

*Joint Accreditation System of Australia and New Zealand*

**PROCEDURE NUMBER 34, Issue 1**

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

Authority to Issue

A handwritten signature in black ink that reads 'James Galloway'. The signature is written in a cursive style.

Dr James Galloway  
Chief Executive  
With Authority of the Governing Board

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## 0 Introduction

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### 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 ("disability service providers") and certify that they meet the relevant performance measures in respect of 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) defines disability service providers referred to in this procedure as the Secretary to the Department and a person or body registered on the register of disability services.
- 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 CBs 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 performance measures in respect of 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 CB, 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 has notified JAS-ANZ that it will only recognise the certificates of non-accredited CBs for a maximum period of six months from the date of JAS-ANZ's acceptance of a CB's application for accreditation; and for those CBs whose applications were accepted for the demonstration project, for a maximum period of six months after the formal launch of the scheme. Applicant CBs are encouraged to sign a release of confidentiality to enable JAS-ANZ to publish the acceptance of their applications on the JAS-ANZ website.
- 0.1.5 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.

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## 0.2 Background

- 0.2.1 ISO/IEC Guide 65 is an International Standard that sets out the requirements for CBs 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 the JAS-ANZ DSVTC, whose members represent the significantly interested parties. This procedure shall be read in conjunction with ISO/IEC Guide 65 and IAF GD 5.
- 0.2.4 CBs 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 CB 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 audit 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.

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

### 1 Scope

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### 2 References

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- 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.
- 1.15 United Nations Convention on the Rights of People with Disabilities; available at <http://www.un.org/disabilities/>.

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### 3 Definitions

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

<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 a SUTE. A SUTE 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>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 relevant performance measures in respect of the SDSV.
<u>Certification body</u>	a body accredited as conforming to the criteria in this document which audits and certifies disability service providers as meeting the relevant performance measures in respect of the SDSV.
<u>Close out</u>	verification by a CB 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, appointed by the Victorian Office of the Public Advocate who visits disability residential services to inquire into a range of service quality and compliance standards as defined in section 30 of the Disability Act 2006.
<u>Conflict of interest</u>	a relationship between the CB, or a person working for the CB (paid or unpaid, staff or contractor), and a disability service provider or person, that threatens the impartiality of the CB. 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><li>having immediate family members employed by a service provider, or in any of the above situations</li><li>any personal bias or inclination which would affect decisions in relation to the service provider</li><li>any personal obligation, allegiance or loyalty which would affect decisions in relation to the service provider.</li></ol>
<u>Conformity</u>	the requirements of meeting the relevant performance measures in respect of the SDSV.

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<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>Department</u>	Victorian Government Department of Human Services (DHS). <u>Note:</u> The Disability Services Victoria Scheme (DSVS) page of the JAS-ANZ website provides a link to the Department of Human Services website where certification bodies can find the contact details for communications with the department.
<u>Disability service</u>	a service specifically provided for the support of a person with a disability by a disability service provider.
<u>Disability Services Commissioner</u>	an independent statutory body established under the Disability Act 2006.
<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. Note: auditing sites of sub-contractors at which disability services are provided relies on the service provider providing the relevant information or obtaining agreement from the sub-contractor to conduct the audit.
<u>Episodic service</u>	a service that can vary from one hour to an entire year and can occur more than once depending on the arrangements for support between the disability service provider and the individual, family or informal carer (e.g. respite).
<u>Evidence indicator</u>	Evidence indicators ensure that the expectations for compliance with each standard are clear. An evidence indicator describes a measurable element of practice that may be used to assess whether the practice meets a particular standard.
<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>Independent advocate</u>	an independent person who can support a service user to communicate during the audit process. The independent advocate shall not be a paid employee or volunteer of the disability service provider being audited unless chosen specifically by the service user. The role of the independent advocate is separate to that of an interpreter.
<u>Informed consent</u>	the voluntary agreement of a person or a person's authorised representative about a proposed action; e.g. participate in an interview; enter a premises; review personal records.

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<u>Internal audit</u>	ISO 19011 defines “audit” and includes an explanatory note on “internal audits”. In the context of Procedure 34, an internal audit for a <b>disability service provider</b> is an audit conducted by, or on behalf of, the disability service provider itself for management review and other internal purposes. Disability service providers in Victoria commonly refer to the internal audit of their SDSV management system as ‘organisational self assessment’ against the relevant performance measures in respect of the SDSV. In smaller disability service providers, independence can be demonstrated by the freedom from responsibility for the activity being audited. Internal audits for disability service providers are always conducted in consultation with consumers.
<u>JAS-ANZ DSVTC</u>	JAS-ANZ Disability Services in Victoria Technical Committee.
<u>Major nonconformity</u>	the relevant performance measures in respect of 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 relevant performance measures in respect of 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; as distinct from a nonconformity. 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 and that a program of continuous improvement is progressively adopted by the disability service provider.
<u>Other technical expert</u>	a person other than a SUTE who provides specific knowledge or expertise to the audit team, and is 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 disability 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 disability 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>	the performance measures in respect of the SDSV determined by the Secretary to the Department of Human Services under section 98 of the Disability Act 2006.

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<u>Person with a disability</u>	person with a disability attributable to a developmental delay, intellectual, 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 kept by the Secretary under the Disability Act 2006.
<u>SDSV</u>	the standards comprising the Industry Standards and the Outcome Standards for Disability Services in Victoria (the Standards) determined by the Minister under section 97 of the Disability Act 2006 and to which the relevant performance measures relate and for the purposes of this Procedure includes the Performance Measures.
<u>Senior Practitioner</u>	a statutory office within the department created by the Disability Act 2006. 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 a 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 a disability.
<u>Service user technical expert (SUTE)</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. A SUTE 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. A SUTE shall provide evidence to the CB 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>Sub-contractor</u>	an entity providing disability services on behalf of a disability service provider.
<u>Working With Children Check</u>	the process under the Working with Children Act to assess and reassess whether a person is suited to child-related work.

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## **4 Certification body**

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### **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 CB shall ensure that the structure that safeguards impartiality shall be an impartial committee which includes a SUTE and another person with a disability.

J.4.2.2 The CB shall not offer certification to a disability service provider where that service provider has received consultancy or internal audits from the CB.

J.4.2.3 The CB 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**

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### **4.4 Subcontracting**

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### **4.5 Quality system**

J.4.5.3 (n) The CB'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 The CB shall not grant certification to a disability service provider until there is sufficient evidence to demonstrate that the disability service provider's procedures for internal audits have been implemented, are effective and are being maintained, and that the disability service provider has conducted at least one internal audit covering all its activities.

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

- a. the certification audit and surveillance audits of disability service providers (including reporting), in accordance with the provisions of ISO 19011

- b. identifying and recording nonconformities and the need for appropriate corrective action by disability service providers.

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

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#### **4.8 Documentation**

J.4.8.1 CBs 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. This consent should be obtained in writing.
- 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 CB shall keep records of the following information:

- 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 or their guardians provided their informed consent to participate in the audit
- f. how it ensured that service users, or their guardians, provided their informed consent for the CB to access their files; or where this was not possible (e.g. the service user could not provide the consent and had no guardian to provide the consent), or practicable, the disability service provider allowed access to service users' files in accordance with applicable legislation.

#### **4.10 Confidentiality**

J.4.10.1 The CB shall treat all confidential information about a disability service provider, comprising documentation, records, and data either in hard copy or electronic format, or verbal information that comes into the possession of a

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CB or any of its representatives in accordance with the Privacy Act and the Victorian Information Privacy Act and Health Records Act.

- J.4.10.2 The CB shall not disclose information about a particular service user which identifies him or her directly or indirectly without the written consent of the service user or the service user's guardian, unless the disclosure is required by law or the disclosure is to the department. Where disclosure is to the department, the CB may only disclose the information in accordance with any applicable legislation.
- J.4.10.3 The CB shall not use information about a service user for any purpose other than the assessment of conformity with the SDSV applicable to services provided.
- J.4.10.4 If necessary, service user files may be de-identified to allow sampling; e.g. to investigate complaints or when there is a lack of service user consents for file access.

## **5 Certification body personnel**

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### **5.1 General**

- J.5.1.1 Auditors shall meet the requirements of ISO 19011.
- J.5.1.2 The CB 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 D*
- J.5.2.1.2 All audit team members shall have experience and/or training in disability service auditing or evaluation.
- J.5.2.1.3 All audit team members shall demonstrate that they have the following knowledge and skills:
- understanding of the legislative and regulatory requirements applicable to disability service providers, including the SDSV, and trends in providing disability services
  - understanding of the department's quality framework and the role of people with disabilities and other stakeholders in quality processes
  - understanding of the diversity of services delivered by service providers and how this impacts on service providers' management practices
  - understanding of the diversity of people using service providers and how this impacts on management practices

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- e. ability to communicate effectively in writing or orally or using alternative communication systems with all parties involved in the audit process
- f. ability to gather, review and report on evidence against the SDSV.
- J.5.2.1.4 SUTEs shall have the personal attributes listed at ISO 19011, clause 7.2.
- J.5.2.1.5 All auditors and SUTEs 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 if required by the Working with Children Act 2005.
- J.5.2.4 The CB shall document monitoring procedures for all audit team members, including SUTEs and other technical experts. Procedures shall include on-site observation. The CB 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 of the SDSV shall be audited by audit teams complying with all the requirements of this procedure.
- J.5.2.6 When selecting the audit team for a specific audit, the CB shall ensure that the skills brought to each assignment are appropriate. The team shall:
- as a minimum comprise two people, i.e. a two person team is required even if the lead auditor is also a SUTE. In deciding the size and composition of the audit team and the need (if any) for other technical experts (in addition to the SUTE), consideration shall always be given to the range of disability types and service user communication styles likely to be encountered during the audit
  - understand the geographic or cultural context in which the disability service provider operates
  - inform the CB, prior to the audit, about any existing, former or envisaged link between themselves or their disability service providers and the disability service provider to be audited.
- J.5.2.7 A supervising auditor or lead auditor shall always provide sufficient supervision to maintain the necessary level of communication and support to the SUTE and other technical expert(s). The CB shall evaluate the competence of the SUTE and other technical expert(s) to interview service users face-to-face or by telephone without other members of the audit team present before authorising them to do so. The CB shall keep records of these evaluations.

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## 6 Changes in certification requirements

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## 7 Appeals, complaints and disputes

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- J.7.1 The CB shall include a SUTE in each appeal hearing.
- J.7.2.1 The CB 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 CB 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

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### 8.1 Information on the procedure

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### 8.2 The application

- J.8.2.1 The CB shall require the disability service provider to supply the following information:
- a. specific information concerning the disability service provider's SDSV management system and the activities it covers, and relevant human and technical resources
  - b. a copy of its documented policies and procedures relating to its SDSV management system
  - c. results of the latest internal audit against the SDSV.
- J.8.2.2.1 The CB shall have a legally enforceable agreement with the disability service provider for providing certification services to the disability service provider.

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The agreement should extend to all the sites of the disability service provider. Where possible, the agreement should also extend to any sites of relevant subcontractors of the disability service provider. Note that this may depend on whether the disability service provider can obtain its subcontractors' agreement to do this.

- J.8.2.2.2 The agreement shall also document that the disability service provider makes available to the CB the records of all communications and action taken in relation to the requirements of the SDSV or other normative documents.

## 9 Preparation for evaluation

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- J.9.2.1 The audit program shall include a certification audit and periodic surveillance audits. See Clause 13.
- J.9.2.2 CBs shall plan audits to allow sufficient time and resources for the activities listed at clause J.10.13; e.g. to report compliance against each standard, and to fully comply with the reporting requirements in this procedure.
- J.9.3 The CB shall inform the disability service provider 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 audit team member. The CB shall seek the disability service provider's agreement to the audit plans prior to conducting the audit.
- J.9.5 The CB shall have documented procedures for contract review. In particular, and as part of the contract review process applied to each application for certification, the CB 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 management system
  - c. confirm the availability of the required audit team competencies
  - d. calculate the audit duration in accordance with Annex A (single site) or Annex B (multi-site) as applicable.
- J.9.6 During its contract review, the CB shall plan its sampling of a disability service provider with multiple sites in accordance with Annex B. The CB shall identify the range of activities covered by the SDSV management system and any differences between sites as the basis for determining the level(s) of sampling.
- J.9.7 The CB shall make appropriate arrangements for seeking service user feedback in accordance with Annex C.

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## 10 Evaluation

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- J.10.1 The CB shall conduct the certification audit in a 2 stage process. The CB may conduct the stage 1 audit remotely. During the stage 1 audit, the CB shall:
- review the disability service provider's system documentation against the SDSV
  - evaluate the disability service provider's logistical needs and preparedness for the stage 2 audit
  - review the disability service provider's status and understanding regarding requirements of the SDSV
  - collect necessary information regarding the scope of the SDSV management system, services delivered and location(s) of the disability service provider, and related statutory and regulatory aspects and compliance
  - review the allocation of resources for the stage 2 audit and agree with the disability service provider on the details of the stage 2 audit
  - provide a focus for planning the stage 2 audit by gaining a sufficient understanding of the disability service provider and its service delivery
  - evaluate if the disability service provider's internal audits are being planned and performed, and that the level of implementation of the SDSV management system substantiates that the disability service provider is ready for the stage 2 audit.
- J.10.2 The CB shall document stage 1 audit findings and communicate them to the disability service provider before the stage 2 audit, 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 CB shall consider the needs of the disability service provider to resolve areas of concern identified during the stage 1 audit. The CB 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 disability service provider's SDSV management system. The stage 2 audit shall take place at the site(s) of the disability service provider. During the stage 2 audit, the CB shall evaluate at least the following:
- information and evidence on conformity to all requirements of the SDSV
  - the disability service provider's SDSV management system and performance as regards legal compliance
  - operational control of the disability service provider's service delivery
  - internal audit against the SDSV
  - management responsibility for the disability service provider's policies

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- f. links between the requirements of the SDSV and the disability 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 internal audit findings and conclusions.
- J.10.5 Annex A contains 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 SUTE shall actively participate in audit activities with other team members and this involvement shall be traceable via reports or other documents on the CB's files. The role of the SUTE in audit activities includes:
- 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 audit findings, determining audit ratings and preparing the written audit report.
- J.10.8 The CB 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.
- J.10.9 The CB shall ensure that the disability service provider invites service users to both the opening and closing meetings of all audits.
- J.10.10 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 disability service provider with each of the standards
  - b. if applicable, provide the disability service provider with documented 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 unless there is justifiable reason for not doing so - see Clause J.10.12
  - 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 CB

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- f. summarise the timing of, and requirements for, preparing for and conducting surveillance audits.
- J.10.11 The CB shall follow up at audit, matters which the department refers to its attention and provide any further information on them to the department if requested. Such matters include:
- a. 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
  - b. serious allegations related to financial mismanagement or fraud
  - c. other matters that may become subject to external investigation (for example, by the police).
- J.10.12 If an audit team finds evidence of a notifiable issue, the CB'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.10.13 The CB is not responsible for resolving a notifiable issue, but shall report the evidence. Certification cannot proceed until the department advises the CB that the notifiable issue is resolved. If the disability service provider is already certified, the CB shall seek advice from the department.

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## **11 Evaluation report**

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- J.11.1 Written reports of all 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 total number of service users and the number of service users at each site
  - c. details on the size of the sample(s) and interview methods adopted
  - d. if applicable, why conducting individual interviews for 50% of the sample was not achievable
  - e. details regarding service users being invited to be involved in the audit and attendance at opening and closing meetings
  - f. an executive summary
  - g. an adequate description of the main evidence and audit trails to support the ratings for each standard

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- h. suggestions for continuous improvement
  - i. positive findings (areas of good practice; noteworthy features).
- J.11.2 The content of the executive summary shall include:
- a. a review of any organisational changes that have occurred since the previous audit and impact on the SDSV management system
  - b. comments on the effectiveness of the disability service provider's system to ensure conformity with the SDSV
  - c. a summary of major and minor nonconformities, opportunities for improvement identified, and any notifiable issue raised during the audit unless there is justifiable reason for not doing so - see Clause J.10.12
  - d. comments on the actions taken to address previous audit findings if applicable
  - e. comments on the disability service provider's system in regards to the completion of internal audits, management of complaints and service user feedback
  - f. certification status.
- J.11.3 Where applicable, reports (eg. of surveillance or follow-up audits) shall document:
- a. close out of each major nonconformity and nonconformity revealed previously
  - b. any useful comparison with the results of previous audits.
- J.11.4 In an audit that covers more than one type of certification standard (eg. ISO 9001 in addition to SDSV), the report shall clearly identify and address all requirements of the SDSV.
- J.11.5 The CB shall provide the written report, including agreed proposed corrective action (if applicable) to the disability service provider and the department within 20 working days of the completion of the on-site component of the audit, even if the decision is not to certify. Refer also J.12.3.3
- J.11.6 The CB's procedures shall ensure that in the instance of a major nonconformity:
- a. the major nonconformity is closed out before certification
  - b. close out shall normally require a follow-up visit by the CB. For a certified disability service provider, evidence of a corrective action plan shall be presented to the CB within 5 working days of the date of issue of the major nonconformity, and close out shall normally require a follow-up visit by the CB within three months
  - c. the CB 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

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- d. for a certified disability service provider, failure to close out the major nonconformity within three months of the date of issue, or take action sufficient to downgrade the major nonconformity to a nonconformity, shall result in automatic suspension of certification
  - e. for a certified disability service provider, if the major nonconformity is downgraded to a nonconformity, that nonconformity shall be closed out within a further three months (maximum of six months from the date of issue to fully action a major nonconformity).
- J.11.7 The CB's procedures shall ensure that in the instance of a nonconformity:
- a. the nonconformity is closed out before certification
  - b. for a certified disability service provider, the nonconformity shall be closed out within six months of the date of issue
  - c. for a certified disability service provider, failure to close out a nonconformity within six months of the date of issue will result in a major nonconformity being raised with the disability service provider's corrective action process.

## **12 Decision on certification**

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- J.12.1 In the context of this procedure, 'Decision on certification' includes a decision to continue certification.
- J.12.2 The CB shall include a SUTE 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 CB
  - b. the effective date of continued certification
  - c. the JAS-ANZ symbol. Refer to JAS-ANZ Procedure 3.
- J.12.3.2 The CB shall forward a copy of the certificate(s) with the report mentioned at clause J.11.5.
- J.12.3.3 The CB shall advise the department of all certification decisions within 5 working days. The CB shall provide the department with reasons for any decisions to vary, suspend or withdraw certification.
- 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 CB that issued certification within 10 working days of revocation becoming effective. The CB shall immediately withdraw certification of the service provider.

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## 13 Surveillance

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- 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 CB can maintain confidence that the certified services continue to fulfil requirements.
- J.13.1.2 Once certification is achieved, the first surveillance audit should 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 should 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 standards 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 should 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 standards 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 the SDSV are covered over any two consecutive surveillance audits. Each surveillance audit shall also review:
- compliance with not less than 2/3 of all the SDSV, including **Outcome Standards** – Citizenship, Individuality; **Industry Standards** - Individual Needs, Complaints and Disputes, Service Management and Freedom from Abuse and Neglect
  - the effectiveness of actions taken on nonconformities identified during the previous audit
  - progress of planned activities aimed at continual improvement of performance against the SDSV
  - continuing operational control
  - 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.

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- 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 CB 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:
- a. for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the CB has a system that requires the audit team leader to report to the CB the need to initiate a review by a competent personnel, different from those who carried out the audit, to determine whether certification can be maintained
  - b. competent personnel of the CB 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.

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

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## **15 Complaints to suppliers**

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- 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.10.11.

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## **Annex A    Audit duration**

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- 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            For the purposes of this certification program, for 12 months following its implementation the audit duration for a single site disability service provider shall be not less than one auditor day, and is expected to fall in the range of one to three auditor days. Audit duration requirements will be reviewed at the end of the 12 month period. CBs and other stakeholders will be encouraged to provide feedback on this issue.
- A.3            It is clearly understood that some disability service providers may require more time than that identified in this Annex. The audit times identified in this Annex shall be read as true minimums and may only be reduced to a maximum reduction of 25% if the disability service provider holds accredited certification to ISO 9001.
- A.4            The audit durations for disability service providers will depend on a number of factors. The CB shall have a procedure for determining the amount of audit time necessary, based on at least the following factors:
- a.    existing accredited certification to other standards, subject to degree of equivalence recognised, time since last audit and relevance of any conditions
  - b.    results of internal audits 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.5            The CB 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 CB by the service provider. See Annex C.
- A.6            Auditor days shall be based on an 8 hour working day including 1 hour for lunch, and exclude all activities other than auditing. The times are to be

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regarded as true minimums: planning, preparation, travel time and reporting shall not be included. If the document review or other pre-audit activities are done on-site in conjunction with the certification audit, the time for these activities shall not be included (the requirements of J.10.2 still apply). The same applies to on-site report writing.

- A.7 Where two or more team members work together (e.g. auditor plus SUTE or other technical expert or another auditor), that time shall be counted as if a single auditor was involved. When, in exceptional circumstances, SUTEs work alone, that time shall not be counted as contributing to the audit duration.

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

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### **B.1 Introduction**

B.1.1 Auditing a disability service provider with multiple sites 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 disability 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 CB shall require the disability service provider to inform it of the opening or closing of a site. A CB may seek confirmation from the department of the number of sites a disability 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 disability 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 CB for physical sampling remotely. If this evidence cannot be provided, the CB shall sample outreach sites 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 internal audit. All the sites to be certified (including the central office) shall be internally audited before the CB 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. handling of complaints

- c. evaluation of corrective actions
- d. internal audit planning and evaluation of the results
- e. service user engagement.

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

- B.4.1 The CB 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 CB shall inform the disability 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 CB'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 CB 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 CB 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 disability 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 CB shall have documented procedures for auditing disability service providers with multiple sites. Such procedures shall establish the way the CB 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 CB 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 CB 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 disability service provider shall be able to demonstrate to the CB the justification for limiting its follow-up action.
- B.6.2 The CB shall require evidence of these corrective actions and shall increase its sample size until it is satisfied that control is re-established.

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- 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 suspended or 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 internal audit against the SDSV, or previous audits by the CB
  - 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. sites representative of service activities
  - e. the complexity of the activities undertaken
  - f. modifications since the last CB audit
  - g. 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 CB 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 CB 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 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 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 CB'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 (e.g. 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 CB shall be able to justify the time spent auditing a disability service provider with multiple service type outlets.
- B.10.2 For the purposes of this certification program, for 12 months following its implementation, the audit duration for a multi-site disability service provider shall be not less than two auditor days, and is expected to fall in the range of

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two to eight auditor days. Audit duration requirements will be reviewed at the end of the 12 month period. CBs and other stakeholders will be encouraged to provide feedback on this issue.

- B.10.3 Reductions (but not less than two days) can be applied to take into account the evidence of any internal audit, 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.10.4 The audit duration may be reduced where other recognised certification is held which covers all the disability service provider's sites.
- B.10.5 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 (i.e. with all the employees of the disability 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.

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

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### **C.1            Introduction**

- C.1.1        Seeking direct feedback from service users is a critical element of the audit process. CBs 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.1.2        In planning for service user participation, the CB shall consider the support needs of the service users including when, where and how this feedback is to be obtained.
- C.1.3        The practice of interviewing service users alone poses potential risk to audit team members and service users.

### **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 CB, so that the CB may quote for certification services. This strategy shall be made available to other CBs, on request.
- C.2.3        The CB 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 CB shall ensure that the sampling approach is appropriate to the service delivery context of the disability service provider. A disability service provider with a small number of service users would not need a complex sampling mechanism.
- C.2.5        The CB 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.    frequency of support provided by the disability service provider
  - e.    cultural or language differences
  - f.    complexity of support needs, including communication
  - g.    length of tenure with organisation (includes those exited).

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- C.2.6 The CB shall sample service users receiving each different type of disability support service delivered by the disability service provider.
- C.2.7 The CB 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. However, the audit team may not use any identifying information without the service user's consent.
- C.2.9 The CB 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 advocate or support person of their choice is encouraged to be involved in the audit process.
- C.2.10 Although the focus of this Annex is on sampling consumers, CBs should always keep in mind the potential to gather useful evidence from other key people, and sample accordingly. Other key people include:
- direct support staff
  - families or carers of service users.
- 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 disability 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
  - the CB shall sample a minimum of three service users per site, or the number of service users if there are less than three per site.
- C.3.2 The CB should aim to individually interview 50% of the proposed sample of service users. If the 50% ratio cannot be achieved (e.g. refusals or clear preference by service users for another consultation method), the CB shall clearly document its justification for the sampling approaches used. The remaining 50% may be sampled using other methods including:
- focus group
  - telephone

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- c. written survey
- d. other innovative ways to involve service users.
- C.3.3 Where a disability service provider provides an episodic service (e.g. respite) to episodic service users, the CB shall calculate the sample as follows:
- a. initial certification audit: the square root of the number of episodic service users in contact with the service provider in the three months prior to the date of the audit ( $y = \sqrt{x}$ ), rounded to the upper whole number
- b. surveillance audits: 0.6 times the square root of the number of episodic service users in contact with the service provider in the three months prior to the date of the audit ( $y = 0.6\sqrt{x}$ ), rounded to the upper whole number.
- 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 CB 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 CB 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 at each site should normally exceed the number of interviews.
- C.4.3 All file access shall be by the informed consent of the service user, or if the service user cannot provide consent, the consent of his or her guardian. If the service user (or if applicable, his or her guardian) has denied consent, file access will not be available. Where the service user is unable to provide consent and has no guardian to provide the consent, or it is impracticable to obtain consent, the CB must not access service users' files unless the disability service provider grants access in accordance with applicable legislation.
- C.5 Traceability of audit planning and service user sampling processes**
- C.5.1 A CB 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 (e.g. where an insufficient number of service user consents are received). The CB 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.

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- 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.

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## **Annex D Code of ethics**

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- D.1 Auditors, SUTEs, other technical experts and staff of CBs must abide by this code of ethics when auditing within the disability sector.
- D.2 Audit team selection, ongoing work and training should be inclusive and supportive of the unique needs and talents of people with disabilities. CBs should be mindful of the human rights of people with disabilities as outlined in the United Nations Convention on the Rights of People with Disabilities, in particular the Principles and Objectives, and Articles (<http://www.un.org/disabilities/>).
- 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 CB promotes available complaint mechanisms to disability service providers and participating service users.
- D.5 The CB shall have regard for the following:
- a. that people with disabilities and their support persons receive timely, accessible information about the audit process; i.e. with enough detail and notice to allow for a full and informed contribution
  - b. that people with disabilities shall be supported to participate in roles in which their input and feedback can be valued and used in a positive and constructive manner
  - c. 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 CB 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
  - f. CBs should be aware that the presence of service provider staff may impact on service users' capacity and willingness to raise issues or concerns.
- D.7 The CB 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 CB.

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- D.8 CBs and their staff (external or internal) should promote the benefits of the SDSV to all interested parties, and not openly criticise the government's initiatives in this sector. CBs should actively participate in the continuous improvement of the program by identifying and raising issues with the relevant infrastructure element; i.e. the department or JAS-ANZ.
- D.9 Auditors, SUTEs, other technical experts and staff of CBs involved in audits within the disability sector must be free of conflicts of interest.