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**Family &
Community
Services**

Accreditation Systems Recognition Tool

**National Standards for Mental Health Services
(NSMHS)**



Accreditation Systems Recognition Tool, National Standards for Mental Health Services (NSMHS)

Fourth edition 2015

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Department of Family and Community Services
Ageing, Disability and Home Care
Level 7, 4-6 Bligh Street, Sydney NSW 2000
Phone: (02) 9377 6000
TTY: (02) 9377 6167 (for people who are deaf)
Translating and Interpreting Service: 13 14 50

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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 System 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.

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.

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 ADHC 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 the *Disability Inclusion Regulation (2014)* and 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 into practice and are designed to assist service providers to understand and comply with the DIA. For example NSW DSS 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 required of a service provider 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.

JAS-ANZ has conducted its mapping based on the NSW DSS elements.

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 National Standards for Mental Health Services (NSMHS).

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.

ADHC is aware that a number of funded service providers have implemented the National Standards for Mental Health Services (NSMHS) which were first introduced in 1996 to assist in the development and implementation of appropriate practices and guide continuous quality improvement in mental health services. As NSMHS was developed for mental health rather than disability services, it is recognised that there will be gaps between the NSMHS and NSW DSS given the specific intent of the disability standards.

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 National Standards for Mental Health Services (NSMHS).

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.

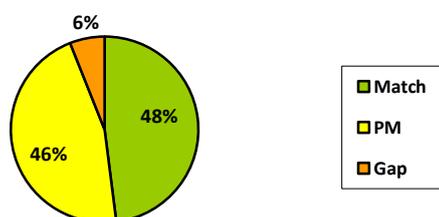
Accreditation Systems Recognition Tool	
<p>GREEN indicates that JAS-ANZ has assessed that the NSMHS meet this element of the NSW DSS practice requirement. This means that as a service provider holding current Accreditation status, your organisation fully meets this element of the NSW DSS and no additional work is required in preparation for the Third Party Verification process.</p>	
<p>YELLOW indicates that JAS-ANZ has assessed the NSMHS 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 NSMHS 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 National Standards for Mental Health Services

Overview

The JAS-ANZ mapping has been based on the National Standards for Mental Health Services (NSMHS) published in 2010.

Overall, the NSMHS provide a good percentage of matches with the updated NSW Disability Services Standards (NSW DSS) as shown by the diagram below:



The NSMHS have detailed requirements for upholding the rights of service users, as well as diversity responsiveness and accordingly meet most of the NSW DSS 1: Rights.

There are some commonalities between NSW DSS 2: Participation and inclusion, as the NSMHS include an emphasis on social inclusion.

There is a strong focus on person centredness in the NSMHS, and the majority of practice elements for NSW DSS 3: Individual outcomes are met.

The NSMHS provide limited references to complaints mechanisms which accounts for no matches with the NSW DSS 4: Feedback and complaints elements.

The standards and criteria that make up the NSMHS are comprehensive and fully meet the eight practice elements of NSW DSS 5: Service access.

The NSMHS provide a comprehensive set of standards related to governance, leadership and management which map well against many of the NSW DSS 6: Service management practice elements.

Extent of matches between NSMHS and NSW DSS

The extent of matches between NSMHS and NSW DSS is described below. There are 40 NSW DSS practice elements that are fully met.

Where some additional evidence may be required, this 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 required relates to 38 practice elements where there are partial matches to NSW DSS, which means existing systems can be adapted to fully demonstrate compliance.

There are five practice elements which are gaps and have no commonalities with the existing NSMHS requirements.

NSW Disability Services Standard 1: Rights

JAS-ANZ analysis of the NSMHS

The NSMHS have detailed requirements for upholding the rights of service users, as well as diversity responsiveness, consent requirements, and provision of services in a safe environment free from abuse and neglect. The nature of service provision means that nutritional practices are out of scope. The additional evidence required to demonstrate safety around abuse and neglect is minor. The NSMHS target group includes people with a disability.

The first set of practice elements for NSW DSS 1: Rights, requires that each person is aware of their rights and expects to have them respected. NSMHS Standard 1 (Rights and responsibilities) upholds the rights of service users. This emphasis is expanded under NSMHS standard 6 (Consumers), criteria 6.1 which requires that consumers are continually educated about their rights. NSMHS standard 4 (Diversity responsiveness) ensures that service providers take into account the cultural and social diversity of consumers in meeting individual need. Social participation is supported through NSMHS standard 10 (Delivery of Care), criteria 10.1.7 and by NSMHS standard 6 (Consumers), which recognises social relationships.

Consumers are to be protected from abuse, neglect and exploitation in safe environments as part of NSMHS standard 2 (Safety) and standard 6 (Consumers). There is not a specific requirement for support in self protective strategies and behaviours, though NSMHS standard 2 (Safety) criteria 2.3 aims to minimise the risk of deliberate self harm and suicide. NSMHS standard 10 (Delivery of Care), criteria 10.5.13 has a focus on self care programs. NSMHS standard 6 (Consumers) ensures that consumers are partners in their treatment, with informed consent required prior to any intervention, and choices from a range of treatment and support programs appropriate to their needs.

The second set of practice elements for NSW DSS 1: Rights, refers to how service providers are to uphold, protect and promote legal and human rights of each person. Within NSMHS standard 2 (Safety), there is a formal process for the identification, mitigation and resolution of any safety issues. The NSMHS upholds the right of consumers to access advocacy services in Standard 1 (Rights and responsibilities), criteria 1.15, and also to independently determine who will represent their views as per NSMHS Standard 3 (Consumer and carer participation) criteria 3.4. Consent issues are well covered in standard 6 (Consumers). Individual choice and rights underlie all the NSMHS, and is well detailed in standard 10 (Delivery of Care) whereby treatment would have to consider behaviour management.

There is not a specific requirement for individual choices in nutritional practices in the NSMHS. Management of risks involves an integrated risk management policy and practices are covered in NSMHS standard 8 (Governance, leadership and management), criteria 8.10, with appropriately trained and supported staff to perform duties required. A service provider must demonstrate an investment in adequate staffing and resources for the safe delivery of care. There is not a specific reference to notifying the relevant external authorities in the case of abuse and neglect in the NSMHS, or how support is specifically provided to individuals when proceeding with allegations of abuse or neglect. However there is general access to advocacy services and independent support included in the NSMHS.

NSMHS standard 3 (Consumer and carer participation) requires processes to actively involve consumers in the development, planning, delivery and evaluation of services, though this is not specific to equality and rights based policies.

Based on this analysis, NSW DSS 1: Rights practice elements 1, 2, 3, 4, 6, 7, 8, 9, and 10 are met. NSW DSS 1: Rights practice elements 5, 11, 12, 13 and 14 are partly met.

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Meets NSW DSS
2. Each person will receive a service that maximises their choices for social participation and cultural inclusion.	Meets NSW DSS
3. Each person will receive a service in an environment free from discrimination, abuse, neglect and exploitation.	Meets NSW DSS
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.	Meets NSW DSS
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

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Meets NSW DSS
9. Service providers encourage and support access to advocacy services by people with a disability to promote their rights, interests and wellbeing.	Meets NSW DSS
10. Service providers gain consent from each person with a disability or their person responsible or legal representative for medical treatments and interventions.	Meets NSW DSS
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.	Partly met

NSW Disability Services Standard 2: Participation and inclusion

JAS-ANZ analysis of the NSMHS

Principle one of the NSMHS accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life. The NSMHS target group includes people with a disability.

The NSW DSS 2: Participation and inclusion practice elements cover participation and integration of each person into the community to the greatest extent possible. NSMHS standard 9 (Integration) covers integration, however it is targeted toward integration of services, rather than the person being integrated into the community. Having said that, NSMHS standard 10 (Delivery of Care), criteria 10.1.7, states that the service should support and promote opportunities to enhance consumers' positive social connections with family, children, and friends and their valued community. However it does not specifically cover work and learning.

Whilst the NSMHS have some reference to training as per criterion 2.10, 3.3, 3.5, 6.18, 7.15 and 7.16, these references are largely limited to staff training in behaviour management, care, safety, working with carers and provision of advocacy training. NSMHS standard 4 (Diversity Responsiveness), criteria 4.5 supports training to staff on how to access information and resources to provide services that are appropriate to the diverse needs of its consumers.

The scope of NSMHS standard 3 (Consumer and Carer Participation) is limited to participation within the NSMHS. NSMHS standard 4 (Diversity Responsiveness), criteria 4.3, states that planning and service implementation ensures differences and values of its community are recognised and incorporated as required. Additionally, NSMHS standard 4 (Diversity Responsiveness), criteria 4.4 states that the service provider has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community. As above, NSMHS standard 10 (Delivery of Care), criteria 10.1.7, requires the service provider to support and promote opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.

NSMHS standard 10 (Delivery of Care), criteria 10.1.5, states that the service provider promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination. Further to this, NSMHS standard 1 (Rights and responsibilities), criteria 1.3 requires that service delivery is subject to the informed consent of the voluntary consumer and wherever possible, by the involuntary consumer in accordance with Commonwealth and state / territory jurisdictional and legislative requirements. However, there is nothing specific to indicate that the service provider works with a range of stakeholders to achieve participation. There are no specific or direct references to supporting people who are exiting the criminal justice system.

In NSMHS standard 4 (Diversity Responsiveness), criteria 4.5, reference is made to ensure that staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers. However, whilst least restrictive practice is covered in NSMHS standard 6 (Consumers), criteria 6.5, this has a different intent to minimising barriers to participation, which is not referenced in the NSMHS.

Respect for consumers is one of the Key Principles on which the NSMHS are based. NSMHS standard 5 (Promotion and Prevention), criteria 5.3 describes the requirement for the service, in partnership with other sectors and settings, supports the inclusion of mental

health consumers and carers in strategies and activities that aim to promote health and wellbeing. Additionally, NSMHS Principles of Recovery Oriented Mental Health Practice Principle 1. Uniqueness of the individual, specifically point 2, provides the necessary information to match against NSMHS practice element 7 (Carers).

As above, NSMHS standard 4 (Diversity Responsiveness) again covers review of the needs of its consumers and commits to looking at all stages of care. A number of review mechanisms apply, however there is nothing specific to ensure that the options and value of people will be increased over time.

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

NSW DSS 2: Participation and inclusion practice elements 1, 2, 4, 6, and 8 are partially met.

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

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Partly met
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.	Partly met
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.	Partly met
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.	Partly met
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 the NSMHS

The NSMHS emphasise decision making rights of the person and that there are appropriate supports in place to facilitate person centredness. The NSMHS target group includes people with a disability.

The first set of practice elements for NSW DSS 3: Individual outcomes calls for service providers to maximise person centred decision making. One of the key principles in the NSMHS is that consumers have the right to be involved in all aspects of their care. Additionally, NSMHS standard 6 (Consumers) emphasises that consumers have the right to be partnered in the management in all aspects of their treatment (criteria 6.7) and that consumers have the right to choose from a range of treatments and support programs appropriate to their needs (criteria 6.10). Additionally, NSMHS standard 10 (Delivery of Care), criteria 10.5.16, under treatment and support, gives the consumer opportunity to choose between support options that meet their individual needs.

Under NSMHS standard 3 (Attitudes and Rights and Partnership and Communication), communications with carers support the intent of the service provider to take on board what is important to the consumer and support partnerships to provide support.

Under NSMHS standard 1 (Rights and Responsibilities), criteria 1.5 states that staff and volunteers are to be provided with information pertaining to consumer rights, which extends to decision making. NSMHS standard 10 (Delivery of Care), criteria 10.1.4 outlines consumer and carer self determination rights, and NSMHS 3 (Consumer and carer participation), criteria 3.4 ensures that consumers and carers have the right to independently determine who will represent their views and supported in NSMHS 1 (Rights and responsibilities), criteria 1.11 allowing for consumer choice of support persons. NSMHS standard 3 (Consumer and Carer participation) supports the requirement for family and carers to have input respected in relation to planning and decision making at an organisational level. NSMHS standard 10 (Delivery of Care), criteria 10.1.6 supports this at an individual level. NSMHS standard 3 (Consumer and carer participation), criteria 3.5 strongly supports the role of advocacy within service provision and criteria 3.3 ensure staff (including volunteers) are trained to support consumer and carer participation.

Access to information is covered in NSMHS standard 6 (Consumers), criteria 6.9 and NSMHS standard 1 (Rights and responsibilities), criteria 1.4. Although the NSMHS emphasise the rights of consumers and carers (which can include legal guardians), there is no specific reference to ensure that the service provider has gone through a process with consumers and carers before a substitute decision maker is engaged.

The second set of practice elements for NSW DSS 3: Individual outcomes calls for service providers to undertake person centred approaches to planning to enable each person to achieve their individual outcomes. NSMHS standard 10 (Delivery of Care), criteria 10.1.6, ensures that the service provider supports consumer and carer participation in goal setting, treatment, care and recovery planning. Additional to this is the requirement in Partnership and Communication (under 5 of Principles) that involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations. Other networks input into planning are covered in Standard 4 (Diversity Responsiveness) specifically NSMHS standard 4 (Diversity responsiveness, criteria 4.3.

Under NSMHS standard 10 (Delivery of care) criteria 10.4 (Assessment and Review) has considerable scope to meet the requirement for supporting consumers and carers in the

development, assessment and review of plans. NSMHS Principle 2 (Real Choices) ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities. Service providers working with other community based organisations to supply services is covered in NSMHS criteria 10.2 (Access) and NSMHS standard 9 (Integration), specifically criteria 9.5 which requires the service has formal processes to develop inter-agency links and collaboration.

NSMHS standard 8 (Governance, Leadership and Management) ensures that the service is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services. Although person centred wording is not used, there is enough evidence through this standard's commitment to continuous improvement and evaluation of service delivery along with the commitment to consumer individual needs and choice meets the intent of practice element 10.

Based on this analysis, NSW DSS 3: Individual outcomes practice elements 1, 2, 3, 4, 6, 7, 8, 9, and 10 are met.

NSW DSS 3: Individual outcomes practice element 5 is a partly met.

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Meets NSW DSS
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.	Meets NSW DSS
4. Staff and volunteers respond in innovative and flexible ways to each person's need for decision support which reflect 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.	Meets NSW DSS
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.	Meets NSW DSS
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 the NSMHS

Criteria 1.16 of the NSMHS is the only reference to complaints, which requires that the service provider uphold the right of the consumer to express compliments, complaints and grievances and to have them addressed. There are limited requirements about the complaints process. The target group includes people with a disability.

In the first set of practice elements for NSW DSS 4: Feedback and complaints, addressing fairness, there is no reference to how people are informed about their right to complain, about a safe environment, ensuring there are no negative consequences, or details on fairness and timeliness. Consumers and carers have the right to independently determine who will represent their views to the service provider, but not specifically in regards complaints. The provider should uphold the right of the consumer to have their privacy and confidentiality recognised, though this is not specifically referred to in regards to complaints. The overall intent of NSMHS standard 4 (Diversity responsiveness) takes into account the cultural and social diversity of its consumers, but is not specific to complaints.

In the second set of practice elements for NSW DSS 4: Feedback and complaints, addressing information and support, there is reference to the service provider upholding the right of the consumer to nominate if they wish to have others involved in their care through NSMHS standard 1 (Rights and responsibilities), criteria 1.11, but not specifically in regards complaints. There is limited detail on the complaints process.

The third set of practice elements for NSW DSS 4: Feedback and complaints, addresses the service management of complaints and requires that policies and procedures be handled in accordance with legislation for personal and health related information. NSMHS requires that service providers take into account the cultural and social diversity of its consumers. Training is referred to for staff under NSMHS standard 7 (Carers) in criteria 7.16 and requires staff to develop skills and competencies for working with carers. There is reference to the formal quality improvement program NSMHS standard 8 (Governance, leadership and management, criteria) 8.11, incorporates evaluation of services. NSMHS standard 7 (Carers), criteria 7.14 requires the involvement of carers in the policy development, and NSMHS standard 3 (Consumer and carer participation) requires involvement of consumers and carers in development and evaluation of services. NSMHS standard 8 (Governance, leadership and management), criteria 8.14 requires a formal quality improvement program with evaluation of services. NSMHS standard 9 (Integration) requires linkages with external bodies, but is not specific to issues around complaints or notifiable issues.

Based on this analysis, NSW DSS 4: Feedback and complaints practice elements 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21 are partly met.

NSW DSS 4: Feedback and complaints Practice elements 1, 2 and 3 are gaps.

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Gap
2. Service providers provide a safe environment for each person to make a complaint.	Gap
3. Service providers ensure that there are no negative consequences or retribution for any person who makes a complaint.	Gap
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.	Partly met
5. Service providers treat each person making a complaint in a manner that protects their privacy and respects confidentiality.	Partly met
6. Service providers are committed to and demonstrate fair and timely resolution of complaints.	Partly met
7. Each person is kept informed at all stages of the decision making process concerning their complaint and the reasons for those decisions.	Partly met
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.	Partly met
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.	Partly met
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

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Partly met
15. Service providers ensure that policies and processes include ways of responding to the cultural and linguistic needs of individuals.	Partly met
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.	Partly met
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.	Partly met
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.	Partly met
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 the NSMHS

The NSMHS emphasise person centredness across all of its Standards. This includes fair access and entry to services/programs that extend to referral services and engaging community and other stakeholders. The NSMHS target group includes people with a disability.

The first set of practice elements for the NSW DSS 5: Service access calls for service providers to have information about services available. The NMHS standard 10 (Delivery of care), criteria 10.2 Access, specifically 10.2.2 and 10.2.3 ensures information is provided to the community about services and entry methods, available 24 hours a day. NSMHS criteria 10.2.1 ensures that the needs of the community are identified in terms of access. Further, NSMHS criteria 10.5.15 ensures that information is provided to consumers and carers in a way that is understandable to them. Criteria 10.1 overall and the associated definition of culture and disability, combined with the above criteria ensure that communication strategies are accessible to all members of the community. Additionally, NSMHS standard 4 (Diversity Responsiveness), overall emphasises and recognises the importance of diversity at all stages of phases of care.

The second set of practice elements for NSW DSS 5: Service access, calls for service providers to have processes for service access clearly defined. NSMHS standard 10 (Delivery of care), criteria 10.3.1 ensures that entry processes are documented and criteria 10.3.2 ensures the provider makes known its entry process to consumers, carers and relevant stakeholders. This includes eligibility criteria. Again, NSMHS criteria 10.5.15 ensures that information is provided in an understandable format. NSMHS criteria 10.2.1 ensures the needs of the community are identified in terms of access and NSMHS standard 3 (Consumer and Carer participation), specifically criteria 3.1, ensures that consumers and carers are involved in planning, service delivery and evaluation of programs.

The third set of practice elements for NSW DSS 5: Service access calls for service providers to cooperate with other organisations to increase support options. NSMHS standard 10 (Delivery of care) criteria 10.5.12 and standard 5 (Treatment and Support), ensures that the provider facilitates access to an appropriate range of agencies, programs, and /or interventions in the community that meet the needs of the consumer. Discharge and exit planning including transfers to other services extend to the involvement of other stakeholders including family and carers. NSMHS standard 9 (Integration), criteria 9.4 and 9.5 call for service providers to have documented processes for referral and collaboration with other services. NSMHS standard 9 holistically supports the intent of integrated service delivery and referral where required. NSMHS criteria 10.5.12, 10.5.13, 10.5.15 and 10.5.16 combine to ensure that information is provided to persons about referrals to other services.

Based on this analysis, all NSW DSS 5: Service access practice elements are met.

There are no gaps or partial matches.

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Meets NSW DSS
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.	Meets NSW DSS

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.	Meets NSW DSS
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 the NSMHS

NSMHS standard 8 (Governance, Leadership and Management) ensures that services are governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services. There are eight criteria which address governance, accountability, strategic planning, and compliance with legislation, resource allocation, recruitment and training processes, information systems, risk management and quality improvement. There is no reference to an overarching quality management system. A separate NSMHS standard 2 (Safety) covers a range of safety requirements. NSMHS standard 1 (Rights and responsibilities), criteria 1.2 refer to legislative compliance, which is limited to mental health legislation.

There is a strong focus on stakeholder participation, including community engagement, in particular through NSMHS standard 3 (Consumer and carer participation) criteria 3.2, NSMAHS 4 (Diversity responsiveness) criteria 4.2, and 4.3 and NSMHS standard 5 (Promotion and prevention). People with a disability are included in the NSMHS target group.

Based on this analysis, NSW DSS 6: Service Management practice elements 2, 8, 9, 11, 13, 14, 16, 17, 18, 19, 20 and 21 are met.

NSW DSS 6: Service Management practice elements 1, 3, 4, 5, 6, 7, 10, 12 and 15 are partly met.

There are no gaps.

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

Practice requirements 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.	Partly met
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.	Partly met
4. The corporate governance body of an organisation is accountable to stakeholders and demonstrates high ethical standards acting in their best interests.	Partly met
5. The corporate governance body of an organisation monitors the effectiveness of the organisation's governance policies and practices and makes changes as needed.	Partly met
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.	Partly met
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.	Partly met
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 has strategies in place for communication with staff to promote continuous improvement and a collaborative, responsive organisation.	Partly met
11. Have strategies in place for communication with staff to promote continuous improvement and a collaborative, responsive organisation.	Meets NSW DSS

JAS-ANZ mapping of the NSMHS against the NSW DSS elements

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.	Partly met
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