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# Accreditation Systems Recognition Tool

**NSW Child Safe Standards for Permanent Care**

Accreditation Systems Recognition Tool, NSW Child Safe Standards for Permanent Care, 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 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 impartiality of these CABs. CABs, also known as certification bodies, are accredited by JAS-ANZ to audit human service organisations to a range of industry standards.

## 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 NSW Child Safe Standards for Permanent Care[[1]](#footnote-1) has been mapped 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 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 *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 the Regulation into practice and are designed to assist service providers to understand and comply with the DIA and the Regulation. 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 NSW Child Safe Standards for Permanent Care.

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 NSW Child Safe Standards for Permanent Care.

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 |
| --- |
| GREEN indicates that JAS-ANZ has assessed that the NSW Child Safe Standards for Permanent Care 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. |  |
| YELLOW indicates that JAS-ANZ has assessed the NSW Child Safe Standards for Permanent Care as partially meeting this element of the NSW DSS practice requirement and some improvement is required. To conduct a self assessment service providers should:Read the NSW DSS element to identify whether the practice described in the element applies to the services provided:* **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 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*](http://www.adhc.nsw.gov.au/__data/assets/file/0008/235970/987_ADHC_Standards_in_action_291112.pdf)*,* [*It’s your business* chapter on *Quality Management*](http://www.adhc.nsw.gov.au/__data/assets/file/0019/261217/Its_your_business_Chapter_10.pdf)and[*Key Performance Indicator (KPI) Guide*](http://www.adhc.nsw.gov.au/__data/assets/file/0011/262991/ADHC_KPI_guide_web.pdf) 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.
 |  |
| ORANGE indicates that JAS-ANZ has assessed that the NSW Child Safe Standards for Permanent Care 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. |  |

## JAS-ANZ mapping against the NSW Child Safe Standards for Permanent Care

### **Overview**

The JAS-ANZ mapping has been based on the NSW Child Care Standards for Permanent Care, 2015 which were created by merging the NSW Standards for Statutory Out-of-Home Care and the Adoption Standards.

Overall, the NSW Child Safe Standards for Permanent Care matches with 43% of the NSW DSS as shown by the chart below:

The NSW Child Safe Standards for Permanent Care broadly maps against the NSW DSS 1: Rights elements, with a strong focus on policies and practices respecting rights and upholding and promoting rights.

The scope of the NSW Child Safe Standards for Permanent Care means that there is not a focus on community participation and inclusion as per the required NSW DSS 2: Participation and inclusion, and as such there are limited matches.

The combined focus of the NSW Child Safe Standards for Permanent Care on Rights, Identity and Decision-Making provides a high percentage of Standards which are mapping as being met under NSW DSS 3: Individual Outcomes.

The requirements to have a safe environment for each person to make a complaint, and support for participation in the complaint handling process are the only two practice elements of the NSW DSS 4: Feedback and complaints, which the NSW Child Safe Standards for Permanent Care fully matches.

The requirement to connect with other service providers, and organisations in the community within the NSW Child Safe Standards for Permanent Care provides for half of the practice elements under the NSW DSS 5: Service Access, being fully met.

The NSW Child Safe Standards for Permanent Care has two key Standards (Governance and Strategic Planning and Evaluation) which collectively meet half of the practice elements under the NSW DSS 6: Service Management.

## Extent of matches between NSW Child Safe Standards for Permanent Care and NSW DSS

The extent of matches between the NSW Child Safe Standards for Permanent Care and NSW DSS is described below. There are 36 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 34 practice elements where there are partial matches to NSW Child Safe Standards for Permanent Care requirements, which means existing systems can be adapted to fully demonstrate the additional evidence.

There are thirteen practice elements which are gaps and no commonalities are obvious with the existing NSW Child Safe Standards for Permanent Care requirements.

## NSW Disability Services Standard 1: Rights

### **JAS-ANZ Analysis of NSW Child Safe Standards for**

### **Permanent Care**

#### Practice Requirement 1.1

Standard 1: Children’s rights, is the overarching Standard, which requires that the rights of children and young people are the primary focus for their care. This Standard is in accordance with the United Nations Convention on the Rights of the Child and the Charter of Rights for Children and Young People in Out-of-Home Care in NSW.

##### Practice element 1

Standard 1: Children’s rights, provides indicators of compliance which requires that:

* + children and young people are given information about their rights in a manner they can understand, including the right to access their personal file, and
	+ Children and young people are given information in a manner they can understand about access to organisations or individuals who will advocate on their behalf.

Standard 7: Confidentiality and privacy, strengthens the rights focus, by ensuring that children and young people have the right to confidentiality and privacy.

##### Practice element 2

Standard 4: Identity, aims to provide children and young people with access to information and experiences which assist them to develop a positive sense of identity. There are a range of indicators of compliance linked to cultural needs, connections with community, opportunities to participate in activities and experience relevant to their background, culture and identity.

Standard 8: Emotional and social development, addresses the specific emotional, social and behavioural needs of children and young people, with indicators of compliance including opportunities to participate in age appropriate social and recreational activities. In addition, Standard 9: Health, requires access to culturally appropriate health services by aboriginal children and young people.

##### Practice element 3

There is a discrete Standard on Child protection and child safety (Standard 3) which aims to actively safeguard children and young people’s safety, welfare and wellbeing. One of the key requirements for Standard 3, which is linked to relevant legislation, is for the ‘right to be safe’; and there is an indicator of compliance which is the ‘need to protect children and young people from abuse and harm’ which underpins all areas of the agency’s work with children and young adults. The emphasis on providing environments that are free from harm and abuse is also upfront in the Continuous quality improvement component of the NSW Child Safe Standards for Permanent Care (page 3).

##### Practice element 4

Standard 7: Confidentiality and privacy refers to appropriate legislation, and provides Indicators of compliance which promote ethical practices around:

* + - Confidentiality and secure storage of personal information
		- Systems to ensure protection of confidential information
		- People working with and caring for children and young people uphold their rights to confidentiality and privacy
		- Provision of appropriate spaces for confidential discussions.

##### Practice element 5

Standard 8: Emotional and social development requires that children and young people are cared for in placements that meet their specific emotional, social and behavioral needs, including support for their social and emotional development.

Standard 14: Case planning and review requires case planning to be responsive to the changing needs of children and young people, including assessment of individual circumstances and best interests, plus cultural needs. However, there is no specific reference to support and encouragement of self protective strategies within the NSW Child Safe Standards for Permanent Care.

##### Practice element 6

Standard 6: Participation in decision making, has a strong emphasis on the inclusion of children and young people in decision making, with indicators of compliance including:

* + Consultation before decisions are made
	+ Choice in the level of participation in decision making
	+ To the extent where it is possible, children and young people’s preferences are reflected in decisions.

There is no specific reference to assisted or substitute decision making within the Standards, or to decisions about medical treatments or interventions (which is to be expected given the target group), however there is a focus on the “best interests” of children and young people throughout the NSW Child Safe Standards for Permanent Care, including in Standards 1, 3, 13, 14, 15 and 22.

Standard 22: Governance, requires that agencies operate legally and ethically and in the best interest of children and young people. Standard 9: Health, also requires that people working with and caring for children and young people share information about the child’s health and development as required, and where appropriate, with the consent of the child. Children are also provided with age and developmentally appropriate information about access to health and development support services.

##### Practice element 7

Rights are well addressed under Standard 1: Children’s rights. Although there is not a direct reference to the ‘same rights and freedoms as all other children’, the reference to the United Nations Convention on the Rights of the Child, and the Charter of Rights for Children and Young People in Out-of-Home Care would have this as an underlying requirement. There is a focus on the “best interests” of children and young people throughout the NSW Child Safe Standards for Permanent Care, including in Standards 1, 3, 13, 14, 15 and 22.

#### Practice Requirement 1.2

##### Practice element 8

Refer also to evidence for Practice element 3 above. In addition, Standard 22: Governance, requires that agencies operate legally and ethically and in the best interests of children and young people. This requires demonstration of accountability and good governance, including systems and procedures for the administration and management of the agency which is essential to minimise discrimination, financial, sexual, physical and emotional abuse, neglect and exploitation.

##### Practice element 9

Standard 1: Children’s rights, requires that children and young people are given information in a manner they can understand about access to organisations or individuals who will advocate on their behalf. Further, Standard 6: Participation in decision-making, requires that children and young people are provided with information in a manner they can understand regarding decisions that affect them and processes for making a complaint.

##### Practice element 10

Standard 6: Participation in Decision-making, addresses how children and young people are supported in decision making. Within that Standard, the only example of consent is in relation to adoption or guardianship orders, and in those cases information, support and counseling is provided in accordance with their age and capacity to make informed decisions. Standard 8: Emotional and social development, requires that information which could be shared about the social and emotional development of a child or young person requires the consent of the child or young person where appropriate.

Standard 11: Behavior, support refers to the use of psychotropic medication which must be supported by behavior support plans, though there is no reference to consent in these cases. Note, that there is no specific reference to consent for medical treatments or interventions.

##### Practice element 11

Standard 22: Governance, requires that there are systems and procedures in place for the administration and management of the agency. Standard 23: Strategic planning and evaluation, requires a commitment to continuous improvement through strategic planning, evaluation and continuous improvement processes. However, there is no obvious requirement for clients to input into the development and review of organisational policy and processes that promote strategies for equality and upholding human rights.

##### Practice element 12

Rights of individuals are well addressed under Standard 1: Children’s rights. Standard 6: Participation in Decision-making, provides requirements for how children and young people’s preferences are reflected in decisions, to the extent that it is possible. Standard 9: Health, ensures that medical, nutritional, psychological, developmental and other needs are identified as required, and that information is shared about the child or young person’s health and development as required, with the consent of the child or young person. Standard 11: Behavior Support, provides detailed requirements for behavioral management and support.

##### Practice element 13

Standard 3: Child protection and child safety requires:

* + all reportable allegations to be reported, recorded and managed within the required timeframes
	+ staff are supported to be aware of responsibilities and reporting obligations.

This is supplemented by Standard 20: Training and development, which ensures that people who work with children and young people have appropriate training, and Standard 22:Governance, which requires that staff have the necessary supervision, resources and support to fulfill their role.

##### Practice element 14

Standard 1: Children’s rights, requires that children are given information about their rights in a manner they can understand, and access to organisations or individuals who will advocate on their behalf. Furthermore, Standard 8: Child protection and safety, ensures that children and young people receive support when making allegations or raising concerns.

*Based on this, Practice Elements 1,2,3,4,7,8,9,12,13, and 14 are met.*

*Practice Elements 5,6 and 10 are partly met.*

*Practice Element 11 is a Gap.*

### JAS-ANZ mapping of NSW Child Safe Standards for Permanent Care 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.
 | Meets NSW DSS |
| 1. Each person will receive a service that maximises their choices for social participation and cultural inclusion.
 | Meets NSW DSS |
| 1. Each person will receive a service in an environment free from discrimination, abuse, neglect and exploitation.
 | Meets NSW DSS |
| 1. 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 |
| 1. 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 |
| 1. 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 |
| 1. 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** |
| --- | --- |
| 1. Services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect and exploitation.
 | Meets NSW DSS |
| 1. Service providers encourage and support access to advocacy services by people with a disability to promote their rights, interests and wellbeing.
 | Meets NSW DSS |
| 1. Service providers gain consent from each person with a disability or their person responsible or legal representative for medical treatments and interventions.
 | Partly met  |
| 1. 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.
 | Gap |
| 1. 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.
 | Meets NSW DSS |
| 1. 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.
 | Meets NSW DSS |
| 1. 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.
 | Meets NSW DSS |

## NSW Disability Services Standard 2: Participation and inclusion

### **JAS-ANZ Analysis of NSW Child Safe Standards for Permanent Care**

#### Practice Requirement 2.1

The NSW Child Safe Standards for Permanent Care against NSW DSS do not have a specific standard on Participation and Inclusion.

##### Practice element 1

Standard 1: Children’s rights, provides that children and young people should be supported to maintain family and other important relationships. Standard 4: Identity, requires that aboriginal children and young people and children and young people form culturally and linguistically diverse backgrounds are supported to maintain meaningful connections with community, culture, language and spirituality.

Standard 5: Family and significant others ensures that where possible and appropriate, children and young people are placed within reasonable proximity to their family and community. Standard 8: Emotional and social development, requires that children and young people are supported to establish and maintain peer relationships, and participate in age appropriate social and recreational activities. Standard 12: Living, independently requires that young people are provided with support in securing accommodation, education and training, employment etc.

##### Practice element 2

Standard 18: Recruitment of staff and volunteers ,ensures that children and young people have the right to receive quality services relevant to their culture and background.

Standard 20: Training and development, ensures that people who work with children and young people (i.e. staff and volunteers) are provided with training to assist them in meeting their health, education, social, emotional and cultural needs.

Standard 4: Identity, requires that children and young people are supported to make informed, personal choices, and that people who work with them receive adequate training and support to undertake life story work. There is a consistent reference throughout the NSW Child Safe Standards for Permanent Care to the “best interests” of children and young people, however the Standards do not specifically require staff and volunteers to understand, respect and act on the interest and skill development of people with disability.

##### Practice element 3

Standard 4: Identity, ensures that children and young people are supported to maintain meaningful connections with community, culture, language and spirituality. Likewise in Standard 5: Family and significant others, children and young people who cannot remain in the care of families are entitled to ongoing relationships with family, people of significance, friends and community. However, there is no reference to working with people with disability and their community to promote opportunities and participation.

##### Practice element 4

There is reference to facilitating advocacy (organisations or individuals) for children and young people under Standard 1: Children’s rights, though not in the context of promoting their connection, inclusion and participation.

Standard 4: Identity, requires that children and young people are supported to make informed, personal choices, and participate in activities/experiences relevant to their background, culture and identity, and also maintain meaningful connections with family, community, culture and language. For children and young people who cannot remain in the care of their families, Standard 5, Family and significant others, requires that they are entitled to ongoing relationships with family, people of significance, friends and community.

##### Practice element 5

There are no commonalities within the NSW Child Safe Standards for Permanent Care.

#### Practice Requirement 2.2

##### Practice element 6

Standard 22: Governance, ensures that the agency is promoted within the community and maintains connections with other service providers and organisations in the sector There are other examples about how services are expected to access appropriate health and support services through Standard 9: Health; through schools or other education institutions through Standard 10: Education, and through a range of independent living arrangements for young people in Standard 12: Living independently.

There is no specific requirement within the Standards to minimise barriers to participation, however some of the requirements within the Standards are proactive strategies which would work towards minimising barriers.

##### Practice element 7

Standard 4: Identity, requires that children and young people’s preferences are respected, and they are assisted to develop a positive sense of identity.

Standard 18: Recruitment of staff and volunteers, makes it clear that people who work with children and young people require appropriate skills and experience and personal qualities. Furthermore Standard 21: Supervision and support, ensures that the agency clearly articulates its expectation regarding the behaviour and conduct of people who work with and care for children and young people, with the view to facilitating better outcomes for children and young people.

These Standards do not directly refer to respectful and inclusive behaviour. However the Children’s Guardian expects through its process of Continuous Quality improvement (page 3) that children and young people will be cared by ‘caring and skilled adults’ and supported to ‘develop resilience and a positive sense of identity’.

##### Practice element 8

Refer to examples provided for Practice element 6.

Importantly, Standard 22: Governance, requires that the agency maintains connections with other service providers and organisations in the sector, and Standard 23: Strategic planning and evaluation, requires that the governing authority seeks opportunities to participate in whole of sector improvements.

There is not the specific reference within the NSW Child Safe Standards for Permanent Care to develop ways to maintain and develop local connections so that options for people with a disability are included and valued over time.

##### Practice element 9

There are no commonalities within the NSW Child Safe Standards for Permanent Care.

*Based on this, Practice Elements 1, 7 are met.*

*Practice Elements 2,3,4, 6, 8 are partly met.*

*Practice Element 5 and 9 are Gaps.*

### JAS-ANZ mapping of NSW Child Safe Standards for Permanent Care 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 |
| 1. 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 |
| 1. Service providers work with people with a disability and their community to promote opportunities and support their active and meaningful participation.
 | Partly Met |
| 1. 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 |
| 1. 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** |
| --- | --- |
| 1. 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 |
| 1. 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 |
| 1. 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 |
| 1. 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 NSW Child Safe Standards for Permanent Care**

#### Practice Requirement 3.1

##### Practice element 1

This element is comprehensively addressed by:

* Standard 1: Children’s rights
* Standard 4: Identity
* Standard 6: Participation in decision-making.

Although person centered approaches are not specifically identified, there is a consistent individualised theme throughout the Standards, which are underpinned by the UN Convention on the Rights of the Child, which ensures the rights of children and young people are the primary focus.

##### Practice element 2

The target group within the NSW Child Safe Standards for Permanent Care are children and young adults.

* Standard 6: Participation, in decision making requires that children and young people are included in decision-making processes, and may choose the level of their participation.
* Standard 5: Family and significant others, ensures that children and young people remain connected to significant people, and families contribute to decision-making processes that concern their child.
* Standard 1: Children’s rights also requires that children and young people must be provided with opportunities to participate in decisions that affect their lives, and are given information in a manner they can understand about access to organisations or individuals who will advocate on their behalf.

The Standards do not specifically identify how children and young people determine the involvement of their family, carers and advocates, which is reasonable given that the target group is children and young people.

##### Practice element 3

The role of children and young people in decision making processes is addressed under Practice element 2. Standard 6: Participation in decision making, which requires that children and young people may choose the level of their participation in decision-making, and to the extent that it is possible, have their preferences reflected in decisions. There is no actual requirement for ‘people with disability’ to have the final say in the process, given the target group is children and young people.

Standard 14: Case planning and review, ensures that children and young people, their families and the people caring for them must be given opportunities to participate in case planning processes.

##### Practice element 4

Staff and volunteers respond in innovative and flexible ways to each person’s need for information and support which reflect their individual and cultural needs.

Standard 1: Children’s rights, ensures that children and young people are given information in a manner they can understand, and that services provided should foster their developmental needs, spirituality, self-respect and dignity.

Standard 9: Health, requires a range of considerations linked to a child or young person’s culture, disability, language, religion and sexuality. It also ensures that aboriginal children and young people are supported to access culturally appropriate health services where possible.

Standard 14: Case planning and review, requires that case planning is responsive to individual circumstances, including health, culture and social arrangements.

Standard 18: Recruitment of staff and volunteers, ensures that there are strategies to recruit staff and volunteers from culturally and linguistically diverse backgrounds, which is backed up by Standard 20: Training and development, which requires that training is provided to assist staff meeting health, education, social, emotional and cultural needs of children and young people.

##### Practice element 5

Standard 5: Family and significant others, ensures that families are provided with appropriate information, counselling and support to participate in decision making processes where guardianship or adoption orders are under consideration.

Standard 6: Participation in decision making, ensures that children and young people choose the level of their participation in decision making, and are also provided with information, support and counselling to make informed decisions where adoption or guardianship orders are being considered. There is no specific reference to the engagement of a substitute decision maker, however the nature of service provision by the Children’s Guardian appears to assume that role.

**Practice requirement 3.2**

##### Practice element 6

Refer Practice element 4 above – there is a strong focus throughout the Standards on individual needs, preferences, and connections with family, culture and community.

##### Practice element 7

Standard 14: Case planning and review, requires a responsive approach to the changing needs of children and young people through assessment, and ongoing review of case plans, which provide opportunities for involvement of children and young people, their families and people caring for them. Monitoring of placements is addressed under Standard 15: Casework and monitoring placements.

##### Practice element 8

The age group of the target group within this Standard limits the application of this practice element. Standard 6: Participation in decision making, ensures that to the extent that it is possible, children and young people’s preferences are reflected in decisions. Risk taking is only referred to within the context of Standard 11: Behaviour support, whereby agencies require clear protocols in response to risk taking behaviour by children and young people.

##### Practice element 9

Standard 22: Governance, ensures that the agency is promoted within the community and maintains connections with other service providers and organisations in the sector.

Standard 23: Strategic planning and evaluation, ensures that the agency assesses its capacity to maintain ongoing compliance prior to expanding its provision of services, as well as seeking opportunities to participate in whole of sector improvements and initiatives where relevant.

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.

##### Practice element 10

Standard 23: Strategic planning and evaluation, requires a strong focus on continuous improvement through ongoing planning, evaluation of systems, and continuous improvement processes, with the objective being to provide the best possible service to their clients. This does not specifically refer to the review of person centred approaches, however the preamble on continuous quality improvement (page 3) has a strong focus on developing strategies to address gaps in practice, and creating a child-focus culture that embraces continuous improvement.

*Based on this, Practice* *Elements 1, 4, 5, 6, 7, 9 and 10 are met.*

*Practice Elements 2 and 3 are partly met.*

*Practice Element 8 is a Gap.*

### JAS-ANZ mapping of NSW Child Safe Standards for Permanent Care 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 |
| 1. Service providers support each person to determine the involvement of their family, carers and advocates in planning and decision making processes.
 | Partly met |
| 1. 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 |
| 1. Staff and volunteers respond in innovative and flexible ways to each person’s need for information and support which reflect their individual and cultural needs.
 | Meets NSW DSS |
| 1. 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.
 | Meets NSW DSS |

#### 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** |
| --- | --- |
| 1. 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 |
| 1. 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 |
| 1. 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.
 | Gap |
| 1. Service providers work with other organisations and community groups to expand the range of service options available in their community.
 | Meets NSW DSS |
| 1. 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 NSW Child Safe Standards for Permanent Care**

#### Practice Requirement 4.1

##### Practice element 1

The Continuous quality improvement overview of the Standards advises that children and young people should be confident to raise concerns or complaints and are taken seriously when they do.

The purpose of the Standards (page 2) includes that children and young people have the right to information about issues that concern them.

Standard 6: Participation in decision-making, requires that agencies must provide children and young people with information regarding processes for raising complaints or concerns. There is no reference to working with families and carers during these processes.

##### Practice element 2

Standard 3: Child protection and child safety, ensures that children and young people are educated and supported to recognise behaviour that makes them feel unsafe and are encouraged to report concerns. The Standard also notes that children and young people receive support when making allegations or raising concerns. The continuous quality improvement overview states that children and young people and the people who work with and care for them are confident to raise concerns or complaints and are taken seriously when they do.

##### Practice element 3

There is no comparable requirement within the NSW Child Safe Standards for Permanent Care for ensuring there are no negative consequences or retribution for any person who makes a complaint.

##### Practice element 4

Standard 3: Child protection and child safety, requires that children and young people receive support when making allegations or raising concerns (around safety, welfare and wellbeing).

Standard 21: Supervision and support, acknowledges that people who care for children and young people have the right to raise complaints or request a review of an agency’s decisions regarding their caring role. Further, people working with and caring for children and young people are provided with information about organisations or individuals that will assist them with grievance or complaint procedures and are referred to an independent advisorwhere appropriate.

##### Practice element 5

Standard 7: Confidentiality and privacy, has requirements broadly across the organisation, though these are not addressed specifically to complaints handling.

##### Practice element 6

Standard 15: Casework and monitoring placements, requires that caseworkers act to resolve issues and concerns in a timely manner to avoid disruptions to placements, however there are no broader requirements around complaints resolution procedures (in addition to placement complaints).

##### Practice element 7

Apart from the references above, there are no specific requirements to inform clients at all stages of the decision-making process concerning a client’s complaint.

##### Practice element 8

Standard 21 indicates that people working with and caring for children and young people are provided with information about organisations or individuals that will assist them with grievance or complaint procedures and are referred to an independent advisor where appropriate.

Standard 1: Children’s rights, which requires that children and young people are given information in a manner they can understand about access to organisations or individuals who will advocate on their behalf, however there are no other comparable requirements within the Standards.

#### Practice requirement 4.2

##### Practice element 9

There is a focus on connections to culture and language throughout the Standards, though no specific reference to accessible and culturally relevant information about complaints processes. There is requirement that children and young people are provided with information in a manner they can understand about making a complaint (Standard 6: Participation in decision-making).

##### Practice element 10

Standard 1: Children’s rights, which requires that children and young people are given information in a manner they can understand about access to organisations or individuals who will advocate on their behalf, though this is not specific to complaints handling.

##### Practice element 11

Refer to Practice element 9 above. Again, these requirements are not specific to complaints handling.

##### Practice element 12

There is no comparable requirement for how each person determines how, when and where the complaint will be made.

##### Practice element 13

Apart from the reference to advocacy in Standard 1: Children’s rights, there is no comparable requirement for providing people the opportunity to nominate a key contact person regarding the complaint.

#### Practice requirement 4.3

##### Practice element 14

Standard 22: Governance, ensures that systems and procedures are maintained for the administration and management of the agency, in accordance with legislative requirements. There is not a direct reference to complaints policies and procedures.

##### Practice element 15

Standard 23: Strategic planning and evaluation, require that agencies provide services that foster spirituality, self-respect and identity. The Standard on Identity (Standard 4) does have a strong focus on giving consideration to culture, disability, language etc. in all actions and decisions that affect the child or young person. However, the governance requirements in Standard 22 do not refer to culturally and linguistically appropriate practices for policies and procedures.

##### Practice element 16

There is a discrete Standard on Training and development (Standard 20), which ensures that the agency has a planned approach to training, with initial and ongoing training designed to meet the changing needs of children and young people. Standard 21 ensures people working with and caring for children and young people are provided with information about organisations or individuals that will assist them with grievance or complaint procedures and are referred to an independent advisor where appropriate. There is no specific reference to training in complaint handling.

##### Practice element 17

Standard 22: Governance and Standard 23: Strategic planning and evaluation, collectively require that organisations have policies, systems and procedures in place, which are evaluated and updated with a view to continuous improvement. There is no direct requirement to record and analyse trends from complaints as part of this.

##### Practice element 18

Standard 22: Governance, requires that there are systems and procedures in place for the administration and management of the agency. Standard 23: Strategic planning and evaluation, requires a commitment to continuous improvement through strategic planning, evaluation and continuous improvement processes. However, there is no obvious requirement for clients to input into the development and review of complaints handling policy and processes and reporting of outcomes.

##### Practice element 19

Good governance is required via Standard 22: Governance, and planning via Standard 23, though there is not a requirement for a standing agenda item on compliant handling, with trends presented and implications discussed.

##### Practice element 20

Standard 22: Governance, requires compliance with relevant legislation, and awareness of reporting obligations, and compliance with Working with Children Check requirements. However, this does not translate explicitly to managing complaints in particular ways as per this element.

##### Practice element 21

Standard 6: Participation in decision-making, requires that agencies must provide children and young people with information regarding processes for raising complaints or concerns, though linkages to external complaints mechanisms are not provided.

*Based on this, Practice Requirements 2 and 4 are met.*

*Practice Elements 1, 5, 6, 7, 8, 9, 10, 11, 14, 15, 16, 17, 19 and 21 are partly met.*

*Practice Elements 3, 12, 13, 18 and 20 are Gaps.*

### JAS-ANZ mapping of NSW Child Safe Standards for Permanent Care 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.
 | Partly met  |
| 1. Service providers provide a safe environment for each person to make a complaint.
 | Meets NSW DSS |
| 1. Service providers ensure that there are no negative consequences or retribution for any person who makes a complaint.
 | Gap |
| 1. 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 |
| 1. Service providers treat each person making a complaint in a manner that protects their privacy and respects confidentiality.
 | Partly met |
| 1. Service providers are committed to and demonstrate fair and timely resolution of complaints.
 | Partly met |
| 1. Each person is kept informed at all stages of the decision making process concerning their complaint and the reasons for those decisions.
 | Partly Met |
| 1. Service providers inform each person of their right to complain to an external body.
 | Partly met |

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#### Practice requirement 4.2

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

| **Practice elements** | **JAS-ANZ mapping result** |
| --- | --- |
| 1. Each person has continuous and easy access to meaningful and culturally relevant information about the service provider’s complaint policy and processes.
 | Partly met |
| 1. 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 |
| 1. 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 |
| 1. Each person determines how, when and where the complaint will be made.
 | Gap |
| 1. Each person has the opportunity to nominate the person they want at the service as the key contact regarding the complaint.
 | Gap |

#### Practice requirement 4.3

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

| **Practice elements** | **JAS-ANZ mapping result** |
| --- | --- |
| 1. Service providers have a written complaints policy and associated processes which reflect relevant legislation, standards and sector policy.
 | Partly met |
| 1. Service providers ensure that policies and processes include ways of responding to the cultural and linguistic needs of individuals.
 | Partly Met |
| 1. Staff and volunteers are trained in complaint handling and demonstrate understanding and capacity to implement complaint handling.
 | Partly met |
| 1. Service providers record and analyse trends from complaints to drive organisational policy development and continuous improvement.
 | Partly met |
| 1. 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.
 | Gap |
| 1. 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 |
| 1. 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  |
| 1. 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 Community Services (Complaints, Review and Monitoring) Act 1993 (NSW).
 | Partly met |

## NSW Disability Services Standard 5: Service access

### **JAS-ANZ Analysis of NSW Child Safe Standards for Permanent Care**

#### Practice Requirement 5.1

##### Practice element 1

The support required by this type of service provision would mean that support may not necessarily be proactive, but the Standards require that it is responsive to the needs of individuals and this is reflected throughout the NSW Child Safe

Standards for Permanent Care as demonstrated below:

* Standard 2: Providing a positive care environment, focuses on caring for children and young people in environments suited to their specific needs;
* Standard 4: Identity, ensures that children and young people have access to information and experiences which assist them to develop a positive sense of identity;
* Standard 1: Children’s rights, ensures that children and young people are given information about their rights in a manner they can understand.
* Standard 14: Case planning and review, has a strong focus on being responsive to the individual circumstances and best interests of the client by a thorough assessment of their needs.

##### Practice element 2

Standard 1: Children’s rights, notes that information should be given in a manner that children and young people can understand. There is a reference in Standard 9: Health, to children and young people being provided with age and developmentally appropriate information about access to health and development support services. However, there is no obvious requirement for information in accessible formats.

##### Practice element 3

See Practice element (2) above. The continuous quality improvement requirement of the Standards aims for evidence which supports children and young people to maintain connection to culture and language, and to achieve their developmental and educational potential. However actual communication strategies addressing the diverse needs of clients are not included.

#### Practice Requirement 5.2

##### Practice element 4

Standard 13: Initial assessment and permanency planning, does not refer to ‘access’ processes; however, there is a requirement for an initial assessment of children and young people based on their best interests and placement according to their identified needs. This is supplemented by Standard 1: Children’s rights, which requires that children and young people are given information in a manner they can understand about access to organisations or individuals who will advocate on their behalf.

Standard 22: Governance, ensures that there are systems and procedures for the administration and management of the agency, and a clearly defined process for managing conflict of interest. Standard 23: Strategic planning and evaluation, ensures that these plans and systems are evaluated and updated regularly. The continuous quality improvement framework for the Standards requires that agencies have transparent and robust decision making processes across the organisation.

##### Practice element 5

Standard 23: Strategic planning and evaluation, requires a commitment to continuous improvement through strategic planning, evaluation and continuous improvement processes. There is no obvious requirement for clients and their significant others, to input into the review of service access policy and processes. There is also no direct requirement to minimize barriers that may impact access to services, though under Standard 23: Strategic planning and evaluation, the governing authority seeks opportunities to participate in whole of sector improvements and initiatives that potentially could address access.

#### Practice requirement 5.3

##### Practice element 6

Consideration should be given to the disability of a child or young person in all actions and decision that the agency takes as per Standard 4: Identity Standard 5: Family and significant others, works towards facilitating the ongoing involvement of families and communities when placing children and young people, and to place children where possible and appropriate within reasonable proximity to their family and community. Standard 22: Governance, ensures that the agency is promoted within the community and maintains connections with other service providers and organisations in the sector.

There are other examples about how services are expected to access supports and services, including appropriate health and support services through Standard 9: Health, through schools or other education institutions through Standard 10: Education, and through a range of independent living arrangements for young people in Standard 12: Living independently.

##### Practice element 7

Standard 22: Governance, ensures that the agency is promoted within the community and maintains connections with other service providers and organisations in the sector.

##### Practice element 8

Standard 1: Children’s Rights, requires that young people and children are provided with information about organisations and individuals able to advocate on their behalf. Under Standard 12: Living independently, young people must be provided with information about continued support and services, and how to access these services.

*Based on this, Practice Elements 4, 6, 7 and 8 are met.*

*Practice Elements 1, 2, 3 are partly met.*

*Practice Element 5 is a Gap.*

### JAS-ANZ mapping of NSW Child Safe Standards for Permanent Care 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.
 | Partly met |
| 1. 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 |
| 1. 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** |
| --- | --- |
| 1. 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  |
| 1. 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.
 | Gap  |

#### Practice requirement 5.3

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

| **Practice elements** | **JAS-ANZ mapping result** |
| --- | --- |
| 1. 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 |
| 1. Service providers work with local community and other mainstream and specialist organisations to maintain community engagement and referral networks.
 | Meets NSW DSS |
| 1. 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 NSW Child Safe Standards for Permanent Care**

#### Practice Requirement 6.1

##### Practice element 1

Standard 22: Governance, requires that there is a well defined and transparent recruitment process for members of the governing authority, which clearly sets out roles and responsibilities.

##### Practice element 2

There is a specific standard on strategic planning (Standard 23), which aims to provide the best possible service to clients. Although the terminology ‘person centred’ approaches is not referred, the needs of children and young people are paramount throughout these Standards. This Standard requires governing authorities to seek opportunities to participate in whole of sector improvements, which is similar intent to future industry needs. Standard 22: Governance, also ensures that the agency maintains connections with other service providers and organisations in the sector.

##### Practice element 3

The delineation of corporate and operational matters is addressed through Standard 22: Governance, by the requirement for systems, procedures, clear delegations, and lines of responsibility.

##### Practice element 4

Standard 22: Governance, has a requirement for organisations to operate in a legal and ethical manner, and a duty of care to children and young people and employees of the organisation.

##### Practice element 5

Standard 22: Governance, and Standard 23: Strategic planning end evaluation, work together to ensure that policies and procedures would be reviewed as part of effective systems and procedures for the administration and management of the agency, as well as evaluated and updated regularly, and any changes reflected in practice.

##### Practice element 6

Accountability is addressed under Standard 22: Governance, by the maintenance of systems and procedures, compliance with conditions of accreditation, and provision of services in accordance with legislative requirements. Specific systems of control that are referred to include compliance with the Working with Children Check requirements (Standard 22), assessment of safe care environments, critical incident procedures (Standard 2, Providing a positive care environment) and child protection requirements under Standard 3: Child protection and child safety. There is no specific reference to risk management, fire safety or appropriate insurance.

##### Practice element 7

Management systems and compliance with relevant standards are covered by Standard 22: Governance and Standard 23: Strategic planning and evaluation, which requires agencies to continuously assess the quality of their services and develop strategies to address gaps in practice. There is not a direct reference to quality management systems, however there is a consistent reference throughout the Standards to quality services, and continuous quality improvement.

##### Practice element 8

Standard 23: Strategic planning and evaluation, has a strong focus on continuous improvement strategies, and opportunities to participate in whole of sector improvements and initiatives, though these do not directly require feedback from stakeholders and the community.

##### Practice element 9

Refer evidence for Practice element 5 above. There is no requirement to review policies to reflect feedback from people with disability and other key stakeholders, however Standard 22: Governance, requires that the governing authority employs or has access to people with expertise in contemporary practices.

##### Practice element 10

Standard 22: Governance, requires that processes are in place to ensure that suitable people are appointed to the Principal Officer role, and that the Principal Officer and members of the governing authority comply with Working with Children check requirements. The suitability of senior management positions does not specifically refer to alignment with the vision and values of the organisation.

##### Practice element 11

Continuous improvement is addressed via Standard 23: Strategic planning and evaluation, though there are no obvious requirements for the engagement with staff in strategic planning and continuous improvement exercises.

#### Practice requirement 6.2

##### Practice element 12

Standard 22: Governance, requires systems and procedures for the administration and management of the agency, provision of services in accordance with legislative requirements, and compliance with conditions of accreditation. There is no requirement that written policies and processes are accessible to all stakeholders.

##### Practice element 13

Processes to monitor compliance with legislation and to continuously improve are addressed by Standards 22 and 23.

##### Practice element 14

There is no evidence required within these Standards of how stakeholders, including people with disability, their families and carers are involved in the planning, management and evaluation of the service.

##### Practice element 15

There is no evidence required within these Standards of how stakeholders are informed of how feedback has been used to improve service management and delivery.

##### Practice element 16

There is a discrete standard 18 on Recruitment of staff and volunteers, which ensures that people who work with children and young people have appropriate skills and experience and are selected through fair and consistent processes, including mandatory probity checks. Standard 22: Training and development, aims to ensure that staff are provided with opportunities for professional development (which would promote skills, engagement and responsiveness).

Standard 22: Governance, ensures that:

* All people working with and caring for young people have the necessary supervision, resources and support to fulfil their role.
* The agency has access to people with expertise in out-of-home care or adoption legislation.

##### Practice element 17

There is not a specific reference to succession planning for leadership staff and key positions, though Standard 22: Governance, requires that there are processes in place to ensure that suitable people are appointed to leadership roles.

##### Practice element 18

Refer Practice element 16 above, as well as Working with Children Check requirements included under Standard 22: Governance.

##### Practice element 19

Standard 20: Training and development is targeted towards people who work with and care for children and young people (which includes staff and volunteers). There is a focus on ensuring that the needs of children and young people are met.

##### Practice element 20

See Practice element 6 above. There are three relevant Standards (Standard 2: Providing a positive care environment, Standard 3: Child protection and child safety, and Standard 22: Governance) which cover off on legislative requirements. There is no direct reference to fire safety requirements.

##### Practice element 21

Strategic planning is addressed by Standards 22 and 23, which require strategic planning, evaluation and continuous improvement systems in place, with connection with other service provisions, and participation in whole of sector improvements and initiatives, where relevant.

*Based on this, Practice Elements 1, 2, 3, 4, 5, 7, 13, 16, 18, 19 and 21 are met.*

*Practice Elements 6, 8, 9, 11, 12, 17 and 20 are partly met.*

*Practice Elements 10, 14 and 15 are Gaps.*

### JAS-ANZ mapping of NSW Child Safe Standards for Permanent Care 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 |
| 1. 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 |
| 1. 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 |
| 1. The corporate governance body of an organisation is accountable to stakeholders and demonstrates high ethical standards acting in their best interests.
 | Meets NSW DSS |
| 1. 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 |
| 1. 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 |
| 1. 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 |
| 1. The corporate governance body of an organisation uses feedback from stakeholders and the community to inform and develop continuous improvement strategies.
 | Partly met |
| 1. 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.
 | Partly met |
| 1. 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
 | Gap  |
| 1. 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 |

#### 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** |
| --- | --- |
| 1. 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 |
| 1. Service providers have processes to monitor compliance with relevant legislation and policy and to continuously improve organisational performance
 | Meets NSW DSS |
| 1. Service providers encourage and support people with a disability, their families and carers to participate in the planning, management and evaluation of the service.
 | Gap |
| 1. Service providers inform stakeholders how feedback has been used to improve service management and delivery
 | Gap |
| 1. 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 |
| 1. Service providers have processes in place for succession planning of leadership staff and other key positions.
 | Partly met |
| 1. 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 |
| 1. Service providers provide regular staff and volunteer training, support and supervision to flexibly meet the needs of people they support.
 | Meets NSW DSS |
| 1. 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.
 | Partly met |
| 1. Service providers implement the organisation’s strategic and business plans utilising good practices including community engagement initiatives.
 | Meets NSW DSS |

1. [↑](#footnote-ref-1)