



Australian Government

Department of Families,
Housing, Community Services
and Indigenous Affairs

QA Matters

Disability Employment Services Quality Assurance News for Auditors and Consumer Technical Experts

Issue 21

Job Services Australia – new employment services

In May 2008 the Australian Government announced it would be introducing a new, simpler and more effective national employment services system.

The new system, called Job Services Australia, was launched to replace the Job Network, with more than 2000 Job Services Australia sites opening their doors on 1 July 2009. Three year contracts were awarded, with the possibility of extension for a period of up to six years.

Building on from Job Services Australia, the Australian Government is also developing new and improved employment services specifically for people with disability, replacing the current Disability Employment Network (DEN). These services will commence from 1 March 2010, with Vocational Rehabilitation Services (VRS) continuing to be a part of the strategy.

It should be noted that services provided under the Job Services Australia banner are not required to meet the Disability Services Standards, and do not require auditing under the DESQA system. Where an existing DEN or VRS service has been awarded a contract and operates a new outlet/site specifically for Job Services Australia, these outlets/sites should not form part of the audit sample.

Requests for an extension of audit time frames

According to Procedure 18 Issue 3 it is a requirement that “the date of the first surveillance audit shall not be more than 12 months from the date of the last day of the on-site component of the certification or recertification audit.”

It is also a requirement that “the second surveillance audit shall be conducted not more than 13 months after the last day of the first surveillance audit.”

The QA Team has noted many instances where the scheduling of audits has been managed proactively and very effectively by Certification Bodies in order to meet these timeframes. Such practises have included scheduling of the next audit at the closing meeting, or contact with the

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Disability Employment Service well in advance of the due date to confirm the next audit.

From time to time, the QA Team field requests to approve an extension, due to a variety of circumstances that make it difficult to meet an audit time frame. Examples have included a loss or illness of key personnel employed by the funded organisation, or other 'pressing priorities' cited by the organisation. In the event that a Certification Body cannot meet the time frame specified in Procedure 18 Issue 3, and wish to obtain an extension, it is necessary to direct the request to their JAS-ANZ Client Manager rather than to FaHCSIA. If an extension is then granted the QA Team need to be informed.

It should be noted, however, that it is not appropriate to request an extension where delays will occur due to poor planning, rather than exceptional circumstances which are out of the control of either the funded organisation or Certification Body.

Quality Assurance audit reports

The information contained within the QA audit reports is invaluable in giving the Contract Managers working for DEEWR and FaHCSIA a better understanding of their funded organisations.

Although the standard of reporting is generally very high there have been instances where this has not been the case, and the findings of the audit are less than clear. Examples include:

- Excessive typos
- No description of the organisation or the service types
- Use of acronyms
- Obvious cutting and pasting from other reports (previous reports from the same organisations, other organisations)
- Inadequate descriptions of evidence gathered for each service type for each KPI (where organisations offer Australian Disability Enterprises – ADE - plus DEN services)
- Inconsistencies of ratings (summary tables indicating all KPIs conforming, but ratings of non conformity given in the body of the reports)

On a positive note we have fielded comments from FaHCSIA and DEEWR Contract Managers about the appearance of continuous improvement suggestions, and reference to commendable practices identified during audits. This information can be extremely valuable when shared within the sector.

Non conformities and major non conformities 2008-2009 – in review

The non conformity and major non conformity data for the last financial year is now at hand.

The Standards that represented the greatest percentages of non-conformities were Standard 8 (31%), Standard 2 (24%), Standard 9 (17%), and Standards 7 & 11 (7½ %). This represented an increase for both Standard 8 (+3%) and Standard 2 (+12%), and a decrease for Standard 7 (-1.5%) and Standard 11 (-4.5%), over the previous financial year. Non conformities identified for Standard 9 remained unchanged.

It is probably useful to reflect on this data and consider how you may approach your role as auditor/CTE/Contract Manager in light of the areas of greatest non-conformity. Where organisations perform well in these Standards and have tools in place to support good practice, it may be useful to suggest they contact the Department to add some of these tools to the FaHCSIA on-line version of the Quality Strategy Toolkit. Alternatively they can use the Feedback form, identified in the next article. For organisations not performing well on various Standards, the Toolkit may be a useful resource to locate ideas and tools.

Quality Strategy Toolkit

The *Quality Strategy Toolkit* was produced and distributed to all ADE and DEN organisations last year, to replace the *Quality Assurance Handbook* and *Continuous Improvement Handbook*.

It contains tools, such as step-by-step guides, worksheets, case studies, examples and suggestions to help funded organisations apply the Quality Strategy in their workplace. It is also an invaluable source of information for Contract Management and Certification Body audit team members, particularly those who are new to the DESQA system.

The material contained within the *Quality Strategy Toolkit* will be updated over time, and we are always looking for new material/tools to add to future editions. If any useful material is identified during audits by Contract Managers or Audit team personnel it is requested that it be forwarded to the Quality Strategy team. A *Feedback form* is located in the front of the *Toolkit* for this purpose.

A copy of the *Toolkit* can be located on the FaHCSIA [website](#).

Uploading follow-up reports on FOFMS to close out nonconformities and major nonconformities

The QA Team monitors the close-out and uploading of follow-up reports on FOFMS following audits which identify nonconformities or major nonconformities. It has been noted that in some instances certification bodies are leaving both the close-out and subsequent reporting to the next annual audit date.

A nonconformity must be closed out within six months of the audit date. A major nonconformity must be closed out within three months of the audit date. If a major nonconformity is downgraded to a nonconformity, that

nonconformity must be closed out within a further three months (see JAS-ANZ Procedure 18 J.3.1).

The close-out report must be entered onto FOFMS within 10 working days of the completion of the audit (single site) or 20 working days (multi-site).

Questions arising from audits about Disability Services Standard 2: Individual Needs

Recently, questions have been raised with the QA Team about Disability Services Standard 2 and its links to the Disability Maintenance Instrument (DMI) and the Disability Pre-employment Instrument (DPI).

Question:

Is it a requirement for a printed DMI/DPI to be on the client file? In the past this was the case but with the increase of electronic filing, some services are not keeping paper copies. Do they need to?

Answer:

While it is a FaHCSIA requirement that 'Documented evidence validates and supports the assessments of disability-related support requirements recorded in the individual's DMI (from the *DMI Guidelines version 4*), there is no specification that the evidence will be in hard copy. Electronic filing is legitimate as long as it abides by privacy rules.

According to the DEEWR guidelines – *Documentary Evidence for Disability Employment Network (DEN) Services (Version 1.2, effective 21 February 2008)*:

"Evidence may be systems-based or on paper as appropriate, for example, the comments functionality in EA3000, paper file notes or a DEN member's internal system. All evidence in the form of electronic or paper file notes must be dated and identify the person recording the information".

Question:

Is there a requirement for some client goals to be linked to development areas identified within DMIs/DPIs?

Answer:

The DMI is a tool that FaHCSIA uses to measure the level of disability-related support that an Australian Disability Enterprise has to provide in order to help a supported employee reach and maintain an employment outcome. The level of support-needs that are identified from the DMI are then matched with an appropriate level of funding.

Similarly, the DPI is used by DEN service providers, with the results used to determine the level of assistance that will be required in order to place a job seeker with disability into employment – which are then translated into the level of funding that will be provided by DEEWR.

Although DMIs/DPIs are not completed with the intent of creating goals on individual employment plans, and it is not a requirement that they are linked, the information gathered during the DMI/DPI assessment can be used to plan development (and constitutes one form of evidence acceptable in verifying compliance with KPI 2.1 during Quality Assurance audits).

Need assistance in understanding any of the issues outlined here?

This will be the last edition of QA Matters for 2009. The FaHCSIA Disability and Carers Programs Branch, Quality Assurance Team would like to pass on our best wishes for the festive season and welcome your contact if you have any questions, or would like any particular items included in future issues.

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