total SDSV evidence indicators
  - a review of the effectiveness of actions taken on nonconformities identified during the previous audit
  - Outcome Standards** – *Citizenship, Individuality; Industry Standards - Individual Needs, Complaints and Disputes, Service Management and Freedom from Abuse and Neglect*
  - progress of planned activities aimed at continual improvement of performance against the SDSV
  - continuing operational control
  - review of any changes to systems or personnel
  - use of marks and/or any other reference to certification
  - interviewing the responsible management and an appropriate sample of service users.
- J.13.1.7 If certification is suspended or withdrawn, once certification is restored, surveillance reverts to the pattern described in Clauses J.13.1.2, J.13.1.3, J.13.1.4 and J.13.1.5.
- J.13.1.8 Following a surveillance audit, the certification body shall maintain certification based on demonstration that the disability service provider continues to satisfy the requirements of the SDSV. It may rely on a positive conclusion by the audit team leader without further independent review, provided that:
- for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the certification body has a system that requires the audit team leader to report to the certification body the need to initiate a review by appropriately competent personnel, different from those who carried out the audit, to determine whether certification can be maintained
  - competent personnel of the certification body monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.
- J.13.3 Reports of surveillance audits shall ensure that coverage of requirements at clause J.13.1.6 is traceable. Clauses J.10.1 to J.10.6 also apply to surveillance.

---

## **14 Use of licences, certificates and marks of conformity**

---

*Left blank intentionally*

## **15 Complaints to suppliers**

---

- J.15.1 In the context of this procedure, a 'supplier' is a disability service provider. 'Complaints to suppliers' includes records of all communications and action taken in relation to the requirements of the SDSV or other normative documents. See clause J.7.2.1.

---

## **Annex A    Audit duration**

---

- A.1            Planning for an audit of a disability service provider will typically take longer than planning for other types of audits (such as ISO 9001) and large individual variations in planning time are likely. This is partly due to the complexities of sourcing information and obtaining the necessary consents to arrange effective and representative service user sampling.
- A.2            The audit durations for disability service providers will depend on a number of factors. The certification body shall have a procedure for determining the amount of audit time necessary, based on at least the following factors:
- a.    existing certification to other standards, subject to degree of equivalence recognised, time since last audit and relevance of any conditions
  - b.    results of any self-assessment or management review conducted by the service provider in the last 12 months
  - c.    types of service or support programs delivered (eg. supported accommodation, community access)
  - d.    number of service users
  - e.    types of disability of the service users
  - f.    service users' preferred method of engagement (eg. interview at home, by telephone, group setting)
  - g.    level and type of support needed by service users to enable them to participate in the audit including access to appropriate methods of communication.
- A.3            The certification body shall demonstrate that in planning the audit with the disability service provider it has undertaken a thorough analysis of these factors and developed an appropriate process for engaging service users. This process shall be based on the strategy provided to the certification body by the service provider. See Annex C.

---

## **Annex B Certification of disability service providers with multiple sites**

---

### **B.1 Introduction**

B.1.1 Auditing a disability service provider with multiple service type outlets differs from a single-site audit. The aim of this Annex is to establish criteria for the audit and, if appropriate, the certification of service providers with a network of full-time and/or part-time sites, thus ensuring that the audit provides adequate confidence in the conformity of the service provider, while being practical and economically feasible.

### **B.2 Structure of disability service providers with multiple sites**

B.2.1 Disability service providers with multiple sites include:

- a. multiple sites delivering a single disability support service
- b. multiple sites delivering one or more disability support services from each site.

B.2.2 The disability service provider shall inform the certification body of the opening or closing of a site. A certification body may seek confirmation from DHS of the number of sites a service provider delivers services from.

B.2.3 Some disability service providers may make use of outreach sites. These do not need to be sampled if the service provider can provide evidence that services provided at outreach sites meet the SDSV, and if information, including policies, procedures, and service user files and individual plans associated with an outreach site can be provided to the certification body for physical sampling remotely. If this evidence cannot be provided, outreach sites shall be sampled as for full-time or part-time sites.

### **B.3 Eligibility criteria for the disability service provider**

B.3.1 The disability service provider's management system shall be centrally administered under a centrally controlled plan and be subject to self-assessment and management review. All the sites to be certified (including the central office) shall be audited under the service provider's self-assessment program before the certification body starts its audit.

B.3.2 The disability service provider shall demonstrate that it has established a system which complies with the SDSV and that the entire network of sites meets the requirements of the SDSV.

B.3.3 The disability service provider shall demonstrate its ability to collect and analyse data (including but not limited to the items listed below) from all sites including the central office, and its authority and ability to initiate organisational change if required:

- a. system documentation and system changes
- b. management review

- c. handling of complaints
- d. evaluation of corrective actions
- e. self-assessment planning and evaluation of the results
- f. service user engagement.

#### **B.4 Eligibility criteria for the certification body**

- B.4.1 The certification body shall provide information to the disability service provider about the criteria in this Annex before starting the audit, and shall not proceed with an audit unless all criteria are met. Before starting the audit, the certification body shall inform the service provider that the certificate will not be issued if it identifies any major nonconformities or nonconformities in relation to the eligibility criteria.
- B.4.2 The certification body's procedures shall ensure that the initial contract review identifies the complexity and scale of the services to be certified and any differences between sites as the basis for determining the level of sampling.
- B.4.3 The certification body shall check, in each case, to what extent sites of a disability service provider provide substantially the same kind of services according to the same procedures and methods. The certification body may apply the sampling procedure to individual sites only after it has confirmed that all the sites proposed for inclusion in the certification of a service provider with multiple sites meet the criteria.
- B.4.4 All the sites of a disability service provider shall be subject to the recertification cycle of the head office.

#### **B.5 Audit**

- B.5.1 The certification body shall have documented procedures for auditing disability service providers with multiple sites. Such procedures shall establish the way the certification body satisfies itself that all the criteria in clause B.3 are met. This requirement also applies to a management system where electronic document and/or process control, and/or other electronic processes are used.
- B.5.2 If more than one audit team is involved in an audit of a disability service provider with multiple sites, the certification body shall designate a unique audit leader responsible for consolidating the findings from all the audit teams and producing a synthesis report.

#### **B.6 Dealing with major nonconformities and nonconformities**

- B.6.1 When a major nonconformity or nonconformity is found at a site, the certification body shall require the disability service provider to review the major nonconformity or nonconformity to determine if it indicates an overall system deficiency applicable to all sites. If it is found to do so, corrective action shall be performed at the central office and at the individual sites. If it

---

is found not to do so, the service provider shall be able to demonstrate to the certification body the justification for limiting its follow-up action.

- B.6.2 The certification body shall require evidence of these corrective actions and shall increase its sample size until it is satisfied that control is re-established.
- B.6.3 At the time of the decision-making process, if any site has a major nonconformity or nonconformity, certification shall be denied to the disability service provider pending satisfactory corrective action.
- B.6.4 It shall not be admissible that, in order to overcome the obstacle raised by the existence of a major nonconformity or nonconformity at a single site, the disability service provider seeks to exclude from the scope the 'problematic' site during the certification process.

## **B.7 Certification**

- B.7.1 One certificate shall be issued with the name and address of the central office of the disability service provider. A list of all the sites to which the certification relates shall be issued, either on the certificate itself, or in an appendix, or as otherwise referred to on the certificate. The scope or other reference on the certificate shall make clear that the certified services are performed by the network of sites listed. If the certification scope of the sites is only part of the general scope of the service provider, its applicability to all the sites shall be clearly stated on the certificate and any annex.
- B.7.2 The certification shall be withdrawn if the central office or any of the sites does not fulfil the necessary criteria for maintaining certification.

## **B.8 Sampling methodology for disability service providers with multiple sites**

- B.8.1 The sample shall be partly selective based on the factors set out below and partly non-selective, and shall result in a range of different sites being selected. Where possible, at least 25 per cent of the sample shall be selected at random.
- B.8.2 Taking into account the criteria mentioned below, the remainder shall be selected so that the differences among the sites selected over the period of certification are as large as possible.
- B.8.3 The site selection criteria should include:
- a. results of any review or self-assessment against the SDSV by the disability service provider or previous audits by the certification body
  - b. records of complaints and communications with the department and other relevant aspects of corrective and preventive action
  - c. significant variations in the size of the sites and number of service users
  - d. the complexity of the activities undertaken
  - e. modifications since the last certification body audit
  - f. geographical location and dispersion

B.8.4 This selection does not have to be made at the start of the audit. It may be done following the central office audit. In any case, the central office shall be informed of the sites to be part of the sample. This can be on relatively short notice by agreement between the certification body and the disability service provider, but shall allow adequate time for the service provider to prepare for the audit.

**B.9 Size of sample**

B.9.1 The certification body shall have a procedure for determining the sample to be taken when auditing sites as part of the audit of a disability service provider with multiple sites. This shall take into account all the factors described in this Annex.

B.9.2 The minimum number of non-central office sites to be visited per audit is:

- initial certification audit: the size of the sample shall not be less than the square root of the number of full-time and part-time sites ( $y = \sqrt{x}$ ), rounded to the upper whole number.
- surveillance audits: the size of the sample shall not be less than the square root of the number of full-time and part-time sites with 0.6 as a coefficient ( $y = 0.6 \sqrt{x}$ ), rounded to the upper whole number.

B.9.3 In all cases, the central office shall be visited at least once, in addition to the sites sampled.

B.9.4 The size of the sample shall be increased where the certification body's analysis of the disability service provider indicates special circumstances such as might apply to any of the site selection criteria at clause B.8.3.

B.9.5 When the disability service provider has a hierarchical system of branches (eg. head office / regional offices / local offices), the sampling model as defined above applies to each level.

Table 1 - Sampling Model example

1 head office:	visited at each audit (initial/surveillance/recertification)
4 regional offices:	sample = 2 : minimum 1 at random
27 local offices:	sample = 6 : minimum 2 at random

B.9.6 A multi-site disability service provider may deliver different disability support services. Different disability support services are to be considered as separate populations of sites, and the sampling formulas defined above shall be applied to each population.

B.9.7 Where the disability service provider also has a hierarchical structure and would otherwise be sampled at each level, the sampling model which results in the largest sample shall be applied.

---

**B.10 Audit duration**

- B.10.1 The certification body shall be able to justify the time spent auditing a disability service provider with multiple service type outlets.
- B.10.2 Reductions can be applied to take into account the evidence of any self-assessment, management review, service user assessment or input, or audits carried out and evidence submitted that verifies compliance with the SDSV. The size of outlets and the combination and complexity of the services provided are other factors that may be considered.
- B.10.3 The audit duration may be reduced where other recognised certification is held which covers all the disability service provider's sites.
- B.10.4 The total audit time spent shall never be less than that which would have been calculated for the size and complexity of the disability service provider if all the work had been undertaken at a single service type outlet (ie. with all the employees of the service provider at the same service type outlet). In most cases it will be considerably more.

**B11 Additional sites**

- B.11.1 On application for a new group of sites to join an already certified multi-site network, each new group of sites should be considered as an independent set to determine the sample size. Before including the new group on the certificate, the new sites should be added to the previous ones to determine the sample size for subsequent audits. The criteria for sampling a hierarchy or separate populations of sites will apply if the new group of sites is not homogenous.

---

## **Annex C    Audit planning and service user sampling**

---

### **C.1            Introduction**

C.1.1        Seeking direct feedback from service users is a critical element of the audit process. Certification bodies shall ensure that wherever possible, service users have been offered the opportunity to participate in the audit process. However it is not usually practicable for all service users to provide direct feedback, and for this reason a sampling approach is normally required to ensure appropriate levels and types of feedback during the audit.

### **C.2            Sampling principles**

C.2.1        Service user sampling shall be determined at the site level on a case-by-case basis.

C.2.2        A proposed strategy for sampling service users should be developed by the disability service provider in consultation with relevant stakeholders, and negotiated with the certification body, so that the certification body may quote for certification services. This strategy shall be made available to other certification bodies, on request.

C.2.3        The certification body shall negotiate the proposed sample numbers and sampling approach, including methods of communication and sampling methods (face-to-face interview, focus groups, telephone survey, mail survey) with the disability service provider when planning the audit.

C.2.4        The certification body shall ensure that the sampling approach is appropriate to the service delivery context of the service provider. A disability service provider with a small number of service users would not need a complex sampling mechanism.

C.2.5        The certification body shall attempt to represent the demographics of the service users serviced by the disability service provider, when sampling service users. Some of the demographics to consider are:

- a.    disability type
- b.    gender
- c.    age
- d.    home or living situation (eg. group home; with parents; in community)
- e.    cultural, religious or language differences
- f.    complexity of support needs, including communication
- g.    length of tenure with organisation (includes those exited).

C.2.6        The certification body shall sample service users receiving each different type of disability support service delivered by the disability service provider.

C.2.7        The certification body shall select the final sample of service users to be interviewed as part of the audit process.

C.2.8 The sampling approach does not preclude service users talking to an audit team member if the opportunity arises and they choose to during an audit. The audit team may not use any identifying information without the service user's consent.

C.2.9 The certification body shall verify that the disability service provider has:

- developed the sampling approach in consultation with relevant stakeholder groups
- made all reasonable attempts to inform all its service users in accessible and varying formats of all scheduled audits and provide them with an opportunity to participate in the process and in the service user sample
- made it clear to all service users that an independent support person of their choice is encouraged to be involved in the audit process.

### **C.3 Process for determining service user sample size**

C.3.1 Noting that service users have the right not to be involved, the minimum number of service users to be sampled for an audit of a disability service provider (or per site, for a multi-site service provider) is:

- initial certification audit: the square root of the number of service users ( $y = \sqrt{x}$ ), rounded to the upper whole number
- surveillance audits: 0.6 times the square root of the number of service users ( $y = 0.6 \sqrt{x}$ ), rounded to the upper whole number
- where there are less than 5 service users, all service users should be interviewed.

C.3.2 The certification body should aim to individually interview 50% of the proposed sample of service users. If the 50% ratio cannot be achieved (eg. refusals or clear preference by service users for another consultation method), the certification body shall clearly document its justification for the sampling approaches used. The remaining 50% may be sampled using other methods including:

- focus group
- telephone
- written survey
- other innovative ways to involve service users.

### **C.4 Service user file sampling**

C.4.1 Service user file sampling aims to cross check verbal information gathered from service users and to confirm outcomes for service users. However, there will be times when service users agree to be interviewed, but not to allow access to their files; and vice versa. While the principles applying to service user sampling also initially apply to file sampling, the certification body may also need to follow up on file specific issues identified during interviews with

---

service users or others. This requires wider access to files, and the certification body shall try to obtain appropriate additional consents, to maximise the number of files available for review.

C.4.2 To ensure validity of the audit, the number of files available for review shall not be less than 50% of the number of service users per site.

C.4.3 All file access shall be by informed consent of the service user and comply with the provisions of the Health Records Act.

C.4.4 Where service user information is only stored or available in electronic form, it will generally need to be printed to allow auditors to view the material. This is particularly so for information held in departmental systems which the auditors do not have clearance to access. All such printed material shall not be removed from the service providers' premises but should be placed on the service user's file prior to completion of the audit.

**C.5 Traceability of audit planning and service user sampling processes**

C.5.1 A certification body shall be able to justify how it samples service users for any audit. Any reduction in the sample size shall be justified and documented in each case (eg. where an insufficient number of service user consents are received). The certification body shall pay particular attention to the validity of the results of the audit where the sample size is likely to be 30% or more below the numbers which would apply using the above sampling approaches. If in doubt about the validity, advice should be sought from the department before the audit begins.

C.5.2 Sampling strategies shall be sufficiently documented for each audit so as to be able to trace compliance with all the requirements of this Annex. This information may be included in, or attached to the audit plan, or may be separately recorded.

---

## **Annex D Code of ethics**

---

- D.1 Auditors, ATSUs, other technical experts and staff of certification bodies must abide by this code of ethics when auditing within the disability sector.
- D.2 Procedures for audit team selection and training or providing information to audit team members appropriately address the differential support costs of team members with disability and the potential for indirect discrimination. Certification bodies shall also bear in mind the provisions of the Disability Discrimination Act.
- D.3 Processes for obtaining a representative sample of service users respect a service user's right to be or not to be involved and the confidentiality and privacy of a service user's participation decisions.
- D.4 The certification body promotes available complaint mechanisms to disability service providers and participating service users.
- D.5 The certification body shall have regard for the following:
- a. that people with disability and their support persons receive timely, plain English information from their disability service provider about the audit process, ie. with enough detail and notice to allow for a full and informed contribution
  - b. that people with disability shall have the opportunity to effectively participate in disability service providers' SDSV systems
  - c. that people with disability shall participate in roles in which their input and feedback can be valued and used in a positive and constructive manner. They shall have some authority
  - d. that proven audit methods rely on genuine participation by the service users.
- D.6 During the audit:
- a. all service users have the right and opportunity to be involved and consulted
  - b. service users have the right not to be involved
  - c. service users' confidentiality and privacy shall be respected
  - d. the certification body shall try to ensure that the disability service provider has invited service user representation at both the opening and closing meetings of all audits
  - e. service users have the right to independent advocacy and support to assist them to have their say.
- D.7 The certification body shall facilitate transfer of certification if requested by a disability service provider it has certified. It shall not revoke certification simply because a service provider advises of its intent to change its certification body.

- 
- D.8 Certification bodies and their staff (external or internal) should promote the benefits of the Standards for Disability Services in Victoria to all interested parties, and not openly criticise the government's initiatives in this sector. Certification bodies should actively participate in the continuous improvement of the program by identifying and raising issues with the relevant infrastructure element, ie. the department or JAS-ANZ.
- D.9 Auditors, ATSUs, other technical experts and staff of certification bodies involved in audits within the disability sector must be free of conflicts of interest.