
Audit Report

Re-Certification audit for

Villamanta Disability Legal Rights Service Inc

- Building 1b, Level 4, Deakin University, 75 Pigdons Road, Waurin Ponds, VIC 3216

Certificate No.: NDA20005

Audit Date: 8/10/2015 - 9/10/2015

Work Item I.D.: WI-527776

BACKGROUND INFORMATION

SAI Global conducted an audit of Villamanta Disability Legal Rights Service Inc on 8/10/2015 - 9/10/2015.

The purpose of this audit report is to summarise the degree of compliance with relevant criteria, as defined on the cover page of this report, based on the evidence obtained during the audit of your organisation. This audit report considers your organisation's policies, objectives, and continual improvement processes. Comments may include how suitable the objectives selected by your organisation appear to be in regard to maintaining customer satisfaction levels and providing other benefits with respect to policy and other external and internal needs. We may also comment regarding the measurable progress you have made in reaching these targets for improvement.

SAI Global audits are carried out within the requirements of SAI Global procedures that also reflect the requirements and guidance provided in the international standards relating to audit practice such as ISO/IEC 17021, ISO 19011 and other normative criteria. SAI Global Auditors are assigned to audits according to industry, standard or technical competencies appropriate to the organisation being audited. Details of such experience and competency are maintained in our records.

In addition to the information contained in this audit report, SAI Global maintains files for each client. These files contain details of organisation size and personnel as well as evidence collected during preliminary and subsequent audit activities (Documentation Review and Scope) relevant to the application for initial and continuing certification of your organisation.

Please take care to advise us of any change that may affect the application/certification or may assist us to keep your contact information up to date, as required by SAI Global Terms and Conditions.

This report has been prepared by SAI Global Limited (SAI Global) in respect of a Client's application for assessment by SAI Global. The purpose of the report is to comment upon evidence of the Client's compliance with the standards or other criteria specified. The content of this report applies only to matters, which were evident to SAI Global at the time of the audit within the audit scope. SAI Global does not warrant or otherwise comment upon the suitability of the contents of the report or the certificate for any particular purpose or use. SAI Global accepts no liability whatsoever for consequences to, or actions taken by, third parties as a result of or in reliance upon information contained in this report or certificate.

Please note that this report is subject to independent review and approval. Should changes to the outcomes of this report be necessary as a result of the review, a revised report will be issued and will supersede this report.

Standard(s):	NSDS:2013: Certification
Code(s):	69
Scope of Certification:	The provision of legal advocacy.
Number of Staff:	4 EFT
Shifts:	nil
Total audit duration:	16 hrs
Audit Team:	Patty Wassenaar - Lead Auditor, Susan Adam - Technical Advisor
Other Participants:	nil

Definitions and action required with respect to audit findings (Refer to last page of audit report)

Executive Overview

The purpose of this audit was to determine the capability and effectiveness of your organisation's management system in: ensuring continual compliance with customer, statutory and regulatory requirements; meeting its specified objectives; and conformity of the management system to stated criteria.

This recertification audit was conducted against the requirements of the six National Standards for Disability Services.

Overall, the management system at Villamanta was effectively maintained and adequate evidence was viewed to demonstrate compliance to the National Standards.

Strengths include:

- Client feedback received was extremely positive with people generally very happy with the service and support received in having their legal matter resolved.
- Comprehensive information in the handbook, not just in giving information but in explaining who does what and providing examples to help people understand. E.g. different external complaint resolution agencies, who they are and when they may be able to assist.
- The strong commitment to client service and quality management was, once again, evident through the positive approach taken by staff and the Committee. Documentation was readily available for the audit, interviews with clients and a committee member were arranged and this good organisation helped the audit to run very smoothly.

Some observations requiring action were identified in addition to several opportunities for improvement which could enhance the system and processes. There were no non-conformances raised. Some areas for improvement were identified and these are included, under each standard, within the appendix attached to this report.

Recommendation

The recommendation from this audit is that your certification continues. A recommendation for upgrade to the National Standards for Disability Services is also made.

Audit recommendations are always subject to ratification by the SAI Global certification authority.

Meeting Attendance Register

Name	Position	Entry	Exit
Patty Wassenaar	Lead Auditor	8/10/15	9/10/15
Sue Adam Jaeger	Technical Advisor	8/10/15	9/10/15
Deidre Griffiths	Executive officer and principal solicitor.	8/10/15	9/10/15
Sue Wolter	Para-Legal Worker	8/10/15	9/10/15
Viv Nicol	Administration	8/10/15	9/10/15
Greg Leeson	Casework Lawyer	8/10/15	-

Past performance including a review of the results of previous SAI Global audits

Villamanta has maintained its certification effectively over the certification period. There have been no non conformities raised over this time.

Review of any changes including documentation

Changes since the last audit include: Relocation to the new site at Deakin University, Waurm Ponds campus; changes to the Committee with 2 new members and 3 resigning from the committee; change to one legal staff member.

With the relocation, there have been updates to brochures and client related information with some work still continuing to update procedures/policy documents. The web site has also been updated with additional work planned to enhance the site and provide additional information to people.

Use of marks and/or any other reference to certification

Note that once certification is achieved, there is an additional logo that can be used to demonstrate your certification. The organization may wish to consider promoting their certification achievement through using the relevant certification StandardsMark, as per the guidelines available via the SAI Global website. www.saiglobal.com.au

Actions taken on previous audit issues

Previous items identified have been considered by the organisation.

- The issue of advocacy plans not always being signed remains – Refer to Standard 3 for further details.

Transition planning for implementation of the National Standards for Disability Services (2013)

The transition to the new 6 NSDS Standards has been effectively implemented within the organisation and an upgrade for certification to be upgraded to the NSDS:2013 has been made.

Review of functions, processes, departments audited

This audit reviewed system documentation, policies, procedures, consumer files and other records to verify conformance with the requirements of the National Standards for Disability Services.

Villamanta Disability Rights Legal Service is funded for the provision of legal advocacy. It recognises that there are 4 key aspects: Policy and Law Reform, Advice Line and Referral process, Legal Advocacy and Community Legal Education.

This audit focusses on the provision of legal advocacy with other areas reviewed as relevant to each of the NSDS and compliance to each Standard and Indicator of Practice.

Specific evidence viewed during the audit is documented against each standard within the appendix attached to this report.

This report was prepared by:

Patty Wassenaar and Sue Adam Jaeger

Management Systems Auditor and Consumer Technical Expert

SAI Global

NEXT AUDIT PLAN

During our next audit the issues identified as requiring attention will be reviewed to ensure they have been adequately addressed, as well as the following set out in the plan below:

This plan is a draft and can be modified to suit the availability of relevant people.

Audit type :		Surveillance	
Date	Auditor	Audit meetings plus functions/processes/areas audited	Approx. time
October 2016	Auditor and CTE 1 day	Entry Meeting: Overview of organisation and any changes, confirmation of consumer interview arrangements and time.	9 am
		Review of actions taken to address areas for improvement identified during the certification audit.	9.15 am
		Review of policy and procedure manual with focus on Mandatory Standards: 1, 3, 6 Additional Standards: 4 Review of files and discussion with staff in regards to provision of legal advocacy in line with above standards.	9.30 am onwards
		Overview of advocacy process with staff and Interviews with 5 consumers (based on approximately 50 people receiving advocacy support) and related file reviews. Review of information provided to clients, client handbook etc. <ul style="list-style-type: none"> The audit should aim to interview a minimum of 5 people per advocacy model. Advocacy Models include: Legal Advocacy 	From 9.30 am – 2 pm with times to suit availability of clients
		Management processes: <ul style="list-style-type: none"> Review of objectives and planning processes e.g. strategic plan, business plan, annual plan, reports to COM) Review of staff meeting records, COM meeting records Review of internal audit/self assessment records Records of compliments and complaints Client feedback processes and related records 	9.30am onwards
		Report Preparation	From 2.30pm
		Exit Meeting	Aprrox 4 pm

Notes in regards to consumer interviews:

- For a certification audit, the number of consumer interviews required is the square root of the number of consumers receiving advocacy support (per advocacy model) over the last three months (0.6 times this number for surveillance audits) rounded up to the upper whole number. This should aim for a minimum of 5 and maximum of 10 consumers per advocacy model.
- We would aim to individually interview around 50% of consumers but the method chosen is flexible and can be arranged to suit consumers. Methods can include:
 - Face to face interviews (individually or as a small group)
 - Telephone interviews
 - Methods using other suitable technology providing the consumers privacy is maintained
- Ideally, we will also review relevant information on files for all consumers interviewed.

- Consumers to be interviewed will be selected randomly by the technical expert prior to the audit from a de-identified listing of willing participants provided by the agency.
- Individual interviews take around 30 minutes if face to face and about 15-20 minutes if over the phone.
- Group interviews take around 45-60 minutes.

- The advocacy agency should develop the sampling approach used in conjunction with relevant stakeholders. Consumers should be made aware of audits (in accessible and varying formats) and provide opportunity for them to participate in the process.
- Consumers should be made aware that they are entitled to involved an independent advocate or support person of their choice in the audit process if they wish.

Appendix to Report – National Standards for Disability Services

Service Provider

- Villamanta Disability Legal Rights Service

Location, supports & Funding agreement

Geographical location of Head Office:

- Building ib, Level 4, Deakin University, 75 Pigdons Road, Waurm Ponds, VIC 3216

Key service areas are:

- Policy and Law Reform, Advice Line and Referral process, Legal Advocacy and Community Legal Education.
- Villamanta provide legal advocacy with a specialist area of support to people with an intellectual disability.
- 7 staff: approx. 4.2 EFT (4 legal, 1 paralegal, 1 admin/accounts).
- The Funding agreement (1-VOJN8R, schedule 1-VEL5RM) includes 100% legal advocacy with an annual target for the 2012-2015 period of 774. Extension letter to 30 June 2016 funding letter viewed and signed variation letter viewed.
- The July 2014 – June 2015 report included 669 consumers assisted (includes information provision and legal advocacy), (265 ongoing, 404 new). 43 placed on a waiting list and 1 other which related to housing services which was not a legal matter. 10 group presentations were held.
- Villamanta also support some regular clients in regards to forensic leave applications, guardianship and administration orders and supervised treatment orders.

Profile of individuals receiving service

The individuals interviewed were chosen in consultation with or by the technical advisor (Consumer Technical Expert) prior to the audit from a current list of consumers receiving advocacy support.

The sample size was in accordance with the requirements of National Disability Advocacy Program Scheme (NDAP Scheme) requirements.

Individuals were offered the opportunity to attend opening and closing meetings as appropriate.

The type of service, number of individuals receiving service, and audit interview numbers are shown below.

Site.	Total Consumer Numbers in past 3 months	Advocacy models	Minimum Sample Required
1	Approximately 169 contacts. The majority are information provision only with approximately 52 current activities at end June 2015.	Legal Advocacy	8 - 9

Actual Sample

- The table below summarises the consumer interview methodology, numbers and files sampled for each site and advocacy model.
- Signed consent forms were viewed for each file sampled.
- If additional files were needed for review, but consent not possible, the files were de-identified for audit purposes.

Site / Advocacy Model	Face to Face	Focus Group	Telephone	Other e.g. carer	Total Interviews	Files
Legal			8			8
TOTAL			8			8

JUSITFY variation from JASANZ requirements (if applicable):

- Telephone interviews were preferred by clients/parents/carers involved in the interview process.
- Note that a number of files contained multiple issues – some of which were open and some of which had been closed out.

Feedback from individuals interviewed

Overall people were very happy with the support and services received from Villamanta. Feedback must be kept de-identified to protect the privacy of consumers but general comments included:

Positive comments:

- All the time I felt fully supported, my lawyer gave me their contact details and always gave me strength and hope.
- I can't speak highly enough of them! They were wonderful; I would have had a breakdown without them.
- They were fantastic, I couldn't have survived without them; they helped so much and were so understanding.
- The help, support, respect and understanding; they really helped.
- It's given me the strength to bite back. The staff seem to get the job done, my lawyer was just so great.
- The interaction and looking at all the options and parts of the argument was so helpful and enlightening.
- My Lawyer was so switched on and sharp, they'd cut to the chase and were very professional, dealing with me at the emotional level and getting the legal stuff done.
- They ring before sending out material so that I understand what it's about and follow up to ensure you're travelling well.
- I got the perfect outcome – these people (Villamanta staff) gave me the equipment we needed (to get a good outcome).
- The way my lawyer is I'd give Villamanta top marks; they listen, understand my emotions, they believe my situation and fought for my rights.
- Nothing was too much, I wasn't made to feel too stupid.

Suggestions for improvement from people interviewed:

- The induction to the service was difficult as the lawyer changed and I was sent to other agencies/legal services.
- Improvement in the exit letter, they need to be more open with the exit process.
- I got confused with who was going to help at the start.

Thank you

The audit team would like to thank everyone who participated in the audit for their positive contribution and feedback. Your feedback is a very important part of the audit process and we can't do the audit without your input.

Thank you also to the staff who worked very hard to contact consumers and make arrangements for interviews.

SUMMARY OF AUDIT FINDINGS

STANDARD	Number of compliant indicators	Number of non-compliant indicators	Overall Standard Rating
1. RIGHTS (9 indicators of practice)	9	0	2
2. PARTICIPATION AND INCLUSION (6 indicators of practice)	6	0	2
3. INDIVIDUAL OUTCOMES (5 indicators of practice)	5	0	2
4. FEEDBACK AND COMPLAINTS (6 indicators of practice)	6	0	2
5. SERVICE ACCESS (7 indicators of practice)	7	0	2
6. SERVICE MANAGEMENT (7 indicators of practice)	7	0	2

STANDARDS

STANDARD 1. RIGHTS		2
1:1	The service, its staff and its volunteers treat individuals with dignity and respect.	2
1:2	The service, its staff and its volunteers recognise and promote individual freedom of expression.	2
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.	2
1:4	The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.	2
1:5	The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	2
1:6	The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	2
1:7	The service supports individuals with information and, if needed, access to legal advice and/or advocacy.	2
1:8	The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	2
1:9	The service keeps personal information confidential and private.	2
EVIDENCE	<ul style="list-style-type: none"> • The information booklet includes a section on Privacy and Confidentiality making reference to the Privacy Act 1988 Cth, Information Privacy Act 2000 Vic and Health Records Act 2001 Vic and the Legal Profession Act 2004 Vic. Contact details for people if they believe their privacy has been breached are also included. • The information booklet also has a list of publications which can assist people (e.g. duty of care, advancing rights) and explains the rights of people when using services as well as how Villamanta work to uphold human rights. • Your Rights Your Choices publication available for people – Villamanta Publication about legal rights for people who have an intellectual disability. It outlines a range of rights such as having your say, decision making, guardianship, getting a fair go (being treated fairly), your rights where you live, money, relationships, the police, right to get services, voting etc. • The Web site promotes Villamanta as supporting people who have a legal rights or justice issue. The Web site includes a section on 'Your Rights and Villamanta'. The web site also has a number of links related to human rights, UN declarations and Government 	

	<p>Departments.</p> <ul style="list-style-type: none"> • Documented code of conduct “a guide to behaviour expectations” (November 2014) for workplace behaviour and the management of grievances. It outlines and explains the organisations position and processes for harassment, anti-discrimination, conflict of interest and performance and conduct. The grievance procedure is also included. • Villamanta’s vision, mission and values are documented and highlight the importance of the rights of people with disability. • Brochures and information available in the office around human rights and the abuse. Copy of abuse and neglect hotline brochure available and phone number included in the information booklet. • Section 4.6 of the manual (2015) specifically covers abuse and neglect and recognises the right of clients to be protected from abuse and neglect. It includes processes to be followed should a staff member have concerns around a client being subjected to abuse or neglect. • Villamanta provide advice/referral, casework support and, although not funded to do so, are involved in systemic advocacy activities. There is also a free information advice line for eligible clients. • Systemic Advocacy is reported within the Annual report and in the annual report to DSS. Examples included collaboration with other organisations and submissions to enquiries. Examples include: Disability Advocacy Victoria (DAV), VCOSS, the Law Institute of Victoria’s Disability Law Committee. • Some examples of policy and law reform work and systemic matters were also viewed. This included: web site newsletters promoting enquiries and providing guidance for people who may want to give input; Official Committee Hansard Senate Community Affairs Reference Committee (Violence, abuse and neglect against people with disability in institution and residential settings, June 2015) submission;
<p>CTE and Consumer Feedback</p>	<ul style="list-style-type: none"> • The majority of people interviewed related that their lawyers had explained what their rights were and meant however few could recall being provided information on these. • Awareness of their right to privacy, choice and what to do in regards to issues and being respected were very well understood. • “I feel respected as they are very helpful, were friendly and provided information to make me feel at ease and supported” was one example given by clients. Another stated “my lawyer really respected me and tells me when I have helped them out” was another example of how clients dignity was respected by Villamanta. • A number of people spoke about appreciating the approach Villamanta took in involving family and friends and the benefit this provided to all involved.
<p>Observations requiring action</p>	<p>N/A</p>
<p>Opportunities for improvement</p>	<ul style="list-style-type: none"> • Knowledge of the web site and publications (including information in the handbook) could be improved. It is noted that the intake letter makes reference to sections in the handbook but people interviewed could not recall that the information was in the handbook.

Non conformity	N/A
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STANDARD 2. PARTICIPATION AND INCLUSION		2
2:1	The service actively promotes a valued role for people with disability, of their own choosing.	2
2:2	The service works together with individuals to connect to family, friends and their chosen communities.	2
2:3	Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	2
2:4	Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	2
2:5	The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	2
2:6	The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	2
EVIDENCE	<ul style="list-style-type: none"> From discussion with staff and the Committee Treasurer it was evident that people with disability are valued by Villamanta. There are people with disability on the Committee, who are supported, as required to ensure they understand the documents, proceedings and can effectively contribute to meetings. Villamanta communicate with family members, friends, carers and others as required to achieve required outcomes for its clients. Villamanta have a Documented code of conduct (November 2014) and processes for anti-discrimination, conflict of interest and performance and conduct. Villamanta's vision, mission and values focus on ensuring people with disabilities rights are respected, honoured and treated in ways that are fair and reasonable, giving them the same opportunities as the general community. EO attended an Indigenous Legal Heads Workshop (9/2/2015) To date there have not been any proactive strategies to promote community and cultural connection for Aboriginal and Torres Strait Islander people. The annual report to the DSS identifies 2 ATSI clients and 52 CALD having been provided with legal advocacy or information over the past 12 months. 	
CTE and Consumer Feedback	<ul style="list-style-type: none"> Clients interviewed reported an increase in confidence and an ability to breakdown community barriers. A variety of services that had been suggested by Villamanta included: other legal services, carer's line, support services. The ability to have family involvement at all levels was appreciated by people interviewed. "Makes me feel comfortable and confident. I've grown and developed" was 	

	<p>a comment made that reflected how people had been supported to integrate within the community.</p> <ul style="list-style-type: none"> The Handbook included an extensive list of community and support networks.
Observations requiring action	<ul style="list-style-type: none"> To enhance the demonstration of compliance to indicator 2.6, consider developing links with the University ATSI and CALD liaison people.
Opportunities for improvement	<ul style="list-style-type: none"> It is noted that the community section of the web site is currently being updated (followed relocation).
Non conformity	N/A

STANDARD 3. INDIVIDUAL OUTCOMES		2
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.	2
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.	2
3:3	The service plans, delivers and regularly reviews services or supports against measurable life outcomes.	2
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.	2
3:5	The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	2
EVIDENCE	<ul style="list-style-type: none"> File management process are documented and include the documenting of the activity and provision of letter, consent form, advocacy form and authority to act form to each client. Section 4 (2015) of the manual explains processes to be followed. Procedures require objectives to be documented within the advocacy plans and/or IVO. Letters also confirm the specific legal matter that Villamanta is working on. Specific processes for the management of conflict of interest are documented within the policy and procedure manual as well as in the information booklet provided to clients. Section 4.4 and 4.5 of the manual outline the conflict of interest and checking process. A conflict of interest check is required for all potential clients and documented in each file. Staff spoke about dealing with family members, carers and others as required to assist clients in dealing with the legal matters and resolving their matter. 	

	<ul style="list-style-type: none"> From discussion with Staff, the board Treasurer and reviews of files it is evident that the service collaborates with other service providers in both delivering outcomes for clients as well as identifying and responding to systemic issues.
CTE and Consumer Feedback	<ul style="list-style-type: none"> Feedback indicated a wide variety of strategies taken by Villamanta to assist clients in achieving desired outcomes. These included: education on legal services and information around rights; regular correspondence between the lawyers and other advocates if required; variety of communication techniques used (letter, email, phone); attending meetings with all parties and providing information and explanation on the progress of their issues/matters; outcomes were discussed in detail with clients. From files viewed, some included advocacy plans although not all were signed by clients or lawyers (80% signed by the client but only 50% signed by the lawyer). Outcomes sought were sometimes documented in IVO (around 50%). Records varied from lawyer to lawyer. A variety of people were interviewed from a range of areas (Villamanta is a Statewide Service) with consistent feedback received.
Observations requiring action	<ul style="list-style-type: none"> Advocacy Plans were not consistently available and maintained across the files viewed. This was also raised last year. Some advocacy plans were missing, out of date or not signed by lawyers. Clients were well aware of the actions being taken and expected outcomes but few could recall the advocacy plans. <p>NOTE: As the issue of advocacy plans not always being documented in line with procedures has been raised previously, if a similar issue is identified during the next audit a non-conformity will be raised.</p>
Opportunities for improvement	<ul style="list-style-type: none"> As discussed during the audit, combining the advocacy plan with other documents provided (and signed by) clients could be considered in enhancing conformance and reducing the amount of paper clients receive.
Non conformity	N/A

STANDARD 4. FEEDBACK AND COMPLAINTS		2
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.	2
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.	2
4:3	Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	2
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.	2
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.	2
4:6	The service effectively manages disputes.	2
EVIDENCE	<ul style="list-style-type: none"> Complaint process outlined in the information booklet (2015). The booklet includes a listing of external agencies that may also assist in complaint resolution which clearly explains what each of the external bodies does and when they may be able to assist with complaints. Client complaints process outlined in section 3.5 of the policy and procedures manual (Administration 2015). The manual includes reference to natural justice and requires clients to be made aware of the complaints process. Procedures include processes for dealing with a complaint and resolution time frames. Flow chart outlines the complaints process and makes reference to alternative courses of external action should a complaint not be satisfactorily resolved. Detailed information including web links, telephone numbers etc. for organisations outside Villamanta which clients can be referred to in regards to making a complaint. This includes CRRS, the Legal Services Commissioner, the Ombudsman, the abuse and neglect Hot Line and DSS. Complaint process outlined and feedback form available on web site. Constituent feedback log for 1/7/2014 to 30/6/2015 viewed. The majority of feedback was positive and it is great to see this captured in the log. Some negative feedback was received – one was due to inability to act due to conflict of interest matter, a second relating to too many requests for feedback (including request for involvement in the NDAP audit). Feedback/ feedback forms raised since June 2015 viewed – still to be entered in log. There had been no formal complaints received since our last audit although some negative feedback was noted on one recent feedback form. The person had not wanted to make a formal complaint and details of the issue as well as the Villamanta communication with the person was documented on the feedback form. 	

<p>CTE and Consumer Feedback</p>	<ul style="list-style-type: none"> • All clients were able to raise a complaint with their lawyer, felt that their lawyer would listen and act, but could not recall being given information about the processes to follow. • File closure letters are accompanied by a feedback survey. Results are documented and collated. • People interviewed included family members who also felt confident about raising issues with Villamanta.
<p>Observations requiring action</p>	<ul style="list-style-type: none"> • As a lot of information is provided to people initially, but very few recall receiving the information, consider a review of this information provision process to make it more accessible and useful for clients – and assist in them remembering that it is useful to look at. (e.g. as a reference book that is handy to have, not just for Villamanta services but other services).
<p>Opportunities for improvement</p>	<p>As very few people were aware of the complaints process (or that it was in the handbook) consider:</p> <ul style="list-style-type: none"> • Whether the feedback survey could include a question around “was the complaints process explained to you”; • As the Information booklet includes a lot of information, taking a little more time to explain to people what it in the booklet so they see it as a more useful tool. This could include the complaints section which is quite extensive.
<p>Non conformity</p>	<p>N/A</p>

STANDARD 5. SERVICE ACCESS		2
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.	2
5:2	The service provides accessible information in a range of formats about the types and quality of services available.	2
5:3	The service develops, applies, reviews and communicates commencement and leaving a service processes.	2
5:4	The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	2
5:5	The service monitors and addresses potential barriers to access.	2
5:6	The service provides clear explanations when a service is not available along with information and referral support for alternative access.	2
5.7	The service collaborates with other relevant organisations and community members to establish and maintain a referral network.	2
EVIDENCE	<ul style="list-style-type: none"> • Villamanta brochure includes contact details; has specific contact numbers for TTY users and details if an interpreter is required, outlines the services provided and eligibility criteria. Services are free for people with disability. • Key aspect of information and advice line is the provision of information and referral support to people who need assistance in sourcing information or have issues that are not legal advocacy related. • A number of feedback forms indicated that Villamanta had not provided direct legal advocacy but referred them to services that were in line with their needs. • Information booklet (revised September 2015) includes eligibility criteria, What Villamanta does, the vision, mission, 'who pays for Villamanta (free service to people with disability, their families, carers and advocates), reference to other information and how Villamanta operates, explains who 'cannot' call Villamanta on the free advice line listing a different number to call, explains why referrals may be made and who can get legal assistance. It also outlines priority areas, gives examples of the type of legal assistance given and explains when legal assistance cannot be provided. • Section 4 of the policy and procedures manual (2015) includes the procedures for opening and closing a file. The opening process includes a conflict of interest check. The intake criteria is also outlined. • Section 1.9.2 of the manual (Management 2015) outlines the processes for access to Villamanta's services including who can and cannot use the Villamanta service and who will be referred elsewhere. • Section 5 of the manual (Access and Equity), 2015 includes the policy for access and equity clearly outlining that Villamanta work for the person with disability. More specific detail is provided outlining the priority for access processes and use of interpreters, site access (aim for site that is accessible). The manual provides clear instructions for staff in using interpreters including interpreters for deaf clients, • mechanisms used to ensure information is provided to clients in an accessible way. Methods include plain English, interpretation and TTY 	

	services. Access to premises is also addressed.
CTE and Consumer Feedback	<ul style="list-style-type: none"> • People found out about Villamanta in a variety of ways including: referrals from other advocacy agencies, DHHS, services they were attending and the phone book. • The majority found their initial contact with the service informative and helpful and had a good understanding of what the service was going to provide them but a few were not sure which lawyer was servicing them and how the intake process actually occurred. This was particularly so with people from remoter areas who only met in person with their lawyer at hearings. • One person spoke about finding the change to their lawyer as confusing. • Another person spoke about being referred to legal aid and then being referred back which they also found confusing. • Files viewed all included initial letters and file closure letters as appropriate. • The majority of people interviewed felt informed about their 'file/matter closing' and were aware of the file closure process but the need for some improvement was highlighted during interview.
Observations requiring action	<ul style="list-style-type: none"> • Section 5 of the procedure manual requires updating to reflect the current location and accessibility (e.g. section 5.1.2.9.1, 5.1.2.9.2).
Opportunities for improvement	<ul style="list-style-type: none"> • One person felt that the closure process was a bit 'abrupt' stating that "there could be an improvement in the exit letter – they could be a little more open and in more personal language". Feedback was that the file closure was not discussed before the letter was received. • Consider reviewing both the file opening and closing processes to make it easier for clients to understand.
Non conformity	N/A

STANDARD 6. SERVICE MANAGEMENT		2
6:1	Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	2
6:2	Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	2
6:3	The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	2
6:4	The service has monitoring feedback, learning and reflection processes which support continuous improvement.	2
6:5	The service has a clearly communicated organisational vision, mission and values which are consistent with contemporary practice.	2
6:6	The service has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	2
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.	2
EVIDENCE	<p><i>Governance and organisational structure</i></p> <ul style="list-style-type: none"> • Certificate of Incorporation and Articles of Association (Nov 2005) viewed for Villamanta Disability Rights Legal Services Inc. • Policies and procedures (Section 2, 2015) outline the Committee of Management and Strategic Planning processes. • Villamanta brochure includes Villamanta’s mission and outlines more details on specific areas that Villamanta can provide assistance with. Reference is made to the web site and additional information available. • Annual report 2013-2014 includes: Staff member details, Mission, AGM minutes from 2013 including COM election results, details of COM members, Chairperson report, Executive Officer & Principal Solicitor’s report, Objectives of All Villamanta’s Programs, Policy and Law reform report, casework report, community legal education report and telephone advice service support report. Data analysis of primary disability type, people we refer to, types of issues and actions taken are also provided. The Annual report also includes financial statements, treasurer’s report and the independent auditor’s report and audit opinion. The report is available from the web site. • The AGM and Annual report for the 2014-2015 year had not yet been completed with timing delayed due to the relocation – AGM planned for 25/11/2015. • Documented Strategic Plan 2014-2018: Includes Villamanta Vision, Mission, Core Values, Goals, Strategies and specific actions for each of the four service areas in addition to Governance and Management, Resources and Infrastructure. Updated actions to the Strategic Plan were viewed in Committee Meeting minutes for July 2015. • Committee of Management agendas and meeting records viewed – sampled September 2015 (minutes July 2015), June 2015 (minutes 	

22/4/2015) and April 2015 (minutes November 2014). New Committee Members (MT, RS) were welcomed at the June meeting. The records include the meeting agenda, previous minutes and action sheet, financial report, Executive Officer report and are colour coded to make it easier for people to identify each document.

- Committee of Management listed on Australian Charities and Not-for-profits Commission site as 'responsible persons'. Viewed Committee member forms for MT, RS (two newest members).
- Signed confidentiality forms in place for Committee Members (viewed MT, RS, KM, BM (support person for a Committee Member), NP, AH, PC, HW, DG).
- Committee of Management annual review of performance document established with the majority of Committee Members having completed this review (2 more to be completed). Results viewed (4 viewed) range from acceptable to excellent.
- Interview with Committee Treasurer confirmed: papers received prior to meetings with focus on plain English to ensure information is readily understood; two new committee members this year; President focusses on ensuring questions are raised and good discussion takes place with input from members; Executive Officer Report received; Financial information received and discussed; Risk Management, Policy and Procedure Documents and other information discussed; Committee Members involved in review of policy and procedure documents; one person with disability has a support person to assist during meetings; strong focus on use of plain English at meetings.

Management Systems, Planning and reporting

- Certification of Accreditation by the National Association of Community Legal Centres (exp. 27/8/2017).
- Self-assessment to the NSDS has commenced. Some evidence against each Indicatory of Practice has been documented with additional evidence and improvement actions still being worked on.
- Documented risk management plan in place (version July 2015). Plan identifies event (likelihood and seriousness rating to determine risk level), prevention and response strategies, coping mechanisms and identified actions.
- Risk Management committee minutes viewed (22/7/15, 27/5/2015, 25/3/15). Minutes included: attendees, declaration of interest, confirmation of agenda, approval of last meeting records, matters arising and actions taken. A detailed action sheet was part of the meeting records. Risk Management (update) forms part of each Committee meeting.
- Continual Improvement Log updated May 2015 viewed.
- Critical Activities Calendar (updated July 2015) viewed. Includes key activities (critical includes CPD points, Practicing Certificate Renewal and committee member survey) and aspirational activities.
- Policy and Procedures have now been split into 7 separate sections to make it easier for update and management (rather than one large manual). It is noted that further improvements to reduce duplication are planned. The system documentation is in place in line with the requirements of the organisation and the requirements of the NSDS.
- Staff meeting records viewed for 1/10/1419/8/2015, 5/8/2015, 22/7/2015, 8/7/2015 and 24/6/2015. It was noted that more recent staff

	<p>meetings had been cancelled due to the relocation. Meeting minutes include attendees and apologies, conformation of previous minutes, action items and follow up, IVO update, COM reports, action lists, continuous improvement, worker reports, correspondence, intake, OHS and other matters as appropriate. Client feedback is included at staff meetings. The relocation including consideration of pros, cons and logistics was raised during the August meeting.</p> <ul style="list-style-type: none"> • Documentation available on the intranet which is accessible to staff. • Committee of Management involved in review and update of the policy and procedures manual. <p><i>File management processes</i></p> <ul style="list-style-type: none"> • File management procedures, including the processes for opening, managing and closing files documented in section 4 of the policy and procedures manual. • Regular file supervision was evident through file reviews. <p><i>Work Health and Safety</i></p> <ul style="list-style-type: none"> • Section 5 of the procedure manual (2015) includes information on Hazards, incidents, reporting, first aid, fire and emergencies, de-briefing and other OHS related information. • Policies and procedures for EEO and Vehicle Use are also in section 5. • Additional policies and procedures (Bullying, Harassment, Grievance Process, OHS and Fire Evacuation) are also included in Section 6. • An OHS update report is reported to the Committee of Management. <p><i>Staff and Volunteer competence and training</i></p> <ul style="list-style-type: none"> • Section 5 of the manual (2015) includes details on staff probation, the appraisal process and exit process for staff. Section 5.4 outlines the recruitment process for both staff and volunteers. Orientation and Training is explained in Section 5.6 (Staff) • The Orientation Process for Committee Members, Staff and Volunteers is outlined in Section 5.5. • Section 6 of the manual (Workplace, Human Resources and Industrial Issues) 2015 includes further information for staff in regards to workplace confidentiality and privacy, code of conduct, workplace behaviour and grievance processes, • Staff confidentiality agreements in place. Viewed DG, NA, SW, GL, VN, VA. • Current Practicing Certificates (2015-2016) viewed for DG, NA, GL, VA. • CPD and staff training log maintained on the intranet and CPD points recognised as being important for staff training and development. Training discussed at staff meetings. • All 7 staff files viewed and include copy of police check, agreement/contract and appraisal documentation. Appraisals included educational achievements as well as staff competence and training and performance outcomes.
<p>CTE and Consumer Feedback</p>	<ul style="list-style-type: none"> • Clients felt that staff were competent and good at their work.
<p>Observations requiring</p>	<ul style="list-style-type: none"> • Training records for GL not fully up to date on the intranet log.

action	
Opportunities for improvement	<ul style="list-style-type: none"> • It was noted that the self-assessment had commenced but was not fully completed and we will review progress during the next audit. • Given the relocation, section 5 of the manual (e.g. Fire and Evacuation, mobile phone procedure etc.) should be reviewed to ensure instructions reflect the practices in line with current staff and the relocation to Deakin University. Section 6 also requires review to ensure current structures are reflected (e.g. 6.1.1 still refers to separate telephone advice worker). • The emergency procedure requires updating to reflect processes at the new site (OHS Section of the intranet). • As time permits, it is suggested that the policy and procedure manuals be reviewed to remove duplicate information and keep 'similar information' in the one place. E.g. Section 5 and 6 both include information on Staffing as well as Occupational Health and Safety. Perhaps these could be split so that one relates to staff/volunteer/board recruitment, competence, training and related areas whilst the other focusses more specifically on OHS matters. • Noted that the Risk Management Plan July 2015 update – page 2 has different updated time in header and still states 'to be adopted by committee'. • It was noted that the file for the EO/Principal did not have an updated contract (was in place for other staff). It is recognised that the EO is under an agreement with the Committee – consider whether a current contract should also be in place. • The Committee Member induction process is well documented but no formal record of induction is maintained. Consider developing a checklist (similar to that used for volunteers) to record Committee Member induction.
Non conformity	N/A

Rating Scale

Auditors are required to assess a service provider's performance against each of the six National Standards for Disability Services using the following rating scale.

Type	Explanation	Rating
Major Non-conformity	<p>The requirements of a standard within the NSDS, are not met or the outcome is ineffective. A number of related nonconformities may also constitute a major nonconformity.</p> <p>a) Close out shall normally require a follow-up visit by the certification body. Evidence of a corrective plan shall be presented to the certification body within 5 working days and require reassessment of the service against the performance indicator within three months.</p> <p>b) Failure to action the major nonconformity within three months, or take action sufficient to downgrade the major nonconformity to a nonconformity, shall result in automatic suspension of certification.</p> <p>c) The certification body notifies the Department within 10 working days of raising a major nonconformity.</p> <p>d) If the major nonconformity is downgraded to a nonconformity within three months, that nonconformity is then actioned to closeout within a further three months (total of six months to fully action a major nonconformity).</p> <p>e) The nonconformity must be closed out prior to certification or the expiry of certification.</p>	0
Non-conformity	<p>The requirements of a Standard within the NSDS are not fully met, or the outcome is only partly effective.</p> <p>a) evidence of effective corrective action shall be presented to the certification body before certification or re-certification, or within six months if the service is already certified;</p> <p>b) failure to action a nonconformity within six months may lead to the nonconformity being upgraded to a major nonconformity and, in addition, a major nonconformity may be raised against the agencies corrective action process.</p> <p>c) The certification body notifies the Department within 10 working days of raising a nonconformity.</p> <p>d) The nonconformity must be closed out prior to certification or the expiry of certification.</p>	1
Conformity	The requirements of a standard within the NSDS are met.	2
Notifiable issue	Evidence or allegations of a serious health, safety or abuse risk, financial impropriety and/or professional misconduct.	

Observations requiring action and opportunities for improvement: do not prevent certification, but should be considered carefully and addressed where possible to ensure conformity is not compromised in the future. Observations however shall not make specific recommendations.

Action required: The Service may develop and implement solutions in order to add value to operations and management systems. SAI Global may follow up Observations requiring action to confirm that they have been considered by the organisation.

Protocol for notifiable issues is as follows – if during an audit, the audit team comes across evidence or specific allegations of a serious health, safety or abuse risk, financial impropriety and/or professional misconduct, the certification body's auditors shall record the details of the disclosure, allegation or witnessed event and also immediately notify the disability employment service's manager (unless there is justifiable reason for not doing so), and the Department. The certification body is not responsible for resolving the issue. Certification cannot proceed until the Department advises the certification body that the notifiable issue is resolved. If the disability employment service is already certified, the certification body shall seek advice from the Department.