Mapping Recognition Report

NDIS Practice Standards to Human Services Quality Standards

Prepared for, Human Services Quality Framework, Disability Connect Queensland
Department of Communities, Disability Services and Seniors

FINAL REPORT - 22 May 2020

Breaking New Ground

ABN 86 089 506 847

PO Box 468, Leichhardt NSW 2040

p: +61 2 9569 1704 e: quentin@bngonline.com.au   www.ngoservicesonline.com.au

Contents

Introduction

The Department of Communities, Disability Services and Seniors (the **Department**) is considering the opportunity to reduce the burden for providers that are Registered Providers in the National Disability Insurance Scheme (**NDIS**), and that also have funding contracts with the Department and therefore must also meet the requirements of the Human Services Quality Standards as set out in the *Human Services Quality Framework (HSQF) User Guide – Certification* (Version 6.0) (**HSQS**).

The Department wishes to understand the extent of commonality, as well as "gaps", between the core module of the NDIS Practice Standards (**NDIS Core Module**) and all of the Common and Disability Services requirements of HSQS (**HSQS Common and DS Requirements**). HSQS Common requirements, which apply to all service types, are listed against the yellow arrow in the *HSQF User Guide – Certification V6.0* and the Disability Services requirements are listed in the *HSQF User Guide – Certification Disability Services Supplement*.

This mapping recognition report identifies the degree of commonality, as well as the extent of "gaps", between NDIS Core Module and HSQS Common and DS Requirements, when all of the requirements of NDIS Core Module are met.

Each standard and indicator of HSQS is identified as being "Met", "Partially Met", or "Not Met", by the standards and indicators of NDIS Core Module, when all of those NDIS Core Module standards and indicators are met.

Summary of project findings

In our view there is a strong commonality of core themes between HSQS Common and DS Requirements and NDIS Core Module. However, there are also a number of specific requirements of HSQS Common and DS Requirements which are not reflected in the NDIS Core Module. Therefore, whilst there are very few indicators that are Not Met, there are also a significant number which are Partially Met.

Most of the gaps relate to indicators in HSQS Common and DS Requirements that: have more focus on involving (specific) community stakeholders; address specific legislative requirements; and relate to certain practices that may not be addressed in the NDIS Core Module, but are in fact addressed in some of the service-specific modules of the NDIS Practice Standards.

The NDIS Core Module addresses the intent, and most or all of the indicators, of the following three HSQS standards:

- Standard 3 – Responding to Individual Need;
- Standard 4 – Safety, Wellbeing and Rights; and
- Standard 5 – Feedback, Complaints and Appeals.

There are 14 indicators in total in HSQS Standards 3 to 5 (Common and DS Requirements). In our view the NDIS Core Module meets 10 of those indicators and partially meets the remaining four indicators. We consider HSQS Standards 3, 4 and 5 (Common and DS Requirements) as "Met" by the NDIS Core Module.

In addition, the NDIS Core Module addresses some or most of the intent, and some of the indicators, of the remaining three HSQS standards (Common and DS Requirements), being:

- Standard 1 – Governance and Management;
- Standard 2 – Service and Access; and
- Standard 6 – Human Resources.

There are 15 indicators in total in HSQS Standards 1, 2 and 6 (Common and DS Requirements). In our view, the NDIS Core Module meets six of those indicators, partially meets six indicators, and does not meet three indicators. We consider HSQS Standards 1, 2 and 6 (Common and DS Requirements) as "Partially Met" by the NDIS Core Module.

The tables overleaf summarise our findings.

Mapping Summary - HSQS Standards level:

Degree to which the HSQS (Common and DS Requirements) are Met when all requirements of NDIS Core Module are Met

NDIS Core Module meets three of the six HSQS standards (Common and DS Requirements):

HSQF Standards	NDIS Core Module
Standard 1: Governance and Management	**Partially Meets**
Standard 2: Service Access	**Partially Meets**
Standard 3: Responding to Individual Need	**Meets**
Standard 4: Safety, Wellbeing and Rights	**Meets**
Standard 5: Feedback, Complaints and Appeals	**Meets**
Standard 6: Human Resources	**Partially Meets**

Mapping Summary - HSQS Indicators level:

Degree to which the indicators of HSQS (Common and DS Requirements) are Met when all requirements of NDIS Core Module are Met

NDIS Core Module meets 16, partially meets 10, and does not meet three, of the 29 indicators of HSQS Indicators (Common and DS Requirements):

Mapping of NDIS Core Module to HSQS indicators

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met
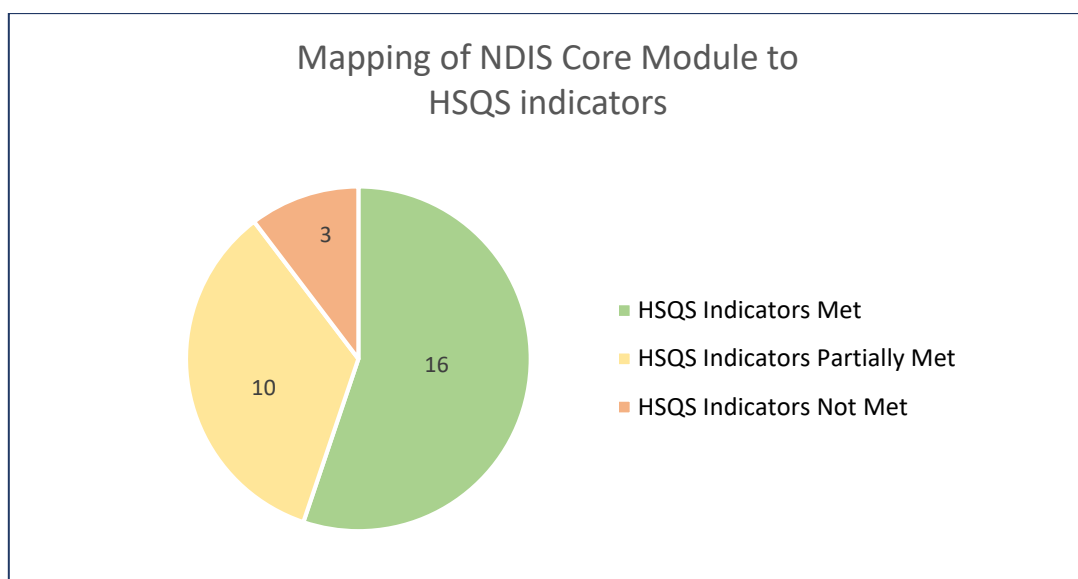
Overview of the Standards

An outline of HSQS (Common and DS Requirements) and NDIS Core Module is provided below.

Human Services Quality Standards (Common and DS Requirements)
QLD Government Department of Communities, Disability Services and Seniors

The Queensland Human Service Quality Framework (**HSQF**) has been developed for organisations delivering services under a service agreement with the Department of Communities, Disability Services and Seniors (**DCDSS**), the Department of Child Safety, Youth and Women (**DCSYW**) or other specified arrangements.

This mapping recognition report maps selected requirements of the HSQF as described below:

- Common requirements, that apply to all service types/streams. These are listed against the yellow arrow in the *HSQF User Guide – Certification Version 6.0;* and
- Disability Services requirements. These are listed in the *HSQF User Guide – Certification Disability Services Supplement*) (**HSQS Common and DS Requirements**).

HSQS Common and DS Requirements include a total of 29 indicators, and associated mandatory evidence requirements, across the six HSQS standards. Common HSQS requirements apply to all services/funding streams. In the *HSQF User Guide – Certification Version 6.0*, there are additional requirements which apply to specific funding streams or service types, for example services to families; child protection placement services; and domestic and family violence services. These have not been considered or mapped in this report.

HSQS Standards	
Standard	*Standard description*
1. Governance and Management	Sound governance and management systems that maximise outcomes for stakeholders.
2. Service Access	Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.
3. Responding to Individual Need	The assessed needs of the individual are being appropriately addressed and responded to within resource capacity.
4. Safety, Wellbeing and Rights	The safety, wellbeing and human and legal rights of people using services are protected and promoted.
5. Feedback, Complaints and Appeals	Effective feedback, complaints and appeals processes that lead to improvements in service delivery.
6. Human Resources	Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

NDIS Practice Standards (Core Module) (2018)
Commonwealth

The Quality and Safeguarding Framework for the National Disability Insurance Scheme (**NDIS**) is comprised of two main components, being the NDIS Code of Conduct and the NDIS Practice Standards.

The NDIS Code of Conduct outlines the minimum expectations of people delivering NDIS supports and services. It applies to all NDIS providers and persons employed or otherwise engaged by them, regardless of whether or not they are **Registered Providers** with the NDIS Commission.

The NDIS Practice Standards focus on upholding the rights of people with a disability, and set out the quality and safety requirements that must be met by all Registered Providers under the NDIS. The NDIS Practice Standards are closely aligned with the National Standards for Disability Services (which they supersede) and the National Standards for Mental Health Services.

The NDIS Practice Standards consist of a Core module (the **NDIS Core Module**), which is the subject of this mapping recognition report, together with six supplementary modules for specific services, and a module that applies to providers required to follow a verification (as opposed to certification) assessment process.

The NDIS Core Module consists of four standards, with a total of 22 required outcomes outlined under the four standard headings, as summarised in the following table. Please note that we have followed the numbering methodology within the NDIS Core Module itself.

NDIS Practice Standards Core Module	
Division 1 - Rights and Responsibilities	
Standard	*Required Outcome*
6) Person-centred Supports	Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.
7) Individual Values and Beliefs	Each participant accesses supports that respect their culture, diversity, values and beliefs.
8) Privacy and Dignity	Each participant accesses supports that respect and protect their dignity and right to privacy.
9) Independence and Informed Choice	Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.
10) Violence, Abuse, Neglect, Exploitation and Discrimination	Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.
Division 2 - Governance and Operational Management	
Standard	*Required Outcome*
11) Governance and Operational Management	Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.
12) Risk Management	Risks to participants, workers and the provider are identified and managed.
13) Quality Management	Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.
14) Information Management	Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.
15) Feedback and Complaints Management	Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, recognised, respected and well-managed.
16) Incident Management	Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.
17) Human Resource Management	Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.
18) Continuity of Supports	Each participant has access to timely and appropriate support without interruption.
Division 3 - Provision of Supports	
Standard	*Required Outcome*
19) Access to Supports	Each participant accesses the most appropriate supports that meet their needs, goals and preferences.
20) Support Planning	Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.
21) Service Agreements with Participants	Each participant has a clear understanding of the supports they have chosen and how they will be provided.
22) Responsive Support Provision	Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

NDIS Practice Standards Core Module	
23) Transitions to or from the provider	Each participant experiences a planned and coordinated transition to or from the provider.
Division 4 - Support Provision Environment	
Standard	*Required Outcome*
24) Safe Environment	Outcome**:** Each participant accesses supports in a safe environment that is appropriate to their needs.
25) Participant Money and Property	Outcome**:** Participant money and property is secure and each participant uses their own money and property as they determine.
26) Management of Medication	Outcome: Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.
27) Management of Waste	Outcome**:** Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

Our approach to mapping

Mapping terminology

The mapping of NDIS Core Module against the HSQS Common and DS Requirements has been undertaken using the following three definitions:

▶ **Met/Meets**: Addresses the intent of the standard or indicator, and most or all of the standard's mandatory evidence requirements.

▶ **Partially met/Partially meets:** Addresses some or most of the intent of the standard, and some of the standard's indicators and/or mandatory evidence requirements are not addressed.

▶ **Not met/Does not meet:** Does not sufficiently address the intent of the standard or the indicators.

Discussion on approach to mapping:

Standards are designed with not only varying content and focus areas, but also for different purposes; i.e. to guide implementation of good or minimum practice, risk and compliance management, and quality accreditation. Additionally, standards are usually designed for, and applied to, specific entities, groupings of entities, or service types, for example mental health service provision, or organisations in receipt of funding under a particular government funding stream.

These variations across standards raise some challenges in the mapping of standards and must be considered when reviewing mapping findings. The detailed mapping in this report identifies some of those challenges while still providing a mapping assessment.

In mapping the individual standards, consideration has been given to both the intent and the context of the standards. The following two examples provide insight into this mapping:

1. HSQS Standard 1 relates to governance and management of the organisation, encompassing compliance; the appropriate knowledge, skills and experience of governing body members; strategy; management systems across all areas of the organisation; mechanisms for continuous improvement in both management and service delivery; stakeholder participation; and information management, privacy and confidentiality.

   It includes some assistive, prescriptive indicators, to help organisations understand both holistically and at a granular level what good governance and management means. For example, it not only requires that governing body members have the requisite knowledge, skills and experience, but prescribes that they undergo a relevant induction process. Another example is the requirement for insurance coverage to be maintained, together with the specific prescription of the types of insurances that may be appropriate.

   The standard also requires that organisations' governance and management processes promote inclusive community engagement and in particular, culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples, that have involved meaningful community consultation.

   Whilst NDIS Core Module addresses most of the themes of standard 1 at a higher level, it does not sufficiently address some of the concepts noted above. This results in our assessment of NDIS Core Module as partially meeting HSQS Standard 1.

2. HSQS Standard 3 relates to responding to the individual needs of service users. The intent of Standard 3 is closely aligned with the themes of the NDIS Core Module. That said, some particular indicators of the standard are not fully met, for instance: broader community involvement; specifically addressing guardianship/custody arrangements in involving a support network; and restrictive practices (but these are met in a service-specific module of the NDIS Practice Standards).

   However, because there is very close alignment between the overarching intent of Standard 3 and the NDIS Core Module, we assess HSQS Standard 3 as met even though one or two specific indicators are not addressed.

Mapping tables

Overleaf we have provided summary pie charts indicating the degree to which NDIS Core Module *Meets*, *Partially meets*, or *Does not meet* each HSQS standard.

Following the pie charts, we have set out a table for each of the six HSQS standards, in which we provide our assessment of the degree to which each indicator or mandatory evidence requirement of HSQS Common and DS Requirements is met by NDIS Core Module.

Mapping key

The key below represents the numbering system we have used when mapping the NDIS Core Module to HSQS. This numbering system reflects the official numbering of the Practice Standards as they are laid out within the *National Disability Insurance Scheme (Quality Indicators) Guidelines 2018*.
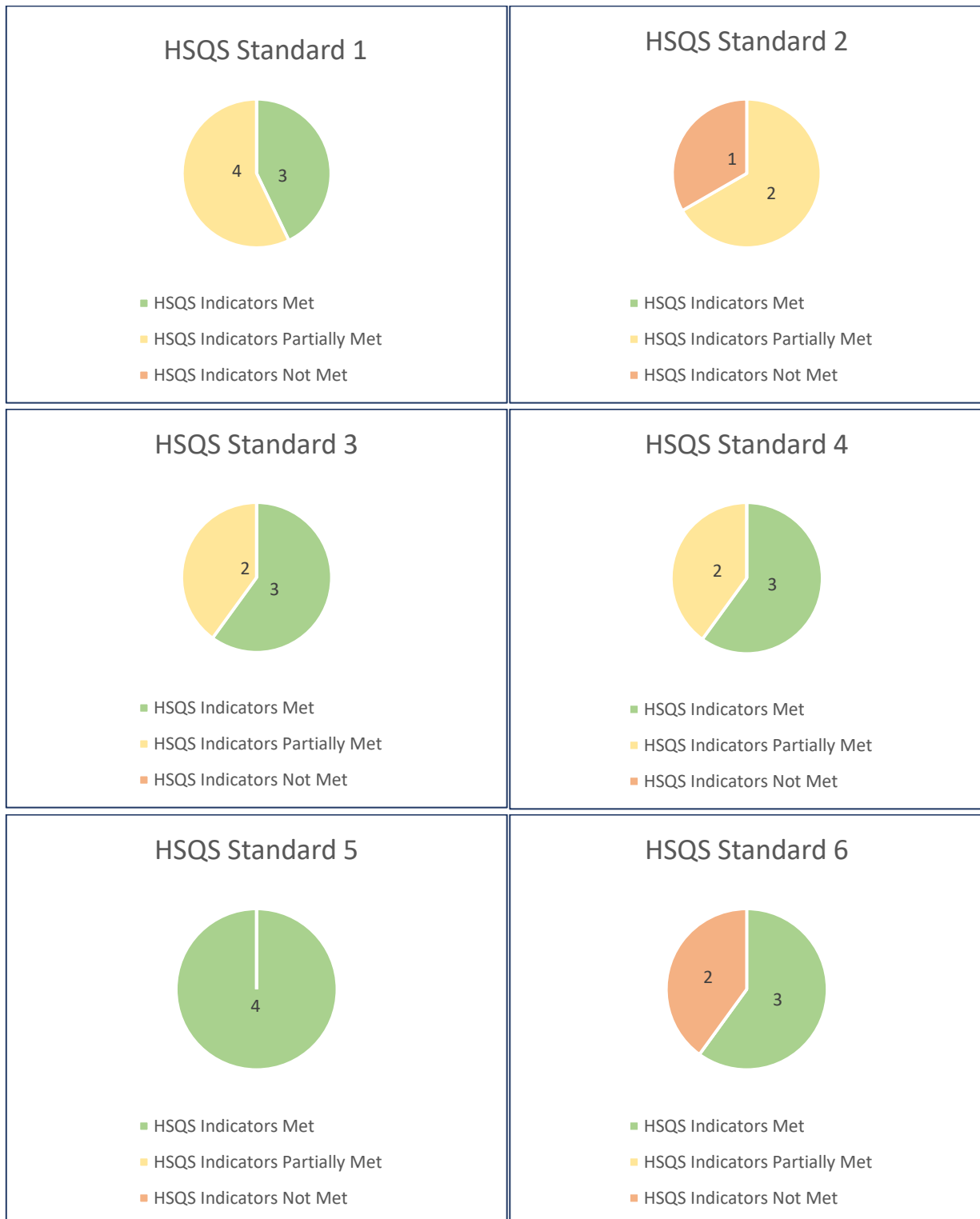
In order to access an NDIS Core Module indicator in full, please refer to the *NDIS (Quality Indicators) Guidelines*.
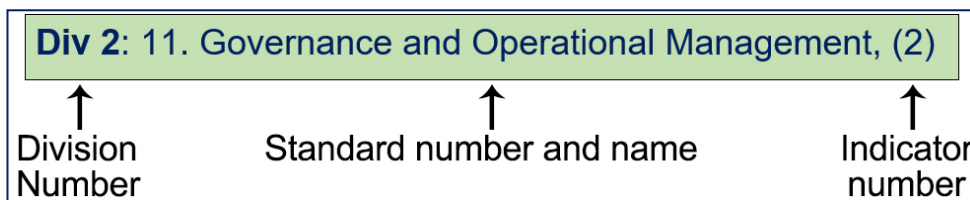
Mapping detail: NDIS Core Module

NDIS Core Module mapped against the 29 HSQS Common and DS indicators

The following charts illustrate the degree to which each standard of HSQS is met, partially met or not met, when all of the requirements of the NDIS Core Module are met.

HSQS Standard 1

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met

HSQS Standard 2

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met

HSQS Standard 3

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met

HSQS Standard 4

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met

HSQS Standard 5

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met

HSQS Standard 6

- HSQS Indicators Met
- HSQS Indicators Partially Met
- HSQS Indicators Not Met

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 10 of 35

NDIS Core Module mapped against the HSQS standards, indicators and evidence requirements

The tables below provide details on the mapping of NDIS Core Module to the six HSQS Standards (Common and DS Requirements), including:

o   Each of HSQS indicators and mandatory evidence requirements (second column).

o   An assessment of the degree to which each indicator or mandatory evidence requirement is met, partially met or not met by NDIS Core Module. Where it partially meets or meets the HSQS indicator or requirement, the relevant NDIS Core Module indicator is detailed (third column).

HSQS Standard 1: Governance and Management

NDIS Core Module partially meets Standard 1

Summary

The intent of HSQS Standard 1 is broadly addressed by the NDIS Core Module, with a number of areas of commonality between the two, but there are also some concepts in Standard 1 that are not explicitly addressed in the NDIS Core Module.

Both standards require robust governance arrangements and strategic planning that emphasises adherence to legislative and contractual obligations, as well as effective risk management systems. Like HSQS Standard 1, the NDIS Core Module requires that a governing body must take into account a broad range of factors (legislative requirements, organisational risks, industry guidance) to ensure organisational operations and service delivery reflect contemporary practice. NDIS Core Module does not, however, use the language of 'vision', 'purpose statement' or 'values', and broadly speaking, does not include any requirements regarding an organisation's guiding values or purpose.

Both sets of standards share a focus on including service users in governance and service planning. However, HSQS Standard 1 is more explicit than the NDIS Core Module about broader community stakeholder participation in governance management processes, and also has more of a focus on the promotion and provision of services for Aboriginal and Torres Strait Islander people, in a manner that includes meaningful community consultation.

Standard 1 also has some more detailed requirements that are not necessarily addressed in the NDIS Core Module, for example requirements for insurance (with reference to specific types of insurance) as part of financial management.

For these reasons, NDIS Core Module partially meets the requirements of HSQS Standard 1 (Common and DS Requirements).

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 11 of 35

Indicator 1.1	The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements.	NDIS Core Module partially meets HSQS: Broadly aligns with **Division 2. Provider Governance and Operational Management**
Mandatory evidence	Governance arrangements are documented, implemented, reviewed and communicated to stakeholders.	**Div 2:** 11. Governance and Operational Management, (2)
	Governance and management processes promote an organisational culture that respects and protects human rights consistent with the requirements of the *Human Rights Act 2019*.	**Div 2:** 11. Governance and Operational Management, (1) **Div** 1: 6. Person-centred supports, (1) NDIS Core Module does not mention QLD *Human Rights Act 2019.*
	Documented and implemented processes to ensure compliance with legislative, regulatory, policy and contractual requirements that apply to the organisation, including: - reporting misconduct (alleged and actual) to the relevant authority	**Div 2:** 16. Incident Management, (1) General misconduct reporting requirement not covered by NDIS Core Module.
	- notifying reportable incidents (e.g. critical incidents)	**Div 2:** 16. Incident Management, (1)
	- ensuring that subcontracting or brokerage arrangements are consistent with legislative and contractual obligations	No discussion of subcontracting or brokerage arrangements in NDIS Core Module.
	- implementing a conflict of interest policy	**Div 2:** 11. Governance and Operational Management, (8)
	- ensuring that recordkeeping practices meet legislative and contractual obligations	**Div 2:** 14. Information Management, (3)
	- meeting reporting obligations	**Div 2:** 11. Governance and Operational Management, (2) & (4)
Disability Services	Governance and management processes promote the principles of Part 2 *Disability Services Act 2006* and ensure compliance with the reporting requirements of the *Coroners Act 2003*.	**Div 2:** 11. Governance and Operational Management, (2) & (4)

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 12 of 35

Indicator 1.2	The organisation ensures that members of the governing body possess and maintain the knowledge, skills and experience required to fulfil their roles.	NDIS Core Module meets HSQS, based on following indicators:
Mandatory evidence	Processes which ensure that members of the governing body have the knowledge, skills and experience required to fulfil their roles and govern effectively are documented, implemented and reviewed.	**Div 2:** 14. Information Management, (3)
	Members of the governing body undergo induction relevant to their responsibilities and duties.	**Div 2:** 14. Information Management, (3)
Disability Services	Implemented processes which ensure members of the governing body are aware of the organisation's obligation to provide services in accordance with the requirements of the *Disability Services Act 2006.*	**Div 2: 11.** Governance and Operational Management, (2) & (4)
Indicator 1.3	**The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice.**	**NDIS Core Module partially meets HSQS:** **Div 2: 1. Governance and Operational Management, (2) & (4)**
	There are no mandatory common evidence requirements for this indicator	
Disability Services	The organisation's structure, purpose and values, objectives and strategies are consistent with, and support the principles and obligations set out in the *Disability Services Act 2006.*	NDIS Core Module does not discuss organisation's purpose & values, objectives; does not refer to *Disability Services Act 2006.*
Indicator 1.4	**The organisation's management systems are clearly defined, documented, monitored and (where appropriate) communicated including finance, assets and risk.**	**NDIS Core Module meets HSQS, based on following indicators:**
Mandatory evidence	Processes for identifying, assessing and managing risk in order to ensure continuous, safe, responsive and effective services are documented, implemented and reviewed.	**Div 2:** 11. Governance and Operational Management, (2); and 12. Risk Management, (2)
	Processes for delegating authority and responsibilities throughout the organisation are documented, implemented, reviewed and communicated to stakeholders.	**Div 2:** 11. Governance and Operational Management, (6-7)
	Organisations have disaster management and business continuity plans in place and, where relevant, participate in local disaster management planning to assess and support people with vulnerabilities.	**Div 2:** 18. Continuity of Supports, (6)

	Documented and implemented processes which ensure: - insurance coverage and/or funded assets are maintained in accordance with requirements (including public liability insurance, contents insurance and comprehensive motor vehicle insurance, as appropriate)		No insurance requirements stipulated in NDIS.
	- financial accountability requirements are met.		**Div 2:** 12. Risk Management, (1); and 11. Governance and Operational Management, (2)
Indicator 1.5	**Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.**		**NDIS Core Module meets HSQS:** **Division 2: 13. Quality Management, (3)**
	There are no mandatory evidence requirements for this indicator		
Indicator 1.6	**The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.**		**NDIS Core Module partially meets HSQS, based on following indicators:**
Mandatory evidence	Evidence that the community in which the organisation's service operates is understood and engaged with, and that this understanding is reflected in service planning and development activities.		**Div 2:** 13. Quality Management, (3); 11. Governance and Operational Management (1) NDIS Core Module addresses involvement of people with disability in governance processes and service planning, but doesn't include community involvement more broadly.
	Evidence that the organisation promotes culturally safe and accessible services for Aboriginal and Torres Strait Islander peoples and for people from culturally and linguistically diverse backgrounds.		**Div 1:** 7. Individual Values and Beliefs, (2) Services specifically for Aboriginal and Torres Strait Islander people not addressed in NDIS Core Module.
	Where the target group for services is Aboriginal or Torres Strait Islander people, the organisation can demonstrate that meaningful community consultation has taken place, as relevant to the needs of people using services.		Services specifically for Aboriginal and Torres Strait Islander people not addressed in NDIS Core Module.

Indicator 1.7	The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.	NDIS Core Module partially meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented processes for aligning information management systems with privacy legislation and relevant privacy principles.	**Div 2**: 11. Governance and Operational Management, (2); and 14. Information Management, (1) Service users' rights to privacy are addressed in NDIS Core Module, but not compliance of information management systems with privacy legislation.
	Evidence that people using services have been made aware of their right to access and amend personal information held by the organisation under the applicable privacy legislation and/or privacy principles.	**Div 2**: 11. Governance and Operational Management, (2); and 14. Information Management, (2)
	Documented and implemented processes for responding to privacy breaches and where required, reporting to the relevant authority in accordance with applicable legislation.	**Div 2**: 14. Information Management, (4) Privacy breaches not addressed specifically in NDIS Core Module.
	Evidence that the organisation: - is aware that it is bound to comply with the requirements of *Information Privacy Act 2009 (Qld)*	NDIS Core Module does not mention *Information Privacy Act 2009 (Qld).*
	- ensures that people working in or for the organisation understand their obligations around the management and overseas transfer of personal information as provided by that Act.	NDIS Core Module does not mention *Information Privacy Act 2009 (Qld).*
Disability Services	- Documented and implemented processes which ensure that records comply with the *Disability Services Act 2006* and section 9 *Disability Services Regulation 2017*.	**Div 2**: 14. Information Management, (3) and 17. Human Resource Management, (2) NDIS Core Module includes comparable requirements for information management and record-keeping, but does not reference QLD legislation.

HSQS Standard 2: Service Access

NDIS Core Module <mark>partially meets</mark> Standard 2

Summary

Both sets of standards share similar principles of planning and facilitating access to services in a way that best meets individual needs, but HSQS Standard 2 is slightly more comprehensive in its requirements. NDIS Core Module specifies requirements for transition to and from services, which can be interpreted as entry and exit processes, and addresses requirements for service access, service user intake, and support planning in a personalised way. HSQS addresses in more detail the referral of people using services, where service cannot be provided.

With regard to service entry and exit processes, NDIS Core Module is again predominantly participant-orientated, and does not have a specific requirement that organisations consider the potential impact of new user entry on existing service users within an organisation. HSQS Standard 2 also has a focus on timeliness of referrals to other services, and referral processes where an organisation is unable to provide services to an individual. There is an absence of similarly clear requirements for an organisation's referral processes in NDIS Core Module.

On this basis, NDIS Core Module partially meets HSQS Standard 2 (Common and DS Requirements).

Indicator 2.1	Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.	NDIS Core Module partially meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented processes which ensure: - eligibility and entry processes consider the best interests and impact on human rights for people seeking services, and where relevant, the potential impacts on existing service users	**Div 3:** 19. Access to Supports, (1); 21. Service Agreements with Participants, (4); and 22. Responsive Support Provision, (2) **Div** 1: 6. Person-centred supports, (1) NDIS Core Module indicators do not directly address impacts on other service users.

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 16 of 35

	- eligibility and entry into the service is provided on a non-discriminatory basis (sex, age, race, gender identity, sexuality, religion, ability or other identifiers), except where services are delivered to meet the needs of specific service users	**Div 1:** 6. Person-centred Supports (1); 7. Individual Values and Beliefs, (1-2); 8. Privacy and Dignity, (2); 10. Violence, Abuse, Neglect, Exploitation and Discrimination, (1) **Div 3:** 19. Access to Supports, (1)
	- where requested, and as appropriate to the type of services delivered, people exiting the service are assisted to move to where their current needs will be best met.	**Div 1:** 9. Independence and Informed Choice, (4) **Div 3:** 23. Transitions to or from Provider, (1)
Disability Services	Where the organisation provides accommodation, respite services or other applicable services, compatibility with existing service users is considered as part of entry to the service.	**Div 3:** 21. Service Agreements with Participants, (4) NDIS Core Module does not cover respite or other applicable services.
Indicator 2.2	**The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services.**	**NDIS Core Module partially meets HSQS, based on following indicators:**
Mandatory evidence	Documented and implemented processes that demonstrate: - how the organisation communicates effectively and responds to decisions by individual service users to access and/or exit services	**Div 1:** 9. Independence and Informed Choice, (4) **Div 3**: 23. Transitions to or from Provider, (3)
	- referrals for service are processed in a timely manner and with regard to the immediacy of the needs of the potential service user	Timeliness of referrals not addressed by NDIS Core Module.
	- the organisation works with other agencies to meet the needs of the service users during service entry and exit processes, where appropriate.	**Div 3**: 22. Responsive Support Provision, (2); 23. Transitions to or from Provider, (3) HSQS Common is more instructive than NDIS Core Module about manner in which entry & exit should be conducted.
	The organisation engages interpreters for people who need assistance to communicate effectively in English, in line with the *Queensland Language Services Policy*.	**Div 1:** 6. Person-centred Supports, (2)

Disability Services	Evidence that people using services are provided with information (in the format that the person is most likely to understand) and/or support to access a person of their choice to assist them when entering or exiting the service.	**Div 1:** 6. Person-centred Supports, (2) **Div 3**: 19. Access to Supports, (3)
Indicator 2.3	**Where an organisation is unable to provide services to a person, due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.**	**NDIS Core Module does not meet HSQS.** NDIS Core Module does not address turning service users away, ineligibility or lack of capacity.
	There are no mandatory evidence requirements for this indicator	

HSQS Standard 3: Responding to Individual Need

NDIS Core Module meets Standard 3

Summary

HSQS Standard 3 is very closely aligned with the overarching themes of NDIS Core Module and is addressed in substance particularly by NDIS Core Module standards *19) Access to Supports*, *20) Support Planning* and *22) Responsive Support Provision*. Both HSQS and NDIS Core Module highlight the importance of person-centred care, individual need and ongoing collaboration with people using services. There is particular commonality between the two sets of standards in relation to individualised support planning, and regular review of service user plans.

There are some minor gaps between NDIS Core Module and HSQS Standard 3, where NDIS Core Module does not require that organisations consider guardianship/custody arrangements in decision-making and facilitate community involvement for participants.

The NDIS Core Module meets the intent, and most of the mandatory requirements, of HSQS Standard 3 (Common and DS Requirements).

Indicator 3.1	The organisation uses flexible and inclusive methods to identify the individual strengths, needs, goals and aspirations of people using services.	NDIS Core Module partially meets HSQS, based on following indicators:
Mandatory evidence	The organisation documents the methods used to identify the individual strengths, needs, goals and aspirations of people using services.	**Div 3**: 20. Support Planning, (1)
	Documented and implemented processes which ensure: - service planning is conducted in accordance with the type of services delivered, and with regard for the anticipated duration of service delivery	**Div 3**: 20. Support Planning, (1)
	- service planning includes consideration of relevant guardianship/custody arrangements (including any statutory orders) that relate to individual service users, where relevant	**Div 3**: 20. Support Planning, (4) NDIS Core Module discusses involvement of a participant's 'support network' in decision making but does not address guardianship/ custody arrangements.

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 19 of 35

	- service planning promotes quality of life, autonomy and independence of people using services and inclusion in their community.	**Div 1:** 6. Person-centred Supports, (3); 9. Independence and Informed Choice, (1) & (3) **Div 3**: 19. Access to Supports, (2)
	Where service delivery requires individualised planning and support (such as case management, recovery/support planning), the organisation develops and implements an individualised plan, in conjunction with the person and their representatives / support persons that includes: - strategies for meeting the individual's needs and achieving identified goals, including developing and maintaining skills relevant to the person's roles in the community	**Div 2:** 18. Continuity of Supports, (3) **Div 3**: 21. Service Agreements with Participants, (1-3)
	- the types/level/nature of support to be provided by the service.	**Div 3**: 21. Service Agreements with Participants, (1-2); 20. Support Planning (4)
Disability Services	The organisation promotes opportunities for people using services to fulfil valued community roles. Where services are provided to adults who have an intellectual or cognitive disability and exhibit challenging behaviours, the organisation undertakes positive behaviour support planning (in accordance with legislative and policy requirements for positive behaviour support planning and the use of restrictive practices as set out in *Disability Services Act 2006*) which: - is responsive to the individual's needs - include strategies that respond to the person's needs and the causes of the challenging behaviours - seeks to reduce or eliminate the use of restrictive practices - improves the person's quality of life.	Not addressed in NDIS Core Module, but addressed in *NDIS Practice Standards Module 2: Specialist Behaviour Support* and *Module 2A: Implementing Behaviour Support Plans*.
Indicator 3.2	**The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).**	**NDIS Core Module meets HSQS, based on following indicators:**
Mandatory evidence	Processes for formulating service delivery that respects and values the individual and their human rights are documented, implemented, monitored and reviewed.	**Div 1:** 6. Person-centred Supports, (1), 7. Individual Values and Beliefs (2); 8. Privacy and Dignity (1) **Div 2**: 18. Continuity of Supports, (3)
	The organisation demonstrates consideration of the individual needs, rights and preferences of service users (such as age, culture, gender identity, sexuality, religious beliefs, ability, communication needs).	**Div 1.** 7. Individual Values and Beliefs, (1-2 **Div 2**: 18. Continuity of Supports, (3)

	Services are delivered in a safe and inclusive environment, which is adapted where necessary to meet the needs of individual service users.	**Div 3**: 19. Access to Supports, (2), 20. Support Planning, (2); 22. Responsive Support Provision, (3-4) **Div 4**: 24. Safe Environment
Disability Services	The organisation promotes a positive image of people with a disability both within the service and the community and provides opportunities for people with disability to develop skills and participate in and achieve valued community roles.	**Div 2**: 11. Governance and Operational Management, (1). NDIS Core Module requirement is limited to opportunity within the organisation; doesn't address broader community involvement.
Indicator 3.3	**The organisation ensures that services to individual/s are delivered, monitored, reviewed and reassessed in a timely manner.**	**NDIS Core Module meets HSQS, based on following indicators:**
Mandatory evidence	Documented and implemented processes for monitoring, reviewing and reassessing service delivery (including monitoring and adapting the physical environment, as relevant to the type of services delivered) to meet the needs of individual service users	**Div 1:** 9. Independence and Informed Choice, (4) **Div 3**: 19. Access to Supports, (2) **Div 4.** 24. Safe Environment, (2)
	- Where service delivery requires individualised planning and support (such as case management, recovery/support planning): planning is undertaken in a regular cycle of assessment, planning, implementation and review	**Div 3**: 20. Support Planning, (4)
	- plans are adapted as required to ensure they continue to be relevant to the changing needs of service users	**Div 3**: 20. Support Planning, (4)
	- records are maintained to support and demonstrate the effective implementation of individualised plans	**Div 2**: 18. Continuity of Supports, (3) **Div 3**: 20. Support Planning, indicators (1-2); 21. Service Agreements with Participants, (1)
	- the organisation involves the people using services and their representatives / support persons in reviewing individualised plans	**Div 1:** 9. Independence and Informed Choice, (5) **Div 2**: 18. Continuity of Supports, (3) **Div 3**: 20. Support Planning, (1) & (4)

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 21 of 35

Disability Services	Where services are provided to adults who have an intellectual or cognitive impairment, the organisation: - ensures that where a Positive Behaviour Support Plan is in place, service planning, delivery, monitoring, review and reporting is undertaken with reference to the plan, and in accordance with the *Disability Services Act 2006* and *Disability Services Regulation 2017*.	Addressed in *NDIS Practice Standards Module 2: Specialist Behaviour Support*, but not in NDIS Core Module.
Indicator 3.4	**The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.**	**NDIS Core Module partially meets HSQS, based on following indicators:**
Mandatory evidence	Policies and/or procedures outlining how the service will partner and collaborate to enable the service to work effectively with community support networks, other organisations and government agencies, as relevant and appropriate.	**Div 3**: 22. Responsive Support Provision, (2) NDIS Core Module requires documentation of collaboration with other providers in participants' service agreements, but has no specific requirement that collaboration processes be outlined in policies and procedures. Community support networks also not as explicitly addressed in NDIS Core Module.
	Partnership arrangements and collaborative strategies are documented, implemented, and reviewed.	**Div 3:** 22. Responsive Support Provision, (2)
	The organisation seeks input/involvement of relevant stakeholders as relevant and appropriate to inform service planning, delivery, monitoring and review processes.	**Div 2**: 13. Quality Management, (3) **Div 3**: 20. Support Planning, (5)
Indicator 3.5	**The organisation has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.**	**NDIS Core Module meets HSQS, based on following indicators:**
Mandatory evidence	The organisation uses appropriate communication methods to facilitate the engagement of people using services in decision-making and planning	**Div 1:** 9. Independence and Informed Choice, (1)
	Where service delivery requires individualised planning and support (such as case management, recovery/support planning): - the organisation actively encourages the participation of people using services and their representatives / support persons in planning and review processes, as appropriate	**Div 3**: 20. Support Planning, (1-2) & (4) 21. Service Agreements with Participants, (1)

	- the strengths, needs, goals and aspirations of people using services are recorded and responded to, and their participation in decision-making is promoted, where age and developmentally appropriate	**Div 3:** 20. Support Planning, (1)
	- Individualised Plans are provided in a format that is easily understood by the individual	**Div 3:** 21. Service Agreements with Participants, (2-3)

HSQS Standard 4: Safety, Wellbeing and Rights

NDIS Core Module meets Standard 4

Summary

The rights-based language of HSQS Standard 4 aligns neatly with Division 1 of NDIS Core Module (ie *Rights and Responsibilities*). The safety and harm minimisation elements of this HSQS standard are generally met by NDIS Core Module standards *10) Violence Abuse, Neglect, Exploitation and Discrimination* and *16) Incident Management*. Both sets of standards require that service users' safety and human rights be protected, and share a conceptual focus on choice and participation.

For this HSQS standard, the major gaps in NDIS Core Module are comprised of: the area of working with children related indicators; less specific requirements for staff training on response to harm; Queensland-specific human rights legislation; and different requirements on incident reporting. To satisfy NDIS Core Module, an organisation must be compliant with the *NDIS (Incident Management and Reportable Incidents) Rules*, but these Rules are not entirely comparable with HSQS requirements for incident reporting. For example, the NDIS Rules do not mandate reporting to external agencies; they only mandate reporting of reportable incidents to the NDIS Commissioner.

Generally, the themes and intent of this HSQS standard are reflected in NDIS Core Module, but with slightly less prescriptive requirements. The content related to restrictive practices in this standard is not addressed within NDIS Core Module, but is addressed by *NDIS Module 2: Specialist Behaviour Support* and *Module 2A: Implementing Behaviour Support Plans*.

As such, on balance NDIS Core Module meets the intent, and most of the mandatory requirements, of HSQS Standard 4 (Common and DS Requirements).

Indicator 4.1	The organisation provides services in a manner that upholds people's human and legal rights.	NDIS Core Module meets HSQS, based on following indicators:
Mandatory evidence	Documented processes and records of service planning and delivery demonstrate that services are delivered in a manner that is compatible with the human rights of people using services, and upholds their legal rights, including: - human rights and obligations consistent with the *Human Rights Act 2019*	**Div 1:** 6. Person-centred Supports, (1) NDIS Core Module does not mention QLD *Human Rights Act 2019.*
	- right to privacy and to access to personal information held by the service (and for services funded by a Queensland Government department, the right to access information held by the department through the *Right to Information Act 2009*)	**Div 1:** 8. Privacy and Dignity, (1) **Div 2:** 14. Information Management, (1-2)

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 24 of 35

	- right to confidentiality of personal information	**Div 1:** 8. Privacy and Dignity, (2) **Div 2:**14. Information Management, (4)
	- right to be treated with dignity and respect	**Div 1:** 8. Privacy and Dignity, (1)
	People using services are provided with information on their rights, in ways that are appropriate, having regard to their identity, ability and cultural background.	**Div 1:** 6. Person-centred Supports, (1-2) 7. Individual Values and Beliefs, (2)

Disability Services	Services are planned and delivered in a manner that supports the human rights of people with disability.
	
	Evidence that people using services have received information necessary to support their rights, in ways that are appropriate, having regard to their disabilities and cultural backgrounds.
	
	Where services are provided to adult/s with an intellectual or cognitive disability, the organisation:
	
	- has developed and implemented policies/procedures for delivering services in the least restrictive way
	- complies with legislative requirements for use of restrictive practices and positive behaviour support planning, including:
	   o has assessed and identified any restrictive practices in use
	   o has developed or is developing a positive behaviour support plan, including, where required, ensuring that a multi-functional assessment was/is conducted by an appropriately qualified or experienced practitioner
	   o has provided a statement to the adult and their support network explaining why the organisation considers the adult needs to be subject to restrictive practices
	   o has obtained or is obtaining the relevant consents or order (or short term approval) approving the use of the restrictive practice in the context of a positive behaviour support plan
	   o has reported on a monthly basis on the use of restrictive practices (consistent with the requirements of *Disability Services Regulation 2017*) using On Line Data collection
	   o is monitoring and reviewing the implementation and outcomes of the positive behaviour support plan.
		Div 1: 6. Person-centred Supports, (1-2)
		Div 3: 22. Responsive Support Provision, (2)
		
		The content related to restrictive practices in this HSQS Common indicator is not addressed within NDIS Core Module. However, it is addressed by *NDIS Module 2: Specialist Behaviour Support* and *Module 2A: Implementing Behaviour Support Plans.*

Indicator 4.2	The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.	NDIS Core Module partially meets HSQS, based on following indicators:
Mandatory evidence	Processes for preventing, identifying and responding to risks to the safety (including the prevention of all forms of harm, abuse and neglect) and wellbeing of people using services are documented, implemented, monitored and reviewed.	**Div 1:** 10. Violence, Abuse, Neglect, Exploitation and Discrimination, (1) & (3) **Div 2:** 12. Risk Management (1); 13. Quality Management, (3)
	Where an organisation delivers services to children and young people and is carrying on a regulated business or employing persons in regulated employment under the *Working with Children (Risk Management and Screening) Act 2000* documented and implemented processes for: - ensuring all relevant persons working in or for the organisation (including governing body members) have either a current blue card or exemption card or (for paid employees only) a pending application for a blue card or exemption card	Working with children not discussed in NDIS Core Module.
	- maintaining an employee register to manage and track the status of applications including pending applications, blue/exemption card numbers, expiry dates and any other relevant information (e.g. the type of employment or any exemptions that may apply)	**Div 2:** 17. Human Resource Management, (2) NDIS Core Module requires organisations to maintain records of worker checks, but does not specify any working with children certifications/licences.
	- appropriately managing the notification of a negative notice for any person working in or for the organisation	Not discussed in NDIS Core Module.
	- linking any person who already holds a blue card or exemption card with the organisation	QLD-specific requirement.
	- ensuring that a child and youth risk management strategy addressing the eight minimum requirements set out in the *Working with Children (Risk Management and Screening) Regulation 2011* is in place and is reviewed annually.	QLD-specific requirement. Working with children not discussed in NDIS Core Module.
	Documented and implemented processes for ensuring safe environments for people who use services, with due regard to legislative requirements as relevant to the types of services provided.	**Div 2:** 12: Risk Management (1-3) **Div 3:** 19. Access to Supports, (2) **Div 4:** 24. Safe Environment, (2-3)
Disability Services	Documented and implemented processes which ensure that Criminal History Screening – Prescribed Notice (Yellow Card) requirements are complied with in accordance with the *Disability Services Act 2006*, including:	QLD-specific requirement.

		- ensuring that all relevant persons engaged in or for the organisation undergo appropriate criminal history screening (e.g. Yellow Card, Blue Card/Yellow Card Exemption)' - managing and tracking the status of screening applications and expiry dates by maintaining a register - appropriately managing the notification of a negative notice and notifications of change in criminal history for any person working in or for the organisation - linking any person who already holds a Yellow Card or Blue Card/Yellow Card Exemption as a result of an engagement with another provider with the organisation Documented and implemented Risk Management Strategy that meets requirements of section 49 *Disability Services Act 2006*. Where services and support are provided in an accommodation setting, implemented processes for ensuring that: - the health care needs of people with disability are documented and regularly reviewed by a qualified health practitioner or therapist - people using services are supported to access preventive health services such as cancer screening, vaccinations - risk identification and management strategies are applied to minimise the risk of preventable incidents such as swallowing and/or breathing difficulties, medication management issues.	
Indicator 4.3		**The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.**	**NDIS Core Module meets HSQS, based on following indicators:**
Mandatory evidence		Processes for reporting and responding to potential, suspected, alleged or actual harm, abuse and/or neglect of service users are documented, implemented, monitored and reviewed.	**Div 1:** 10. Violence Abuse, Neglect, Exploitation and Discrimination, (3) **Div 2:** 16. Incident Management, (1)
		Processes ensure that all people working in or for a service (including staff, volunteers and subcontractors) are aware of: - what constitutes, harm, abuse and neglect and how to respond in a manner that is consistent with any legislative requirements	**Div 1:** 10. Violence Abuse, Neglect, Exploitation and Discrimination, (1) Staff training on harm not addressed by NDIS Core.
		- how to record and report allegations or incidents, including reporting of harm, abuse and neglect through internal processes and to any external agencies, as appropriate	**Div 1:** 10. Violence Abuse, Neglect, Exploitation and Discrimination, (3) **Div 2:** 16. Incident Management, (4)
		- their responsibilities to support people, or make referrals to appropriate supports	**Div 2**: 17. Human Resource Management, (1-2)

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 27 of 35

	- the importance of responding to allegations of harm, abuse and/or neglect in a manner that observes the principles of natural justice, and for all parties to be supported during the investigation of an allegation of harm, abuse or neglect.	**Div 2**: 15. Feedback and Complaints Management, (1-2)
	The organisation has an incident reporting system which ensures that incidents are assessed, managed and reported in a timely manner to internal stakeholders and relevant external agencies such as Queensland Police, DCSYW, Coroner and/or funding bodies.	**Div 2:** 16. Incident Management, (1-2) *NDIS (Incident Management and Reportable Conduct) Rules*, which must be complied with under NDIS Core Module, do not mandate reporting to external agencies; only mandate reporting of reportable incidents to the NDIS Commissioner.
Disability Services	The organisation must have, maintain, implement and act in accordance with policies consistent with DCDSS's policy on Preventing and Responding to the Abuse, Neglect and Exploitation of People with a Disability, including: - promoting a culture of no retribution - ensuring there are systems to identify and respond to abuse, neglect or exploitation of service users - ensuring timely, adequate and appropriate responses to incidents. The organisation has a policy consistent with DCDSS's Critical Incident Reporting Policy. This policy is implemented, monitored and reviewed, and incidents are reported in accordance with their critical incident type.	**Div 1:** 10. Violence Abuse, Neglect, Exploitation and Discrimination, (1) & (3) **Div 2:** 16. Incident Management, (1) & (3) NDIS Core does not specifically meet the 'culture of no retribution' requirement.
Indicator 4.4	**People using services are enabled to access appropriate supports and advocacy**	**NDIS Core Module meets HSQS:** **Division 1: 9. Independence and Informed Choice, (5)**
	There are no mandatory evidence requirements for this indicator	
Disability Services	The organisation ensures that people with disability have access to necessary independent advocacy support so they can participate adequately in decision-making about services they receive. Processes exist and resources are used to inform people using services about accessing relevant support agencies and advocacy groups, including the Office of the Public Guardian.	**Div 1:** 9. Independence and Informed Choice, (5)

Indicator 4.5	The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.	NDIS Core Module partially meets HSQS, based on following indicators:
Mandatory evidence	Evidence that people using services are given opportunities to participate as fully as possible and make choices about the services they receive.	**Div 1:** 6. Person-centred Supports, (2-3); 9. Independence and Informed Choice, (1-2) **Div 2:** 11. Governance and Operational Management (1)
	Services are delivered in a manner that is least intrusive while: - maintaining safety, wellbeing and rights of people using services; and - having regard to people using services' human rights including consideration of whether any limitation of human rights is consistent with Section 13 of the *Human Rights Act 2019.*	**Div 1:** 6. Person-centred Supports, (1) **Div 3:** 22. Responsive Support Provision, (1) NDIS Core Module does not discuss how human rights may be limited, as in Section 13 of the QLD *Human Rights Act 2019.*
Disability Services	Information is provided in a format easily understood by individual service users (based on the individual's preferences for the communication method) to enable people using services to participate and make choices about the services they receive. Documented policies and practices which enable people who are using an advocate to participate in decision making and choices in relation to the advocacy strategy being implemented. Records and/or feedback from people using services demonstrate that where an individual is unable to provide consent, the organisation seeks consent from the person's legal guardian or relevant informal decision-maker/s.	**Div 1:** 6. Person-centred Supports, (2); 9. Independence and Informed Choice, (1) & (4-5) NDIS Core Module does not address seeking consent from guardians or decision-makers where individual is unable to provide consent.

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 29 of 35

HSQS Standard 5: Feedback, Complaints and Appeals

NDIS Core Module meets Standard 5

Summary

For an organisation to meet the requirements of NDIS Core Module they must be compliant with the *NDIS (Complaints Management and Resolution) Rules*, a prescriptive set of regulations that requires an organisation to have a robust complaints management system. The Rules include requirements that complainants are supported, organisations have their own complaints management policies, complaints management systems promote continuous improvement, and complaints are reported to the appropriate bodies.

All of the HSQS indicators on complaints management are addressed in the *NDIS (Complaints Management and Resolution) Rules* (particularly section 8 of these Rules), and generally speaking, the complaints management system requirements of the NDIS Practice Standards are more detailed and specific than those of HSQS.

As such, NDIS Core Module meets HSQS Standard 5 (Common and DS Requirements).

Indicator 5.1	The organisation has fair, accessible and accountable feedback, complaints and appeals processes.	NDIS Core Module meets HSQS, based on following indicators:
Mandatory evidence	Documented and implemented complaint management/dispute resolution procedure for handling complaints between the organisation and people using services concerning any services	**Div 2:** 15. Feedback and Complaints Management, (1)
	Documented and implemented procedure for dealing with complaints that any person may make about any of the services, including the right to make a complaint to the relevant funding body and/or an external complaints agency	**Div 2:** 15. Feedback and Complaints Management, (1)
	Complaint management/dispute resolution procedures and complaints documents are made available to people using services and/or their representatives / support persons	**Div 2:** 15. Feedback and Complaints Management, (2)
	People working in or for the organisation are aware of, trained in and comply with the relevant procedures in relation to complaints management and resolution.	**Div 2:** 15. Feedback and Complaints Management, (4)
	Documented processes which ensure that the organisation does not discontinue or reduce services or take any recriminatory action in relation to a person who has made a complaint about any of the services or who has had a complaint made on their behalf	**Div 2:** 15. Feedback and Complaints Management, (2)

Indicator 5.2	The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.	NDIS Core Module meets HSQS: Division 2: 15. Complaints Management (1)
	There are no mandatory evidence requirements for this indicator	
Indicator 5.3	People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals processes and assisted to understand how they access them.	NDIS Core Module meets HSQS, based on following evidence indicators:
Mandatory evidence	Evidence that people using services, their representatives / support persons and other relevant stakeholders have been made aware of their right to access an external complaints agency and external advocacy/support agencies as appropriate, and have been informed of how to do so.	**Div 2:** 15. Feedback and Complaints Management, (2)
	Implemented policy/procedure which ensures that people using services are appropriately supported to provide feedback, make a complaint or appeal to external avenues should they choose to do so.	**Div 2:** 15. Feedback and Complaints Management, (2)
	Documented and implemented policy which ensures that management and staff refer complaints promptly to external agencies when appropriate (e.g. the relevant department, Queensland Police Service, Office of the Public Guardian).	**Div 2:** 15. Feedback and Complaints Management, (2)
Indicator 5.4	The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.	NDIS Core Module meets HSQS: Division 2: 15. Complaints Management, and 13. Quality Management (3)
	There are no mandatory evidence requirements for this indicator	

HSQS Standard 6: Human Resources

NDIS Core Module partially meets Standard 6

Summary

NDIS Core Module Standard 17 addresses human resource management but, generally speaking, this is a less prescriptive area of NDIS Core Module compared with HSQS Common. HSQS Common's standard on Human Resources refers to national and state employment legislation, whereas the regulation of human resources in NDIS Core Module is largely confined to internal NDIS Worker Screening requirements. Compliance with employment law is not explicitly addressed by NDIS Core Module, nor is workforce planning. Notably, there is an absence of worker-oriented rights in NDIS Core Module, in particular, the rights of workers to have their grievances heard.

However, both HSQS Common and NDIS Core Module do share a focus on appropriately training and supporting staff to ensure quality of service delivery, and as such, NDIS Core Module partially meets HSQS Standard 6 (Common and DS Requirements).

Indicator 6.1	The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.	NDIS Core Module does not meet HSQS.
Mandatory evidence	Documented and implemented process to ensure employment practices comply with relevant employment-related legislation, including the *Human Rights Act 2019*.	NDIS Core Module only contains requirements for employer practices to comply with NDIS rules i.e. worker screening; no requirement for external legislative compliance.
	Buildings and the physical environment where services are delivered are safe for people working in or for the organisation and are well maintained.	Buildings and physical environment not discussed in relation to worker safety.
	Human resource management systems ensure that workforce planning is undertaken in a manner that supports the level and type of services the organisation delivers.	Workforce planning not discussed in NDIS Core Module.
Indicator 6.2	The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess knowledge, skills and experience required to fulfil their roles.	NDIS Core Module meets HSQS, based on following indicators:
Mandatory evidence	People working in and for the organisation are qualified or skilled to perform their nominated role.	**Div 2**: 17. Human Resource Management, (1)

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 32 of 35

Indicator 6.3	The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.	NDIS Core Module meets HSQS, based on following indicators:
Mandatory evidence	Processes providing people working in and for the organisation (including volunteers) with induction, training and development opportunities relevant to their roles are documented, implemented and reviewed.	**Div 2**: 17. Human Resource Management, (4)
	Persons working in and for the organisation (including volunteers) have been inducted into the organisation, according to the responsibilities of their role.	**Div 2**: 17. Human Resource Management, (3)
	Persons working in and for the organisation (including volunteers) have regular opportunities to have their learning and training needs assessed and responded to.	**Div 2**: 17. Human Resource Management, (6)
	The organisation ensures that people working in or for their service (including volunteers) have been appropriately trained to understand the human rights of people using services and the impacts of service delivery on those rights.	**Div 1:** 6. Rights and Responsibilities, (1) **Div 2:** 17. Human Resource Management, (3-5) NDIS Core Module requires that workers are trained and supported to meet the needs of participants, however human rights are not specifically mentioned in the context of worker training.

Disability Services	The organisation ensures that people working in or for their service have been appropriately trained to: - respond to and mitigate potential critical incidents - fully and accurately report critical incidents within required timeframes. Documented and implemented processes for ensuring compliance with DCDDS's policy on Preventing and Responding to the Abuse, Neglect and Exploitation of People with Disability, including ensuring that all staff and volunteers: - are aware of, trained in, compliant with and implement the policies on preventing and responding to the abuse, neglect and exploitation of people using services - are trained to recognised and prevent/minimise the occurrence or recurrence of abuse, neglect and exploitation of people using services - are trained in early intervention approaches where potential or actual abuse, neglect or exploitation of people using services is identified. Where services are provided to adult/s with an intellectual or cognitive disability, the organisation ensures that staff and volunteers are: - trained in and understand how to recognise a restrictive practice - trained in positive behaviour support and the use of proactive and preventative strategies.	**Div 1:** Violence, Abuse, Neglect, Exploitation and Discrimination, (1) & (3) **Div 2:** 16. Incident Management, (4) NDIS Core Module does not address early intervention approaches to abuse. Training in restrictive practices and positive behaviour support are not addressed in NDIS Core Module, but in *Module 2: Specialist Behaviour Support* and *Module 2A: Implementing Behaviour Support Plans*.
Indicator 6.4	**The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.**	**NDIS Core Module meets HSQS, based on following indicators:**
Mandatory evidence	Evidence that people working in or for the organisation receive periodic feedback/supervision and support, as relevant to their role, level of experience, and the complexity of service user needs.	**Div 2:** 17. Human Resource Management, (5) & (6)
Indicator 6.5	**The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes.**	**NDIS Core Module does not meet HSQS.**
Mandatory evidence	Documented and implemented policy or procedure which addresses the management of grievances and disputes raised by people working in and for the organisation: - reflecting the principles of natural justice	**Div 2:** 15. Feedback and Complaints Management, (1) NDIS Core Module complaints management rules focus on mistreatment of participants, rather than of workers.
	- ensuring that people working in and for the organisation are able to raise grievances without fear of retribution	No equivalent requirement in NDIS Core Module.

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 34 of 35

	- ensuring that people working in and for the organisation are aware of their right to refer a complaint to a relevant external agency (e.g. Fair Work Commission, Queensland Human Rights Commissioner)	No explicit right of referral for a worker's personal complaint in NDIS Core Module.
	Evidence that the organisation responds appropriately to grievances and disputes raised by people working in and for the organisation.	Under NDIS Core Module, organisations are obliged to respond to workers' complaints per *NDIS (Complaints Management and Resolution) Rules,* but this is with regard to complaints made on a participant's behalf, rather than a worker's personal grievance.

BNG Mapping Recognition Report – Final Report 22/05/2020
Mapping the NDIS Practice Standards Core Module to QLD HSQS Common

Page 35 of 35