

# **DNV GL Business Assurance Australia**

## **AUDIT REPORT**

**PW<sub>D</sub>WA**

**PEOPLE WITH DISABILITIES WESTERN AUSTRALIA**

**Surveillance Audit for compliance to  
National Standards for Disability Services and  
National Disability Advocacy Program**

<b>Team Leader:</b>	<b>Helen Quarrell</b>
<b>Dates of Audit:</b>	<b>28-29 September 2017</b>
<b>Client File No:</b>	<b>PRJC-542806-2016-MSA-AUS</b>



# Audit Report: NSDS for Disability Advocacy Organisations

People with Disabilities Western Australia

Surveillance audit, 28-29 September 2017

FINAL

CLIENT INFORMATION			
<b>Client:</b>	People with Disabilities Western Australia (PWdWA)		
<b>Primary contact:</b>	Samantha Jenkinson	<b>Email/Website:</b>	Samantha@pwdwa.org
<b>Position:</b>	Executive Director	<b>Phone:</b>	0893861011
AUDIT DESCRIPTION			
<b>Standard</b>	National Standards for Disability Services (2014)		
<b>Audit Type</b>	Initial Stage 2 <input type="checkbox"/>	Surveillance <input checked="" type="checkbox"/>	Triennial <input type="checkbox"/> Other: <input type="checkbox"/>
<b>Duration</b>	2 man days		
<b>Audited Sites</b>	Head Office: 1/37 Hampden Road Nedlands WA 6009 Site 1: 1/37 Hampden Road Nedlands WA 6009		
<b>Audit team</b>	Team leader	Helen Quarrell	
	Auditor	Joe Sarkies	
	Technical expert	Joe Sarkies	
	Observer	N/A	
<b>Audit plan</b>	Sent 28/08/2017		
<b>Previous certification details:</b>			N/A <input checked="" type="checkbox"/>

CERTIFICATION INFORMATION			
<b>Scope of Certification:</b> PWdWA provides 50% Individual and 50% Systemic Advocacy support from the organisation's Head Office at Nedlands WA			
<b>NDIS Registration Groups Approved</b> Assist Personal Activities, Personal Activities High, Development Life Skills, Group/Centre Activities			
<b>Advocacy Models</b> (please select and include percentage)	Individual <input checked="" type="checkbox"/>	Self <input type="checkbox"/>	Family <input type="checkbox"/>
	Citizen <input type="checkbox"/>	Legal <input type="checkbox"/>	Systemic <input checked="" type="checkbox"/>
<b>Changes In Client Information At This Audit</b>			



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Client Name/Address	Y	<b>Scope:</b> The organisation no longer has an office at Mandurah	Y
<b>Details:</b>			

## EXECUTIVE SUMMARY AND CONCLUSION

An audit of People with Disabilities Western Australia was conducted on the above date by DNV GL in accordance with the requirements outlined in JAS-ANZ Human Services Scheme Parts 1 and 6, requirements of the National Disability Advocacy Program.

### Summary of Audit Findings

PWdWA was found to be compliant to the National Standards for Disability Services with no non-compliances. Interviews were conducted with three current Individual Advocacy clients and three exited clients and all provided positive feedback about the support they had received.

PWdWA also provided contact details for three organisations which it had been working closely in its Systemic Advocacy Campaigns with to ensure people with disabilities and their families' rights are met. Interviews were conducted with the contact people from two of the three nominated organisations and they provided very positive feedback including that the organisation has played a key role in the Disability Safe Week initiative and other workshops such as a sexual abuse workshop.

Discussions with management and staff demonstrated that PWdWA is an innovative and progressive organisation which is not only assisting people with disabilities to resolve a number of difficult personal issues which they are facing but is also taking an active role in educating governments and policy makers regarding the needs of people with disabilities within their local community.

The PWdWA Committee of Management and the Executive Director ensure that the PWdWA members can provide feedback reading the specific needs of people with disabilities but also to input into the organisations choice of its systemic campaigns.

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Discussions with management and staff during the audit confirmed that they were well qualified for their roles and committed to supporting people with disabilities to achieve their goals. There had recently been some staff changes but the incumbent staff members provided very positive feedback about their roles and demonstrated they were working well as a team.

Feedback from clients, and observations during the audit confirmed that PWDWA is providing very effective Individual Advocacy support and were working well as a team.

## Non- Conformances Identified at Audit

Non- Conformances (Details of NCRs identified)	Rating	
	Minor	Major
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

## Recommendation and record of approval process

Recommended for Continued Certification	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Next Audit type planned and date	<b>Recertification in March 2019</b>

Name Helen Quarrell	Name Joe C Sarkies
Signature	Signature
Date 17 November 2017	Date 27 November 2017
<b>Team Leader/Lead Auditor</b>	<b>Technical Expert</b>

DNV GL Office Use only	
Name James S Bennett OAM	Name Matthew Williamson
Signature James Bennet {Electronic Signature commonly used by Signatory who is blind}	Signature
Date 5 September 2017	Date 27 <sup>th</sup> of November 2017
<b>Signed Approval from Program Authority</b>	<b>Signed Approval from Independent</b>

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Technical Specialist

## DESCRIPTION OF CLIENT OPERATIONS

The PwDWA information brochure describes how the organisation has been the peak disability consumer organisation representing the rights, needs and equity of all Western Australians with a physical, intellectual, psychiatric or sensory disability via individual and systemic since 1981 and that it is run by people with disabilities and for people with disabilities in Western Australia.

PwDWA receives funding from the Commonwealth Department of Social Services to provide 50% Individual Advocacy and 50% Systemic Advocacy Support from its office at Nedlands. The organisation did also maintain an office in Mandurah but this has now been closed.

As well as receiving Commonwealth funding for Individual and Systemic Advocacy PwDWA is also part of a consortium together with two other Disability Advocacy organisations, Advocacy South West and Sussex Street Community Legal Centre, which receives funding from the Western Australian Disability Services Commission to provide Individual Advocacy across the state.

PwDWA makes decisions regarding the Systemic Advocacy campaigns it undertakes in response to issues identified through its Individual Advocacy Work, membership input and feedback from other agencies. The organisation has been supporting people with disabilities in the NDIS trial sites with understanding the two different service delivery models and has representatives on 31 different committees

PwDWA is a membership organisation open to people from WA with a disability, over 18 years of age and are Australian citizens or permanent residents, Associate membership is open to people who identify with the aims of the organisation and may be family or friends of people with a disability. The organisation had 10 life members, 215 Full Members, 173 Associate Members and 5 organisational members at the time of the audit. PwDWA membership is free.

### Client Representatives:

Name	Title
Faye Hicks	Project Manager
Anabelle May	Senior Advocate
Elisha Johnson	Individual Advocate
Samantha Jenkinson	Executive Director
Gary Marsh	Individual Advocate
Greg Madson	President

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Sonya Gozuacik	Admin Officer
Taryn Harvey	CEO Developmental Disability WA
Rhianwen Beresford	Policy and Development Coordinator Consumer of Mental Health WA (Inc.)

*(Please do not include consumer names here)*

## SITE SAMPLING METHODOLOGY

*If providing the sampling method for a multi-site client, please complete Table 2, Sampling Schedule for Multisite Client (at the end of this document).*

*Not Applicable*

## CONSENT REVIEW

Please advise if consent from the consumers was verified to participate in the audit and have their files reviewed.	YES <input checked="" type="checkbox"/> No <input type="checkbox"/>
How was this consent provided <i>Please list if this was via letter, phone or of other methods.</i>	Written consent was provided
Please note if there is any justification for no consent	



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## AUDIT INFORMATION

### EXPLANATORY NOTES

Rating System: 2 - indicates conformance  
1 - indicates a minor non-conformance  
0 - indicates a major non-conformance  
All NCR's shall be reported at IOP level

Observations shall include: Positive and negative observations  
Adequate description of main findings  
Audit trails to support IOP ratings at Standard Level

Negative observations should be addressed to ensure full conformity in future.

Findings and Observations, should include where applicable both Negative and Positive comments

NOTE: All NCRs raised shall be reported at the Indicator of Practice Level.

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## Standard 1: Rights (Every Audit)

**The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.**

Audited Indicators of Practice	
1.1 The service, its staff and its volunteers treat individuals with dignity and respect.	1.6 The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured
1.2 The service, its staff and its volunteers recognise and promote individual freedom of expression.	1.7 The service supports individuals with information and, if needed, access to legal advice and/or advocacy.
1.3 The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities	1.8 The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.
1.4 The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review	1.9 The service keeps personal information confidential and private.
1.5 The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence	

### Positive Findings:

Clients provided positive feedback regarding their Advocates including that they were practical, down to earth, businesslike, approachable, logical, very congenial and courteous and bring stability to the problem

The CEO of Developmental Disability WA provided positive feedback regarding how management and staff at PWdWA monitor issues over time which are emerging and impact on the lives of people with disabilities. They described how PWdWA is currently undertaking systemic work related to transport, housing and the joint roll out of the NDIS in WA and that the two organisations support each other in influencing change defers to their membership needs in trying to influence the system.

Feedback was also received that the organisation is good at engaging at a high level, making submissions and working with other stakeholders and that it maintains its focus and works on long term change.

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## Findings:

PWdWA played an active role in the organisation of Disability Safe Week, funded by Lotteries West, which was held on 11-15 September 2017. The program included safety in schools for students with special needs, family relationships and building safer communities. Management, staff and other service providers provided very positive feedback about the event and staff described how they had received assistance from the Information Access Group to development documentation about the event in simple English.

All new clients are required to sign a “Consent for People with Disabilities (WA) to Act as my Advocate Form”, which includes consent to make enquiries with other people, companies, organisations and government departments on their behalf, to receive correspondence and other information intended for them, to provide explanations about what is happening to themselves and other people and to provide y personal information to other people including companies, organisations and government departments. The form also states that by signing the form this does not authorise PWdWA to enter any contracts on the client’s behalf. The form signed by the client or if relevant by their Legal Guardian and the signature is witnessed and a new Consent Form is signed for each new Advocacy issue identified by a client.

As PWdWA is the peak body representing people with disabilities in WA it is a member of several committees including the NDIS and the WANDIS/My Way Advisory Group. It also took part in negotiations regarding the Quadriplegic Centre as it was felt that there should be a more contemporary model for housing people with spinal cord injury. Committee Members had attended meetings regarding transport on demand services such as taxis and UBER.

Other Service Providers provided very positive feedback that PWdWA ran a very well attended public enquiry which was very well attended and ran an abuse hotline as a line of enquiry

PWdWA advocates described how they were present at three NDIS appeals processes and collaborated with two other Advocacy organisations during this process.

PWdWA provides an empowered based model of advocacy. It also maintains client’s confidentiality for people who are vulnerable or at risk.

Interviews with Individual Advocates and observations during the audit confirmed that there was a good understanding of privacy requirements including that client’s files were securely stored and meetings with clients were held in private spaces.

PWdWA provides information to individuals, family members and other organisations by phone, face to face, by email and social media or other methods geared to their individual needs.

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All new clients receive an Easy English Handbook regarding the Individual Advocacy Program including that “Everything that you tell us will be kept private and that we will only ask you to tell us about things to do with why we are helping you”

Rating	<b>2</b>
Non-conformances (At IOP level)	<b>Not applicable</b>

## Standard 2: Participation and Inclusion

**The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.**

Audited Indicators of Practice	
2.1 The service actively promotes a valued role for people with disability, of their own choosing.	2.4 Where appropriate, the service works with an individual’s family, friends, carer or advocate to promote community connection, inclusion and participation
2.2 The service works together with individuals to connect to family, friends and their chosen communities.	2.5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.
2.3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time	2.6 The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.

### Positive Findings/ Observations and Opportunities for Improvement

**Not Audited**

Rating	-
Non-conformances (At IOP level)	-



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## Standard 3: Individual Outcomes (Every Audit)

**Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their go**

Audited Indicators of Practice	
3.1 The service works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	3.4 Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.
3.2 Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.	3.5 The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.
3.3 The service plans, delivers and regularly reviews services or supports against measurable life outcomes.	

### Positive Findings:

Clients provided several positive comments regarding their Individual Advocates including that they were approachable, logical, displayed courtesy and brought stability to the problem, were good communicators and listeners and helped to keep client’s anxiety levels down.

They also said they were very good at tailoring their Advocacy support to ensure their identified outcomes very achieved.

Some DSS Advocates have supported people in NDIS trial sites including helping families to prepare for their NDIS Meeting.

### Findings:

The PwDWA 2016/2017 Annual Report provided statistical information regarding the clients accessing its Advocacy Services including that most of the people receiving support under the organisation’s Department of Social Services (DSS) funding came from Perth and the South West of Western Australia and the majority were in the 31-54 age groups followed by school age clients.

People with autism were the most common group accessing DSS funding followed by people with intellectual and neurological disabilities. The most common advocacy issues identified were related to service provision, including that individuals were not receiving services that were meeting their specific needs, not respecting their individual needs, or lack of communication with staff.

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Client’s Action Plan were reviewed in the client’s files. These included goals, objectives, roles and responsibilities of stakeholders and actions to be followed. Files documented the agreed actions between the client and the Advocate to demonstrate that resolution of the client’s identified issue was to be a joint process between the two people.

Client file reviews showed Clients’ Action Plans are signed off by the client and their advocate to confirm the client’s agreement regarding the content of their Advocacy Plan.

Clients sought assistance with a wide range of issues including accessing suitable accommodation, financial support to install hand rails in the bathroom, unfair dismissal, support for funding for independent living, help to apply for financial assistance for school fees and making applications to the Public Trustee for Guardianship, and financial administration.

The organisation has changed its procedures to ensure that Advocates contact their clients prior to closing a case to ensure that no further action is required. When a file is closed, the client receives a notification of closure letter with a copy of the Action Plan showing agreed actions and agreed outcomes.

### Opportunities for Improvement:

File reviews confirmed that in some instances Closure Letters and Client Surveys had not been sent.

Rating	<b>2</b>
Non-conformances (At IOP level)	<b>Not applicable</b>

## Standard 4: Feedback and Complaints

### Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement

Audited Indicators of Practice	
4.1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	4.4 The service seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.
4.2 Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	4.5 The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.
4.3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	4.6 The service effectively manages disputes.

#### Positive Findings:

Opportunities for improvement identified during the 2016 Recertification Audit had been actioned including that there needed to be more detailed documentation about how each complaint is resolved and Complaints Resolution and Referral Service brochure is now included in the New Client Information package.

Feedback and Complaints is now a standard agenda item for Committee of Management meetings.

The Executive Director's Report in the 2016/2017 Annual Report describes how feedback from individual advocacy participants and staff and feedback surveys informs the choice of the organisation Systemic Advocacy activities.

The PWdWA website includes a link to an email address for so any one can provide feedback at any time.

#### Findings:

PWdWA maintains a Feedback and Complaints Register which was reviewed during the Audit. The Register included the complainant's name, the date the complaint was received, the issue or concern raised, the action taken and the date it was resolved.

One client had made a complaint in relation to PWdWA's services as their issue had not been fully resolved. In this instance was the client was dissatisfied with different service providers in the community and that PWdWA had limitations in what the organisation could provide. The PWdWA

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Advocate assisted the client to prioritise their needs and then develop action plans for each of the issues and the Permission to Advocate Form was signed.

A Complaint was registered in the organisation’s Complaints Register on 10 August 2017 and was resolved on 11 August. Complaints dated 8/9/17 and 1/2/17 had also been resolved  
PWdWA clients can staff can view the organisation’s Complaints Policy and Procedure by following a link on their Website as well as provide feedback at any time.

If a Complaint is raised by an Advocacy Client, the complaint is usually dealt with in the first instance by the Senior Advocate and if they are not able to resolve the matter to their client’s satisfaction it is then referred to the Executive Director. If it is still unable to be resolved it is then referred to the PWdWA Committee of Management. This process is documented on the organisation’s website together with information about external complaints agencies HaDSCO and CRRS.

The organisation seeks feedback from its clients by asking questions including, “was your issue dealt with”, “did the Advocate listen to your needs” and “did the Advocate explain how to make a complaint if you were unhappy with the service your received?”

Satisfaction Surveys are sent to all exited clients and a reply-paid envelope is included.

Rating	<b>2</b>
Non-conformances (At IOP level)	<b>Not applicable</b>

## Standard 5 : Service Access

**The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.**

Audited Indicators of Practice	
5.1 The service systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	5.5 The service monitors and addresses potential barriers to access.
5.2 The service provides accessible information in a range of formats about the types and quality of services available.	5.6 The service provides clear explanations when a service is not available along with information and referral support for alternative access.
5.3 The service develops, applies, reviews and communicates commencement and leaving a service processes.	5.7 The service collaborates with other relevant organisations and community members to establish and maintain a referral network.
5.4 The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	

### Findings/ Observations/ Opportunities for Improvement and Positive Findings:

**Not Audited**

Rating	-
Non-conformances (At IOP level)	-

## Standard 6: Service Management (Every Audit)

**The service has effective and accountable service management and leadership to maximise outcomes for individuals.**

Audited Indicators of Practice	
6.1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	6.5 The service has a clearly communicated organisational vision, mission and values which are consistent with contemporary practice.
6.2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	6.6 The service has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.
6.3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	6.7 The service uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.

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6.4 The service has monitoring feedback, learning and reflection processes which support continuous improvement.

## Positive Findings:

PWdWA provided a comprehensive summary of the actions it had taken in response to the opportunities for improvement which were identified during the 2016 Recertification Audit. Actions taken included staff training regarding the updated Advocate Induction Policy to ensure that Consent for PWdWA to Act as my Advocate Form are completed and these are updated every 12 months as per organisational policy.

There has been a change of Advocacy staff since the previous audit and three new Advocates with relevant training and experience have been appointed. They described how they were enjoying working at the organisation. The current staff complement each other in experience and skills.

A draft version of PWdWA Annual Report was available for review during the Audit It included a very comprehensive section on “Abbreviations and Acronyms” and listed the abbreviated and full titles of fifty one different agencies and organisations. It also included an extensive list of systemic advocacy activities which had been undertaken by Board Members and staff including attending meetings and forums regarding on demand transport, the WANDIS and NDIS trials and being part of the Perth Stadium access and including working group.

The CEO’s Report in the 2016/2017 Annual Report described how over 500 people received advocacy support during the year. The main issues identified by clients were abuse and neglect, housing, health and transport.

## Findings:

PWdWA is a tenant in Lotteries House and a site inspection confirmed that there were OSH checking systems were in place including six monthly checks on fire safety equipment, electronic testing being undertaken annually and fire drills being conducted every 6 months. Emergency Evacuation Plans were prominently displayed and Risk Management Checklist is completed annually.

The PWdWA 2016/2017 Financial Report was available for review during the audit and was showing a surplus of \$53,940 for the period compared with a surplus of \$17,627 for the previous financial year.

Staff file reviews showed that the Essential Criteria for Individual Advocate positions include having “Demonstrated understanding of issues concerning people with disabilities, their families

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and supporters; Ability to consult and plan appropriately and respectfully alongside people with a disability; ability to engage and communicate effectively with relevant services, organisations and agencies; and ability to provide a national Police check and Traffic Clearance Certificate”. Staff had relevant qualifications for their roles

Board Meeting minutes from a meeting on 7 December 2016 held by teleconference were very informative and included a lot of evidence as to how the organisation was ensuring their client’s rights were met. The Agenda for the meeting included “Present, Apologies, Absent, In Attendance, Disclosure of conflicts of interest, Confirmation of the minutes, Governance responsibility of the committee and Strategic Goals.

The President’s Report and the Executive Directors Reports included evidence that the organisation had been undertaking a lot of lobbying and mentoring during the year and also made reference to Abuse and Neglect in Education. It also noted that there were 5 new Peer Support groups operating, the NDIA and the NDIS, Policies, Feedback and Complaints. The Treasurers Report was also discussed.

Minutes for Board Meeting minutes held on 25 January 2017, and the 13 April meeting were also reviewed.

Minutes for the PWdWA Whole of Office Meeting included that the Executive Director was attending a DSS Advocacy Forum on behalf of four local Advocacy organisations to support ongoing funding for the NDAP program. Discussions also took place about staff training in challenging behaviours, training a staff member had undertaken in psycho-social disabilities and Disability Safe Week.

WHS PWdWA maintains a Risk Register and potential risks to the organisation are documented. The Risk Register includes the Risk Category, the Priority, Risk Details, Likelihood, Consequences, Risk Treatment, By Whom, Recorded Date and Progress.

PWdWA Advocates described how they undertake a risk assessment prior to undertaking a home visit and review whether there is a history of drugs and alcohol, a history of violence, if the person has pets(especially a dog) and if they were expressing a wish to harm themselves. New staff are advised about undertaking risk assessments during their orientation.

Rating	<b>2</b>
Non-conformances (At IOP level)	<b>Not Applicable</b>



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## ADDITIONAL INFORMATION

### Self-Assessment:

Frequency:	Monthly <input type="checkbox"/>	Six-monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Date of Assessment:				
Assessment performed by:	The organisation continually reviews its processes and provided a detailed report of actions which had been implemented following the identification of opportunities for improvement at the 2016 Recertification Audit			
Is the Self-Assessment action plan verified?	Not applicable			
Additional Comments:	The organisation could implement more formal internal audits			

### Comparison with results of previous audits (if applicable)

There were no non-compliances identified during the 2016 Recertification Audit.

### Functioning of legislation & regulation periodic evaluation & review procedures

Management and staff had a good understanding of relevant legislation

### Use of Marks and Logos

There was no inappropriate use of marks and logos

### Previous Non-conformances Closed/Open and Action Taken

There were no non-compliance's identified during the 2016 Recertification Audit

### Complaints (to include consumer//staff and stakeholders)

The Complaints register was reviewed during the audit

### Unresolved Issues

There were no unresolved issues

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## Triennial review

Documents Reviewed for Pre-Triennial Review			
Docs reviewed	Audit Log <input type="checkbox"/>	Previous NCs <input type="checkbox"/>	Previous Reports <input type="checkbox"/>
Comments on Documents:	Not applicable		

## Site Specific Summary (if applicable)

Not applicable

## Disclaimer

Some issues, non-compliances or required improvements within the organisation may not have been identified in this report, due to the sampling size and time available during the audit. The organisation's management is responsible for implementing a surveillance system (based on internal audits) to identify non-conformances/continuous improvement opportunities and to take the necessary controls to ensure the system implemented is effective and meets organisational and regulatory requirements.

## Confidentiality Statement

DNV GL, its employees, auditors and contractors, shall keep all information relating to your organisation collected during this audit confidential, and shall not disclose any such information to any third party, except that as required by legislation or relevant accreditation bodies.

DNV GL, its employees, auditors and contractors and accreditation bodies have signed confidentiality agreements and will only receive confidential information as per the requirement of the standards being audited.

Phone:	+61 (2) 9922 1966	DNV GL Business Assurance Australia	Page 19 of 21
Fax:	+61 (2) 9900 9595		CONFIDENTIAL
Email	CertificationANZ@dnvgl.com		AudRep NSDS NDAP (Iss1Rev0)



# Audit Report: NSDS for Disability Advocacy Organisations

People with Disabilities Western Australia

Surveillance audit, 28-29 September 2017

FINAL

**Table 1 - Audit Program: Elements to be Audited \***

(Enter proposed schedule for future Surveillance Audits)

\*Note: May be subject to change

Triennial Audit Program		Audit		
		Surveillance 1 Year 2017	Surveillance 2 Year 2018	Recertification Year 2019
National Standards for Disability Services				
<b>1</b>	<b>Rights (every audit)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Participation and Inclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	<b>Individual Outcomes (every audit)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Feedback and Complaints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Service Access	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	<b>Service Management (every audit)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>The following shall also be covered at all Surveillance and Re Certification audits.</b>				
	<b>Self-Assessment</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Treatment of Complaints</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Changes to the System</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Effectiveness of the management system regarding achieving the certified client's objectives</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Functioning of Legislation &amp; Regulation periodic evaluation &amp; review procedures</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Continual Improvement</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Action Taken on identified non- conformances</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Use of Marks and Logos</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Elements in **bold** will be audited at every audit.



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## CONSUMER SAMPLING METHODOLOGY

*Please include the number of consumers interviewed per program, how these interviews took place and supply justification for any reductions on audit time or sampling criteria. Please also address the exited client information.*

**NOTE : PLEASE REPORT EXIT INTERVIEWS AND FILE REVIEWS NUBERS SEPARATELY**

### CURRENT CONSUMERS

Required Sample				Actual Sample				
Site	Model	Consumers	Sample Selected	TOTAL Interviews	Face to face	Focus group	Phone	Total Files Reviewed
Oasis Lotteries House 1/37 Hampden Road Nedlands WA 6209	NSDS/NDAP	15	3	3	1	-	2	3

### EXITED CONSUMERS:

Required Sample				Actual Sample				
Site	Model	Consumers	Sample Selected	TOTAL Interviews	Face to face	Focus group	Phone	Total Files Reviewed
Oasis Lotteries House 1/37 Hampden Road Nedlands WA 6209	NSDS/NDAP	136	5	3	-	-	3	5

Justification for any Reductions per Site/Program: nil