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**Family &
Community
Services**

Accreditation Systems Recognition Tool

Quality Improvement Council Health and Community Service Standards

6th edition (QIC Standards)



Accreditation Systems Recognition Tool, Quality Improvement Council Health and Community Service Standards (QIC Standards)

Third edition 2015

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Overview

An important aim of the NSW quality reform program is the recognition of accreditations /certifications of other industry standards that service providers already have in place to reduce the administrative burden and need for duplicate reporting.

The development of a recognition tool is an innovative and practical way to acknowledge the diversity of the sector which ranges from small to very large providers with varying experiences of quality management systems and external assessments.

A recognition tool is advantageous for service providers who already have accreditation status with one or more of the industry standards, as this work will be recognised. It will simplify the process for service providers to demonstrate that they meet the practice requirements of the NSW Disability Services Standards (NSW DSS) and will streamline reporting requirements by recognising the findings of other external assessments as set out in this tool.

The recognition tool has 12 chapters, one for each quality management system or standard that has been mapped by Joint Accreditation Systems of Australia and New Zealand (JAS-ANZ). JAS-ANZ is the government appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and independence of these CABs.

An important aim of the NSW quality reform program is the recognition of accreditations /certifications of other industry standards that service providers already have in place to reduce the administrative burden and need for duplicate reporting.

Background

To assist ADHC to develop an appropriate recognition tool for the sector, JAS-ANZ was engaged to map 12 industry standards in use by the sector against the updated six NSW DSS to identify common components and gaps. The industry standards selected for the mapping exercise were based on the results of a sector survey conducted in 2011 to understand the extent and type of quality management activities and standards in use by the sector.

JAS-ANZ mapped each of these industry standards and quality management systems against each element of the practice requirements across the six NSW DSS and rated each according to its alignment to the NSW DSS. JAS-ANZ provided a three scale rating:

1. Where the industry standard met a NSW DSS element
2. Where the industry standard partially met a NSW DSS element
3. Where the industry standard didn't meet the NSW DSS element.

The industry standards mapped by JAS-ANZ can be accessed via the ADHC website at:

http://www.adhc.nsw.gov.au/sp/quality/adhc_systems_recognition_tool

JAS-ANZ developed a standards comparison tool which forms the basis of ADHC's approach to recognising how other industry standards meet the NSW DSS.

The Quality Improvement Council Health and Community Service Standards (QIC Standards) were updated in 2012 and were remapped against the NSW DSS.

It should be noted that as the elements in the NSW DSS are specific and designed to cover the full range of service types, not all elements will apply to all service providers. For example, the elements relating to children's services won't apply to service providers who only deliver services to adults.

NSW DSS

Central to NSW quality reform and the application of the recognition Tool are the revised NSW DSS. This revised set of Standards is contemporary and supports service providers to transition to person centred and lifespan approaches in an individualised funding environment. The NSW DSS describe what service providers need to do to comply with the *Disability Inclusion Act 2014* (DIA) and *Disability Inclusion Regulation 2014* (Regulation) meet their requirements under the Funding Agreement.

There are six NSW DSS:

1. Rights
2. Participation and inclusion
3. Individual outcomes
4. Feedback and complaints
5. Service access
6. Service management

NSW DSS practice requirements and elements

Within each of the six standards there are two or three practice requirements. The practice requirements describe how providers can put the principles of the DIA and Regulation into practice and are designed to assist service providers to understand and comply with the DIA and

Regulation. For example: Standard 3: Individual outcomes, practice requirement 3.1- Service providers maximise person centred decision making.

Within each practice requirement there are a number of elements. The elements are the core activities a service provider needs to do to comply with the NSW DSS and are designed to assist service providers to understand what they need to build into their day to day practices and processes.

The practice requirements and elements are to be considered as part of guidelines which include practice examples, legislative obligations and ADHC policies.

JAS-ANZ has conducted its mapping based on the practice requirements, elements and guidelines.

Accreditation Systems Recognition Tool

This chapter of the recognition tool has been designed for use by service providers who have existing accreditation status with the QIC Standards.

The key purpose of the mapping is to enable service providers to understand how their current accreditation/certification status meet the NSW DSS and the areas that require further evidence or activity to fully meet the NSW DSS.

The tool was designed to guide service providers through the process of self assessment and to assist them to prepare for third party verification using the JAS-ANZ mapping.

Some of the NSW DSS elements may not apply to all organisations and service providers should identify the elements that are relevant as part of the self assessment process for their particular organisation.

Service providers are advised that when they are conducting a self assessment using the recognition tool, they need to be aware that the JAS-ANZ mapping and their subsequent scoring of the industry standards against the elements of NSW DSS, is based on JAS-ANZ's interpretation of the relevant industry standard. Service providers should also be aware that the JAS-ANZ mapping may not take into account the broader regulatory environment in which service providers operate including legislative requirements, particular industry standards guidelines or ADHC policy and guidelines.

How to use the recognition tool

The recognition tool has been designed for use by service providers who have existing accreditation status with the Quality Improvement Council Health and Community Service (QIC) Standards.

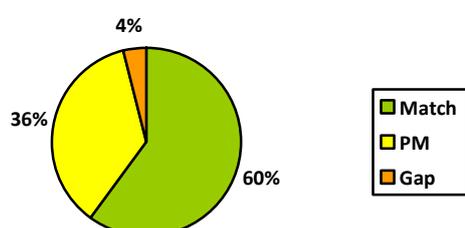
It is recommended that service providers print a copy of the JAS-ANZ mapping and undertake a self assessment of JAS-ANZ rating/s against the NSW DSS using the guidelines outlined below.

| Accreditation Systems Recognition Tool | |
|---|--|
| <p>GREEN indicates that JAS-ANZ has assessed that the QIC Standards meet this element of the NSW DSS practice requirement. This means that as a service provider holding current Accreditation status, your organisation fully meets this element of the NSW DSS and no additional work is required in preparation for the Third Party Verification process.</p> | |
| <p>YELLOW indicates that JAS-ANZ has assessed the QIC Standards as partially meeting this element of the NSW DSS practice requirement and some improvement is required. To conduct a self assessment service providers should:</p> <p>Read the NSW DSS element to identify whether the practice described in the element applies to the services provided:</p> <ul style="list-style-type: none">• If the answer is YES, and you have policies and aligned practices in place that demonstrate you meet this element all you may need to do in preparation for your Third Party Verification is to have the relevant policy and practices available for the verifiers as evidence. It is also recommended that you have de-identified examples of the how these policy and practices have been used.• If the answer is YES, but you do not have policies and/or practices in place, you will need to act on this and implement appropriate policies and practices. You should access ADHC resources such as the Standards in Action, It's your business chapter on Quality Management and Key Performance Indicator (KPI) Guide that have been made available on the ADHC website.• If the answer is NO, then this NSW DSS element does not apply to your service and you do not need to comply with this element. | |
| <p>ORANGE indicates that JAS-ANZ has assessed that the QIC Standards do not meet this element of the NSW DSS practice requirement and significant improvement is required to meet the NSW DSS. Service providers should self assess following the steps outlined in the yellow cell above.</p> | |

JAS-ANZ mapping against the Quality Improvement Council Health and Community Service Standards

Overview

The JAS-ANZ mapping has been based on the QIC Standards published in 2012. Overall, the QIC Standards provide a good percentage of matches with the NSW DSS as shown by the diagram below:



The QIC Standards includes requirements around rights, privacy and confidentiality which map with some of the practice elements for NSW DSS 1: Rights, though is limited in the requirements around safe environments free from discrimination, abuse, neglect and exploitation.

There is a strong focus on sustaining quality external relationships and linkages with indigenous and other community groups within the QIC Standards, which provides some matches with the NSW DSS 2: Participation and inclusion.

The QIC Standards include a focus on responsiveness to individual need, which provides matches with some of the practice elements for the NSW DSS 3: Individual outcomes.

The QIC Standards requires a complaints procedure, which is culturally appropriate, and used for continuous improvement. This standard provides matches with more than half of the practice elements for the NSW DSS 4: Feedback and complaints.

Within the QIC Standards, there are some commonalities with the NSW DSS 5: Service access around responsiveness to consumer diversity and community engagement, though limitations around accessible information.

The QIC Standards collectively meet almost all of NSW DSS 6: Service management practice elements in the areas of corporate governance, and involvement of stakeholders in service planning. Accessibility of policies, processes etc., is the only practice element not fully met.

Extent of matches between QIC Standards and NSW DSS

The extent of matches between QIC Standards and NSW DSS is described below. There are 50 practice elements which are fully met.

Where some additional evidence may be required, it is largely due to the scope of services (including service delivery model, target group, legislative practice requirements) administered through ADHC. This explains why some of the evidence may be specific and not usually required for this particular industry standard.

The majority of additional evidence relates to 30 practice elements where there are partial matches to QIC Standards, which means existing systems can be adapted to fully demonstrate the additional evidence.

There are three practice elements which are gaps and no commonalities are obvious with the existing QIC Standards requirements.

NSW Disability Services Standard 1: Rights

JAS-ANZ Analysis of QIC Standards

The 6th edition of the QIC Standards clarifies that the scope of these Standards applies to a broad diversity of services including disability services. The QIC Standards address some requirements for rights, privacy and confidentiality, though are limited around requirements for environments free from discrimination, abuse, neglect and exploitation. There is a strong focus on responsiveness to consumer diversity.

The first set of NSW DSS 1: Rights, practice requirements requires that each person is aware of their rights and expects to have them respected. Standard 2.4 ensures that services and programs are provided in a way that strengthens the rights of consumers, empowers them and is ethical. Evidence Question (EQ) 2.4 (e) requires that consumers are aware of their rights and responsibilities. There is not a specific EQ about the requirement for accessible information and support to understand rights. Standard 1.8 requires that the organisation ensures compliance with all relevant legislation, though there is no translation of how this is communicated to consumers and does not fully meet the relevant practice requirement. Standard 1.6, EQ (c) requires that information is stored in a way that is easily accessible to consumers, however the intent of that Standard appears to be about physical accessibility rather than accessibility in a range of appropriate formats.

There is a Standard 2.3, which ensures that services are provided in a culturally safe and appropriate manner, with EQ (a) requiring that processes and practices ensure respect and responsiveness to consumer diversity by being inclusive and flexible. Each person's choice for social participation would be addressed by Standard 2.4, EQ (f), (h), and through linkages to other services through Standard 2.5 and Standard 3.2. There is a specific standard on 'safety' (Standard 1.9), however this also does not reflect necessary abuse and neglect requirements. Standard 2.4, EQ (b) ensures that consumers' privacy is ensured, information is confidential and that the organisation meets legislative requirements.

Standard 2.4, EQ (d) addresses the necessary requirements for personal records and secure information management, which is backed up by Standard 1.6, EQ (c). There is not a specific requirement for support and encouragement in self-protective strategies and behaviours that take into account their individual and cultural needs, however Standard 2.4 EQ (a) requires that services respect each consumer's personal worth and individuality, and Standard 2.3 requires that services are provided in a culturally appropriate manner. There is no direct reference to consumer input into decision-making around medical treatments/interventions, though Standard 2.4, EQ (d) addresses the issue of informed consent processes around personal information, and Standard 2.4, EQ (h) notes that the organisation would advocate on behalf of individual consumers at their request.

There is the inference that each child with disability would have the same rights as other children and their best interests taken into account, given that these

Standards apply to children's services and disability services. Standard 2.4, especially EQ (a) intends that each consumer's personal worth and individuality is recognised, which should cover off on children with a disability.

The second set of practice requirements refer to how service providers are to uphold, protect and promote legal and human rights of each person. The combination of Standards 1.7, 1.9 and 2.2 works towards ensuring that organisations manage risk to ensure safe environments by compliance with legislation, and relevant procedures, though there is no specific reference to abuse, neglect, discrimination and exploitation.

Advocacy services and support to people with allegations of abuse and neglect are not detailed, though Standard 2.4, EQ (h) refers to how the organisation advocates on behalf of individual consumers, and EQ (f) requires that consumers are supported to access services. There is no reference to support for access to independent advocacy services. Consent is addressed broadly under Standard 2.4, EQ (d), but is not specific to medical treatments and interventions. Standard 1.1, EQ (b) and Standard 1.2, EQ (e) requires that consumers are able to participate through formal and informal structures to influence decisions. Standards 2.4 and 2.5 work together to involve the participation of consumers in the review of services, though this is not specific to strategies for equality and upholding human rights. Individual choice and rights are broadly addressed by Standard 2.4, with legislative requirements addressed broadly in Standard 1.8, however there is no direct reference to nutritional and behaviour management.

The need for professionally qualified and experienced staff is required under Standard 1.3, with requirements for procedures to manage risks in Standard 1.7 and clear lines of accountability for managing and leading safety under Standard 1.9, however these requirements are not specific to incidents of discrimination, abuse, neglect or exploitation. Information about risks should be provided to consumers and communities under Standard 2.2, but again there are no direct requirements about the requirement to notify external authorities, and to support the person/family in case of allegations of discrimination, abuse, neglect or exploitation.

Based on this, NSW DSS 1: Rights, practice elements 4 and 7 are met.

NSW DSS 1: Rights, practice elements 1, 2, 3, 5, 6, 8, 9, 10, 11, 12 and 13 are partly met.

NSW DSS 1: Rights, practice element 14 is a gap.

JAS-ANZ mapping of QIC Standards against NSW DSS

Practice requirement 1.1

Each person is aware of their rights and can expect to have them respected.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 1. Each person will have access to information and support to understand and exercise their legal and human rights. | Partly met |
| 2. Each person will receive a service that maximises their choices for social participation and cultural inclusion. | Partly met |
| 3. Each person will receive a service in an environment free from discrimination, abuse, neglect and exploitation. | Partly met |
| 4. Each person will receive a service that reflects their right to privacy and have their personal records and details about their lives dealt with in an ethical and confidential manner in line with relevant legislation. | Meets NSW DSS |
| 5. Each person can expect service providers to support and encourage self protective strategies and behaviours that take into account their individual and cultural needs. | Partly met |
| 6. Each person can expect service providers to uphold their right to make decisions, including medical treatments and interventions, and when this is not possible, assisted or substituted (alternative) decision making is in line with the person's expressed wishes, if known and if not, with their best interests. | Partly met |
| 7. Each child with a disability has the same rights and freedoms as all other children and service providers will take each child's best interests into account when providing services. | Meets NSW DSS |

Practice requirement 1.2

Service providers are to uphold and promote the legal and human rights of each person.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 8. Services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect and exploitation. | Partly met |
| 9. Service providers encourage and support access to advocacy services by people with a disability to promote their rights, interests and wellbeing. | Partly met |
| 10. Service providers gain consent from each person with a disability or their person responsible or legal representative for medical treatments and interventions. | Partly met |
| 11. Service providers provide opportunities for people with a disability to participate in the development and review of organisational policy and processes that promote strategies for equality and upholding human rights. | Partly met |
| 12. Service providers take into account individual choice and the rights of each person and act in their best interests in relation to nutritional and behaviour management practices in line with relevant legislation, convention, policies and practices. | Partly met |
| 13. Service providers have knowledge and skills to implement reporting processes on incidents of alleged or known discrimination, abuse, neglect or exploitation and know how to notify the relevant external authorities. | Partly met |
| 14. Service providers offer appropriate support to the person and their family or carer when they raise or pursue allegations of discrimination, abuse, neglect or exploitation. | Gap |

NSW Disability Services Standard 2: Participation and inclusion

JAS-ANZ Analysis of QIC Standards

Standard 2.4, EQ (a) requires that services recognise each consumer's individuality, with EQ (f) requiring that barriers to service access are identified and consumers are supported to access services. Standard 2.5, EQ (a) ensures that services and programs are coordinated to meet the needs of consumers. There is also a requirement for collaboration with other organisations under Standard 3.2. Although work, learning, leisure and social options are not specifically identified, the intent of these Standards is to strengthen and empower consumers, which would include facilitating choices across a range of areas. These Standards are intended to cover a broad range of services, which would account for the lack of specificity about individual choices respective to service type.

The QIC Standards include volunteers within the term 'staff'. The developmental needs of staff are addressed under Standard 1.3, in a systematic way, which supports the organisational goals, and an additional focus on professional development regarding consumer diversity under Standard 1.6.

Active and meaningful participation opportunities are facilitated by Standard 2.4, EQ (f), Standard 5, EQ (1) and Standard 3.2 by collaboration with other organisations. The combined focus of these Standards is to meet the needs of consumers.

The QIC Standards do not refer to the involvement of an individual's family, carer, or advocate. Instead they refer to the organisation advocating on the behalf of individual consumers at their request, and at community levels as appropriate under Standard 2.4, EQ (h). Standard 2.4, EQ (f) notes that consumers are supported to access services; however there is not a focus on doing this with family, carer or advocate. Standard 2.2 requires that consumers and communities participate in decision making about services and programs they receive, though this does not refer to the requirement of consent. There is no specific reference to people exiting the criminal justice system, though Standard 2.2 ensures that information about rationale, risks and effects of services and programs is routinely provided to consumers and communities.

Standard 2.2 requires that planning and provision of services focus on positive outcomes for agreed consumer and community needs. This includes working with consumers to define their needs and negotiating suitable services based on a range of related needs. This also requires integration and coordination with other organisations.

Linkages with indigenous and other community groups are required through Standard 2.3, and professional development regarding consumer diversity should be available to staff.

There is a strong focus on positive outcomes for consumers and communities through Standard 2.2. Standard 2.3, EQ (c) requires appropriate links with

indigenous and other community groups, Standard 2.5 and Standard 3.2 require coordination and collaboration across the wider service system. Barriers to service access are highlighted under Standard 2.4, EQ (f).

Standard 1.3 requires that all staff are professionally qualified and experienced, and able to work with consumers. Staff are encouraged to take responsibility and initiative. Standard 2.4 ensures that the organisation specifies the ethical standards expected of personnel and ensures these are met. This is deemed to cover off on the requirement that staff model respectful and inclusive behaviour.

There is no specific reference to supporting people exiting the criminal justice system.

Based on this, NSW DSS 2: Participation and inclusion, practice elements 1, 2, 3, 6, 7, and 8 are met.

NSW DSS 2: Participation and inclusion, practice element 4 is partly met.

NSW DSS 2: Participation and inclusion, practice elements 5 and 9 are gaps.

JAS-ANZ mapping of QIC Standards against NSW DSS

Practice requirement 2.1

Each person is actively encouraged and supported to participate in their community in ways that are important to them.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 1. Service providers support each person to make decisions about how they connect with their chosen community, respectful of their choices and plans including work, learning, leisure and their social lives. | Meets NSW DSS |
| 2. Training and support is provided to staff and volunteers so workers understand, respect and act on the interests and skill development of people with a disability over time. | Meets NSW DSS |
| 3. Service providers work with people with a disability and their community to promote opportunities and support their active and meaningful participation. | Meets NSW DSS |
| 4. Service providers, with the consent of the person with a disability, work with an individual's family, carer, significant other or advocate to promote their connection, inclusion and participation in the manner they choose. | Partly met |
| 5. For people exiting the criminal justice system, service providers actively support the person to develop their interests and activities in ways that consider the rights and welfare of the broader community. | Gap |

Practice requirement 2.2

Service providers develop connections with the community to promote opportunities for active and meaningful participation.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 6. Service providers actively seek information about other supports and services in their local community to enable people with a disability to achieve their goals and to minimise barriers to participation. | Meets NSW DSS |
| 7. Staff and volunteers model respectful and inclusive behaviour when supporting people in their community as a way of promoting the uniqueness of each individual. | Meets NSW DSS |
| 8. Service providers develop ways to maintain and further develop their local connections so that options for people with a disability to be included and valued are increased over time. | Meets NSW DSS |
| 9. Service providers actively seek connections with the community for people exiting the criminal justice system. | Gap |

NSW Disability Services Standard 3: Individual outcomes

JAS-ANZ Analysis of QIC Standards

The QIC Standards focus on responsiveness to individual needs, though there are limitations around involvement of family, carers and advocates, review of individual plans, risk taking, and substitute decision making.

Standard 2.4 requires that services are delivered in a respectful way that recognises each consumer's personal worth and individuality. The overall intent of Standard 2.5 is to strengthen the rights of consumers and empower consumers. Standard 2.2 requires that consumers and communities participate in decision making about services and programs they receive. A community is defined as 'a group of people who have shared interests'. There is no direct reference to informing and supporting families, carers, advocates, staff and volunteers to implement person centred approaches that enable each person to be the key decision maker. There is also no requirement for individuals to determine the involvement of others in planning and decision making processes. There is a clear commitment to addressing consumer and cultural diversity through Standard 2.3. There is no reference to requirements for a substitute decision maker.

Standard 2.1, EQ (d) and (e) requires that a plan with measurable outcomes is developed, used and is documented. EQ (b) refers to the engagement of communities, consumers and stakeholders in planning. A stakeholder is defined as a person, group, community or organisation with a legitimate interest, though the examples provided do not include stakeholders with a personal connection such as family, carer or advocates. Standard 2.2, EQ (j) requires that case/care plans developed with consumers are followed up. The focus on empowerment within Standard 2.4 does not translate to recognising the importance of risk taking by individuals. There is a focus on providing information about the rationale, risks and effect of services to consumers (Standard 2.2, EQ (c)), though this does not fully meet the NSW DSS 3: Individual outcomes, practice requirement 3.2.

There is a strong focus on linkages with the community through Standards 2.3, 2.5 and 3.2. There is a requirement for effective and responsive management systems through Standard 1.2, which involve reviewing policies and procedures to ensure that the organisation's mission values, goals and service priorities are met. There is also a strong focus on continuous quality improvement (CQI) throughout the standards. Although the term 'person centred' is not referred to specifically, the focus on flexibility, responsiveness, empowerment of individuals meets the intent of the person centred approach.

Based on this, NSW DSS 3: Individual outcomes, practice elements 1, 4, 6, 9 and 10 are met.

NSW DSS 3: Individual outcomes, practice elements 2, 3, 5, 7 and 8 are partly met.

JAS-ANZ mapping of QIC Standards against NSW DSS

Practice requirement 3.1

Service providers maximise person centred decision making.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 1. Service providers respect the right of each person to be at the centre of decision making and to have responsibility, as much as possible, for each decision which affects them. | Meets NSW DSS |
| 2. Service providers support each person to determine the involvement of their family, carers and advocates in planning and decision making processes. | Partly met |
| 3. Service providers respect the views of family and carers in planning and decision making processes. The person with a disability has the final say in the process. | Partly met |
| 4. Staff and volunteers respond in innovative and flexible ways to each person's need for information and support which reflects their individual and cultural needs. | Meets NSW DSS |
| 5. Service providers make every effort to enable a person to make a decision or assist families, carers and advocates to come to an agreement before a substitute decision maker is engaged. | Partly met |

Practice requirement 3.2

Service providers undertake person centred approaches to planning to enable each person to achieve their individual outcomes.

| Practice elements | JAS-ANZ mapping result |
|---|------------------------|
| 6. Service providers work together with the person to develop and implement a plan that identifies and builds on the person's strengths, aspirations and goals. Plans should draw on broader family, cultural and religious networks and community organisations. | Meets NSW DSS |
| 7. Service providers support each person, and (when necessary with consent) their family, carer or advocate to develop, review, assess and adjust their plan as their circumstances or goals change. | Partly met |
| 8. Service providers recognise the importance of risk taking and enable each person to assess the benefits and risks of each option available to them and trial approaches even if they are not in agreement. | Partly met |
| 9. Service providers work with other organisations and community groups to expand the range of service options available in their community. | Meets NSW DSS |
| 10. Service providers regularly review their person centred approaches to ensure the organisation has the capacity and capability to deliver flexible and responsive supports and services that meet individual needs and expectations. | Meets NSW DSS |

NSW Disability Services Standard 4: Feedback and complaints

JAS-ANZ Analysis of QIC Standards

The first set of NSW DSS 4: Feedback and complaints, practice requirements addressing fairness include commonality in regards informing each person of their right to complain, of support during complaints, respect for privacy and confidentiality and commitment to a fair and timely resolution.

Standard 2.4, EQ (e) further provides that consumers are aware of their rights and responsibilities; including compliant, grievance, appeal and conflict resolution procedures, and these procedures are implemented judiciously and fairly. Consumers' privacy and confidentiality of information is required through Standard 2.4, EQ (b).

There are limited details about the specific complaint process, external bodies, and no reference to the need for a safe environment and to ensure there are no negative consequences.

The second set of NSW DSS 4: Feedback and complaints, practice requirements address information and support requirements. Standard 2.3, EQ (1) requires that processes and practices are responsive to consumer diversity by being inclusive and flexible, which assumes that this applies to complaints processes and practices. There is no reference for advocacy support or for individuals to nominate the person they want as the key contact person.

The third set of NSW DSS 4: Feedback and complaints, practice requirements addressing service management of complaints maps broadly with the NSW DSS requirements by the CQI systems approach to complaints management. QIC's Standard 1.9, EQ (e) requires that organisations have an integrated complaint mechanism with complaints addressed in a fair and timely way. This requirement is part an overall requirement for quality systems (including complaints) to be managed systemically with clear lines of accountability to ensure continuously improving performance. There is no reference to having a standing agenda item on complaint handling, notifiable issues and NSW specific external options. The understanding and capacity of staff to implement complaint handling would be assumed by the overarching requirements of Standard 1.3 for effective and competent staff. Standard 1.1, EQ (b) and Standard 1.2, EQ (e) requires that consumers are able to participate through formal and informal structures to influence decisions, and Standards 2.4 and 2.5 work together to involve the participation of consumers in the review of services, though this is not specific to complaints processes, and there appears no feedback loop.

Based on this, NSW DSS 4: Feedback and complaints, practice elements 1, 4, 5, 6, 7, 9, 11, 14, 15, 17 and 19 are met.

NSW DSS 4: Feedback and complaints, practice elements 2, 3, 8, 10, 12, 13, 16, 18, and 21 are partly met.

NSW DSS 4: Feedback and complaints, practice element 20 is a gap.

JAS-ANZ mapping of QIC Standards against NSW DSS

Practice requirement 4.1

Each person is treated fairly by the service provider when making a complaint.

| Practice elements | JAS-ANZ mapping result |
|---|------------------------|
| 1. Service providers inform each person of their right to complain and work with the person, their families and carer to try and resolve the issue. | Meets NSW DSS |
| 2. Service providers provide a safe environment for each person to make a complaint. | Partly met |
| 3. Service providers ensure that there are no negative consequences or retribution for any person who makes a complaint. | Partly met |
| 4. Service providers support participation in the complaint handling process of any person wanting to make a complaint and work with the person to identify the desired goal. | Meets NSW DSS |
| 5. Service providers treat each person making a complaint in a manner that protects their privacy and respects confidentiality. | Meets NSW DSS |
| 6. Service providers are committed to and demonstrate fair and timely resolution of complaints. | Meets NSW DSS |
| 7. Each person is kept informed at all stages of the decision making process concerning their complaint and the reasons for those decisions. | Meets NSW DSS |
| 8. Service providers inform each person of their right to complain to an external body. | Partly met |

Practice requirement 4.2

Each person is provided with information and support to make a complaint.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 9. Each person has continuous and easy access to meaningful and culturally relevant information about the service provider's complaint policy and processes. | Meets NSW DSS |
| 10. Each person has the opportunity to have a chosen support person such as an advocate to assist or represent them during the process. | Partly met |
| 11. Each person making a complaint is supported by the service provider, in a way which reflects their individual, cultural and linguistic needs to assist them to understand and participate in the complaint handling process. | Meets NSW DSS |
| 12. Each person determines how, when and where the complaint will be made. | Partly met |
| 13. Each person has the opportunity to nominate the person they want at the service as the key contact regarding the complaint. | Partly met |

Practice requirement 4.3

Each service provider has the capacity and capability to handle and manage complaints.

| Practice elements | JAS-ANZ mapping result |
|---|------------------------|
| 14. Service providers have a written complaints policy and associated processes which reflect relevant legislation, standards and sector policy. | Meets NSW DSS |
| 15. Service providers ensure that policies and processes include ways of responding to the cultural and linguistic needs of individuals. | Meets NSW DSS |
| 16. Staff and volunteers are trained in complaint handling and demonstrate understanding and capacity to implement complaint handling. | Partly met |
| 17. Service providers record and analyse trends from complaints to drive organisational policy development and continuous improvement. | Meets NSW DSS |
| 18. Service providers support each person to participate in the review and development of local complaint handling policy and processes and report outcomes to them and their families, carers or advocates. | Partly met |
| 19. Board and/or management committee meetings should include a standing agenda item on complaint handling, with trends presented and implications for service planning discussed. | Meets NSW DSS |
| 20. Service providers need to be aware that some complaints need to be managed in a particular way, either because the person making a complaint has specific rights of review or because the complaint includes allegations that must be reported to an external body. For example, criminal allegations should be reported to the police. | Gap |
| 21. Service providers inform each person of their right to make a complaint (where relevant) to the Ombudsman about the provision of a service by a service provider under the <i>Community Services (Complaints, Review and Monitoring) Act 1993</i> (NSW). | Partly met |

NSW Disability Services Standard 5: Service access

JAS-ANZ Analysis of QIC Standards

Within these related QIC Standards, there are limitations around accessibility and appropriateness of information and communication strategies. There is not a specific EQ about the requirement for accessible information and support to understand rights. Standard 1.6, EQ (c) requires that information is stored in a way that is easily accessible to consumers, however the intent of that Standard appears to be about physical accessibility rather than accessibility in a range of appropriate formats. There is nothing specific around tailored communication strategies to enable people with cognitive and/or sensory needs and diverse cultural styles to know how to access the service. There is a Standard 2.3, which ensures that services are provided in a culturally safe and appropriate manner, with EQ (a) requiring that processes and practices ensure respect and responsiveness to consumer diversity by being inclusive and flexible. Community engagement is well covered.

Standard 2.4, EQ (e) requires that eligibility requirements for service and program participation are fair, ethical and transparent, and barriers to service access are identified and addressed (EQ (f)). Standard 2.2 aims to provide services in an effective, safe and responsive way. This includes through integrated and priority based intake (EQ (g)), effective referral practices (EQ (h)), and processes in place for managing demand (EQ (l)).

Standard 2.2 ensures that organisations should provide information about services and programs routinely to consumers and communities. Standard 3.4 requires that organisations share information with its community, though this is not specific to what this should include.

There is a strong focus on processes and practices respecting and being responsive to consumer diversity and professional development for staff about this, though this is not specific about accessibility of information and does not extend into communication strategies for people with cognitive and/or sensory needs about how to access the service.

Standard 2.1 requires that assessment and planning are undertaken at individual and community levels to ensure services and programs are responsive to identified needs. Standard 2.3 requires that processes and practices are inclusive and flexible, though there is no specific reference to a consistent and transparent access process. Standard 1.1, EQ (b) and Standard 1.2, EQ (e) requires that consumers are able to participate through formal and informal structures to influence decisions, and Standards 2.4 and 2.5 work together to involve the participation of consumers in the review of services, though this is not specific to service access practices. However Standard 2.4, EQ (f) requires that barriers to service access are identified and addressed, and consumers are supported to access services.

There is a strong focus on community engagement. Section 3 (Sustaining Quality External Relationships) requires partnerships to ensure a continuous and sustainable service, collaboration with other organisations and strategic positioning within the wider service system, works to build community capacity, participates in professional associations, and works with other organisations and special needs groups to improve capacity to meet consumer needs. Standard 2.5 requires that organisations work with consumers to review the effectiveness of coordinated services.

Based on this, NSW DSS 5, Service access, practice elements 1, 5, 6, 7, and 8 are met.

NSW DSS 5, Service access, practice elements 2, 3, and 4 are partly met.

JAS-ANZ mapping of QIC Standards against NSW DSS

Practice requirement 5.1

Service providers make information available about their services.

| Practice elements | JAS-ANZ mapping result |
|---|------------------------|
| 1. Service providers are both proactive and responsive in providing people with a disability, their families and carers information about the features and capacity of the services they offer. | Meets NSW DSS |
| 2. Service providers' information about their services is in formats that can be readily accessed and easily understood by the diverse mix of people within their community. | Partly met |
| 3. Service providers use communication strategies that enable people with cognitive and/or sensory needs and diverse cultural styles to know how to access the service. | Partly met |

Practice requirement 5.2

Service providers have clearly defined processes to access services.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 4. Service providers develop and apply easy to understand, consistent and transparent access processes so that each person is treated fairly and according to their assessed need. | Partly met |
| 5. Service providers regularly review their information, policies and practices for service access in consultation with people with a disability, their families and carers to identify and minimise barriers that may impact on a person's fair and equal access to services. | Meets NSW DSS |

Practice requirement 5.3

Service providers' work with other organisations to increase each person's support options.

| Practice elements | JAS-ANZ mapping result |
|--|------------------------|
| 6. Service providers understand the broad range of supports and services available to meet the needs of people with a disability, their families and carers in the community | Meets NSW DSS |
| 7. Service providers work with local community and other mainstream and specialist organisations to maintain community engagement and referral networks. | Meets NSW DSS |
| 8. Service providers provide information and support to the person when recommending or referring other services or activities. | Meets NSW DSS |

NSW Disability Services Standard 6: Service management

JAS-ANZ Analysis of QIC Standards

The QIC Standards Section1 (Building Quality Organisations) provides nine Standards which collectively cover off on governance and management requirements.

These Standards combined with Standard 2.4, EQ (g) which provides mechanisms for consumers to participate in the review, planning and design of services, and Standard 3.2 (Collaboration with Other Organisations), Standard 3.3 (Contribution to Best Practice) and Standard 3.4 (Building Capacity of Community) collectively meet the majority of service management requirements, apart from the accessibility of written policies and procedures.

There is overall a strong commitment to representing the interests of consumers and stakeholders, and involving consumers, staff and other stakeholders actively in decision making, with evidence that their views influence decisions.

Based on this, all NSW DSS 6: Service management, practice elements are met except for practice element 12 which is partly met.

JAS-ANZ mapping of QIC Standards against NSW DSS

Practice requirement 6.1

Each person receives quality services which are effectively and efficiently governed.

| Practice elements | JAS-ANZ mapping result |
|---|------------------------|
| 1. The corporate governance body of an organisation is comprised of members who possess or can acquire appropriate knowledge, skills and training to fulfil all responsibilities which are clearly defined, documented and disclosed. | Meets NSW DSS |
| 2. The corporate governance body of an organisation is equipped and fulfils all responsibilities for strategic planning and developing visionary direction for the organisation based on person centred approaches and future industry needs. | Meets NSW DSS |
| 3. The corporate governance body of an organisation is able to exercise objective and independent judgement on corporate affairs which is separate to decision making on operational matters. | Meets NSW DSS |
| 4. The corporate governance body of an organisation is accountable to stakeholders and demonstrates high ethical standards acting in their best interests. | Meets NSW DSS |
| 5. The corporate governance body of an organisation monitors the effectiveness of the organisation's governance policies and practices and makes changes as needed. | Meets NSW DSS |
| 6. The corporate governance body of an organisation ensures the integrity of the organisation's accounting and financial reporting systems and that appropriate systems of control are in place for risk management, financial and operational control (including fire safety and appropriate insurance), and compliance with legislation and funding requirements. | Meets NSW DSS |
| 7. The corporate governance body of an organisation ensures the organisation has a quality management system and internal controls are in place to comply with relevant standards. | Meets NSW DSS |
| 8. The corporate governance body of an organisation uses feedback from stakeholders and the community to inform and develop continuous improvement strategies. | Meets NSW DSS |
| 9. The corporate governance body of an organisation regularly reviews its policies to reflect contemporary practice and feedback from people with a disability and other key stakeholders. | Meets NSW DSS |
| 10. The corporate governance body of an organisation recruits, supports and monitors senior management positions in line with the vision and values of the organisation and probity requirements. | Meets NSW DSS |
| 11. The corporate governance body of an organisation has strategies in place for communication with staff to promote continuous improvement and a collaborative, responsive organisation. | Meets NSW DSS |

Practice requirement 6.2

Each person receives quality services that are well managed and delivered by skilled staff with the right values, attitudes, goals and experience.

| Practice elements | JAS-ANZ mapping result |
|---|------------------------|
| 12. Service providers have written policies and associated processes which reflect relevant legislation, standards, funding requirements and sector policy that are accessible to all stakeholders. | Partly met |
| 13. Service providers have processes to monitor compliance with relevant legislation and policy and to continuously improve organisational performance. | Meets NSW DSS |
| 14. Service providers encourage and support people with a disability, their families and carers to participate in the planning, management and evaluation of the service. | Meets NSW DSS |
| 15. Service providers inform stakeholders how feedback has been used to improve service management and delivery. | Meets NSW DSS |
| 16. Service providers have a workforce planning and recruitment strategy in place to ensure the organisation has a skilled, engaged and responsive workforce. | Meets NSW DSS |
| 17. Service providers have processes in place for succession planning of leadership staff and other key positions. | Meets NSW DSS |
| 18. Recruitment practices meet all probity requirements and ensure the right workforce is recruited and maintained to deliver the range of services provided by the organisation to meet service delivery outcomes. | Meets NSW DSS |
| 19. Service providers provide regular staff and volunteer training, support and supervision to flexibly meet the needs of people they support. | Meets NSW DSS |
| 20. Service providers create and maintain accessible and safe physical environments in accordance with all fire safety requirements and occupational health and safety legislative and policy requirements. | Meets NSW DSS |
| 21. Service providers implement the organisation's strategic and business plans utilising good practices including community engagement initiatives. | Meets NSW DSS |