



Advocacy Scheme AS 5391:2024

Requirements for bodies certifying Advocacy Services for Persons

Committee Draft v 1.5 – WORKING DRAFT

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Note: Text highlighted in Yellow is under Substantial revision by the Technical Committee.



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Introduction

Edition 1 of this Scheme is dedicated to all Advocates who embodied the indomitable spirit, focus and respect on the individual, and kindness towards vulnerable persons that this scheme wishes to incentivise in future Advocates in Australia and with time, around the world.

Advocates wishing to acquire best practices are encouraged to learn more about the history of Advocacy in aged care and disability settings, and its deeper origins in human rights movements.

Explanation of the interaction between ISO/IEC 17065 and this document

The requirements of ISO/IEC 17065 fully apply in this scheme, modified for auditing Advocacy Service settings to AS 5391:2024.

Applicable requirements that have been excerpted from ISO/IEC 17021-1 are marked by citation of the clause number from ISO/IEC 17021-1 with brackets against the scheme clause number.

Accessing copies of ISO/IEC 17065 and AS 5391:2024 is essential for understanding the requirements of this scheme.

The accreditation standards are only available under license, and cannot be re-published or otherwise incorporated into scheme documents (with the exception of fair use).

The italicized text throughout this document marked with suffix of ‘_65I’ in the clause number is a ‘plain language’ explanation of the requirements of ISO/IEC 17065. It is not to be cited as requirements nor used as the basis for raising nonconformities. It has been produced to show stakeholders for the Advocacy Scheme AS 5391:2024 the ‘full context’ or totality of requirements in the scheme document.

ISO/IEC 17065 is a standard for undertaking ‘conformity assessment’ (‘auditing’, ‘evaluation’, etc) for products, ‘processes’ (e.g., a packaging distribution process) or services. It is one of the five main standards for ‘third-party’ conformity assessment used by JASANZ, with the others being management system auditing (ISO/IEC 17021-1), inspection (ISO/IEC 17020), personnel certification (ISO/IEC 17024), and validation and verification of claims (ISO/IEC 17029).

The conformity assessment standards are co-published by the international organisations, the International Organisation for Standardization (in some languages, the order of these terms result in ‘ISO’ as the acronym), founded in 1947, and the International Electrotechnical Commission (IEC), founded in 1906. The Technical Committee that co-produces these standards is ‘ISO/CASCO’, and you can see its website here:
www.iso.org/committee/54988.html

The ISO/CASCO website includes a free resource, called the ‘CASCO Toolbox’, that provides guidance to government and industry on how to use conformity assessment standards to help achieve their goals.

The general term for the content of ISO/IEC standards is ‘clauses’, and these are all numbered such that they can be cited in their precise form.

All ISO/CASCO conformity assessment standards refer to each other as requirements 'where applicable'. This means that readers are expected to understand the connections between the standards, and when developing a certification scheme, choosing the 'applicable' components given the requirements of the certification scheme.

AS 5391:2024 is a standard that includes requirements for a service, for example requirements on 'service access' (clause 3.2 of AS 5391:2024) and 'developing and maintaining Advocacy Service networks' (clause 3.6 of AS 5391:2024), as well as requirements for a management system (for example 'management processes' (clause 4.4 of AS 5391:2024) and 'service review and quality improvement' (clause 4.10 of AS 5391:2024). This means 'applicable' parts of ISO/IEC 17021-1 should be invoked in a certification scheme for AS 5391:2024. In this scheme document, applicable parts of ISO/IEC 17021-1 that have been invoked are marked by the corresponding clause number in this standard in brackets next to the main clause number, for example clause 7.1.1.1 (9.1.3.2).

The ISO/CASCO Committee also produces a standard for 'accreditation' of third-party conformity assessment bodies. This standard is ISO/IEC 17011, and it establishes the requirements for accreditation bodies granting 'accreditation' (an equivalent of 'certification', but given to 'certification bodies' by accreditation bodies), to certification bodies. This standard (ISO/IEC 17011), includes requirements for how an accreditation body is to grant accreditation to ISO/IEC 17065 and the associated certification schemes that ISO/IEC 17065 must be operated in conjunction with. It also states that the authority of an accreditation body typically is derived from government. The Joint Accreditation System of Australia and New Zealand (JASANZ) is Australia's and New Zealand's official authorised 'accreditation body' for granting accreditation to ISO/IEC 17065. The Authorisation is established through an inter-country agreement, specifically in the form of a Treaty, the JASANZ Treaty.

Therefore, JASANZ is required to comply with ISO/IEC 17011 when it is granting accreditation of certification bodies to the Advocacy Scheme AS 5391:2024.

In addition, all three of these standards (like AS 5391:2024), have been adopted as Australian (and New Zealand) national standards for third-parties undertaking these activities.

Anyone interested in the full contents of ISO/IEC 17065, ISO/IEC 17021-1, or ISO/IEC 17011 can download these standards from the Standards Australia website. They will appear with the national designations 'AS' (Australian Standard) and NZS (New Zealand Standard) AS/NZS at the start of their titles. The standards are only made available under the Standards Australia license, and cannot be reproduced by other parties.

Other examples of certification schemes and other conformity assessment schemes being used for government and industry policies are published at www.publicsectorassurance.org

Based on feedback from stakeholders, it was considered important that Advocacy Scheme AS 5391:2024 include a plain language explanation of the contents of ISO/IEC 17065.

The Introduction section of the standard ISO/IEC 17065 explains that it intended to be used by 'third-party' (independent of service providers such as Advocacy Services, and users of services such as Persons) certification bodies such that all stakeholders can be confident in the resulting certification decisions made. The standard explains it primarily outlines requirements for certification bodies, such that if they follow the requirements of this document, stakeholders can be confident that they undertook their responsibilities in a competent, impartial, fair manner.

It explains that certification is one means of providing assurance to the market that the products, processes or services meet (conform to) specified requirements such as standards (for example AS 5391:2024), other 'normative documents' such as human rights obligations, and conformity assessment scheme requirements such as those in Advocacy Scheme AS 5391:2024.

The standard explains that where used in higher risk areas, its base-level requirements should be 'amplified' (strengthened) by a conformity assessment scheme.

To assist understanding of the interaction of requirements and the scheme, JASANZ develops schemes for Scheme Owners typically by 'supplementing' (adding) and occasionally 'modifying' (writing 'over' an existing requirement and specifying how it applies differently in the Scheme).

Finally, the introduction defines the following key terms within it: "Shall" indicates a requirement, and the certification body has little discretion in having to comply with the prescriptive obligations. The term 'shall' is used in scheme documents when it is very important to undertake an activity in a specific way.

"Should" indicates a recommendation, which is also an obligation, but may be met in equivalent ways. This term is used when there are various possible ways to achieve the same outcome, or when a scheme wants to deliberately create innovation and diversity in service offerings.

"Can" indicates a possibility or a capability. It is not an obligation on a certification body to comply with these statements, and they are not 'requirements'. They are used in certification schemes to clarify whether a possibility is permitted, and to alert certification bodies to the opportunities. 'Can' is a common statement in voluntary certification schemes that are seeking to improve services and management systems. These terms from ISO/IEC 17065 are carried over in Advocacy Scheme AS 5391:2024.

1. Scope

Body copy

1_65I Explanation that the standard contains requirements for the competence, consistent operation and impartiality of product, process and service certification bodies. It explains that 'product' in this standard can be read also as a 'process' or 'service'.

Australian Standard (AS) 5391 is the first national standard for Advocacy Services, and is intended to be applied in the aged care and disability settings. It explains that '*Advocacy aims to protect and advance the human rights of those who access it...most Advocacy is done by the Advocate working with the Person to build their capacity for Self-Advocacy*'.

Right 11 of the Charter of Aged Care Rights is: '*I have the right to: have a person of my choice, including an aged care advocate, support me or speak on my behalf*', and demonstrates the principle that Advocacy is provided *in addition* to other services and supports, and increases the value of these and other opportunities for Persons.

Recent Government reports as at the time of publishing Issue 1 of this Scheme provide further insightful commentary on the nature of Advocacy in Australia, and how it interrelates with and contributes to services and supports.

Chapter 1.3.14 in the Final report of the Royal Commission into Aged Care Quality and Safety states: *‘One of the best ways of safeguarding older people is to make sure that ‘their voices are heard and their preferences acknowledged’. Advocacy services play an essential role in ensuring that this occurs’... ‘Advocacy should extend beyond individual advocacy to information and education programs so that older people are aware of their rights and how advocacy can help them. There should also be ‘systemic advocacy’ to advance the interests of older people as a group.’... ‘The advocacy network should be able to reach more older people, to undertake systemic as well as personal advocacy and to offer an expanded range of education and information services for older people, their carers and families.’* And in regards to younger people in Aged Care, the Report states: *‘Navigation of the interfaces between the health care, aged care and disability services systems is complicated’.* Volume 2 of the Report explains: *‘Aged care needs to be trauma-informed at all levels’... ‘It can be beneficial for providers to partner with peak bodies and advocacy groups who can share specialist knowledge to assist in the provision of good care in these cases and to prevent social isolation’.* Chapter 4 on Systemic Problems states: *‘Without adequate advocacy services to support feedback from people receiving care, substandard care may not be identified and opportunities to improve services may be missed, contributing to systemic failures in aged care.’*

The Executive Summary of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Royal Commission Final Report states: *‘Disability advocacy means acting, speaking or writing to promote, protect and defend the human rights of people with disability. There are several forms of disability advocacy: Self-advocacy is where someone with disability speaks up and represents themselves, sometimes with support and training from community-based groups. Individual advocacy is a one-on-one approach, undertaken by a professional advocate, relative, friend or volunteer. Systemic advocacy involves working for long-term social change to ensure the collective rights and interests of people with disability are met through legislation, policies and practices.’.* Under a heading ‘the Value and role of Advocacy, the Report states: *‘The National Disability Advocacy Framework (NDAF) recognises the critical role of advocacy. Under the 2023–2025 NDAF, the Australian Government and state and territory governments have committed to the following objective: People with disability have access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights, enabling full community participation and inclusion.’ ‘...In many public hearings, we heard about the importance of self-advocacy in preventing violence against, and abuse, neglect and exploitation of, people with disability. However, some people with disability may have limited capability to self-advocate. Their personal circumstances or high support needs may mean they require independent advocacy support. Independent advocacy is an essential complement to self-advocacy and family advocacy.’*

Action 5.2 of The Final Report on the NDIS Review 2023 (*‘Working together to deliver the NDIS’*) Action recommended further government funding for Persons to be: *‘...connected with capacity building support’... ‘programs and initiatives that help to build decision-making capacity and independence for participants with a cognitive disability or complex communication support*

needs. At a minimum, this should include self-advocacy, peer-support, and training'...' It should include a disability led mechanism to support a coordinated approach to self-advocacy networks and peer support...'. In supports for children, the Report noted: 'If families do not have sufficient self-advocacy skills, this leads to inequitable funding outcomes'.

Consistent with the above requirements and Government reports, this Scheme seeks to create a unified network of organisations applying the first Australian Standard for Advocacy Services.

Furthermore, conformity with relevant Australian Standards is held in high regard in Australia as evidence of company's commitment to its legal responsibilities. This may be one additional marker for stakeholders, including funders and Persons, to demonstrate an organisation takes its Advocacy responsibilities seriously, including in regard to reasonable control over the actions of its own Personnel and risks inherent in the complex work of advocating for Persons.

The implementation of AS 5391:2024 and audits and Issue 1 of this certification Scheme aims to promote the supply of and access to high quality, informed Advocacy Services for the Aged Care and disability sectors following recommendations to this effect in: The two respective final Royal Commission Reports for these sectors; The Final Royal Commission Report into Defence and Veteran Suicide; Final Report on the NDIS Review 2023 ('*Working together to deliver the NDIS*'). In addition, this Scheme seeks to help uphold Australia's obligation as a signatory to the optional protocol of the UN Convention on the Rights of Persons with Disabilities.

The role of Advocacy has long been acknowledged as a vital contributor to the effectiveness of the Australian aged care and disability systems, and the ability of individual to exercise their rights when accessing and receiving services.

AS 5391:2024 ('Advocacy in Ageing and Disability') was developed under a Standards Australia process and entailed an extensive public consultation.

This scheme is intended to operate in conjunction with, and avoid duplication of, existing human services and quality management systems schemes operating under an accredited basis, particularly the National Disability Advocacy Program Scheme, owned by the Australian Department of Social Services and which uses the 'National Standard for Disability Services' (NSDS). Issue 1 of this Scheme is voluntary; however a goal of this Scheme is to gain the confidence of stakeholders such that it is desired from a voluntary business improvement perspective, and it is relied on by governments and other authorities for administrative funding and regulatory purposes.

The Scheme seeks to incorporate learnings from the Australian Royal Commissions into Aged Care and (separately) disability, which both emphasised the need to increase the availability of high-quality Advocacy Services. The development of the Standard AS 5391:2024 was undertaken by Standards Australia to address this need and endorsed by the industry which participated in its development.

Issue 1 of the Scheme seeks to provide innovative opportunities to Advocacy Services and their stakeholders to improve outcomes for Persons through data collection and analysis on Advocacy outcomes and Advocacy quality.

The desired significant benefits for certified Advocacy Services under the Scheme are: (a) A clear understanding of the quality of service they need to deliver and whether or not they comply with that standard; and b) Ongoing information about areas which require further attention and/or training, as well as to contribute to broader meeting Australia's obligations under the United Nations Principles for Older Persons, and The Convention on the Rights of Persons with Disabilities.

The Scheme is a structurally robust, and legally sound mechanism of attestation to test and monitor the performance of Advocacy Services.

JASANZ is the sole accreditation body recognised by OPAN/DANA to provide accreditation services to the Scheme.

A potential expansion to Veteran's Advocacy is an objective of subsequent issues of the scheme.

Issue 1 of the Scheme is the result of full consensus of a Technical Committee comprising of a balanced range of stakeholders and was accepted by OPAN/DANA as the Scheme Owner and JASANZ, as the internationally recognised accreditation body. Consensus is defined as at least 75% of voting members. As the Scheme Owners and publishers of the Issue 1 of the Scheme, OPAN/DANA's expectations have determined its final contents.

Certification under this scheme is possible for Advocacy Services of all sizes and maturity levels, and to consortia or other legally affiliated multi-site groups with shared business activities.

Consistent with AS 5391:2024, the focus of this scheme is individual Advocacy, and the Person whom Advocacy is provided to as an 'Advocacy Service'. To advocate for Persons, there are six Advocacy service 'types', which may be indicated on sub-scopes on certification documents but must be described in audit reports, where applicable: Individual Advocacy, Citizen Advocacy, Family Advocacy, Self-Advocacy, Legal Advocacy, and Systemic Advocacy. For the purposes of focusing appropriately on individuals, the scope of certification in Issue 1 of this scheme is confined to 'Advocacy for individuals' (Individual Advocacy), regardless of the underlying means by which this individual Advocacy is achieved. The geographic scope of certification may be specified at the state/territory(s) level or to whole of Australia.

In all cases, certification scope of certificates will include reference to all jurisdictional legal and funding requirements which the Advocacy Service is considered to be conforming to, noting this does not equate to an attestation of full legal compliance.

2. Normative References

2_65I. This clause includes a list of documents that are further 'requirements' to be read in conjunction with ISO/IEC 17065. As mentioned, this includes ISO/IEC 17021-1, 'Requirements for bodies providing audit and certification of management systems'.

Standards

ISO/IEC 17000:2020 Conformity assessment — Vocabulary and general principles.

ISO/IEC 17065:2012. Conformity assessment — Requirements for bodies certifying products, processes and services

ISO 19011:2018 Guidelines for auditing management systems.

Note: While named 'guidelines', this document is considered a normative conformity assessment standard in the Advocacy Scheme AS 5391:2024.

Documents

IAF Mandatory Document 1:2023. IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organisation

IAF Mandatory Document 4:2023. IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes

IAF Mandatory Document 11:2023. IAF Mandatory Document for the Application of ISO/IEC 17021-1 for Audits of Integrated Management Systems

Other normative references

Aged Care Act 1997

Aged Care Quality and Safety Commission Act 2018

The Single Charter of Aged Care Rights

National Disability Insurance Scheme Act 2013

Disability Services and Inclusion Act 2023, and state and territory disability services acts.

Privacy Act 1988

The United Nations Charter of Human Rights

The United Nations Principles for Older Persons

The Convention on the Rights of Persons with Disabilities

Disability Discrimination Act 1992

Age Discrimination Act 2004

3. Terms and References

3_65I. Explains that the terms and definitions from the international vocabulary standard, ISO/IEC 17000, are applied in ISO/IEC 17065. To read these terms in full, you can access ISO/IEC 17000 from the Standards Australia standards store website.

The terms and definitions of AS 5391:2024 and ISO/IEC 17000, and ISO/IEC 17065 apply.

In addition, the following terms and definitions are used in this document.

Advocacy service types

Individual Advocacy – seeks to uphold the rights and interests of people with all types of disabilities on a one-on-one basis by addressing instances of discrimination, abuse and neglect.

Individual Advocates work with people with disability on either a short-term or issue-specific basis. Individual Advocates:

- develop a plan of action (sometimes called an individual Advocacy plan) in partnership with the Person with disability that maps out clearly defined goals;
- educate people with disability about their rights; and
- work through the individual Advocacy plan in partnership with the Person with disability.

Citizen Advocacy – seeks to support vulnerable or isolated people with disability (also called protégés) by matching them with volunteers. Some of the matches made may last for life.

Citizen Advocates are encouraged to represent the interests of a Person with disability as if they were their own and be free from conflict of interest. Citizen Advocates are recruited, trained and supported by a coordinator who manages the work of the citizen Advocacy Service.

Family Advocacy – works with parents and family members to enable them to act as Advocates with, and on behalf of, a family member with disability. Family Advocates work with parents and family members on either a short-term or an issue-specific basis.

Family Advocates work within the fundamental principle that the rights and interests of the Person with disability are upheld at all times

Self Advocacy – supports people with disability to advocate on their own behalf, to the extent possible, or on a one-on-one or group basis. Self Advocacy Advocates work with people with disability to develop their Personal skills and self-confidence to enable them to advocate on their own behalf; and educate people with disability about their rights.

Legal Advocacy – seeks to uphold the rights and interests of people with all types of disabilities on a one-on-one basis by addressing legal aspects of instances of discrimination, abuse and neglect. Legal Advocates may:

- provide legal representation for people with disability as they come into contact with the justice system;
- pursue positive changes to legislation for people with disability; and
- assist people with disability to understand their legal rights.

Systemic Advocacy – seeks to influence or secure positive long-term changes that remove barriers and address discriminatory practices to ensure the collective rights and interests of people with disability are upheld.

Source: Australian Department of Social Services (2023) Operational Guidelines for the National Disability Advocacy Program. Table 1 'Models of Disability Advocacy'. December.

'Enduring Guardianship' - Enduring guardianship allows you to appoint a Person to make health and lifestyle decisions on your behalf if you lose the capacity to make your own decisions in the future. The Person you appoint should be someone you can trust to make decisions in your best interests. The Person you appoint must be over the age of 18 years. You can appoint more than one enduring guardian and an alternative guardian. An enduring guardianship appointment cannot be used for property or financial decisions.

Source: Local Court NSW (2024). 'Enduring guardianship'. www.localcourt.nsw.gov.au

'Enduring Power of Attorney' - A legal document that allows you to appoint a Person to manage financial and legal decisions on your behalf and continues even if you lose the ability to make decisions for yourself. It also becomes invalid when you die.

Source: NSW Government (2024). 'Make a Power of Attorney'. www.nsw.gov.au

'Conformity' - Fulfilment of a requirement(s) in AS 5391:2024 and other requirements of this Scheme.

'Nonconformity' - non-fulfilment of a requirement in AS 5391:2024 or other requirements of this Scheme.

'Major nonconformity' - nonconformity that affects the capability of the management system to achieve the intended results as an Advocacy Service

Note 1 to entry: Nonconformities could be classified as major in the following circumstances:

- if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

'Minor nonconformity' - nonconformity (3.11) that does not affect the capability of the management system to achieve the intended results of an Advocacy Service

Note: Definitions of nonconformity, minor, and major nonconformity have been adapted from ISO/IEC 17021-1 clause 3.

'Person' - recipient of Advocacy Services (from AS 5391:2024).

'Relevant authority'/'Funding body' - 'Funding Bodies' may be the relevant authority, or any entity or individual that has provided funds or resources to an Advocacy Service. Such funding is often conditioned on meeting certain conditions, such as conformity to standards foremost of which is AS 5391:2024, and servicing particular geographic regions.

4. General Requirements

4.1 Legal and contractual matters

4.1.1_65I Certification agreement

States that the certification body must be a legal entity, such that it can held 'legally responsible' for its activities.

4.1.1 Each calendar year, the CB is obligated to nominate to OPAN/DANA the names of their three highest performing, technically proficient Advocacy scheme audit Personnel under this scheme. Nominated Personnel may then be confidentially interviewed (and/or engaged by other means, such as surveys) by OPAN/DANA (or its appointed representatives) to advise of matters including:

- a) Views on the extent the scheme is fulfilling its objectives, and trajectory of its performance
- b) Suggestions about the most promising improvements, especially on innovative features that could be introduced in the subsequent update of the scheme.
- c) Whether there are any concerns or significant risks for Advocacy Services or individual Advocacy Personnel within certified providers under this scheme, or for Persons receiving their services;
- d) Nominating highly performing Advocacy Personnel, including those response for Advocacy delivery, and/or governance/management for awards on excellent practices and/or significant beneficial impacts for Persons in the past calendar year.
- e) Advising on their views of the most under-served / under-resourced regions and/or need service categories (E.g., aged care, disability, etc), sub disciplines (e.g. Mental health, housing, legal), and Person-centred demographics (Eg ATSI, CALD), and the most promising opportunities for Advocacy Service expansion in these areas.
- f) Any other relevant matters of interest to OPAN/DANA.

Note: In providing advice to OPAN/DANA, the confidentiality of client information should be maintained. In deciding on the appropriate balance between fulfilling obligations to the scheme owner under this scheme and maintaining client confidentiality, CB Personnel should engage their top management for advice.

4.1.2 Certification agreement

4.1.2.1_65I Requires that the certification body has a 'legally enforceable agreement' with clients (e.g., Advocacy Services). This is important to establish legal accountability if – for example – a certified service is found to contravening scheme requirements that have legal implications.

4.1.2.2_65I Specifies the minimum contents of the ‘certification agreement’, that obligates clients to comply with the scheme requirements, to cooperate with the certification body in providing necessary information and access, and to not be misleading about what they are certified for and what certification means.

4.1.2.2 To facilitate Australia-wide promotion of best practices, raise morale and esteem of Advocacy as a profession and vocation, sharing innovative solutions between Advocacy Services, and mitigate problems of ‘thin markets’ / underserved regions, the certification agreement in this scheme shall also encourage providers to contribute to periodic reviews of the performance of Issue 1 of this scheme for its stated objectives.

4.1.2.3 The certification agreement shall also obligate Advocacy Services to:

- a) As part of their service agreement (or equivalent) with Persons, note in writing whether a more specialised Advocacy Service for a Person’s needs exists and appears to operate in the Person’s geographic location; *And*
- b) If a more specialised Advocacy Service certified under this scheme exists, it shall advise the Person in writing and with accompanying verbal (or as depending on communication needs) explanation of the name and contact details of this Advocacy Service, and why it may have more specialised knowledge and skills to meet the Person’s needs. There is no obligation for Persons to cease seeking Advocacy Services from the original (referring) provider.

Note 1: It is possible, and sometimes desirable, that a Person receives Advocacy Services from more than one Advocacy Service in this scheme. This is to be seen as beneficial due to respective specialities of the Advocacy Services, rather than duplication.

Note 2: The intent of this clause is to provide for greater specialisation of Advocacy Services, to create depth of expertise in regions and conditions, and over time better outcomes for Persons. Referral pathways in Advocacy Services are still developing in many parts of Australia and may vary according to local conditions.

4.1.3 Use of license, certificates and marks of conformity

4.1.3.1_65I Requires the certification body to maintain continued control on the use of their ‘mark’ of certification and the specific mark and evidence of conformity for a certification scheme.

4.1.3.2 _65I Requires the certification body to take ‘suitable action’ on any misleading or incorrect references to certification under this scheme. Such actions could include suspending or withdrawing certification, taking legal action, etc.

4.2 Management of impartiality

4.2.1_65I Requires certification to be impartial.

4.2.2_65I Requires certification body to not be unduly influenced by commercial, financial or 'other pressures' when undertaking its activities. Extreme examples of this are 'certificates for sale', although 'other pressures' can come from numerous sources, such as government or key business stakeholder expectations of their favoured certification decisions.

4.2.3_65I Requires the certification body to identify the various risks to its impartiality, and maintain and monitor these risks on an ongoing basis. This is because all risks to impartiality can never be fully eliminated in third party certification. They can only be minimised to the greatest extent possible.

4.2.4_65I Requires that identified risks to impartiality shall be eliminated or minimised, and that this is shown to a 'mechanism for safeguarding impartiality'.

4.2.5_65I Requires 'top management' – the highest overall responsible personnel of a certification body – to demonstrate commitment to impartiality.

4.2.6_65I Requires the certification body to genuinely be a 'third party', that is, not having any interest in the service (e.g. Advocacy Service) being certified. This extends to any affiliates or subsidiaries that it may operate. That means not designing, implementing, providing or maintaining a certified service.

4.2.7_65I Requires the certification body ensures separate legal entities for which it 'has relationships' do not compromise its impartiality. This is often achieved through a risk register or equivalent that lists relationships of stakeholders.

4.2.8_65I Requires that where a separate legal entity is offering a service in scope of the certification scheme (e.g. Advocacy Service), and the certification body has a 'relationship' with this entity, this entity should not be involved in any certification activities of the certification body.

4.2.9_65I Requires the certification body to not engage in 'consultancy', for example advising on the design or establishment of Advocacy Services. Also requires the certification body to not infer that use of a certain consultant will make it more likely or easier for a client to achieve certification. This is particularly important for nonconformity (adverse findings) handling procedures. A certification body cannot direct a client to a specific consultant to correct the nonconformities they have raised. Such arrangements historically have created perverse

incentives for both certification bodies and consultants, and do not serve to uphold the rigour of a certification scheme.

4.2.10_65I Requires a certification body to ensure that when using personnel (staff / consultants) in one or more steps of the certification process for a client (e.g. Advocacy Service), for example reviewing applications and conducting audits, they are required to have a process by which they determine whether the personnel have provided advice or assistance to that client within a certain timeframe. A commonly used timeframe is two years, as this is specified in ISO/IEC 17021.1

4.2.11_65I Requires the certification body to take action in response to risks to impartiality. That is, it is not enough to simply identify risks to impartiality. They must also be actively 'treated' by measures to reduce and eliminate them.

4.2.12_65I Requires all personnel in the certification body that could influence certification activities to act impartially.

4.3 Liability and financing

4.3.1_65I Requires the certification body to have adequate insurance and/or assets to cover 'liabilities' arising from its certification operation.

4.3.2_65I Requires the certification body to have adequate financial reserves and resources, given its certification operation(s).

4.4 Non-discriminatory conditions

4.4.1_65I Requires policies and procedures of the certification body to be non-discriminatory towards clients. For example, it is not acceptable for an application policy of a certification body to state it only accepts larger, more profitable Advocacy Services, or Advocacy Services only in certain geographic regions. The exception is if a Scheme permits such 'restrictions' of certification scope.

4.4.2_65I Requires the certification body to accept all applications that fall within the scope of the certification scheme, unless its publicly available, transparent application criteria are not met. Another possible exception is that the certification body does not have sufficient resources to take on new clients.

4.4.3_65I Requires the acceptance criteria for applications to not extend to matters of size of the Advocacy Service, organizational connections (e.g. memberships of a peak industry group), or the number of certifications already held.

4.4.4_65I Requires the certification body to confine its work to the 'scope' of the certification scheme, and not extend to other activities such as advice or extending into auditing schemes or requirements that are not within the 'agreed scope' of the certification program, in this case AS 5391:2024.

4.5 Confidentiality

4.5.1_65I Requires the certification body to have legally enforceable commitments to keep all information it receives in providing certification, for example to Advocacy Services or Persons, confidential and not reveal or disclose it to any other parties.

4.5.2_65I Provides an exception where certification scheme requirements or legislative requirements oblige certification bodies to report serious concerns to relevant authorities, e.g. unreported abuse or neglect. Also requires the certification body to alert the client (e.g. Advocacy Service) in advance of disclosing any information to other parties, such as authorities.

4.5.3_65I Requires that information about the client (e.g. Advocacy Service) found from sources other than the client, also needs to be kept confidential.

4.6 Publicly available information

4.6_65I Requires the certification body to produce and have available to show in a 'publicly available' manner upon request (this does not mean it must be published on the internet), information on: a) schemes it provides certification services to, and the procedural requirements for attaining and maintaining certification. b) how it maintains its financial position and its fees. c) obligations and duties of certification clients (e.g. Advocacy Services), including in how certification marks and documents can be communicated to external stakeholders. d) complaints and certification appeal processes. An 'appeal' is specifically in regards to a decision around certification, especially granting or withdrawing certification.

4.6.1 CBs shall include the following in public information:

- a) Persons will be offered information about the audit process and independent support to engage in the process prior to any consent being obtained
- b) participation by Persons in audits is at all times voluntary and shall be based on the principle of consent. Where possible, a Person's consent to participate in an audit shall also grant permission for the audit team to review that Person's file. It is desirable to

obtain consents in writing. Where the capacity of a Person to provide consent is uncertain, an support person should be involved to determine that capacity and to support an appropriate level of involvement by the Person.

Note: 'Support person' would normally not work for, nor otherwise be engaged under contract nor as a volunteer by the Advocacy Service.

- c) Persons shall be invited to the opening and closing meetings of all audits (if appropriate)
- d) A description of the complaints handling process in a range of accessible formats
- e) The process for transferring certification, which shall be in accordance with JAS-ANZ requirements.

5. Structural Requirements

5.1 Organisational structure and top management

5.1.1_65I The structure and management of certification activities are required to maintain impartiality.

5.1.2_65I Requires the certification body to document its organisational structure, and mark the responsibilities and authorities of personnel.

5.1.3_65I Requires the management of the certification body to identify the person(s) responsible for all key activities of this standard.

5.1.4_65I Requires the certification body to have rules for appointing and operating 'any committees' involved in the certification process.

5.2 Mechanism for safeguarding impartiality

5.2.1_65I Requires the certification body to have a 'mechanism for safeguarding its impartiality', that is obligated to provide 'inputs' (comments, recommendations, etc) to 'top management' (senior management) of the certification body on risks to impartiality and how well these are being managed. The mechanism could be a committee, but is not obligated to be.

5.2.2_65I Requires the 'mechanism for safeguarding impartiality' to have a balanced representation of stakeholders, and to have access to information necessary for confirming impartiality is being maintained.

5.2.3_65I Allows the 'mechanism for safeguarding impartiality', to escalate its concerns regarding impartiality if the certification body top management does not 'follow' its inputs. This can be informing accreditation bodies or authorities.

5.2.4_65I Requires the certification body to identify and invite 'significantly interested parties' to be part of the mechanism for safeguarding impartiality.

6. Resource Requirements

6.1 Certification Body personnel

6.1.1_65I General

Requires the certification body to have adequate personnel to meet its commitments to servicing certificate holders (e.g. AS 5391:2024) and new applicants.

6.1.1.1_65I Requires the personnel to be 'competent' for their responsibilities and authorities. Competence is the combination of 'knowledge', 'skills', and 'experience', in ISO/IEC terminology.

6.1.1.1 The audit team resourcing requirements in this scheme include at a minimum:

- a) At least one person at all times that meets the definition of a disability Consumer Technical Expert;
- b) At least one person that meets the definition of an Aged Care Technical Expert;
- c) At least one First Nations Audit Team Member.

6.1.1.2_65I Requires certification body personnel to keep information confidential.

6.1.2 Management of competence for personnel involved in the certification process

6.1.2.1 _65I Requires the certification body to 'establish, implement and maintain' a procedure for managing the competencies of personnel, to document this, and maintain, and update and use this procedure(s).

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

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

6.1.1.1.1 The following should be considered a conflict of interest under this scheme. A relationship between the CB, or a Person working for the CB (paid or unpaid, staff or contractor), and a client, other organisation or Person that threatens the impartiality of the CB. Such relationships apply to past, present or future involvement and include:

- a) having worked with, or been a Person receiving Advocacy Services from, or consulted to the Advocacy Service in the last two years, or reasonable prospects of such work in the next two years;
- b) any financial interest in the Advocacy Service or relatives or friends with a financial interest in the Advocacy Service;
- c) being in competition with the Advocacy Service;
- d) any other commercial or voluntary arrangement or directorship with the Advocacy Service;
- e) having immediate family members employed by the Advocacy Service, or in any of the above situations;
- f) any Personal bias, obligation, loyalty or inclination which would affect decisions in relation to the Advocacy Service.

6.1.2.1 The competency criteria shall ensure that audit team Personnel have a demonstrated understanding of '*best-practice in Advocacy Service delivery*'.

6.1.2.1.1 Competency criteria for audit team members shall also include the following knowledge and skills:

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

Adapted from the JASANZ HS Part 1 document, clause 6.1.1.4

6.1.2.2_65I *Requires the certification body to maintain records of all personnel involved in the certification process, including authorisations held, monitoring for performance of their functions, education and training.*

6.1.3_65I *Contract with the personnel*

Requires the certification body to sign a contract or similar legal document with their certification personnel that commits them to comply with the body's policies and procedures, to declare any

conflicts, and to monitor this information and refer it to the mechanism for safeguarding impartiality.

6.1.3 The contract with audit Personnel approved in this scheme shall also bind the Personnel to cooperate with OPAN/DANA (and its nominated representatives) in fulfilling the additional requirements in clause 4.1.1 of this scheme.

6.2 Resources for evaluation (audit)

6.2.1 Internal resources

6.2.1.1_65I Requires certification body personnel that are 'internal' (under its control, engaged by employment or contracts) to undertake 'evaluation activities' (auditing) in a manner compliant with ISO/IEC 17065, and 'the applicable' parts of ISO/IEC 17021-1 for management system auditing, ISO/IEC 17020 for inspection, and ISO/IEC 17025 for laboratory testing.

6.2.2 External resources ('outsourcing', 'subcontracting')

6.2.2.1 _65I As per above, but when personnel are 'external' (outsourced). Requires certification body personnel that are 'external' (outside its direct control, with another entity overseeing the management of the personnel) to undertake 'evaluation activities' (auditing) in a manner compliant with ISO/IEC 17065, and 'the applicable' parts of ISO/IEC 17021-1 for management system auditing, ISO/IEC 17020 for inspection, and ISO/IEC 17025 for laboratory testing.

6.2.2.2_65I Requires that where auditing is outsourced to 'non-independent bodies' (e.g. client's preferred AS 5391:2024 examination provider as a registered training organisation), the certification body is to manage the audit process such that the results are reliable, and records are maintained to demonstrate this.

6.2.2.3 _65I Requires the certification body to have a legally binding contract with any outsourced audit provider.

6.2.2.4_65I Requires the certification body to take responsibility for the competence and impartiality of all outsourced activities, maintain all necessary records to demonstrate this, and to advise clients in advance of outsourcing any activities for its certification programme.

7. Process Requirements

7.1 General

7.1.1_65I Requires the certification body to operate at least one certification scheme(s), in conjunction with this standard (ISO/IEC 17065).

7.1.1.1 (9.1.3.2) The audit program for the initial certification shall include a two-stage initial audit, a mid-term (surveillance) audit conducted between 18 and 30 months after (re)certification, and a recertification audit in the fourth year prior to expiration of certification. The first four-year certification cycle begins with the certification decision. Subsequent cycles begin with the recertification decision. The determination of the audit program and any subsequent adjustments shall consider the size of the Advocacy service, the scope and complexity of its Advocacy Service as well as demonstrated level of service effectiveness and the results of any previous audits.

7.1.1.1.1 Sole traders under this scheme shall also be offered an alternative pathway to attaining certification. The alternative process is satisfactory completion of an examination process and certification evaluation process in order to attain organisational certification.

Note: See clause 9.3 of ISO/IEC 17024.

7.1.1.1.2 The exam shall be that authorised by OPAN/DANA, and has one to three additional Parts, each for aged care and disability. The applicable Parts for the examination are based on the application under this scheme, and scope of certification.

Note: The knowledge and application of experience (scenario based) questions in this exam are similar that which is examined at the organisational level in the evaluation (audit) component of this scheme. The difference in this scheme is that sole traders are solely responsible for holding this knowledge and behavioural characteristics.

7.1.1.1.3 Failure to complete the exam satisfactorily shall preclude applicants from continuing with the certification process.

7.1.1.1.4 A second, different (distinct) exam shall be provided within six to 12 months.

Failure of this second exam shall preclude the applicant from applying for certification for a period of time no shorter than 12 calendar months.

7.1.1.1.5 Individuals that have twice failed the exam shall be notified to OPAN/DANA.

7.1.1.1.6 Failure to complete one or more Parts, but completion of one or other parts, should still allow the applicant to progress their application for certification under this scheme with a reduced scope.

7.1.1.1.7 Satisfactory completion of the exam shall allow the applicant to progress to the certification decision stage of this Scheme, with the application and exam results, together with any other information deemed relevant by the evaluation team.

7.1.2_65I Requires the certification scheme to be made up of standards 'and other normative documents', such as scheme documents (including the AS 5391:2024 scheme document).

7.1.3_65I Requires that if clarification or 'explanation' of the scheme is necessary, the explanations are to be provided by 'relevant and impartial persons or committees.

7.1.3 Publicly available explanations of the requirements in which Advocacy services are evaluated under this scheme should acknowledge the many different types of Advocacy which can support older people and people with disability, including informal Advocacy that may be provided through families, friends and carers.

7.2 Application

7.2_65I Application

Requires the certification body to 'obtain all the necessary information' at the time of application, such as sites, services, personnel numbers, to undertake the quoting, audit planning, and audit conduct for the client, to complete the certification process.

7.2.1 Applications under this scheme shall require the Advocacy Service to provide marketing and advertising material, funding grants or funding contracts (if applicable), and forms (ranges) of Advocacy Services provided.

7.2.1.1 Where the explanation is that only a subset of in-scope Advocacy Services in this scheme is being sought, despite being offered by the Advocacy Service, the CB shall explain in writing that if (re)certification is attained, the remaining 'out of scope' Advocacy Services being offered shall be listed as exclusions on the scope of certification, and as clarifiers in any advertising of the certification held to AS 5391:2024.

7.2.2 The application information shall also require the Advocacy service to include a self-assessment (or complete internal audit, or similar) against the requirements of AS 5391:2024.

7.3 Application Review

7.3.1_65I Requires certification body to review the application information, and ensure the client's information is adequate, the client understands the requirements, and the certification body has the resources available and competence and capability to provide audit services for the client (e.g Advocacy Service).

7.3.1 The application review of this scheme shall include an additional appraisal of the Advocacy Services current website(s) and marketing material.

7.3.2_65I Requires the certification body to have a means to identify when it has no experience auditing the applicant's specific services (e.g. forms or 'types' of Advocacy Services), and/or no experience auditing the applicable requirements including scheme specific requirements.

7.3.3_65I Requires that if the certification body proceeds to provide a quote to this client, recorded justification is required as to how the body considered itself competent and capable.

7.3.4_65I Requires the certification body to decline quoting for a client if it lacks the necessary competence or capability for the auditing activities or other activities required by the scheme.

7.3.5_65I Requires that if a certification body relies on existing certifications (e.g. NSDS certification under the NDAP Scheme) it has granted to a service (e.g. Advocacy Service) as 'objective evidence of conformity' (audit evidence), this reliance is to be recorded and justified.

7.4 Evaluation

7.4.1_65I Requires the certification body to develop a plan (audit plan) for the auditing activities for themselves and clients.

7.4.1 Plans for evaluation activities (audit plans) shall comply with sampling requirements in Annex B of this Scheme.

7.4.2_65I Requires the certification body to assign personnel (if using its internal resources, not outsourcing) to undertake the designated auditing activities.

7.4.2 The CB shall also inform the Advocacy service of the names of the members of the audit team who will carry out the audit, with sufficient notice to appeal against the appointment of any team member.

7.4.3_651 Requires the certification body to make all necessary information available to the audit personnel to complete the audit activity.

7.4.3.1 (9.3.1) Initial certification audit

7.4.3.2 (9.3.1.1) General

7.4.3.2.1 (9.3.1.2) Stage 1

7.4.3.2.2 (9.3.1.2.1) Planning shall ensure that the objectives of stage 1 can be met and the client shall be informed of any “on site” activities (including remote ‘on-site’ ICT-based activities) during stage 1.

7.4.3.2.3 (9.3.1.2.2) The objectives of stage 1 are to:

- a) review the client's documented information for processes, services, and its management system(s);
- b) evaluate the client's site-specific conditions and to undertake discussions with the client's Personnel to determine the preparedness for stage 2;
- c) review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
- d) obtain necessary information regarding the scope of the management system, including:
 - Persons receiving Advocacy Services;
 - the client's site(s);
 - processes;
 - levels of controls established (particularly in case of multi-site clients);
 - applicable statutory and regulatory requirements;
- e) review the allocation of resources for stage 2 and agree the details of stage 2 with the client;
- f) provide a focus for planning stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document;

- g) evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.

7.4.3.2.4 (9.3.1.2.3) Documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2 shall be communicated to the client, including identification of any areas of concern that could be classified as a nonconformity during stage 2.

Adapted from: ISO/IEC 17021-1, clause 9.3.1.2

7.4.4_651 Requires the certification body to ensure the audit activities are conducted in accordance with the audit plan ('evaluation plan'), with the requirements for certification as specified by standards, normative documents, and the certification scheme.

7.4.4.1 (9.1.4) Determining audit time and site sampling

7.4.4.2 (9.1.4.1) The documented procedures for audit time shall comply with Annex B requirements in this scheme.

7.4.4.3 (9.1.4) The time spent by any team member that is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and auditors-in-training) shall not count in the above established duration of the management system audit.

7.4.4.3 Site sampling is permitted in this Scheme. Where multi-site sampling is used for the audit of an Advocacy Service's covering the Advocacy activity in various geographical locations, the CB shall develop a sampling program in accordance with Annex B of this Scheme to ensure proper audit of the management system.

7.4.4.4 (9.2.3.2) Preparing the audit plan

The audit plan shall be appropriate to the objectives and the scope of the audit. The audit plan shall at least include or refer to the following:

- a) the audit criteria and scope;
- b) field(s) of Advocacy: -Aged care; Disability; ; Other;
- c) forms of Advocacy practiced (tick all that apply): Individual, self Advocacy, citizen Advocacy, family Advocacy, legal Advocacy.

- d) the dates and sites where the on-site audit activities will be conducted, including visits to temporary sites and remote auditing activities, where appropriate;
- e) the expected duration of on-site audit activities;
- f) the roles and responsibilities of the audit team members and accompanying Persons, such as observers or interpreters.

Adapted from: ISO/IEC 17021-1, clause 9.2.3.3

7.4.4.5 (9.2.3.2.2) Audit plans shall not be developed as a list of clauses from AS 5391:2024.

7.4.4.6 (9.2.3.4) Communication

The audit plan shall be communicated, and the dates of the audit shall be agreed upon, in advance, with the client.

7.4.4.6.1 The CB shall attempt to use a data informed, risk-based approach to develop the sampling strategy for Persons, their family and friends using the Advocacy Services, that prioritises minimum sampling in terms of interviews for all of:

- (i) Persons;
- (ii) Family, friends, and supporters; and
- (iii) Personnel, And
- (d) file reviews for (c) (i) to (iii) above.

7.4.4.6.2 The sampling strategy be prioritised to those Advocacy Service types or service processes that are of the 'highest risk' in terms of abuse, neglect, dissatisfaction, and/or that are suspected of not maximising the potential satisfaction of Persons.

7.4.4.6.3 The sampling strategy should prioritise the involvement of Persons, and outline in brief the opportunities of the Advocacy Service (given its capacities) to help redress the broad range of disadvantages and discrimination affecting the Person's situation (which may also include that of their family and community) including but not limited to challenges in aged care, justice system, and disability service settings.

7.4.4.6.4 The sampling strategy shall explicitly state: The number of times the audit participants had previously been sampled, to avoid 'doubling up' sampling or conversely to promote 'follow-up' with Persons (family and friends) who were highly dissatisfied with the Advocacy Service in previous audits.

7.4.4.6.5 The sampling strategy shall outline how informed consent to be involved in the audit process will be obtained for Persons, their family, friends, supporters, and guardians. This outline should demonstrate an understanding of how informed consent is dependent on communication preferences,

7.4.4.6.6 The demographics of users selected for sampling based on a risk-based strategy should be recorded in the sampling strategy. Basic demographic information should be recorded, where possible while respecting the privacy and confidentiality of individuals.

7.4.4.6.7 Sampling activities shall seek to ensure that stated activities in Advocacy plans are corroborated by evidence gathered elsewhere in the audit process including through interviews and file reviews.

7.4.4.6.8 At a minimum, two Advocacy plans should be selected for evaluation during the audit sampling process, and comment provided on the extent that they are tailored to the Persons and understood.

7.4.4.6.9 Prior to undertaking any interviews, the CB shall verify that the Advocacy service has:

- a) taken adequate and appropriate steps to obtain consents for the audit
- b) made it clear to all Persons, their family, and friends, that they are entitled to involve a support person or support Person of their choice in the audit process if they wish.

7.4.4.6.10 The CB should aim to have one to one direct contact with 50% of the proposed Persons, family and friends selected for interview and/or records review in this scheme. It is understood that in the Advocacy context, many of these interviews will be conducted via telephone or other technologies, as Persons are not normally present on site at Advocacy Services. In using some technologies, CBs shall be mindful of the possibility of others accessing the conversations, and shall take steps to ensure confidentiality is maintained in remote interview situations. However, one to one face to face interviews are preferable to remote interviews, where practicable. If the 50% ratio cannot be achieved (e.g. refusals or clear preference by Persons for another consultation method), the CB shall clearly document its justification for the sampling approaches used. The remaining 50% may be sampled using other methods including:

- (a) Videoconferencing / other online audio visual communication
- (b) Focus group
- (c) Written survey
- (d) Other innovative ways to involve Persons.

7.4.4.6.11 A CB shall be able to justify how it ultimately ended up sampling Persons, family, and friends, following completion of any audit.

Adapted from: The NDAP Scheme.

7.4.4.8 (9.2.3.5) Communication concerning audit team members

The CB shall provide the name of and, when requested, make available background information on each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member and for the CB to reconstitute the team in response to any valid objection.

7.4.4.9 (9.4.1) General

The CB shall have a process for conducting on-site (and virtual ICT-based) audits, that conforms to the requirements of ISO 19011. This process shall include an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit.

Where any part of the audit is made by electronic means or where the site to be audited is virtual, the requirements of IAF MD 4 apply.

7.4.4.9.1 In addition to the requirements of IAF MD 4, a strategy for ICT-based auditing in stage two, surveillance, and recertification audits shall be implemented that:

- (a) Seeks to evaluate (appraise, consider, review) etc the majority of documented information for policies and procedures virtually using ICT based technologies;
- (b) Seeks to reduce time and financial imposts on Advocacy Services where possible, noting that rigorous auditing to AS 5391:2024 and the requirements of this scheme are a paramount consideration;
- (c) Acknowledges the transformation in the conduct of business activities and Advocacy Services over the past five years in the advent of the COVID-19 pandemic, regarding the acceptance of virtual communication platforms including those with advanced assistive technologies to better facilitate input from Persons; And
- (d) Where possible, affords Advocacy Services operating (whether as the head office, sites, etc) in regional or remote areas of Australia the opportunity to complete audits entirely using remote ICT-based auditing techniques.

Note: Where an audit cycle has been completed entirely using remote ICT-based auditing, CBs shall consider additional integrity activities to confirm the validity of their audit findings as an input into recertification audit planning.

7.4.4.10 (9.4.2) Conducting the opening meeting

A formal opening meeting shall be held with the Advocacy Service and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken.

Persons currently receiving or who received Advocacy Services in the past six months, as well as their family, friends and guardians, should be invited to the opening meeting.

The degree of detail shall be consistent with the familiarity of the Advocacy Service with the audit process and shall consider the following:

- a) introduction of the participants, including an outline of their roles;
- b) confirmation of the scope of certification;
- c) confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client's management;
- d) explanation of the sampling strategy, in general terms, including how it has considered the Advocacy Services' operating context and (if applicable) the results of any previous audits.
- e) confirmation of formal communication channels between the audit team, the Advocacy Service personnel, and Persons receiving or who have received Advocacy Services, and their family, friends and guardians;

- f) confirmation that the resources and facilities needed by the audit team are available;
- g) confirmation of matters relating to confidentiality;
- h) confirmation of relevant work safety, emergency and security procedures for the audit team;
- i) confirmation of the availability, roles and identities of any guides and observers. ;
- j) the method of reporting, including any grading of audit findings;
- k) information about the conditions under which the audit may be prematurely terminated;
- l) confirmation that the audit team leader and audit team representing the CAB is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails;
- m) confirmation of the status of findings of the previous review or audit, if applicable;
- n) methods and procedures to be used to conduct the audit based on sampling;
- o) confirmation of the language(s) to be used during the audit;
- p) confirmation that, during the audit, the client will be kept informed of audit progress and any concerns;
- q) opportunity for the Advocacy Service and observers to ask questions.

7.4.4.11 At the opening meeting, reasonable opportunity shall be afforded to Persons receiving or previously receiving Advocacy Services, and/or their family, friends, and Guardians, to ask questions regarding the audit, to suggest improvements to the audit plan, and to raise any other matter with the audit team.

7.4.4.12 Appropriate consideration should be given to the CB to advise observers of opportunities to elaborate further on any questions or comments in a discrete manner during the audit process.

7.4.4.13 Opening meetings shall not be closed until all attendees who are observers are given the opportunity to ask questions or comment on other matters.

7.4.5_651 Requires that if the certification body relies on prior 'audit results', whether by itself or another certification body, it must take responsibility for the reliability of the results and in accordance with the certification scheme.

7.4.5 The certification body shall only rely on evaluation results related to certification completed prior to the application for certification, where it takes responsibility for the results and satisfies itself that the body that performed the evaluation fulfils the requirements contained in 6.2.2 and those specified by the certification scheme.

7.4.5.1 For reliance on objective evidence gathered undertaken under other audit frameworks, whether by the CB or another CB, the requirements to demonstrate similarity through mapping (or equivalent process) applies.

7.4.5.2 Where a client already holds a JAS-ANZ-accredited certification to a relevant scheme standards (e.g. NDIS AQA Scheme, NDAP, ISO 9001, etc), the CB shall consider the

extent of the demonstrated conformance for any common or significantly similar criteria and rely on this to avoid audit duplication. Audit plans shall record any eligible certification(s) held and the criteria partially or fully relied upon.

7.4.6_651 Requires the certification body to tell the client about all nonconformities found in the audit.

7.4.6.1 Stage One audits shall raise findings as either being conformity, minor nonconformity, or major nonconformity, under the definitions of this scheme.

7.4.6.2 (9.3.1.3) Stage 2

The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client's management system. The stage 2 shall take place at the site(s) of the client.

It shall include the auditing of at least the following:

- a) information and evidence about conformity to all requirements of AS 5391:2024 and other normative documents;
- b) internal auditing and management review; *And*
- c) management responsibility for the client's policies.

7.4.6.3 (9.3.1.4) Initial certification audit conclusions

The audit team shall analyse all information and audit evidence gathered during stage 1 and stage 2 to review the audit findings and agree on the audit conclusions.

7.4.6.4 (9.4.7) Conducting the closing meeting

7.4.6.5 (9.4.7.1) A formal closing meeting, where attendance shall be recorded, shall be held with the Advocacy Service's management and, where appropriate, those responsible for the functions or processes audited.

7.4.6.6 (9.4.7.2) The closing meeting shall also include the following elements where the degree of detail shall be consistent with the familiarity of the Advocacy Service with the audit process:

- a) advising the client that the audit evidence obtained was based on a sample of the information; thereby introducing an element of uncertainty;
- b) the method and timeframe of reporting, including any grading of audit findings;
- c) the CAB's process for handling nonconformities including any consequences relating to the status of the client's certification;
- d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit;
- e) the CAB's post audit activities;

f) information about the complaint and appeal handling processes.

7.4.6.7 (9.4.7.3) The Advocacy Service shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the CAB.

7.4.7_65I Requires the certification body to explain to the client what additional evaluation tasks (additional audit tasks) are needed to 'correct nonconformities', if the client (e.g. Advocacy Service) still seeks certification.

7.4.7.1 (9.4.5.1) Audit findings summarising conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained. Gradings of findings shall be conformity, minor nonconformity, or major nonconformity, as per the definitions of this scheme.

7.4.7.2 (9.4.5.2) Opportunities for improvement shall be identified and recorded at every audit. Audit findings, however, which are nonconformities, shall not be recorded as opportunities for improvement.

7.4.7.3 (9.4.5.3) A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor however shall refrain from suggesting the cause of nonconformities or their solution.

7.4.7.4 In the event of identifying evidence of 'imminent harm and other instances of violence, abuse, neglect, exploitation or discrimination' (in other frameworks, referred to as 'Notifiable Incidents' / 'Critical Uncontrolled Risks'), the audit team shall report to the relevant authority(s) within five days confidential description of the concerns.

7.4.8_65I Requires that if the client commits to undergoing the additional audit tasks, the aforementioned audit process is to be repeated.

7.4.8.1 If a major nonconformity is raised while auditing an Advocacy Service:

- a. the Advocacy Service is required to present a corrective action plan to the CB within 5 working days of the date of issue of the major nonconformity. The CB shall require the Advocacy Service to correct the finding and take corrective action sufficient to allow the CB to close the major nonconformity, or downgrade it to a nonconformity, within 3 months of the date of issue,
- b. close out shall normally require an on-site follow-up audit by the CB within the 3 months. The CB shall be able to justify circumstances where close out of a major nonconformity, or downgrading the major nonconformity to a nonconformity, did not require a follow-up on-site audit,

- c. if the CB downgrades a major nonconformity to a nonconformity, it shall ensure that the correction and corrective action is sufficient to allow it to close out the nonconformity within a further 3 months (maximum of 6 months from the date of issue to fully action a major nonconformity), and
- d. if the CB cannot close out a major nonconformity within 6 months of the date of issue, it shall automatically suspend certification.

7.4.8.2 If a minor nonconformity is raised while auditing an Advocacy Service:

- a. the Advocacy Service corrects the finding and takes corrective action sufficient to allow the CB to close out the nonconformity within 6 months of the date of issue,
- b. if the CB cannot close out a nonconformity within 6 months of the date of issue it shall raise a major nonconformity against the Advocacy Service's corrective action process, and
- c. a nonconformity that has been escalated to a major nonconformity shall lead to suspension if not closed (i.e., it shall not be downgraded to a nonconformity again).

7.4.9_651 *Requires audit activities to be 'documented prior to review'. In human services, this is the called the 'audit report'.*

7.4.9.1 (9.4.8.1) The CB shall provide a written report for each audit to the client. The audit team may identify opportunities for improvement but shall not recommend specific solutions. Ownership of the audit report shall be maintained by the CAB.

7.4.9.1 The report of the evaluation activities (all forms of audits) should also ensure that the following content is documented:

- a) How the service consistently upholds 'the autonomy and independence of Persons who may require support to make decisions.'
- b) The extent to which people accessing the Advocacy Service report increased choice and control to make their own decisions.
Note: See Australia's Disability Strategy 2021-2031, Outcomes Framework
- c) 'currency of its awareness of other organizations and peak bodies to increase the effectiveness of its referrals'. (Clause 3.6[b] of AS 5391:2024)
- d) In addition, for services providing systemic advocacy, recertification audit reports should include details on the objective evidence:
 - I. of the service contributing to 'policy and social change'.
 - Note: This could include descriptions of specific policy initiatives, their titles, dates of application, and the context in which they've been operational.
 - II. the extent 'to which people with lived experience have become members of the governing body.' (clause 4.9[d] of AS 5391:2024)
 - III. the extent of co-design in service delivery (clause 4.9[h] of AS 5391:2024).

7.4.9.2 The report of the evaluation activities (all forms of audits) should ensure that the following content is documented:

- e) Objective evidence of conformity for key requirements of AS 5391:2024

7.4.9.3 Audit reports shall not simply be structured using the main clauses of AS 5391:2024.

7.4.9.4 Where integrated audits are undertaken in this scheme, audit report structure and contents may be modified or altered to suit government recognised schemes.

7.4.9.5 For integrated audits of all other schemes, any objective evidence relied on from other audit frameworks should be supported by mapping in the audit report that justifies the similarity of the requirements.

7.4.9.6 All reports for initial stage two audits, and recertification audits, shall also include opportunities for improvement.

7.4.9.7 All reports for initial stage two audits, and recertification audits, shall also include:

- a) A listing and exact quoting of all advertising / promotional claims made by an organization;
- b) Where the claim(s) included assisting or benefiting a person(s) under this scheme, a statement of assurance on the level of confidence that OPAN/DANA can have on the accuracy of this claim(s). Inaccurate or misleading claims, *i.e.* failure to attain limited assurance should be raised as nonconformities under this scheme, and referred to OPAN/DANA within six months of the audit report being finalised.
- c) Description of the controls (risk mitigations) over Advocacy Service personnel to mitigate risks of abusing their positions of relative power over Persons, and the frequency in which the risks for each personnel are reviewed.
Note: These would normally include such personnel background checks and clearances (licenses) in the relevant states and territories in which the personnel provide Advocacy Service functions. Reasonable explanation would normally be expected if any personnel with regular direct contact with vulnerable persons do not hold such clearances (licenses)
- d) Identification of any key personnel that are demonstrating exemplary practice for AS 5391:2024 and the requirements of this scheme, together with a brief description of the reasons for their exemplary practice.
(i) the excerpts from these reports shall be sent to OPAN/DANA within at least two months of the report being completed.
Note: Such personnel will automatically be considered as nominees for the OPAN/DANA Annual Awards, in the given field of nomination.
- e) Academic and grey literature, that may be of use for the organisation to help it identify opportunities (positive risks) or address negative risks of relevant to its situation or those of persons receiving its supports.
 - I. The citation should be accompanied by a brief explanation (one to three sentences) as to why the literature is of potential interest.
Note: For example, literature May span from management theory of relevance through to specific ageing or disability research, to information on services availability (Eg descriptions of available providers for a given health state or condition).
 - II. For at least two articles at initial and recertification audits, and at least one article in surveillance audits.
Note: JASANZ, in sampling audit reports, will also appraise this information for evidence that audit teams and CBs are following developments in best practice and analysis of relevance to the Advocacy Services they are auditing.

- f) Opportunities for improvement shall be described in the audit report, and include at the minimum:
- I. Opportunities to improve outcomes for Persons receiving Advocacy Services, including with regard to personal situations.
 - II. *Opportunities to improve marketing/advertising material;
Opportunities for collaboration with other organisations certified in this scheme and/or in other reputable accredited schemes such as NDAP, where appropriate.
Note: CBs should be alert to opportunities to share common resources or infrastructure with other Advocacy Services under this scheme, and note these where possible.
 - III. Opportunities to improve collaboration with, and recognition by government.
Note 1: Audit personnel would be expected to be aware of any especially relevant grant or other funding opportunities, and alert the Advocacy Service to these if it wasn't already aware.
Note 2: To avoid risks to impartiality, audit personnel should refrain from serving as referees (or similar) in any grant or funding applications by organisations they have audited within the past two years.
 - IV. Other opportunities to improve the business continuity plan (AS 5391:2024 clause 4.4[e]), with appropriate consideration of relevant elements from ISO 22301;
 - V. Opportunities to better mitigate risks of personnel burn-out (AS 5391:2024 clause 4.4[f]);
 - VI. Opportunities to obtain further revenue / resourcing, and credible options of steps for attaining these.
 - VII. Opportunities to improve Advocacy Service provision for First Nations people.
 - VIII. Opportunities to improve records management practices to attain conformity with ISO 30301, and as guided by ISO 15489, and thus improve conformity to data governance requirements in AS 5391:2024 (clause 4.5).
Note: particular attention should be made to the applicable Privacy Acts and ramifications from evaluation obligations under the certification agreements under this scheme.
 - IX. Opportunities to improve the use of ICT and other digital technologies, including artificial intelligence.
Note: See ISO/IEC 42001.

Note: While it is acknowledged that audit time and audit reporting are highly resource constrained activities in the health and human services sectors, an audit report(s) with a large number of 'Not applicable', 'not determined', or similar short, no nondescriptive content for the fields above will be identified by JASANZ as a nonconformity against audit reporting requirements in this scheme, together with any underlying causal nonconformities (training, competency appraisal, audit planning, etc).

7.5 Review

7.5.1_65I Requires the certification body to allocate the review of all evaluation information (audit information) and results of conformity to 'at least one person' who had not been involved in the audit activities.

7.5.2_651 Requires the review person(s) to document their recommendations on whether the client should or should not be granted certification to the scheme.

7.5.1 Reports reviewers shall be authorised as audit team members under this scheme.

7.5.2 In addition to reviewing reports to ensure correct grammatical expression and spelling, logical sequence of information, internal consistency, and cohesion of information, reviewers shall also confirm that objective evidence for the main features of AS 5391:2024 are sufficiently described before agreeing to finalise the report.

7.5.2.1 In the event that the main features of AS 5391:2024 are not adequately described, the report shall be referred back to the audit team leader for correction. A subsequent independent review(s) is then required.

7.6 Certification decision

7.6.1_651 Requires the certification body to maintain responsibility for certification decisions (i.e., certification decisions cannot be 'outsourced').

7.6.2_651 Requires the certification body to allocate a certification decision to be made by 'at least one person' who had not been involved in the audit activities, based on the evaluation information (audit information), its review and recommendation, 'and any other relevant information'. This decision maker can also be the Reviewer in clause 7.5.

7.6.3_651 Requires the certification decision maker to be employed by or engaged under contract by the certification body. An exception applies if a formal certification decision committee is used, in which case a legal arrangement binding it to the CB applies. That is, certification decisions cannot be 'outsourced' by the certification body.

7.6.4_651 Requires that if the certification body authorises certification decisions to another entity under its control, this control must be through whole or majority ownership, majority participation in, or by documented authority.

7.6.5_651 Requires that organizational control over all persons involved in certification decisions shall extend to comply with the requirements of ISO/IEC 17065.

7.6.6_651 Requires the certification body to notify the client of a decision not to grant certification, and explain the reasons why certification was refused.

7.7 Certification documentation

7.7.1_65I Requires the certification body to provide the service (e.g. Advocacy Service) with a conformity assessment certificate, that includes details of the body as well as dates of the certification was granted, expiry dates, the scope of certification including details of standards (AS 5391:2024) and scheme documents (Advocacy Scheme AS 5391:2024 Issue 1) for which conformity was confirmed to, and any other information required by the certification scheme.

7.7.1 (f) Certification documents for individuals / sole traders shall also include:

- (i) at the end of the certification scope statement: '(Sole trader)'; And;
- (ii) Will include the business holders name on the certificate, or where the business name is not the business holder's name, the audit report and/or records of the certification decision shall contain this information.

7.7.2_65I Requires the certification body to have a signature ('or other defined authorisation') of the person authorized by the certification body to take responsibility for the certificate and authorised its production.

7.7.3_65I Requires that a certificate can only be provided to the service (e.g. Advocacy Service) once a certification decision had been made, the requirements were fulfilled (e.g. no open major nonconformities), and the certification agreement had been signed.

7.8 Directory of certified products (services)

7.8_65I Directory of certified products

Requires the certification body to maintain records of all services (e.g. Advocacy Services) it has certified, and the details as per the certification documentation above. The certification scheme requirements are to be complied with, where applicable. For JASANZ, all accredited bodies must update the details of all certificates on the JASANZ Certificate Register, under the License to Use the JASANZ Accreditation Symbol under the JASANZ Accreditation Deed. See <https://register.jasanz.org/certified-organisations>

7.9 Surveillance

7.9.1_65I States that if 'surveillance' ('maintenance' in the NDAP Scheme due to the negative connotation of being surveilled) 'is required by the certification scheme', or due to concerns with the client's conformity, the certification body is to undertake surveillance as per the certification scheme rules.

7.9.1.1 (9.1.3.3) Surveillance audits

Surveillance audits are an acceptable, rigorous form of surveillance activity under this scheme. Surveillance audits are typically on-site audits, however remote ICT-based auditing is permitted under this scheme. Surveillance audits are not necessarily full system and process audits, and shall be planned together with the other surveillance activities.

Note: Surveillance audits are not applicable to Sole Traders under this scheme.

7.9.1.2 (9.1.3.3.1) Each mid-term audit shall include consideration of:

- a) a review of actions taken on nonconformities identified during the previous audit;
- b) complaints handling;
- c) progress of planned activities aimed at continual improvement;
- d) continuing operational control;
- e) review of any changes;

7.9.1.2 (9.1.3.3.2) Surveillance activities

Any other form of activity(s) intended to operate as a surveillance activity under this scheme, shall have a documented rationale, and an evidence base specific for the forms of Advocacy and the certified clients in which they are used. Multiple forms of surveillance activities can be used over certification cycle and by a certification body across its certified client portfolio under this scheme. The extent of effort and rigour of these activities shall be proportionate to the scale of the scale of the client's operations, and reflect the risks for the Advocacy Service and the people in which it supports.

Note 1: An example of a surveillance activity that is not an audit could be a targeted survey program or systematic appraisal of public information (e.g. ratings and comments) of known users of a certified Advocacy Service.

7.9.1.3 Surveillance (monitoring) activities shall be developed to monitor external and internal changes affecting certified Advocacy Services.

7.9.1.4 Such activities shall include periodic review of published information including the Advocacy Service's website, monitoring traditional and online media including 'customer review' platforms and social media, and confirming the accuracy of advertising claims. For government funded Advocacy Services, CBs should submit enquiries for information from funding bodies on the Advocacy Services' performance.

7.9.2_651 States that if surveillance includes audits, the requirements for audits in clauses 7.4 to 7.6 of this standard are to be complied with.

7.9.2.1 (9.1.3.3.3) Regardless of whether audits or other options are used for surveillance activities, each surveillance audit activity shall include consideration of:

- a) a review of actions taken on nonconformities identified during the previous audit;
- b) complaints handling;
- c) progress of planned activities aimed at continual improvement;
- d) continuing operational control;
- e) review of any changes;
- i) experiences and outcomes for Persons and their chosen family and friends who received Advocacy Services.

7.9.3_65I Requires that where a certification mark is supplied with a service or product, surveillance shall be undertaken (regardless of whether it is mentioned in the certification scheme rules) 'to ensure ongoing validity' of the mark of conformity.

7.9.4_65I Following from above, states that surveillance shall include 'periodic surveillance' activities. In the current AS 5391:2024 Advocacy Scheme Draft, this is set as a two-yearly (mid-term) audit, in a four year certification cycle.

7.10 Changes affecting certification

7.10.1_65I Requires certification bodies to communicate any new or changed certification scheme requirements to their clients, and 'verify' that the clients have taken appropriate action. This is normally facilitated by the use of 'transition policies' by Scheme Owners, as outlined further in IAF Mandatory Document 25.

7.10.2_65I Requires certification bodies to consider all other changes, including changes in the client (e.g. restructure, amalgamation, etc), and take 'appropriate action'.

7.10.3_65I States that 'appropriate action' can be any of the preceding audit (evaluation) activities, and certification decision and certification documentation activities.

7.11 Termination, reduction, suspension or withdrawal of certification

7.11.1_65I Requires the certification body to take 'appropriate action' in response to a nonconformity by clients, including increased surveillance, reduction in certification scope, suspending and/or withdrawal of the certificate.

7.11.1 (9.6.5.5) The CB shall reduce the scope of certification to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the

certification requirements for those parts of the scope of certification. Any such reduction shall be in line with the requirements of the standard used for certification.

7.11.2_65I Requires that if the 'appropriate action' involves audit ('evaluation'), the requirements in clauses 7.4 to 7.6 are to be fulfilled by the certification body.

7.11.3_65I Requires that certification bodies that terminate (by request of the client), suspend or withdraw the certificate, are to comply with the rules for these actions in the certification scheme, and shall take appropriate action on marks and certification documentation, and other actions to ensure clear public information of the changed certification status.

7.11.4_65I Requires the certification body to formulate and communicate a pathway to clients with suspended certification, of how the certificate can be restored including in regard to scheme rules:

7.11.5_65I Requires that any evaluation (auditing), reviews or certification decisions relating to suspended certification shall comply with the ISO/IEC 17065 clause 7 requirements.

7.11.6_65I Requires that certification bodies that reinstate suspended certification, including if the scope of reinstated certification is reduced, are to comply with the rules for these actions in the certification scheme, and shall take appropriate action on marks and certification documentation, and other actions to ensure clear public information of the changed certification status.

7.11.7 Recertification

7.11.7.1 (9.6.3.1) Recertification audit planning

7.11.7.2 (9.6.3.1.1) The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. A recertification audit shall be planned and conducted to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative document. This shall be planned and conducted in due time to enable for timely renewal before the certificate expiry date.

7.11.7.3 (9.6.3.1.2) The recertification activity shall include the review of previous mid-term audit reports and consider the performance of the management system over the most recent certification cycle.

7.11.7.4 (9.6.3.1.2.1) The recertification process shall obligate Advocacy Services to include the following in the application for recertification:

a) A self-evaluation, no shorter than 1000 words, of the Advocacy Service's performance against the intent of AS 5391:2024 and this Advocacy scheme.

I. The CB shall encourage Services to share these evaluations with other Advocacy Services certified or seeking certification (applicants) in this scheme, and facilitate this sharing.

Note: One means for such sharing would be the Service presenting its self-evaluation in OPAN/DANA ADVOCACY SCHEME COMMUNITY OF PRACTICE online webinar series.

II. Self evaluations may be undertaken in conjunction with internal audit programmes under this scheme. However, an internal audit or summarised internal audit program (under ISO 19011) would normally not meet the requirements of an 'evaluation' under this scheme.

7.11.7.4 (9.6.3.2.2) The composition of the recertification audit team should include at least one Observer who are personnel from other Advocacy Services certified under this scheme.

Note 1: Attendance of such observers would normally be via remote ICT Technology, unless the Observers are within close geographic proximity to the locations being audited.

Note 2: The duration of observation need not be the full audit, but would normally include at the minimum, the opening meeting, interviews with management personnel, and closing meeting.

Note 3: Observers may be drawn from Advocacy Services certified by other CBs in this scheme.

7.11.7.4 (9.6.3.1.3) Recertification audit activities may need to have a stage 1 in situations where there have been significant changes to the management system, the Advocacy Service (or its organisation), or the context in which the management system is operating (e.g. changes to legislation or operational guidelines).

7.11.8 (9.6.3.2) Recertification audit

7.11.9 (9.6.3.2.1) The recertification audit shall include an on-site audit that addresses the following:

- a) the effectiveness of the Advocacy Service in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
- b) demonstrated commitment to maintain the effectiveness and improvement of the Advocacy Service in order to enhance overall performance;
- c) the effectiveness of the Advocacy Service with regard to achieving the certified client's objectives and the intended results of AS 5391:2024.

7.11.10 (9.6.3.2.2) For any major nonconformity, the CB shall define time limits for correction and corrective actions. These actions shall be implemented and verified prior to the expiration of the certification.

7.11.11 (9.6.3.2.3) When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision.

7.11.12 (9.6.3.2.4) If the CB has not completed the recertification audit or the CB is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see 9.5.2.1) prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. The Advocacy Service shall be informed and the consequences shall be explained.

7.11.13 (9.6.3.2.5) Following expiration of certification, the CB can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on the prior certification cycle.

Excerpted from: ISO/IEC 17021-1, clause 9.6.3.2

7.12 Records

7.12.1_65I Requires the certification body to maintain records to demonstrate ISO/IEC 17065 and the scheme rules requirements are fulfilled.

No additional requirements.

7.12.2_65I Requires the certification body to keep records confidential.

7.12.3_65I Requires that if a certification scheme requires 're-evaluation' (re-certification), records shall be kept for at least the remainder of the current cycle and the entirety of the subsequent cycle (four years in the current Advocacy Scheme AS 5391:2024).

7.13 Complaints and appeals

7.13.1_65I Requires the certification body to have a 'documented process' for complaints and appeals, and track and record the status of these. Explanatory note: 'Appeals' are solely in regards to certification decisions. An Advocacy Service cannot 'Appeal' a nonconformity, for example. They could complain about a nonconformity, however.

No additional requirements.

7.13.2_65I Requires the certification body to confirm if the complaint or appeal relates to its activities, and if so, 'address it'.

7.13.3_65I Requires the certification body to acknowledge receipt of a complaint or appeals.

7.13.4_65I Requires the certification body to gather and verify all necessary information to address the complaint or appeal.

7.13.5_65I Requires the certification body personnel handling complaints or appeals to be independent from the activities related to the complaint or appeal.

7.13.6_65I Precludes personnel that have provided 'consultancy' or 'managerial' capacities to a client (e.g. Advocacy Service) within the past two years, and that lodges a complaint or appeal, from being involved in the complaint or appeal's handling.

7.13.7_65I States that where possible, the certification body is to give documented notice of the outcome of complaint investigation to the complainant.

7.13.8_65I Requires the certification body to issue a documented outcome of the appeal process to the appellant.

7.13.9_65I Requires the certification body to take any remaining actions to resolve the complaint or appeal.

8. Management system requirements

8.1 Options

8.1.1_65I General

Requires the certification body to operate a management system to comply with the ISO/IEC 17065 and requirements of the certification scheme, using either 'Option A' ('ISO 9001-like', with generic overarching requirements, including internal audits) or 'Option B' (ISO 9001, which includes requirements for internal audits).

8.1.1 Management Review (whether under Option A or Option B of ISO/IEC 17065) shall include the identification and consideration of opportunities to improve the Advocacy Scheme AS 5391:2024, to help it better achieve its objectives. These opportunities shall be documented, and provided to OPAN/DANA at least on an annual basis.

Annex A: (Normative) Knowledge and skills for Advocacy Service auditing and certification

Knowledge and skills for Advocacy Service auditing and certification

Table A 1 provides a summary of the knowledge required for Advocacy Service auditing and certification identifies the areas of knowledge for specific certification functions.

Table A.1 – Knowledge for Advocacy Service auditing and certification

Knowledge	Certification process	
	Reviewing audit reports and making certification decisions	Auditing and leading the audit team
Fundamental concepts and principles for Advocacy Services	x	x
Discipline specific knowledge (aged care, disability)	-	x
Context of the Advocacy Service	-	x
Advocacy service products, services, processes and organisation	-	x

'x' – required knowledge. '-' – not required.

Annex B: (Normative) Audit Time and sampling

Audits in the Advocacy Scheme AS 5391:2024 shall comply with the following audit time and sampling requirements.

B.1 The Effective Number of Personnel in an Advocacy Service consists of all Personnel (permanent, temporary, and part-time) involved within the scope of certification. When included within the scope of certification, it shall also include non-permanent (e.g. contractors, casual volunteers) Personnel.

B.2. Dependent upon the hours worked, part time Personnel numbers and employees partially in scope may be reduced or increased and converted to an equivalent number of full time Personnel.

Note: Adapted from IAF MD 5.

B.3. A multi-site organisation is an Advocacy Service covered by a single management system comprising an identified 'central function' (also known as 'head office') at which Advocacy processes/activities are planned and controlled, and a number of sites (permanent, temporary or virtual) at which such processes/activities are fully or partially carried out. The central function is responsible for and centrally controls the management system, and subjects this system to internal audits and its management review. A multi-site Advocacy Service need not be a unique legal entity, but all sites shall have a legal or contractual link with the central function of the organisation and be subject to a single management system, which is laid down, established and subject to continuous surveillance and internal audits by the central function.

B.4. The following methodology for site sampling is required to applied, if site sampling is used.

B.4.1. The minimum number of sites to be audited per audit is:)

- a) Initial audit: the size of the sample shall be the square root of the number of sites: ($y=\sqrt{x}$), rounded up to the next whole number, where y = number of sites to be sampled and x = total number of sites;
- b) Mid-term audit: the size of the annual sample shall be the square root of the number of sites with 0.6 as a coefficient ($y=0.6 \sqrt{x}$), rounded up to the next whole number.
- c) Re-certification audit: the size of the sample shall be the same as for an initial audit. Nevertheless, where the management system has proved to be effective over the certification cycle, the size of the sample could be reduced to, $y=0.8 \sqrt{x}$, rounded up to the next whole number.

B.4.2 The central function ('head office') shall be audited at every audit.

Note: Adapted from IAF MD 1.

B.5 The starting point for audit times of an Advocacy Service (whether single site or multi-site), for each site audited, is as follows:

Table x: FTE versus initial audit time for **each site** audited

Effective number of Personnel	Initial Certification audit time (Stage One and Two) - days
1-5	1.5
6-10	2
11-15	2.5
16-25	3
26-45	4
46-65	5
66-85	6
86-125	7
126-175	8
175 +	<i>Continue progression</i>

Adapted from: Table QMS 1, in IAF MD5

B.6 Mid-term audits

Audit time for mid-term audits should be proportional to the audit time spent on the initial certification audit (Stage One and Two), with the time (per audited site) in the mid-term being about one third (1/3) of the audit time spent on the initial certification audit calculations in the table above.

B.7 Recertification audits

Audit time for recertification audits should be based on the performance of the Advocacy Service over the certification cycle, with a starting point assumption for audit time (*per audited site*) being two thirds (2/3) of the audit time spent on the initial certification audit calculations in the table above.

B.8. Where audit time and site sampling calculations (whether initial, mid-term, or recertification) result in less than 30 minutes being available per planned interview with Persons, family, friends, and workers, the audit time shall be increased as needed to accommodate the assumption of this minimum time per interview, accordingly.

B.9 Person, family, friend, and worker interviews and records review

B.9.1 Seeking direct feedback from Persons is a critical element of the audit process. CBs shall ensure that wherever possible, Persons, family, friends, and supporters have been offered the opportunity to participate in the audit process. However it is not usually practicable for all Persons to provide direct feedback, and for this reason a sampling approach is normally required to ensure appropriate levels and types of feedback during the audit.

B.9.2 Sampling of Persons for their views of an Advocacy Service shall be determined at the site and/or outlet level on a case-by-case basis.

B.9.3 When planning the audit, the CB shall negotiate a strategy for sampling Persons in consultation with the Advocacy service and relevant stakeholders. The strategy should cover:

- a) proposed sample numbers;
- b) sampling approach, including methods of communication and sampling methods (face-to-face interview, focus groups, telephone survey, mail or on-line survey, other reasonable adjustments to address any communication barriers);
- c) support needs of Persons (if applicable), including when, where and how Person feedback is to be obtained.

B.9.4 The CB should select the sample of Persons (and their family, friends, and supporters) who have received a service over the last 18 to 24 months. The selection preferably should be made from a de-identified list provided by the Advocacy service, however other means of identifying participants may be used, such as service records or directories, with access to these facilitated by the Advocacy Service. This ensures that the sample is not influenced by other stakeholders, which might inhibit the collection of accurate data.

B.9.5 At the minimum, it would be expected that at least five Persons and at least two family, friends, and supporters are interviewed per site per audit. For sites with fewer than five Persons, the starting goal should be to sample all Persons ('100% sampling').

B.9.6 Management and workers shall be selected for sampling in the audit process based on their role and functions within the Advocacy Service, as necessary to gather objective evidence of conformity to AS 5391:2024.

B.9.7 The position titles and names of management and workers selected for sampling (*interviews and preferably also a records review, e.g., training, clearances/licenses, performance reviews, etc*) shall be specified on the audit plan against the corresponding elements of the scheme requirements being audited, and updated as necessary, prior to the opening meeting.

B.9.8 At the minimum, it would be expected that at least one representative from management and at least one worker is interviewed per site per audit. For sole traders, a valid audit outcome requires the proprietor (Director, etc) to be subject to interview and records review.

B.9.9 Where the final achieved number of Persons (and their family, friends, and supporters), management and workers sampled is fewer than the minimums required above, for any site, a reasonable explanation for this shortfall shall be provided in the audit report. The resulting limitations in the reliability of the objective evidence shall also be described.

B.9.10 To corroborate or follow up on objective evidence gathered through interviews, files (or other records) shall be reviewed at each site (and including 'Virtual Sites'), for each Person (or their family, friend, supporter) and worker interviewed, and should not be less than the number of Persons and workers interviewed.

B.9.11 The order in which file reviews and interviews occur may be reversed, and may be iterative depending on the sampling strategy (*e.g., a selection of interviews, followed by file reviews, and continuation of interviews and further file reviews, etc, to obtain the target sample*).

B.9.12 All file access shall be by written consent of the Person and workers, and shall comply with the provisions of the Privacy Act and any relevant state or territory legislation.

B.9.13 Although the focus of this Annex is on sampling Persons, family, friends, supporters and workers, auditors should always keep in mind the potential to gather useful evidence from other stakeholders, and sample accordingly.

B.10 Factors for adjustment of audit time

B.10.1 For Advocacy Services subject to multiple auditing frameworks (e.g., certification schemes), the principles and requirements of IAF MD 11 apply, with the following modifications.

B.10.2 Further reductions of up to 20% audit time may be afforded per sampled sites, where justified by the performance of the Advocacy service, cohesion of the management systems and processes across sites, and similarity of Advocacy Services between sites.

B.10.3 The times in 'Table x: FTE versus initial audit time' may be reduced by a further 25% if the system is subject to audits for JASASNZ accredited ISO 9001 certification.

B.10.4 The times in 'Table x: FTE versus initial audit time' may be reduced by up to a further 75% if the system is subject to audits for JASASNZ accredited NDAP Scheme certification to the National Standards for Disability Services.

B.10.5 Irrespective of ISO 9001 or NDAP Scheme certification status, the times in 'Table x: FTE versus initial audit time' may be reduced by up to 50% if the system is subject to audits for other JASANZ accredited Schemes or other government recognised schemes, where this is supported by justification of mapping to equivalence of requirements (see clauses 7.4.5 and 7.4.9 of this Scheme).

Annex C: (Informative) Possible uses of the outputs of this scheme – including certificates and audit reports

Activity	Comment
General	Certificates and audit reports to serve as demonstration of an effective technical solution for developing and maintaining a effective Advocacy Services that meets stakeholder expectations including authorities.
Procurement	Serving as a sign of effective records controls, including for statutory requirements, and enabling provision of an accredited AS 5391:2024 conformity assessment certificate (informed by Advocacy principles) with appropriate sub-scopes upon request.
Contractual arrangements	Use of conformity assessment certification as evidence of compliance with contractual requirements for Advocacy
Compliance obligations	Use of conformity assessment certification and/or audit report excerpts as evidence of compliance with legal requirements for Advocacy Services. <i>Note: In such cases, the scope of certification or Annex would ideally cite the specific legal requirement(s) relevant to the scope of the Advocacy Services.</i>
Advocacy service expectations by stakeholders	Use of conformity assessment certification as further supporting evidence of sound and innovative Advocacy Services.
Integrated auditing requirements	For organisations that already hold health and or human services standards certification, or ISO 9001 or ISO 45001 certification, and/or other accredited management system certification, certification under this Scheme for the scope of Advocacy Services can be an efficient means to appraise the Advocacy-specific elements of the organisation against a current national standard with objective, context specific requirements for service and process and management system performance. <i>Note: For example, larger, more complex organisations in which Advocacy Services are a relatively minor component of activities.</i>

Annex D: (Informative) Common nonconformities in Advocacy Services

From the experience of advocacy professionals, the following are common deficiencies in Advocacy Service delivery and their management systems.

Note: This table is informative, and as such cannot be cited as the basis for nonconformities in the Advocacy Scheme for AS 5391:2024. It may be used to explain a contravention of requirements in the normative sections of this Scheme.

Nonconformity or deficiency	Comment
Policies are overly lengthy, and written in complex language not readily understood by personnel operating within the Advocacy Service nor persons receiving their services.	Policies need not be lengthy, and should be written in approachable, clear language. AS 5391:2024 clauses 1.2.4 and 3.3(b)[ii]
Purpose and strategy objectives do not have a clear link to: <ul style="list-style-type: none"> Advocacy Service objectives; and/or applicable legal compliance requirements for Advocacy 	Credible Advocacy objectives exist and have a direct contribution towards the organisation's (or subunit thereof operating the disability service) overall objectives. AS 5391:2024 clause 4.9a
Unclear responsibilities for developing, maintain and evaluating the performance of the service at all relevant functions and levels. Relevant competence criteria – i.e. skills, knowledge, and/or experience have not been specified for personnel.	An Advocacy Service certified under this Scheme is required to have developed and maintained 'written role descriptions' for personnel relevant to the Advocacy Services. AS 5391:2024 clause 4.9c
The organisation has not developed a confidentiality policy and solely relies on informal understandings of confidentiality and generic template text in written communication to clients.	A coherent, maintained and internally audited (evaluated) policy is required for confidentiality. AS 5391:2024 clause 3.3c
Little recognition of the business continuity plan; It is not widely understood in the organisation, outside of a small organisational subunit. Relevant external stakeholders are not made aware of how the business continuity plan contributes to fulfilling their expectations for Advocacy Service delivery and contingencies.	Business continuity plans benefit from being promoted and publicised within the organisation and to stakeholders as a key contributor to good business processes AS 5391:2024 clause cl 4.4e
Policies and procedures have various states of currency and reflection of current practices, and do not	

Nonconformity or deficiency	Comment
demonstrate regard to opportunities to collaborate on their development, refinement, evaluation, and promotion within the formal and informal networks the Advocacy Service participates in.	AS 5391:2024 clauses 3.5 and 3.6a
Complaints policies exist, but are not well described in public information and are not embedded in routine contact with Persons. Accessible formats are not provided, with the policies solely being in standard text documents.	Effective complaints processes and timely responses require complaints policies to be well designed and promoted internally to personnel and external to stakeholders in Advocacy Services. Consideration is required for alternative means of communicating complaints handling. AS 5391:2024 cl 4.8 (b)

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Annex D.2 (Informative) Table of Potential Risks and Mitigations for Advocacy Services

Note 1: This is informative only, and is not an exhaustive list of risk and mitigations. None of the information shall be relied on for decision making by Advocacy Services, conformity assessment bodies, nor OPAN/DANA). Auditors in this Scheme may refer to this table when considering raising Opportunities for Improvement, and appraising an Advocacy Service's cause analysis in response to nonconformities.

Note 2: 'Risks' to Advocacy Services can be negative risks (such as accidents, harm), or 'positive risks' (such as opportunities that may not be attained).

Last updated:

Worked example (in progress)

Risk	Examples (assessment number, media articles)	Possible Mitigations by providers	Relevant clauses from AS 5391:2024 or legislation that top management could consider
Inadequate protections for Persons (inadequate risk management). Note: Published allegations of abuse/neglect are <u>alleged risk to Persons</u> , and <u>a bona fide reputational risk</u> to the provider (whether the allegations are true or not, its reputation has been harmed). If confirmed, harm to participants needs to be quickly corrected. A damaged reputation will impede an Advocacy Service's ability to maintain clients and grow, and thus impede organisational objectives.	'GREAT COMPANY Y' (alleged in ABC Four Corners). Registered NDIS Provider for health advocacy services, with current certification by 'CAB T'. Recertification audit is due by no later than 10 months. The current affairs show alleged the Advocacy Service exercises inadequate Advocacy Services in aged care over a number of years. It has interviewed several people stating to be persons using its services and family members, who believe they have not well served by the organisation, and were given inadequate advice that placed	*Review dignity of risk policy to ensure it adheres to best practice. *Consider its positive behavioural support plans for Persons (alleged to have been harmed) meet best-practice. *Undertake comparison of its dignity of risk and behavioural support policies with providers with similar operations; *Publish in a media release the outcomes of its review, and state in a summarised	xxxxxx
			yyyyyy
			zzzzzz

Risk	Examples (assessment number, media articles)	Possible Mitigations by providers	Relevant clauses from AS 5391:2024 or legislation that top management could considers
	them at excessive risk (e.g., refusing providing mainstream medical treatment in place of unproven, 'alternative therapies' without any relevant approvals as therapeutic goods.	manner what additional actions it has taken (corrections) and/or systemic changes it has implemented (corrective actions), if any.	
Highly variable staff availabilities/lack of staff continuity	Etc	Etc	Etc
Personnel burnout, key persons risks (etc)	Etc	Etc	Etc

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