



# **International Standards Certifications**

## **AUDIT REPORT**

**People With disabilities Western Australia  
(PWdWA)**

**Recertification Audit for compliance to  
National Standards for Disability Services**

**Team Leader: Helen Quarrell**

**Dates of Audit: 28 June -1 July 2016**

**Client File No: DS/R61/1714**



# Audit Report: National Standards for Disability Services (NSDS)

## 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			
<b>Audit Type</b>	Initial Stage 2 <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Triennial <input checked="" type="checkbox"/>	Other:
<b>Duration</b>	4 mandays			
<b>Audited Sites</b>	Head Office: 1/37 Hampden Road Nedlands WA 6009 Site 1: 1/37 Hampden Road Nedlands WA 6009 Site 2: 40 Ormsby Terrace Mandurah WA 6210			
<b>Audit team</b>	Team leader	Helen Quarrell		
	Auditor	Joe Sarkies		
	Technical expert	Joe Sarkies		
	Observer	N/A		
<b>Audit plan</b>	Sent 10/6/2016			
<b>Previous certification details:</b> The organisation was previously certified by BSI and the recertification audit is a changeover to ISC.				

## CERTIFICATION INFORMATION

<b>Scope of Certification:</b> The provision of 50% Individual and 50% Systemic Advocacy from the Nedlands office and 100% Individual Advocacy from the Mandurah office.			
<b>Changes In Client Information At This Audit</b>			
Client Name/Address	N	Scope	N
<b>Details:</b>			



# Audit Report: National Standards for Disability Services (NSDS)

## EXECUTIVE SUMMARY AND CONCLUSION

An audit of People With disabilities Western Australia (PWdWA) was conducted on the above date by International Standards Certifications in accordance with the requirements outlined in the National Standards for Disability Services scheme and 17065:2012.

### Summary of Audit Findings

At the completion of the Recertification Audit PWdWA was found to be compliant to all six National Standards for Disability Services with no non-conformances. The organisation is providing effective Individual Advocacy support for people with disabilities and is also bringing about significant positive changes and improvements to disability service delivery in WA through its Systemic Advocacy Campaigns, in particular through the WA Disability Abuse Inquiry.

However, the Audit Team did identify a number of opportunities for improvement, in particular in regard to documentation of the Individual Advocacy process, as in some instances necessary documents were not present in files and it is not clear if they had been completed. As the outcomes for clients were very positive and their feedback was generally very good, the organisation was found to be compliant but it is stressed that that regular audits of client files should be completed regularly. It is also noted that there had been some staff changes at the Mandurah office during the last twelve months, due to staff illness and now, after the recent appointment of a new staff member there has been positive feedback.

A comprehensive review of PWdWA's quality management system, including its policies and procedures, planning documents, client and staff files, committee and staff meeting minutes and OSH documentation was carried out by the Audit Team. Management, client and staff interviews were conducted and discussions with Committee of Management Members also took place.

PWdWA has been involved in a number of effective Systemic Advocacy Campaigns during the last two years and has provided submissions to a number of reviews including the NDIS and NDIA trials taking place in Western Australia and the Senate Inquiry into the adequacy of residential care arrangements for young people with severe physical, mental or intellectual disability in Australia.

PWdWA management and staff were working effectively in their roles and provided a number of examples of positive outcomes being achieved for people with disabilities through the provision of individual and systemic advocacy support. Client interviews were generally very positive at the Nedlands office regarding the support they had received from their Advocates and also about the outcomes that had been achieved. Some negative client feedback about provision of Individual Advocacy services in the Peel Region was received during the visit to the Mandurah office, but as noted a new staff member, with relevant qualification and experience has recently commenced in the position and is managing well.

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Discussions with Committee of Management Members and review of meeting minutes provided evidence that there were effective corporate governance procedures in place and that the Committee of Management was operating effectively.

A number of Opportunities for Improvement have been identified during the Audit. In particular Client's Action Plans should be signed off by the Client and their Advocate to confirm that there is agreement regarding the content of the plan and a copy of the plan should be provided to the client. Cases notes related to advocacy actions were generally well documented.

### Non Conformances Identified at Audit

Non Conformances (Details of NCRs identified)	Rating	
	Minor	Major
<b>There were no non-conformances identified</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### Recommendation

Recommended for Continued Certification	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Next Audit type planned and date	<b>Surveillance audit in June 2017</b>

Name: Helen Quarrell	Name: Joe Sarkies
Signature:	Signature:
Date: 29 July 2016	Date: 1 August 2016
<b>Team Leader/Lead Auditor</b>	<b>Technical Expert</b>
<b>ISC Office Use only</b>	
Name: Matthew Williamson	Name: Elizabeth Bryce
Signature:	Signature:
Date: 1 August 2016	Date: 2 August 2016
Signed Approval from Independent Technical Specialist	Signed Approval from Program Authority



# Audit Report: National Standards for Disability Services (NSDS)

## DESCRIPTION OF CLIENT OPERATIONS

People with disabilities Western Australia (PWdWA) is the peak body for people with disabilities in Western Australia. It was originally conceived in the year preceding the International Year of Disabled People (IYDP) in 1980 when a small group of volunteers tendered a submission for a computer which was to establish a database to be operated by volunteers. The changing social and political environment raised the level of awareness of people with disabilities by government and the community. In early 1981 a Committee was set up calling itself DASH – Disabled Advocates and Self Help which became registered as an incorporated association under the Associations Incorporation’s Act. DASH was the actual forerunner of PWdWA.

PWdWA has gained a high profile since its inception due to being a most effective voice for people with disabilities. Full membership to PWdWA is only available to persons living with a disability in Western Australia, who are over 18 years and are Australian citizens or permanent residents. All PWdWA Committee Members are people with disability and most staff have a disability or a family member with a disability. PWdWA receives funding from the Commonwealth, through the Department of Social Services (DSS) and from the WA Disability Services Commission (DSC), to provide Individual Advocacy support across WA. It also receives DSS funding to undertake Systemic Advocacy. PWdWA has recently formed a consortium with two other Disability Advocacy agencies, Advocacy South West and Sussex Street Community Law Service and has been successful in obtaining additional DSC funding to increase its Individual Advocacy Services across WA.

PWdWA Systemic Advocacy campaigns undertaken recently include the WA Disability Abuse Inquiry conducted together with Developmental Disability WA in 2015 and by collating feedback from participants, service providers and families regarding the rollout of the two separate NDIS trials taking place in WA. There is also ongoing systemic work which generally focuses on issues which impact on day to day living, including education, health, community housing, access, transport, attendant care and service provision.

PWdWA provides Individual Advocacy services from its Head Office at Nedlands and in the Peel Region, from the “Parents Place” Building in Mandurah. The organisation is funded for 120 clients from the Nedlands office and 50 in the Peel Region.

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## Client Representatives:

Name	Title
Carol Franklin	Individual Advocate
Debra Sommerfeld	Administrative Assistant
Gio Terni	Senior Advocate
Samantha Jenkinson	Executive Director
Faye Hicks	Project Manager
Marguente Visser	Individual Advocate
Monica Mc Ghie	Vice President
Ingrid Moore	Committee of Management Member
Greg Madson	President
Erika Webb	Board Support

## 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	<input type="checkbox"/>
Total number of sites	<b>Individual Advocacy 2 sites</b> (Systemic Advocacy is based at the Head Office)
Sites sampled	<b>2 sites</b>

## CONSENT REVIEW

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



# Audit Report: National Standards for Disability Services (NSDS)

## 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.**



# Audit Report: National Standards for Disability Services (NSDS)

## 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 , 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:

PWdWA’s Mission Statement is “Advocating for the rights and empowering the voices of people with disability in WA”. The organisational values are Human Rights and “The voices and unique experiences of people with disabilities”. There was extensive evidence provided during the audit that confirmed the organisational Mission and Values are embedded in the delivery of PWdWA’s Individual and Systemic Advocacy Programs.

PWdWA’s many Systemic Advocacy activities are related to ensuring that people with disability have their rights meet. Recent Systemic Advocacy campaigns included supported clients in the two NDIS trials in WA to ensure that their rights are meet and that they receive the services they need, a project around violence, abuse and neglect, and review of transport provision for people with disability.

The WA Disability Abuse Inquiry was established by People with Disabilities WA, in conjunction with Developmental Disability WA in February 2015. Fifty one organisations and individuals provided input into the resulting report, “Behind Closed Doors”, which identified gaps between systems in health, disability, mental health, child protection and education. Comments about PWdWA from people taking part in the inquiry included “they are very inclusive, open to ideas, have been persistent and provided great leadership”.

An Abuse and Neglect Task Force has been formed as a result of inquiry and is chaired by the PWdWA Executive Director. The Task Force includes a number of government and non-government agencies including Education, Health, Police, DSC and the NDS, and is undertaking a mapping exercise of the policies in use for each organisation.

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## Audit Report: National Standards for Disability Services (NSDS)

### Findings/ Observations:

PWdWA has policies and procedures in place which describe how the organisation meets the requirements of this Standard. These include the Decision Making and Choice Policy and Procedure, the Privacy, Dignity and Confidentiality Policy and Procedure, the Protection of Human Rights and Freedom from Abuse Policy and Procedure and the Duty of Care Policy and Procedure. PWdWA documentation states that policies and procedures are to be developed in accordance with the United Nations Convention on the Rights of Persons with Disabilities. Organisational policies and procedures are reviewed every two years. Corporate Governance policies and procedures are drafted by the Policy Advisory Sub Committee and submitted to the Committee of Management whilst policies related to operational issues are submitted to the Executive Director.

Discussions with PWdWA staff and clients and observations during the Audit confirmed that the organisation treats its clients with dignity and respect. All staff were very well qualified for their roles and many have lived experience of disability. All staff are required to undergo a Working with Children Check and a National Policy Check prior to commencing employment and the Police Check must be renewed every five years.

The PWdWA's Client's Consent Form, which is signed by the client, requires that the problems or concerns that the client is seeking help with are outlined on the form to authorise the organisation to only make all necessary enquires specifically about these matters. It also authorises the Advocate to receive correspondence and information about the identified issue and provide explanations about it to other people. Clients also sign to confirm they don't authorise contracts to be entered into on their behalf. Authorisation Form remains current for one year.

PWdWA took part in the Disability Safe Week which was run in 2015 and is also taking part in the 2016 program which is in the planning stages. During this week volunteers man phones and provide the opportunity for people with disabilities to ring in to have confidential conversations about any issues they may have. Topics for this year's event include What is Abuse, and The Provision of Information in Easy English.

PWdWA makes a number of submissions to State and Federal Governments regarding pressing issues related to disability service provision. Submissions have been made regarding access to suitable housing for people with a disability and the future of the National Disability Advocacy Program. The organisation's Systemic Advocacy campaigns are related to ensuring that the rights of people with disabilities are maintained.

Client interviews provided a lot of evidence that the organisation is supporting its clients to ensure their rights are met. Issues which had been addressed included providing assistance to obtain legal aid to assist in family and financial matters, obtaining suitable accommodation, being supported to make own independent choices and assisting parents to ensure their children received necessary support at school.



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All new Individual Advocacy clients receive a comprehensive information package which includes information in accessible formats which states that the organisation will stand up for your rights and that you will make your own decisions about what you want to happen and decide on a plan of action.

The Advocate at the Mandurah office is part of the Leadership WA Leadability Project and will engage with the membership of PWdWA and other people with disabilities in the local community to find out what issues and projects they would like the organisation to be working on.

### Opportunities for Improvement:

The Consent for PWdWA to Act as my Advocate Form” was not present in some client’s files at both sites visited and it was not clear if it had been completed. In other instances it had not been updated every 12 months, in accordance with organisational policy.

The organisation could consider including in its Police Clearance Policy and Procedure that staff are required to advise management as soon as possible if there is any change in the status of their police check, such as a criminal offence occurring.

Rating	2
Non-conformances (At IOP level)	Not applicable



# Audit Report: National Standards for Disability Services (NSDS)

## 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:

PWdWA has developed a high profile due to its successful systemic advocacy campaigns and because its Committee of Management members and staff take an active role on relevant government and community committees.

Discussions with PWdWA’s Committee of Management members, and staff provided many examples of the organisation working with other agencies to achieve outcomes for their Individual Advocacy Clients and also to bring about systemic changes to service provision and government policy. The organisation works closely with other local Advocacy Agencies and has formed a consortium with Advocacy South West and Sussex Street Community Law Service to obtain additional State Government funding for Individual Advocacy Services.

PWdWA has been involved in the review of the two year trial for two different models of service delivery for the NDIS in WA. PWdWA’s involvement included collecting feedback from people with disabilities and their families through an online survey and two focus groups. A very comprehensive report was developed which described how there had been pockets of good practice in both models as well as system design issues.

The PWdWA 2014-2015 Annual Report lists 31 different committees and reference covering a broad range of issues affecting the lives of people with a disability, which staff and management had contributed to during that period. These included the Housing Advisory Roundtable, the Disability Discrimination Reference Group, Perth Stadium Access Meeting, Disability Employment Service Focus Group Meeting, various Transport Forums and liaising with First Peoples Disability Advocacy Network WA.

### Findings/ Observations:

PWdWA’s Consultation, Participation and Integration Policy and Procedure describes how the organisation will meet the requirements of this Standard.

The President’s Report in the PWdWA 2014-2015 Annual Report lists the types of projects undertaken by the organisation in that period and include working alongside a Family Leadership



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Group, involvement in the Australian Housing Urban Research Institute Research Project, working alongside Self Advocacy WA and making media representations on issues for people with disability.

PWdWA is working with multicultural Disability Advocacy agency, EDAC, to be able to provide service documentation in relevant community languages. It is also undertaking an Easy English. Project with Curtin University.

PWdWA works collaboratively with a number of likeminded organisations and has a Memorandum of Understanding with the First Peoples Disability Network Australia. The organisation has also worked with the NDS on the Safer Services project.

As PWdWA is the peak body for people with disabilities in WA the Executive Director emails other peak disability organisations prior to attending NDIA and NDIS meetings to obtain feedback about issues they would like brought up.

A PWdWA Committee of Management Members have been attending the On Demand Transport Advisory Group and are discussing the use of taxi subsidy vouchers for Uber.

The Mandurah office is located in the “Parenting Place Community Centre together with a number of not for profit and children’s services including Anglicare and Child Services.

Rating	2
Non-conformances (At IOP level)	Not applicable



# Audit Report: National Standards for Disability Services (NSDS)

## 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 at the Nedlands Office provided very positive feedback about the Individual Advocacy support they had received including that the “support received from the Advocate at PWdWA has been wonderful and is the best thing they had stumbled upon”. Other comments included that “the Advocates has a lot of compassion”, “they were able to build rapport quickly”, “were very knowledgeable” and had helped their family members understand the advocacy process.

An Advocate described how a very positive outcome had been achieved for their client including the Department of Housing authorising a home extension to provide a more suitable environment for their family.

The 2014-2015 Annual Report lists the types of Advocacy issues provided with DSS state wide funding. There were 17 different issue categories listed with the largest number of clients identifying services as their issue, followed by education, legal, accommodation/housing and employment.

### Findings/ Observations:

The PWdDA Individual Needs Policy and Procedure describes the organisation’s commitment to determining that each client’s needs are identified.

The clients interviewed during the Audit were from different age groups and had a wide range of different disabilities. In a number of instances they had very high support needs and their family members were advocating on their behalf. A wide range of advocacy issues had been addressed including lack of services, discrimination, homelessness, child custody, abuse and bullying, applications for Guardianship, legal issues, support for State Administrative Tribunal Hearings and having access to suitable housing.

In some instances Advocates were supporting clients to make their own decisions and discussed this with their families so they would respect the choices made by their children.



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A Client Action Plan Template was being used to document each individuals’ advocacy goals and how they are to be achieved. The Template was recently reviewed at a Case Management Review Meeting. An earlier form included Task, Action, By Whom and Outcome and a more recent version included Date, Time, Result, and Detail. Advocates document interactions with their clients and actions taken on the ACT data base and were sufficiently detailed to explain all processes completed and to allow another Advocate to support the client if necessary.

Client and Staff interviews and client file reviews provided evidence that advocacy goals were based on the individual’s needs and their situation and that they were supported to make their own decisions. A recent issue which has been identified by members was related to on demand transport and can’t use taxi subsidy vouchers for Uber.

The Advocates had relevant tertiary qualifications and professional experience and appeared to be very suited to their roles.

### Opportunities for Improvement:

In two instances clients expressed some dissatisfaction with the Individual Advocacy process at the Nedlands office in that initial advocacy support had been good but there had not been any follow up. In another instance a client had expressed to the Advocate that they wanted to make a complaint related to their issue but a letter compiled by their Advocate did not express the sentiments raised by the client at their meeting.

The documentation in Client’s files at both sites was inconsistent. In some cases Action Plans had not been completed, were out of date, or had not been updated to reflect new issues identified or those resolved. Signed “Consent for PWdWA to act as My Advocate Form” were not present in some files and so it was not clear if these had been completed. The organisation could consider undertaking regular file audits to ensure consistency of process.

Rating	2
Non-conformances (At IOP level)	Not applicable



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## 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:

Individual Advocates provided examples of feedback they had received including in one instance receiving a number of Christmas and greeting cards from clients acknowledging the support they had received.

Clients generally provided very positive feedback about the support they had received from their PWdWA Advocates during the interview process.

#### Findings/ Observations:

PWdWA has a Complaints and Dispute Policy and Procedure which can be accessed on the organisation's website. The aim of the complaints process is to establish a mechanism for clients and other stakeholders to lodge a complaint in regards to PWdWA's advocacy services. The Policy states it is intended for all Committee of Management members, employees, volunteers and clients and focusses on external complaints.

The Easy English Information Booklet about PWdDA's Individual Advocacy Program states "that you can make a complaint if you don't think we have done a good job and you can also choose to be part of our weekly feedback and evaluation process".

Clients and stakeholders can choose to resolve their complaint internally or externally as per PWdWA's procedures and receive the necessary assistance. Where this is not appropriate, or if the complaint is unresolved, the complainant can arrange to talk to a Senior Manager. This contact may be in writing, by telephone or in person. The complainant is encouraged to have a person of their choice supporting them through the process. A Senior Manager will contact the complainant within 5 working days to discuss the matter. Details of the complaint and any response will be documented and the complaint will be lodged on the Complaints Register. If a complaint cannot be resolved by the Senior Manager it can be referred to the President of the Committee of Management who will take it to a subcommittee which will interview the people involved privately and separately. The



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complaint and the resolution is documented. All documentation related to complaints is kept confidential and securely stored. A complainant can take their complaint to an external complaints body such as the CRRS or the HADSCO, the WA state complaints agency, at any time.

Review of the PWDWA’s Complaints Register showed there had been five complaints during the last 12 months and all been resolved appropriately and to the satisfaction of the complainant. All complaints were related to the provision with Advocacy support and were generally related to dissatisfaction with the advocacy process or dissatisfaction with a staff member. Two complaints were received from CRRS and two others from service providers.

PWDWA has recently developed a Feedback Survey. Questions include “Was it easy to contact an advocate, Was the issue dealt with in a timely manner, Did the advocate explain your rights in relation to your issue and Did the advocate clearly explain the services we can provide and how we can help you?”

Other survey questions included “Did you help in creating our action plan, Were you treated with dignity and respect by the PWDWA staff and Was your issue dealt with confidentially”.

When Advocacy clients exit from the service they are provided with a link to provide feedback.

### Opportunities for Improvement:

Review of the complaints register demonstrated that whilst all 5 complaints registered had been resolved, how they were resolved could be better documented to ensure there is sufficient information if there are ongoing issues. The organisation could also develop a process for complainants to formally acknowledge that they were satisfied with the resolution.

Complaints and Feedback could be included as a standing Committee of Management Meeting Agenda Item and also discussed at management and staff meetings.

Information about the federally funded Complaints Resolution and Referral Service (CRRS) could be included in the Individual Advocacy Information Kit.

Rating	2
Non-conformances (At IOP level)	Not Applicable





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## 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.	

### Positive Findings:

Staff described how PWdWA receives between 300 and 400 telephone calls each year related to information provision and that the organisation assists with these enquiries and may make referrals. PWdWA also uses its Facebook page effectively to provide information about its services as well as government initiatives of interest.

PWdWA Advocacy staff answer the organisation's phones on a rotating basis and they described how this creates efficiencies in service delivery because they may speaking to a potential Individual Advocacy client of family member and are able to triage each request regarding the urgency of the advocacy assistance required or can provide information about other organisations if needed. They described how they sometimes make referrals to other organisations including specialist services such as Shelta and WACOSS.

The PWdWA Website provides links to a number of relevant organisations including other advocacy agencies, Citizen Advocacy Perth West, Developmental Disability WA, the Disability Discrimination Unit, Mental Health Services and Kalparrin Children and Families.

All Advocacy Clients receive a Client Information Kit which includes a large booklet in pictorial formats and simple English about the Individual Advocacy Program. The booklet describes how Individual Advocacy is 1 to 1 help, that there will be up to date information about your rights, your responsibilities and your choices, it won't cost you any money and everything is kept private. The Booklet also states that an Advocate will contact a potential client within a week of their initial inquiry. The Booklet includes telephone, twitter, website and Facebook contact details together with the office address and telephone numbers including for the National Relay Service.



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### Findings/ Observations:

Management described how the organisation provides individual advocacy services across WA and in some instances does this through partner organisations. One client interviewed during the audit was from the Kimberley Region and described how PWdWA had provided advocacy support and make referrals to local services as needed.

The Client Information Kit includes brochures about PWdWA and what it does and the Individual Advocacy Program. Both brochures provided were very informative. The organisational brochure describes “what Advocacy is and is not and what we do” as well as stating what it can and can’t do and how to become involved.

Access to the Individual Advocacy program is for people who live in WA who identify as having a disability. The intake process determines if there a more appropriate organisation for them due to resources, expertise, their physical location or capacity of the organisation at the time. Priority of access to is given to people who are the most vulnerable and whose need is most pressing

Clients are exited from the Individual Advocacy program when they make an informed choice they no longer need any further help or support or their issue has been resolved satisfactorily. Services may be withdrawn if a client displays unsafe behaviour or is exposed to unacceptable risk. Clients are also exited if all avenues of complaint and appeal in relation to their advocacy matter have been exhausted. All Clients receive a closing letter to formalise the exit process.

Systemic Advocacy is described as seeking to introduce, influence and secure long term changes in society. Supported to express their views at conferences, committees and forums supports capacity, priority given to matters pertaining to residents of WA within a national policy framework.

### Opportunities for Improvement:

Some clients interviewed at Mandurah expressed their dissatisfaction because they had contacted the local office a number of times and did not get a response. Management described how this was due to staff illness. Whilst it is acknowledged that this has now largely been resolved due to the appointment of a new Advocate, PWdWA could review the contact processes at this part time site so that no client’s enquires are missed.

Rating	2
Non-conformances (At IOP level)	Not applicable



# Audit Report: National Standards for Disability Services (NSDS)

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

### Positive Findings:

PWdWA is provides a very positive example as the Peak Body for people with disabilities in WA because all the Committee of Management members are people living with disability, full membership to PWdWA is only available to people with disability and the majority of the staff have lived experience of disability as individuals, or through family members. PWdWA's staff advertisements state that people with a disability are encouraged to apply.

The current Committee of Management includes two members with intellectual disability who receive additional support and mentoring to take part. All new Committee of Management members are provided with an Induction Kit and undertake governance training from ACID which includes understanding financial statements.

One of PWdWA's current Systemic Advocacy projects, which is being undertaken with partner organisations, is providing training for younger people with disability so they can be on Committee of Managements of disability service providers.

PWdWA staff provided very positive feedback about the organisation and that it was a very supportive place to work.

### Findings/ Observations:

PWdWA's Vison is that "People with disability are equal and valued citizens". It's Mission is "Advocating for the rights and empowering the voices of people with disabilities in WA". The Strategic Goals for 2015-2018 are to "Be more widely recognised as the peak disability rights and advocacy organisation in WA, Provide high quality advocacy programs to people across WA,



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Achieve Sustainability, Achieve responsible and strong governance and actively and effectively promote who we are and what we do”.

Committee of Management Members, members and staff contributed to the development of the organisational Strategic Plan by completing a questionnaire which asked “What do you think is the most important work PWDWA currently does and what are other things that PWDWA should be doing in the future.

The PWDWA 2016 Operational Plan was reviewed. It describes how the organisation’s strategic goals are to be met and includes strategic directions, key actions, a timeline, who is responsible and the review process. PWDWA also has a Disability Access and Inclusion Plan for 2015-2107.

The PWDWA constitution is available to the public via the organisation’s website. Committee of Management members are appointed for two years and are able to serve up to three terms of two years, but must stand down and be re-elected after every two years. The President can only be elected for 3 terms, then stand down and leave for a minimum on one year. Committee Members are required to sign Confidentiality Agreements and undertake Corporate Governance training which includes how to read financial statements.

Committee of Management meetings minutes from 12 May, 9 June and 14 July were reviewed. The Agenda for the Committee of Management Meeting on 12 May 2016 included Welcome, Apologies, In Attendance, Disclosure of Conflicts of Interest, Confirmation of Minutes, Current Actions, Governance Responsibility of the Committee, President, Executive Director and Membership Reports, Correspondence, Sub Committee Report, Policies and Treasurers Reports. There was also an agenda item regarding items to be discussed by the Committee of Management without the Executive Director.

Committee of Management meeting reports and minutes were very detailed, described actions taken and provided evidence that the organisation is undertaking effective systemic advocacy campaigns in accordance with member’s needs. Meeting minutes were also reviewed regarding the development of a Consortium with two other local Disability Advocacy organisations and included how this initiative will improve PWDWA ability to support people with disability in regional and rural areas of the state.

Review of the PWDWA Variation of Grant Agreement 2 June 2016 from DSS confirmed the organisation had received an extension of its NDAP Funding of \$322,319.67 until 30 June 2017.

PWDWA has detailed Human Resources Policies and Procedures in place including for Employee Recruitment, Police Clearance, Performance Management, Injury Management and Workers Compensation.

An Advocate recently appointed to the Mandurah office described how they had undergone a recruitment process which included addressing essential criteria for the Individual Advocate



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position. These criteria included “having a demonstrated understanding of issues concerning people with disabilities, their families and supporters, an understanding of advocacy and conflict of interest, ability to engage and communicate effectively with relevant services, agencies and individuals, ability to take initiative and work as part of a team, a tertiary or TAFE qualification in a relevant discipline and being able to provide a National Police Check and Traffic Clearance Certificate”.

Desirable criteria included demonstrated knowledge of current disability and human rights legislation. Interview questions used for the recruitment process included, could you give an example of a situation when you have advocated for another person, please describe what you did and another asked for a response to a specific case study. The Mandurah Employee described how they had undertaken an 8 day induction process at the Head Office and as well had been provided with an Induction Pack for “The Parenting Place”, their office location at Mandurah.

The staff training log book showed training course attended by staff in the last 12 months and included training about the NSDS, Aboriginal Cultural Awareness and Working with Individuals who have Self Destructive Behaviours. Staff representatives attended Dana and NDS Conferences, Serious Incident Reporting Training, an NDIS Accommodation and Housing Forum and Public Speaking Training. Committee Members attended training in the Foundations of Governance.

Bimonthly staff meetings are held. Minutes of meetings held on 23 June, 23 March and 16 December 2015 were reviewed. Staff meeting minutes on 23 June discussed outcomes on action plan needs to detail the result of the action.

The PWdWA Risk Register was a detailed document which identified potential risks to the organisation, the level of risk and possible outcomes. Risks were identified in specific categories, including Fiscal, Other Resources and Human Resources. Potential risks identified included client’s approaching media resulting in bad publicity, inadequate insurance, staff performance not monitored and home visits.

Advocates described how they have a Buddy System in their office and they advise their buddy when they are leaving the office to see a client and also when the meeting has been completed. Meetings with clients usually take place in public places such as coffee shops or libraries. A risk assessment is undertaken for each client when the re going through the referral process and this is provided to Senior Advocate. It is also given to their buddy when they are going to their client.

**Opportunities for Improvement:**

Most PWdWA documents sighted during the audit were not version controlled. The PWdWA Continuous Improvement Policy, which was reviewed in March 2015, states that newly created documents are to be version controlled but there was limited evidence that this was occurring.



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PWdWA should develop checking systems for ensuring that the First Aid Kits at both the Head Office and the Mandurah office visited remain stocked with essential items and should also develop a checklist and undertake regular WHS site inspections checks to identify potential risks.

The organisation could better monitor WHS and potential risks and issues. The PWdWA Injury Management and Workers Compensation Policy and Procedure which was reviewed in March 2015 states that all injuries, accidents or near misses are to be documented in the Incident and Accident Book. This book was reviewed and it was noted that no incidents, accidents or near misses had been documented since 2009.

The PWdWA Continuous Improvement Policy, which was reviewed in March 2015, states that the Executive Director will ensure that an annual internal audit of PWdWA is undertaken annually. Whilst there was evidence that the PWdWA Committee of Management and staff are continually reviewing its services through public consultation meetings and development of the 2015-2018 Strategic Plan, the organisation should formally review its Advocacy Services against the requirements of the NSDS on an annual basis.

Position Descriptions for PWdWA staff positions were inconsistent and some including the Executive Director's Position Description did not include essential and desirable criteria for the position.

Rating	2
Non-conformances (At IOP level)	Not applicable



# Audit Report: National Standards for Disability Services (NSDS)

## 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:	The organisation reviewed its Advocacy Services in 2015 as part of the development of the 2015-2018 Strategic Plan			
Assessment performed by :	Committee of Management and Management			
Is the Self-Assessment action plan verified? Not applicable				
Additional Comments: See opportunity for improvement Standard 6				

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

There was one non-conformance identified in the 2015 audit. No non conformances were raised in the 2016 audit.

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

Committee of Management and Management was a good knowledge of corporate governance and legislative requirements.

### Use of Marks and Logos

There was no inappropriate use of marks and logos.

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

Minor non-conformances related IOP 6.1 and IOP 6.3 were closed out by BSI Auditors on 11 September 2015.

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

Refer to Standard 4.

### Unresolved Issues

There were no unresolved issues.

### Triennial review

Documents Reviewed for Pre-Triennial Review			
Docs reviewed	Audit Log <input type="checkbox"/>	Previous NCs <input checked="" type="checkbox"/>	Previous Reports <input checked="" type="checkbox"/>
Comments on Documents:			



# Audit Report: National Standards for Disability Services (NSDS)

## Site Specific Summary (if applicable)

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Not applicable

## Disclaimer

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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

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ISC, 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.

ISC, 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.





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**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			
		Recert 2016	Surveillance 1	Surveillance 2	Triennial /Recert.
<b>1</b>	<b>Rights (every audit)</b>	✓	✓	✓	✓
2	Participation and Inclusion	✓	✓		✓
<b>3</b>	<b>Individual Outcomes (every audit)</b>	✓	✓	✓	✓
4	Feedback and Complaints	✓		✓	✓
5	Service Access	✓	✓	✓	✓
<b>6</b>	<b>Service Management (every audit)</b>	✓	✓	✓	✓
<b>The following shall also be covered at all Surveillance and Re Certification audits.</b>					
	<b>Self-Assessment</b>	✓	✓	✓	✓
	<b>Treatment of Complaints</b>	✓	✓	✓	✓
	<b>Changes to the System</b>	✓	✓	✓	✓
	<b>Effectiveness of the management system with regard to achieving the certified clients objectives</b>	✓	✓	✓	✓
	<b>Functioning of Legislation &amp; Regulation periodic evaluation &amp; review procedures</b>	✓	✓	✓	✓
	<b>Continual Improvement</b>	✓	✓	✓	✓
	<b>Action Taken on identified non conformances</b>	✓	✓	✓	✓
	<b>Use of Marks and Logos</b>	✓	✓	✓	✓

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 NUMBERS SEPARATELY**

### CURRENT CONSUMERS:

Required Sample				Actual Sample				
Site	Program	Consumers	Sample Selected	TOTAL Interviews	Face to face	Focus group	Phone	Total Files Reviewed
1/37 Hampden Road, Nedlands	Individual Advocacy	20	5	4			4	5
40 Ormsby Terrace, Mandurah	Individual Advocacy	6	5	2		1	1	2
1/37 Hampden Road, Nedlands	Systemic Interviews	N/A	5	5				5

### EXITED CONSUMERS: (MIN 5 FILES TO BE REVIEWED AND 2 INTERVIEWS CONDUCTED)

Required Sample				Actual Sample				
Site	Program	Consumers	Sample Selected	TOTAL Interviews	Face to face	Focus group	Phone	Total Files Reviewed
1/37 Hampden Road Nedlands	Individual Advocacy	73	9	1			1	4
40 Ormsby Terrace Mandurah	Individual Advocacy	26	6	4			4	6

#### Justification for any Reductions per Site/Program:

**Nedlands Site-** Five clients were selected but only four accepted to be interviewed and these interviewees choose to take part by telephone. One exited client was interviewed by phone

**Mandurah Site-** Five clients were selected for interview but only two agreed to take part and provided permission for their files to be reviewed. One person preferred their family members to attend in their place to give feedback in a focus group and one preferred to be interviewed by phone. Four exited interviews were conducted by phone.