



Human Services Scheme (HS Scheme)

Part 1 - Common requirements for bodies certifying Human Services

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Authority to Issue

A handwritten signature in black ink, appearing to read 'James Galloway', is positioned above the printed name.

Dr James Galloway
Chief Executive
with Authority of the Governing Board

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0 Introduction

0.1 Background

The International Standards for the certification of service providers

ISO/IEC 17065 is the current International Standard for bodies certifying products, processes or services. At the time of publication JAS-ANZ has accredited a number of certification bodies to ISO/IEC Guide 65 and these will be required to commence their transition to ISO/IEC 17065.

ISO/IEC 17065 is more closely aligned with the structure and governance requirements for management systems certification bodies.

Improving audit efficiency and reliability

This HS Scheme consists of a family of interconnected Schemes to enable improved efficiencies and reliability in the certification of service providers. Improved efficiencies and reliability are derived from standardising requirements to the greatest extent possible.

Each of the Parts to this Scheme was developed by a specialist JAS-ANZ Technical Committee consisting of a broad and balanced representation of significantly interested parties.

Part 1 of this Scheme establishes the common requirements for the other Parts of this Scheme.

Part 2 (and onwards) provide the minimum additional requirements for the scope of that Part, except that where a conflict arises between Part 1 and another Part, the requirements in the other Part take precedence.

Improving the effectiveness of certification audits

Whilst audit efficiency and reliability can be derived from scheme design, audit effectiveness is primarily derived from the content of the Service Standards.

The Service Standards used by the various Parts of this Scheme have been developed by the Scheme Owner with broad sector consultation. Service Standards should be sharply focused on the service requirements and enable the service outcomes to be demonstrated using criteria that can be objectively and consistently assessed.

Many service providers will already have a quality management system certified to ISO 9001. A certified quality management system should consistently provide services that meet customer and applicable regulatory requirements. However the effective implementation of ISO 9001 relies heavily on the organisation's commitment to adequately resource the management of the system.

Service providers with an ISO 9001 management system will benefit greatly from developing their processes to better reflect the expected outcomes of the Service Standards referenced in the relevant Parts of this Scheme.

Please read all appropriate accreditation criteria, Procedure 5 (accreditation process), and when ready provide a completed application (with signatures, appropriate application fee, and documentation set) for review.

0.2 Foreword

This Scheme has been designed to be implemented with ISO/IEC 17065, but during the transition period, existing accredited certification bodies can use this Scheme with their existing accreditation criteria as described in the subsequent Parts.

NOTE: JAS-ANZ will separately publish the IAF policy for transition to ISO/IEC 17065.

HS Scheme, Part 1 and all subsequent parts supplement, but do not diminish the requirements of ISO/IEC 17065.

References throughout the various Parts of this HS Scheme include references to the applicable clauses of ISO/IEC 17065.

The major headings used in this Scheme are reproduced from ISO/IEC 17065, with the term 'product' replaced by the term 'service'.

The clause numbers are prefixed by 'P1' for Part 1 followed by the referenced clause of ISO/IEC 17065 to which the clause applies. A certification body using ISO/IEC Guide 65 prior to transition to ISO/IEC 17065 will need to reference the equivalent clauses of ISO/IEC Guide 65 or IAF GD5.

The term '**should**' is used in HS Scheme, Part 1 and all subsequent parts to indicate recognised means of meeting the requirements of the standard. A certification body can meet these in an equivalent way provided this can be demonstrated to JAS-ANZ.

The term '**shall**' is used in HS Scheme, Part 1 and all subsequent parts to indicate those provisions which, reflecting the requirements of the relevant standard, are mandatory.

1 Scope

No additional requirements

2 Normative references

1993 National Disability Services Standards.

Disability Discrimination Act (Cwlth) 1992.

Disability Services Act (Cwlth) 1986.

IAF MD 1:2007 (issue 1) – IAF Mandatory Document for the Certification of Multiple Sites Based on Sampling; available at www.iaf.nu.

IAF MD 2:2007 (Issue 1) – IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems; available at www.iaf.nu.

ISO/IEC 17065:2012 – Conformity assessment - requirements for bodies certifying products, processes and services.

ISO 19011:2011 - Guidelines for quality and/or environmental management system auditing.

JAS-ANZ Procedure 03 – Rules of procedure governing the use of the accreditation symbol.

National Disability Agreement (NDA).

Privacy Act (Cwlth) 1988 as amended 2000.

United Nations Convention on the Rights of People with Disabilities; available at <http://www.un.org/disabilities/>.

3 Terms and definitions

P1_3.1 The following definitions also apply to this scheme:

Audit team a team of at least two persons appointed to conduct an audit which includes an audit team leader.

CB certification body.

Central office the main administrative office of a client with multiple sites, with the right to implement corrective actions at any site and/or outlet. The central office is the central point for the administration of the common policies and procedures relating to its services. For a consortium, the central office is the lead agency from where the affairs of the consortium are managed.

<u>Certification</u>	process by which a CB, accredited as conforming to the criteria in the relevant parts of this scheme, attests in writing that a client conforms to the standards.
<u>Certification audit</u>	all activities related to the initial certification of a client to determine whether the client meets the requirements of the standards.
<u>Certification body</u>	a body accredited as conforming to the criteria specified in this scheme which audits and certifies to the standards.
<u>Client</u>	the client as defined in ISO/IEC 17065, and in the context of this scheme, any person or body providing human services that is also required to achieve and maintain third party certification in order to satisfy the requirements of a responsible body.
<u>Close out</u>	verification by a CB that corrective action has been implemented by a client to address a major nonconformity or nonconformity, and is effective.
<u>Conflict of interest</u>	<p>a relationship between the CB, or a person working for the CB (paid or unpaid, staff or contractor), and a client, other organisation or person that threatens the impartiality of the CB. Such relationships apply to past, present or future involvement and include:</p> <ul style="list-style-type: none">a) having worked with, or been a consumer of, or consulted to the client in the last two years, or reasonable prospects of such work in the next two yearsb) any financial interest in the client or relatives or friends with a financial interest in the clientc) being in competition with the clientd) any other commercial or voluntary arrangement or directorship with the cliente) having immediate family members employed by the client, or in any of the above situationsf) any personal bias, obligation, loyalty or inclination which would affect decisions in relation to the client.
<u>Conformity</u>	the requirements of a standard, or an element associated with a standard such as a KPI or indicator, are met.
<u>Consent</u>	the voluntary agreement of a person or a person's authorised representative (e.g. a family member, carer, guardian or advocate) empowered to make an informed decision about a proposed action, such as participate in an interview, or review personal records etc.
<u>Consortium</u>	two or more entities which have entered into a written arrangement for the purposes of jointly delivering human services, and which have appointed a lead member (the lead agency) with authority to act on behalf of all members of the consortium, including the capacity to monitor and assure conformity with the standards by all of the members.
<u>Consulting</u>	participating in designing, implementing or maintaining a client's policies, procedures or practices. Note: identifying opportunities for improvement is not consulting.
<u>Consumer</u>	primarily, a person who is receiving / has received a service / support from the client being audited in the last 12 months. Consumer may also mean family member/s or an unpaid primary carer or advocate of that person using the service. Also known as "client", "participant", "service user", "person using/accessing services" etc.

<u>CRRS</u>	Complaints Resolution and Referral Service. The independent and impartial service funded by the Australian Government to assist in the resolution of complaints about organisations funded under the Commonwealth Disability Services Act.
<u>Full-time site</u>	a permanent site controlled by a client that operates full-time – normally five days per week during normal working hours (e.g. 8:30 AM to 4:30 PM, Monday to Friday) or more.
<u>Human service</u>	a service specifically provided by a client to support a person using any of the services referred to in this scheme.
<u>Independent advocate</u>	an independent person who can support someone. With respect to consumers and the audit process, an independent person who can support a consumer to participate in the audit process. If an advocate is required during an audit process, in this instance the independent advocate shall not be a paid employee or volunteer of the client being audited.
<u>Indicator</u>	a measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear. Also known as standard indicator, evidence indicator or KPI.
<u>KPI</u>	key performance indicator.
<u>Maintenance audit</u>	a periodic audit to evaluate whether the human service organisation's activities are functioning effectively and continuing to meet the requirements of the standards. Also known as a surveillance audit.
<u>Major nonconformity</u>	the requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not met, or the outcome is ineffective. A number of related nonconformities may also constitute a major nonconformity.
<u>Nonconformity</u>	the requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not fully met, or the outcome is only partly effective.
<u>Notifiable issue</u>	evidence or allegations of a serious health, safety or abuse risk, harm or risk of harm, financial impropriety and/or professional misconduct.
<u>Outlet</u>	a physical location from which services are delivered. Private homes are not included as outlets.
<u>Outreach site</u>	a site set up in the premises of another organisation in the community, or in a private home. An outreach site is not permanently open but may be accessed by the client for a period on a regular basis such as weekly or monthly, or on demand. Outreach sites in private homes may be entered with the consumer's consent.
<u>Part-time site</u>	a permanent site that regularly operates on only some days of the working week or for part of normal working hours on some days.
<u>Person with disability</u>	persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
<u>Private home</u>	a residence that is owned or leased privately by the consumer or their family. This includes residences that are leased through social housing

providers. Private homes are not included in site sampling. A residence that is owned or leased by the client or the responsible body is not considered to be a private home and can be included in site sampling.

Responsible body normally a State / Territory or Commonwealth government department that has regulatory responsibility for the client's service delivery and the standards applicable to the client. The responsible body and standards applicable to a particular scheme are described in subsequent parts. A responsible body may also be a non-government organisation responsible for the standards applicable to the client.

Self-assessment a critical review, conducted internally, that documents the extent to which the client's policies, procedures and practices ensure that they meet the standards. Self-assessments may be conducted by peer organisations. Also known as internal review or internal audit.

Site a physical location from which human services are managed. Sites may manage outlets and/or deliver services. 'Sites' includes sites controlled by sub-contractors at which human services are provided. Private homes are not included as sites.

Standards the standards and any associated elements such as KPIs or indicators which together comprise the requirements defined by the responsible body for the client to achieve and maintain certification. The responsible body and standards applicable to a particular scheme are described in subsequent parts.

Technical expert a person who provides specific knowledge or expertise to an audit team, and is engaged by the CB to participate in the audit or relevant part of the audit.

4 General requirements

4.1 Legal and contractual matters

4.1.1 Legal responsibility

No additional requirements

4.1.2 Certification agreement

P1_4.1.2.1 The certification agreement shall:

- a) extend to all the sites and/or outlets covered by the scope of certification
- b) where possible, extend to any sites and/or outlets of relevant subcontractors to the client. Note: this depends on whether the client can obtain its subcontractors' agreement to do this
- c) require the client to inform the CB of the opening or closing of a site and/or outlet. A CB may seek confirmation from the client's responsible body of the number of sites and/or outlets a client delivers services from
- d) require the client to make available to the CB the records of all communications and action taken in relation to the requirements of the standards. This includes correspondence, recommendations and actions documented by the CRRS or the client's responsible body; or correspondence with any other client, organisation or person relating to complaints about the client.

4.1.3 Use of license, certificates and marks of conformity

No additional requirements

4.2 Management of impartiality

- P1_4.2.1 The CB shall have a documented, publicly available policy on handling gifts or hospitality offered by a client to which it is contracted to provide certification services.

4.3 Liability and financing

No additional requirements

4.4 Non-discriminatory conditions

No additional requirements

4.5 Confidentiality

- P1_4.5.1 The CB shall treat all information about a client, comprising documentation, records, data either in hard copy or electronic format, or verbal information that comes into the possession of a CB or any of its representatives in accordance with the Privacy Act and any relevant state or territory legislation.
- P1_4.5.2 The CB shall not disclose information about a consumer of a client that is identifiable directly or indirectly to that consumer without the written consent of that person, unless required by law. Where written consent is unobtainable or impracticable, the consumer shall be supported by a family member, carer, guardian or advocate empowered to make an informed decision about consent.
- P1_4.5.3 The CB shall not use information about a consumer for any purpose other than the assessment of conformity with the standards.
- P1_4.5.4 Where the CB wishes to disclose information about a client (other than a notifiable issue – see clause P1_7.4.13) to its responsible body it must first seek the client's permission. If permission is denied it may only disclose this information to the responsible body if it takes the view that to do so would be in the best interests of the client's consumers, or in accordance with any applicable legislation.

4.6 Publicly available information

- P1_4.6.1 CBs shall include the following in public information:
- a) consumers will be offered information about the audit process and independent support to engage in the process prior to any consent being obtained
 - b) participation by consumers in audits is at all times voluntary and shall be based on the principle of consent. Where possible, a consumer's consent to participate in an audit shall also grant permission for the audit team to review that consumer's file. It is desirable to obtain consents in writing. Where the capacity of a consumer to provide consent is uncertain, an independent advocate should be involved to determine that capacity and to support an appropriate level of involvement by the consumer. Where written consent is not obtained, the reason for this, and evidence supporting the assumption that consent was sought and has been obtained, should be recorded in file notes
 - c) consumers shall be invited to the opening and closing meetings of all audits (if appropriate)
 - d) a description of the complaints handling process in a range of accessible formats
 - e) the process for transferring certification, which shall be in accordance with IAF MD 2:2007.

5 Structural requirements

5.1 Organizational structure and top management

No additional requirements

5.2 Mechanism for safeguarding impartiality

P1_5.2.1 The CB shall ensure that the mechanism for safeguarding impartiality shall be an impartial committee which includes at least one member with lived experience of the human services sector.

6 Resource requirements

6.1 Certification body personnel

6.1.1 General

P1_6.1.1.1 Auditors shall have the appropriate knowledge and skills detailed in ISO 19011.

P1_6.1.1.2 All personnel involved in auditing and certifying clients shall comply with the code of ethics at Annex D.

P1_6.1.1.3 All audit team members shall have experience and/or training in human services auditing or evaluation.

P1_6.1.1.4 All audit team members shall demonstrate that they have the following knowledge and skills:

- a) awareness of the legislative, regulatory and standards requirements applicable to the client's delivery of human services
- b) awareness of the diversity of consumers and their needs in relation to the audit process
- c) awareness of the principles of quality and improvement
- d) awareness of the diversity of organisational structures and context in the human services sector and how this impacts on management practices
- e) understanding of the complaints mechanisms and independent advocacy/support options available to consumers, applicable to the client
- f) ability to communicate effectively in writing or orally or using alternative communication systems as required to involve all relevant parties in the audit process.

P1_6.1.1.5 All auditors shall successfully complete any training required by the responsible body before auditing in the system, except where they are able to provide evidence to support recognition of prior learning/experience.

P1_6.1.1.6 All audit team members shall undergo a national police check along with all necessary checks required by state or territory legislation before working with children or vulnerable people.

P1_6.1.1.7 The CB shall provide appropriate training and support to assist technical experts to function effectively in the audit team. As a minimum, technical experts shall have the personal behaviours listed in ISO 19011.

P1_6.1.1.8 When selecting the audit team for any on-site audit, the CB shall ensure that the skills brought to each assignment are appropriate. The team shall:

- a) understand the geographic or cultural context in which the client operates
- b) inform the CB, prior to the audit, of any potential, current or perceived conflict of interest they have in conducting the audit.

P1_6.1.1.9 When directed by the responsible body, the CB shall ensure that it is represented at meetings coordinated by the responsible body to improve the consistency of audit outcomes.

6.1.2 Management of competence for personnel involved in the certification process

P1_6.1.2.1 The CB shall have documented procedures to ensure the competence of persons prior to independently functioning as an auditor. As a minimum, requirements shall include:

- a) completion of nationally or internationally recognised auditor/audit team leader training or equivalent
- b) participation as an auditor-in-training under the guidance of an experienced auditor until the CB (or their delegate) is satisfied that the trainee auditor has demonstrated competency in the role of auditor
- c) demonstrated ability to identify and gather objective evidence relating to the standards being assessed and effectively contribute to audit reporting.

P1_6.1.2.2 The CB's procedures for monitoring the performance of personnel shall include all audit team members, including contracted personnel and technical experts, and to address any performance management issues that may arise. Procedures shall include on-site observation. The CB should establish the frequency of observation to take account of the criticality and volume of the work being undertaken, the experience and performance history of the audit team members and any data obtained from other types of monitoring activity such as review of audit reports and client feedback.

6.1.3 Contract with the personnel

No additional requirements

6.2 Resources for evaluation

No additional requirements

6.2.1 Internal resources

No additional requirements

6.2.2 External resources (outsourcing)

No additional requirements

7 Process requirements

7.1 General

P1_7.1.1 If an explanation is required for the consistent application of this scheme or reference standards, it shall only be acceptable if approved and published by the relevant JAS-ANZ technical committee(s).

P1_7.1.2 The scope of certification shall be based on the service agreement/s or other contract between the responsible body and the client.

7.2 Application

P1_7.2.1 The CB shall require the client to supply the following information:

- a) a copy of its documented policies and procedures relating to its services
- b) evidence of its self-assessment processes

- c) if applicable, a copy of its current service agreement (or contract, funding agreement or transitional placement agreement) with its responsible body.

7.3 Application review

- P1_7.3.1 The CB shall have documented procedures for reviewing applications. In particular, and as part of the review process applied to each application for certification, the CB shall:
- a) review the outcomes of observations and discussions during any pre-audit on-site visits
 - b) review any legal requirements that may impact on the client's policies and procedures relating to its services
 - c) confirm the availability of the required audit team competencies
 - d) calculate the audit duration in accordance with Annex A (single site and/or outlet) or Annex B (multiple site and/or outlet) as applicable
 - e) plan its sampling of a client with multiple sites and/or outlets in accordance with Annex B
 - f) devote adequate time and resources so it can make appropriate arrangements for seeking consumer feedback in accordance with Annex C.

7.4 Evaluation

- P1_7.4.1 The evaluation program shall include an initial audit and periodic maintenance and recertification audits of the client's policies, procedures and practices relating to its services. See also clause 7.9.
- P1_7.4.2 The CB shall have documented procedures for:
- a) conducting certification, maintenance and recertification audits of a client (including reporting), in accordance with the provisions of ISO 19011. Note: if there is a conflict between ISO 19011 and HS Scheme, Part 1 or any of the subsequent parts, the requirements in the part(s) take precedence
 - b) identifying and recording nonconformities and the need for appropriate corrective action by clients.
- P1_7.4.3 The CB shall plan audits to allow sufficient time and resources for the activities listed at clause P1_7.4.15; e.g. to report compliance against each KPI or indicator (if applicable), and to fully comply with the reporting requirements in this scheme. The CB shall fully explain and clarify requirements to the client during all stages of the certification process.
- P1_7.4.4 The CB shall:
- a) begin audit planning
 - b) discuss the support needs and sensitivities of the selected consumers with the client
 - c) send the client the list of suggested consumer participants
- as early as possible, to ensure that the client has adequate time to arrange consumer participation, consents to access files and prepare for the stage 2 audit. The CB shall also arrange consents to access staff and other stakeholder files as appropriate.
- P1_7.4.5 The CB shall consider the culture and capacity of organisations and sites and/or outlets in remote communities, including indigenous and multi-cultural communities, when planning audits.
- P1_7.4.6 The CB shall follow up at audit any matters referred to it by the responsible body that relate to conformity with the standards or to a potential notifiable issue, and provide any further information on them to the responsible body if requested.
- P1_7.4.7 The CB shall inform the client of the names of the members of the audit team who will carry out the audit, with sufficient notice to appeal against the appointment of any team member.
- P1_7.4.8 The CB shall check that the client has invited consumers to the opening and closing meetings of all audits (if appropriate).

- P1_7.4.9 The CB shall perform the initial certification audit in a two stage process. The CB may conduct the stage 1 audit remotely. During the stage 1 audit, the CB shall:
- a) review the client's policies and procedures for complying with the standards
 - b) evaluate the client's logistical needs and preparedness for the stage 2 audit
 - c) confirm that the client has implemented a program for conducting self assessments covering its compliance with all the standards.
- P1_7.4.10 The CB shall document stage 1 audit findings and communicate them to the client before the stage 2 audit, identifying any areas of concern that could be classified as nonconformities during the stage 2 audit.
- P1_7.4.11 The stage 2 audit shall not proceed until the client advises the CB that they are ready to proceed and the CB agrees. In determining the interval between stage 1 and stage 2 audits, the CB shall ensure that any significant findings are sufficiently addressed to enable evaluation of implementation where applicable during the stage 2 audit.
- P1_7.4.12 The purpose of the stage 2 audit is to evaluate the implementation and effectiveness of the client's policies, procedures and practices relating to its services. The stage 2 audit shall take place at the client's site(s) and/or outlet(s) as applicable. During the stage 2 audit, the CB shall at least evaluate the following:
- a) information and evidence of conformity with all requirements of the standards
 - b) links between the requirements of the standards and the client's policies, performance objectives and targets (consistent with the expectations of the standards), legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and self assessment findings and conclusions.
- P1_7.4.13 If an audit team finds evidence of a notifiable issue, the CB's procedures shall require it to record the details, and to immediately notify the client's manager (unless there is justifiable reason for not doing so, such as a risk of compromising collection of evidence in subsequent investigations), and responsible body.
- P1_7.4.14 The CB is not responsible for resolving a notifiable issue, but shall report the evidence to the responsible body. Certification cannot proceed until the client's responsible body advises the CB that the notifiable issue is resolved. If the client is already certified, the CB shall seek advice from the responsible body.
- P1_7.4.15 At all on-site audits the audit team shall hold a closing meeting with the client's management and any consumers who wish to be involved, prior to concluding the on-site audit. At the closing meeting, the audit team shall:
- a) explain its initial audit findings regarding the client's conformity with each standard (and KPI or indicator, if applicable) and provide the opportunity for questions about the findings
 - b) if applicable, provide the client with documented major nonconformities and nonconformities (including the standards, KPIs or indicators they relate to, as applicable), explanatory comments, and the close out dates
 - c) summarise any notifiable issue raised during the audit, if applicable, unless there is justifiable reason for not doing so
 - d) summarise any audit follow-up activities
 - e) briefly summarise all the available avenues for resolving complaints and appeals including via the CB, CRRS or JAS-ANZ
 - f) summarise the timing of, and requirements for, preparing for and conducting maintenance and recertification audits.
- P1_7.4.16 Written reports of on-site audits require more than generic summary statements. The content of all reports shall also include:
- a) a brief description of the client
 - b) an executive summary of the overall findings (conclusions) of the audit, including comments on the effectiveness of the client's policies, procedures and practices to

ensure conformity with the standards and a summary of major nonconformities and nonconformities identified during the stage 2 audit, including any findings the client subsequently **addressed** during the stage 2 audit

- c) positive and negative observations. Where appropriate, the CB should advise the client to carefully consider negative observations (eg. opportunities for improvement) and the need for preventive actions to address potential nonconformities
- d) times allocated for stage 1 and stage 2 audits
- e) a description of the process of consumer engagement including the number and type of interviews with consumers (if applicable).

P1_7.4.17 Where applicable, reports of maintenance, recertification or follow-up audits shall document:

- a) close out of each major nonconformity and nonconformity revealed previously
- b) any useful comparison with the results of previous audits.

P1_7.4.18 The CB shall prepare stand-alone reports of any follow-up audits outlining any major nonconformity or nonconformity and clearly documenting the evidence provided to support decisions to close them out or downgrade them. It is not acceptable to report follow up activity as an amendment to the original audit report.

P1_7.4.19 In an audit that covers more than one type of certification standard (combined audit of e.g. ISO 9001 in addition to the standards), the report shall clearly map areas of equivalence and address any gaps such that all requirements of the standards have been addressed. The CB shall also ensure that all relevant standards (or KPIs or indicators) are audited by audit teams conforming with all the relevant requirements of this scheme.

P1_7.4.20 Where a client already holds a JAS-ANZ-accredited certification to another set of standards, the CB shall consider the extent of the demonstrated conformance for any common or significantly similar criteria and rely on this to avoid audit duplication. Every audit report shall record any eligible audit report and the criteria partially or fully relied upon.

7.5 Review

No additional requirements

7.6 Certification decision

P1_7.6.1 'Certification decision' includes the decision on initial certification and decisions to continue and renew certification. The CB shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of its review of the system over the period of certification, and complaints received.

P1_7.6.2 If an audit team submits advice of a notifiable issue to a client's responsible body, the CB shall withhold the client's certification until the responsible body advises the CB in writing that certification can proceed.

P1_7.6.3 The CB's procedures shall ensure that any major nonconformity is closed out before certification or expiry of certification.

P1_7.6.4 The CB shall advise the client's responsible body of all certification decisions within 5 working days of the date of the decision. The CB shall provide the responsible body with reasons for any decisions to vary, suspend or withdraw certification, together with a copy of the certification document(s) and any associated reports.

P1_7.6.5 If a client ceases to provide its funded services or its responsible body revokes its funding (or authority to provide human services, as applicable) for any reason, the responsible body will notify JAS-ANZ and the CB that issued certification within 10 working days of revocation becoming effective, and the CB shall amend the scope or withdraw the certificate as applicable.

7.7 Certification documentation

- P1_7.7.1 Certification documents shall include the JAS-ANZ symbol. See JAS-ANZ Procedure 3.
- P1_7.7.2 For a consortium, the head office and all related sites and/or outlets should be identified on a single certificate, or on a schedule accompanying that certificate. Where a member of a consortium has a scope of certification that is different to the scope(s) for the other members, the additional or reduced scope should be clearly identified on the certificate. This would not preclude individual members holding separate certification for one scope, and also being part of a consortium for a separate certification.

7.8 Directory of certified services

No additional requirements

7.9 Surveillance

- P1_7.9.1 In the context of this scheme, 'surveillance' is referred to as maintenance.
- P1_7.9.2 The certification cycle should not normally exceed three years and shall include at least one on-site maintenance audit during the certification cycle.
- P1_7.9.3 Maintenance audits should be planned together with any other maintenance activities so that the CB can maintain confidence that the certified services continue to fulfil the certification requirements.
- P1_7.9.4 Maintenance audit activities shall include:
- a) reviewing any changes to services, organisational structure or personnel
 - b) reviewing the effectiveness of actions taken in response to consumer complaints
 - c) a review of the effectiveness of actions taken in response to concerns raised by staff
 - d) a review of the effectiveness of service or process controls and self-assessments
 - e) a review of the effectiveness of responses to nonconformities identified during self assessments and external audit where applicable
 - f) a review of the client's practices to achieve the requirements of the standards within the scope of the audit
 - g) use of marks and/or any other reference to certification
 - h) interviewing the responsible managers and a sample of consumers in accordance with Annex C.
- P1_7.9.5 Following a maintenance audit, the CB shall maintain certification based on demonstration that the client's policies, procedures and practices relating to its services continue to satisfy the requirements of the standards. It may rely on a positive conclusion by the audit team leader without further independent review, provided that:
- a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the CB has a system that requires the audit team leader to report to the CB the need to initiate a review by appropriately competent personnel, different from those who carried out the audit, to determine whether certification can be maintained
 - b) competent personnel of the CB monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.
- P1_7.9.6 The certification cycle should restart with a recertification audit to confirm the continued conformity and effectiveness of the client's policies, procedures and practices relating to its services, against all the requirements of the standards. The recertification audit shall consider the performance of the client's policies and procedures over the period of certification, and include a review of previous maintenance audit reports.
- P1_7.9.7 Recertification audit activities may not need to include a stage 1 audit unless there have been significant changes to policies and procedures, the client, or the context in which the client's policies and procedures are operating (e.g. changes to legislation).

P1_7.9.8 The recertification process shall be in accordance with clauses 7.4 to 7.7 of this scheme as applicable.

P1_7.9.9 When, during a recertification audit, instances of nonconformity or lack of evidence of conformity are identified, the CB shall define time limits for correction and corrective actions to be implemented prior to the expiry of certification.

7.10 Changes affecting certification

No additional requirements

7.11 Termination, reduction, suspension or withdrawal of certification

No additional requirements

7.12 Records

P1_7.12.1 The CB's records shall include the following information:

- a) clear, up to date documentation of the supporting information and rationale for all decisions to sample clients with multiple sites and/or outlets
- b) sufficient information to trace all on-site audit durations, the basis for the calculations and justification for the durations arrived at
- c) justification for, and documentation of any departure from the requirements in all the applicable Annexes
- d) the number of consumers consulted during each audit and the methods of consultation
- e) how it ensured that consumers provided their consent to participate in the audit and for the CB to access their files.

7.13 Complaints and appeals

P1_7.13.1 The CB's complaints-handling process shall also cover advising the client, if the complaint cannot be resolved, to invoke the CB's appeals process, or escalate the complaint to JAS-ANZ if appropriate.

P1_7.13.2 The CB shall copy matters referred to it by a responsible body into its complaints system and action them according to its procedures for handling complaints.

8 Management system requirements

8.1 Options

P1_8.1.1 Regardless of which option the CB adopts, the CB shall have procedures for internal audits based on the provisions of ISO 19011.

8.2 General management system documentation (Option A)

No additional requirements

8.3 Control of documents (Option A)

No additional requirements

8.4 Control of records (Option A)

No additional requirements

8.5 Management review (Option A)

No additional requirements

8.5.1 General

No additional requirements

8.5.2 Review inputs

No additional requirements

8.5.3 Review outputs

No additional requirements

8.6 Internal audits (Option A)

No additional requirements

8.7 Corrective actions (Option A)

No additional requirements

8.8 Preventive actions (Option A)

No additional requirements

Annex A - Audit duration

- P1_A.1 The CB shall have a procedure for determining audit durations, based on at least the following factors:
- a) size of the client and number and location of sites and/or outlets
 - b) a client's existing accredited certification to another standard, subject to degree of equivalence recognised, the time since the last audit and the relevance of any conditions
 - c) state and maturity of the client's policies and procedures relating to its services (stable or developing), and results of self-assessments conducted in the last 12 months
 - d) number of consumers serviced by, or attached to the client
 - e) types of disability of the consumers (if applicable)
 - f) geographic location of consumers
 - g) consumers' preferred method of engagement (e.g. interview at home, by telephone, group setting)
 - h) level and type of support needed by consumers to enable them to participate in the audit including access to appropriate methods of communication
 - i) number of staff.
- P1_A.2 The CB shall demonstrate that in planning the audit with the client and calculating audit duration, it has undertaken a thorough analysis of the above factors and developed an appropriate process for engaging consumers. This process shall be based on the strategy negotiated between the CB and the client. See Annex C.
- P1_A.3 Audit durations referred to in this scheme are intended to apply to on-site audit activity (i.e. stage 2 audits as applicable, and excluding any applicable stage 1 audit activities). Planning, preparation, travel time and reporting (on or off-site) shall not be included as part of the audit duration.
- P1_A.4 The CB may arrive at the required audit duration by working part-time hours to suit the client.
- P1_A.5 Where two or more team members work together (e.g. auditor plus a technical expert or another auditor), that time shall be counted as if a single auditor was involved. Where two auditors or audit team leaders are present and working separately, their time is counted separately (i.e. two auditors working separately for two days = four auditor days).

Annex B - Certification of clients with multiple sites and/or outlets

B.0 Introduction

- P1_B.0.1 The requirements of IAF MD 1:2007 apply except as otherwise indicated in this Annex.
- P1_B.0.2 Auditing sites and/or outlets of sub-contractors relies on the sub-contractor providing the relevant information or the CB obtaining agreement from the sub-contractor to conduct the audit.

B.1 Definitions

- P1_B.1.1 See clause P1_3.1 and equivalent clauses for specific schemes in subsequent parts.

B.2 Application

- P1_B.2.1 The structure of clients with multiple sites and/or outlets varies. For specific schemes, refer to the equivalent Annex B in a subsequent part.
- P1_B.2.2 Some clients may make use of outreach sites. These sites shall be sampled in accordance with the requirements of this Annex, but do not need to be visited if the client can provide evidence that services provided at the outreach sites meet the standards, and if information, including policies, procedures, and consumer files and individual plans associated with an outreach site can be provided to the CB for physical sampling remotely. If the client cannot provide this evidence, the CB shall sample and visit outreach sites as if they were full-time or part-time sites.

B.3 Eligibility of an organisation for sampling

- P1_B.3.1 The client's policies and procedures relating to its services shall be centrally administered under a centrally controlled plan and be subject to the client's self-assessment process. All the sites and/or outlets (including the central office) shall have been subject to the client's self-assessment process before the CB starts its audit.
- P1_B.3.2 The client shall demonstrate that it has established a single system of policies and procedures relating to its services that complies with the standards and that the entire network of sites and/or outlets meets the requirements of the standards.
- P1_B.3.3 The client shall demonstrate its ability to collect and analyse data (including but not limited to the items listed below) from all sites and/or outlets including the central office, and its authority and ability to initiate organisational change if required:
- a) system documentation and system changes
 - b) handling of complaints
 - c) evaluation of corrective actions
 - d) self-assessment planning and evaluation of the results
 - e) consumer engagement.
- P1_B.3.4 A client applying for certification as a consortium has a unique structure, but is eligible for sampling if it meets all the requirements of this Annex. In particular, the CB shall ensure that the consortium meets requirements with regard to the role of its lead agency ('central office') and the application of a single system of policies and procedures relating to its services over its network of members. In the absence of a single system of policies and procedures covering the network of members, a consortium will not be eligible for sampling.
- P1_B.3.5 An additional consideration is that an applicant consortium may have a number of members who are already certified, as well as new members who have not been audited before. In addition to conforming with requirements at clause B.5.4, CBs shall check whether the consortium is targeting a different, expanded group of consumers who have not been sampled at previous audits. If so, the CB shall ensure that this group of consumers is adequately sampled according to the requirements of Annex C. This may

entail sampling additional consumers serviced by members who are already certified, in determining conformity for the new consortium.

P1_B.3.6 If not eligible for sampling, the CB shall audit each member of a consortium separately, as if an independent client. However, the consortium as a whole, through the lead agency, shall also still be able to demonstrate the existence of policies and procedures adequate to assure the ongoing quality of services through monitoring and, when required, the capacity to mandate corrective action.

P1_B.3.7 Certification can be transferred if the members of a consortium were originally certified by different CBs. See clause P1_4.6.1 e).

B.4 Responsibility of the certification body

No additional requirements

B.5 Sampling

B.5.1 Methodology

P1_B.5.1.1 The site and/or outlet selection criteria should include:

- a) results of the client's self-assessment processes or previous audits by the CB
- b) records of complaints and communications (see clause P1_4.1.2.1 d) and other relevant aspects of corrective and preventive action
- c) significant variations in the size of the sites and/or outlets and number of consumers
- d) whether sites and/or outlets are based in homes, rather than offices
- e) whether sites are operated by subcontractors (if applicable; see clause P1_4.1.2.1 b)
- f) modifications since the last CB audit
- g) geographical location and dispersion.

B.5.2 Size of sample

P1_B.5.2.1 The minimum number of non-central office sites and/or outlets to be visited per audit is:

initial audit and recertification audit: the size of the sample shall not be less than the square root of the total number of full-time and part-time sites and/or outlets ($y=\sqrt{x}$), rounded to the upper whole number.

maintenance audit: the size of the sample shall not be less than the square root of the total number of full-time and part-time sites and/or outlets with 0.6 as a coefficient ($y=0.6\sqrt{x}$), rounded to the upper whole number.

P1_B.5.2.2 In all audits, the central office shall be visited at least once, in addition to the sites and/or outlets sampled.

P1_B.5.2.3 The size of the sample shall be increased where the CB's analysis of the client indicates special circumstances such as might apply to any of the site and/or outlet selection criteria at clause B.5.1.

P1_B.5.2.4 Where the client also has a hierarchical structure and would otherwise be sampled at each level, the sampling model which results in the largest sample shall be applied.

B.5.3 Audit times

P1_B.5.3.1 For specific schemes, refer to the equivalent Annex B in a subsequent part. The requirements at HS Scheme, Part 1, Annex A also apply.

B.5.4 Additional sites and/or outlets

P1_B.5.4.1 Where a certified client with multiple sites and/or outlets wishes to include new sites and/or outlets in the scope of its certification, the CB shall require it to provide sufficient information to demonstrate that its policies, procedures and practices have been fully

implemented at the new sites and/or outlets so as to meet the requirements of the standards. Each new group of sites and/or outlets should be considered as an independent set to determine the sample size, with those chosen for audit to be included during the next scheduled audit activity. The CB need not conduct additional audits, or move forward the next scheduled audit, solely due to the operation of additional sites and/or outlets by a client.

Annex C - Audit planning and consumer sampling

C.1 Consumer sampling principles

- P1_C.1.1 Seeking direct feedback from consumers is a critical element of the audit process. CBs shall ensure that wherever possible, consumers have been offered the opportunity to participate in the audit process. However it is not usually practicable for all consumers to provide direct feedback, and for this reason a sampling approach is normally required to ensure appropriate levels and types of feedback during the audit.
- P1_C.1.2 Consumer sampling shall be determined at the site and/or outlet level on a case-by-case basis.
- P1_C.1.3 When planning the audit, the CB shall negotiate a strategy for sampling consumers in consultation with the client and relevant stakeholders, so that the CB may quote for certification services. The CB shall allow the client to make the strategy available to other CBs, on request. The strategy should cover:
- a) proposed sample numbers
 - b) sampling approach, including methods of communication and sampling methods (face-to-face interview, focus groups, telephone survey, mail or on-line survey)
 - c) support needs of consumers (if applicable), including when, where and how consumer feedback is to be obtained.
- P1_C.1.4 The CB should select the sample of consumer participants from a de-identified list provided by the client. This ensures that the sample is not influenced by other stakeholders, which might inhibit the collection of accurate data.
- P1_C.1.5 In sampling consumers, the CB shall have regard to the vulnerability of some consumers which may lead to their being unable to participate.
- P1_C.1.6 The CB shall ensure that the sampling approach is appropriate to the service delivery context of the client. A client with a small number of consumers would not need an extensive consultation mechanism around sampling.
- P1_C.1.7 The CB shall attempt to represent the demographics of the client's consumers, when sampling consumers. Some of the demographics to consider are:
- a) disability type (if applicable)
 - b) gender
 - c) age
 - d) frequency of the support provided by the client
 - e) cultural, religious or language differences
 - f) complexity of support needs, including communication
 - g) length of tenure with the client (includes those exited, as applicable)
 - h) location
 - i) service type.
- P1_C.1.8 CBs should maintain a flexible approach to consumer involvement methods, ensuring that priority is given to methods encompassing face to face communication.
- P1_C.1.9 The sampling approach does not preclude consumers talking to an audit team member if the opportunity arises and they choose to during an audit. However, the audit team shall not use any identifying information without the consumer's consent.
- P1_C.1.10 The CB shall verify that the client has:
- a) developed the sampling approach in consultation with relevant stakeholders
 - b) taken adequate and appropriate steps to obtain consents for the audit

- c) made all reasonable attempts to inform all its consumers in accessible and varying formats of all scheduled audits and provide them with an opportunity to participate in the process and in the consumer sample
- d) made it clear to all consumers that they are entitled to involve an independent advocate or support person of their choice in the audit process if they wish.

P1_C.1.11 Although the focus of this Annex is on sampling consumers, auditors should always keep in mind the potential to gather useful evidence from other stakeholders, and sample accordingly. Other stakeholders can include:

- a) direct support staff
- b) families or carers of people using services
- c) suppliers or partners of the client, or other local organisations.

C.2 Consumer file sampling

P1_C.2.1 Consumer file sampling aims to cross check verbal information gathered from consumers and to confirm outcomes for consumers. However, there will be times when consumers agree to be interviewed, but not to allow access to their files; and vice versa. While key principles applying to consumer sampling also initially apply to file sampling (i.e. the CB selects the files, and files chosen represent the demographics), the CB may also need to follow up on file specific issues identified during interviews with consumers or others. This requires wider access to files, and the CB shall try to obtain appropriate additional consents, to maximise the number of files available for review.

P1_C.2.2 To ensure validity of the audit, files reviewed at each site and/or outlet should normally cover all of the consumers sampled and should not be less than the number of consumers interviewed.

P1_C.2.3 All file access shall be by written consent of the consumer and shall comply with the provisions of the Privacy Act and any relevant state or territory legislation.

P1_C.2.4 Where consumer information is only stored or available in electronic form, it will generally need to be printed to allow auditors to view the material. This is particularly so for information held in departmental systems which the auditors do not have clearance to access.

C.3 Traceability of sampling processes

P1_C.3.1 A CB shall be able to justify how it samples consumers for any audit. Any reduction in the sample size shall be justified and documented in each case (e.g. where an insufficient number of consumer consents are received). The CB shall pay particular attention to the validity of the results of the audit where the sample size is likely to be 30% or more below the numbers which would apply using the above sampling approaches. If in doubt about the validity, advice should be sought from the client's responsible body before the audit begins.

P1_C.3.2 Sampling strategies shall be sufficiently documented for each audit so as to be able to trace compliance with all the requirements of this Annex. This information may be included in, or attached to the audit plan, or may be separately recorded.

Annex D - Code of ethics for auditing and certification in the human services sector

- P1_D.1 Auditors, technical experts and staff of CBs must abide by this code of ethics when auditing clients providing human services.
- P1_D.2 Audit team selection, ongoing work and training should be inclusive and supportive of the unique needs and talents of individuals, and in line with legislation such as the Disability Discrimination Act.
- P1_D.3 Auditors, technical experts and staff of CBs shall adhere to and uphold all relevant legislation and regulatory requirements.
- P1_D.4 CBs should be considerate of the working hours of their clients' staff when planning audits.
- P1_D.5 CBs should promote available complaint mechanisms to clients and participating consumers.
- P1_D.6 CBs shall facilitate transfer of certification if requested by a client it has certified. It shall not revoke certification simply because a client advises of its intent to change its CB.
- P1_D.7 CBs and their staff (external or internal) should promote the benefits of human services sector quality schemes to all interested parties.
- P1_D.8 CBs should actively participate in the continuous improvement of human services sector quality schemes by identifying and raising issues with the relevant funding body or JAS-ANZ.
- P1_D.9 Auditors, technical experts and staff of CBs involved in audits within the human services sector must be free of conflicts of interest.
- P1_D.10 Auditors, technical experts and staff of CBs must, at all times, act with honesty and professionalism. They should be committed to upholding the integrity of the quality frameworks that they operate under.