

Performance Management Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Performance Management and Annual Reviews Policy and Procedure

Purpose

Assist Disability Services seeks to provide services of a high standard to participants. It recognises that this must be balanced with the skillset of each employee and the need for them to develop their skillset. This policy aims to provide a structured way of providing feedback on performance in ways that inform staff of their need to grow and develop their professional skills.

Scope

This policy applies to all employees of Assist Disability Services (ADS).

Policy

a) Performance Management

Performance management is an ongoing process which takes place through interaction with the employee's supervisor and relevant manager.

b) Annual Reviews

During the year, employees are required to participate in an annual review. The purpose of the annual review is to seek feedback from the employee, review job descriptions and workload. It is also an opportunity to plan actions and set objectives for the short to medium term and identify learning and development needs. Annual reviews provide an opportunity to discuss salary expectations.

Procedure

c) Performance Management

Performance shortfalls will be managed by the employee's supervisor as and when they occur, formally or informally, in line with the Grievance Handling Policy and Procedure or the Disciplinary Policy and Procedure.

d) Annual Reviews – Step 1 – Behaviour Support Practitioners/Head Office

ADS will give notice in writing to the employee, not less than 14 days prior, that an annual review will be conducted. ADS must advise the employee of the name of the person (and if relevant the business entity) conducting the review and will permit the employee sufficient time during working hours to prepare.

e) Remuneration Reviews – Step 2 – Allied Health and Head Office Staff

Annually (around September) ADS will review staff remuneration and benefits against set criteria including:

- The financial position of ADS;
- CPI;
- Market rates for similar positions;
- Performance; and

- Retention.

Employees will be invited to submit any material or aspect of position or performance that they would like taken into consideration.

f) Remuneration Reviews

The process for reviewing wages under the Awards is undertaken by an Expert Panel of the Fair Work Commission, which usually takes place from March to June each financial year. The Panel considers submissions as part of the review. As part of the review, the President of the Commission may direct the Panel to investigate and report on certain issues. The President or the Panel also set an annual wage review research program each year which is endorsed by a Minimum Wages Research Group. At the end of the review the Expert Panel releases its decision and then the Commission publishes determinations that change the minimum wages in modern awards and a national minimum wage order for those not covered by an agreement or an award.

Disciplinary Policy and Procedure

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Disciplinary Policy and Procedure

1. Purpose

This policy contains guidance on performance and conduct management, and the discipline and termination consequences that may follow. It is strictly for guidance purposes only and aims to provide employees and management with an understanding of the procedures that may be followed. In so far as this Policy imposes any obligations on ADS, those obligations are not contractual and do not give rise to any contractual rights. The procedures outlined in this Policy are general guidelines only.

2. Scope

This policy applies to all employees of ADS.

3. Policy

What constitutes 'poor performance'?

An employee's performance will be considered poor or unsatisfactory if the employee is repeatedly not meeting the requirements of their role (as set out in the employee's position description, contract of employment, key performance indicators (if any), ADS policies, or as communicated to the employee otherwise. Poor performance may be observed by the employee's manager or other relevant person and may be the result of a formal performance evaluation.

What constitutes 'misconduct' or 'unsatisfactory conduct'?

Misconduct or unsatisfactory conduct includes, but is not limited to:

- Unsatisfactory performance;
- Unauthorised absenteeism;
- Unacceptable behaviour towards managers/supervisors/employees/clients/customers of ADS;
- Not adequately devoting your time or attention to allocated work during your normal working hours;
- Acting in a manner which may threaten the health or safety of yourself, other employees or other individuals;
- Persistent lateness;
- Inappropriate or dishonest behaviour in the workplace;
- Any instances of harassment and/or bullying
- non-compliance with ADS policies, procedures or practices including Work Health and Safety policies and procedures;
- Negligence, damage, loss or unauthorised use of company property or failure to report any such negligence, damage, loss or use;

- failure to follow lawful and reasonable direction from ADS or an authorised representative of ADS.

Depending on the nature of the poor performance, unsatisfactory conduct or misconduct, a number of disciplinary steps may be taken. The action taken will depend on the nature and severity of the employee's conduct. The steps below are listed in order of seriousness of the poor performance and/or misconduct, however, do not need to be followed in sequential order and will be followed according to the situation at the discretion of ADS.

Informal Counsel

Prior to moving to any stage of verbal warnings, an employee's manager or supervisor may informally counsel an employee to assist the employee to better understand workplace practices, the required level of conduct and/or performance or any other matter the employees' manager or supervisor feels it appropriate to raise with the employee for their development. The employee is entitled to have a support person present during any informal counselling. If the employee continues to engage in the conduct and/or poor performance which is the subject of informal counselling, the employee may be subject to any of the disciplinary procedures set out below up to and including termination of employment.

Verbal warnings

If the employee's performance or conduct does not improve following informal counselling, ADS may give the employee a verbal warning. A verbal warning may be given prior to, or in addition to, any other disciplinary measures and will be conducted confidentially. The employee will be requested to attend a meeting in relation to the employee's performance or conduct and offer the employee an opportunity to have a support person present during the meeting. The support person is not entitled to play an active role in the meeting and is not entitled to speak on behalf of the employee but may provide guidance and advice to the employee (in private if they so wish).

During the meeting, it can be expected that:

- The employee's manager will explain to the employee why the employee's performance is not meeting the expected standards (by reference to the employee's job description, contract of employment, key performance indicators (if any) and/or elaborate on any allegations of misconduct;
- The employee will be provided with an opportunity to respond to all such issues; and
- The employee will be informed that if there is no improvement in their performance or the conduct continues, they may be subject to any of the other disciplinary procedures, up to and including termination.

Written warnings

If ADS has concerns about an employee's performance or conduct, a written warning may be issued to the employee. This may (but not necessarily) occur following continued or repeated behaviour raised in earlier informal counselling or a verbal warning. There may be instances where a written warning may be issued in the first instance, based on the seriousness of the poor performance or conduct. Alternatively, it could follow the issuing by ADS of a performance improvement plan in agreement with the employee. The employee will be required to attend a meeting in relation to the employee's performance or conduct. The employee will be entitled to bring a support person to the meeting (the support person's role is set out above).

During the meeting, it can be expected that:

- The employee's manager will outline why the employee's performance is not meeting the expected standards (by reference to the employee's job description, contract of employment, key performance indicators (if any) or provide particulars of the alleged misconduct.
- The employee will be provided with an opportunity to respond to all issues.
- If, following the meeting, the employee's responses to the issues of performance or misconduct do not prove to be satisfactory, and ADS determines it appropriate to formally discipline the employee for such issues, the employee may be issued with a written warning.

A written warning will inform the employee:

- of the performance issues or issues of misconduct and the required expectations in the relevant areas moving forward;
- why ADS does not find the employee's response to such allegations to be acceptable;
- of a reasonable timeframe within which the employee must remedy their poor performance and/or conduct;
- that if the employee continues to underperform or engage in misconduct, other disciplinary action may be taken, up to and including termination of employment.

Termination of Employment

Poor performance or misconduct may lead to the termination of an employee's employment (with notice; or payment in lieu of notice in the case of permanent employees not involved in any instance of serious misconduct).

Where the company has decided to hold a meeting with an employee which may result in termination of their employment, or where the Company has decided to terminate the employment of an employee due to poor performance or misconduct, the employee will be entitled to bring a support person of their choice to a meeting or teleconference. The support person is not entitled to play an active role or to speak on behalf of the employee but may provide guidance and assistance to the employee.

Serious misconduct and summary dismissal

Serious misconduct is wilful and/or deliberate behaviour by an employee that is inconsistent with the continuation of employment, a serious breach of the employment agreement or an illegal activity or any activity that puts the person or others in serious danger.

What constitutes serious misconduct will depend on the circumstances of the case. It may be necessary for the Company to conduct an investigation into the incident or behaviour to determine whether the misconduct or behaviour constitutes serious misconduct.

In the event that an employee is alleged to have engaged in serious misconduct, the employee will be invited to a meeting. Before the meeting, they will be invited to bring a support person of their choice.

During the meeting, it can be expected that:

- The employee's manager will outline the allegation/s of serious misconduct;
- Provide the employee with an opportunity to respond to all such allegations;
- Where the Company is satisfied on the balance of probabilities that the employee has engaged in serious misconduct and is not satisfied with the employee's response(s), the employee's employment may be terminated without notice.

Examples of serious misconduct include:

- Acts of unlawful discrimination, bullying or harassment;
- Physical violence;
- Deliberate destruction of the property of ADS;
- Being under the influence of drugs or alcohol at work;
- Theft or fraud; and/or
- Any action which may cause significant risks to the health or safety of yourself, employees or any other individual.

This is not an exhaustive list and other conduct may also be considered serious misconduct.

Record keeping

Records of verbal warnings and any written warnings will be placed in an employee's personnel file. Employees and staff are encouraged to read this policy in connection with other relevant ADS policies.

Procedure

The following table is a guide (but not an exhaustive list) of how poor performance and/or misconduct may be dealt with by ADS when dealt with in a formal way:

Level of Severity	1 st instance	2 nd instance	3 rd instance	4 th instance
Unsatisfactory conduct or poor performance	Formal verbal warning	Written warning	Final written warning	Termination
Misconduct	Final written warning	Termination		

ASSiST

105/30 Campbell St
Blacktown
NSW 2148

Serious Misconduct	Termination			
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ADS will make every effort to ensure that the process followed is a fair one, including consideration of your responses to any matters raised with you. This policy will assist in ensuring that there is clear guidance in place in the event of a disciplinary hearing and you are aware of your expected standards of performance and behaviour at ADS.

ADS will ensure that all disciplinary and performance matters are investigated adequately and that employees are given the opportunity to respond to any disciplinary or performance matters. In some instances, ADS may decide to suspend your employment, on full-pay until the disciplinary or performance matters are resolved.

Module 2

Specialist Behaviour Support Policies

Approval Date	Review Date
19/04/2024	19/04/2025

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Behaviour Support Policy and Procedure

Purpose and Scope

To ensure that each participant has access to behaviour support needs that are appropriate to meet their individual requirements and to improve the quality-of-life outcomes for all individuals with disabilities, and to reduce and/or eliminate any restrictive practices that may be in place over time.

Assist Disability Services Pty Ltd understands the participant's behaviours of concern and how they can have a negative impact on an individual and/or those in their family, the support services, as well as the community, and to ensure their behaviour support needs are being appropriately managed and supported.

All Staff working with participants will undertake ongoing professional development to enhance the learning of new evidence in relation to practices and approaches to behaviour support.

Policy

Assist Disability Services Pty Ltd will ensure their practices meet and comply with all relevant legislation and policy framework including suitable delivery of specialised positive behaviour support, assessment, development.

Regulated restrictive practices are only to be used as a last resort and in response to a person with disability's behaviour to protect the person or others from harm.

Assist Disability Services Pty Ltd requires all behaviour support practitioners must be assessed to ensure that they have the skills and knowledge suitable to undertaking assessment and delivery of behaviour support plans. All behaviour support practitioners must undertake ongoing professional development to maintain their currency with evidence-informed practice and approaches.

Assist Disability Services Pty Ltd will employ a Behaviour Support Clinical Supervisor to supervise each work practice of the NDIS behaviour support plan practitioner.

All participants will be assessed through the behaviour support plan & functional behaviour assessment to determine all requirements and strategies to be implemented.

Procedure

Assist Disability Services Pty Ltd's Staff will, as part of their induction, read and understand the requirements of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018 and comply with its requirements including:

- Understanding that inappropriately applied restrictive practices are serious human right infringement
- Restrictive Practices
- Seclusion
- Chemical restraint

- Mechanical restraint
- Physical restraint
- Environmental restraint
- Behaviour Support plan
- Builds on participant's strengths
- Increases their opportunity to participate in community activities
- Increase life skills
- Functional behaviour assessment
- Use must be the least restrictive possible in circumstances to reduce the risk of harm to the participant and others. This must only be applied for the shortest amount of time.

Assist Disability Services Pty Ltd will review the professional requirements of behaviour support practitioners and clinical supervisor to ensure:

- Currency under their registering body.
- Professional training is undertaken.
- Worker orientation module is completed.
- Suitability to deliver positive support behaviour plans.
- Current knowledge of assessment methods.
- Evidence-skills in developing support plans

The Managing Director will employ a clinical supervisor who:

- Holds the qualifications, registrations combined with knowledge and skills to be able to supervise and train behaviour support practitioners
- Is current in evidence-informed practice
- Holds current knowledge and skills of behaviour support plan assessment and development
- Able to apply and train others in positive behaviour support.
- Apply best-practice principles
- Will ensure that professional development will promote best-practice principles
- Inform management of required changes to policies and procedures to ensure the focus is always on the reduction and/or elimination of restrictive practices

Assist Disability Services Pty Ltd will consult with the Behaviour Practice team to ensure that policies and procedures include both current and best practices. A review will be undertaken at least annually to ensure that our procedures reflect current practices. Assist Disability Services Pty Ltd will follow quality practice policies including Risk Assessment and Continuous Improvement policies. Any changes will be reported through our corporate governance process.

Definitions

See Appendix 1 – definitions

Behaviour Support Plan (BSP)

- NDIS Behaviour Support Practitioner
- Functional Behavioural Assessment
- Restrictive Practice
- Regulated restrictive practices
- Specialist behaviour support provider

Related Documents

- Behaviour Support Plan & Functional Behaviour Assessment
- See Appendix 2 Forms – for other related documents

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Restrictive Practices Policy and Procedures

Purpose and Scope

The focus of the restrictive practices policy should be to provide care that emphasises preventing or reducing behaviour that may cause harm or a risk to the participant; however, the Staff at Assist Disability Services Pty Ltd recognise that a participant may at times be subjected to restrictive practises due to challenging behaviours.

Assist Disability Services Pty Ltd is committed to ensuring any participant who exhibits behaviours that require support are supported to ensure they are in a safe environment whilst recognising their individuals' rights and needs.

All participants (with their consent), their support networks and/or other relevant stakeholders are to engage in implementing a Behaviour Support Plans or Interim Behaviour Support Plan to implement strategies that are appropriate to the participant to reduce the risk of harm to themselves or others.

The clinical lead supervisor will ensure that any restrictive practice, including on the Behaviour Support Plan, is in accordance with the Commonwealth legislation and/or policy requirement of the state/territory legislation, and/or policy requirements for obtaining authorisation for the use of any restrictive practices.

Policy

The clinical lead supervisor of Assist Disability Services Pty Ltd will ensure the Behaviour Support Plan or Interim Support Plan is developed in consultation with the participants and all relevant stakeholders and is followed and updated on a regular basis, as per Behaviour Support Plans and Functional Behaviour Assessments Policy and Procedure.

Restrictive practices will only be considered where necessary to prevent harm to themselves or others. Any restrictive practice used at Assist Disability Services Pty Ltd will follow best practice requirements including:

- Using the least restrictive option available
- Will use for the least amount of time possible
- Used as necessary to prevent harm to the participant or others
- Used as a last resort
- Will not be used as punishment to the individual
- Will not be used for the convenience of Staff

Assist Disability Services Pty Ltd will ensure ongoing monitoring of the participants behaviour support plan or interim support plan. Staff will collaborate with the participant and all relevant stakeholders:

- About alternatives to the use of restrictive practices,

- Ensuring the implementation of strategies in the plan are evaluated, and
- Approval or comments on the effectiveness of the current approaches being used to reduce or eliminate the use of restrictive practices.

Staff of Assist Disability Services Pty Ltd will:

- Continue to undertake professional development to maintain an understanding of practices that are considered restrictive and the risks associated with the practices.
- Acknowledge and understand the requirements as set out and described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018 and
- Acknowledge the relevant state/territory legislation requirements and processes for obtaining authorised use of any restrictive practices included in a participant's Behaviour Support Plan.
- Follow the requirement as listed on the participants Behaviour Support Plan or Interim Support Plan.

Procedure

Assist Disability Services Pty Ltd will undertake an audit of restrictive practices periodically. This audit is aimed at identifying any practices be used in providing service delivery to participants. When any restrictive practice is used, it must be reported to the Clinical Lead &/or operations manager. All identified restrictive practices must be placed on a Restrictive Practice Register and noted on the participants file.

Risk Management

Assist Disability Services Pty Ltd will use the principles in our Risk Management Policy to ensure that our practices ensure the safety of both participant and other parties. To this end, our team will review risks, including:

- Consulting and collaborating with the participant, their support network, providers implementing the behaviour support plan and any other relevant stakeholder to gain consent about:
 - need for restrictive practices,
 - risk involved in restrictive practice use,
 - Promoting alternatives to the use of restrictive practices.
- Practices are proportional to the risk of harm to the participant or others.

Strategies in Behaviour Support Plan

The development of the behaviour support plan must be based on the following:

- Evidence gathered about the participant,
- The individual being at the centre of the plan (person-centred),
- Proactive
- Addresses the person with disability's needs
- Addresses the person with disability's functions of behaviour.

A positive and proactive approach to behaviour support will be implemented to ensure the participant is provided the required support to live a full and active life. As part of a comprehensive Behaviour Support Plan or Interim Support Plan will be developed to ensure positive approaches are taken and the plan. This plan must incorporate strategies to reduce or eliminate the use of any restrictive practices such as but not limited to:

- How to manage triggers
- How to establish an environment that reduces triggers
- A description of the function of the behaviour including trying to understand why the person is displaying the behaviour
- Details on managing the behaviour and strategies that can be used including but not limited to:
 - Working to avoid and reduce situations that trigger the behaviour
 - Teaching the person new skills
 - Teaching the participant behaviours to replace the challenging behaviour
- Actions for Staff to undertake during an incident to ensure safety self, others and the participant
- Reporting methods to be used to report on the incident, which may include completing incident reports (which may include contacting the NDIS Quality and Safeguards Commission or State reporting body)
- Debriefing options for Staff members involved in the incident, such as Employee Assistance Program (EAP).
- Collecting and recording information on behaviours and strategies being used.

Any restrictive practice used, will only be administered by an approved NDIS Behaviour Support Practitioner and the restrictive practice will only be used as per the participants Behaviour Support Plan or Interim Support Plan and will be reviewed on an annual basis. Should a restrictive practice listed on the participant's Behaviour Support Plan or Interim Support Plan that has not been used within the audit period of 12 months, then the restrictive practice will be automatically withdrawn and considered eliminated from use. It is important that the clinical lead continues to monitor all participants who have Behaviour Support Plans or Interim Support Plans to ensure all Staff and relevant stakeholders are aware of any changes being made.

There will be some practices that Assist Disability Services Pty Ltd may consider to be prohibited and will never approve, these could include practices that are considered abusive, unethical or to be unlawful.

All Staff of Assist Disability Services Pty Ltd must comply with relevant legislations, policies and procedures and respect the rights of the participant.

Collaboration

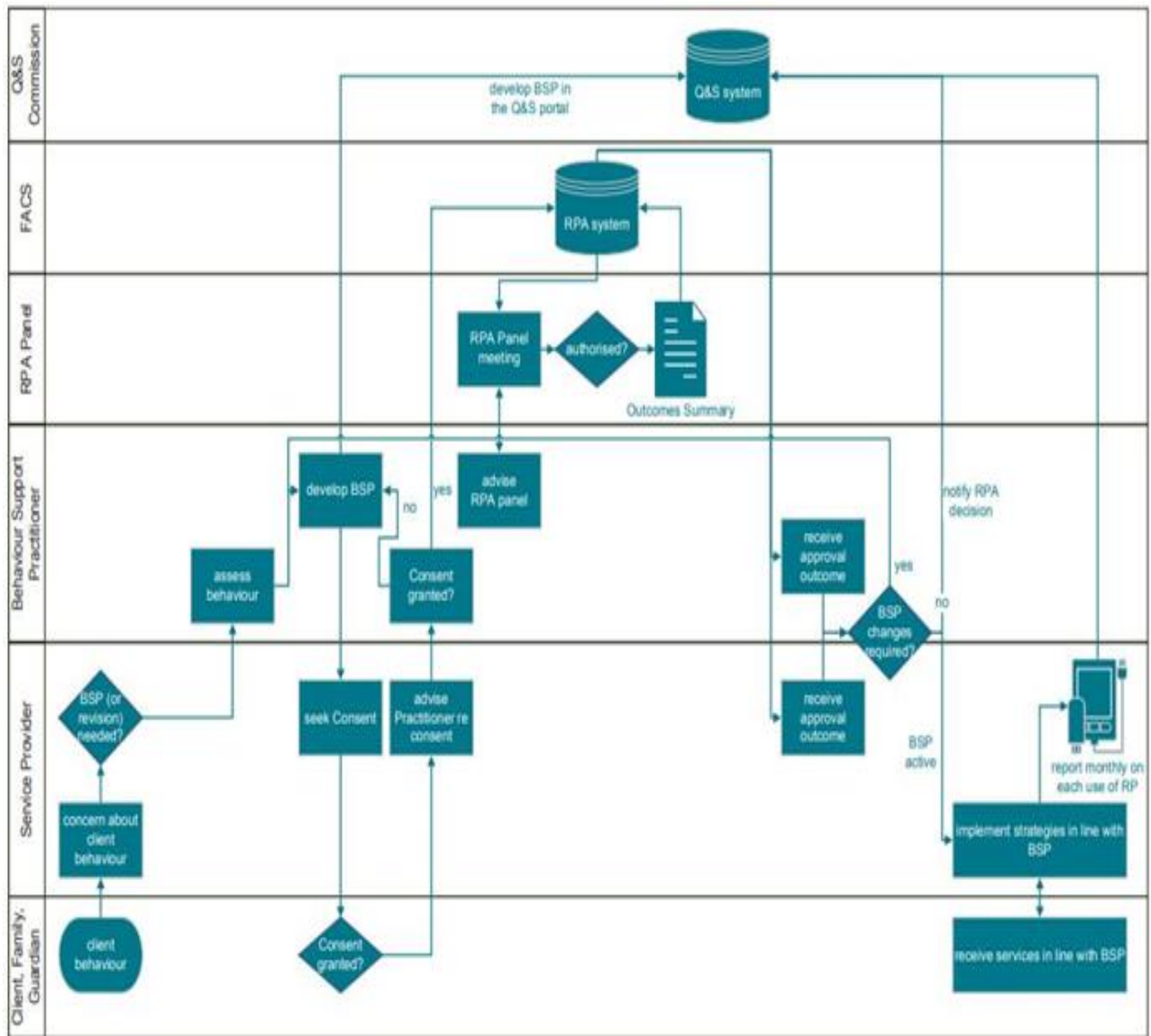
The reduction and elimination of restrictive practices will be supported developing and implementing behaviour support plans that contain provision for the use of a restrictive practice. To ensure that Assist Disability Services Pty Ltd meets the requirements of the NDIS (Restrictive Practices and Behaviours Support) Rules 2018, we will work with all support networks including those who implement the behaviour support plans. Collaboration will allow for appropriate, relevant and person-centred plans. The process will include:

- Meetings
- Evidence gathering to inform practice
- Completion of reports and relevant forms
- Input into participant database
- At least Annual reviews
- Reviews as required by the participant's current need

The Planned Restrictive Practices Authorisation process (NSW)

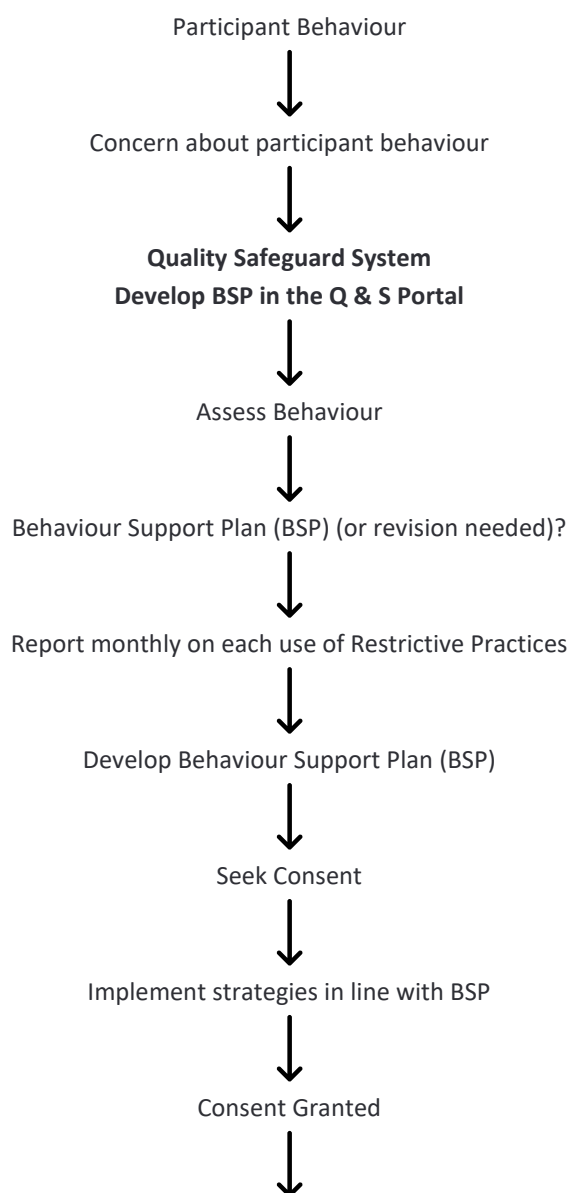
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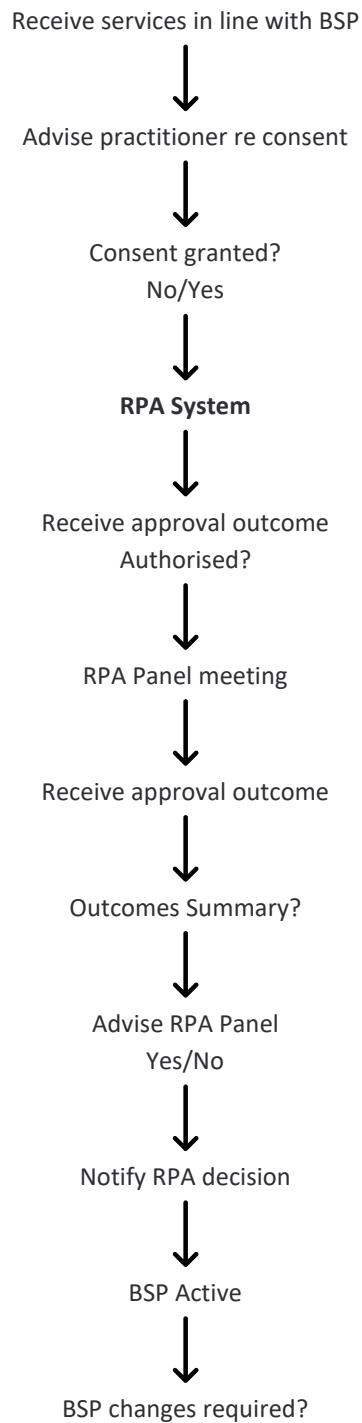
105/30 Campbell St
Blacktown
NSW 2148



Source: <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/NSW%20-%20Restrictive%20Practice%20Authorisation%20from%201%20July%202018.pdf>

Flow Chart from Participant to Receiving Support Services in line with BSP





Definitions

See Appendix 1 – definitions

- Behaviour Support Plan (BSP)
- NDIS Behaviour Support Practitioner
- Functional Behavioural Assessment
- Restrictive Practice
- Regulated restrictive practices
- Specialist behaviour support provider

Related Documents

- Behaviour Support Plan & Functional Behaviour Assessment
- See Appendix 2 Forms – for other related documents including:
- Interim behaviour support plan

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme Act 2013
- Disability Inclusion Act 2014
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Behaviour Support Plans and Functional Behaviour Assessments Policy and Procedure

Purpose and Scope

A Behaviour Support Plan (BSP) is a document that has been designed and developed in consultation with a person with disabilities to help maintain quality of life, independence and meaningful participation within a community. Therefore, with the implementation of BSP a Functional Behaviour Assessment is conducted by an authorised practitioner and deliberative to tailor a Behaviour Support Plan that is, evidence-based, informed and responsive to the needs of an individual.

A Behaviour Support Plan can only be implemented and developed by an approved practitioner who is considered suitable by the Commissioner to be able to undertake a Functional Behaviour Assessment and implement a Behaviour Support Plan for a participant. Also, the approved practitioner must be registered with the NDIS to be able to provide Specialist Behaviour Support.

This policy is intended to inform the participant and all support networks and stakeholders that are relevant to the care of the individual to ensure that the participant has identified needs, function and/or purpose of behaviours, and assists with the identification of strategies that can assist with addressing behaviours of concern.

Assist Disability Services Pty Ltd will maintain regular monitoring of all participants that have in place Behaviour Support Plans and undertake a full review on an annual basis.

Policy

Assist Disability Services Pty Ltd aim of Behaviour Support Plans is to establish a positive support network in working towards reducing and eliminating any restrictive practices whilst fostering and upholding the rights of an individual with disabilities. This is done by supporting the person in a person-centred environment that reflects the strategies in the Behaviour Support Plan and must include proactive approaches and strategies that represents evidence-informed practices.

The Behaviour Support Plans will maintain and improve the participant's quality of life. Assist Disability Services Pty Ltd will tailor evidence-based support plans to ensure that they are responsive to the participant's needs.

A Behavioural Support Plan can recommend the use of regulated restrictive practices that may be required for the participant to help eliminate the risk of harm to the individual or others, however they are only to be used as a last resort. The use of restrictive practices to only be undertaken by an authorised practitioner and in

accordance with any state/territory legislative and/or policy requirements. These practices should only be used for the shortest period of time possible in proportion of any risk of harm.

Procedure

Assist Disability Services Pty Ltd will ensure that a full functional behavioural assessment is carried out by an approved NDIS practitioner to allow for a Behaviour Support Plan to be developed in consultation with the participant, the participant's support network and the providers implementing the Behaviour Support Plan. This may be done by working with the participant's Support Coordinator.

All appropriate sources of information must be considered when developing the Plan with the consent of the participant, including collaboration with providers and mainstream service providers to ensure all listed supports are considered and accepted by the implementing provider.

The Behaviour Support Plan is required to include all reasonable and necessary supports and any other support services that may be required to ensure the delivery of services to the participant are appropriate along with strategies and protocols required to support the Behaviour Support Plan.

Assist Disability Services Pty Ltd will take into consideration diversity, including diversity of race, ethnicity, disability, age, sexuality, gender identity, intersex status and relationship status in the development of Behaviour Support Plans.

Functional Behavioural Assessment

Assist Disability Services Pty Ltd will actively engage input from the participant, their family, carers, guardian or other relevant persons. Assist Disability Services Pty Ltd will conduct person-centred behavioural assessments within a comprehensive bio-psycho-social formulation of the participant's clinical and other support needs.

This includes gathering information regarding:

- The history of behaviours of concerns and
- Past interventions,
- Physical and mental health,
- Risk assessment,
- Psychosocial development,
- Cognitive abilities,
- Communication skills,
- Quality of life (including quality of family life),
- Mediator analysis and systems and
- Ecological analysis.
- To determine progress our practitioners will:
 - Identify all behaviours of concern in observable and measurable terms-
 - Frequency,

- Duration, and
- Intensity- so that progress can be measured.

Assist Disability Services Pty Ltd will conduct a functional behavioural assessment to identify unmet needs and hypothesise the functions of the behaviours of concern that considers:

- Setting events- Where does the interaction happen?
- Antecedents - What triggers the behaviour of concern?
- Consequences- what happened just after the behaviour?
- Protective factors- what are the participant's strengths?

Strategies

Assist Disability Services Pty Ltd will ensure that all participant's interim behaviour support plan incorporates short-term strategies whilst a comprehensive assessment is being undertaken. This will be done in a timely manner to allow for the implementation of these strategies to be undertaken.

Each participant's plans will include behavioural goals and objectives with a clear connection to how the goal achieves similar functional outcomes to the behaviours of concern under similar conditions:

- By when?
- Who?
- Will do, or not, do what?
- Under what conditions/situations?
- At what level of proficiency?
- How measured and by whom?
- How will restrictive practices be reduced or eliminated?

Assist Disability Services Pty Ltd will develop a multicomponent behaviour support plan, based on the assessments, that contains evidence-based, person-centred and proactive strategies (to support behaviour change) and non-aversive reactive strategies (to manage behaviour) that will reduce behaviours of concern, improve quality of life and eliminate the need for restrictive practices.

The design of the strategies will be determined by many factors but the *design function-based antecedent strategies* that may include:

- Environmental modification (e.g., meeting sensory or physical needs) and enrichment (e.g., meeting individual preferences)
- Promoting choice and control (i.e., self-determination and self-management strategies)
- Training effective communication partners
- Developing coping strategies (e.g., emotion regulation).

The design *consequence-based strategies* that promote desired behaviours and reduce behaviours of concern, including:

- Positive reinforcement for desired behaviours, with consideration of the value, contingency and schedule of the reinforcer (reward), accessible within the program
- Extinction strategies (i.e., removing “payoff” for behaviours of concern)
- Differential reinforcement schedules.

A functional behavioural assessment is an assessment that is carried out to help collect various sources of information on the participant to assist with the determination of an individual’s behaviour, strengths and needs. Information can also include medication, sleeping patterns, social interactions and skills. Ways in which this information can be obtained is by:

- Direct observation and discussions
- Indirect assessment – interviews, recordings, checklists and questionnaires
- Events that predict when behaviour problems may or will occur
- Information and background of the individual
- Events and setting can include environment (noise or crowded rooms), physiological (sickness), social (yelling or arguments)

Once a trigger is determined about the individual behaviour early interventions can be implemented, which can eliminate the escalation of the behaviour.

Authorisation Panel

Any restrictive practices that had been determined to be listed on the participant’s Behaviour Support Plan will need to be reviewed and approved by the restrictive practice panel. This panel must be made up of a minimum of two people.

- A Clinical Lead (senior) who is representing Assist Disability Services Pty Ltd and has a full understanding of the operations of the business;
- An independent behaviour support; or
- Behaviour Support Specialist who developed the BSP

The Assist Disability Services Pty Ltd must ensure that the submission is then made to the Commissioner through electronic lodgement to the NDIS by the panel or the practitioner developing the BSP. The submission must include:

- The behaviours of concern listed on the documentation
- Suggested strategies
- The Behaviour Support Plan

- Any supporting documentation that is required to support and provide evidence with the submission, such as assessments or incident reports.

The submission is then recorded and reviewed, and notification will be provided if the submission is approved or not. Once an outcome has been determined, the information must be placed on the NDIS Quality and Safeguards Commission System where it is valid for 12 months.

Once the panel has come to a decision, that information is uploaded onto the FACS portal along with the BSP and interim permission is given. An Interim authorisation is based on minimal information for temporary authority while the long-completed authorisation process is completed and must be completed within 6 months.

Review

As per the NDIS Restrictive Practices and Behaviour Support Rules 2018, The registration of a registered NDIS provider is subject to the following conditions:

- Subject to paragraph - the provider must give monthly reports to the Commissioner regarding the use of regulated restrictive practices by the provider;
- If a registered NDIS provider obtains a short-term approval from a State or Territory for the use of a regulated restrictive practice—the provider must report to the Commissioner on the use of the regulated restrictive practice every 2 weeks while the approval is in force.

Every participant that has a Behaviour Support Plan must have the plan reviewed on an annual basis to ensure all triggers, strategies and behaviours have been listed are still relevant and current. The Support Coordinator and the participant's other support services will need to ensure the NDIA Planner/Delegate is aware that this funding is required every year. Should there be any listed restrictive practices that have not been used in the past 12 months need to be automatically removed from the Behaviour Support Plan.

The specialist behaviour support provider must take reasonable steps with developing and reviewing a Behaviour Support Plan for a person with a disability.

These steps can include:

- Reduce and or eliminate the need for use of regulated restrictive practices
- Review previous behaviour support assessment
- Consult with the participant and the family, carers, guardian or other relevant stakeholders
- Consider the changes within the environment of the person
- Consult with other registered NDIS provider who may use the regulated restrictive practice
- Consult with other relevant specialists as required, such as psychiatrist if the use of chemical restraint is being considered.

At the conclusion of the review, seek consent from the participant, their family, carers, guardian or other relevant parties who may need to sign off on any changes that are required to be made to the Behaviour Support Plan. The participant's support plan must consider quality of life is maintained and improved by person-centred evidence-informed behaviour support plans that are responsive to their individual needs.

Staff training & professional development

All authorised practitioners of Assist Disability Services Pty Ltd are required to undertake ongoing professional development to enhance the learning of new evidence in relation to practices and approaches to behaviour support. Director will ensure all Staff continue to undertake competency-based training. The Clinical Supervisor will manage the training to ensure that the Staff receives the relevant training to meet the needs of the individual. They will work with other providers to ensure that practitioners have the skills to undertake the implementation of the plan.

Definitions

***** See Appendix 1**

- NDIS Behaviour Support Practitioner
- Functional Behavioural Assessment
- Restrictive Practice
- Regulated restrictive practices

Related Documents

- Behaviour Support Plan & Functional Behaviour Assessment
- Training Record
- Training Attendance Register – In House Training

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Behaviour Support Plan & Functional Behaviour Assessment (example below)

Name of participant			Date
Date of Birth			
Background information and history of participant			
Participants contact information			
Participants preferred contact person (name and relationship)			
Other contact person (name and relationship) Date			
Behaviour Support Plan implemented			
Who was involved in the Behaviour Support plan?			
Review date of Behaviour Support Plan			
Who is involved in the review?			
How is the plan to be monitored?			
Signature of Participant and/or guardian if Participant unable to sign			
Signature of Authorised practitioner			
Signature of Director			

Behaviours in need of support - behaviour	
No. 1 - Target behavior	Known warning signs of impending behaviour
No. 2 - Target behavior	Known warning signs of impending behaviour
No. 3 - Target behavior	Known warning signs of impending behaviour
No. 4 - Target behavior	Known warning signs of impending behaviour

Behaviours in need of support – triggers & strategies	
No. 1 _ Triggers known of the impending behaviour	Strategies and techniques to be used as preventatives – how to respond
No. 1 _ Triggers known of the impending behaviour	Strategies and techniques to be used as preventatives – how to respond
No. 1 _ Triggers known of the impending behaviour	Strategies and techniques to be used as preventatives – how to respond

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No. 1 _ Triggers known of the impending behaviour

Strategies and techniques to be used as preventatives – how to respond

Behaviours in need of support – Proactive techniques and strategies - 1				
Targeted behaviours				
Techniques & Strategies				
Beginning date			Conclusion Date	
Who is responsible for implementation				
Behaviours in need of support – Proactive techniques and strategies - 2				
Targeted behaviours				
Techniques & Strategies				
Beginning date			Conclusion Date	
Who is responsible for implementation				
Behaviours in need of support – Proactive techniques and strategies - 3				
Targeted behaviours				
Techniques & Strategies				
Beginning date			Conclusion Date	
Who is responsible for implementation				

Behaviours in need of support – Crisis Plan - 1

Behaviours				
Actions				
Who is responsible for implementation				

Behaviours in need of support – Crisis Plan - 2

Behaviours				
Actions				
Who is responsible for implementation				

Behaviours in need of support – Crisis Plan - 3

Behaviours				
Actions				

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Who is responsible for implementation				
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Supporting the Implementation of the Behaviour Support Plan Procedure

Purpose and Scope

Assist Disability Services Pty Ltd will ensure the Behaviour Support Plan is implemented to effectively meet the needs and requirements of the participant's behaviour and support needs to ensure quality of life is maintained and responsive to their needs.

Assist Disability Services Pty Ltd will provide assistance to any employee, the participant, the participant's family member and or other relevant stakeholders around the use of the Behaviour Support Plan and supporting the implementation to ensure your understanding of the relevant state/territory legislative policy requirement for obtaining authorisation and for the use of restrictive practices that may be included in the Behaviour Support Plan.

The clinical lead will continue to support the participant and the NDIS authorised practitioners in ensuring the Behaviour Support Plan is addressing all the requirements to meet the needs including any conditions around the use of restrictive practices.

Policy

Assist Disability Services Pty Ltd aim is to ensure that reasonable measures are taken to ensure the participant (with their consent), the participant's support network and providers are implementing a Behaviour Support Plan and understand the rationale underpinning of the Behaviour Support Plan.

The clinical lead will ensure that instructions and guidance are developed to support the participant and the providers in effectively implementing the Behaviour Support Plan, along with the participant's support network.

Assist Disability Services Pty Ltd Clinical Supervisor will ensure that training, coaching and mentoring is undertaken to providers who are implementing the Behaviour Support Plan. They will consult with implementation providers to ensure consultation and evidence-informed and person-centred strategies are implemented and relevant to the current needs of the participant.

Procedure

Assist Disability Services Pty Ltd will regularly review and monitor the implementation and the effectiveness of a Behaviour Support Plan, including the development of appropriate supports are being provided, such as

positive behaviour support strategies and the use of any restrictive practices. This practice will be conducted every 12 months or as changes and circumstances occur.

Assist Disability Services Pty Ltd will ensure that the authorised practitioner implementing the Behaviour Support Plan is aware of the reporting requirement as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018.

The operations manager or clinical lead/supervisor will oversee and support the implementation of the behaviour support plan consistent with the understanding of the individual's needs, supports and strategies to address unmet needs, risks and behaviours of concern. Support mechanisms to ensure the implementation of behaviour support plans will vary in nature due to the behaviour support plan requirement but should include:

- The provision of effective instruction, training and coaching, oversight, advice and feedback to Staff and informal supports with responsibility for implementing the strategies contained in a behaviour support plan.
- Safe use of restrictive practices
- Oversight is retained to ensure training address strategies contained within the behaviour support plan
- Ongoing support and advice are offered to providers implementing behaviour support plans
- Participants consent is required for their support network to address the barriers in the implementation.
- Implementation strategies that are logically related to the hypothesis regarding the function/s of the behaviours to proactively support change.
- Guidance and reinforcement environmental adaptation and functionally equivalent replacement behaviours to meet needs in socially acceptable ways.
- Supporting the implementation of function-based antecedent strategies.
- Supporting the implementation of consequence-based strategies that promote desired behaviours and reduce behaviours of concern.
- Contributing to short-term and long-term planning as part of a whole-team approach.

Staff training & professional development

Training on the BSP for Staff will vary depending on the restrictions of funding permitted for each participant. For example, a plan might give anywhere between 10 hours and 20 hours of training. Therefore, the training will have to be done in an efficient way, whether two training days to cover all Staff, for example. It isn't reasonable to expect that the practitioner will continue to do so after the training is done, and funding is depleted. If there was a turn-over in Staff and wanted the practitioner to do more training but there's no funding, additional funding may need to be sourced in this situation.

Any authorised practitioner of Assist Disability Services Pty Ltd who is implementing a Behaviour Support Plan is to undertake ongoing professional development to enhance the learning of new evidence in relation to

practices and approaches to behaviour support. Training will include the safe use of a restrictive practice included in a plan. An oversight of the training must be retained by the Operations Manager to ensure training has addressed the strategies contained within each participant's Behaviour Support Plan, and a copy placed with the participant's behaviour support plan, that is specifically addressing a participant's BSP.

If general training was attended, this information will be stored on the employees file on FlowLogic and placed in a training register.

Ongoing support through clinical supervision or managerial supervision will be provided, and advice offered to providers implementing the behaviour support plan with the participants consent, and or the support network to address any barriers to the implementation of the behaviour support plan.

Related Documents

- Behaviour Support Plan & Functional Behaviour Assessment
- Training Record
- Training Attendance Register – In House Training

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
 - National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
 - NDIS Practice Standards and Quality Indicators 2020
 - National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
 - Notice of regulated restrictive practice that does not require authorisation under a state process.
 - Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Behaviour Support Plan Monitoring and Review Policy and Procedure

Purpose and Scope

To ensure that every participant has a current Behaviour Support Plan that is reflective of the individual needs to ensure a quality of life that is supportive to their progress towards positive change and the elimination or reduction of any restrictive practices that may be in place.

Policy

Assist Disability Services Pty Ltd will ensure Director monitors the effectiveness of the implemented strategies through regular engagement with the participant and by reviewing, and monitoring data that is collected by the implementing behaviour support plan.

Assist Disability Services Pty Ltd will establish a review panel if required for the organisation and it must include a minimum of two people to review all the findings that have been monitored throughout the period. The review panel will include:

- The Director or a senior manager who has a full understanding of the operations of the business;
- An independent behaviour support specialist; or
- Behaviour Support Specialist, who developed the BSP

Procedure

Assist Disability Services Pty Ltd will collate and interpret behavioural information and data to contribute to the reporting and recording. Change or adjust behaviour support plans is based on an evaluation of the data gathered and make a clear link between the data collected and future planning.

Human Resources, The Operations Manager & Clinical Lead will provide suitably qualified and trained Staff will use the most current evidence-based practice to:

- monitor progress on behavioural goals and objectives with a clear connection to how the goal achieves similar functional outcomes to the behaviours of concern under similar conditions.
- provide feedback and guidance;
- advise changes the formal and informal networks could make to better meet the participant's needs
- review and make adjustments to the behaviour support plan
- amend risk assessments to reflect any increase or decrease in risk posed by the behaviours of concern.
- undertake coordination, implementation and monitoring systems and communication amongst the team they are supporting.

Assist Disability Services Pty Ltd will ensure that Staff:

- Detail progress monitoring during implementation:

- Who exchanges data
- Reciprocally exchange data
- Under what conditions
- Manner of data exchange
- Content of data exchange
- Frequency of data exchange.
- Based on implementation data, Staff are required to evaluate the effects of all relevant outcome variables:
 - Improved quality of life
 - Reduced behaviours of concern
 - Acquisition of new skills
 - Participation in activities
 - Reduced or eliminated application of restrictive practices.
- Outcomes Report (closure report) based on the following:
 - Were the goals achieved?
 - What are the results of the positive behaviour support?
 - Has the person's quality of life improved?
 - What are the outcomes and impact on the next year's NDIS plan for the person?

Assist Disability Services Pty Ltd will monitor the relevancy of the Behaviour Support Plan through regular contact with the participant and other representative and service providers involved in the well-being of the participant. This can occur via:

- Observations
- Telephone contact if applicable and funding available for the service
- Case conferences and service reviews
- Feedback from external service providers and Staff

At a minimum, the Behaviour Support Plan will be reviewed every 12 months, no matter if it contains regulated restrictive practices or needs. At times a review may be required earlier should the participants circumstances change during this time.

The panel must ensure:

- The behaviours of concern listed, and their suggested strategies are the same or should modifications be required due to data and information collected?
- If there is an opportunity to reduce the use of restrictive practices based on documented positive change.

Should changes be required to the Behaviour Support Plan or the suggested strategies, then these need to be discussed with the participant and/or their guardian. Upon receiving the participant/guardian's consent,

changes will be communicated, and training provided to the participant's support network, if funding is available for additional training.

Notification to the Commissioner

Assist Disability Services Pty Ltd must notify any change to the participant's Behaviour Support Plan to the Commissioner in a timely manner as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018.

When providing notification, the following information must be received by The Commissioner:

- The behaviours of concern listed on the documentation
- Suggested strategies
- The Behaviour Support Plan
- Any supporting documentation that is required support and provides evidence with the submission

Assist Disability Services Pty Ltd must notify the Commissioner and work with the Commissioner to address either of the following situations:

- Where effective engagement with providers implementing Behaviour Support Plans is not possible for any reason
- If the supports and service are not being implemented according to the Behaviour Support Plan

Related Documents

- Behaviour Support Plan & Functional Behaviour Assessment
- See Appendix 2 for additional forms

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Reportable Incidents involving the Use of a Restrictive Practice Policy and Procedure

Purpose and Scope

To ensure that any participant of Assist Disability Services Pty Ltd who has been subjected to an emergency or unauthorised use of a restrictive practice has the use of the practice reported and reviewed.

Policy

The Operations Manager will ensure that reportable incident and allegation, which could result in harm to a participant and has occurred in connection with NDIS supports and services are fully documented and reported in the Assist Disability Services Pty Ltd incident system.

The Operations Manager will be responsible for reviewing incidents including incidents recorded under the "Participant Incident Register"; requirements of major and minor impacts on the participant. This record will also include any reportable incidents of unauthorised use of restrictive practices which needs to be reported within one day (24 hours) or 5 days to the Commission, depending on the incident and reporting requirements.

Assist Disability Services Pty Ltd will ensure that support is provided to the participant and provider implementing the participant's support plan in responding to the reportable incident involving the use of the restrictive practice. The incident will be recorded in the incident register, and it is essential that all Staff of Assist Disability Services Pty Ltd must be aware and follow the guidelines set out in the organisation's Incidents, Accidents and Emergencies Policy and Procedure.

Procedure

Assist Disability Services Pty Ltd will ensure consultation is undertaken with the participant, participants guardian and/or representative gaining consent or direction from the participant, to allow collaboration with the provider implementing and developing the Behaviour Support Plan to review the incident.

The clinician will collect the data from incident reports, analyse that data, and determine if there are any issues, trends or patterns of on-going concern and such analysis will be linked to the Continuous improvement system.

The use of an of data via Microsoft forms & FlowLogic can be used Assist Disability Services Pty Ltd will then train the Staff to assign numbers of severity on positive and negative behaviours that also include the level of input in Staff, and then be able to use the numbers to create graphs.

The Clinical Supervisor will contact the behaviour support practitioner to debrief and support the individual. Records are kept on the debriefing supports offered to the practitioner to ensure their physical and emotional supports. Participant's consent is sought to include support networks in the review of the incidents.

- Reportable Incident Procedure
- Immediately notify the Director and/or Administrator.
- Follow procedure as per the organisation Incident/Accident policy.
- The Director and/or Administrator will notify the NDIS Commission within 24 hours of being made aware of the reportable incident by completing the form and emailing it to: reportableincidents@ndiscommission.gov.au.

Once the NDIS Commission receives information from the organisation via e-mail or any other means, the information is in a secure environment. Personal information will not be released unless the law permits it, or permission has been granted.

How to Notify the NDIS COMMISSION of a REPORTABLE INCIDENT, follow the links:

Immediate notification <https://www.ndiscommission.gov.au/document/661> **5 day notification** <https://www.ndiscommission.gov.au/document/656>

Once a form is completed, you can email it directly to the NDIS Commission at reportableincidents@ndiscommission.gov.au.

Assist Disability Services Pty Ltd will report all reportable incidents, including the use of unauthorised use of a restrictive practice, to the NDIS Quality and Safeguards Commission and will provide the Commission a copy of

both the Behaviour Support Plan and the functional behavioural assessment for any participant with behaviours of concerns, whether or not they have been authorised or not.

Notification must be made within 24 hours of the Managing Director being made aware of the incident occurring and followed up with a detailed report of the incident and actions taken in response to it and be provided within the next 5 business days. Commission must be advised of the use of unauthorised restrictive practices within 5 days.

Incidents that must be notified to the NDIS Commission as a reportable incident or allegation include:

- Death of a NDIS participant
- Injury of a NDIS participants, that could include broken bone, drawing of blood (or any injury that requires more than a band aid)
- Serious injury of a NDIS participant
- Abuse or neglect of a of a NDIS participant
- The unauthorised use of restrictive practices in relation to of a NDIS participant
- Sexual misconduct committed against or in the presence of a NDIS participant, including grooming of the NDIS participant for sexual activity
- Misconduct against a NDIS participant, including grooming the NDIS Participant to hand over personal effects including money or jewellery (taking money from a piggy bank in participants room)

Assist Disability Services Pty Ltd will make records available to auditors as part of their quality assurance process and contribute to NDIS Commission investigations relating to incidents and will insure that all incidents are recorded, and actions taken to respond and prevent them happening again. This information will only be provided once consent has been received by the participant and or the guardian of the participant. In all cases, Assist Disability Services Pty Ltd will review:

- The impact on the NDIS participant;
- Whether the incident could have been prevented;
- How the incident was managed; and
- What, if any, changes are required to prevent further similar events occurring.

Related Documents

- Incident, Accidents and Emergencies Policy and Procedures
- Risk Management Policy and Procedures
- Incident Investigation Form
- Behaviour Support Plan & Functional Behaviour Assessment
- Interim Behaviour Support Plan - <https://www.ndiscommission.gov.au/document/956>
- See Appendix 2 for additional forms
 - Reportable incident – Immediate notification

- Reportable Incident – 5 day notification
- Restrictive practices reporting form
- Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

Interim Behaviour Support Plans Policy and Procedure

Purpose and Scope

To provide an immediate plan for a participant that requires intervention immediately for an Interim Behaviour Support Plan. Assist Disability Services Pty Ltd is able to issue an interim Behaviour Support Plan, which will minimise any risk of harm to the participant or others and must be authorised within one (1) month after the first use of the practice. An Interim Behaviour Support Plan can only apply for no longer than five (5) months.

An interim Behaviour Support Plan is documented immediately, the participant and the authorised practitioner designed and developed in consultation to help maintain quality of life, independence and meaningful participation within a community.

Policy

This policy is intended to inform the participant and all support networks and stakeholders that are relevant to the care of the individual, to ensure that the participant has identified needs and function and/or purpose of behaviours and assists with the identification of strategies that can assist with addressing behaviours of concern. As this is only the interim Behaviour Support Plan, not all sources of information may have been available at the time and will be reviewed when the full Behaviour Support Plan is implemented. Assist Disability Services Pty Ltd will ensure a full assessment is carried out in developing the participants Behaviour Support Plan.

The Interim Behaviour Support Plan must be action within the first month of and is valid up to a maximum of five (5) months, as you will still need to develop the behaviour support plan and request authorisation by the panel within the first six (6) month period.

Procedure

Assist Disability Services Pty Ltd will ensure that a full functional behavioural assessment is carried out by an approved NDIS practitioner to allow for a Behaviour Support Plan to be developed in consultation with the participant, the participant's support network and the providers implementing the Behaviour Support Plan.

All appropriate sources of information must be considered when developing the plan with the consent of the participant including collaboration with providers and mainstream service providers to ensure all listed supports are considered and accepted by the implementing provider.

The Behaviour Support Plan is required to include all reasonable and necessary supports and any other support services that may be required to ensure the delivery of services to the participant are appropriate along with strategies and protocols required to support the Behaviour Support Plan.

An Interim Behaviour Support Plan must be completed using the NDIS Quality and Safeguard Commission template, located at: <https://www.ndiscommission.gov.au/document/956>.

This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. It is for interim behaviour support plans developed after 1 July 2018.

If a participant has been issued with an interim Behaviour Support Plan, a full assessment is required as soon as practical to implement a Behaviour Support Plan.

Definitions

****See Appendix 1 - Definitions**

- NDIS Behaviour Support Practitioner
- Functional Behavioural Assessment
- Restrictive Practice
- Regulated restrictive practices

Related Documents

- Behaviour Support Plan & Functional Behaviour Assessment
- Interim Behaviour Support Plan - <https://www.ndiscommission.gov.au/document/956>
- See Appendix 2 for additional forms

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Appendix 1 - Definitions

Behaviour Support Plan (BSP)	A comprehensive behaviour support plan or an interim behaviour support plan. Which is a live document created by a NDIS Behaviour Support Practitioner for the purpose of increasing positive behaviours and decreasing negative behaviours of a participant, with the inclusion of training of supports including paid Staff. Some BSP's may include restrictive practices that are documented, with the intent for these to be eliminated through other means of behavioural intervention. All restrictive practices will be routinely reviewed by Assist Disability Services Pty Ltd, Practitioner and NDIS Quality and Safeguards Commissioner
NDIS Behaviour Support Practitioner	A person the Commissioner considers is suitable to undertake behaviour support assessment (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices
Evidence-based	A practice/method that has been tried and tested to be valid and reliable. A process in which the combines well-researched interventions with experience and ethics, and participants preferences and inform the delivery of treatment and/or service
Functional Behavioural Assessment	The process of determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstance that trigger and maintain the behavior

Restrictive Practice	Any practice or intervention that has an effect of restricting the freedom or right of movement of a person with a disability with the primary purpose of protecting the person or others from harm
Regulated restrictive practices	Is a practice that can involve: <ul style="list-style-type: none">● Seclusion – sole confinement of a person with disability in a room or a physical space;● Chemical restraint – the use of medication or chemical substance, including if prescribed, for the primary purpose of influencing a person’s behaviour. This includes PRNs;● Mechanical restraint – the use of a device to prevent, restrict or subdue a person’s movement for the primary purpose of influencing a person’s behaviour;● Physical restraint – the use or action of physical force to prevent, restrict or subdue movement of a person’s body or part of their body, for the primary purpose of influencing their behaviour; and● Environmental restraint – restrict a person’s free access to all parts of their environment, including items or activities.
Specialist behaviour support provider	Is a registered NDIS provider whose registration includes the provision of specialist behaviour support services

Behaviour Support Plan (BSP)	A comprehensive behaviour support plan or an interim behaviour support plan. Which is a live document created by a NDIS Behaviour Support Practitioner for the purpose of increasing positive behaviours and decreasing negative behaviours of a participant, with the inclusion of training of supports including paid Staff. Some BSP's may include restrictive practices that are documented, with the intent for these to be eliminated through other means of behavioural intervention. All restrictive practices will be routinely reviewed by Assist Disability Services Pty Ltd, Practitioner and NDIS Quality and Safeguards Commissioner
NDIS Behaviour Support Practitioner	A person the Commissioner considers is suitable to undertake behaviour support assessment (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices
Evidence-based	A practice/method that has been tried and tested to be valid and reliable. A process in which the combines well-researched interventions with experience and ethics, and participants preferences and inform the delivery of treatment and/or service
Functional Behavioural Assessment	The process of determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstance that trigger and maintain the behaviour
Restrictive Practice	Any practice or intervention that has an effect of restricting the freedom or right of movement of a person with a disability with the primary purpose of protecting the person or others from harm
Specialist behaviour support provider	Is a registered NDIS provider whose registration includes the provision of specialist behaviour support services

Appendix 2 – Forms

All the following forms are available on the NDIS Quality and Safeguards Commission website at:

<https://www.ndiscommission.gov.au/search/node/form>

Behaviour Support Practitioner – Comprehensive behaviour support plan	<p>This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It is for comprehensive Behaviour support plans developed after 1 July 2018.</p> <p>https://www.ndiscommission.gov.au/document/961</p>
Interim behaviour support plan	<p>This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It is for interim Behaviour Support Plans developed after 1 July 2018</p> <p>https://www.ndiscommission.gov.au/document/956</p>
Notice of behaviour support practitioners employed or engaged by specialist behaviour support providers (s29)	<p>This form is to be used to provide the NDIS Commissioner with details of Behaviour Support Practitioners in accordance with paragraph 29(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.</p> <p>It applies to practitioners delivering services to participants residing in New South Wales and South Australia.</p> <p>A survey was previously sent out to providers of Specialist Behaviour Support services in NSW and SA. If you have already responded to the survey, you do not need to complete this form.</p> <p>https://www.ndiscommission.gov.au/document/946</p>

Reportable incident – Immediate notification

This form must be completed by registered NDIS providers in SA and NSW within 24 hours of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including rooming of the NDIS participant for sexual activity

This form should be submitted to the NDIS Commission with copies of documents relating to the incident. This includes incident report(s), file notes, risk management assessments and/or plans, participant's plans relevant to the incident, as well as copies of correspondence between relevant persons Or [agencies](#).

<https://www.ndiscommission.gov.au/document/661>

Reportable Incident – 5 day notification

This form must be completed by registered NDIS providers in SA and NSW within 5 business days of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services: for the initial notification of an unauthorised restrictive practice (section 21 of the NDIS Rules) as a follow-up notification of all other reportable incidents (section 20 of the NDIS Rules). This reportable incident notification form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20 and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (NDIS Rules).

<https://www.ndiscommission.gov.au/document/656>

Restrictive practices reporting form

This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Reporting is required from providers that use Regulated Restrictive Practices. This form is used for:

- Reporting on restrictive practice in relation to behaviour support plans that have been lodged with the NDIS Commission
- To report on the restrictive practice, use that is not detailed in a Behaviour Support Plan.

The requirement to report to the NDIS Commission does not replace existing obligations on providers to report to other relevant authorities, including child protection agencies or police.

<https://www.ndiscommission.gov.au/document/966>

Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

This form is used to notify the NDIS Commission of the use of a regulated restrictive practice that does not require authorisation under a state process at the time of transition (see section 28 of the NDIS Rules). This form is approved for the purposes of paragraph 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

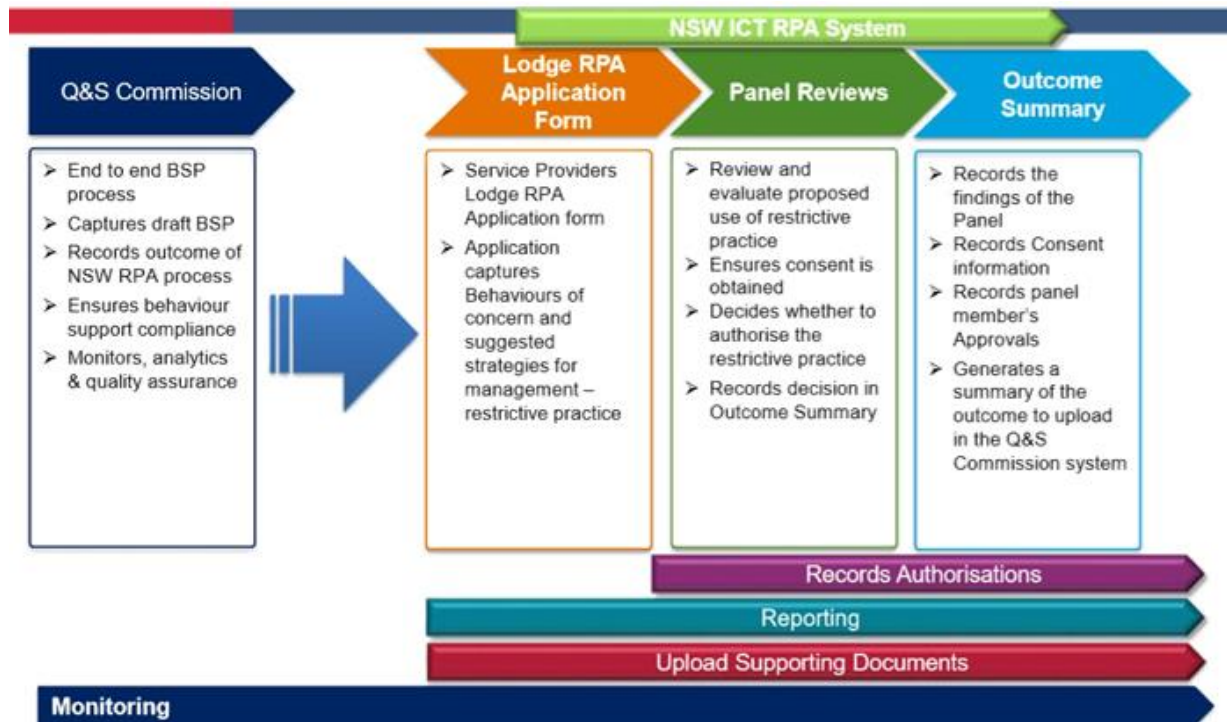
<https://www.ndiscommission.gov.au/document/951>

NSW Restrictive Practices Authorisation Process Overview

Restrictive Practice	Previous NSW term	Approval	Supporting Evidence	Author	Authorisation	Consent
Seclusion	- Seclusion Exclusionary - Time out	Interim	Interim behaviour support plan	Behaviour support practitioner	Organisation's RPA delegate	U18: Prohibited +18: Either: - The person if have capacity - Guardian with RP function
		General	Behaviour support plan Functional analysis of behaviour	Behaviour support practitioner No requirement	RPA Panel	
Physical restraint	Physical intervention / restraint	Interim	Interim behaviour support plan	Behaviour support practitioner	Organisation's RPA delegate	U16: Parent/Guardian +16: Either: - The person if have capacity - Guardian* with RP function
		General	Behaviour support plan Functional analysis of behaviour	Behaviour support practitioner No requirement	RPA Panel	
Mechanical restraint	Physical intervention / restraint	Interim	Interim behaviour support plan	Behaviour support practitioner	Organisation's RPA delegate	U16: Parent/Guardian +16: Either: - The person if have capacity - Guardian* with RP function
		General	Behaviour support plan Functional analysis of behaviour	Behaviour support practitioner No requirement	RPA Panel	
Chemical restraint	- PRN Psychotropic medication - Routine dose medication for behaviour	Interim	Interim behaviour support plan Medical report	Behaviour support practitioner Medical practitioner	Organisation's RPA delegate	U16: Parent +16: Either: - The person if have capacity - Person responsible - Guardian*
		General	Behaviour support plan Functional analysis of behaviour Medical report	Behaviour support practitioner No requirement Medical practitioner	RPA Panel	
Environmental restraint	- Restricted access - Response cost	Interim	Interim behaviour support plan	Behaviour support practitioner	Organisation's RPA delegate	U16: Guardian +16: Either: - The person if have capacity - Guardian* - RPA panel
		General	Behaviour support plan Functional analysis of behaviour	Behaviour support practitioner No requirement	RPA Panel	

* A person with court ordered parental responsibility is deemed a guardian

Restrictive Practices Authorisation



Source: https://www.facs.nsw.gov.au/_data/assets/pdf_file/0011/595181/RPA_FAQs_20181220.pdf

Module 2A

Implementing Behaviour Support Policies and Procedure Manual

Approval Date	Review Date
27/04/2024	27/04/2025

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Implementing Behaviour Support Policy and Procedure

Purpose and Scope

To ensure that each participant has access to behaviour support needs that are appropriate to meet their individual requirements and to improve the quality-of-life outcomes for all individuals with disabilities and reduce and/or eliminate any restrictive practices that may be in place.

Assist Disability Services Pty Ltd understands the participant's behaviours of concern and how they can have a negative impact on an individual and/or those in their family, the support services, as well as the community, to ensure their behaviour support needs are being appropriately managed and supported.

Policy

Assist Disability Services Pty Ltd will ensure their practices meet and comply with all relevant legislation and policy framework, including suitable delivery of specialised positive behaviour support, assessment, development, and ongoing professional development for all practitioners.

Assist Disability Services Pty Ltd must work providers who use, or are likely to use restrictive practices, or who develop Behaviour Support Plans must be registered with the NDIS Commission and meet supplementary requirements of the NDIS Practice Standards. The NDIS Commission approves Behaviour Support Practitioners using a competency framework. Assist Disability Services Pty Ltd must lodge Behaviour Support Plans with the NDIS Commission and notify it of the use of restrictive practices.

Assist Disability Services Pty Ltd is committed to ensuring that participants with an intellectual or cognitive disability who exhibit behaviour that causes harm is supported in appropriate ways, in a safe environment and in a way that recognises their rights and needs.

Assist Disability Services Pty Ltd is committed to providing services in a way that:

- Ensure transparency and accountability in the use of restrictive practices.
- Recognise that restrictive practices should not be used to punish an adult or in response to behaviour that does not cause harm to the adult or others
- Aim to reduce the intensity, frequency and duration of the participant's behaviour that causes harm to the participant or others
- Aim to reduce or eliminate the need for restrictive practice
- Inform the participant on both the use and the need for restrictive practices that are linked to the elimination and/or reduction of behaviours

Requirements

Organisation

To deliver Behaviour Support, Assist Disability Services Pty Ltd must be registered with the NDIS as a Specialist Behaviour Support Provider. Assist Disability Services Pty Ltd must notify the NDIS Commissioner within one (1) month, unless a longer period has been agreed, of the names and details of Behaviour Support Practitioners they employ or engage to undertake behaviour assessments and develop Behaviour Support Plans.

Practitioners

NDIS Behaviour Support Practitioners must have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of Behaviour Support Plans.

Where a comprehensive Behaviour Support Plan, including Restrictive Practices, is required, an NDIS Behaviour Support Practitioner must be responsible for:

- Assessing the participant's behaviours
- Developing a behaviour support plan
- Reporting via the NSW family and community services (FACS) RAP system and the q&s portal (NDIS commissioner).
- Keeping records of the development and implementation of restrictive practices.
- For QLD participants, the plan will still be uploaded to PRODA & to the Quality & Safeguards Commission Portal.

Specialist Behaviour Support Provider

- Use behaviour support practitioners deemed suitable by the NDIS Commission
- Timeframes – one (1) month interim plan, six (6) months comprehensive plan, review plan at least every 12 months
- Develop plans that meet NDIS Commission requirements
- Developed in consultation with the person with a disability, their support network and implementing provider
- Based on a comprehensive biopsychosocial assessment including a functional behavioural assessment
- Contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
- Work towards reducing and eliminating restrictive practices
- Be developed in a form approved by the Commissioner and lodged with the Commission

Restrictive Practices Authorisation Panel

A Restrictive Practices Authorisation (RPA) panel must be convened to:

- Evaluate the Behaviour Support Plan and protect participant's rights
- Authorise the Behaviour Support Plan.
- Submit the Behaviour Support Plan for approval by the NSW (FACS) RPA system, and
- Notify the NDIS Commissioner (via the Q&S portal).

Record keeping, reporting and reviewing must comply with regulations

Responsibilities

Behaviour Support Plans and the use of Restrictive Practices require Assist Disability Services Pty Ltd to have transparent responsibilities and ensure that all clinicians are aware of their responsibilities.

Assist Disability Services Pty Ltd will:

- Ensure that proper consent is obtained for all use of Restrictive Practices (see Consent, below);
- Ensure compliance with the RPA policy and guidelines issued by the NSW Department of Family and Community Services;
- Ensure that all Staff developing and delivering behaviour support are appropriately trained, qualified and supported;
- Ensure that Behaviour Support Practitioners undertake professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices;
- Ensure that NDIS Behaviour Support Practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of Behaviour Support Plans;
- Ensure that a Specialist Behaviour Support Clinical Supervisor provides clinical supervision of each work practice of the NDIS Behaviour Support Practitioner;
- Ensure that the participant is informed on the use and the need of the restrictive practice prior to the commencement of any Behaviour Support Plan implementation;
- Maintain the quality and compliance aspects of RPA, including an RPA mechanism that comprises a compliant RPA Panel;
- Report any unauthorised use of restrictive practices to the NDIS Quality & Safeguards Commission as required;
- Support participants to make and resolve complaints;
- Support other providers implementing a Behaviour Support Plan:
 - In delivering services;
 - Implementing strategies in the plan; and
 - Evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices
- Monitor the use of restrictive practices, including regularly report the use of the restrictive practice to the NDIS Quality and Safety Commission;

- notify the Behaviour Support Practitioner if changes in circumstances require the Behaviour Support Plan to be reviewed;
- record all use of restrictive practices (see Record Keeping, below); and
- demonstrate a commitment to reducing and eliminating restrictive practices through policies, procedures and practices (see Record Keeping, below).

Behaviour Support Practitioners

Behaviour Support Practitioners will:

- Have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of Behaviour Support Plans;
- Meet behaviour support requirements including lodging Behaviour Support Plans that include restrictive practices with the NDIS Commission;
- Ensure compliance with the RPA policy and guidelines issued by the NSW Department of Family and Community Service;
- Ensure practitioners are complying with QLD laws as per stated above
- Undertake ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.

Collaborating with Providers

In collaborating with providers, Behaviour Support Practitioners will:

- support other providers implementing a Behaviour Support Plan to:
 - deliver services;
 - implement strategies in the plan and
 - evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.
- Consider the interface between 'reasonable and necessary supports' under a participant's plan and any other supports or services under a comprehensive system of service delivery that the participant receives and develop strategies and protocols to integrate supports/services as practicable.
- Develop Behaviour Support Plans in consultation with the providers implementing Behaviour Support Plans;
- Provide the Behaviour Support Plan to those providers for their consideration and acceptance;
- Facilitate or deliver person-focused training, coaching and mentoring to each of the providers implementing Behaviour Support Plans, and, with each participant's consent, their support network (where applicable); training covers the strategies required to implement a participant's Behaviour Support Plan, including positive behaviour support strategies.
- Develop Behaviour Support Plans for each participant, in collaboration with the providers implementing the Behaviour Support Plan.
- Provide oversight where the specialist behaviour support provider recommends that workers implementing a Behaviour Support Plan receive training on the safe use of a restrictive practice

included in a plan, to ensure the training addresses the strategies contained within each participant's Behaviour Support Plan.

- Offer ongoing support and advice to providers implementing Behaviour Support Plans, and, with the participant's consent, their support network (where applicable), to address barriers to implementation.
- Provide support to the provider/s implementing each participant's Behaviour Support Plan in responding to a reportable incident involving the use of restrictive practices.
- Notify, and work with, the NDIS Commissioner to address such situations:
 - Where effective engagement with providers implementing Behaviour Support Plans is not possible for any reason; or
 - If the supports and services are not being implemented in accordance with the Behaviour Support Plan.

Crisis Response

A crisis response may be required in situations where:

- There is a clear and immediate risk of harm linked to behaviour(s), specifically new or a previously unexperienced degree of severity in the escalation of behaviour, and
- There is no interim or comprehensive Behaviour Support Plan in place.

Crisis response should:

- Involve the minimum amount of restriction or force necessary,
- The least intrusion and be applied only for as long as is needed to manage the risk;
- Never be used as a de facto routine behaviour support strategy.

Where a crisis response includes the use of a Regulated Restrictive Practice, the application is unauthorised and constitutes a **reportable incident** (see **Regulated Restrictive Practices as Reportable Incidents** below, and the *Reportable Incidents and Incident Management Policy and Procedure*). Until authorisation is obtained, it remains an unauthorised restrictive practice. Each occasion where the practice is used constitutes a reportable incident.

Where it is anticipated that a crisis response will be needed again, it must be included in a Comprehensive or Interim Behaviour Support Plan, and authorisation for its use must be sought.

A registered Behaviour Support Practitioner must be engaged to develop a Behaviour Support Plan, and must develop:

- An Interim Behaviour Support Plan that includes provision for the use of the Regulated Restrictive Practice within one (1) month after being engaged to create the plan; and
- A Comprehensive Behaviour Support Plan that includes provision for the use of the Regulated Restrictive Practice within six (6) months after being engaged to develop the plan.

Interim Behaviour Support Plan

Where appropriate, the Behaviour Support Practitioner may develop an interim plan for behaviour supports (including Regulated Restrictive Practices) that prescribes the following:

- Strategies to prevent the onset of the behaviour of concern;
- Strategies to intervene during the escalation of the behaviour of concern;
- Strategies to manage during the occurrence (i.e., incident) of the behaviour of concern in order to de-escalate and conclude the incident as quickly and safely as possible;
- Information recording, including that prescribed for reporting the use of the restrictive practice.

For each participant, the following must be undertaken within one (1) month:

Consent should be obtained.

- Interim authorisation should be sought from a designated senior manager, within Assist Disability Services Pty Ltd or another service provider who is working with the participant, who would meet the criteria to convene a Restrictive Practices Authorisation Panel.
- The Clinical Lead Behaviour Support Practitioner should consider the content of the interim plan for behaviour supports and be satisfied that the strategies outlined represent the least restrictive of alternative options which have an adequate evidence base for managing the risk.
- The Clinical Lead Behaviour Support Practitioner should specify the duration of the interim authorisation, which should be the shortest duration required to manage the risk, and must not be longer than five months.
- The Clinical Lead Behaviour Support Practitioner must report fortnightly to the NDIS Quality and Safeguards Commission on any use of restrictive practices, for the duration of the interim authorisation.

For each participant, the following must be undertaken within six (6) months:

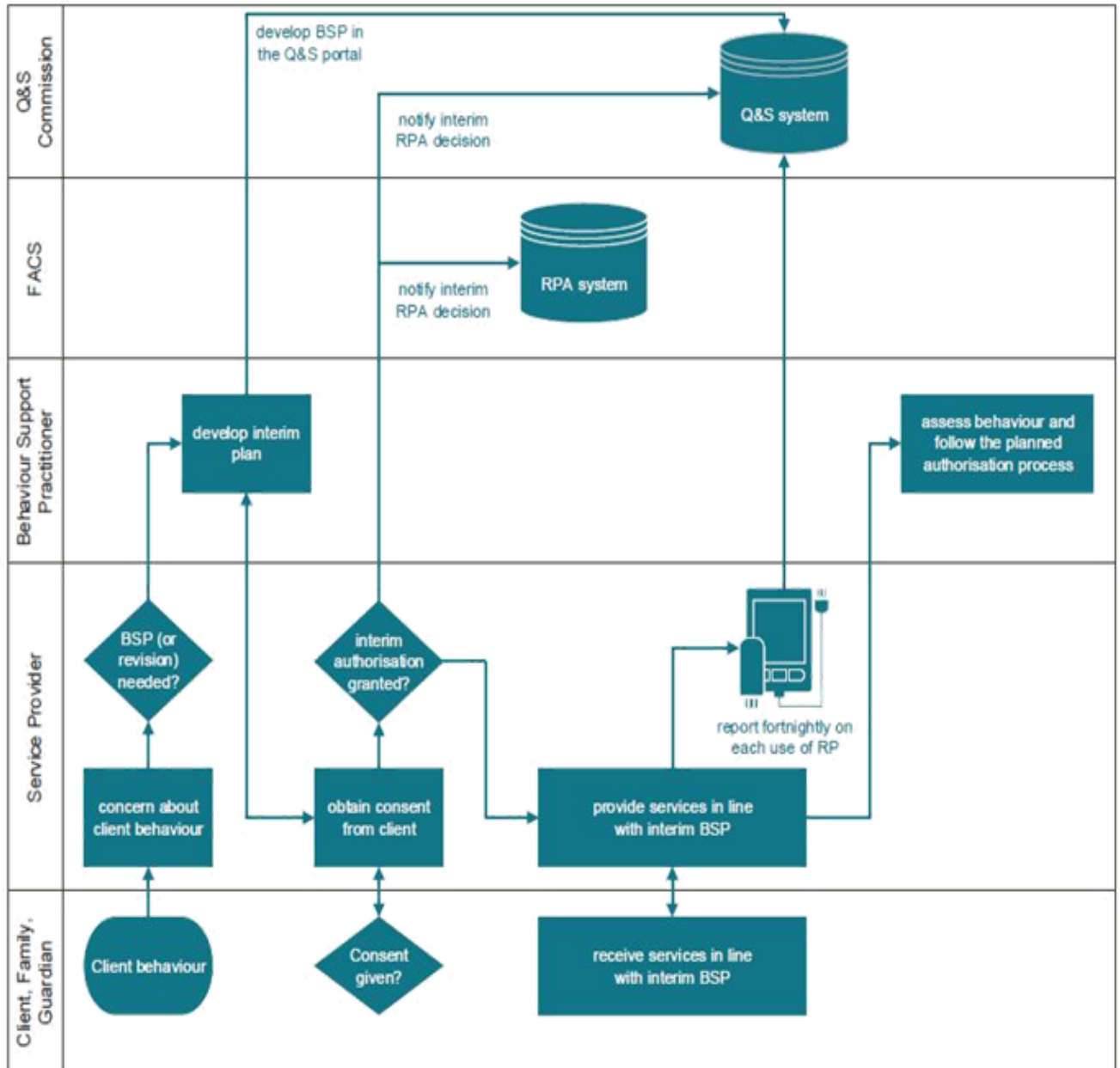
- Authorisation for a Comprehensive Behaviour Support Plan should be obtained, or
- Restrictive practices must be discontinued.

Where approval for the short-term use of Regulated Restrictive Practices has been obtained, Assist Disability Services Pty Ltd must submit reports to the NDIS Commission every two (2) weeks while the approval is in force.

Interim approval flowchart

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NSW 2148



Behaviour Support Plan

To provide behaviour support Assist Disability Services Pty Ltd must be registered with the NDIS as a behaviour support provider.

A Behaviour Support Plan must be developed prior to the authorisation of a Regulated Restrictive Practice. A Behaviour Support Practitioner must develop a Behaviour Support Plan that meets the requirements of the NDIS Commission. For example, it should:

- Be developed in consultation with the person with a disability, their support network and implementing provider;
- Be considered alongside alternatives that do not require restrictive practices;
- Be based on a comprehensive biopsychosocial assessment including a functional behavioural assessment
- Contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
- Be aimed at reducing and eliminating restrictive practices
- Be developed in a form approved by the NDIS Commissioner and lodged with the NDIS Commission
- Lodged with the RPA System (NSW FACS) – this is a NSW requirement, not QLD
- Be reviewed as specified below.

Behaviour support practitioners will use the NDIS Commission's C-BAS Portal to:

- Attach behaviour assessments and any other relevant assessment reports
- Enter behaviour support plans onto the system
- Manage and update current behaviour support plans
- Upload assessments, including functional behaviour assessments
- Associate implementing service providers to plans

The Behaviour Support Competency Framework provides detailed guidance on the issues that should be considered when developing a Behaviour Support Plan. Extensive advice is available in the *NSW Restrictive Practices Authorisation Procedural Guide*, Section 4.

Consent

Consent must be obtained from the participant, or their guardian, prior to the authorisation of a Regulated Restrictive Practice. Consent must be voluntary, informed, specific and current.

Voluntary consent: A person must be free to exercise genuine choice about whether to give or withhold consent. This means they haven't been pressured or coerced into a decision, and they have all the information they need in a format they understand. Voluntary consent requires that the person is not affected by medications, other drugs or alcohol when making the decision.

Informed consent: A person's capacity to make decisions will vary depending on the type of decision or its complexity, or how the person is feeling on the day. The way information is provided to a person will also affect his or her capacity to make decisions. Choices must be offered in a way that the person understands, for example, by using images or signing. Support, where required, must be provided for the person to communicate their consent.

Specific consent: Consent must be sought for the particular restriction each time authorisation is requested.

Current consent: Consent cannot be assumed to remain the same indefinitely, or as the person's circumstances change. People and guardians are entitled to change their minds and revoke consent at a later time.

All participants will be informed of the use and the need for any restrictive practice and that our team will be working with them to reduce and or eliminate the use of the restrictive practices. Participants should sign a Restrictive Practices Consent Form that states that they have been informed and agree with the Behaviour Support Plan.

Restrictive Practice Authorisation (RPA) Panel (NSW)

The Restrictive Practice Authority Panel should operate at arm's length from the contributors to the documented support plans or strategies, in order to best evaluate the recommendations within the context of the provider's operations.

No member of the RPA Panel can bring an application for the Panel's consideration.

Service providers collaborate to convene joint panels, or access existing panels operated by providers with more significant RPA volumes. The Central Restrictive Practices Team in FACS may be able to provide information about service providers that currently convene panels.

An RPA Panel *must* include a minimum of two people:

- A Senior Manager familiar with the operational considerations around the use of the restrictive practice in the intended service setting, who chairs the Restrictive Practices Authority Panel
- A specialist with expertise in Behaviour Support, can be provided by FACS or sourced by other means, which is independent of the service provider.

The Restrictive Practices Authority Panel *may* include additional members, such as:

- A senior clinician familiar with the clinical governance considerations around the use of the restrictive practice in the intended service setting,
- A member of the community, or an advocate.

The role of the Restrictive Practices Authority Panel is to:

- Appraise the need, risk, applicability and outcome of a restrictive practice for a person with a disability with reference to the person's needs, quality of life and living context
- Sanction the use of restricted practices as a component of a documented Behaviour Support Plan.
- Ensure that people who receive a behaviour support service are protected from exploitation, abuse, neglect, and unlawful and degrading treatment
- Ensure that consent is in place for any recommendation for the use of a restrictive practice
- Consider the appropriateness of a documented behaviour support plan or strategy
- Ensure the appropriate documentation is available and contains information that is sufficiently evidence-based to justify the approach being requested, and
- Ensure the timely reduction and cessation of restrictive practices.

The Restrictive Practices Authority Panel comes to a decision by consensus based on the documented application and the information supplied by the presenting applicant. The decision must be unanimous.

The discussion and determination focus on the justification for the proposed strategy, alternatives, and risks or benefits to the NDIS participant and those around the person.

The Restrictive Practices Authority Panel is to have a regular meeting schedule to enable:

- Orderly consideration and progressing of Restrictive Practice applications; and
- Regular monitoring, reviewing and reporting of restrictive practices to meet the requirements set out by the Commission.
- Registered providers should ensure they have a way of tracking practices nearing the end of their authorisation validity to prompt timely re-submission for renewal of authorisation

Regulated Restrictive Practices can only be used in the context of:

- Reducing the risk of harm to the self or others
- Clearly being identified in a Behaviour Support Plan
- Authorisation (however described) by the State/Territory where required
- Only being used as a last resort
- Being the least restrictive response available
- Being proportionate to the potential harm to self or others
- Being used for the shortest possible time
- The NDIS participant being given opportunities to develop new skills that have the potential to avoid the need for a restrictive practice

Extensive guidance for the Restrictive Practice Authority Panel is available in the *NSW Restrictive Practices Authorisation Procedural Guide*, Section 4.

Authorisation of Regulated Restrictive Practices

Restrictive practices authorisation is an endorsement for identified restrictive practices to be implemented with a particular individual, in a specific service setting, by associated Staff and under clearly defined circumstances.

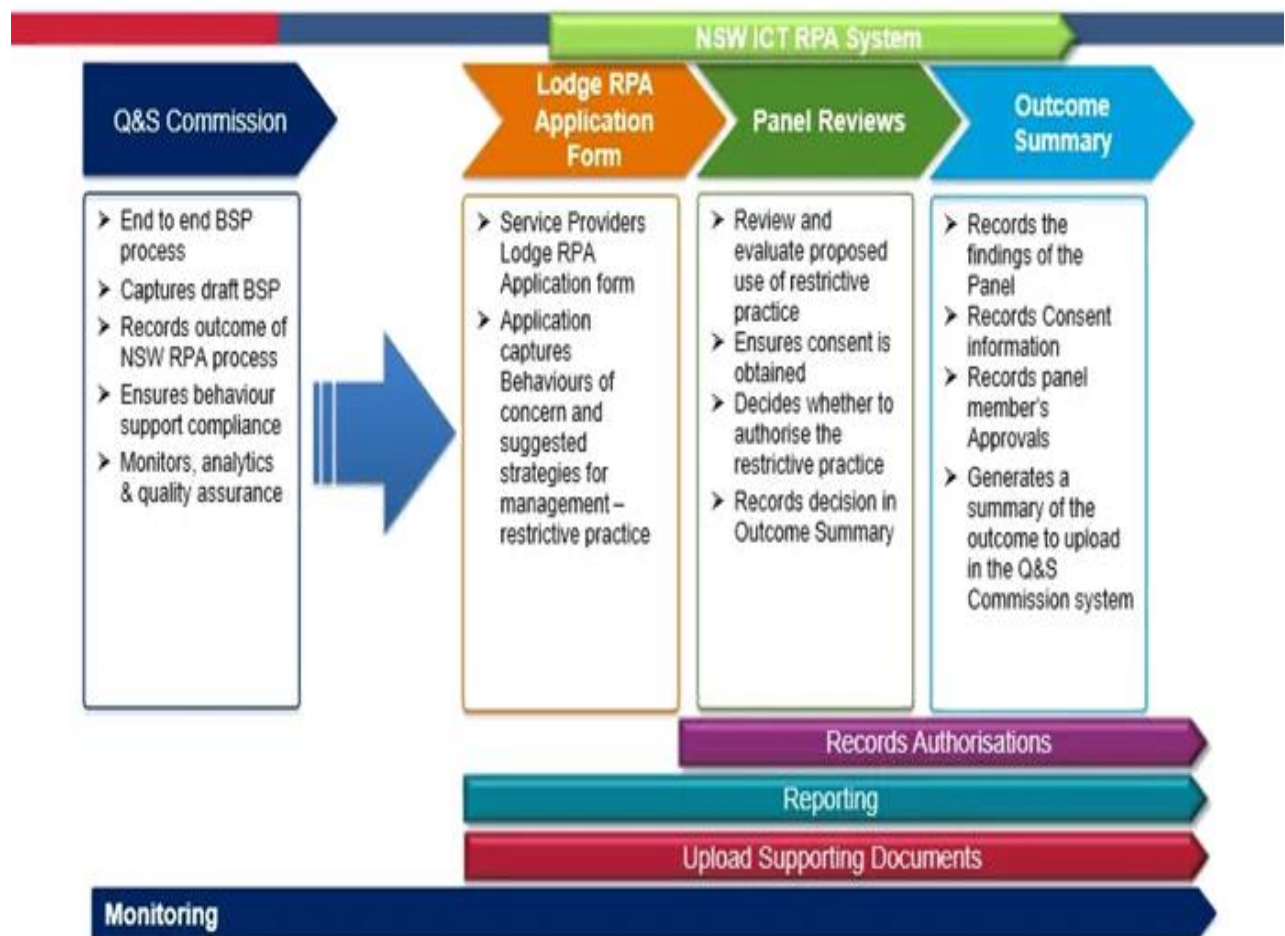
The use of Regulated Restrictive Practices must be authorised. There are three (3) requirements for authorisation:

1. a Behaviour Support Plan is developed, and
2. informed consent is obtained by the participant or their guardian, and
3. authorisation is approved by the Restrictive Practice Authority Panel.

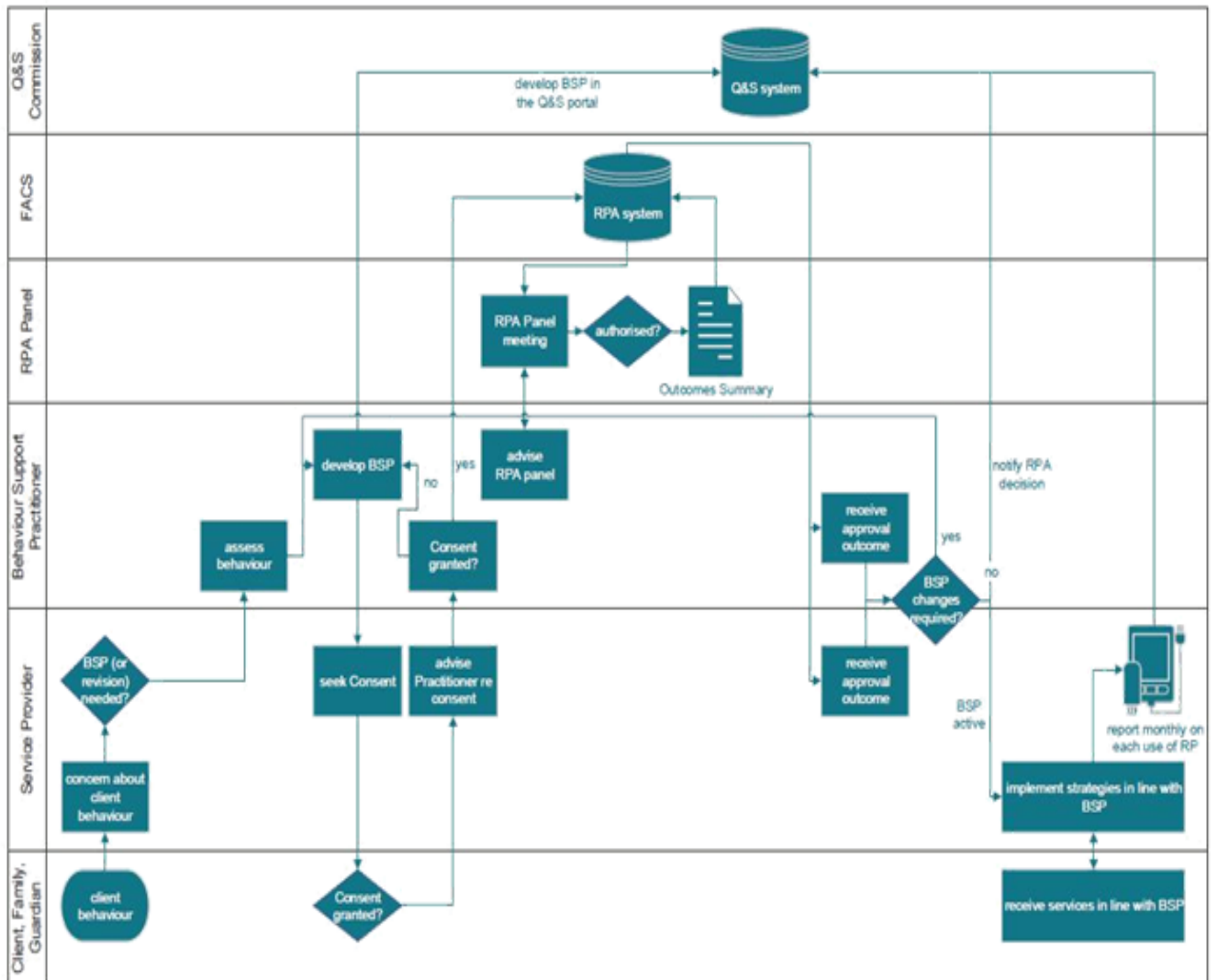


Requests for Regulated Restrictive Practices approval must be submitted via the NSW (FACS) RPA system by Behaviour Support Practitioner. Decisions of the Restrictive Practices Authority Panel are recorded in a formal Outcomes Summary on the NSW (FACS) RPA system.

NSW Restrictive Practice Authorisation Process Overview



Comprehensive Behaviour Support Plan Including Regulated Restrictive Practices Flowchart



Minimum Requirements for the use of Regulated Restrictive Practices

The Regulated Restrictive Practice must:

- Be clearly identified in the Behaviour Support Plan;
- Be authorised in accordance with NSW processes;
- Be authorised in accordance with QLD processes;
- Be used only as a last resort in response to the risk of harm to the person with a disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies;
- Be the least restrictive response possible in the circumstances to ensure the safety of the person or others;
- Reduce the risk of harm to the person with a disability or others;
- Be in proportion to the potential negative consequence or risk of harm; and
- Be used for the shortest possible time to ensure the safety of the person with a disability or others.

In addition, the person with a disability to whom the Behaviour Support Plan applies must be given opportunities to participate in community activities and develop new skills that have the potential to reduce or eliminate the need for regulated restrictive practices in the future.

Review of comprehensive Behaviour Support Plans containing a Regulated Restrictive Practices

A Comprehensive Behaviour Support Plan that includes a Regulated Restrictive Practice must be reviewed by an NDIS Behaviour Support Practitioner:

- If there is a change in circumstances which requires the plan to be amended as soon as practicable after the adjustment occurs; or
- In any event—at least every 12 months while the plan is in force.

Behaviour Support Plans containing Regulated Restrictive Practice must be lodged by the Behaviour Support Practitioner with:

- The NDIS Commissioner as soon as practicable after it is developed.
- The NSW Family and Community Services RPA system by the service provider or Behaviour Support Practitioner (for NSW participants)

Record Keeping and Reporting

Record keeping should document both:

- Compliance in the use of Regulated Restrictive Practices; and
- The reduction and minimisation of Regulated Restrictive Practices and the use of alternatives, where possible.

Records should include:

- Behaviour Support Plans proposed and authorised;
- Restrictive Practices Authority Panel decisions to approve Behaviour Support Plans;
- Restrictive Practices Authority Panel decisions to reject or modify Behaviour Support Plans.

Records of the use of Regulated Restrictive Practices will include:

- A description of the use of the Regulated Restrictive Practice, including:
 - The impact on the person with a disability or another person;
 - Any injury to the person with a disability or another person;
 - Whether the use of the restrictive practice was a reportable incident; and
 - Why the regulated restrictive practice was used;
- A description of the behaviour of the person with a disability that leads to the use of the Regulated Restrictive Practice;
- The time, date and place at which the use of the Regulated Restrictive Practice started and ended;
- The names and contact details of the persons involved in the use of the Regulated Restrictive Practice;
- The names and contact details of any witnesses to the use of the Regulated Restrictive Practice;
- The actions taken in response to the use of the Regulated Restrictive Practice;
- What other least restrictive options were considered or used before using the Regulated Restrictive Practice;
- The actions taken leading up to the use of the Regulated Restrictive Practice, including any strategies used to prevent the need for the use of the practice.

These records will be kept for seven years from the day the record is made. Assist Disability Services Pty Ltd must report to the NDIS Commission:

- Monthly reports regarding the use of Regulated Restrictive Practices;
- Every two (2) weeks where approval has been obtained for short term use of a Regulated Restrictive Practice and while the approval is in force.

Regulated Restrictive Practices as Reportable Incidents

The unauthorised use of restrictive practice is a Reportable Incident and must be reported to the NDIS Commissioner.

Unauthorised use restrictive practices must be reported to the NDIS Commission within 5 business days. Forms are available at <https://www.ndiscommission.gov.au/document/656>

Use of Prohibited Practices (see Definitions) must be reported immediately (within 24 hours of key personnel becoming aware of the incident). Forms are available at <https://www.ndiscommission.gov.au/document/661>

If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ.

See the *Incident Management Policy and Procedure* for further details relating to reporting incidents to the NDIS Commission.

Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018

Related Documents

- Reportable Incident, Accidents and Emergencies Policy and Procedures
- Risk Management Policy and Procedures
- Incident Investigation Form
- Training Record
- Training Attendance Register – In House Training
- Behaviour Support Plan & Functional Behaviour Assessment
- Interim Behaviour Support Plan - <https://www.ndiscommission.gov.au/document/956>
- See Appendix 2 for additional forms
 - Reportable incident – Immediate notification
 - Reportable Incident – 5-day notification
 - Restrictive practices reporting form
- Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators July 2018, Version 1
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018 Notice of Regulated Restrictive Practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

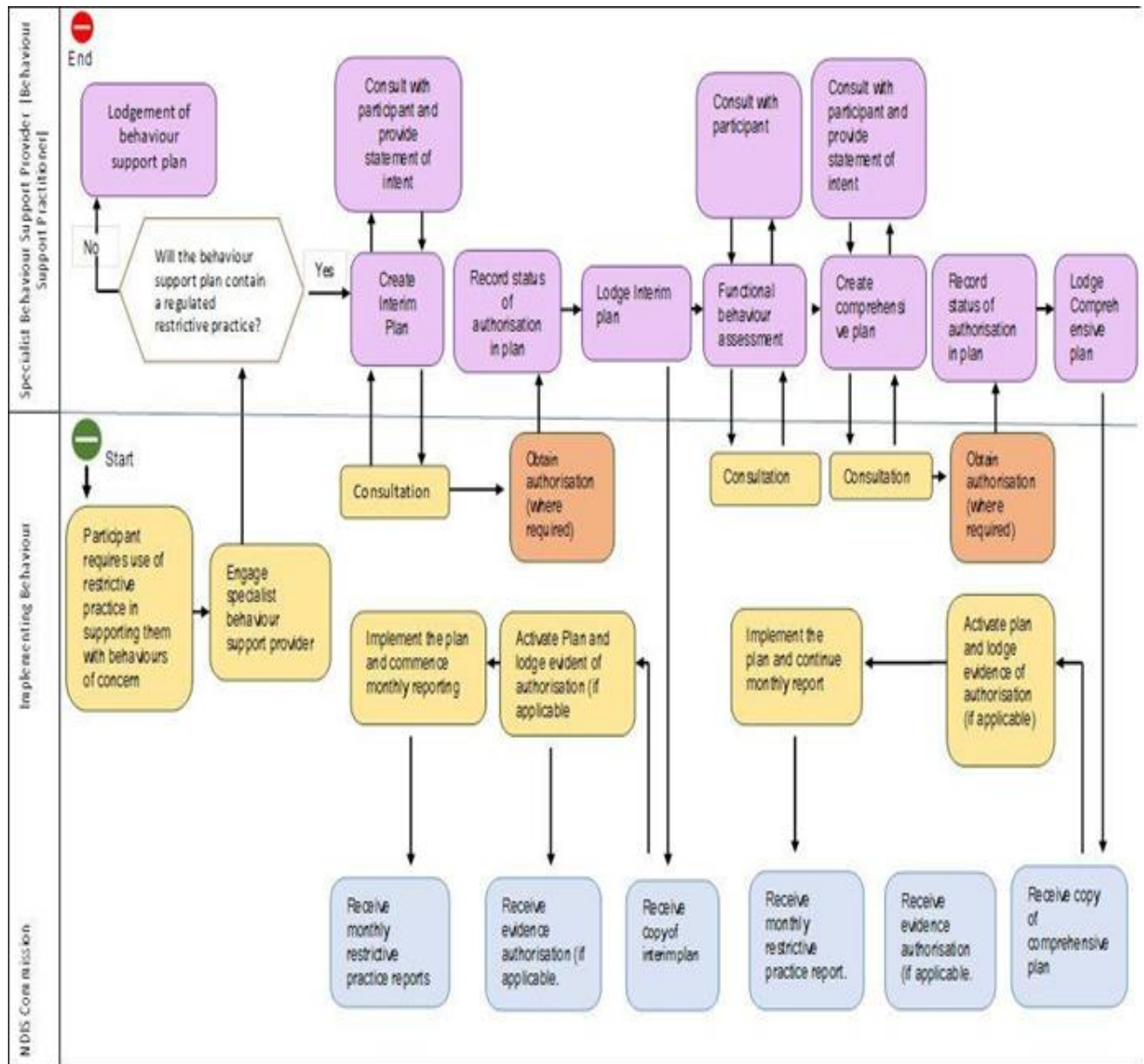
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Appendix 1 – Definitions

Behaviour Support Plan	<p>A document or series of linked documents that outline strategies designed to deliver a level of behaviour support appropriate to the needs of an individual person. A Behaviour Support Plan is to have a preventative focus and is usually required to have a responsive focus. The plan should include multiple elements, reflecting the level of complexity, assessed needs, parameters and context of the service agreement. A Behaviour Support Plan may be either;</p> <ul style="list-style-type: none">(a) A Comprehensive Behaviour Support Plan; or(b) An Interim Behaviour Support Plan.
Behaviour Support Practitioner	<p>a person with tertiary qualifications in psychology, special education, speech pathology, social work or other relevant discipline and/or training and experience in the provision of behaviour support and intervention</p>
NDIS Behaviour Support	<p>A person the Commissioner considers is suitable to undertake behaviour support assessment (including functional behavioural assessments) and to develop Behaviour Support Plans that may contain the use of restrictive practices.</p>

Capacity	<p>A person has the capacity to consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action and can communicate an intention to consent (or to refuse consent) to the decision or action.</p> <p>A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability. A person may have the ability to exercise privacy rights even if they lack the capacity to make other important life decisions.</p>
Consent	<p>Consent refers to the permission given by a person or legally appointed guardian (with authority to consent to restrictive practices). Consent must be obtained from the participant, or their guardian, prior to the authorisation of an RRP. (Section 4.3 of the NSW Restrictive Practices Authorisation Policy (June 2018) sets out who can consent to different categories of RRP).</p>
Containment	<p>Containment of an adult with an intellectual or cognitive disability means the physical prevention of the adult freely exiting the premises where the adult receives disability services, other than by secluding the adult. The adult is not contained, however, if they are an adult with a skills deficit only, and the adult's free exit from the premises is prevented by the locking of gates, doors or windows</p>
Duty of Care	<p>This is a legal concept meaning the responsibility to take reasonable care to avoid causing harm to another person. A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.</p>

Evidence-based	A practice/method that has been tried and tested to be valid and reliable. A process in which combines well-researched interventions with experience and ethics, and participants preferences and inform the delivery of treatment and/or service
Functional Behavioural Assessment	The process of determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour
Harm	Harm to a person means: <ul style="list-style-type: none">• physical harm to the person• a serious risk of physical harm to the person• damage to property involving a serious risk of physical harm to the person
NDIS Commission/ Commissioner	<p>The NDIS Commission regulates behavior support for NDIS registered providers and monitors the use of restrictive practices. Providers should ensure that they comply with NDIS incident management and reporting requirements.</p> <p>NSW will monitor restrictive practice authorisations. Service providers are required to maintain current information in the NSW (FACS) RPA system, which will meet requirements for reporting to the NSW Government. There are no additional routine reporting requirements to the NSW Government. A central team within FACS will oversee the Restrictive Practices Authorisation (RPA) function, and support service providers to comply with their obligations.</p>

NSW (FACS) RPA System

An online portal to manage and monitor the authorisation of restrictive practices in NSW. NDIS registered service providers must submit requests for RPA via the NSW (FACS) RPA System.

Service providers must maintain the currency of the information in the NSW (FACS) RPA System, including the details of clinicians or service providers working with a person.

The system provides service providers and Behaviour Support Practitioners online access to manage information about RPA in a single location. It also assists service providers to meet their obligations under the RPA Policy, such as by issuing notifications when an authorisation is approaching its expiration date

Person-Centred

A person-centred approach is one which involves the person to gather information about that person's lifestyle, skills, relationships, preferences, aspirations, and other significant characteristics, in order to provide a holistic framework in which appropriate respectful and meaningful behavior supports may be developed.

Person Responsible

A person with legal authority to make decisions about medical or dental treatment for a person who lacks the capacity to give informed consent. The "person responsible" is defined in the NSW Guardianship Act 1987. The person responsible is not the same as the next of kin. For Queensland, refer to the [Guardianship and Administration Act 2000](#)

Positive Behaviour Support

- a philosophy of practice and a term to denote a range of individual and multisystemic interventions designed to effect change in people's behavior and ultimately their quality of life.
- Positive behaviour support recognises that all people, regardless of their behaviour, are endowed with fundamental human rights and that any assessment, intervention or support should be respectful of those human rights and foster the exercise and experience of those rights.
- Positive behaviour support recognises that all human behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern. To bring about adaptive change, it is first essential to understand the purpose of their existing behaviours, their aspirations and the range of knowledge and skills they already have

Prohibited Practice

- Aversion, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful.
- Overcorrection, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the incident occurred.
- Misuse of medication, which is the administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician
- Seclusion of children or young people, which is the isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident.
- Denial of crucial needs, which is withholding support such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports
- Unauthorised use of a restrictive practice, which is the use of any practice that is not properly authorised and /or does not have validity or does not adhere to requisite protocols and approvals Or are degrading or demeaning to the person may reasonably be

	<p>perceived by the person as harassment or vilification, or are unethical.</p> <ul style="list-style-type: none">• The following practices are also prohibited in relation to participants aged 18 and under:<ul style="list-style-type: none">○ any form of corporal punishment○ any punishment that takes the form of immobilisation, force-feeding or depriving of food, and○ any punishment that is intended to humiliate or frighten the person
Restrictive Practice	<p>Any practice or intervention that has the effect of restricting the freedom or right of movement of a person with a disability with the primary purpose of protecting the person or others from harm</p>
Regulated restrictive	<p>Any practice (including the excluded practice categories) can be a restrictive practice if:</p> <ul style="list-style-type: none">• it is used primarily to control or restrict a person's behaviour or free movement, or• the person (or their authorised substitute decision maker) objects to its use <p>A restrictive practice is a regulated restrictive practice if it is or involves any of the following:</p> <p>Seclusion – sole confinement of a person with a disability in a room or a physical space at any hour of the day or night where the voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;</p> <p>Chemical restraint – the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of,</p>

	<p>or to enable treatment of, a diagnosed mental disorder, physical illness or a physical condition, including PRN;</p> <p>Mechanical restraint – the use of a device to prevent, restrict or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes;</p> <p>Physical restraint – the use or action of physical force to prevent, restrict or subdue movement of a person’s body part of their body, for the primary purpose of influencing their behaviour; Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person. and</p> <p>Environmental restraint – restrict a person’s free access to all parts of their environment, including items or activities.</p>
Specialist behaviour support provider	Is a registered NDIS provider whose registration includes the provision of specialist behavior support service

Appendix 2 – Forms

All the following forms are available on the NDIS Quality and Safeguards Commission website at:

<https://www.ndiscommission.gov.au/search/node/form>

Behaviour Support Practitioner – Comprehensive behaviour support plan	This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It is for comprehensive Behaviour support plans developed after 1 July 2018. https://www.ndiscommission.gov.au/document/961
Interim behaviour support plan	This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It is for interim Behaviour Support Plans developed after 1 July 2018 https://www.ndiscommission.gov.au/document/956
Notice of behaviour support practitioners employed or engaged by specialist behaviour support providers (s29)	This form is to be used to provide the NDIS Commissioner with details of Behaviour Support Practitioners in accordance with paragraph 29(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It applies to practitioners delivering services to participants residing in New South Wales and South Australia. A survey was previously sent out to providers of Specialist Behaviour Support services in NSW and SA. If you have already responded to the survey, you do not need to complete this form. https://www.ndiscommission.gov.au/document/946

Reportable incident – Immediate notification

This form must be completed by registered NDIS providers in SA and NSW within 24 hours of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including rooming of the NDIS participant for sexual activity

This form should be submitted to the NDIS Commission with copies of documents relating to the incident. This includes incident report(s), file notes, risk management assessments and/or plans, participant's plans relevant to the incident, as well as copies of correspondence between relevant persons Or agencies.

<https://www.ndiscommission.gov.au/document/661>

Reportable Incident – 5 day notification

This form must be completed by registered NDIS providers in SA and NSW within 5 business days of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services: for the initial notification of an unauthorised restrictive practice (section 21 of the NDIS Rules) as a follow-up notification of all other reportable incidents (section 20 of the NDIS Rules).

This reportable incident notification form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20 and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (NDIS Rules).

<https://www.ndiscommission.gov.au/document/656>

Restrictive practices reporting form

This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Reporting is required from providers that use Regulated Restrictive Practices. This form is used for:

Reporting on restrictive practice in relation to behaviour support plans that have been lodged with the NDIS Commission To report on the restrictive practice, use that is not detailed in a Behaviour Support Plan. The requirement to report to the NDIS Commission does not replace existing obligations on providers to report to other relevant authorities, including child protection agencies or police.

<https://www.ndiscommission.gov.au/document/966>

Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

This form is used to notify the NDIS Commission of the use of a regulated restrictive practice that does not require authorisation under a state process at the time of transition (see section 28 of the NDIS Rules). This form is approved for the purposes of paragraph 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

<https://www.ndiscommission.gov.au/document/951>

Professional Development Policy and Procedure

Assist Disability Services Pty Ltd is committed to ensuring that all our staff are undertaking professional development, to maintain up-to-date and relevant skills, knowledge, and evidence-based supports to ensure Assist Disability Services Pty Ltd is delivering support, services and requirements to all participants who are engaged with the service.

Assist Disability Services Pty Ltd aims are to employ staff that are industry experts in their chosen field. As such, we require ongoing Professional Development (PD) of our staff and contract staff; to achieve this aim, we will provide relevant opportunities for professional development and monitoring of performance.

As part of our commitment, Assist Disability Services Pty Ltd will provide professional development activities and/or time to attend such activities to our staff, where it has been noted the training will benefit the individual and the Assist Disability Services Pty Ltd. However, everyone is ultimately responsible for ensuring their professional development and the maintenance of industry knowledge and skills.

Professional Development (PD) for industry currency, skills and knowledge can include, but is not limited to-

- Attendance at relevant professional workshops, seminars and conferences on learning or assessment;
- Participation in networks, communities of practice or mentoring activities;
- Reviewing data from industry networks/stakeholders;
- Researching information from regulatory bodies;
- Reading of industry journals;
- Participation in projects with industry;
- Meaningful engagement with professional and relevant industry bodies;
- Undertaking further training and/or accredited courses.

The purpose of evidence is quite simply to provide something tangible that will demonstrate a specific achievement or outcome of your professional development and learning. It is recommended that any staff member who assesses Nationally Recognised Qualification courses are required to submit to:

1. Any mapping information to demonstrate industry experience that matches the requirements of the position they currently hold.
2. Schedules and/or reports on return to industry activities, testimonials etc.
3. Justice of the Peace certified copies of qualifications.
4. A current copy of resume'.
5. A journal detailing any industry consultation or industry reading completed throughout the year.

Staff are also required to provide a list of any Personal Development for the past twelve months and any proposed personal development needed for the next 12 months.

Please note, attached to this policy is

- Training Record
- This template is to be used and stored with the employee records to record all training that the employee undertakes
- Training – Annual Review of Training Provided
- Flowlogic is used to retain all copies of training records
- Flowlogic is used to record any In-House training that is conducted for its staff for an individual behavioural support requirement or for a specific need
- Supervision sessions are also required via flowlogic
- ADS also provide mandatory quarterly training for staff
- Any staff considered as a BSP, must follow their own registration body requirements for CPD

These documents, while used alongside this policy, represent Assist Disability Services Pty Ltd systematic approach to professional development.

Module 4

Specialist Support Coordination

Policy and Procedure Manual

Approval date	Review date
27/04/2024	27/04/2025

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Specialised Support Coordination Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants receiving specialised support coordination:

- are provided tailored support to implement, monitor and review their support plans to reduce the risks associated with the complexity of their situation
- exercise meaningful choice and control over their supports
- maximise the value for money they receive from their supports
- receive transparent and factual advice about their support options that promote choice and control.

2.0 Scope

This policy guides all Specialist Support Coordinators and those relevant in providing specialist support coordination services to our participants.

3.0 Definitions

Support coordination is funded under the National Disability Insurance Scheme (NDIS) to strengthen the participant's ability to design and build their supports, emphasising linking to broader support systems.

Support coordination involves a tiered, capacity building approach of three levels (see below):

Capacity building levels	Definition
Level 1 - Support connection	Assists a participant to implement their plan by strengthening their ability to connect with the broader systems of supports and understand the funded supports' purpose.
Level 2 - Support coordination	Support coordination aims to support participants to direct their lives (not just their service). It is focused on assisting participants in building and maintaining a resilient network of formal and informal supports.

Level 3 - Specialist support coordination
(Module 4 relates to this level)

Specialist support coordination helps participants reduce complexity in their support environment and overcome barriers to connecting with broader systems of supports and funded supports.

Specialist Support Coordinators negotiate appropriate support solutions with multiple stakeholders and seek to achieve well-coordinated plan implementation.

Specialist Support Coordinators will help stakeholders resolve crisis points for participants and ensure consistent service delivery and access to relevant supports during crises. Support challenges may include health, education, housing, or justice services.

Specialist support coordination is generally delivered over an intensive and time-limited period, necessitated by the participant's immediate and significant plan implementation barriers.

4.0 Policy

Assist Disability Services Pty Ltd understands that specialist support coordination is required where there are specific high complex needs or high-level risks relating to a participant's situation.

Specialist support coordination will be delivered by an appropriately qualified and experienced practitioner (e.g. a psychologist, occupational therapist, social worker or mental health nurse), who uses an expert or specialist approach, to meet the participant's needs.

Specialist support coordination intends to:

- assist participants reduce complexity in their support environment
- address barriers to connecting with supports
- build capacity and resilience.

When providing specialist support coordination, Assist Disability Services Pty Ltd will ensure our participants are genuinely allowed to exercise choice and control, and we will focus on clearly identified aims, goals and benefits. Planning and coordination will include mainstream, informal, community and funded supports and will decrease the need for specialist support coordination over time.

Any specialist support coordination included within a plan must show a clear benefit to the participant and include specific goals for the plan's duration, aiming to decrease the need for high-intensity support to continue.

Assist Disability Services Pty Ltd will provide the participant information regarding their options and plans in a communication mode and language that they are most likely to understand. Such information will include transparent and factual advice about the participant's support options and ensure that any conflicts of interest are made clear.

Assist Disability Services Pty Ltd will make sure supports funded under a participant's plan are used effectively and efficiently and are complemented by the community and mainstream services.

5.0 Procedure

Outlined below

5.1 Overview

Specialist support coordination will be provided in line with the principles documented in our NDIS core module policies and procedures and will include:

- person-centred supports
- support for individual values and beliefs
- individual privacy and dignity
- independence and informed choice
- support planning
- responsive support provision.

Accordingly, specialised support planning will ensure that each participant is actively involved in developing their specialist support plans. Assist Disability Services Pty Ltd will provide all participants with sufficient and appropriate information to promote choice and control.

The Operations manager will determine, based on a participant's specific requirements, the most appropriate specialist support worker to provide the services (e.g. psychologist, occupational therapist, social worker and mental health nurse).

The Human Resource Team will undertake reference checks to determine staff are qualified to deliver specialist supports to a participant. The Human Resource Team is also responsible for identifying all risk assessed roles and confirming all workers hold appropriate NDIS worker clearances before being allocated to support a participant.

5.2 Planning

The Specialist Support Coordinator will work with the participant and their support network to complete all necessary assessments and forms and develop a Support Plan.

The Support Plan will be developed in collaboration with the participant and be tailored specifically to meet their needs. The plan will:

- be based on information sourced from a range of resources and multiple stakeholders
- be developed collaboratively with the participant
- obtain an overview of the participant's current supports and identify any complexities relating to the administration of supports to develop an action plan that effectively manages available NDIS funding
- include the participant's needs, support requirements, preferences, strengths and goals
- include any relevant information derived from risk assessments
- identify potential triggers to crises and appropriate strategies to treat these
- identify potential appropriate support solutions, including NDIS providers and community support networks who have appropriate skills and experience, to deliver desired supports
- seek to resolve points of crisis
- assist the participant in connecting with supports and build capacity and resilience to decrease the continued need for high-intensity support.
- work with the participant to build their capacity so that they can coordinate, self-direct and manage their supports
- help the participant better manage their budget funding to be more flexible in meeting their own needs and support requirements.

Where appropriate, and with the participant's consent, information on the Support Plan is communicated to family members, carers, advocates, other providers and relevant government agencies.

The Specialist Support Coordinator will implement strategies to provide participants and their support networks information using their preferred communication methods, including using plain language, translators, repeated information, or Easy Read documents.

5.3 Plan implementation

Assist Disability Services Pty Ltd will arrange for supports and services to be utilised as per the participant's NDIS amounts directed and for the purposes intended by the participant. In achieving this, Assist Disability Services Pty Ltd will continue to provide information to the participant in an accessible format, using suitable language and communication mode to ensure the participant fully understands their support options to make an informed decision.

The Specialist Support Coordinator will consult and negotiate proactively with multiple stakeholders to implement a well-coordinated Specialist Support Plan.

The Specialist Support Coordinator will help stakeholders resolve crisis points for participants to provide consistent service delivery and provision of relevant supports during crises.

As appropriate, participants will be supported to build their capacity to coordinate, self-direct and manage their supports and understand how to participate in their planning processes (e.g. establishing agreements with service providers and managing budget flexibility).

Referrals to and from other providers will be documented for each participant following our normal referral procedures and outcomes and interactions documented in flowlogic.

Specialist support coordination services and assistance may include:

- linking the participant with the right mainstream support and ensuring the provider meets their obligations
- engagement and networking with the participant's preferred communities
- coordination of various supports, both funded and mainstream
- resolving points of crisis with the participant
- training of support workers
- promoting safety for the participant
- building the participant's capacity and ability (and their informal supports) to understand and implement their own NDIS plan.

5.4 Monitoring and review

The operations manager ensures the plan is implemented, effectively managed, monitored and reviewed to address all reporting obligations associated with the participant are met.

The operations manager will regularly review specialist support plans to ensure that:

- risks are being adequately addressed
- changes are made in response to a participant's changed circumstances
- the participant is receiving value for money
- the participant's funds are used effectively and efficiently
- any supports funded under a participant's plan are complemented by the community and mainstream services.

5.5 Conflict of interest

A conflict of interest exists when an organisation may benefit from managing a participant's plan and providing support coordination or other support types to a participant.

In this event, Assist Disability Services Pty Ltd will ensure that each participant is supported (using the language, mode of communication and terms that the participant is most likely to comprehend) to understand:

- the distinction between the provision of specialised support coordination and other reasonable and necessary funded supports
- the full range of options available to them
- any choice they make about providers of other supports will not impact our provision of specialised support coordination.

For more information, see the Conflict of Interest Policy and Procedure.

5.6 Collaborative approach

Assist Disability Services Pty Ltd will:

- use a collaborative approach when undertaking all decision-making processes regarding support for a participant, to allow for an informed approach and can include collaboration with:
 - mainstream service providers that have appropriate skills and experience in delivering the required supports
 - involved allied health or medical practitioners
 - the participant and their support networks
- ensure the process is explained to the participant at the time of development, including how and when support will occur
- work with suitable NDIS providers (who have experience and appropriate skills required to deliver supports) that have been identified and are in-line with available funding
- work across service boundaries to provide participants with complex care needs access to a full range of services, including allied health, health and social support services
- employ team members and providers that have all the necessary skills and knowledge to make informed decisions in the development of a participant's plan
- ensure all team members continue to undertake professional development to maintain an understanding of practices that are required for their specific role
- ensure the participant is involved in the evaluation of their situation and the identification of the supports required to prevent or respond to a crisis, incident or breakdown of support arrangements, and the promotion of safety for the participant and others
- gain consent from the participant or their advocate and the participant's support network and mainstream services (as appropriate) before support coordination being implemented.

5.7 Documentation

Assist Disability Services Pty Ltd workers must record all relevant information about the progress of the support provided to a participant into the participants file on FlowLogic.

To assist the documentation process, the Operations Manager will regularly undergo reviews and complete a Participant File Audit.

The information included in the notes may include:

- outcomes of all ongoing assessments and reassessment
- changes or redevelopment of supports including revised goals or preferences
- critical incidents or major changes in the participant's health or wellbeing
- conversations held with the participant, family members, their representative or advocate
- conversations (regarding the participant) with any other providers, agencies, health or medical professionals, family members or other individuals who have an interest in the participant
- referrals
- activities associated with participant's admission and exit.

6.0 Related documents

- Intake form
- Authority to Act as an Advocate Form
- Support Plan
- Participant File
- NDIS consent form
- Consent to exchange information form
- Easy Read Documents and Form

7.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- NDIS Practice Standards and Quality Indicators 2020

Management of a Participant's NDIS Supports Policy and Procedure

1.0 Purpose

It is the responsibility of Assist Disability Services Pty Ltd to effectively manage our participants' NDIS support whilst also providing opportunities for participants to exercise meaningful choice and control over their supports. It is also our role to maximise the value for money participants receive from their supports.

2.0 Scope

The policy applies to all employees engaged in the management of NDIS supports for our participants.

3.0 Policy

Assist Disability Services Pty Ltd will arrange for supports and services using the participant's NDIS amounts. Supports and services are directed by the participant and for the purposes intended by the participant.

In achieving this, Assist Disability Services Pty Ltd provides information to the participant in an accessible format (using their preferred communication method) to fully understand the support options available to them, allowing them to make an informed decision.

4.0 Procedure

Assist Disability Services Pty Ltd works collaboratively with other mainstream services within the community to provide the supports that assists participants in meeting their objectives and improving their quality of life.

Assist Disability Services Pty Ltd will:

- support participants to build their capacity to coordinate, self-direct and manage their supports
- work closely with participants to better understand how we can assist the participant in planning their required supports and establishing agreements with service providers
- assist participants to better manage their budget funding to allow them to be more flexible when meeting their needs and support requirements
- effectively and efficiently use any supports that are funded under the participant's plan
- ensure supports and complemented by mainstream and community services.

4.1 Participant intake form

When working with participants, Assist Disability Services Pty Ltd will review the requirements and provisions the participant may need using the Participant Intake Form & other supporting onboarding documentation. The completed form provides an overview of the participant's current supports. The participant onboarding

documents also identify the complexities involved in administering supports and the implementation steps required to address any such complexities while effectively managing available NDIS funding.

5.0 Related documents

- Easy Read Documents
- Participant Intake Form
- Participant File Review
- Participant Onboarding Documentation

6.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- NDIS Practice Standards and Quality Indicators 2020

Conflict of Interest Policy and Procedure

1.0 Purpose

Assist Disability Services Pty Ltd is committed to ensuring that actions and decisions taken at all levels in the organisation are informed, objective and fair. We will ensure organisational and ethical values do not impede a participant's right to choose and control supports. At all times, Assist Disability Services Pty Ltd will provide the participant transparent, factual advice regarding support options available to meet their requirements.

2.0 Scope

This policy applies to all Assist Disability Services Pty Ltd management, staff and contractors and any other persons associated with delivering supports to participants.

3.0 Definition

A conflict of interest arises when an individual's personal interests clash or conflict with their responsibility to act in the best interests of Assist Disability Services Pty Ltd and our participants. Personal interests include direct interests and indirect interests, which involve family, friends, or other organisations with which they may be involved.

Conflicts of interest present the risk that a person may make decisions based on, or affected by, the above influences rather than focusing on our participants or the organisation's best interests. A conflict of interest may be an actual, potential, or perceived conflict. It may be financial or non-financial.

As a registered provider, Assist Disability Services Pty Ltd must not constrain, influence or direct decisions made by a participant or their family by limiting access to information, opportunities, choice, and control.

4.0 Policy

All employees, management and contractors are provided with a copy of this Conflict-of-Interest Policy, and Procedure and conflicts of interest are explained to our participants using the services in a language, format (e.g. Easy Read documents) or communication mode that is suitable for them to understand its importance. All staff are provided with a conflict-of-interest declaration form also.

Assist Disability Services Pty Ltd will proactively manage perceived and actual conflicts of interest through regular monitoring by the Operations Manager and through the development and maintenance of appropriate organisational procedures and policies.

We understand that a conflict of interest may affect how a staff member acts, the decisions they make, or the way they may vote in, or on, a group decision.

Assist Disability Services Pty Ltd will promote and provide choice and control to our participants, and we will not allow organisational values to impede our participants' rights.

At the time of engagement, our staff are informed that any conflict of interest must be declared to allow ADS to take the necessary action to ensure personal or individual interests do not impact our services, activities, or decisions which may affect our participants.

All employees and contractors are directed at the time of engagement to always act in the best interest of Assist Disability Services Pty Ltd and our participants. Staff must notify their manager immediately when a conflict of interest arises.

Assist Disability Services Pty Ltd is committed to conducting our operations and support delivery in a fair and accountable manner by:

- acting impartially and without prejudice
- declaring any potential or actual conflict of interest to participants and other relevant stakeholders
- never accepting gifts or other benefits that could influence a decision

A conflict of interest could be actual, perceived, or potential. It is important to discuss any conflict that exists, as it may affect someone's judgement or lead to a biased decision. A situation of conflict could include any of the following:

- close personal friends or family members are involved in decisions about employment, discipline, dismissal, service allocation or awarding of contracts
- an individual or their close friends or family members may make a financial gain or gain some other form of advantage
- an individual is involved with another organisation or offers services that are in a competitive relationship with Assist Disability Services Pty Ltd and may have access to commercially sensitive information, plans or financial information
- prior agreements or allegiances bind a person to other individuals or agencies that require them to act in the interests of that person or agency or take a particular position on an issue
- being involved in the decision-making process or voting on a situation that directly affects an individual's private interest.

5.0 Procedure

In meeting our legal responsibilities, all known conflicts of interest must be declared in writing by staff members to their managers using the Conflict-of-Interest Declaration Form. The Director will then record identified conflicts in the Conflict of Interest Register for Support Coordination Staff to ensure transparency.

5.1 Identification, declaration, and documentation

All employees, management, and contractors of Assist Disability Services Pty Ltd are required to declare any perceived, potential, or actual conflicts of interest as soon as they are made aware of them. Should a conflict of interest arise, the employee must inform their manager immediately and provide formal notification in writing using the Conflict-of-Interest Declaration Form which is then issued to the Human Resources team.

All employees must agree, in writing, to adhere to the requirements outlined in the following documents as part of their employment conditions:

- Code of Conduct Agreement
- Conflict of Interest Declaration (as required)
- Privacy and Confidentiality Agreement

It is important to outline and discuss conflicts of interest at the commencement of any decision-making process or meeting with stakeholders to ensure appropriate transparency.

5.2 Managing conflicts of interest

When a conflict of interest is declared or identified, the conflict will be assessed by the Manager Director, Operations Manager, Human Resource Team & their manager. The team will continue to monitor and retain awareness of potential conflicts of interest that might affect the organisation, employees or participants, to avoid them where possible.

Assist Disability Services Pty Ltd participants will be informed of any conflicts of interest relating to their supports and services. We will inform participants that any choice they make on providers or other supports will not impact the provisions or supports currently being provided by Assist Disability Services Pty Ltd.

If a conflict of interest exists (or there is a perception that a conflict exists), a person may be asked to:

- contribute to the discussion but abstain from voting or taking part in a decision on the matter
- observe, but not take part in, the discussion or decision-making process
- not participate or leave the meeting during the discussion and decision-making process
- arrange for an independent third party to be present to assist with any decision making.

The person may also be denied access to information, or only limited information be provided to them, where a conflict is likely to be present.

5.3 Informing the participant of their provider options

The Specialist Support Coordinator's role is to inform our participants of the various support provider options available. The Support Coordinator reviews and compares providers with the participant to help them select the most appropriate one.

When reviewing the various service provider options available to the participant (including our service), the Specialist Support Coordinator:

- will provide a biography and information about each service, so the participant can choose the most appropriate provider to deliver their required supports
- discuss any conflict of interest between our organisation and internal referrals
- will inform the participant that the Support Coordinator receives no monetary gain for any internal referrals, or the participant being referred to another agency

5.4 Documentation

All conflicts (actual, potential or perceived) are identified using a Conflict of Interest Declaration Form. These forms are collated, managed and appropriately filed by the management team.

All identified conflicts of interest are documented on FlowLogic & reports are run to generate a Conflict-of-Interest Register which is reviewed quarterly - Support Coordination Staff are to provide transparency within the organisation and inform how the conflict has been declared and resolved.

Participants are made aware that they choose their support providers. However, there may be occasions where Assist Disability Services Pty Ltd may need to refer a participant to another provider. In this case, after discussions with the participant, a Referral Form will be completed and forwarded to the potential provider.

5.5 Specialist Support Coordination and other services

It is Assist Disability Services Pty Ltd's responsibility to make sure all participants using our service understand the distinction between the provision of specialised support coordination and other reasonable and necessary supports funded under a participant's plan. We will use the language, mode of communication and terms that the participant is most likely to understand.

6.0 Related documents

- Consent to exchange information
- Authority to act as advocate
- NDIS consent form
- Code of Conduct Agreement
- Conflict of Interest Declaration
- Participant Intake Form
- Privacy and Confidentiality Agreement
- Easy Read – Conflict of Interest Form
- Easy Read – Authority to Act as an Advocate
- Easy Read – Participant Information Consent Form

7.0 References

- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Quality Indicators) Guidelines 2020
- NDIS Practice Standards and Quality Indicators 2020

Code of Conduct Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Code Of Conduct Policy

Introduction

ADS is committed to offering its employees an innovative and rewarding work environment that encourages and fosters excellence. These employee conduct guidelines help to guide employees on how to act and clarify how ADS expects directors and employees to perform.

Standards of Personal Behaviour

It is a condition of employment that allied health, behaviour support practitioners, support coordinators and head office staff adhere to high standards of personal behaviour. The standards of personal behaviour expected of all staff include:

- a) acting with honesty and integrity;
- b) abiding by laws and regulations;
- c) treating participants and fellow employees with respect and dignity;
- d) always endeavouring to work as a team to the benefit of participants;
- e) act in the best interest of ADS always;
- f) ensure and maintain punctuality; and
- g) be aware of and comply with the spirit of this Code and applicable policies.

Work ethic

Employees are expected to perform their duties to the maximum of their ability and deliver acceptable objectives to ADS.

Safety

Employees are expected follow health and safety guidelines and procedures and to be aware of, and report, any potential hazards. For more information, see the Work Health and Safety Policy.

Confidentiality

Unauthorised disclosure of ADS information, regarding either ADS or its employees or participants, is prohibited.

Personal conduct

Employees are expected to act in a courteous, respectful manner at all times when dealing with fellow employees, suppliers, contractors, participants and the general public. Employees are expected to adhere to the Uniform Policy and Procedure.

Fair business

Employees are expected to behave honestly and openly and with integrity in their dealings with ADS. Employees must not mislead or defraud fellow employees, participants suppliers, contractors, or ADS in general.

Working environment

All employees have a legal obligation not to discriminate or harass any employee, agent, contract worker, supplier, or visitor. Employees are not permitted to smoke on ADS premises, except in designated smoking areas.

Gifts, conflict of interest and ethical conduct

Other than in the course of routine business, employees must not accept cash, gifts or gratuities from a supplier, agent, participant or contractor for any reason. Employees must not put themselves in a position where their interest's conflict with those of ADS.

Obligation to disclose relevant information

Employees are obliged to inform ADS of any change in their circumstances that may affect their ability to perform their normal duties.

Use of company assets

Employees must not deliberately misuse or damage ADS's property in their possession, care, or custody. Employees must not use ADS's assets, intellectual property, or the services of other employees (including contractors) for private use or gain.

Change

ADS expects employees to remain open minded about change in the workplace and to collaboratively support and embrace new ideas and programs.

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Environment

Employees are responsible for maintaining and protecting the environment. Employees are expected to consider the impact of their actions on the environment and local community, including in relation to the disposal of waste, use and storage of chemicals, and use of natural resources.

Employee assistance program

ADS offers confidential access to counselling for staff. The employee assistance program provides counselling and assistance to help resolve or deal with personal problems and issues which may be affecting their work or home life.

Further information

If you require further information, please speak with your manager or the People and Culture team.

Leave Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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LEAVE POLICY AND PROCEDURE

Scope

This policy applies to all employees of ADS.

Purpose

The purpose of this policy is to provide a fair and reasonable policy and procedure for the granting of paid and unpaid leave. There may be technicalities not dealt with by the policy, particularly in relation to parental leave and adoption leave. For these types of leave, please make inquiry of Human Resources Team as to whether your circumstances permit you to take paid or unpaid leave. It is not intended that ADS be unclear or unfair in relation to these types of leave but to simplify the procedures in relation to each for most staff.

Policy

The policies regarding each type of leave are summarised in the attached table.

Excessive Accruals of Annual Leave

Staff may be asked to take leave if they have an excessive leave accrual. The following table deals with when this may occur. If you are unsure which Award you are employed under, please direct your inquiry to Human Resources Team. As to how much leave you can be directed to take, please also contact Human Resources Team.

Specifically, here are the requirements:

Award	Minimum that will be excessive leave accrual	Shift workers (on-call staff) minimum excessive leave accrual
Social, Community, Home care and Disability Services Award	8 weeks	10 weeks
Cleaning Services Award	8 weeks	10 weeks
Health Professionals & Support Services Award	8 weeks	10 weeks
Nurses Award	10 weeks	12 weeks

Unpaid Leave

If for any reason you have insufficient leave for any requested period of absence, you should discuss the possibility of taking unpaid leave with Human Resources Team. Where ADS has directed you to take leave and you have no paid leave left, you may be required to take unpaid leave.

There is no obligation for ADS to agree to your request for unpaid leave as the needs of ADS and fairness to other employees will also need to be considered, in addition to your own circumstances. Under no circumstances should you fail to attend work or take leave without prior authorisation.

ADS may also discuss the other options available to you in addition to unpaid leave, such as taking leave in advance or flexible working arrangements.

Procedure

The following table is a guide to how the various types of leave will be dealt with procedurally at ADS.

Type of leave	Who is entitled	Eligibility and entitlement	Procedure for requesting	Company requiring employee to take the leave	Termination of employment
Annual Leave	Permanent full time and permanent part time staff (pro rata for the latter).	<p>4 weeks paid annual leave per year which accrues progressively throughout the year according to an employee's ordinary hours of work and is cumulative from year to year.</p> <p>5 weeks paid annual leave per year for shift workers</p>	<p>Must be requested in advance through Flow Logic. The employee's manager will consider and balance the need of the employee and business and operational needs of the workplace in deciding. The employee must have the accrued leave balance required to be taken already before the request is made. One month's notice to the employee's manager of the annual leave is required of an employee. Individual contracts may vary this. ADS will not unreasonably refuse to approve a period of annual leave which has already been authorized.</p>	<p>See the applicable Award for the employee and see the beginning of this policy for guidance.</p>	<p>Employee must receive payment for the balance of his/her/their accrued but untaken annual leave when he/she/they cease(s) employment.</p>
Paid Personal/carer's leave	Permanent full time and permanent part time staff (pro rata for the latter) <i>if they are unfit to work because of personal illness or injury or are required to provide care or support to a member of his/her/their immediate family or</i>	<p>10 days paid personal/carer's leave per year at the base rate of pay or pro rata for permanent part time staff, which accrues progressively throughout the year</p>	<p>Staff member must phone, text or email to their manager and to rosters the nature of the illness or situation as far as possible and the estimated period of absence. They must apply on their first day back in the office for the leave on</p>	<p>Not applicable.</p>	<p>Employee is not paid for unused leave on termination.</p>

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Type of leave	Who is entitled	Eligibility and entitlement	Procedure for requesting	Company requiring employee to take the leave	Termination of employment
	<i>household due to personal illness, injury or an unexpected emergency.</i>	according to the number of ordinary hours the employee works and is cumulative from year to year.	Flow Logic. Personal/carer's leave applied for after this day may not be paid.		
Unpaid Carer's Leave	Permanent full time or permanent part time (both of which categories have used all their paid entitlement) or casual workers to <i>provide care or support to a member of his/her/their immediate family or household due to personal illness, injury or an unexpected emergency.</i>	2 days unpaid leave annually which is not cumulative from year to year. It can be taken as a single continuous period of up to 2 days or in any separate periods to which ADS and the employee agree.	Staff member must phone, text or email to their manager and to rosters and to rosters the nature of the illness or situation as far as possible and the estimated period of absence.	Not applicable.	Employee is not paid for unused leave on termination.
Unpaid Family and Domestic Violence Leave	All employees <i>where they/he/she is/are experiencing family and domestic violence and need(s) to</i>	5 days unpaid leave annually. The 5 days can be	Must be requested by notice to the employee's manager. The message must be conveyed prior to	Not applicable.	Employee is not paid for unused leave on termination.

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<p>ADS will treat requests for unpaid family and domestic violence leave with confidentiality, as far as it is practicable to do so.</p>	<p><i>do something to deal with the impact of family and domestic violence and it is impractical for the employee to do that thing outside the employee's ordinary hours of work.</i></p>	<p>taken together or separately as agreed with ADS.</p>	<p>commencement of the employee's shift and as far as possible state the reason for the absence and the estimated period of absence. An employee may be required to produce evidence to prove they qualify.</p> <p>Such evidence may be, but is not limited to, a document issued by the police, a court or family violence support service or statutory declaration.</p>		
<p>Compassionate and Bereavement Leave</p>	<p>Permanent employees or casual employees who have a person in their immediate family or household that contracts a personal illness that poses a serious threat to his/her/their life or sustains a personal injury that poses a serious threat to his/her/their life or dies. Also available if a child is stillborn where the child would have been a</p>	<p>2 days paid leave <i>per occasion</i> for permanent staff paid at the base rate of pay for the employee's ordinary hours of work. 2 days unpaid leave <i>per occasion</i> for casual staff</p>	<p>Employee must advise their manager of his/her/their inability to attend for work prior to the commencement of his/her/their shift and as far as possible state the reason for the absence and the estimated period of absence. If requested, an employee shall produce appropriate written documentation as evidence to</p>	<p>Not applicable.</p>	<p>Employee is not paid for unused leave on termination.</p>

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	member of the employee's immediate family or a member of the employee's household or where there is a miscarriage by the employee's spouse or de facto partner.		prove his/her/their inability to attend for duty on the leave days.		
Parental Leave and Adoption Leave	Employees (permanent and casual) with at least 12 months <i>regular and systematic service</i> with ADS who have a reasonable expectation of continuing employment on a regular and systematic basis <i>who have a child born or adopted. The child being adopted must be under 16 years of age and mustn't have lived with the employee for 6 months or more or be a child of the employee's spouse or de facto partner.</i>	12 months unpaid leave for each occasion An additional 12 months unpaid leave only on approval by ADS. The period may start up to 6 weeks before the birth of the child and must not start later than the date of birth of the child. No more than 24 months can be taken by both parents as a couple. A maximum of 8 weeks of parental leave may be taken by both parents at the same time in periods of no less than 2 weeks on each occasion.	At least 10 weeks prior to the intended start date of the leave, the employee must provide their manager with written notification of their intention to take the unpaid parental leave, along with a medical certificate stating that they are, or their partner is pregnant and confirming the expected date of birth of the child OR the expected date of placement of the child in the event of adoption. The written notification must specify the intended start and end dates of the leave. At least 4 weeks prior to the intended start date, the employee must also confirm the intended	Not applicable.	Employee is not paid for unused leave on termination.

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			<p>start and end dates of the leave with their manager and advise of any changes to these dates. If the employee is seeking an extension beyond the initial 12 months, they must provide written notification 4 weeks before the end date of the parental leave or adoption leave.</p> <p>ADS will respond to the request for extension not later than 21 days after the date of the request and the request will only be refused on reasonable business grounds.</p>		
Adoption Leave (additional)	Employees with at least 12 months regular and systematic service and who have a reasonable expectation of continuing employment on a regular and systematic basis and who wish to adopt.	2 days of unpaid pre-adoption leave to attend interviews or examinations to obtain approval for the employee's adoption of a child UNLESS the employee could instead take some other form of leave and the company directs the	Written notification of the employee's intention to take unpaid pre-adoption leave is required. It must be given as soon as possible and advise of the period of leave to be taken.	Not applicable.	Employee is not paid for unused leave upon termination.

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		employee to take that other form of leave.			
Flexible Unpaid Parental Leave	Employees (permanent or casual): whether or not they have taken unpaid parental leave; or after taking one or more periods of unpaid parental leave if the total of those periods is no longer than 12 months, less the employee's 30-day flexible period.	Up to 30 days unpaid leave during the 24-month period starting on the date of birth or placement of the child.	Written notice must be given to the employer at least 4 weeks before the day(s) taken OR if that is not practicable as soon as practicable (which may be after the leave has started).	Not applicable.	Employee is not paid for unused leave upon termination.
Community Service Leave	All employees <i>who wish to undertake voluntary emergency management activities or must undertake jury duty.</i>	No payment for emergency management activities leave. For jury duty only, 10 days make up pay for permanent staff, not pro rata for part time staff, each time they are selected for jury duty.	Employees must advise employers of the period or expected period of leave as soon as possible and provide evidence showing they attended jury selection or jury duty. Employee must show employer evidence that they have taken all necessary steps to obtain jury duty pay and the total amount of jury duty pay that has been paid or will be payable to the employee for the period.	Not applicable.	Employee is not paid for unused leave upon termination.
Long Service Leave	All employees who: have been employed for at least 10 years; or	2 months paid leave (8.67 weeks) to be paid at the employee's ordinary gross	Employees must advise in their email of resignation that they are resigning due to illness, incapacity	Not applicable.	Employee is paid for unused leave upon termination at the 10- or 5-year junction but will

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	have been employed at least 5 years with ADS <i>if (1) the employee resigns as a result of illness, incapacity or domestic or other pressing necessity or (2) if the employee was terminated due to any reason other than serious and wilful misconduct or (3) if the employee dies.</i>	weekly wage, to be paid pro rata if the employee is claiming after 5 years.	or domestic or other pressing necessity if they wish to claim long service leave after 5 years employment with ADS.		only accrue the leave until then.
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Special Maternity Leave	All pregnant employees <i>who have a pregnancy related illness or who have a pregnancy that ends within 28 weeks of the expected birth of the child, other than by giving birth to a living child.</i>	Employees can transfer to a safe job if it isn't safe for them to do their usual job because of their pregnancy. They are to be paid the same rate, hours of work and other entitlements they received in their usual job. They can agree on different working hours.	The employee must provide their manager notice of their intention to take this leave as soon as practicable and include a medical certificate.	If she wants to work in the 6 weeks before her due date an employer can ask for a medical certificate within 7 days that states the employee can continue to work and it's safe to do her normal job and if not provided or medical certificate doesn't clear her to work in her usual job, she
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		<p>If no safe job is available, the employee can take no safe job leave. If she is entitled to unpaid parental leave, no safe job leave is a paid entitlement.</p> <p>Permanent staff are to be paid for no safe job leave at the base rate of pay for ordinary hours of work. A casual is to be paid the base rate of pay (not including the casual loading) for the average hours they would have worked in the period they are on leave.</p> <p>Employees that are not entitled to unpaid parental leave can take unpaid no safe job leave.</p>		<p>can be directed to take unpaid parental leave.</p> <p>If the employee planned to take unpaid parental leave later after the birth, the period of directed leave doesn't have to be taken in a continuous period with the other parental leave.</p>	
Public Holiday Leave	All permanent employees who normally work on the day a public holiday falls.	All employees have a right to be absent on the day or part	If staff feel they should have been paid for a public holiday they must request a review through the pay	Not applicable. In addition, staff cannot be directed to work on a public holiday.	Employees will be paid for public holidays to which they are entitled on termination

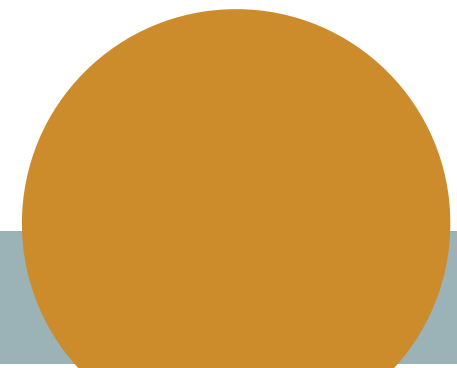
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		<p>day that a public holiday falls.</p> <p>Permanent employees are to be paid their base pay rate for the ordinary hours they would have worked if they had not been away. The base pay rate doesn't include commissions, bonuses, loadings, monetary allowances, overtime or penalty rates.</p> <p>If a public holiday falls within an employee's period of annual leave or sick leave, they are paid for the public holiday to the extent that they are entitled, not for annual leave or sick leave.</p>	<p>query procedure applicable to those staff.</p>		<p>only if they have an outstanding pay query in relation to it.</p>
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Definitions

****Immediate family**** means a spouse, former spouse, de facto partner, former de facto partner, child, parent, grandparent, grandchild or sibling of the employee; or a child, parent, grandparent, grandchild or sibling of the spouse, de facto partner or former de facto partner of the employee

****Family and domestic violence**** means violent, threatening or other abusive behaviour by a close relative of the employee that seeks to coerce or control the employee and causes them harm or fear. "Close relative" is a person of their "immediate family" as defined above and those related to the employee according to Aboriginal or Torres Strait Islander kinship rules.

*****Reasonable business grounds**** include:

- The effect on the workplace and business of approving the request, including the financial impact and the impact on efficiency, productivity and customer service;
- The capacity to organise work among existing staff;
- The capacity to recruit a replacement employee or the practicality of the arrangements that need to be put in place to accommodate the request.

******Make up pay**** means the difference between the jury duty payment excluding any expense related allowances from the court and what the employee would be paid as base rate of pay for those 10 days.

Mandatory Reporting Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Mandatory Reporting of Child Abuse & Neglect

Purpose

All workers involved with ADS have a duty of care to the children and young people linked to our facilities, activities, and programs. All workers/staff and management staff are mandatory reporters.

NOTE: For NDIS participants (child and adult) notify as a reportable incident to the NDIS Quality and Safeguards Commission (NDIS Commission).

Contact the Safeguarding and Response Team on 0409 030 349.

Refer to Incident Management, including Reportable Incidents Policy and Procedure.

Policy Statement

We strive to work in partnership with our parents and community members to keep the children safe. We have zero tolerance of child abuse. When needed, responding to child wellbeing and child protection is the business of every single staff member/worker.

We meet our legal requirement to report allegations of abuse and neglect against a child or young person to the Department of Community and Justice (DCJ) in NSW and Department of Child Safety, Seniors, and Disability Services QLD. All employees have a Criminal Record Check, Working with Children check, and NDIS worker screening check completed before starting with ADS. ADS has a zero tolerance on breaches of this legal requirement.

Definitions

Term	Definition
Child	A child is defined a child as a person who is under the age of 16 years.
Mandatory Reporter	A person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children’s services, residential services, or law enforcement, wholly or partly, to children. This also includes managers of these services.
Significant Risk of Harm (ROSH)	What is meant by “significant” in the phrase “to a significant extent” is that which is sufficiently serious to warrant a response by a statutory authority, irrespective of a family’s consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child’s or young person’s safety, welfare, or wellbeing.
Young Person	A young person is a person who is aged 16 years or above but who is under the age of 18 years

Procedure

Consultation within ADS

At ADS we support each worker to share the decision making and to ensure that both the strengths and risk of a family and the child of the family is appropriately assessed so decision about the best way forward for the child is made.

Look for support and advice from experienced managers, to determine risk factors, decide what to raise with the family (if appropriate) and consider any safety concerns for the children and your own safety.

If you are worried about a child or a young person, need help with the Mandatory Reporter Guide, speaking with child safety service, need assistance using Chapter 16A, or just want to discuss a situation, you can contact:

- Your Line Manager
- Operations Manager
- Managing Director

If you believe a child is in immediate danger, call the Police on 000 and advise your manager once it is safe to do so.

REPORTING SUMMARY - ALL STATES



Get Sufficient Information and Document

Get essential details:

- child or young person's details (name, address, DOB, details of siblings)
- incident details (date, type of risk, person's causing or contributing to harm)
- impact of the incident on the child or young person
- network of support around the young person

You can get this information if you:

- engage with the child or young person and related services will enable you to quickly and easily view and connect with other professionals
- exchange information with other prescribed bodies working with the child or young person and their family. Refer to Right to Privacy and Safety of a Child (Chapter 16A of the Care Act) below.

Write it like it is:

Avoid jargon and judgements. For example, 'The child was exposed to incidents of domestic violence between her parents' versus 'Sophie said she saw her dad hit her mum with his fist and she heard her mum crying afterwards'.

Mandatory reporters: How to make a child protection report

There are two ways you as a mandatory reporter can make a child protection report in NSW:

1. By eReport through the [ChildStory Reporter website](#).
2. By calling the Child Protection Helpline on [132 111](#).

To make a mandatory report in Queensland:

1. Call and make a report via the Regional Intake Service <https://www.dcssds.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres/regional-intake-services>
2. Follow the below Child Protection Guide <https://secure.communities.qld.gov.au/cpguide/engine.aspx>

Mandatory reporters must make a report as soon as practicable if, in carrying out their duties, they form a belief on reasonable grounds that a child or young person is in need of protection, as a result of physical injury or sexual abuse, and the child's parents are unable or unwilling to protect the child.

CHILD PROTECTION CONTACTS




Mandatory Reporter Guide (MRG) <https://reporter.childstory.nsw.gov.au/s/>

How to Guides

<https://reporter.childstory.nsw.gov.au/s/topic/0TO28000000emyGAA/how-to-guides>

Guide to Selecting a Decision Tree

The MRG is a quick and simple tool to assist workers in their decision making about child abuse and neglect concerns.

<p>https://reporter.childstory.nsw.gov.au/s/article/Guide-To-Selecting-A-Decision-Tree</p>	<p>Mandatory reporters in NSW should use the Mandatory Reporter Guide (MRG) if they have concerns that a child or young person is at risk of being neglected or physically, sexually, or emotionally abused.</p>												
<p>NSW Child Protection Helpline- 132 111 http://www.community.nsw.gov.au/preventing-child-abuse-and-neglect/protecting-children</p> <div data-bbox="272 1016 820 1240" style="border: 1px solid #add8e6; padding: 5px;"> <table> <tr> <td></td> <td>Domestic Violence Line</td> <td>1800 656 463</td> </tr> <tr> <td></td> <td>Link2home Homelessness</td> <td>1800 152 152</td> </tr> <tr> <td></td> <td>Link2Home Veterans and Ex-Service</td> <td>1800 326 989</td> </tr> <tr> <td></td> <td>Child Protection Helpline</td> <td>13 2111</td> </tr> </table> </div>		Domestic Violence Line	1800 656 463		Link2home Homelessness	1800 152 152		Link2Home Veterans and Ex-Service	1800 326 989		Child Protection Helpline	13 2111	<p>The Child Protection Helpline is a 24 hours a day, 7 days a week, state-wide call centre staffed by professionally qualified caseworkers to receive and screen risk of significant harm reports.</p>
	Domestic Violence Line	1800 656 463											
	Link2home Homelessness	1800 152 152											
	Link2Home Veterans and Ex-Service	1800 326 989											
	Child Protection Helpline	13 2111											

<p>NSW Family Referral Service (FRS)</p> <p>Area based:</p> <p>http://www.familyreferralservice.com.au/</p>	<p>Family Referral Services (FRS) are intended to assist children, young people, and families who do not meet the statutory threshold for child protection intervention but would benefit from accessing specific services to address current problems, prevent escalation, and foster a protective and nurturing environment.</p>
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<p>QLD Regional Intake Service https://www.dcssds.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres/regional-intake-services https://www.dcssds.qld.gov.au/our-work/child-safety/protecting-children/report-child-abuse</p>	<p>QLD Regional Intake Service are trained to deal with mandatory reports across QLD.</p>
<p>QLD Child Protection Guide https://secure.communities.qld.gov.au/cpguide/engine.aspx</p>	<p>The QLD Child protection guide can assist providers in making decisions around reporting. Follow the prompts per the website.</p>

Mandatory Reporting - the Law

All staff /worker at ADS are mandated to report to Department of Communities and Justices (NSW) and/or Department of Child Safety, Seniors and Disability Services Queensland if they have current concerns about the safety or welfare of a child. This is in relation to:

- section 23 of the NSW Children and Young Persons (Care and Protection) Act 1998 & in relation to
- The Child Protection Act 1999 for QLD.

A child or young person:

is at risk of significant harm if current concerns exist for the safety, welfare or wellbeing of the child or young person because of the presence, *to a significant extent*, of:

- basic physical or psychological needs are not being met or at risk of not being met
- not receiving necessary medical care
- not receiving an education in accordance with the *Education Act 1990*
- physical or sexual abuse or ill-treatment
- serious physical or psychological harm because of living in a household where there have been incidents of domestic violence
- serious psychological harm
- the child was the subject of a prenatal report under section 25 and the birth mother did not engage successfully with support services to eliminate, or minimise to the lowest level reasonably practical the risk factors that gave rise to that report

Right to Privacy versus Safety of a Child

Workers must always put the safety of children above confidentiality and privacy because child protection always comes first. Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* prioritises the safety, welfare, and wellbeing of a child or young person over an individual's right to privacy.

This allows organisations who are prescribed bodies to:

- exchange information that relates to a child's or young person's safety, welfare, or wellbeing. This is whether the child or young person is known to the Department of Communities and Justice, and whether the person to whom the information relates give consents to the information exchange and
- take reasonable steps to coordinate decision making and the delivery of services regarding children and young people.

Talking to Families about Your Concerns

Talking to families about child protection and child wellbeing concerns provides an opportunity for workers to gain insight into the family's views on the situation and assess the risk to the child. However, concerns should not be discussed with the family if it will lead to an increased risk for children, adults, the worker, or any other person.

Appendices

Appendix A – The Context of abuse

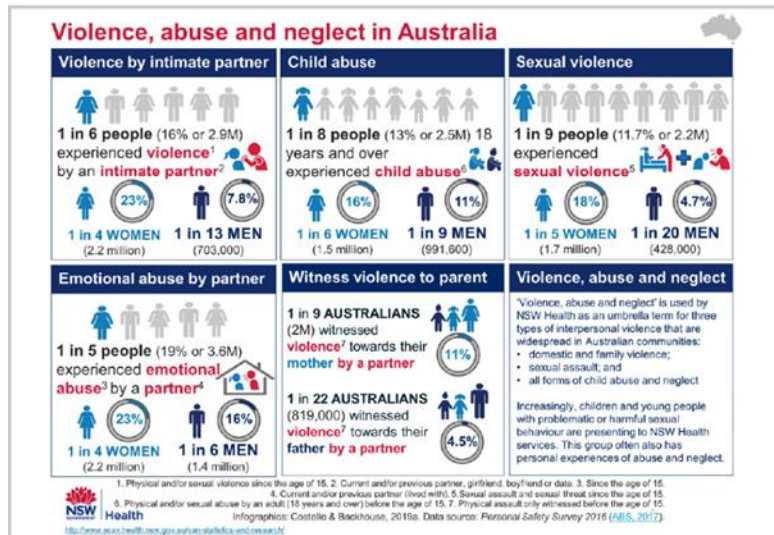
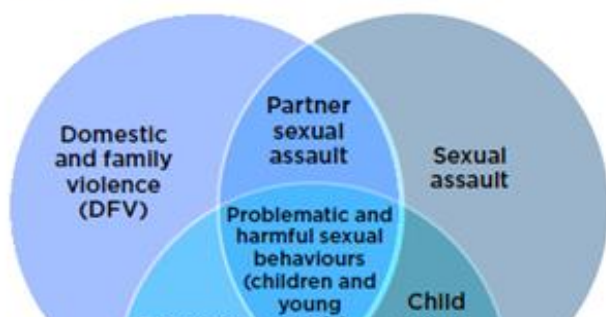


Figure 9: Co-occurrence of violence, abuse and neglect



Appendix B – The Impacts of abuse

Appendix C Situation/Case Study

Andrew attended appointment today. He requested to speak with me about a 'personal matter'. Andrew said that Indianna (3) had returned from a visit with her mum (Andrew's ex-partner, Renee) on Sunday night at about 7pm. Andrew said that he had given Indianna a bath at about 7:30pm and had noticed a bruise on her shoulder.

Andrew said that he had asked Indianna "What happened". Andrew reported that Indianna had said "Mum hit me". Andrew stated that he had asked Indianna "How did mum hit you" and she had said "She hit me with a belt, the buckle end". Andrew said that he did not speak to Indianna anymore about the incident but finished giving her a bath and put her to bed. Andrew told me he felt angry about what had happened and was worried that Renee might be drinking again.

I spoke with Andrew about the incident, completed the Mandatory Reporter Guide and discussed the needs to make a report to DCJ because of Indianna's disclosure and the family's history with DCJ. Andrew said he was happy to make the report but requested my presence while making report because he said talking to DCJ "made him nervous". I and Andrew made a joint report to DJC on speaker phone. The DCJ report was made at 13:20, reference 1-JK56P. I recorded this as an incident and in my case notes.

Appendix D Example of Decision Tree (MRG)

Decision Tree	Use this when:
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Physical Abuse	<ul style="list-style-type: none"> You suspect a non-accidental injury or physical harm to a child/young person that may have been caused by a parent/carer or other adult household member. You know of treatment of a child/young person by a parent/carer or other adult household member that may have caused or is likely to cause an injury or physical harm. Child/young person was injured, or nearly injured, during a domestic violence incident involving adults. <p>NOTE: If any of the above are true, but the person causing physical harm or injury is a child living in the home, the decision to report should be guided by whether the incident was due to neglect: supervision. Please refer to that decision tree.</p> <ul style="list-style-type: none"> If a child was injured by a non-household member, the issue may be a police matter. Female genital mutilation is an injury likely to be caused by a non-household member and should be reported to both the Child Protection Helpline and NSW Police.
Neglect	<ul style="list-style-type: none"> You suspect that a parent/carer is not adequately meeting child/young person needs. A child/young person appears neglected. A child/young person is a danger to self or others and parents/carers are not supervising or providing care. For example - not adequately meeting child/young person's needs, such as: supervision, shelter, medical care, hygiene/clothing, mental health care, schooling/education, poor nutrition, or other basic needs. <p>NOTE: For concerns related to shelter, use this tree for a young person who can make an informed decision around placement. Use 'Relinquishing Care' if young person is unable to make an informed decision and for children whose parent/carer is refusing to provide shelter.</p>
Sexual Abuse	<ul style="list-style-type: none"> You learn about sexual abuse or have concerns about sexual contact involving a child/young person. A child/young person has medical findings that give rise to suspicions of sexual abuse. A child/young person's behaviour, including sexualised behaviour, makes you worry that he/she may be a victim of sexual abuse. You are concerned that a child/young person is at risk of sexual abuse. You are concerned/worried that a child or young person may be sexually harming another child or young person.
Psychological Harm	<ul style="list-style-type: none"> A child/young person appears to be experiencing psychological/emotional distress that is a result of parent/carer behaviour such as domestic violence, carer's mental health, carer's substance abuse.

	<ul style="list-style-type: none"> • A child/young person is a danger to self or others because of parent/carer behaviour. • You are aware of parent/carer behaviours, including domestic violence that are likely to result in significant psychological harm. • You are aware of an underage marriage or similar union that has occurred or is being planned (see Glossary for definition of underage marriage). <p>NOTE: When a child/young person exhibits emotional or psychological distress, including being a danger to self or others, but the reporter lacks information on whether parent/carer behaviour had contributed to this behaviour, the Child/Young Person is a Danger to Self or Others, Neglect: Supervision or Neglect: Mental Health Care decision trees may be more appropriate.</p>
<p>Child/Young Person is a Danger to Self and/or Others</p>	<ul style="list-style-type: none"> • A child/young person is demonstrating suicidal or self-harming behaviours. • A child/young person is a danger to self or others and the reporter does not know whether the parent/carer behaviours contributed now or in the past. For example, parent/carer allows the child/young person to consume/use or has provided the child/young person with alcohol or drugs. <p>NOTE: If you are aware that parent/carer actions or inactions contributed to this behaviour consider the Psychological Harm decision tree or the Neglect: Supervision or Neglect: Mental Health Care decision trees.</p>
<p>Relinquishing Care</p>	<ul style="list-style-type: none"> • Parent/carer states they will not or cannot continue to provide care for child under the age of 16; or a young person over 16 and he/she is unable to make an informed decision (temporarily or permanently). • If the young person is 16 years old or over and able to make informed decisions, please refer to the 'Physical Shelter' tree. • Child/young person is in voluntary care for longer than legislation allows. • Exclude appropriate care arrangements with other parents, relatives or kin (see Glossary - Informal Care Arrangements)
<p>Carer Concern</p>	<ul style="list-style-type: none"> • You have information that the child/young person is significantly affected by carer concerns such as substance abuse, mental health, or domestic violence. <p>NOTE: If the child/young person has already experienced abuse or neglect, use the relevant abuse/neglect decision tree first. If a report to the Child Protection Helpline is not indicated using those decision trees, you may consider a Carer Concern decision tree.</p>

Unborn Child	<ul style="list-style-type: none">• You are concerned for the welfare of an unborn child at birth. <p>NOTE: Reports related to an unborn child are not mandatory but mandatory reporters should consider the benefits for the parent/s and unborn child in making a report. A report can enable FACS and other agencies to work collaboratively with the parent/s to access support services. Furthermore, a report can enable FACS to prepare for statutory intervention when the child is born. Where FACS has received a ROSH report about an unborn child, a parent responsibility contract can be used to support expectant parents to address issues so the child is safe when born.</p> <p>NOTE: Where you are concerned about a child who has just been born and due to lack of information none of the other decision trees apply, use this tree to identify your concerns such as inadequate preparation for the birth.</p>
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Uniform Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Uniform Policy and Procedure

Commencement of Policy

This Policy will commence from 13/1/2023. It replaces all other policies of ADS relating to uniform policy (whether written or not).

Scope

ADS Uniform Policy applies to employees dealing directly with participants and employees working at head office and not dealing directly with participants. In some cases, staff may fall under both of these and will have to apply the principles depending on their location and whether they have direct access to participants.

Purpose

ADS Uniform Policy outlines how employees are expected to dress at work, to provide a consistent professional appearance. Employees should be aware that their appearance reflects our company and its culture in front of customers, clients and other parties.

The object of this Uniform Policy is to ensure that we maintain a positive appearance and not to offend others in the course of our dealings. It is important for employees to note that the proposed Uniform Policy does not intend, and is not designed to discriminate against individuals on the grounds of race, sex, gender identity, age, disability, sexual orientation, or some personal circumstance e.g. pregnancy or illness.

Policy

The Uniform Policy of ADS will vary for staff according whether they are to see a participant during their working day. If they expect to see a participant during their working day, they are to wear the uniform provided by ADS. However, if they expect to work in the head office and not see a participant during the working day, the staff member should wear smart casual wear to the office.

In relation to all types of workwear and personal appearance:

- (a) All clothes should be clean, ironed, and well-groomed, which project professionalism.
- (b) All clothes should be appropriate for work.

- (c) Clothing and grooming styles dictated by religion or ethnicity are exempt.
- (d) Staff must observe exceptional personal hygiene at all times.
- (e) Unless approved by management, the visibility of tattoos and facial piercings should be kept to a minimum or covered where practical.

The attires to avoid that do not conform to the business Uniform Policy include, but are not limited to clothing:

- (f) That is too revealing, inappropriate or excessive;
- (g) With rips, tears or holes;
- (h) For workout and outdoor activities;
- (i) That makes noise like thongs;
- (j) That are uncomfortable and make it difficult to work; or
- (k) With words, stamps or pictures that are offensive and/or inappropriate.

Procedure

ADS reserves the right to vary the Uniform Policy. Accommodations will be made for special cases at the discretion of ADS. For example, employees may be required to wear semi-formal attire to an event or employees may have the option of wearing casual clothing on a casual dress day where the employee is not meeting with external parties.

Religious and cultural customs will be taken into consideration, as will comfort for varying physical and personal situations when exempting an employee from the Uniform Policy.

When an employee disregards or violates the Uniform Policy, management should inform the employee of their breach. Employees in violation of the Uniform Policy are expected to correct the issue as soon as reasonably practicable. Repeated violations of the Uniform Policy may result in disciplinary action being taken.

Related Policies

- Work Health and Safety Policy
- Code of Conduct
- Performance Management and Annual Reviews Policy and Procedure
- Disciplinary Policy and Procedure
- Grievance Handling Policy and Procedure

ASSiST



105/30 Campbell St
Blacktown
NSW 2148

Working From Home Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Working From Home Policy

Purpose

ADS understands that employees may wish to work from home. ADS may also wish to direct employees to work from home from time to time.

This policy sets out the basis for working from home arrangements and may be amended or withdrawn by us at our discretion. It does not form part of your contract of employment.

Scope

This policy applies to all employees of ADS (addressed as “you” and “your”).

You may request partial or full-time remote working arrangements under this policy, including ad-hoc or ongoing arrangements.

Policy

You do not have an entitlement to a home working arrangement.

It is important to understand that working from home is not an entitlement or contractual right. Whether or not we will permit you to work at home is at our absolute discretion.

Generally, home working arrangements will be ad-hoc or of limited duration. They may be on a part-time or full-time basis and may also incorporate other flexibilities as agreed with us.

Even if we agree you can work from home, we may require you to attend the workplace from time to time.

Your role and working from home

You are encouraged to be realistic about your proposed home working arrangement. You should think about your personal needs but recognise that while the arrangement suits you, it also needs to suit the needs of your colleagues and our business. If you wish to incorporate additional flexibilities in your home working arrangements, you should include those details in your application.

In exercising our discretion regarding your home working arrangement, we will consider a range of factors, including:

- a) your needs and proposed solutions (including additional flexibilities);

- b) whether your role is a stand-alone role and, if so, whether it can be carried out effectively from your home location;
- c) whether your role is a supervisory role, and whether it entails a high frequency of delegation and supervision and whether this can be achieved from your home location;
- d) how much attendance in the office is necessary for the proper performance of your job;
- e) the potential that the revenue responsibility of your role (or that of colleagues) will be adversely impacted by home working;
- f) whether you require close in person supervision or whether this can be achieved remotely (or, a combination of both);
- g) whether the ratio of homeworkers to office workers in your work group or department is appropriate;
- h) whether you have an adequate workspace and a suitable work environment at your home location;
- i) whether the working from home arrangement is healthy and safe as required by legislation and our policies;
- j) whether your colleagues' workflow will need to change to enable you to work from home and whether this is appropriate;
- k) whether the main functions of the role can be carried out effectively from home from a logistical point of view, particularly in relation to administrative support roles;
- l) whether there are costs implications and, if so, whether the costs outweigh the benefits to us;
- m) whether the home working arrangement will adversely impact your work team and your work team's or ADS's performance;
- n) whether your work can be performed to the standard required by us, including quality, quantity and timeliness;
- o) whether you can ensure security of our equipment or property (if we provide you with any);
- p) whether you can guarantee confidentiality of our and our clients' information or data;
- q) whether your household/home insurance policy or any other relevant provision permits you to work from home;
- r) whether your work history demonstrates (and continues to demonstrate) that you are self-motivated, can work independently and manage your time effectively and that you can deal effectively with your colleagues and managers while working from home; or
- s) any other factor that we may view as being relevant to the suitability of the home working arrangement.

Home working must be safe

As your employer, we are required by legislation to take reasonable steps to ensure that your workplace is healthy and safe, including when you are working from home.

You will not be permitted to work from home if there is a risk that your working environment is not healthy and safe or fails to be healthy and safe at any time.

As part of the approval process, you must provide us with a completed Working From Home Safety Checklist which demonstrates to us your proposed home working arrangement is healthy and safe. Please request this from the HR team when required.

If your home working arrangement commences (on a temporary or ongoing basis), you will also need to revise the Working From Home Safety Checklist on an ongoing basis (ie, if there are any changes to risks) and as required by us and immediately inform us if there are any changes to your approved home working arrangements or there are risks to your health and safety.

We may ask you to complete other documents and direct you to take certain actions. You must comply with all our directions and must complete and promptly complete and return to us all required documentation.

As our employee, you also have duties under legislation regarding your own and others' safety in your home workplace. We expect you to undertake ongoing monitoring and review of your home working environment for potential health and safety hazards to you or other persons, address them (if possible) and immediately report any issues to your line manager. If you fail to do this, you may be subject to disciplinary action, up to and including dismissal.

Requesting a home working arrangement

If you wish to request a home working arrangement, you must take the following steps and any other steps we may require:

- a) Review this policy and consider whether your proposed home working arrangement will comply with all requirements, including those set out in paragraphs 4 (Your role and working from home), 5 (Home working must be safe) and 9 (Guidelines for home working).
- b) Discuss your proposed home working arrangement with your line manager.
- c) If your line manager confirms that the proposed home working arrangement may be suitable, then you must provide your manager with your completed Working From Home Safety Checklist.

Approving a home working arrangement

We will consider your request and let you know in writing if you are approved to work from home.

If approved, your home working arrangement may be subject to certain conditions at our discretion, and we may suggest a different arrangement to that proposed by you.

For example, you may need to:

- a) complete an initial trial period;
- b) sign a home working agreement which will set out details such as the duration of the arrangement, the length of the trial period, what times/hours/days will be worked at home and how the arrangement may be withdrawn or changed by us or you; and
- c) take other steps as advised by us.

Reviewing home working arrangements

Home working arrangements are subject to regular reviews and may be varied or withdrawn at any time (with or without a review) at our discretion, including in response to any changed circumstances. If:

- a) you fail to comply with ADS's policies and procedures (including this policy) or your contract of employment;
- b) there are health and safety risks to you or other persons which cannot be addressed;
- c) you are not meeting deliverables or other commitments; or
- d) your working from home arrangement is adversely affecting your work team or ADS, then it is more likely that the home working arrangement will be withdrawn or changed by us.

Guidelines for home working

Changes to your home working location

If your workspace or your home working location changes, you must immediately notify us in writing.

A minimum of four weeks' notice of change of address must be provided unless we agree otherwise. If you fail to do this, your home working arrangement may immediately cease at our discretion.

Office attendance

You must attend, or work from, the office from time to time for the following purposes:

- a) attending meetings, briefings or training and during key points of a business cycle;
- b) to deputise for absent colleagues; or
- c) in other relevant circumstances including as advised by us.
- d) You may also be required to attend the office or other location at any time at our discretion.

Equipment

We will not provide you with computer equipment (additional to that used at our premises), furniture, dedicated telephone line for use at home or internet connection or any other furniture or equipment, unless you are unable to work on our premises for an extended period due to circumstances caused by us.

We will reimburse you for all telecommunication and postage costs provided relevant itemised telephone bills and receipts for postal expenses are submitted in accordance with our Expenses Policy and Procedure. Please note that you must identify business calls on itemised bills before submitting them.

Your workspace

When working from home, you must have a secure room in which you will work, preferably dedicated to work purposes.

Your general liability

As an owner or occupier of your home, you remain responsible for ensuring:

- a) the safety of any persons at your premises, including visitors and household members, particularly children; and
- b) that the general fabric of the home and its fixtures and fittings, including in any area in which you work, is maintained in a safe and functional state for performance of work — eg electrical sockets and other parts of your domestic electric system, are your responsibility.

Confidentiality, data protection and use of our IT systems

You must comply with all duties and obligations regarding confidentiality, privacy, data protection and use of our IT systems and network as set out under your contract of employment and relevant policies, including Communications Policy and Procedure and Privacy Policy and Procedure.

You must keep business-related resources, equipment or information to which you have access safe and secure.

You must take reasonable steps to restrict the access of all persons to work equipment, materials, documents, confidential information and other Company and client data in order to:

- a) avoid damage or loss; and
- b) maintain business confidentiality.

You must ensure that all confidential material requiring disposal is shredded or, in the case of electronic material, securely destroyed as soon as any need for its retention has passed or as directed by us. You must take reasonable care of work-related information and our property when travelling to or from home.

Health and safety risk assessments

We have obligations under work health and safety legislation which requires us to perform a risk assessment of your work activities, including when you are working at home.

The purpose of completing a risk assessment regarding your home working arrangement is to identify the hazards relating to your work activities and to decide whether enough steps have been taken to prevent harm to your or anyone else who may be affected by this arrangement.

Risk assessments of your home working environment may be carried out as a self-assessment by the homeworker, including by completing the Working From Home Safety Checklist.

All risk assessment findings will be recorded and reviewed as appropriate. You may be required to take corrective actions.

If an accident occurs, you contract an illness or sustain an injury, you identify a potential health and safety hazard or there is a change to the Working From Home Safety Checklist, you must immediately notify your line manager.

For further health and safety information, see our Work Health and Safety Policy.

Communication and meetings

To minimise your potential isolation and to allow for proper supervision and management, line managers will, where appropriate, involve you in regular meetings or consultations. You must attend such meetings. If you cannot attend a scheduled meeting for good reason, you must notify the person organising the meeting in advance of this fact.

In addition to regular meetings, line managers will ensure that regular contact is made between you and your colleagues.

You must be contactable, within reason, during the agreed hours of work. Contact outside these hours will only be made in cases of an emergency.

Training

Training will take place as appropriate and required.

You must participate in any departmental or general training sessions.

Monitoring and reviewing of your flexible working arrangement

If agreed, your home working arrangement may be reviewed by us on a regular basis.

It is expected that you will actively participate in all reviews and that you will be willing to facilitate changes as required or agreed with us.

If we decide your home working arrangement is not operating effectively, we may decide to withdraw it or amend it at our discretion.

Changes to this policy

This policy may be amended or withdrawn by us at our discretion and does not form part of your contract of employment.

Conflict of Interest Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Conflict of Interest Policy for Assist Disability Services

Overview

Every employee owes a duty of loyalty to the employer. This duty arises from the employee's employment contract. Employees of Assist Disability Services must not act in a manner contrary to the interests of Assist Disability Services. Where there is a conflict between an employee's personal interests or the interests of Assist Disability Services, the latter must prevail.

Purpose

This policy provides guidance on the management of conflicts of interest in relation to employees and contracted staff of Assist Disability Services and its subsidiaries.

Application

This policy applies to all employees. For the purpose of this policy, an "employee" includes:

- (a) permanent employees (including full time and part time);
- (b) fixed-term employees;
- (c) casual employees; temporary agency staff; and
- (d) contractors, engaged by Assist Disability Services and its subsidiaries.

What is a conflict of interest?

- (a) A conflict of interest arises where the interests of employees are different to, and conflict with, the interests of Assist Disability Services. A conflict of interest exists when it is likely that an employee could be influenced, or could be perceived to be influenced, by a personal interest in carrying out the duties as an employee of Assist Disability Services.
- (b) For the purposes of this policy, a reference to a "conflict of interest" includes:
 - (i) actual conflicts of interest;
 - (ii) potential conflicts of interest; and
 - (iii) situations that may give rise to an appearance of conflicts of interest.
- (c) Conflicts may not necessarily be personal to employees. Conflicts of interest may arise where the interests of family, friends or close personal or business associates or business partners of employee's conflict with those of Assist Disability Services.

What are some examples of situations where conflict of interest may exist?

5. 1. Conflicts of interest arise in a variety of circumstances

- (a) Because a conflict of interest can arise in a wide variety of circumstances, it is not possible to detail every situation that may lead to a conflict of interest.
- (b) However, some examples of actual or potential conflict situations are set out below.

5. 2. Personal interest in third parties

- (c) A conflict may arise where an employee has a personal interest in a third party which has a business relationship with Assist Disability Services. For example, an organisation that:
 - (d) conducts business with, or seeks business from, Assist Disability Services;
 - (e) Assist Disability Services seeks business from; or
 - (f) competes with Assist Disability Services.
- (g) An employee will have a personal interest in a third party if the employee, or one of the employee's associates, is a director or shareholder of the third party.

5.3. Positions outside of Assist Disability Services

In some cases, a conflict will arise where an employee has another paid or unpaid position outside of Assist Disability Services. This does not necessarily mean that such outside positions are prohibited, however employees must notify Assist Disability Services of any such position before it is accepted, so that an assessment can be made of whether a conflict exists and, if so, how to manage it.

5.4. Employee and contractor referrals

An employee who introduces an associate to Assist Disability Services as a potential employee must not be involved in the selection process. Assist Disability Services should be informed of the situation, so that an assessment can be made of whether a conflict exists and, if so, how to manage it.

5.5. Procurement and business dealings

An employee who uses the employee's position at Assist Disability Services to do business with a third party with which the employee, or the employee's associate, has an interest, may have a conflict. Assist Disability Services should be informed of.

5.6. Accepting gifts and benefits

- (a) An employee who receives more than a token gift or benefit (including meals, hospitality, accommodation or travel, among other things) from a third party in connection with the employee's duties for Assist Disability Services may have a conflict. Assist Disability Services should be informed, so that an assessment can be made of whether a conflict exists and, if so, how to manage it.

- (b) For the purpose of this policy, a gift or benefit will be regarded as being more than token if its value is more than \$100.

Roles and responsibilities

6. 1. Considering and avoiding conflicts of interest

- (a) Each employee is responsible for ensuring that, in all of the employee's activities, the employee considers whether an actual or potential conflict of interest arises.
- (b) Employees must take all reasonable measures to avoid conflict of interest situations arising.

6.2. Reporting conflicts of interest

In some circumstances, it may not be possible to avoid a conflict-of-interest situation. There may be circumstances in which there is a reasonable basis on which to believe that a conflict-of-interest situation may arise, or in which there may be the appearance of a conflict-of-interest situation. In each of these circumstances, an employee must immediately disclose the conflict to Assist Disability Services by:

- (c) emailing the details of the conflict to Human Resources (hr@therapycare.com.au); and
- (d) copying the employee's manager on the email.

6. 3. Reporting changes in conflicts of interest

- (a) Where a conflict-of-interest situation changes, an employee must immediately disclose the change by way of:
 - (i) emailing the details of the conflict to Human Resources (hr@therapycare.com.au); and
 - (ii) copying the employee's manager on the email.
- (b) Where there is any doubt as to whether a conflict may exist, employees should seek guidance from their managers and, if necessary, approval from Assist Disability Services, before engaging in the activity that may constitute a conflict of interest.

How will conflict of interest situations be handled?

- (a) Conflict of interest situations will be dealt with by Assist Disability Services on a case-by-case basis.
- (b) The human resources department of Assist Disability Services will maintain a confidential register of potential conflicts of interest that have been disclosed to Assist Disability Services.

- (c) In many cases, Assist Disability Services may not require anything to be done after the interest is disclosed. However, in some cases Assist Disability Services may find it necessary to direct the employee to take actions. Actions may include undertaking alternative duties, disposing of the interest, or both.

A breach of the policy

Failure to comply with the obligation to disclose actual or potential conflicts of interest may lead to disciplinary action being taken by Assist Disability Services, including warnings, termination of employment, or both. This action is in accordance with the Disciplinary Policy and Procedure.

Further information

If you require additional information in relation to this policy, or you have any suggestions for improvement to this policy, please contact Human Resources Team (hr@therapycare.com.au)

Weel Pay Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Weelpay Policy and Procedure

Purpose

- 1.1 The ADS Corporate Debit Card provided through WEEL (previously known as Divipay; also known as ADS Corporate Debit Card) is an alternative purchasing and payment system which simplifies clerical processes, provides more effective cash management, and enhances service delivery. The system is specifically designed for, but not restricted to, internal corporate expense management.
- 1.2 This policy sets out the principles and responsibilities for obtaining and using a ADS Corporate Debit Card.
- 1.3 ADS has adopted standards and processes that will ensure its debit card system achieves the stated objectives while allowing ADS to remain diligent in ensuring all related expenditure is legitimate.
- 1.4 The benefits to using a ADS Corporate Debit Card include:
 - a. For ADS and employees:
 - i. Less paperwork;
 - ii. Faster receipt of goods and services;
 - iii. Increased flexibility for staff;
 - iv. Reduced need for staff to incur minor business expenditure using their own funds;
 - v. Reduced purchase processing costs from a reduction in requisitions, orders, invoices, cheques and petty cash;
 - vii. Prompt recording of financial transactions; and/or
 - viii. Improved purchasing and management information capacity.
 - b. For supplies
 - i. Prompt payment;
 - ii. Improved cash flow; and/or
 - iii. Reduced invoicing and collection costs.
- 1.5 The ADS Corporate Debit Card system has two main components:
 - a. WEEL provided on the staff member's work phone or personal mobile (WEEL phone app); and
 - b. Expense management system used by debit card holders (staff) and the Finance business unit for accounting purposes and control of debit card data.

Scope

- 1.6 This policy applies to all full time, part-time and casual staff that have access to a WEELCARD for expenses of participants of the National Disability Insurance Scheme.
- 1.7 This policy also applies to all full time, part-time and casual staff that work in the service management area that have access to a WEELCARD for work-related expenses.

Policy Statement

1.8 Eligibility

ADS may issue a corporate debit card to a staff member who:

- a. occupies a position that has a regular and demonstrated need to purchase goods/services within their department, whether for participants or for the business;
- b. is willing to abide by the terms and conditions of use as stated by WEELCARD and comply with relevant ADS policies and procedures (including this policy).

1.9 Debit Limits

Debit limits on corporate debit cards, and any amended debit limit, will depend on the anticipated monthly expenditure required by the staff member's position, the expenditure needs of the business unit in question and the existing debit limits across each business unit and must be approved by the respective manager.

1.10 Conditions of Use

Corporate debit cards may only be used for appropriate business expenditure. Each individual cardholder is responsible for all charges placed against their corporate debit card. This includes all charges incurred whilst on group day program and respite services. A cardholder has authority to incur expenditure up to the limit on the card. However, all purchases must comply with the budget set by the relevant manager before a transaction takes place. This may include approval/budget restrictions from your respective line manager and/or the services manager and/or the managing director.

By accepting a corporate debit card, the cardholder agrees to abide by:

- a. the conditions of use specified by the debit provider on the issue of the card.
- b. all relevant ADS policies and procedures.
- c. any reasonable instructions ADS issues in respect to the use of the card.

Where a cardholder does not comply with the conditions of use of a corporate debit card or otherwise misuses a card, ADS will most likely:

- a. be held liable;
- b. withdraw the card from the cardholder; and
- c. initiate disciplinary action or legal proceedings against the cardholder.

Debit cards should not be used with suppliers who do not comply with GST legislation. Debit cards should not be used to make donations.

1.11 Withdrawal from Staff Member

A corporate debit card may be withdrawn from a staff member if:

- a. There is misuse of the card by the staff member, including unacceptable or inappropriate expenditure.
- b. The staff member ceases to comply with a condition of use issued by WEELCARD or the conditions of use outlined in this policy.
- c. Continued non-completion or approval of monthly debit card expense reports.
- d. The position held by the staff member no longer requires a debit card purchasing facility.
- e. The staff member is found to be sharing cards or card logins with others.
- f. The staff member is found to be using the card to obtain a cash contribution from a participant.
- g. The card has not been used for a period of 12 months.

Procedure

1.12 Invoices and receipts are to be uploaded into WEELPAY within 24 hours without fail, or those transactions that are missing invoices or receipts will be treated as though they are personal transactions and will be taken out of the staff member's pay.

1.13 Budgets will be approved by the respective manager every 3 months (or more frequently if required on a case-by-case basis) and will be advised to each cardholder individually.

Sexual Harassment Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Sexual Harassment Policy and Procedure

Scope

This policy applies to all employees of ADS.

Purpose

ADS is fully committed to its obligation to prevent and eliminate sexual harassment in the workplace and adopts this policy to ensure that everyone at ADS treats one another with respect and acts as a beacon for good behaviour in the workplace.

Policy

A) Definition of Sexual Harassment

Sexual harassment means any unwelcome sexual advance, unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated or intimidated, and where a reasonable person would anticipate that reaction in the circumstances. Examples of sexual harassment include, but are not limited to:

- staring or leering
- unnecessary familiarity, such as deliberately brushing up against you or unwelcome touching
- suggestive comments or jokes
- insults or taunts of a sexual nature
- intrusive questions or statements about your private life
- displaying posters, magazines or screen savers of a sexual nature
- sending sexually explicit emails or text messages
- inappropriate advances on social networking sites
- accessing sexually explicit internet sites
- requests for sex or repeated unwanted requests to go out on dates
- behaviour that may also be considered to be an offence under criminal law, such as physical assault, indecent exposure, sexual assault, stalking or obscene communications

Behaviour that is based on mutual attraction, friendship and respect is not sexual harassment.

a) Distinction from sex-based harassment

Sex-based harassment involves verbal abuse or derogatory comments aimed at marginalising others on the basis of their sex or gender. Both sexual harassment and sex-based harassment are unlawful

and some sexual harassment is criminal behaviour.

b) In what areas of workplace life and by whom can you experience sexual harassment or sex-based harassment?

This can become prevalent in relation to workplace culture, hiring processes, promotions, access to training and staff turnover. It can also occur at conferences, work functions, social events and business trips. These are just to name a few.

You could experience this at the hands of a co-worker, volunteer, supervisor, manager, service provider, or at the hands of a participant or customer.

c) In what areas of workplace life does ADS not tolerate sexual harassment or sex-based harassment?

ADS does not tolerate sexual harassment nor sex-based harassment in any circumstance in the workplace nor at work related functions, business trips or conferences. Responsibility lies with every manager, supervisor and employee to ensure that sexual harassment and sex-based harassment does not occur anywhere in the workplace or at any workplace functions, social events, business trips or conferences attended by workers.

e) What could be the outcome of sexual harassment or sex-based harassment in the workplace? A

proven breach of this policy will result in disciplinary action, up to and including termination of employment.

Procedure

a) What can you do if you feel you have been sexually harassed or been the target of sex-based harassment?

You can take immediate action and ADS encourages you to do that. If you feel comfortable in doing so, you can raise the issue with the person directly with a view to resolving the issue by discussion. If you do this, you should identify the harassing behaviour, explain that the behaviour is unwelcome and offensive and ask that it stop. However, ADS recommends that most instances of sexual harassment or sex-based harassment be raised with your manager, human resources or the Managing Director.

Alternatively, you can put your complaint through the Grievance Handling Policy and Procedure.

Informal options for dealing with the complaint may be undertaken through conciliation or mediation or just a discussion between the parties where each party is supported.

Formal options for dealing with the complaint may involve a formal investigation by Human Resources or an external investigator, as appropriate. See 1.3(d) below for the procedures in running an internal investigation.

b) How should managers treat complaints of sexual harassment or sex-based harassment?

Complaints are to be treated with promptness, seriousness and with sensitivity, keeping it completely confidential apart from the management team.

The following rights are held by the following parties in relation to complaints:

Person	Rights
Complainant	<ul style="list-style-type: none">• The right to having the complaint treated as confidential;• The right not to be victimised;• The right to have support or representation during any investigation;• The right to seek assistance of an external tribunal or legislative body to assist them to resolve their concerns.
Alleged Harasser	<ul style="list-style-type: none">• The right to procedural fairness;• The right not to be victimised;• The right to have support or representation during any investigation;• The right to respond fully to any formal allegations made;• The right to the presumption of innocence.

c) Responsibilities

It is the responsibility of the Managing Director to ensure that:

- they are committed to the rights and entitlements of all employees to work without fear of being sexually harassed or being the subject of sex-based harassment;
- all reasonable steps are taken to eliminate sexual harassment;
- they put in train a training program that educates staff as to the kinds of behaviours that are in breach of this policy;
- they encourage an environment free of harassment and victimisation, starting with their own behaviour as a primary example;
- (if possible) EEO contact staff are appointed, trained and known by all staff who may need their help;
- all complaints are treated seriously and confidentially;
- all complaints of behaviour that would be criminally offensive are dealt with appropriately.

It is the responsibility of Human Resources personnel to ensure that:

- policies and procedures are regularly reviewed and amended if necessary;
- regular education is provided to employees regarding sexual harassment and sex-based harassment and inappropriate behaviour in the workplace;

- managers are aware of their obligations and responsibilities in relation to sexual harassment and sex-based harassment and the rights and entitlements of employees;
- ongoing support and guidance is provided to all employees to prevent sexual harassment.

d) Conducting an internal investigation

Human Resources must gather facts and make a finding on the balance of probabilities as to whether the alleged behaviour occurred. This may involve interviewing witnesses. Once the finding has been made, Human Resources must make recommendations about resolving the complaint which could mean:

- disciplinary action (demotion, transfer, suspension, probation);
- termination of employment;
- warnings that are recorded on someone's personnel file;
- disciplinary action against the complainant if it is found that the complaint was vexatious or frivolous;
- formal apologies;
- conciliation/mediation;
- re-crediting any leave taken as a result of the harassment.

Human Resources should give both the complainant and the alleged harasser a timeframe during which things will be done, so as to ease any anxiety involved in the process. Records should be kept and filed in a confidential and secure place. Human Resources should **not** file the records or evidence on the complainants or the alleged harassers personnel file.

At the conclusion of the investigation, all parties should be informed of the investigation findings. After this is done, managers should consult with parties to assess their wellbeing and educate and remind employees of appropriate behaviour in the workplace.

e) Criminal conduct

Managers need to be aware of when behaviour is considered criminally offensive and refer reports of such behaviour to appropriate enforcement authorities such as the police.

Advocacy Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Advocacy Policy and Procedure

Purpose

ADS supports the rights of participants to use an advocate of their choice. This policy and procedure explain our obligations and outline how ADS facilitates work with advocates.

Advocacy is the practise of acting, speaking, or writing to advance and defend the welfare and human rights of a vulnerable individual or group of individuals.

An advocate can:

- Speak up directly on behalf of a person.
- Offer knowledge and counsel so that they can speak up for themselves (e.g., while dealing with a landlord, appearing in court, or dealing with other parties).
- Connect a participant to appropriate services, such as a solicitor,
- Can help a participant work through issues. Examples of such services include:
 - dealing with guardianship and financial difficulties,
 - negotiating bargains,
 - dealing with issues at work or in school,
 - dealing with the police, and more.
- Aid a participant in taking official action, such as assisting them in filing a complaint with the anti-discrimination board.

Scope

This policy applies to all staff/workers and participants at ADS.

Policy Statement

- ADS respects the notion of advocacy being provided by individuals and agencies independent from the service for the advocate to freely promote and represent the rights and interests of people with disabilities. We ensure that that advocates are involved to the greatest possible extent to represent the interests of the person and provide an independent support to participants to make decisions, free of conflicts of interest.
- We cooperate with the participant's advocate based on these principles:
 - Every person can express their will and preference about what they want.
 - A person with disability has the right to make decisions.
 - A person with disability can expect to have appropriate support to make decisions.
- To make sure that participants and workers have access to and an understanding of advocacy, ADS maintains printed and electronic information on advocacy and advocacy services. This is included within

the handbook. Should participant require further assistance, a member of the management team will support the participant in finding an appropriate advocate. We also train workers in the use of an advocate, including the recognition of cultural sensitivities and safety.

Responsibilities

Role	Responsibility
MD/Executive Team	<ul style="list-style-type: none"> • Manage and monitor compliance with this policy. • Support staff competence and compliance with this policy.
Manager	<ul style="list-style-type: none"> • Ensure workers have read and understand the policy and procedure, and have skills, knowledge, and ability to meet the requirements. • Develop, share, and maintain program and service materials regarding advocacy. • Maintain local and State advocacy resource/contact lists.
Staff/Workers	<ul style="list-style-type: none"> • Comply with this policy and procedure. • Periodically touch base with participants about their understanding of and the need for advocacy.

Procedure

Advocacy is separate and independent from service delivery. Advocates stand by the participant's side and no-one else's.

Providing participants with information about advocacy and advocacy services

Talk to participants, via appropriate formats, about their right to use an advocate and the role of an advocate. Check that the participant understands the advocacy process by asking questions to elicit the level of their understanding.

This discussion should happen throughout the participant's engagement with ADS:

- at first contact and at assessment and reassessment for services,
- review advocacy needs when reviewing the participant's Support Plan,
- offer information about advocacy services if the participant is refused service,
- when the participant wants to make a complaint about the service and facilitate contact with an advocate if required,
- if a worker believes an advocate may be beneficial to the participant.

Information on the use of advocates is included in the Handbook and the advocacy flyer.

Authorised representatives.

If an authorised representative is acting on behalf of the participant, request proof of the representing authority. File a copy of such authority in the participant's file.

Authorised representatives include:

- A person nominated and authorised the participant to act or make decisions in their best interest.
- Guardians
- Attorneys under enduring powers of attorney
- Agents under the Medical Treatments Act 1988
- Administrators under the Guardianship and Administration Act 1986

Provide participants with names of local advocacy services available as well as state and national advocacy contacts. Refer to Related Reference Documents below.

Where a participant has identified or nominated an advocate

The customer service and/or management team will:

- Record the advocate's details in the participant's personal record. Make sure that the participant knows they have the right to change their advocate at any time. Any changes should be documented in the participant's record.
- Ensure the participant is aware of the right to have an advocate present for all assessments, meetings and communication between themselves and Therapy Care. Ensure any identified advocate is present at assessments and meetings, if not in person, by conference call or video link-up.
- Check that the advocate knows they have been nominated as an advocate and agrees to this.
- Get the participant's consent before making any contact with the advocate or advocacy service on the participant's behalf. No worker is permitted to disclose any information about the participant to an advocate, when the participant is not present, unless the participant has provided their permission to do so.
- Communicate and work co-operatively with the advocate.

What advocacy is not:

There are many activities in the disability and support services which resemble but which are not advocacy.

- Complaints mechanisms may be used by advocates, but *in themselves* do not constitute advocacy.
- Service types such service brokerage and coordination are operational approaches and are not advocacy.
- Advocates do not provide counselling, mediation, case management, legal advice or make decisions.
- Advocates do not conduct investigations into organisations.

Data Breach Policy and Procedure Response Plan

Approval Date	Review Date
27/04/2024	27/04/2025

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Data Breach Policy and Procedure Response Plan

Purpose

The purpose of this policy and procedure is to safeguard participants personal information where possible, and to ensure Assist Disability Services have a response plan in the case that unauthorised data is accessed or lost.

Assist Disability Services Group Data Breach Response Process

A data breach occurs when personal information that an entity holds, is subject to unauthorised access or disclosure or is lost. Data breaches include:

- Loss or theft of physical devices (such as laptops and storage devices) or paper records that contain personal information.
- Unauthorised access to personal information by an employee
- Inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person.
- Disclosure of an individual's personal information to a scammer, because of inadequate identity verification procedures.

Notifiable Data Breachers

Under the Notifiable Data Breaches (NDB) scheme, Assist Disability Services is required to notify any individual whose data is breached and the Australian Information Commissioner of data breaches where:

- There is unauthorised access to, or disclosure of personal information held by Assist Disability Services (or information is lost in circumstances where unauthorised access or disclosure is likely to occur)
- This is likely to result in serious harm to any of the individuals to whom the information relates.
- Assist Disability Services has been unable to prevent the likely risk of serious harm with remedial action.

ADS may also report data breach, when it is relevant to do so, to other organisations such as:

- Police or law enforcement bodies
- The Australian Securities & Investments Commission (ASIC)
- The Australian Prudential Regulation Authority (APRA)
- The Australian Taxation Office (ATO)
- The Australian Transaction Reports and Analysis Centre (AUSTRAC)
- The Australian Cyber Security Centre (ACSC)
- The Australian Digital Health Agency (ADHA)
- The Department of Health
- State or Territory Privacy and Information Commissioners
- Professional associations and regulatory bodies
- Insurance providers.

Key Roles

Board and Management Committee (Executive Team including Consultants) are:

- Responsible for ensuring the security of Assist Disability Services data.
- Are advised of all data breaches and actions taken to resolve and to prevent future breaches.
- Approve the procedures for security of data and responding to data breaches.
- Currently, Assist Disability Services have a consultant IT provider CQ Information Technology Australia P/L.
- CQ Information Technology Australia P/L are responsible for the security of all current office accounts and archived data. This includes permissions around 2 Factor Authentication activation in Microsoft office, and Flowlogic systems.
- CQ Information Technology Australia P/L are responsible for the refacing of staff purchased laptops and existing company PC's to increase security and reduce risk of data breaches.
- CQ Information Technology Australia P/L work closely with the Operations Manager/Executive team to discuss any potential security risks with Assist Disability Services' existing software platforms.
- CQ Information Technology Australia P/L support the integration of new platforms (such as Flowlogic) to test features and its security levels and permissions.
- Flowlogic Australia support ADS to ensure two factor authentication is working and work closely with all of its stakeholders (including ADS) around ongoing data security improvements within their system.
- All non-required data is archived per the record keeping policy and procedure. This includes the destroying of sensitive data and information after its required time to be kept i.e. 7 years.
- CQ Information Technology Australia P/L are the only members in Assist Disability Services that have permission from the executive team to make changes to current security features and permissions.
- CQ Information Technology Australia P/L are the only member in Assist Disability Services that can action the onboarding and off-boarding of staff to maintain security. The Human Resources team are responsible for sending a new starter or offboarding email to action relevant parties.
- Information Technology Australia P/L is responsible for logging and updating the equipment matrix on a quarterly basis.
- Information Technology Australia P/L is responsible for offboarding staff in line with the Human Resource teams policies and procedures.
- CQ Information Technology Australia P/L are responsible for setting up Wi-Fi and printer securities at all Assist Disability Services locations.
- Assist Disability Services lodge ticket's to [Information Technology Australia P/L.com.au](https://www.cqinfo.com.au) to ensure accountability of all ticket's lodged. In emergencies (such as a data breach), Assist Disability Services

IS THIS REQUEST URGENT?

Contact P: 02 96348547, M: 0425 380 750

Email: charliec@cqinfo.com.au

use the below contact details:

Staff

- All staff are responsible for minimising the chances of a data breach occurring.
- Staff are required to take particular care of any documents or devices, such as phones or laptops, that connect to or contain information related to consumers or Assist Disability Services.
- Staff are required to shred any reports/documents containing sensitive data after they are scanned and uploaded to our FlowLogic system.
- In the event that a device or document is lost it must be reported immediately it is known to be lost, to a direct manager, the operations manager and/or our IT provider CQ Information Technology Australia P/L.
- In the event of, or threat of (phishing or a virus) unlawful access to data on the computer system our IT provider CQ Information Technology Australia P/L must be informed immediately. The system is immediately isolated, and our IT Provider is requested to immediately attend, deal with the access or threat, identify the extent of the breach, how it occurred and how to prevent it in the future.

IT Provider

- Receives reports of data breaches
- Takes any immediate necessary action to contain or resolve the breach.
- Investigates the breach if appropriate.
- Refers the breach to the MD.

Management Team

- Action significant data breaches and refer immediately to the operations manager as to inform Assist Disability Services' IT provider.
- Assist with any data breach investigation.
- Review any immediate action taken.
- Identify and implement additional action required.
- Determine if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme.

- Determine if it is likely that any person's data is at risk of being viewed or utilised by others and advising the affected persons.
- Consider on an ongoing basis how to improve the protection of data.
- Testing of the data breach response plan.

Data Breach Report

Data breaches are reported using an Adverse Event Report with a Data Breach Report attached. Assist Disability Services are registered with ACSC to report any data breaches <https://www.cyber.gov.au/acsc/register>. Assist Disability Services and our IT consultancy firm follow the essential eight maturity model.

Data Breach Procedure

In the event of a data breach or suspected breach the steps below apply as appropriate to the breach:

- Immediately advise a member of management of the breach and complete an Adverse Event Report to CQ Information Technology Australia P/L, generating a data breach report.
- The Executive Team determine if any immediate action can be taken to contain or resolve the data breach (e.g., delete mobile phone, advise Police) and implements the action. The Adverse Event Report is updated.
- The executive team continuously communicate with CQ Information Technology Australia P/L of any actions taken. The Adverse Event Report is updated.
<https://www.cyber.gov.au/learn/threats/data-security>
<https://www.oaic.gov.au/privacy/data-breaches/respond-to-a-data-breach-notification>
- CQ Information Technology Australia P/L and the executive team consider whether any other immediate action should be taken and who needs to be informed. This is determined on:
 - The number of people affected by the breach or suspected breach.
 - Whether there is a risk of serious harm to affected individuals now or in the future.
 - Whether the data breach or suspected data breach may indicate a systemic problem with our practices or procedures.
 - Other issues relevant to the circumstances, such as the value of the data or issues of reputational risk.

If the breach does need to be reported to the Management Committee (executive team), CQ Information Technology Australia P/L, and the operations manager; they will fully investigate how the breach occurred, what information was breached, how the breach can be ameliorated and

how to prevent future breaches. The Adverse Event Report is updated and is delivered at the executive team meeting for review.

The Management Committee (executive team) determines if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme. <https://www.oaic.gov.au/privacy/notifiable-data-breaches>

This is determined on the factors noted above in Notifiable Data Breaches¹ and in consideration of Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers. The MD lodges the report and updates the Adverse Event Report.

- The Management Committee determines if the breach must be reported to any other authorities and lodges the report/s. (See Notifiable Data Breaches above for a list of possible agencies to be notified².) The MD updates the Adverse Event Report
- If the Management Committee determines that it is likely that any person's data is at risk of being viewed or utilised by others, the MD ensures that the person/s are advised of the type of data breached, action taken, potential consequences and what we have done to ensure it does not occur again. Advice may be written, verbal or face to face or a combination, depending on the breach and consequences.
- In the event of unlawful access to data on the IT system the system is immediately isolated, and CQ Information Technology Australia P/L and the Operations Manager are requested to immediately attend and identify the extent of the breach, recover lost information, if possible, secure the system, determine how the breach occurred and how to prevent it in the future.
- The Data Breach Report is updated by CQ Information Technology Australia P/L and the Operations Manager which are then processed and closed out.
- The MD reports all data breaches to the next executive management meeting.

Assist Disability Services cannot disclose the identity of a person who discloses information i.e., the discloser or information that is likely to lead to the identification of a discloser which we have obtained directly or indirectly because the discloser made a disclosure that qualifies for protection.

The exception is if a person discloses the identity of the discloser:

- To ASIC, APRA, or a member of the Australian Federal Police (within the meaning of the Australian Federal Police Act 1979)
- To a legal practitioner (for the purposes of obtaining legal advice or legal representation about the whistle blower provisions in the Corporations Act)

- To a person or body prescribed by regulations or
- With the consent of the discloser.

Assist Disability Services can disclose the information contained in a disclosure with or without the discloser's consent if:

- The information does not include the discloser's identity.
- We have taken all reasonable steps to reduce the risk that the discloser will be identified from the information and
- It is reasonably necessary for investigating the issues raised in the disclosure.

It is illegal for a person to identify a discloser or disclose information that is likely to lead to the identification of the discloser, outside the exceptions noted above. If the identity of a discloser is disclosed the discloser can lodge a complaint with ADS about the breach of confidentiality. The discloser can also lodge a complaint with a regulator, such as ASIC, APRA or the ATO, for investigation.

Protection from detrimental acts or omissions

Disclosers are protected from detriment in relation to a disclosure. This means no person can engage in actions or make a threat towards you because of your disclosure or planned disclosure.

The following are prohibited under law:

- Dismissal of an employee
- Injury of an employee in his or her employment
- Alteration of an employee's position or duties to his or her disadvantage
- Discrimination between an employee and other employees of the same employer
- Harassment or intimidation of a person
- Harm or injury to a person, including psychological harm.
- Damage to a person's property
- Damage to a person's reputation
- Damage to a person's business or financial position or
- Any other damage to a person.

Actions that are not considered detriment include:

- Moving a person to a different workspace to prevent detriment to them and
- Managing unsatisfactory work performance, if the action is in line with our performance management framework (see 7.5.1 Staff Underperformance/Process for dealing with underperformance).

Compensation and other remedies:

A discloser (or any other employee or person) can seek compensation and other remedies through the courts if:

- They suffer loss, damage, or injury because of a disclosure and

- Assist Disability Services failed to take reasonable precautions and exercise due diligence to prevent the detrimental conduct.

Civil, criminal, and administrative liability protection:

A discloser is protected from any of the following in relation to their disclosure:

- Civil liability (e.g., any legal action against the discloser for breach of an employment contract, duty of confidentiality or another contractual obligation)
- Criminal liability (e.g., attempted prosecution of the discloser for unlawfully releasing information, or other use of the disclosure against the discloser in a prosecution, other than for making a false disclosure) and
- Administrative liability (e.g., disciplinary action for making the disclosure). Note that the protections do not grant immunity for any misconduct a discloser has engaged in that is revealed in their disclosure.

Information Disclosers within Assist Disability Services:

Assist Disability Services strives to ensure all staff and other stakeholders are aware of and have access to our whistle blower policy through:

- Holding staff briefing sessions
- Discussing the policy in staff meetings
- Posting the policy on the staff communication platforms
- Making a copy available to every employee via Flowlogic
- Providing a printout on request from staff
- Including the policy as mandatory training
- Incorporating the policy in employee orientation information and training for new staff
- Providing staff with a copy of the completed and signed orientation checklist
- Promotion of the policy by a Management Committee member in meetings with staff and communications to staff.

Upfront and ongoing education and training:

Assist Disability Services provides ongoing education and training to all staff and management to ensure they are aware of our whistle blower policy and that all levels of management, particularly line managers, receive appropriate training in how to effectively deal with disclosures.

Staff training includes:

- Key arrangements of the entity's whistle blower policy, processes, and procedures, including:
 - practical examples of disclosable matters
 - practical information on how to make a disclosure and
 - advice on how disclosers can seek further information about the policy if required.
 - information related to protecting and supporting disclosers, including:
 - the measures the entity has in place for protecting and supporting disclosers.
 - practical working examples of conduct that may cause detriment to a discloser and the consequences for engaging in detrimental conduct.

- information about matters that are not covered by the entity's policy, including:
 - practical examples of personal work-related grievances
 - information on the entity's other policies information on how and where employees can report general employee feedback or personal work-related grievances and
 - practical examples of circumstances where disclosure has led to positive outcomes for the ADS and the discloser.

The Executive Team from which our whistle blower subcommittee is selected, receive training in the processes and procedures for receiving and handling disclosures, including training relating to confidentiality and the prohibitions against detrimental conduct. Disclosers outside of Assist Disability Services can access our whistle blower policy (minus names and positions) through our customer service team.

Monitoring and reporting on the effectiveness of the policy

A report is provided to the Executive Team on every disclosure and includes:

- The subject matter of the disclosure
- The status
- The type of person who made the disclosure (e.g., employee or supplier) and their status (e.g., whether they are still employed or contracted)
- The action taken.
- How the disclosure was finalised
- The timeframe for finalising the disclosure and
- The outcome of the disclosure.

The Whistle Blower policy is reviewed and updated (if necessary) following completion of a disclosure and when there are legislative changes related to whistle blower requirements to ensure it remains adequate. Changes to legislative requirements are managed through our regulatory compliance process.

Assessing an eligible data breach

Web: oaic.gov.au/data-breach-response-steps

Report a notifiable data breach

Web: oaic.gov.au/report-a-data-breach

Report a My Health Record data breach

Web: oaic.gov.au/my-health-record-data-breach

Guide to health privacy

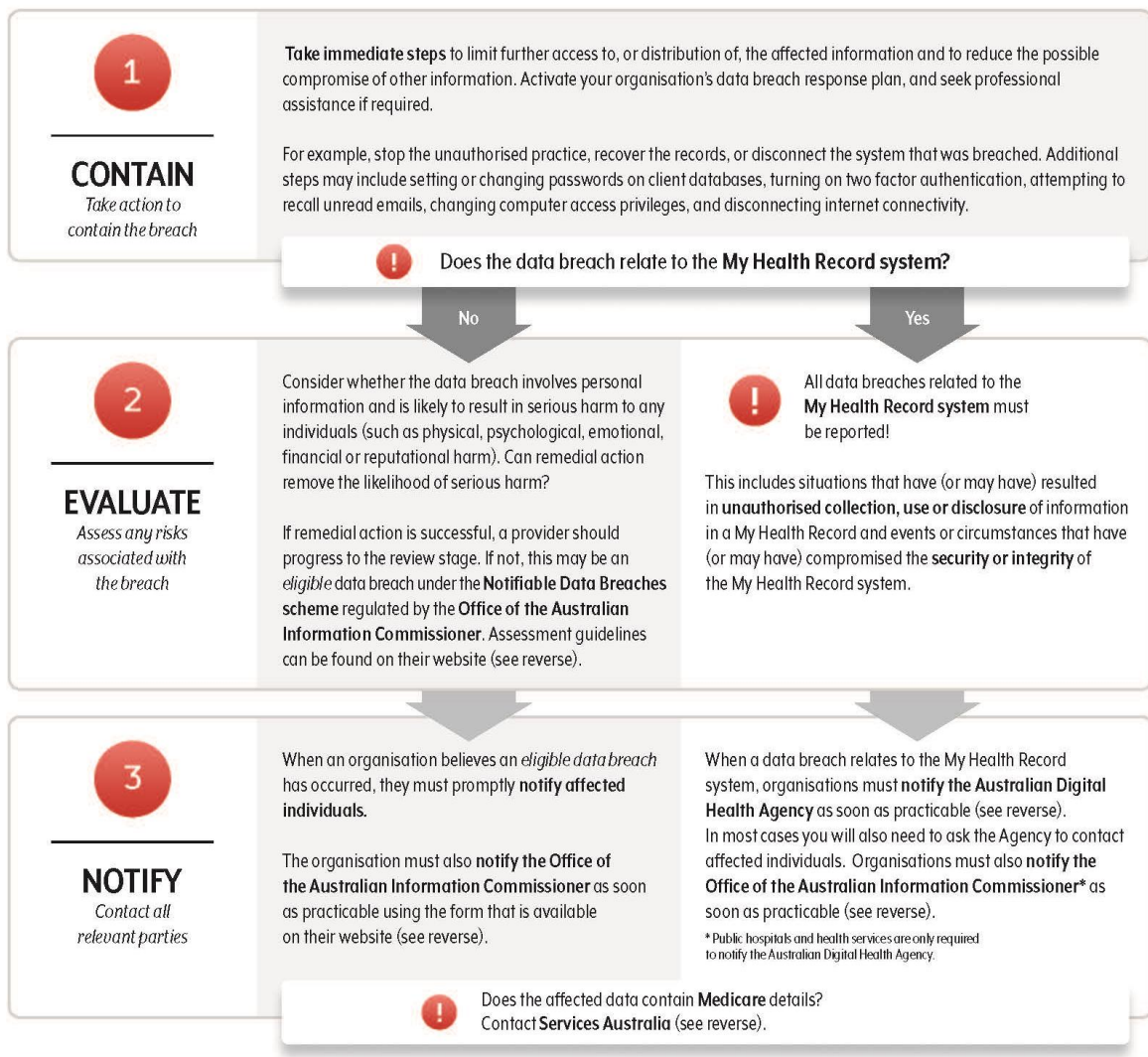
Web: oaic.gov.au/guide-to-health-privacy



DATA BREACH ACTION PLAN

FOR HEALTH SERVICE PROVIDERS

A data breach occurs when information held by an organisation is compromised or lost, or is accessed or disclosed without authorisation. For example, unauthorised access to health records, or lost client data.



4

REVIEW

*Minimise the likelihood
and effects of future data
breaches*

- Thoroughly investigate the cause of the breach.
- Develop a prevention and response plan and conduct audits to ensure the plan is implemented.
- Review and strengthen security practices, consider changing organisational policies and procedures for maintaining data, and revise staff training practices.
- Refer to the **Office of the Australian Information Commissioner's *Guide to health privacy*** and other resources to identify additional steps that may be required (see reverse).
- Advice from the **Australian Cyber Security Centre** is also available to assist organisations with developing a cyber incident response plan (see reverse).

Emergency and Disaster Management Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Emergency Management Policy and Procedure

Purpose

The purpose of this policy and procedure is to ensure the safety of staff, participants and others during emergencies and other service interruptions. ADS takes an 'all hazards' approach when preparing for, responding to, and recovering from emergencies. This includes planning for a range of possible emergencies such as fire, bushfire, flood, relocation, evacuation, and prolonged service interruption.

Procedure

Where possible, ADS ensures essential services are maintained as far as is practicable and that full services are recommenced as soon as possible after an emergency.

The Executive Team must ensure ADS is prepared to rapidly respond in an emergency.

This includes:

- ensuring the Emergency Management Plan is reviewed and linked to broader community emergency frameworks,
- regularly test emergency management and evacuation procedures,
- being prepared to make informed decisions about staff and participant safety and whether to cease services, relocate staff or participants, or direct staff and participants to shelter indoors,
- considering how support for participants can be continued if services need to be altered or ceased in an emergency,
- planning how to respond if critical infrastructure (e.g., Participant Management System) fails during an emergency, such as power failures,
- ensuring staff are aware of their roles and responsibilities in the event of an emergency,
- ensuring all relevant contact details (such as staff, participants, next of kin, emergency services, and relevant government agencies) are up to date and available.

The Emergency Management Plan must include:

- how serious accidents, fire, flood, other natural disasters will be responded to, as well as how incidents relating to hazardous chemicals and clinical waste will be managed,
- contact details for key staff who have specific roles or responsibilities under the plan, for example, fire wardens and first aid officers,
- contact details for local emergency services (e.g., police, fire brigade and poison information centre) and medical assistance
- a description of how people will be alerted to an emergency or possible emergency, for example, sirens or alarms (at Keepers Care's office) and by phoning affected participants or their supporters,
- a map of the workplace, illustrating the location of fire protection equipment, emergency exits and assembly points,
- evacuation procedures, including arrangements for assisting any people with hearing, vision, or mobility impairment,

- testing of emergency procedures, including the frequency of testing, and
- information, training, and instruction to relevant staff on implementing the emergency procedures.

The Executive Team review the Emergency Management Plan at least annually and when there are changes to the workplace such as re-location or refurbishments and when new activities have been introduced. ADS will communicate any changes to the plan as soon as practicable to all affected staff and stakeholders.

The Emergency Management plan includes emergency evacuation plans for ADS premises.

Where there are changes to Emergency Evacuation Plans, these must be promptly communicated to staff and other stakeholders who access the premises.

Emergency Evacuation Plans must be displayed prominently in ADS premises.

Emergency and evacuation procedures must be reviewed with all staff at least annually. ADS utilises different scenarios as part of the drills, e.g., fire, flood, bomb threat, mass illness. A record of who attended the exercise, who conducted the exercise and the date it was conducted will be kept with organisational records.

The Emergency Management Plan, or a summary of key elements of the plan, must be readily accessible by staff and on display at all sites.

Emergency response procedures

During an emergency it may be necessary to activate one or a combination of the following emergency procedures:

- Altering or ceasing services
- Relocation
- Evacuation
- Shelter-in-place
- Shelter indoors

Fire Safety

ADS has appointed the Operations Manager Day as the Fire Safety Advisor.

The Fire Safety Advisors attend refresher training 3-yearly.

These managers ensure that fire equipment is installed, and readily accessible in accordance with the relevant Australian Standards. For ADS head office centre in Blacktown; it is the responsibility of the landlord to provide equipment checks and updates to these procedures where required.

The Fire Safety advisors report any issues with equipment to the leasing agents. The Fire Safety advisors liaise

with the centre landlords if test and tagging of fire equipment has not been complete. It is important to note, the abovementioned sites run routine fire drills in line with Australian standards.

- Per the Australian Standards, Fire extinguishers must be placed away from heat sources with at least 1 metre of clearance to access the extinguisher.
- Signage is in place with ADS premises to identify the fire extinguisher and what type of fire it can be used on.
- The Fire Safety Advisors must ensure fire equipment is regularly tested by the local fire authority or fire equipment supplier where applicable. Where the premises is not owned by ADS the landlord is responsible for ensuring essential service equipment including fire safety equipment, is maintained.

Selected staff are trained in first response procedures, including how to use fire equipment and know what type of fire extinguishers to use for different types of fires. Refresher training must be conducted at least annually.

Fire and Safety Equipment

Fire safety equipment asset register and schedule of maintenance of fire and safety equipment is kept by ADS as provided by the landlord. Records of servicing of fire safety equipment, are also kept. Where the premises is owned by a landlord. ADS Group will require a written arrangement with the landlord, stating that the landlord is responsible for maintenance of essential services equipment including fire safety equipment.

Power Failure

The emergency management plan notes that were safe to do so and within reasonable means, ADS will continue to provide supports were possible to do so during power failure events steps.

- having access to a phone, such as a charged mobile phone or land line that does not rely on electricity to operate,
- having access to alternate lighting, such as a torch or a battery-operated light,
- having access to a battery-powered radio,
- having access to fresh water,
- considering the safety of food supplies and alternative cooking arrangements if the electricity in a participant's residence has an outage, including a plan for participants who require vitamised meals,
- where participants require an uninterrupted power supply (for instance, for life support equipment) considering how they can be supported (such as contacting their electricity retailer and ensuring the retailer has the participant's up-to-date contact details), or letting the participant's supporter know to do the same,
- if a participant's medication may have been compromised, contact the Operations Manager to organise new medication to be dispensed through the sister companies registered nurse team.

Extreme Weather

The Emergency Management Plan helps staff identify the types of participants who are most at risk during extreme weather and how to support those participants including, how to recognise heat related symptoms how to assist participants to reduce the risk of heat related illnesses and what to do if a participant is heat affected.

On days above 30 degrees Celsius, staff should encourage participants to:

- drink plenty of water, even if they do not feel thirsty,
- spend as much time as possible in cool or air-conditioned buildings (shopping centres, libraries, or community centres),
- wear light-coloured, loose-fitting clothing,
- stay out of the sun during the hottest part of the day,
- wear a hat and apply sunscreen,
- avoid strenuous activity, cancel, or postpone outings,
- avoid alcohol and caffeine,
- close curtains or blinds to block out the sun, and
- use wet towels and cold foot baths to cool themselves down.

ADS also requires all staff to follow the same precautions when working on hot days to ensure their health and wellbeing is maintained.

Continuity of Services

When services need to be changed, ceased, or relocated in the event of an emergency or other service interruption:

- Support planning for all participants must consider how services can continue to be provided in these situations. How changes to services will be communicated to participants and alternative supports that could be provided should ADS be unable to deliver normal services.
- For services provided to a participant in their own home (whether rented or owned by the participant), ADS expects that the participant (and where appropriate, the owner of the home) will be responsible for their own fire safety and ensure the home meets all relevant building laws, regulations, and legislation.

Personal Emergency Evacuation Plan

ADS staff will support participants with personal emergency planning where ADS provides the majority of supports required by a participant, and these supports are provided in the participant's home. Where multiple providers support the participant and it is agreed by all providers and the participant that ADS will support the participant with personal emergency planning, and/or where assessment and planning activities identify that the participant requires support with personal emergency planning.

Staff will support participants to exercise choice and control in emergency planning by listening to their needs and preferences and involving them and their families and carers in the planning process.

Personal emergency management plans should:

- be appropriate to the location, physical environment and participant and staff profile,
- include planned emergency responses for different emergency situations, such as options for altering or ceasing services, relocation, sheltering and evacuation,
- include clear triggers for when the plan is activated, including processes for maintaining situational awareness and sourcing accurate and up-to-date information,
- be tailored to meet the CALD needs of participants, such as Aboriginal and Torres Strait Islander people and communities, to ensure a culturally responsive approach,

- outline clear authority for decision making and communication arrangements, and
- include business continuity arrangements and options should emergency services be unable to respond immediately.

Personal emergency plans should be reviewed and updated regularly as part of the participant's Support Plan reviews.

Emergency and Disaster Management Plan

Purpose

This plan outlines the actions to be taken in the event of emergencies and disasters that may disrupt service delivery by Assist Disability Services (ADS) to its participants. The goal is to reduce the impact of any interruptions that may occur.

Scope

The plan is specific to events that are likely to affect ADS's service delivery and access to its participants and will be reviewed annually to account for changes in operations and potential risks.

Policy Statement/Procedures

Emergency and disaster situations that may impact ADS and its participants include infection outbreaks/pandemics, power outages, floods, and fire outbreaks/explosions. The plan is divided into Preparedness, Response, and Recovery sections for each event.

Infection Outbreaks/Pandemics

Preparedness

- Provision of sufficient PPE, including gloves, masks, face shields, and gowns, stored in the Infection Control Cabinet.
- Sufficient stock of hand sanitizers, stored in the Infection Control Cabinet.
- Training for staff on the use of PPE and hand hygiene.
- Staff familiarisation with common infection symptoms (e.g., Covid-19 symptoms).
- Up-to-date contact information for all participants to communicate any outbreaks.
- Contact person designated for reporting any infections, actual or suspected.
- Stock of Covid-19 testing kits stored in the Infection Control Cabinet.
- Register of other service providers as backup in case of an outbreak affecting ADS's ability to provide services.
- All staff fully vaccinated.
- Encouraging participants to fully vaccinate and follow state/commonwealth health and safety guidelines.

Response

- Staff must wear PPE during face-to-face contacts.
- Hand hygiene, including hand washing and use of hand sanitizer, after every contact.
- Contact tracing protocols implemented.
- Communication to all stakeholders of any infections and calls for exposed individuals to test and isolate.
- Use of in-house testing kits for early detection and intervention.
- Virtual support services offered to participants who are capable and self-isolating.
- Testing and re-testing for all symptomatic individuals and those in close contact with infected individuals.
- Communication with infected individuals for updates on their progress.
- Referral to other service providers if ADS is unable to continue providing services.

Recovery

- Staff training to re-orient and avoid stereotyping affected individuals.
- Helping participants and staff who recovered to reintegrate.
- Re-stocking of PPE.
- Communication with participants and their support networks about the incident and its impact on services.
- Ongoing communication on progress and requirements for restoring operations to normal.
- Communication of policy changes and practices resulting from the pandemic.
- Use of other service providers for assistance if ADS is unable to continue providing services.
- Relevant company policies and procedures may be developed in response for pandemics in line with NSW and QLD government advice.

Power Outages

ADS has implemented the following plans to minimise the impact of power outages on service delivery:

Preparedness:

- Keep 2 heavy-duty torchlights with backup batteries in the PPE cupboard.

- Keep spare batteries for all laptops.
- Ensure all team members have access to the equipment cabinet.
- Keep up-to-date contact information for participants and their support networks.
- Provide participants with the Power Provider's emergency number to report outages.
- Keep a register of backup service providers.

Response:

- Use backup laptop batteries and mobile phone Power Banks as needed.
- Use torchlights from the equipment cabinet if needed.
- Report power outages to the Power Provider and check for updates on duration and affected areas.
- Make courtesy calls to participants during city/state-wide outages.

Recovery:

- Communicate with participants and their support networks about the incident and its impact on services.
- Provide ongoing updates on the situation, progress, and estimated time for service to return to normal.
- Connect devices back to mainstream power source and check for power flow.
- Recharge and return used backup laptop batteries and mobile phone Power Banks to the equipment cabinet.
- Use backup service providers if ADS's ability to provide services is affected for an extended period.

Floods

In the event of a flood situation, the following plan must be followed to reduce impact on service delivery.

Preparedness:

- All team members should be trained in flood alerts, warnings, and safety protocols as outlined by the state.
- Team members should be familiar with turning off gas, electricity, and water mains.
- A heavy-duty water-resistant bag with emergency kit items should be on standby and stocked when a code orange (prepare to evacuate) is issued.
- Team members at the ADS work location must follow the Director's evacuation instructions upon the issuance of a code red. Team members working from home must follow the directives of their local emergency services.
- The Department of Fire and Emergency Service (DFES) contact number should be made available to all staff and visibly displayed in the ADS work location.
- Up-to-date contact information for all participants and their support networks should be kept for emergency reach-out.
- A register of other service providers should be kept as a backup in case of localized flooding that affects ADS's ability to provide service.
- 2 laptops with spare batteries should be on standby to support 3-4 days of virtual service delivery in case of power disruption from floods.

Response:

- The Director should take laptops and spare batteries when evacuating.
- The customer service team should connect with participants during flooding to assess their conditions and needs, and confirm they have access to DFES contact information.
- Support services should be provided virtually to participants who have the capacity to connect virtually.
- Participants should be referred to other service providers in areas not affected by floods if necessary and feasible.
- Refer participants on to local hotels should accommodation be needed.

Recovery:

- The Director should communicate with all participants and their support networks about the incident and how it will impact service delivery.
- Ongoing communication from the Director should provide information on the situation, progress, and timelines for service restoration.
- Insurance should be contacted if necessary.
- Hotels in the area should be contacted for emergency accommodation.
- Participants should be informed of any new addresses.
- Participants should be contacted if they need emergency accommodation while their places of residence are being cleaned up.
- Virtual services should be continued during recovery until normalcy is restored.
- Assistance from other service providers should be sought if necessary, using the Register of Service Providers to ensure continued service for participants.

Fire Outbreaks

This plan aims to minimize the impact of fire outbreaks at ADS's work location (mostly mobile/WFH) and community on service delivery.

Preparedness:

- Fire alarms are in place and tested monthly to ensure proper functioning. Batteries are replaced annually, and the alarms are cleaned and dusted regularly.
- A fire extinguisher is in the ADS work location, tested, and replaced regularly.
- Staff and participants are trained on bush fire danger ratings and warning systems.
- The operations manager is familiar with the use of fire extinguishers.
- Members of management are trained annually in fire warden training.
- Staff are updated frequently during any fire emergency events – sessions will be moved to telehealth to support safety of staff.

Response:

In case of a fire outbreak at the ADS work location, the following actions should be taken:

- Close doors, windows, and vents.
- Fill baths, sinks, buckets, and bins with water.
- Soak towels and rugs and lay them across external doorways.

- Use fire extinguishers to put out flames.
- Evacuate the premises, closing doors behind you. The Director should confirm that everyone has safely evacuated.
- Call 000 for emergency assistance.
- If safe to do so, take a laptop with backup batteries to support virtual service delivery while in emergency accommodation.

In a bushfire situation:

- Stay informed by listening to local radio stations for updates.
- Turn off gas mains and remove all gas bottles from the property.

Recovery:

- Communicate with participants and their support networks about the incident and its impact on services or methods of delivery.
- Director will provide ongoing communication with participants about the situation, progress, and timelines for service return to normalcy.
- Contact insurance if needed.
- Director will contact hotels for emergency accommodation and inform participants of new address.
- Continue to provide services virtually until normalcy is restored.
- Utilize other service providers for assistance if necessary.

Plan Review

This plan will be subject to constant review to accommodate any changes in the organization's circumstances, including staffing, size, work premises, and any other situations that may pose a risk to ADS's ability to deliver services to participants in a safe and continuous manner.

Diversity and Inclusion Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Diversity and Inclusion Policy and Procedure

Purpose

The purpose of this policy is to establish a range of practices and guidelines that actively counteract bias and prejudice and promote inclusive practices; such practices support and facilitate an inclusive environment that embraces the diversity of people living with a disability, staff, stakeholders and the communities in which Assist Disability Services operates.

Scope

This policy applies to all staff/workers, contractors and participants at Assist Disability Services.

Policy

Assist Disability Services is committed to culturally safe and competent ways of working with participants, their families, stakeholders and communities in any service design and policy development. These supports include:

- The diversity of its staff and stakeholders and values their contribution based on their individual backgrounds, different skills, experiences and world views.
- A service culture that promotes a safe working environment which is inclusive and embraces diversity. We have zero tolerance for bullying, discriminating, harassing or vilifying behaviour.
- The provision of a diverse and inclusive service to the participants and their families. ASSIST DISABILITY SERVICES promotes following:
 - Supporting cultural diversity and the promotion of an inclusive environment.
 - The support of participants to play an active role in the community.
 - Finding participants' needs from consulting with their family members and carers.
 - Creating an inclusive workplace for all staff and workers and respect their cultural, beliefs and language difference.
 - Ensuring that there is not any difference in service provision between participants and the rest of people in the society.
 - Supporting people with CALD and Aboriginal and/or Torres Strait Islander (ATSI) background with their culture and spiritual beliefs

Responsibilities

Role	Responsibility
MD/ Executive Team	Promote awareness of this policy, model commitment to diversity and inclusion in the individual participant, community interactions and in the workplace. Commit to boosting Assist Disability Services' own cultural competency. Review ongoing staff training including cultural awareness and sensitivity training.

Managers	Ensure that management practices and behaviours are consistent with the principles set out in this policy. Promote and implement culturally safe practice including through training
Staff/ Workers	Act within this policy, ensure it is followed and to draw attention to any suspected discriminatory acts or practices. Respect cultural, physical, and social differences amongst participants, colleagues and stakeholders. Attend/complete diversity awareness training

Engagement and Promotion

Our organisational values statement is explicit about our standards and expected behaviours in respecting each other's differences and promoting equality via the following:

- We will make sure that all at Assist Disability Services understand the importance of, and ways to promote, cultural safety and awareness in all aspects of governance, management and service delivery:
- Cultural safety and awareness training have been identified as core training for all staff to support development of cross-cultural competencies.
- There will be special observances of events, celebrations and holidays to enhance cross-cultural awareness and promote harmony, pride, and respect for other social and cultural norms.
- We are building up our networks of providers to allow us access to their knowledge and experience including in cross-cultural supports.
- We promote our service through culturally specific organisations and advertise in language specific newspapers and through local community centres.
- Initial Contact and Engagement
- At service agreement discussions and then intake determine if a culturally specific worker, an interpreter or other support is required.
- If required, organise such support after seeking consent from the participant to organise an interpreter.
- It is preferable to engage a qualified and NAATI accredited interpreter to ensure confidentiality and impartiality.

Assessment, Support Planning and Consents

Assessment

To undertake a comprehensive assessment and plan supports, the Customer Service Team and/or managers with the participant will:

- Find out if external support is required during an assessment, for example an assessment with an Aboriginal worker, an interpreter, or bi/multilingual worker, and make appropriate arrangements.
- Understand the participant's identity, cultural needs, preferences and practices including language and religious practices.

The Support Plan will address cultural needs, preferences and practices identified in the assessment process. This may involve the following actions:

- Link the participant and/or family to culturally appropriate services and supports.

- Consider group activities that build awareness of and celebrate multiculturalism.
- Consult other providers or specialists such as an Aboriginal worker, a bi/multilingual worker, LGBTQI service, or interpreters.

Such joint work or consultation will require consent of the participant – refer to our Information Management Policy and Confidentiality and Privacy Policy.

Evaluation, Transition or Exit

Reviews

Seek feedback from the participant and their family about the support they receive from Assist Disability Services and the responsiveness of that support to their identity and culture (including language and religion, where relevant).

Exit

- Identify the ongoing support needs of participants.
- Link them with relevant supports in the community after checking what the participant's preferences are regarding links to their own cultural community.

Diversity in the Workplace

Assist Disability Services understands the importance of diversity in the workplace to reflect the participants and communities it serves. Strategies that promote diversity are to be used and include but are not limited to:

- Equal employment opportunity (EEO) policies dealing with discrimination and harassment.
- Recruitment and selection procedures to attract appropriate candidates.
- Internal grievance procedures to manage conflicts in the workplace as well as issues of misconduct.
- Flexible work practices such as flexible working arrangements for parents of pre-school children.
- Internal training initiatives

Decision Making Choice and Control Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Decision Making Choice and Control Policy and Procedure

Purpose

Active decision-making and individual choice are encouraged for each participant. ADS (ADS) are committed to our participants to have a control on the services provided to them and the decisions that might affects their life.

Scope

At every point of support provision, including evaluation, planning, service, review, and exit, each participant has enough time to think about and analyse their options, as well as seek guidance if necessary. ADS is dedicated to giving our participants control over the services that are rendered to them and the decisions that could have an impact on their lives.

Policy

Information is promptly provided to all participants in a manner, through a medium, and with words that are most likely to be understood by the participant. The dignity of risk in decision-making is supported for each participant. Each participant receives the assistance they need to weigh the advantages and disadvantages of their selections. The autonomy of each participant, including their right to intimacy and sexual expression, is honored.

Independence and Informed Choices

Everyone has the right to choose their own personal, gender, sexual, cultural, and religious identity, even if they have a disability. They can make these decisions for themselves, regardless of their situation. ADS will provide information and advice to help participants and their caregivers make informed decisions about their rights and freedoms. If the participant is unable to make decisions for themselves, a substitute decision maker will be required to support them. The order of priority for substitute decision makers is: a guardian appointed by an authority, someone with a close relationship to the participant, an unpaid caregiver who provides regular care, or a close friend or relative.

Access to an Advocate

New participants will be informed about their right to use an advocate through the Participant Handbook. ADS will explain the role of advocates and how to obtain one.

Participants have the right to choose, change, or withdraw their advocate's authority.

The decision making and service planning for participants at ADS will be done in coordination with their advocate. Any help provided by an advocate must be documented.

Consent and Informed Decision Making

The rights of participants include:

- Making informed decisions before giving consent.
- Providing enough time for consultation if needed.
- The right to withdraw consent at any time.
- The ability to evaluate the risks associated with their decision and make assessed risks.

ADS has the following responsibilities regarding participant consent:

- Obtain participant consent using the Participant Information Consent Form
- Require consent before disclosing personal information to other parties.
- Personal information can only be disclosed without consent if:
 - The person is at risk of harm or injury.
 - It is required by law.

Legal And Regulatory Compliance Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Legal And Regulatory Compliance Policy And Procedure

Purpose

The purpose of this policy is to ensure compliance with all laws, regulations, funding bodies, industry and internal codes of conduct which impact on the day-to-day activities of Assist Disability Services. It is about making sure that there are processes for relevant legislative requirements to be part of the everyday operation of Assist Disability Services.

Scope

This policy applies to all staff and others who work for Assist Disability Services.

Policy Statement

Assist Disability Services is obliged to comply with both the letter and spirit of the law. This obligation involves having systems in place to ensure that we meet legislative requirements of the National Disability Insurance Scheme Act 2013 (the Act) and associated Rules and other relevant legislation and regulation.

Assist Disability Services meets its compliance requirements in a timely and efficient manner complying with reporting requirements and through laws and regulations, permits, licenses or other forms of authorisation and orders, rules or guidance issued by regulatory agencies such as the NDIS Commission.

We undertake a periodic audit that assesses their performance against the NDIS practice standards.

Responsibilities

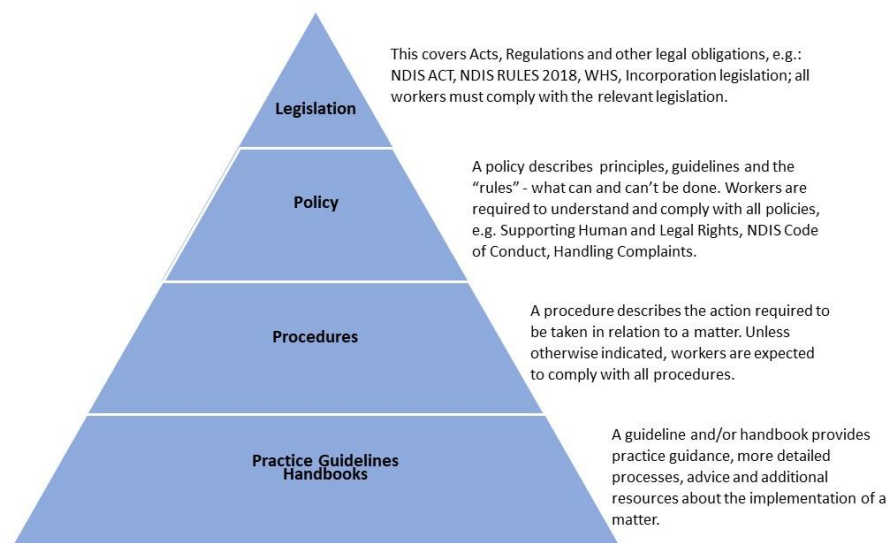
Role	Responsibility
MD/ Executive team	<ul style="list-style-type: none"> Ensure that directions relating to compliance are clear and that the legal requirements that apply to their areas of responsibility are identified. Approve Assist Disability Services' operational policies and procedures.
Customer Service Team	<ul style="list-style-type: none"> Explain to participants about legislation and how it is observed and practiced at Assist Disability Services
Human Resources (Staff)	<ul style="list-style-type: none"> Identify and action any legislative changes or new or varied contractual obligations Report any identified instances of non-compliance
Finance (Business)	<ul style="list-style-type: none"> Identify and action any legislative changes or new or varied contractual obligations Report any identified instances of non-compliance
Services Management Team	<ul style="list-style-type: none"> Find information on legislative requirements applicable to your area of work and educate your team on compliance the legislation Comply with and be seen to comply and follow operational procedures Notify or report policy non-compliance as required by legislation and regulatory requirements
Support Coordinators, Behaviour Support Practitioners & Allied Health Professionals	<ul style="list-style-type: none"> Perform your duties in an ethical, lawful and safe manner Report and escalate compliance concerns, issues and failures.

Definitions

Term	Definition
Compliance	Adhering to the requirements of laws, industry and organisational standards and codes, principles of good governance and accepted community and ethical standards.
Compliance Failure or Breach	An act or omission whereby an organisation has not met its compliance obligations.

Procedures

Compliance from top to bottom and in reverse



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Together with other policies and practice guidelines, all staff are to be aware of their obligations to meet their compliance requirements. Most of our obligations are captured in policies and procedures with which all at Assist Disability Services must be familiar.

Practice Guidelines and Handbooks, as well as information provided to the participants, reflect the legal and regulatory obligations from the United Nations charters to the NDIS Rules 2018.

Monitoring and Compliance – Internally

At Assist Disability Services we have systems to monitor our compliance with the law and practice standards. These systems allow us to correct non-compliance and improve our practice and documentation.

The following approach to compliance is taken by Assist Disability Services to:

- maintain a system for identifying the legislation that applies to Assist Disability Services
- ensure that all policies and procedures and other guidelines reference the relevant legislation
- provide training for staff and other relevant people in relation to the legislative requirements that affect them
- provide staff with the resources to identify and remain up to date with new legislation
- conduct audits to ensure there is compliance
- establish a system to report any non-compliance

- review accidents, incidents and other situations where it has been identified there may have been non-compliance

Monitoring and Compliance – The NDIS Commission

The NDIS Commission has the power to intervene in cases of non-compliance based on the seriousness of the issue, the appropriateness of the response and the likelihood of further harm as shown in the pyramid below:



Source: NDIS Commission 2019

Issues Management – First Line Reporting of Non-Compliance

Once you identify an issue/event as a compliance failure or a potential compliance failure:

- Report it in the first instance to the Line Manager
- Assess the impact of non-compliance on the participant and the broader community

- Consider whether there is any immediate or ongoing risk to the well-being of the

The Line Manager in consultation with Operations Manager will:

- investigate, analyse and classify non-compliance (minor or major) to determine the cause and extent of required corrective and or preventive actions.
- in consultation with the executive team, develop the corrective action which should address the specific issue as well as a recurrence of compliance failures.
- Follow up to ensure that corrective and preventive actions have been implemented and are effective. These can include changes to organisational policy and practices, a redesign or review of controls, redesign of programs and retraining employees.

Expert advice

Obtain advice or clarification on matters of legislation and compliance from Assist Disability Services' legal adviser or the appropriate industry experts as necessary.

Escalation

A clear escalation process is to be adopted and communicated to ensure all compliance failures are raised and reported to the immediate manager, escalated to the manager responsible for the compliance program; and where appropriate, escalated to the executive team.

The process should specify to whom, how and when issues are to be reported and the timelines for internal reporting. The executive team must be informed of the actions being taken to mitigate the impact of the breach and prevent further non-compliance.

Reportable breaches/incidents

Where there are reportable breaches, and the NDIS Commission's Reportable Incident Guidelines must be followed. Refer to Incident Management, including Reportable Incidents Policy and Procedure.

Data breaches

For data breaches refer to Confidentiality and Privacy Policy and reporting to Office of the Australian Information Commissioner (OAIC) and to our Data Breaches Response Plan.

Legal and Regulatory Compliance Register and Reports

Reporting of compliance is incorporated in standard organisational reports.

Separate reports are prepared for major breaches and for urgent emerging issues.

Compliance reports are to typically include:

- Appropriate criteria and obligations for reporting which are clearly set out.

- Timeline for compliance reporting and resolution of non-compliance
- Any matters which Assist Disability Services is required to notify to any regulatory authority including the NDIS Commission
- Significant changes to any compliance obligations
- Number and details of alleged breaches of relevant laws, codes and organisational standards that have been identified, and an assessment of the extent to which similar conduct could have subsequently occurred.

1. Related Legislation and Regulation

- National Disability Insurance Scheme Act 2013 (the Act) and associated Rules.
- Corporations Act 2001
- Human Rights & Equal Opportunity Commission Act 1986
- Access Australian Commonwealth Government legislation: <http://www.austlii.edu.au/databases.html>
- Other legislation includes:
 - Workplace health and safety legislation
 - Anti-discrimination legislation, including equal opportunity, racial vilification or disability discrimination
 - Taxation legislation
 - Privacy legislation

Privacy and Confidentiality Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Privacy and Confidentiality Policy and Procedure

Purpose

The purpose of this policy is to establish standards of privacy, dignity, and confidentiality in the dealings with prospective, current and past Participants of the Assist Disability Services (ADS).

Scope

To ensure that all staff, members, volunteers, and users understand the Organisations requirements in relation to the management, disclosure and destruction as required of personal data and confidential information.

Policy

ADS is dedicated to making sure that all participants are protected from any notifiable data breach and have the same level of privacy, dignity, and confidentiality as is required by the rest of the community. Without the user's express consent, ADS will not divulge any information to another entity or person. All stored personal information will be handled sensitively and in the strictest confidence both internally and externally. It will only be used for the purposes for which it was collected and will not be released to anybody outside of Paradise Community Care Inc. without prior authorisation.

Storing of Confidential and Personal Data

The Data Protection Act of 1998 and the Privacy Act of 1988 are followed while storing any personal information, both on paper and electronically. Data is to be protected from unauthorised access, unintentional disclosure, loss, or obliteration. Only those people who have authorised access may access any personal information that is stored in either electronic or paper form. All paper-based records are kept in locked filing cabinets and all electronic based records are stored on the web via the organisation's CRM system (Flowlogic) using industry standard encryption technology with user access restricted to authorised users. Personal information is only held as long as it remains relevant to the delivery of effective services and the duty of care obligations.

Obtaining and Releasing Information

- Written consent of the participant or family is gained prior to obtaining information from any other source.
- Written consent of the participant or family is obtained prior to releasing information to any other source.
- Only information about the participant that can be shown to be directly relevant to effective service delivery and ADS duty of care responsibilities is collected.

Breaches of Confidentiality

It can be necessary to notify a breach caused by an employee error, a system flaw, third-party theft, or a cyberattack. When a data or information breach (either written or verbal), is likely to cause substantial harm to people whose personal information is implicated in the breach, the affected individuals and the Office of

the Australian Information Commissioner must be notified (in cases of data breaches).

Worker Responsibilities

Worker's responsibilities are as below:

- Workers will not disclose any Confidential Information to any persons who are not employed by **ADS** or Participant unless consent has been obtained. Privacy & Confidentiality Information includes but not limited to:
 - a. Participant personal information about the participant or services/supports provided.
 - b. any other information regarding company activities that can have a detrimental impact to the participant or ADS.

Performance Standards in the management of information

- All clients and their families are provided with access to the ADS Policy and Confidentiality and/or provided with a hardcopy if requested.
- All employees are provided with a copy of the agency's Policy on Privacy, Dignity and Confidentiality and a staff signed copy of the policy acknowledging understanding and compliance to the policy is to be kept in the staff record.
- Clients and families are informed why any information sought is required.
- Client names or other identifying information is not displayed on whiteboards or notice boards that may be open to view by other clients or the public.
- Photographic, video, or other identifying images are not displayed or aired publicly without the written prior permission of the client or family.
- Client files are periodically reviewed to ensure that personal information that is no longer relevant, and unlikely to be relevant in the future, is culled from files.
- Any grievances are addressed in accordance with the privacy, dignity and confidentiality principles outlined in this policy and/or additional grievance and whistleblower policies.

Workplace Health & Safety Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Workplace Health And Safety Policy and Procedure

Purpose

Work Health and Safety (WHS) regulations direct that service decision-makers must make a reasonable effort to understand the risks and hazards associated with working and supporting activities. This includes the allocation of the necessary resources and procedures to either eliminate or significantly reduce these risks to health and safety.

In accordance with the legal requirement, risks to employees, participants, subcontractors, and volunteers must be eliminated wherever it is practicable to do so. Where it is not possible to eliminate all risks, the identified risks will instead be minimised.

Scope

Employees, participants, volunteers, and subcontractors are all required to safeguard their own health and safety as well as that of others. They are also responsible for recognising risks and hazards, controlling WHS risks, and implementing the necessary countermeasures. In addition, they ought to discuss these dangers with others, such as managers or supervisors.

Policy

This policy aims to achieve the following goals:

- Preventing risk of injury to employees and others;
- Consulting with employees regarding the risk management process;
- Decreasing the social and financial costs associated with work-related health and safety risks;
- Establishing and maintaining safe work systems; and maintaining regulatory compliance.
- Training is updated according to current work health and safety regulatory requirements and made available to staff.

Identification and Management of Workplace Hazards and Identified Safety Issues

In the minimisation of risks that may exist in service delivery, Incident management is a crucial component of the ADS planning processes. All parties are encouraged to bring up any concerns about risk, incidents, safety, or support delivery issues.

ADS management is accountable for managing incidents. This accountability is reinforced through governance structures such as policies, performance management, and delegations, which define the acceptable level of risk for the organization.

The Executive Team is responsible for:

- Overseeing the incident management system and monitoring, reviewing, and reporting on its effectiveness.

- Managing, reviewing, and implementing the contingency disaster plan and establishing and maintaining service agreements.
- Implementing incident management processes.
- Sharing results and analysis of incident investigations.
- Evaluating and documenting actual and potential risks through a formal risk assessment.
- Making sure all ADS staff are responsible for identifying and reducing risks in service delivery.

Responding and Reporting of Occupational Health and Safety related Incidents

ADS has a system in place for reporting and managing risks, incidents, and accidents (Work Health and Safety System). Every incident, no matter how small, should be recorded using the incident and hazard report forms available in the staff handbook and on staff ID card. Any incidents that are required to be reported to government agencies must be reported by management through the appropriate portals, following regulatory guidelines. All incidents will be documented through the incident management system.

The staff involved in any WH&S related incident will be informed of the results and suggestions made from the incident investigation. The information will be communicated either directly or through meetings with the executive team committee which will be established to report issues identified by staff, provide a communication channel between senior management and staff, and provide organisational wide representation so that the issues and concerns of all elements of the organisation can be heard (HR team). Reviews of policies, procedures, and equipment may happen as a result of an incident or accident.

Manual Handling

ADS has a minimal lifting policy which includes the following elements:

- The manual handling needs of participants are evaluated and documented upon commencing supports and services with ADS.
- Manual handling is included in the education and training program. Employees are instructed in proper manual handling and lifting techniques.
- All employees are evaluated on their manual handling skills during induction and regularly thereafter.
- Any manual handling injuries and incidents are reviewed, risks are assessed, and strategies to control risks are implemented.
- Risk identification, assessment, and control are done in collaboration with staff.
- Incidents, accidents, and hazards related to manual handling are reported through meetings and other communication as deemed necessary by management.
- Appropriate equipment is provided to safely perform manual handling activities.
- Personal manual handling equipment such as slide sheets are maintained in accordance with infection control guidelines.

The Management Team will ensure the workplace is arranged in a way that supports safe handling of participants and safe use of equipment.

Risk Management

ADS regards risk management as a crucial aspect of effective WH&S Management. By effectively managing risks, it will play a significant role in realizing the strategic and operational objectives and goals of the

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organization are met whilst at the same time ensuring that this is not at the expense of the workplace health and safety of staff.

ADS will maintain both strategic and operational risk management plans with management dedicated to providing staff with the necessary guidance and training on the principles of risk management. The organization will frequently evaluate and monitor the risk management process and its effectiveness, including fostering a risk management and WH&S awareness culture across the company.

Management of Clinical and Pharmaceutical Waste Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Management of Clinical and Pharmaceutical Waste Policy and Procedure

Purpose

The purpose of this policy is to ensure Assist Disability Services staff are correctly disposing of waste products. This policy is relevant for all workers of Assist Disability Services.

Definitions

Clinical and related waste - waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection, or offence. It includes:

- clinical waste,
- cytotoxic waste,
- pharmaceutical, drug or medicine waste, and
- sharps waste.
- bulk body fluids and blood,
- visibly blood-stained body fluids and disposable material and equipment,
- laboratory specimens and cultures, and
- animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research.

Cytotoxic waste - material contaminated with residues or preparations containing materials toxic to cells, principally through action on cell reproduction. This includes any residual cytotoxic drug, and any discarded material associated with the preparation or administration of cytotoxic drugs.

Generator of waste – a person conducting work in a Assist Disability Services workplace, including participants' homes, where waste (for the purpose of this Policy and Procedure) is created.

Hazardous waste - waste arising from medical, nursing, dental, veterinary, pharmaceutical, or similar practices, and wastes generated in clinical or other facilities resulting from the investigation or treatment of patients or research projects. Typical hazardous waste includes sharps, anatomical waste, clinical waste, chemically contaminated waste, infectious waste, human tissue, cytotoxic waste, pharmaceutical waste, animal waste, laboratory waste, chemical waste, and radioactive waste (or items contaminated with this material such as paper towels, gloves, etc).

Pharmaceutical waste - pharmaceuticals or other chemical substances specified in the Poisons List. Pharmaceutical substances include expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.

Sharps - any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

Procedure

Assist Disability Services may generate waste that is unsafe to dispose of with general waste, as part of its delivery of NDIS supports. Appropriate waste disposal is important for infection control. Different types of waste have different waste management procedures that need to be followed.

When specific waste is appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE), the risk of exposure to infection, chemical contamination, radiation exposure or other health and safety issues is minimised.

Staff involved in the management of waste and hazardous substances are trained to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances.

In the course of delivering its NDIS services, Assist Disability Services is NOT likely to produce Clinical, Pharmaceutical and Sharps Waste. Staff must ensure they dispose of waste as per the procedures described below. Any instances where they are not able to do so should be reported to the Operations Manager, and any waste incidents (e.g., exposure) should be reported immediately in accordance with Assist Disability Services' Incident Reporting Policies and Procedures.

Assist Disability Services have processes in place to ensure:

- waste is disposed of safely - to prevent contact with people and minimise environmental risks,
- minimising waste,
- training and waste management promotion,
- work health and safety requirements,
- auditing,
- measuring waste management performance, and
- incident management,
- procedures for segregating, collecting, transporting, storing, and disposing of waste from various areas of the service,
- spills management,
- contract management, including contractor details, contact arrangements, auditing, safe operating, and spill management procedures, and
- relevant insurances.

Disposal of any contaminated or hazardous waste generated by Assist Disability Services activities must:

- be disposed of in accordance with the legislative requirements for the type of waste,
- be conducted and implemented in consultation with relevant staff, and
- occur based on a risk management process that is used when planning and implementing hazardous waste disposal.

Should general waste be mixed or contaminated with any of the above listed waste it must be then treated as the contaminated or hazardous waste.

Clinical waste is generally categorised as an Infectious Substance, and staff should minimise the handling of waste bags and avoid decanting waste from one bin to another. When clinical waste bags must be handled, they should be held away from the body by the closed top of the bag and placed directly into a bin appropriate to the waste. Gloves, apron, and protective eyewear must be worn. If a participant has symptoms of a communicable disease (e.g., gastroenteritis), face masks must also be worn.

PPE worn while looking after a person suspected of having or diagnosed with COVID. Is considered clinical waste that must be disposed of in an appropriate clinical waste bin any items that have been sold a lot of body fluids should also be treated as clinical waste.

Waste bags must not be filled to more than two-thirds of their capacity and contents are to be secured within the bag when closing. Before closing the bag, excess air should be excluded without compacting the waste in the bag. Waste bags should be taken out to the Council bin as soon as possible, or at the end of the shift.

Pharmaceutical Waste

Disposal

Pharmaceutical waste must be disposed of safely and in a manner that is not harmful to the environment. Medication to be destroyed (i.e., out of date, no longer required or incorrectly dispensed) must be labelled and disposed of in an appropriate bag and returned to the local pharmacist for disposal under the Return Of Unwanted Medicine Program.

If the participant, their supporter, or family is unable to return pharmaceutical waste, Assist Disability Services' staff will dispose of it on their behalf. Assist Disability Services will provide staff with address and contact details of nearby pharmacies that are registered to accept unwanted medicines.

Labelling

Pharmaceutical waste packages/containers must be marked with the label PHARMACEUTICAL WASTE. No symbols or signage are required.

Sharps Waste

Sharps injuries are a common cause of getting infected by a blood-borne virus. The following basic requirements should apply if sharps are used or found:

- whoever uses the sharp, disposes of it,
- do not pass sharps by hand, use tongs,
- use disposable sharps,
- do not put a used needle back in its cover, put it in a sharps container,
- do not separate a needle from a syringe,
- do not break, burn, or manipulate a sharp,
- do not clean re-usable sharps by hand, use a long-handled brush and tongs,

- do not put hands or fingers into garbage bags, laundry bags, crevices etc. where you suspect there are sharps – use tongs,
- do not manually compress garbage bags – use the tie-straps to lift and carry the bag, and
- ensure that any containers are kept out of reach of children.

Disposal

Sharps must be disposed of in an approved sharps disposable container (yellow with biohazard symbol). Sharps containers that are resistant to impact, penetration, and leakage, are stable, have integrity of the handles/other carrying features and closure device, and have a capacity indicator (fill line) marked on the outside wall of the container must be used. PPE must be worn when handling sharps, including gloves and safety glasses.

Staff MUST NOT use drinks cans, bottles, or cardboard boxes to dispose of sharps – they may find their way into domestic waste and present a hazard to council workers and the public.

Staff should never try to retrieve anything from a sharps container or press down on the contents to make more room. Containers must be labelled and regularly emptied.

Labelling

Sharps disposable containers must bear the Division 6.2 label:

- and be marked with the label CLINICAL SHARPS.

Chemical Waste

Disposal

When disposing of chemicals and containers that have contained hazardous chemicals:

- check the label for advice on disposal of chemicals or containers,
- triple rinse empty containers to remove all traces of the chemical, and
- uncap, puncture and/or crush all rinsed containers.

Ensure that appropriate PPE (e.g., gloves and safety glasses) are worn before handling or rinsing the empty containers.

Labelling

Chemical waste packages/containers must be labelled with the product identifier (name) and the relevant hazard pictogram/symbol depending on the type of hazard classification (e.g., corrosive, flammable, toxic). It must also include the Australian name, address, and contact details of the manufacturer.

Labelling requirements do not apply to household consumer products, however, if the original label is faded, worn or illegible, a replacement label/sticker must be applied so that the contents can be easily identified. See

also Assist Disability Services' Chemical Use and Storage, refer to the physical MSDS book available at each site location.

Internal Transport and Tracking

Assist Disability Services must optimise the waste collection process, reduce handling and transportation, and promote safe work practices. When removing waste, staff should avoid walking through food preparation and heavily used areas (e.g., kitchen) taking a direct route to the outside bin if possible. This further reduces the risk of contamination should an accident occur (e.g., slip/trip/fall).

Managing Spills

Assist Disability Services must ensure that:

- its Waste Management Plan sets out procedures for waste spills,
- staff involved in spill management are trained in emergency procedures and handling requirements, including use of spill kits,
- spill kits are readily accessible and clearly labelled and mapped,
- it stocks PPE and emergency spill kits appropriate to the waste handled,
- spill kits are disposed of with the relevant waste, and
- spill kits are restocked with the necessary components immediately after use, returned to their locations and regularly inspected for malfunctioning or missing components.

Personal Protective Equipment

Assist Disability Services will supply the necessary Personal Protective Equipment (PPE) for the types of waste that may be handled. Staff must use appropriate PPE when handling waste, including gloves, safety eyewear and in some cases, an apron. Staff must request PPE through the registered nurse and/or rostering management team. PPE can be picked up from head office when requested to manage inventory and stock.

Reporting

Incidents relating to waste management and disposal should be reported in accordance with ASSiST DISABILITY SERVICES's Incident Management Policies and Procedures. Workers who sustain a needlestick injury or are exposed to blood and/or body fluids may need to be notified to the Regulator – refer Assist Disability Services' Workplace Incident Reporting Policy and Procedure for further guidance. Refer to Assist Disability Services' needlestick injury procedure for more information.

Whistleblower Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Whistleblower Policy and Procedure

Purpose

Assist Disability Services recognises that any genuine commitment to detecting and preventing illegal and other undesirable conduct must include, as a fundamental cornerstone, a mechanism whereby employees and others can report their concerns freely and without fear of repercussion. This Whistleblower Policy and procedure provides such a mechanism and encourages the reporting of such conduct.

Scope

Anyone with information about Potential Misconduct is encouraged to Speak Up.

This Policy applies to an individual who is:

- a) a current or former Assist Disability Services employee, including employees who are permanent, part-time, casual and contractors.

Policy Statement

The objectives of this Policy are to:

- a) encourage disclosures of Potential Misconduct;
- b) help deter Potential Misconduct, in line with Assist Disability Services' risk management and governance framework;
- c) ensure that individuals who disclose Potential Misconduct can do so safely, securely and with confidence that they will be protected and supported;
- d) ensure that disclosures are dealt with appropriately and on a timely basis.
- e) provide transparency around Assist Disability Services' framework for receiving, handling, and investigating disclosures; and
- f) meet Assist Disability Services' legal and regulatory obligations.

Assist Disability Services will not tolerate anyone being discouraged from Speaking Up or being subject to detriment because they want to Speak Up or for having done so.

Disciplinary action, up to and including termination of employment or engagement, may be imposed on anyone shown to have caused detriment to a person because they want to, or have, Spoken Up. For more information on this, refer to Assist Disability Services' Grievance Handling Policy and/or Performance Management and Annual reviews policy and procedure.

Examples

Examples of Potential Misconduct:

Assist Disability Services encourages any individual identified to speak up about Potential Misconduct. You should provide as much information as possible, including details of the Potential Misconduct, people involved, dates, locations and if any more evidence may exist.

When Speaking Up, you will be expected to have reasonable grounds to suspect the information you are disclosing is true and accurate from first-hand knowledge, but you will not be penalised if the information turns out to be incorrect. However, you must not make a report that you know is untrue or misleading. Deliberate false reporting will not be covered by this Policy and will not be a protected disclosure.

Where it is found that the person Speaking Up has knowingly made a false report, this may result in disciplinary action. Examples of Potential Misconduct include but are not limited to:

- failure to comply with Assist Disability Services' policies and procedures;
- failure to complete with NDIS practice standards;
- criminal activity;
- fraudulent hours;
- bribery or corruption;
- conduct endangering health and safety or causing damage to the environment;
- dishonest, unethical or irresponsible behaviour;
- conflicts of interest, including those relating to outside business interests, relationships;
- victimisation or harassment;
- misleading or deceptive conduct, including conduct or representations which amount to improper or misleading accounting, taxation or financial reporting practices;
- conduct endangering the health and safety of any person or persons;
- breaches of privacy;
- unauthorised use of Assist Disability Services' confidential information;

Personal work-related grievances

Disclosures that relate solely to personal work-related grievances, and do not relate to detriment or threat of detriment to the person Speaking Up, are not covered by this Policy. Personal work-related grievances are those that relate to your current or former employment and only have implications for you personally, with no other significant implications for Assist Disability Services or other matters of misconduct beyond your personal circumstances.

Examples of personal work-related grievances include:

- an interpersonal conflict between you and another employee;
- a decision that does not involve a breach of workplace laws;
- a decision about your engagement, transfer or promotion;
- a decision about your terms and conditions of engagement; or
- a decision to suspend or terminate your engagement, or otherwise to discipline you.

However, if the personal work-related grievance includes information about a Potential Misconduct, or suggests misconduct beyond your personal circumstances, the personal work-related grievance may qualify for whistle-blower protections under this Policy.

Examples of a personal work-related grievance mixed with a Potential Misconduct include:

- where there is a breach of employment or other laws punishable by imprisonment for a period of 12 months or more;
- engaging in conduct that represents a danger to the public; or you suffer from or are threatened with detriment for making a disclosure.

Procedure

How to report a Potential Misconduct

You are encouraged to Speak Up to the Whistleblower Executive Sub Committee (WESC) in the first instance (Operations Manager, Human Resource Managers). This subcommittee have obligations includes protecting and safeguarding the interests of the person Speaking Up.

For the purposes of reporting by external parties, please contact hr@therapycare.com.au. Any reports received will be discussed with the WESC. You can Speak Up to a legal practitioner for the purposes of obtaining legal advice or legal representation about the whistle-blower requirements.

Can I Speak Up anonymously?

- You can choose to Speak Up in a confidential manner, anonymously or in a partially anonymous manner.
- You can make a confidential disclosure where your identity is known to the WESC, and relevant stakeholders involved in the investigation and reporting of the Potential Misconduct. This is the preferred option as it allows the matter to be fully investigated whilst providing you with ongoing protection and support.
- You can also choose to be partially anonymous where only the WESC is aware of your identity and a pseudonym is used so your identity is not known to others. This may create some limitations to the investigation process.
- You can make an anonymous disclosure if you do not want to reveal your identity. This is the least preferred option as it may not be possible to investigate the report if Assist Disability Services is unable to contact you for further information and it may make it difficult to offer you the same level of practical support if Assist Disability Services does not know your identity.

What protection exists if I Speak Up under the Policy?

Protecting your identity

Assist Disability Services will look to protect the identity of people who Speak Up. Your identity (and any information Assist Disability Services has because of your report that someone could likely use to work out your identity) will only be disclosed if you give your consent to Assist Disability Services to disclose that information or in exceptional circumstances where the disclosure is allowed or required by law.

All information, documents, records, and reports relating to the investigation of a Potential Misconduct will be confidentially stored and retained in an appropriate and secure manner. Access to all information relating to the disclosure will be limited to those directly involved in managing and investigating the disclosure.

Only a restricted number of people who are directly involved in handling and investigating the disclosure will be made aware of your identity (subject to your consent) or information that is likely to lead to the identification of your identity.

You can lodge a complaint with the WESC or a regulator for investigation if you believe that is a breach of confidentiality under this Policy.

Protecting you from detriment

You will not be penalised or subject to any detriment for Speaking Up. It is unlawful to cause detriment to you or another person on the belief or suspicion that a report has been, or will be, made, regardless of whether the report was made. Assist Disability Services will not tolerate such unlawful behaviour.

Examples of detrimental conduct include (but is not limited to):

- a) dismissal of an employee;
- b) injury of an employee in their employment;
- c) alteration of an employee's position or duties to his or her disadvantage;
- d) discriminatory behaviour towards the employee;
- e) harassment or intimidation of a person;
- f) harm and injury to a person, including psychological harm; or
- g) damage to a person's property, reputation, business, or financial position.

Reasonable administrative or management action such as managing your unsatisfactory work performance does not constitute a detriment if the action taken is consistent with Assist Disability services' performance management policy and procedure.

An administrative action that is reasonable for the purpose of protecting you from risk of detriment is not detrimental conduct. For example, Assist Disability Services may ask you to perform your duties from another location, reassigning you to another role at the same level, make other modifications to your workplace or the way you perform your work duties.

If you believe you have been subjected to a detriment because of the actual or intended disclosure, you should immediately report the matter to the WESC so prompt action can be taken to protect against further detrimental acts or omissions. Reports of detrimental conduct will be treated confidentially. You may also seek independent legal advice or contact regulatory bodies if you believe you have suffered a detriment.

Anyone engaging in unlawful detrimental conduct may be subject to disciplinary action. The action taken will depend on the severity of the breach, and may include a reprimand, formal warning, demotion, and/or termination of employment in the case of employees, or termination of contract in the case of suppliers or agents.

Protection from civil, criminal, and administrative liability

You may be entitled to protection from civil liability, criminal liability, and administrative liability (including disciplinary action) in respect of the disclosure. Note that the whistle-blower protections do not grant immunity for any Potential Misconduct you have engaged in that is revealed in the report.

Compensation and other remedies

Any person who has suffered a detriment because of Assist Disability Services' failure to take reasonable precautions and exercise due diligence to prevent the detrimental conduct may be entitled to compensation or some other legal remedy through the courts. A person who is unsure of the protections or rights to compensation under the whistle-blower laws should seek independent legal advice from a legal practitioner.

What happens once a report is made?

Investigating the disclosure

- All reports of misconduct under this Policy will be dealt with promptly, fairly, and objectively. Assist Disability Services' response to a report will vary depending on the nature of the report and the amount of information provided. Your report may be addressed and resolved informally or through formal investigation.
- While Speaking Up does not guarantee a formal investigation, all reports will be properly assessed and considered by the WESC, and a decision made as to whether it should be investigated. The WESC may engage external professionals to assist in any investigation. The executive team will monitor the WESC investigation to ensure the confidentiality of the investigation is maintained.
- The WESC will conduct the investigation in a timely manner and will be fair and independent from any persons to whom the report relates. All employees and contractors must cooperate fully with any investigation.
- Where appropriate, a person being investigated will be provided with details of the report that involves them (to the extent permitted by law) and be given an opportunity to respond.
- The WESC will gather documents, information and evidence relating to the report including ensuring that all documentations and information relating to the report is kept secure and protected.
- The WESC will draw objective conclusions based on the evidence gathered during the investigation and present findings and recommendations to the WESC. The WESC will determine appropriate response and necessary action to remediate, or act on the investigation findings.

Assist Disability Services is committed to implementing the findings and recommendations of any investigation with a view to rectifying any wrongdoing as far as is practicable in the circumstances.

Confidentiality of your identity

Assist Disability Services will maintain the confidentiality of your identity unless the disclosure is authorised under law, or you consent to the disclosure of your identity. Information obtained from you will only be disclosed to the extent reasonably necessary to conduct an investigation into the matter and Assist Disability Services will take all reasonable steps to reduce the risk that your identity will be identified as a result of the disclosure.

Keeping you informed

Assuming your identity is known and where appropriate, you will be kept informed and updated during the following key stages of the investigation:

- when the investigation process has begun;
- while the investigation is in progress; and
- after the investigation has been finalised.

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There may be some circumstances where it may not be appropriate to provide details of the outcome to you. You will not be provided with a copy of the investigation report.

Reporting

The WESC will report the findings and actions directly to the Executive Team.

In cases where the MD, or a member of the Executive Team has been accused of reportable conduct, or where they have a close personal relationship with the person against whom the accusation is made, they will be excluded from the reporting process.

Assist Disability Services Governance Framework Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Assist Disability Services Governance Framework Policy And Procedure

Purpose

The purpose of this document is to define internal governance framework for Assist Disability Services ASSIST DISABILITY SERVICES to ensure that ASSIST DISABILITY SERVICES provides are safe, effective, appropriate, client-focussed, care.

Responsibilities

1.1 Organisational responsibility

ASSIST DISABILITY SERVICES takes primary responsibility for the development and delivery of safe and best practice services and embracing a continuous quality improvement orientation.

1.2 Board and Executive

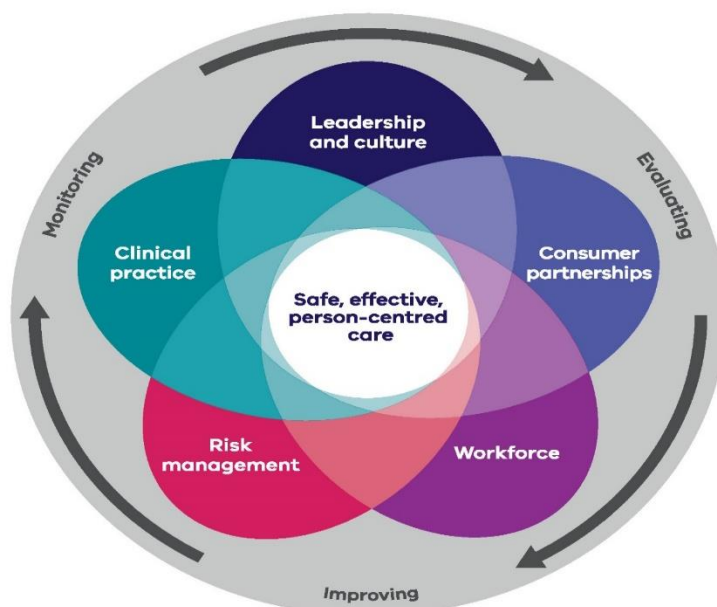
The Assist Disability Services management team is responsible for approving the organisational, strategic direction. The Executive team ensures that the ASSIST DISABILITY SERVICES has the resources and that personnel have the required skills and experience to implement, review, evaluate and improve all processes.

1.3 Management and staff

The management team are responsible for the implementation of the service delivery and operations processes. The IT information technology team (Nable IT consultants) are responsible for cybersecurity, data integrity and storage, policies and processes, and digital technology which sustains and extends the organisation's strategies and objectives.

The Governance Framework

The Framework for optimising the safety and quality in provision of disability services which are client-centred, supported by his or her family, carers, and service providers. The services provided by Assist Disability Services are based on the



best available evidence.

The internal governance framework at ASSIST DISABILITY SERVICES is underpinned by a model that informs our approach to safe and quality service delivery.

2.1 Leadership

ASSIST DISABILITY SERVICES is committed to the systematic monitoring, measurement, and analysis of data to optimise safety and continuous quality improvement and consistent best practice excellence and reporting to relevant responsible governance and management individuals and entities.

ASSIST DISABILITY SERVICES are committed to provision of a safe, high-quality service with resources in place to ensure continuity of service.

2.2 Consumer Partnerships

The right of people to participate in their health care is well established. The best quality health care is achieved when it is planned, delivered, and evaluated in collaboration with the service user (the client; family members and carers; and, where appropriate, community members and agencies).

ASSIST DISABILITY SERVICES engages and involves communities and key organisations in the planning of services to ensure ASSIST DISABILITY SERVICES provides effective and appropriately targeted programs.

Effective consumer, engagement and participation in the program is critical. All models of care are informed by lived experience, therapeutic and evidence based and trauma informed practice.

2.3 Workforce Accountability and Development

At ASSIST DISABILITY SERVICES organisational responsibility is clearly defined and that there are clear lines of accountability between individuals, clinical supervisors, and the broader organisation. This involves clarifying accountabilities and making them explicit using position descriptions, sub-contracts, service agreements and partnership agreements or contracts.

There are processes for credentialing requirements for therapy staff and there is definition of ongoing professional development and maintenance of professional standards within each of the allied health disciplines. Individuals are accountable for their own practice and its impact on the clients with whom they are engaged.

2.4 Risk Management

All risks (clinical and non-clinical) are identified, assessed, and managed via a uniform system (FlowLogic) to support the service objectives. Integration of clinical risk management within the existing risk management framework requires:

- a. A review of performance and proactive identification of clinical risks drives clinical risk management and improvement strategies in all services and projects.
- b. ADS reviews the appropriateness of clinical risk management and risk mitigation measures and advises the board accordingly.
- c. Data integrity, technical risks are identified early, mitigated, and managed accordingly.

Effective identification, mitigation, and management of clinical and technical risks to prevent adverse outcomes, protect clients from harm, recognises and responds to deteriorating mental health and improves mental health outcome.

ASSIST DISABILITY SERVICES has processes in place so that information is collected, transferred, shared, stored, and reported. Critical areas such as confidentiality, privacy and consent are security of data are considered.

2.5 Clinical Practice- Allied Health Services

ASSIST DISABILITY SERVICES is committed to delivery of person-centred, safe, accessible, evidence-based quality services. Allied health and other therapy services at ASSIST DISABILITY SERVICES are:

- a. Use evidence informed practices.
- b. Continuous quality improvement processes are in use and there is a mechanism for review of practice through clinical supervision.
- c. Clinical risk focuses on minimising risk and improving overall clinical safety. Potential risks are identified and limited, and adverse events are examined for causative factors, data trends within and across programs are reviewed.

3.2 The Reporting Framework

Reports will be both quantitative performance indicator data and narrative to enhance the meaning of the indicators. An action plan for improvement is maintained actions reviewed monthly at each internal governance committee meeting (with the executive team). Action steps are rolled out across all areas of servicing via the relevant members of management.

Activities that provide information about the quality and safety of the services. Include but are not limited to:

- Executive level meetings to discuss all compliance-based issues.

- Ongoing discussion around continuity of supports and disaster planning.
- Ongoing discussion and partnership with CQ Information Technology Australia to protect data security, including auditing existing systems.
- Ongoing review of ADS's (quarterly & annually) policies and procedures reflective of NDIS practice standards.
- Ongoing review of ADS's policies and procedures in consultation with your HR at Work legal team.
- Ongoing review of any updates to BSP/Specialist Support Coordinator compliance via the NDIS practice standards
- Internal auditing of therapy registrations and continued professional development requirements.
- Internal auditing of management continued professional development requirements.
- Ongoing annual reviewing of existing training platforms and mandatory training (including reviewing staff feedback)
- Maintaining paperwork with current landlords including meeting contractor agreement requirements.
- Ongoing review of data collection in relation to restrictive practices in behaviour support plans.
- Ongoing reviews of complaints and feedback weekly (documented within our complaints and feedback management system).
- Maintaining ongoing testing and tagging across all site locations annually.
- Ensuring ongoing maintenance of fire equipment via our landlords.
- Frequent internal auditing of aged payables.
- Frequent internal auditing of accounts receivables.
- Internal auditing of participant files and billing.
- Internal auditing of WEELPAY and company credit cards.
- Ongoing internal auditing of asset management (via the fleet and asset register)
- Business reporting via Flow Logic including monthly CEO dashboards.
- Auditing of clinical / case notes.
- Auditing of current insurances.
- Reporting via the Work Health and Safety Systems.
- Internal audits of quality and safety management.
- Internal audits of emergency preparedness and planning during natural disasters and pandemics.
- Staff file review including performance management, EAP program access and staff feedback.

- Weekly incidents review.
- Quarterly sampling of participant support plans and individual emergency disaster plans.
- Annual corporate governance review (include finance/operations/human resources)
- Review of ongoing changes via fair work and under the awards.
- Review of fleet insurance.
- Monthly review of supervision logs.
- Annual feedback review of staff.
- Review of project register (weekly at an executive level).
- Review of continuous improvements (annual) during strategy sessions.
- Quarterly strategic review meeting.
- Review of ongoing legislative compliance.

For more information refer to ADS's Schedule of Internal Audits register.

Improvements to services that have resulted or should result from the identification of quality-of-care issues will be raised by the service delivery team and noted in a range of meeting minutes.

Person Money Handling Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Management of Participants Money and Property Procedure

Purpose

This procedure provides staff instructions on how they may assist participants in management of money and property. Where a support coordinator believes a participant cannot manage their own financial affairs with some assistance from their formal supports, they must refer the matter to the Operations Manager. A substitute decision maker may need to be appointed for the participant. Direct responsibility for managing a participant's financial transactions should only be assumed by staff where the participant is unable to do so themselves.

Scope

This procedure applies to all staff who assist participants with management of money and property/possessions.

Procedure

ADS has processes in place to ensure any staff member who has access to a participant's money or other property is managed, protected, and accounted for. Any assistance provided should promote autonomy, choice and independence as well as protect the participant and ADS staff.

Staff must maintain confidentiality regarding participants' funds and accounts. Any inquiries about a participant's finances by third parties must be directed to the Operations Manager.

Where assistance in managing financial affairs is required, a Consent Form/documentated case notes must be obtained from the participant and retained on their file. Participants' money may only be used for the purposes intended by the participant. The arrangements for supporting participants to manage their finances must also be clearly set out in their NDIS Service Agreement and Support Plan, which are to be reviewed on at least an annual basis.

Staff must support participants to keep their funds safe and not use a participant's PIN or other access codes when assisting them to manage their finances. A participant's funds may only be used for their benefit of that participant – staff must not make personal purchases with the participant's money or borrow money from the participant.

While staff may share, at no cost to themselves, in meals and other special occasions that are part of a participant's activities, they must pay for their own meals when solely accompanying participants. The use of a Companion Card is encouraged to cover the cost of entry into venues or entertainment for a staff member when they are accompanying a participant as part of their Support Plan. Where a Companion Card is not available or accepted, staff must not allow a participant or their family to pay for their entrance to any venues or entertainment. Such instances should be referred to the Operations Manager who will determine who

should pay for the entry cost. Staff must not provide participants with financial advice or information, other than that reasonably be required under the participant's NDIS Support Plan.

More generally, in managing participants' Support Plans, support coordinator must:

- assist participants with budgeting and the purchase of goods and services from ADS and other services, ensuring that as far as possible, participants get value for money and are not taken advantage of,
- monitor the appropriateness of fees asked of participants,
- check transactions that occur as part of managing participants' plans against funds received and payments made,
- monitor the appropriateness of signatories for participants' finances,
- ensure invoices and statements are provided to participants on at least a monthly basis, and
- collate and securely store all current and previous checked and audited accounts and budget information.
- ADS does not accept liability for loss or damage to property, valuables or essential participant equipment, but staff must take all reasonable care in the management of participant belongings.
- Where supports are delivered in participants' homes, reasonable wear and tear to equipment such as vacuum cleaners, toasters, kettles, etc., should be expected and it is the responsibility of the participant to meet such costs.
- When supporting participants in the community, staff must ensure the amount of property the participant has with them is kept to a minimum and is kept securely by the participant (where possible) or supporting staff member when not in use.

Reporting

- Suspected or alleged financial abuse must be reported in line with ADS's Participant Incident Management Policy and Procedure. Where loss or damage to a participants' property, including money, may have involved a ADS staff member or occurred during service delivery, it must also be reported in accordance with the Incident Management Policy and Procedure.
- Participants and their supporters also have access to ADS's Feedback and Complaints processes, should they wish to provide feedback or make a complaint regarding the handling of their finances or property.

Person Centred Supports and Support Planning Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Person Centred Supports and Support Planning Policy and Procedure

Purpose

This policy ensures that support planning is cognizant of all issues that will ensure the successful provision of supports and services via the individually produced Support Plan created to specific Participants requirements.

Scope

This policy applies to all employees and participants. It's aimed at informing participants of their rights and creating a bespoke Support Plan suited to the individual needs/requirements of the participant.

Person Centred Supports

At ASSIST DISABILITY SERVICES we adopt a strengths-based, person-centered, and comprehensive approach to care and support, with the participant or their advocate being central to decision-making. Our team will ensure that services are delivered with dignity and in collaboration with participants. In our interactions with stakeholders, we will:

- Respect individuals
- Treat everyone courteously and fairly, without discrimination
- Educate participants about their rights and responsibilities through orientation, Easy Read materials, and handbooks.
- Keep personal information confidential.
- Involve participants in decisions about their services.
- Help participants connect with other services as needed.
- Provide ways for participants to give feedback on our services.
- Ensure participant safety and prevent harm.
- Assist participants in accessing and using our services.
- Comply with signed service agreements.
- Respect individual opinions, personal circumstances, and cultural diversity
- Offer advice and options for additional support and services.
- Ensure staff have the necessary skills to meet participant needs.
- Treat everyone with dignity, fairness, and respect, without discrimination
- Provide information on how to make a complaint and how we will respond.
- Offer care and support that respects individual preferences, choices, interests, and capabilities.
- Support the right to receive quality care in a participatory environment.
- Provide services that meet or exceed relevant industry standards such as NDIS practice standards, quality indicators, and their charter of rights.

ASSIST DISABILITY SERVICES must make sure that participants are connected to their community, aware of relevant activities, and equipped with the necessary skills to participate confidently, contribute to the community, and protect their rights. They must also help participants use and benefit from mainstream

services, participate in community activities, and contribute to those activities.

Support Planning

The goal of Support Planning is to collaborate with participants, families, advocates, communities, and other service providers to ensure the participant gets the best results possible. This partnership aims to facilitate information and idea exchange between all stakeholders so that the supports are pertinent, suitable, and compliant with the aim of achieving the goals established in the service agreement.

The support plan will clearly state, in writing, the services and type of support the participant will receive from ASSIST DISABILITY SERVICES. If the participant's needs, preferences, or goals change, the amended support plan will reflect the changes in required support.

The principles of Support Planning include:

- The support planning process involves collaboration between the participant, their family, friends, caregiver, or advocate to identify strengths, needs, and life goals, with an emphasis on choice and decision-making.
- The participant's preferences, values, and lifestyle choices should be supported as much as possible.
- Support plans should recognize and support the valued role of people with disabilities as chosen by the participant.
- ASSIST DISABILITY SERVICES aims to promote functional and social independence and improve the quality of life.
- Support plans will include achievable goals.
- The agreed services should align with the participant's personal goals.
- Support plans should be flexible and adaptable, not limited to rigid service delivery methods.
- The activities and supports in the plan must be inclusive of the participant's chosen community and maintain connections to allow for active participation.
- If the participant identifies as Aboriginal or Torres Strait Islander, their community will be contacted for engagement and support services.
- Support plans are reviewed regularly (at least annually) and updated to meet the participant's changing needs and preferences.
- Support plans should be strengths-based and focus on increasing independence by building on the participant's existing networks.
- Support plans should be provided in the participant's first language, if appropriate or requested.
- The participant or their advocate can request a review of the support plan at any time.
- The staff conducting the support plan development must have the necessary skills and competence to perform this task.

Documentation and Processes integral to the creation and composition of the Support Plan:

Service Agreements

We will work with the participant to create a service agreement that outlines:

- The expectations of both parties.

- The type of support to be provided.
- The conditions attached to the support delivery, including explanations for these conditions.
- A Schedule of Supports that outlines the type of supports and associated costs in creation and management/administration of the Support Plan.

Participant Intake Form

This form captures relevant information that will identify aspects of the participants overall situation. This will then provide a starting point for staff to identify further Risks Assessment requirements and potential strategies for implementation of supports that will enable the participant to achieve goals and requirements as outlined in the Service Agreement.

Risk Assessments (home risk & participant risk AX)

The Risk Assessment is an integral component in the production of a Support Plan. The Risk Assessment identifies issues that may create a barrier to the successful implementation of supports and services that will enable a participant to attain their NDIS goals.

In the assessment and support planning process, we work with the participant, their family, or advocate to:

- Conduct the risk assessment.
- Develop strategies to manage and treat known risks.
- Put those strategies into action.
- Conduct an annual review or sooner if the participant's needs or circumstances change.

Creation of the Support Plan

Staff will meet with the participant to develop the plan to ensure that the supports are provided in a context where service delivery meets the participants expectations and is relevant to the participants NDIS goals. The process of developing the support plan includes:

- Setting a meeting time with the participant and, if necessary, their representative or family.
- Prior to the meeting with the participant, reviewing:
 - The participant's intake form
 - The participant's assessment information
 - Referral documents
 - Any other relevant notes or data to better understand the participant as an individual.
- Informing the participant about the support plan process.
- Creating the support plan while involving the participant as much as they desire in the decision-making process and documenting the reasons for decisions made if the participant opts for limited involvement.

Elements of the Support Plan will consider the following:

- Assess ASSIST DISABILITY SERVICES's financial resources and limitations for services or programs.

- Evaluate the capacities and suitability of current staff for providing services.
- Consider the availability of specialized subcontractors or services.
- Identify any other service providers designated by the participant.
- Consider volunteer support options.
- Agree with the participant on how each goal will be measured and tracked.
- Address potential barriers to goal achievement and develop strategies to overcome them.
- Help the participant prioritize their goals if multiple goals are identified.
- List the actions, responsibilities, frequency, and duration of services to be coordinated or supplied for each goal and document all information in the support plan.
- Include all stakeholders in the support plan who will assist the participant in achieving their goals.

Support Plan Review

The Support Plan is to be formally reviewed at least annually and on an as needs basis as circumstances change such as:

- Change in the participants condition,
- Availability and/or
- Progress/lack of progress towards their NDIS goals

Support Coordination Policy and Procedure

Approval Date	Review Date
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1.0 Purpose

Assist Disability Services Pty Ltd focuses on supporting our participants to build skills and direct their lives and to connect our participants to relevant providers.

2.0 Scope

As a support coordinator, our organisation will support the participant to understand and implement the funded supports itemised in their National Disability Insurance Scheme (NDIS) Plan and link the participant to appropriate community, mainstream and government services.

This policy aims to ensure that we meet our requirements in the provision of short and long-term supports that focus on strengthening the participant's ability to coordinate their supports, and to assist them to live at home and participate in their community, including:

- support connection
- coordination of supports
- assistance with accommodation and tenancy obligations
- life transition planning including mentoring, peer support and individual skill development
- assistance with decision-making, daily planning, budgeting.

3.0 Definitions

Definition	Description
Support connection – Level 1	This support is to build your ability to connect with informal, community and funded supports enabling you to get the most out of your plan and achieve your goals.
Support coordination – Level 2	This support will assist you to build the skills you need to understand, implement, and use your plan. A support coordinator will work with you to ensure a mix of supports are used to increase your capacity to maintain relationships, manage service delivery tasks, live more independently, and be included in your community.

Specialist support coordination – Level 3

Note: This is Module 4 and not relevant to this policy

This is a higher level of support coordination. It is for people whose situations are more complex and who need specialist support. A specialist support coordinator will assist you to manage challenges in your support environment and ensuring consistent delivery of service.

	<p>A specialist support coordinator will be funded where there are additional high or complex needs in your situation and will be a qualified and experienced practitioner such as an occupational therapist, psychologist, or social worker.</p> <p>Specialist support coordinators will support you to manage challenges in your support environment which may include health, education, or justice services. Specialist support coordination aims to reduce barriers to implementing or using your NDIS plan.</p>
Self-managed	Self-managed is when a participant personally manages their NDIS funding. Self-management provides the participant flexibility and choice to select and purchase the supports they need to meet their plan goals.
NDIA managed	The National Disability Insurance Agency (NDIA) manages the participant's book-keeping and records of their spending.
Plan managed	The participant's plan is managed by a plan manager (funded in the plan) who must be an NDIS registered provider.

4.0 Policy

Our organisation will provide capacity building support to implement all supports in a participant's plan, including informal, mainstream, community and funded supports. We will work creatively and resourcefully with participants in how they utilise their support budgets to achieve their goals.

Assist Disability Services Pty Ltd provides support coordination to participants. Participants and/or their families seeking support coordination will be assisted to:

- build the participant's capacity to manage relationships
- manage service delivery tasks
- live more independently
- be more included in their community.

Support coordinators will support participants and families to understand and implement funded supports in the participant's plan and link a participant to community, mainstream and other services. Support coordinators also focus on building the skills of the participant and their family, as well as connecting them to providers.

4.1 Conflict of interest

Assist Disability Services Pty Ltd provides support coordination, as well as other supports to participants. Participants are informed of other services available to provide necessary supports, together with the supports

offered by Assist Disability Services Pty Ltd, to allow our participants and families to exercise their choice and control in the supports received.

Participants and families are informed of any relevant conflicts with other providers who may have a relationship with Assist Disability Services Pty Ltd, where this is relevant.

4.2 Organisational expectations

- Contact the participant as soon as possible after the handover with the planner, ideally within two (2) days and meet with the participant within the next five (5) days
- Understand the role of the mainstream service system.
- Understand the National Disability Insurance Scheme (NDIS) legislation and rules, including provisions relating to reasonable and necessary supports.
- Understand the NDIS Price Guide and flexibility within budgets.
- Be a registered provider.
- Manage any perceived or real conflict of interest in accordance with the National Disability Insurance Agency's (NDIA) terms of business
- Provide the NDIA with reports on specific goals, outcomes and success indicators within the agreed reporting frequency

4.3 Participant aims

- Maximise the value for money the participant receives from their supports.
- Genuinely allow participants to exercise their choice and control.
- Implement and reach objectives in the support plan.
- Allow participants to have increased capacity to manage and direct their supports.
- Provide participants with increased opportunities to explore and connect with the community and alternative support options.
- Better coordinate multiple supports and services.
- Strengthen the capacity of their informal support network.
- Effectively navigate and use the NDIS participant portal 'Myplace'.

5.0 Procedure

Outlined below

5.1 Procedure intake of support coordination participants

1. Receive enquiry (via phone, email, or NDIA) and complete Participant Intake Form.
2. When an enquiry or referral is received from NDIA, acceptance of this is to be confirmed via return email.
3. Make an appointment with the participant within five days of receipt of contact.

5.2 Provision of support coordination

1. A participant and their family attend an initial appointment during which their NDIS Plan and their personal goals are reviewed.
2. The assigned support coordinator provides information to the participant and their family about appropriate providers to support their needs.
3. A plan is developed to support the provision of support coordination in accordance with this policy (see 5.3 and 5.4).
4. Follow up, and review appointments are booked.

5.3 Support making decisions

The Support Coordinator will support the participant in making decisions by:

- separating the decision-making process into different parts
- explaining each different part of the decision-making process clearly
- showing different but relevant options for the participant's consideration.

5.4 Goal setting

To assist participants in achieving their goals, our support coordinator will:

1. assess several providers, including mainstream, community and informal options available
2. select preferred options or providers
3. negotiate services to be provided and fees, develop a service agreement and create service bookings with the preferred providers
4. negotiate services and prices as part of any quotable supports
5. arrange assessments (if required) to determine the nature and type of funding necessary (e.g. the type of complex home modifications required)
6. decide the budget for each support type and advise any relevant plan manager of the breakdown of funds.

5.5 Exiting of support coordination participants

1. When a participant or their family requests to exit our service, they will be required to follow the terms of cessation as outlined in their Service Agreement.
2. In general, written confirmation and a cancellation period of up to four weeks are required.
3. The support coordinator will ask the participant and their family to provide feedback to ascertain the reason for the change if this is appropriate.
4. Necessary system adjustments and handover/transition processes will be undertaken in the transition of the participant and their family to another provider for continuity of care.
5. The participant's support coordinator will finalise all activities and follow up on any outstanding requests.

5.6 Specialist activities

On some occasions, we may undertake some specialist activities, including:

- assisting the participant get ready for their support plan review by helping them:
 - assess whether they achieved their goals and received value for money
 - identify solutions to any problems experienced in implementing the plan
 - consider new goals and objectives to work towards
- helping participants decide on required actions to take to achieve goals in relation to exploring housing options and life transition planning.

5.7 Activities not provided

Our staff will optimise the flexibility in the core supports to implement the plan and will not make any judgements about the adequacy of the support plan.

For most participants, the need for support coordination is expected to decrease as capacity is increased. For this reason, our service is not funded to provide:

- participant transport
- plan administration
- plan management
- support rostering
- advocacy
- disability supports.

5.8 Role of the support coordinators

A support coordinator will assist participants in negotiating with providers regarding the services they can offer the participant and how much the supports will cost. Support coordinators ensure that service agreements and service bookings are completed. They also develop the participant's ability to exercise choice and control and to coordinate supports and access the local community.

Support coordinators can assist a participant in planning to prepare for their plan review. They can also assist a participant to 'optimise' their plan by ensuring that they are receiving the most out of their funded supports.

Specialist support coordinators support participants to manage challenges in their support environment which may include health, education, or justice services. Specialist support coordination aims to reduce any barriers a participant faces when implementing or using their NDIS plan.

6.0 Relevant documents

- Participant Intake Form
- Support Plan
- Service Agreement

- Continuity of care
- Conflict of Interest declaration
- Service Agreement

7.0 References

- NDIS Price Guide
- NDIS Act 2013
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Terms of Business for Registered Providers (updated January 2020)
- Privacy Act 1988 (Commonwealth)
- NDIS Support Coordination: Information for Providers
- United Nations Convention on the Rights of Persons with Disabilities
- Privacy Act (1988)
- Work Health and Safety Act 2011 (Commonwealth)

Incident Management Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Incident Management – Including Reportable Incidents Policy and Procedure

Purpose

This policy guides Assist Disability Services practice and compliance obligations, including in relation to the NDIS Incident Management and Reportable Incidents Rules 2018. This policy applies when there is an accident, incident (including critical and reportable incidents), or near miss affecting participants and other relevant people.

The procedures and guidelines, based on our overarching Human and Legal Rights Framework, show us how to:

- identify incidents
- notify and report incidents
- manage them and take corrective actions in collaboration and in an accessible way with the participant and relevant stakeholders and
- drive improvements in the quality of the supports that we deliver.

Scope

This policy, like the overarching Rights Policy, applies across all activities and programs at Assist Disability Services including in relation to the Code of Conduct, recruitment, worker screening, complaints management, and behaviour support implementation. Refer to our Rights and Person Centred/Directed Approaches Framework diagram in Appendix A.

Exclusions

- This policy does not include information on child-related Mandatory Reporting (see the Preventing and Responding to Abuse, Neglect and Discrimination Policy and Procedure).
- This policy excludes incidents that affect staff or members of the public but do not have an impact on a participant. They are dealt with under the Work Health and Safety system.

Policy Statement

- Safety is our priority as is a positive service experience of all participants at Assist Disability Services. Even though we try to keep our services as safe as possible, things can still go wrong or there can be an unexpected event or accident. In such situations all the elements of this Policy and Procedure must be followed using the prescribed forms (internal and those prescribed by the NDIS Commission).
- We communicate with all relevant parties and give participants information about how our incident management system operates, and who is responsible for what actions and processes. We undertake to respond to incidents, report and investigate them in an effective and timely manner to finalise them as soon as practicable and within the prescribed timelines.
- We ensure that we comply with our legislative and contractual reporting requirements. All incidents which occur in connection with our service provision, and are classified as reportable incidents, are reported to the NDIS Commission as directed by the Commission.

- Our focus is prevention including through recruitment, screening and training of the right staff. If an incident does happen, we are committed to reducing its impact and to ensure that participants (and staff) have their physical and psychological needs addressed.
- We discuss all incidents and near misses, learn from and make changes to our policies and practices to prevent or minimise reoccurrence.







Responsibilities

Role	Responsibility
Executive Team	Executive team has overall responsibility for the management of incidents The MD is the Authorised Approver in relation to reportable incidents and must review and is responsible for reporting incidents to the NDIS Commission. The Executive Team assists the MD and is responsible for the ongoing monitoring of incidents.
Operations Manager	Confirms the incident is a serious incident in accordance with the definition contained in this procedure. Authorises any further contact with e.g. police. Immediately briefs and provides regular updates to the MD
Quality	Conducts a review of all reported participant incidents in their departments/teams. Identifies themes, trends and factors contributing to participant incidents. Implements improvements.
Finance	Ensures that proper financial procedures are in place and alerts the MD to any irregularities which may impact the participant and the organisation.
Managers Team Leaders	Provide ongoing support to impacted people. Ensure that they are involved in the management of the resolution of the incident.
Workers	Remain informed regarding Assist Disability Services procedures which impact on their duties and work within them.

Procedure

Assist Disability Services' incident management system and practice consists of procedures to identify, manage, report, resolve and learn from incidents. It is based on the overarching rights based and person centred and directed approach. *See Appendix A.*

Reportable Incidents

Principle	Description
 Centred on people with disability	Management of an incident is respectful of, and responsive to, a person with disability's preferences, needs and values while supporting the person's safety and wellbeing.
 Outcome focussed	Management of an incident should reveal the factors which contributed to the incident occurring, and seek to prevent incidents from reoccurring.
 Clear, simple and consistent	The process for dealing with incidents is easy to understand, accessible and consistently applied.
 Accountable	Providers are responsible for appropriately managing the response to incidents. Everyone involved in the management of an incident understands their role and responsibilities, and will be accountable for decisions or actions taken in regard to an incident.
 Continual improvement	The incident management process facilitates the ongoing identification of issues and implementation of changes to improve the quality and safety of NDIS supports and services.
 Proportionate	The nature of any investigation or actions following an incident will be proportionate to the harm caused and any risk of future harm to a person with disability.

Reporting incidents

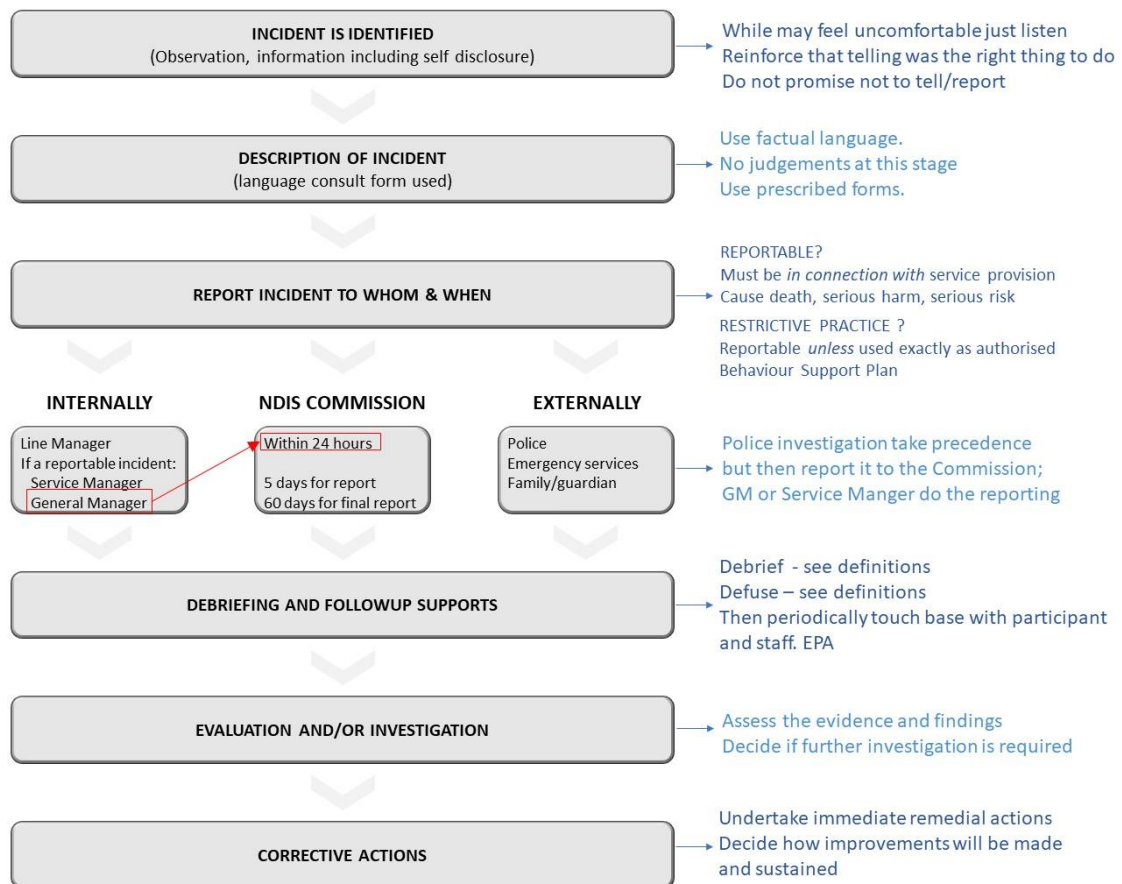
It is a contractual and legal requirement all incidents that meet the NDIS Commission's definition of serious and notifiable incidents are reported to the NDIS Commission. *Refer to the NDIS Reportable Incident Guidelines, FAQ and other information in the Resources Section of the Incident Management Folder. Refer to the reportable incidents procedure for more information.*

What is a reportable incident?

A Reportable Incident is:

- the death of a person with disability or
- the serious injury of a person with disability or
- the abuse or neglect of a person with disability or
- the unlawful sexual or physical contact with, or assault of, a person with disability or
- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity

Incident Management - How to - flowchart



Lucyna MacDermott for Therapy Care. Please attribute.

Actions to take to protect the participant

When you become aware of an incident involving a participant, either at the time it occurs or subsequent to the event, you must immediately:

- Protect the participant from further harm. If you do not do so you are in breach of duty of care and this procedure and may be subject to disciplinary action.
- Apply and seek first aid and contact emergency services
- Apply or seek first aid if required and contact the Ambulance service on 000 if a participant sustains a serious injury requiring medical treatment or is in urgent need of medical help.
- The Police must be called immediately on 000 in any situation where life or serious injury is threatened; or where there is a threat of danger to people or property; when a serious crime is in progress, being witnessed or just committed (for example physical or sexual assault).

In all other cases contact your Line Manager, or if they are absent, the Operations Manager to authorise contact with the Police:

- Implement immediate response requirements for suspected, observed or alleged abuse and neglect of participants incidents
- Follow the additional steps required for the immediate response to suspected, observed or alleged abuse and neglect of clients as contained in the Responding to Abuse and Neglect Procedure.
- Protect evidence. Secure the scene of the incident if appropriate, for investigation purposes.
- Contact your Line Manager within 30 minutes if the incident is serious.
- Complete our Incident Report Form
- When recording the description of the incident, it is important to be precise and to remain focussed on the incident itself. While some incidents can be distressing, it is important that recording is factual without emotive content or judgements.
- Only details of the incident and actions completed in response at the time the incident report is created should be included within the description field.

Investigation of Reportable Incidents – NDIS Commission

Refer also to a Folder of Information and FAQ

Assist Disability Services will always consider actions proportionate to the harm caused and any risk of future harm actions. If the NDIS Commission requires a Reportable Incident to be investigated, either internally or by an external independent investigator, Assist Disability Services will fully comply with the Commission's directions.

Details to be supplied include:

- the name and position of the person who undertook the investigation and when the investigation was undertaken
- details of any findings made and a copy of any report relating to the investigation
- details of any corrective or other action taken after the investigation
- information about whether participants impacted by the incident (or their representative) have been kept informed of the progress, findings, and actions relating to the investigation or assessment
- any other information required by the NDIS Commission.

Working with Police

A police investigation takes priority over a reportable incident investigation.

- Clearance must be obtained from police before taking any action that might compromise the investigation.
- Manage any ongoing risk and should maintain an open dialogue with police about any investigation they are conducting.
- Inform the NDIS Commission where a Police investigation delays conducting a required investigation and finalising a report.

Investigating poor quality of care or staff to participant abuse

Where an incident relates to potential staff-to-participant abuse or poor quality of care, some degree of independence is required for the investigation. Depending on the nature of the incident and to ensure procedural fairness, Assist Disability Services will consider:

- an area of Assist Disability Services that is sufficiently independent from staff who are the subject of any allegations, such as another team/department
- another service provider independent from the staff who are the subject of any allegations and External investigative body. Internal and external investigators must be appropriately trained in conducting serious workplace investigations, including investigating serious incidents that may involve a criminal element.

Reviewing the Incident Management System

Assist Disability Services conducts a review of the incident management system every year to see if it is effective and accessible for clients.

- We have established the Incident Register which will give information about the type of incidents that have occurred and how well they were managed. The quality review reports on how some policies or practices are to be changed. This is discussed at regular meetings. This incident register can be pulled via WHS, Flowlogic and from service meeting minutes.
- Participants and other stakeholders are invited to discussion/focus groups to provide lived-experience feedback [in development].

Learning and Quality Improvements (Policy and Practice)

Incidents are not something in themselves; often they are symptoms of a larger problem.

- Analyse and publicise incidents internally to serve as a catalyst for changed practices and increased organisational vigilance
- Decide what would the adequate corrective actions be based on evidence and leading practice. Tailor your strategies to Assist Disability Services' operations.
- Quality and incident case studies/ethical dilemmas will become part of the meeting agenda at Assist Disability Services. Track frequency, content and results and report to the Executive and teams.

See Appendix B for Root Cause Analysis examples.

Related Legislation AND regulation

[National Disability Insurance Scheme Act 2013 – Cth](#)

[National Disability Insurance Scheme \(Code of Conduct\) Rule 2008 – Cth](#)

[National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018 – Cth](#)

[National Disability Insurance Scheme \(Practice Standards – Worker Screening\) Rules 2018 – Cth](#)

[National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018 – Cth](#)

[Work Health and Safety Act 2011 \(NSW\)](#)

Work Health and Safety Regulations 2017 (NSW)

Related Internal Policies and Procedures/practice manuals

Dignity of Risk Duty of Care Policy
NDIS Code of Conduct
Human and Legal Rights, the overarching policy
HR policies and procedures
Responding to Violence, Abuse, Neglect, Exploitation Policy
Participants Information Sheet – Incidents
Handbooks

Related Documents/Additional Guidance/RESOURCES

Practice Guide on Incident Management and Reportable Incidents. It includes provisions in different States and Territories jurisdictions.

<https://www.ndiscommission.gov.au/sites/default/files/documents/2019-06/detailed-guidance-expectations-workers-providing-services-incident.pdf>

[NDIS Practice Standards and Quality Indicators](#)

Writing incident reports- while from another sector: useful 5 Ws of Report Writing

<https://www.youtube.com/watch?v=LXMvHkTDVHE>

Clinical Incidents Management

https://www.youtube.com/watch?time_continue=320&v=AI9l-ozA-6c&feature=emb_logo

Engaging Consumers (from AOD Sector but similar principles)

https://www.youtube.com/watch?time_continue=851&v=RET3Auv7oB4&feature=emb_logo

Appendix



2019 Lucyna MacDermott for Therapy Care. Please attribute.

ASSiST

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Blacktown
NSW 2148

Complaints Management and Resolution Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Complaints Management and Resolution Policy and Procedure

Purpose

This policy outlines how Assist Disability Services supports the participants' right to provide feedback and lodge a complaint. It provides guidance about how we receive, respond to, and analyse complaints and other feedback so that we can make sure that the participants rights, needs and service expectations are met. This policy is in line with procedural fairness, and we follow the NDIS Commission Effective Complaint Handling Guidelines.

Scope

This policy applies to all Assist Disability Services staff/ workers, employed, or otherwise engaged by Assist Disability Services.

Exclusions:

A. This policy does not deal with:

- Internal (organisational and staff) grievance and dispute management - refer to Grievance Management Policy.
- Employee performance management - refer to Managing Unsatisfactory Performance Policy.
- Complaints about the National Disability Insurance Agency (NDIA) or a NDIS Plan; they are handled directly by the NDIA.

B. Any complaint that alleges physical, emotional, or sexual abuse, or be of a criminal nature, should be responded to according to separate policies.

Refer to Related Policies and Procedures section of this document. This is to be done in accordance with any mandatory reporting requirements. While a record of such a complaint is to be kept such complaints are not to be internally investigated.

Scope

Any person, including children, who is affected by Assist Disability Services' activities and operations has the right to provide feedback, lodge a complaint or appeal a decision of the organisation. We work with our staff, participants, and other stakeholders to promote a culture where people feel able to speak up about the supports that they receive. We don't expect perfection. However, when a mistake is made, or if something isn't as good as expected, we will acknowledge the issue and use the feedback that has been provided to improve our services and relationships.

Our approach to the handling, management and resolution of complaints is person centred, accessible and underpinned by the rules of natural justice. All participants and their families are made aware of how to raise a

concern and how we deal with complaints. This happens during intake, at the development of a Service Agreement and Support Plan and during service review meetings.

We are committed to being accessible and responsive to all people who approach us with feedback or complaints. However, we will ensure our staff are protected from unfair, unreasonable, or abusive behaviour.

We have systems in place to ensure that the privacy and confidentiality of the person making the complaint is protected throughout and after the complaint process. We ensure that people are not treated adversely as a result of making a complaint. If required, we assist people to access external support or advocacy. This is also the case if participants choose to go directly to the NDIS Commission.

Responsibilities

Role	Responsibility
Executive Team	<ul style="list-style-type: none"> Monitor and maintain oversight of Assist Disability Services' quality framework including its complaints and other feedback policies and procedures Set standards and expectations with respect to a culture that is responsive to complaints and feedback Respond to high priority complaints in compliance with the Risk Management Framework Refer to external body such as an advocate, the ombudsman or tribunal if required. Review appeals.
Customer Service Quality	<ul style="list-style-type: none"> Ensure the Complaints and Other Feedback Policy is consistent with legislative, regulatory and contract requirements Monitor trends in complaints and oversee the organisational response to these Develop and monitor metrics. Aggregate the de-identified information on a yearly basis to report on the trends and outcomes of complaint management.
Managers	<ul style="list-style-type: none"> Implement complaints systems, policies and procedures and support staff/workers in handling complaints and other feedback Investigate formal complaints within scope of responsibilities and make appropriate recommendations Implement and evaluate recommendations from complaint investigations Liaise with all parties throughout the complaints process Provide monthly reports to the MD/Executive Team
Staff/Workers	<ul style="list-style-type: none"> Comply with this complaints policy Receive complaints or other feedback, assist the complainant to identify the issue Attempt to resolve complaints and concerns at the point of service whenever possible and within the scope of their role and responsibilities Document every stage of the complaint process and escalate as appropriate Participate in training and policy and practice updates.

Definitions

Term	Definition
Complaint	An expression of concern, dissatisfaction or frustration with the quality or delivery of services, unmet expectation, a policy or procedure, or the conduct of another person. It may be about any act, omission, situation, or decision that is related to service delivery.
Complaint Rules	<i>The National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.</i>
Feedback	The process or a specific instance of providing information to the organisation or the individual about any aspect of the service, program, and activities. Examples are compliments, observations, suggestion for improvement or other comments.
Procedural Fairness also called Natural Justice	Procedural fairness requires a fair and proper process be used with making decisions that may adversely affect the interests of an individual. The rules of procedural fairness require: - a hearing appropriate to the circumstances - lack of bias - evidence and reasons to support a decision - inquiry into matters of dispute. The phrase is used interchangeably with "natural justice".
Unreasonable Complaint Behaviour	Unreasonable complaint behaviour is behaviour by a current or former complainant which, because of its nature or frequency, raises substantial health, safety, resource, or equity issues for the parties/staff to a complaint.
Vexatious Complaint	A complaint which is started without reasonable grounds, initiated to harass or to annoy, to cause delays or detriments, or for any other inappropriate purpose or an abuse of the process.

Procedures

Visibility and Accessibility

We publicise and share information about how and where to complain. This includes complaint information in the Welcome Pack. We provide ongoing opportunity for participants to provide feedback in monthly newsletter and at an end of year survey. On an ongoing basis, our rostering coordinators will check in on participants to provide that feedback.

Speak with participants about complaints and explain each way to lodge a complaint:

- An online Complaints & Feedback form on the Assist Disability Services website <https://therapycare.com.au/>
- Feedback form via the participant monthly newsletter.
- End of year survey.
- Via the phone to our virtual receptionist team and or any members of staff.
- Via email.

Any complaints over the phone are documented on the participant's file. They are also discussed in the weekly services meetings.

Participants can also write a letter with the Operations manager or request an in-person meeting with a member of management. From time to time, this is escalated to the executive team and managing director.

As part of our process, we assist people to make complaints and make the information accessible with:

- interpreting services for non-English speaking people and culturally safe practice
- tailored communication tools and approaches so that participants understand the complaint process
- Easy read documents

Anonymous complaints and requests for confidentiality

It is the practice of Assist Disability Services to enable any person to make a complaint, including when the complaint is lodged anonymously.

While anonymous complaints mean that an investigation is made more problematic as this limits Assist Disability Services' ability to obtain information, an inquiry may still be possible depending on the complaint details.

The National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 require registered NDIS providers to have an effective system for management and resolution of complaints about the supports or services they provide. This means that while we receive anonymous complaints and are committed to observe confidentiality, it may not always be possible to fully meet a request for confidentiality if a complaint is to be properly investigated. This is part of our duty of care and to meet legal requirements.

Complaints by Children and Young People

We are working to ensure that our internal complaints systems are child friendly. This is guided by the Participation Guidelines of the Commissioner for Children and Young People and the NSW Ombudsman.

Refer to <https://www.cyp.wa.gov.au/media/1414/report-are-you-listening-guidelines-for-making-complaints-systems-accessible-and-responsive-to-children-and-young-people-june-2013.pdf>

Children are also supported to make complaints via the Queensland government using the below link.

<https://www.qld.gov.au/youth/support-services/young-people-in-care/making-a-complaint#:~:text=You%20can%20make%20a%20formal,24%20hours%2C%20Monday%20to%20Sunday>

Prioritising and notification of complaints

Our preference is that complaints be resolved through the procedures outlined here, preferably at the first service contact on the local level.

High

Complaints involving, for example, significant breaches, potentially criminal conduct or serious breaches of professional conduct. Immediate notification to the MD or police and/or the NDIS Commission if applicable. For example, a client makes a serious complaint about a practitioner involved in breach of professional conduct and/or criminal activity such as abuse.

Medium

Complaints about issues where moderate harm could have, or did, occur, or other damage or loss categorised. For example, a client makes a complaint about a support worker who has only been attending half of their allocated and agreed upon service. Refer to our Risk Policy on how to manage the risk surrounding complaints and associated behaviours.

Low

Complaints about issues where minimal or no harm could have, or did, occur, or other damage or loss. For example, a client makes a complaint about standards of cleaning a support worker has delivered.

Complaints – Process, Timeline and Outcomes

Our process:

- Acknowledge the complaint within two business days of the receipt of such complaint unless it has become a Reportable Incident in which case notify to the NDIS Commission within 24 hours or 5 days (refer to the Human and Legal Rights overarching policy and Incident Management policy).
- Review the complaint and the situation to determine if there is the need for additional information before we start an investigation of the complaint. This may involve contacting the complainant again to clarify details or request additional information where necessary.
- Investigate the complaint within 10 business days of receiving the complaint. We strive to conduct our investigations fairly and in a way that is clearly understood by the complainant and other stakeholders.
- Communicate throughout the complaint management and resolution process in an appropriate way that meets the complainant's and other stakeholders' needs. Any discussions about the issue will occur in private and remain confidential.

- Respond promptly once we have completed our investigation and notify the complainant of our findings and any actions, we may have taken in regard of the complaint.
- Act to undertake any necessary improvements to our policies and practices.

Advocates/Support Persons

Ask the complainant if they would like the assistance of an advocate/support person and make appropriate arrangements.

Where the complainant does not have an advocate, and requires one, the staff member dealing with the complaint will provide information on advocacy available and, where necessary, assist the complainant to contact the advocate of their choice.

In situations where the complainant requests the staff member to act as the advocate, the staff member may decline to act as advocate/support person (and advise of other advocacy sources) but must do so in consultation with the Operations manager and/or the MD.

Managing and Resolving Complaints

Any worker at Assist Disability Services can take the details of a complaint, which may be received verbally, face to face or over the phone, or in writing. The Operations Manager or the MD will then formally allocate the complaint for investigation, monitoring and recording to the designated staff member.

Early resolution

Where possible, complaints are to be resolved promptly at first contact with us. These will still be logged as a complaint and documented accordingly in the Complaints Register via FlowLogic. Offer an acknowledgement, an explanation and if appropriate an apology to the person making the complaint.

Communication and Information

Subject to privacy and confidentiality considerations, facilitate communication and information sharing between relevant parties to ensure a timely response to the complaint:

- All people who make a complaint are to be kept updated, in a manner that is agreed to with them, on a regular basis about the progress/status of their complaint and about what/if action will be taken to address their concern.
- Where a complaint involves multiple areas within Assist Disability Services, responsibility for communicating with the person making the complaint and/or their representative will also be coordinated.

Responding to Complaints

In responding to complaints, the following steps are to be taken:

- Use the language of the person making the complaint. Be objective and empathetic. Ask for contact details and note if the request has been refused.
- Attempt to resolve the complaint directly with the complainant - clarify the specific issue complained about and the desired outcome. Consider the sensitive and/or confidential nature of a complaint and the privacy of the individual making the complaint.

- Inform the complainant of Assist Disability Services' process for following up complaints. Use audience-appropriate communication. Explain how the complaint will be investigated - provide clear timeframes and the contact details for an appropriate person that can be contacted by the complainant if necessary.

Possible recommendations

Options may include:

- Offering an apology.
- Developing or amending a policy and/or procedure.
- Training/education of staff or public.
- Modification of the environment.
- Requesting a formal review.
- Ongoing monitoring of an issue, or
- No action recommended.

Review or appeal

If the complainant is not satisfied with the investigation and proposed resolution of their complaint or appeal, they can seek a further review.

Where we are unable to resolve complaints internally, complainants will be provided with information about their avenues for seeking resolution and/or appeal externally. This may include the NDIS Commission, the Ombudsman, professional registration boards or other complaints bodies.

Continuous improvement

- We will aggregate the de-identified information on a minimum yearly basis to report on the trends and outcomes of complaint management. Results from this report will be reviewed by the Executive Team and used to:
 - inform service planning by including a review of complaints and appeals in all service planning, monitoring and evaluation activities.
 - inform decision making by including a report on complaints and appeals as a standard item on staff and management meeting agendas and in training and development
 - recognise and reward exemplary complaint handling by staff

Risk Management Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Risk Management Policy and Procedure

Purpose

Our Risk Management Framework and policies and procedures are to ensure that all staff understand the risks Assist Disability Services faces in all its activities and that informed decisions are made to manage these risks.

Scope

This policy applies to all staff/workers and participants at Assist Disability Services. Note: Currently all risks are covered by this policy. The intent is to separate out Strategic and Corporate Risks and Service Delivery Risks. Service delivery risks are also covered by policies such as Support Planning and Review, Incident Management and Group Program and the associated tools for risk assessment (individual, venue, activity). Work Health and Safety Risks are also covered by the WHS Policy.

Policy Statement

- Being risk aware and managing risks is very important for Assist Disability Services' operations at both the organisational and the service delivery level. We can never remove all risk, but we can understand our risks and manage and identify the level of risk we are willing to accept for effective operation and service provision. These may include choosing the activities that we undertake based on the amount of risk involved or transferring financial risk to another organisation through for example, insurance.
- Through our commitment to risk identification and management we want to prevent injury (and possible death) of clients, failure to meet program and service objectives, participant dissatisfaction with our services, reputational damage, legal costs associated with litigation and damage to staff morale.
- We undertake a strong set of risk identification and control activities to reduce the likelihood and/or consequences of potential adverse events, to maximise the results of positive events and ensure that the application of Risk Management practices adds value to the organisation.
- Assist Disability Services' risk appetite statement is:
 - To maintain and develop our services and standing within the sector Assist Disability Services must take business risks from time to time. These risks must meet the strategic and operational imperatives established through the annual planning cycle. Assist Disability Services is not averse to accepting, managing, or reducing risk provided a thorough risk assessment has been carried out and when appropriate contingency plans and mitigation strategies have been developed.

Responsibilities

Role	Responsibility
------	----------------

Executive	<ul style="list-style-type: none"> • Monitor the management of very high and high risks and the effectiveness of associated controls – six monthly reviews with the Executive • Set standards and expectations with respect to a culture that is supportive of effective risk management • Approve major decisions affecting the organisation’s risk profile or exposure.
Finance	<ul style="list-style-type: none"> • Oversee financial risk management, internal controls, compliance, and audit activities • Monitor compliance with legislative and regulatory requirements
Managers	<ul style="list-style-type: none"> • Effectively implement risk management systems, policies, and procedures within their areas of responsibility • Identify where current control deficiencies may exist and escalate the risk where the risk is increasing in likelihood or consequence
Staff/Workers	<ul style="list-style-type: none"> • Implement risk management policies and procedures within their areas of responsibility • Identify and communicate to the relevant manager any potential risks encountered or anticipated in the planning and conduct of their work • Contribute to the development and implementation of treatment strategies

Definitions

Term	Definition
Consequence	Outcome of an event affecting objectives
Inherent Risk	Inherent risk is determined after considering the likelihood and consequence of a particular risk occurring <i>without</i> controls in place.
Likelihood	Chance of something happening
Residual Risk	Residual risk is determined by considering the likelihood and consequence of a particular risk occurring, given the effectiveness of current controls.
Risk	Risk is defined as “the chance of something happening that will impact on objectives”. For example, risks may relate to being unable to meet service demands; failure of critical equipment or processes meaning services are affected; inability to operate within set budgets or to retain staff. Risk can also arise from opportunities, such as working with a community sector partner to improve participant outcomes.

Risk Appetite	Risk appetite refers to the nature and extent of the risks the organisation is willing to take to achieve its strategic objectives. You can find more information on the company's risk appetite by referring to our overarching risk register.
Risk Control	The measure that is modifying the risk (e.g., procedure, policy, practice, action etc)
Risk Matrix	A tool to support the determination of the level of risk as Low, Moderate, High, or Very High, by assessing likelihood and consequence of a particular risk occurring. The Risk Matrix and associated definitions of risk levels are outlined in Appendix C.
Risk Treatment	Process to modify risk (e.g., avoid, accept, remove source etc).

Strategic and Corporate Risk Assessment

Key components of Assist Disability Services' risk management framework will include clear articulation of accountability for risk management, documented processes, and procedures for managing risk and compliance, training and communication and reporting mechanisms. Our risk management process is illustrated below. This process is applied to manage risk at all levels of Assist Disability Services including strategic, operational and project.

Participant risk processes are described separately – see at page 6.



Source: S/NZS ISO 31000:2009

Steps to assessing risk

1. What is that your Department/Team/You is wanting to achieve – your objectives
2. What are the things, *were they to happen*, have the greatest impact on the objectives
3. Assess what is helping you to achieve the objectives
4. Assess each risk – likelihood of it happening and consequences
5. Decide if the risk is acceptable -weigh up the benefits against the costs/consequences

Meaningful Risk Statements

- Clearly state what the risk is...
(something happens)
- Due to...
(what may cause a risk event to happen)
- Resulting in...
(the consequences that may occur)

Risks identified by staff

Risks identified by staff outside of these structured contexts, are reported to their Line Manager using the Incident Report Form.

- suggest appropriate ways of managing the identified risk through this reporting process
- raise risks directly with your line manager or another senior manager, or in team meetings as well as with participants or their families.

Risk Action Plan

Once a risk treatment has been selected, a plan is to include:

- Proposed actions or tasks, and timeframes
- An understanding of the reasons for selecting a mitigation strategy
- Identification of those who are accountable for implementing the plan (the risk owner)
- Consideration of resource requirements and constraints

Monitor and review

- Risk management is a continuous quality improvement process. Monitoring risks, reviewing risk treatments and reviewing the effectiveness of the overall risk management system is an ongoing process.

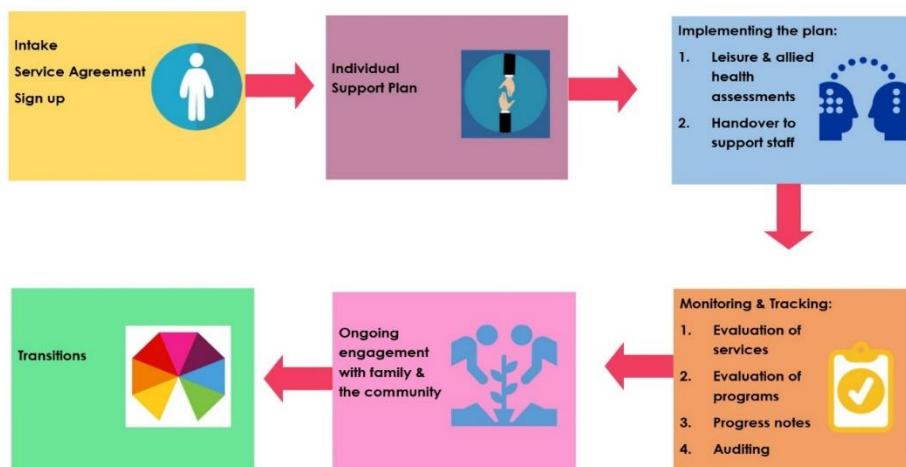
Participant Journey through the Risk Lens

Person centred-risk management. The aim of person-centred risk management is to enable people to make informed decisions about risks that improve their quality of life as well as keeping them, and others around them, safe. The approach focuses on people as individuals with hopes, dreams and fears, on what is important to them, and on their gifts, strengths and skills.

Risks are viewed from the perspective of:

- the person with disability, family, friends, carers, significant others, and the wider community, as well as service providers
- Assist Disability Services processes, risk strategies and documentation at each stage of our engagement with the participant

Refer to and use tools such as *Support Planning and Review*, *Participant Risk Assessment (in home, participant, and venues)*, *Incident Report*.



Apply Risk Lens Throughout



es. Injuries

and tear, attending to vehicle maintenance, reducing speed and distractions, being particularly cautious at intersections, not driving while sleepy or under the influence of alcohol or other drugs.

Physical environment (inside and outside the home)

Slips, trips, and falls due to steps, poor lighting are hazards that may be responsible for accidents outside the home. Presence of pets.

Mitigation: Implement the Home Risk assessment tools prior to ongoing engagement

Musculoskeletal disorders (MSDs). Transferring or repositioning, dressing, or bathing patients may require force and awkward posture, putting the worker at risk of injury because most people are too heavy for manual handling.

Mitigation: Follow the Manual Handling Procedure

Incontinence supplies and similar supplies.

Mitigation: Use disposable gloves, disposable towels, hand disinfectant, alcohol hand wipes, face mask, plastic garbage bags) when handling medical products potentially infected with blood or other body fluids.

Mental and emotional fatigue – work situation when working work independently in unfamiliar and uncontrolled situations may cause stress to these workers.

Mitigation: Support from a dedicated rostering coordinator, groups supervision including via tele-practice meetings on Teams (case studies), incident management protocols including debriefing and EAP.

Documentation

Mitigation strategies, or controls, are documented in the risk register. Tasks associated with risk controls is allocated to staff by their Line Manager. Details of the Risk, mitigation strategies and the result, including improvements or other changes made are to be notes in the Risk Register.

Participant specific risk assessment is to be documented using templates such as the Support Planning and Review Tools, Incident Reports and retained in the participant's file.

In home and venue risk assessments when planning the active group supports are to be documented in the Day Program documentation

Strategic and corporate risks as part of the reference table discussed and reviewed at Executive and Leadership Team Meetings.

Applicable Forms and Templates

Functional Assessment

Incident Report

In-Home Risk Assessment

Risk Matrix

Support Plan

Venue Risk Assessment

Risk assessed roles (FlowLogic)

Document risk register

Legislation and compliance register

Related Legislation AND regulation

NSW Disability Services Act 1993

National Disability Insurance Scheme Rules 2018

Privacy Act 1988 (Cwth)

Work Health and Safety Act 2011

Related Internal Policies and Procedures/practice manuals

Complaints Management and Resolution Policy and Procedure

Decision Making Dignity of Risk and Duty of Care Policy and Procedure

Diversity and Inclusion Policy and Procedure
Governance, Strategic and Operational Planning
Incident Management Policy and Procedure
Performance Review and Development
Privacy and Confidentiality Policy and Procedure
Support Planning and Review Policy and Procedure
WHS policies

APPENDICES

Appendix A Risk Management Context

Establish Context

Context is about setting boundaries around the depth and breadth of risk management efforts to help Assist Disability Services stay focused and make sure that the risk management reflects relevant matters to achieve the strategic intent of Assist Disability Services.

Important considerations when determining context include:

- Our external environment – social factors, demographics, economic,
- Our stakeholders – participants, clients, regulators, staff, other service providers, media
- Our internal environment - goals, objectives, culture, risk attitude/tolerance, organisational structures, systems, processes, resources, KPIs and other drivers.

Parameters of risk

It is important that we understand our risk-taking parameters and reflect our policies and practices accordingly. Risk parameters are generally expressed in terms of risk capacity, risk tolerance and risk attitude. Based on the results, we may adjust activities to ensure decision making is consistent with its risk appetite.

Risk capacity is the amount of risk an organisation can afford to take or sustain. Usually this means access to funds; what is the maximum impact before compromising our financial viability.

Other factors in identifying this capacity include organisational risk culture, strategic positioning, and competitive positioning.

Risk appetite is the amount and type of risk that we willing to take to meet our strategic objectives. Organizations will have different risk appetites depending on their sector, culture and objectives.

Assist Disability Services' risk appetite statement is:

To maintain and develop our services and standing within the sector Assist Disability Services must take business risks from time to time. These risks must meet the strategic and operational imperatives established through the annual planning cycle undertaken. Assist Disability Services is not averse to accepting, managing, or reducing risk provided a thorough risk assessment has been carried out and when appropriate contingency plans and mitigation strategies have been developed.

Risk identification

Risk identification involves thinking through the sources of risks, the potential hazards, the possible causes and the potential exposure.

The aim of this step is to generate a comprehensive list of risks based on those events that might create, enhance, prevent, degrade, accelerate or delay the achievement of objectives. It is important to identify the risks associated with not pursuing an opportunity.

Categories of risk to be considered:

- Strategic risks
- Operational risks
- Financial risks
- Reputational risks
- Legal and Regulatory risks
- Business disruption risks
- People risks

Key questions to ask when identifying risks:

- What can happen?
- Where can it happen?
- When can it happen?
- Why can it happen?
- How can it happen?
- What is the impact?
- Who is responsible for managing the risk?

- What are the potential causes of a risk?

Risk Analysis

Risk analysis involves consideration of the causes and sources of risk, their positive and negative consequences, and the likelihood that those consequences can occur.

- The likelihood of occurrence is the chance of a risk event occurring.
- The consequence assessment is the effect or impact of the risk event. It is measured both financially (in terms of profit/loss or balance sheet impact) and operationally (human and physical).
- Inherent risk is the overall raw risk without controls in place. It is determined by combining the likelihood and consequence ratings. Ultimately, the level of inherent risk will determine how a risk is controlled.

Record Keeping Policy and Procedure

Approval Date	Review Date
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Records Management- Retention, Archiving and Disposal of Records

Purpose

All Assist Disability Services (ADS) ADS records will be filed and managed systematically so that:

- material related to the governance and administration of ADS is clearly identified and retained for the required periods of time.
- material of on-going relevance to ADS's activities or of potential historical significance is identified and archived accordingly.
- material related to clients and service users are securely stored, reviewed, archived, and disposed of according to the organisation's procedures for client records.
- regular reviews remove and dispose of material that is no longer required.
- disposal methods protect the privacy of individuals and the confidentiality of ADS business.
- As a community service organisation, ADS is required to retain its financial, taxation and other statutory records for a minimum of:
 - Financial Records minimum 7 years
 - NDIS Clients Archived for 7 years and for minor the records are held until the client is 18 years of age.
 - Archived documents are stored on file in the respective systems.

Scope

ADS records (whether hard copy or electronic) consist of the following centrally located sets of material:

- Financial records: These are kept electronically and managed by the payroll and finance manager. Access is restricted to Finance Officer, HR, Operations/services manager, and Administration Officers.
- Personnel records: These are kept electronically and managed by the Executive Manager Team, HR team and management staff relevant to that position.
- Client Files and records: These are kept electronically and managed by the customer service team. Access is restricted to managers. The allied health team / practitioners & support coordinators have access to relevant client documents. This system requires two factor authentication.
- Statutory documents related to the incorporation and governance of ADS: These are kept electronically and managed by the Executive Management team. Access is restricted to the ADS managers.
- Contractual and other administrative documents, including insurance policies: These are kept electronically and managed by the Executive Team, and where required, fleet manager. Access is restricted to Management staff.
- Program files including project budget – copies of all reports and acquittals – copies of any agreements with contractors involved in the project. These are kept electronically and managed by the Executive Management Team.

Access is restricted to the executive and manager level.

Retention and Archiving Records

ADS staff are responsible for maintaining files relevant to their own work and projects. All staff are responsible for reviewing their own files annually and identifying material they no longer require. Our internal audits team will conduct a quarterly review for any staff and participant files and the relevant team members will be notified of expired documents. All staff files no longer required will be archived in the appropriate FlowLogic system. For more information, refer to the Flowlogic archiving procedure.

The Executive team (managers) are responsible for reviewing the central files and:

- archiving all financial records (including employee related records) for a minimum of 7 years and disposing of older records
- archiving other records according to the requirements for retention and disposing of older records
- sending any relevant material to archiving
- disposing of any material no longer required. Any material which are more than 3 years old are usually discarded except for the documents that are noted above. Disposal of Files All confidential documents are to be shredded on disposal. This includes:
 - Executive Management Committee papers and minutes
 - Financial information and records
 - all personnel records including job applications, supervision or performance management records
 - workplace grievance records
 - client records and any other material with sensitive or personal information.
- General material that is not considered sensitive should be disposed of via the paper recycling.

Managing correspondence

Correspondence forms part of ADS's records, and the relevant personnel will be responsible for managing the filing of hard copy and email correspondence and ensuring the inclusion of email correspondence on the daily back up of electronic data.

All staff will be responsible for managing their personal correspondence and ensuring copies of any correspondence that requires central filing are sent to the relevant HR department for archiving.

All correspondence (hard copy and electronic) will be categorised and managed according to the following

Administration or corporate correspondence requiring longer term retention: This will include items relating to ADS requirements, taxation, finance, employee records, contracts and project management. Copies of all such correspondence are filed centrally by the relevant executive team member.

General correspondence relating to current activity: This will include information relating to current operational activity, where the record needs to be retained until the action is completed. Copies of this correspondence should be filed by the staff member receiving them in the appropriate file.

Temporary correspondence: This will include personal correspondence, correspondence dealing with the work of the day, and correspondence containing outdated information. Staff may destroy this after reading.

Associated Documents

Manual for Flow logic – CRM / HR & finance system

Assist Disability Services Quality Management Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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ADS Quality Management Policy and Procedure

Purpose

The quality management system has been established to provide focus and direction within ADS to have a positive impact on operational effectiveness, resulting in a high-quality service. The policy ensures alignment of people and resources with our mission and vision;

- alignment of planning, quality and risk management systems and the integration of these systems into all areas of operations;
- fosters collaboration and exchange of 'best practice' information with all stakeholders to allow us to conduct critical self-evaluation;
- provides a whole-of-service approach, reflecting our governance and organisational structure which outlines responsibilities and accountabilities; and
- continuous improvement.

Scope

The Quality Management Policy and Procedure supports the development of a culture in which all staff assume responsibility for quality work performances while engaging with high performing management at all levels and within areas of the organisation.

It is the responsibility of the Managing Director and executive team to oversee the quality management system and to implement appropriate strategies. It is the responsibility of staff members engaged in service delivery to follow our quality management policies.

Policy Statement

ADS recognises the importance of implementing and maintaining a quality system (outlined below is an overview of our system). The quality management system is designed to support our service delivery and ensure that all services meet the requirements of the NDIS Quality Standards and Practice Indicators 2020.

ADS's quality management system includes:

- using data gained from complaints/feedback to improve services and procedures (see Complaints and Feedback Policy and Procedure)
- managing the continuous improvement system to determine areas of improvement, including input from:
 - Complaints and Feedback Policy and Procedure
 - Risk Management Policy and Procedure
 - Reportable Incident, Accident and Emergency Policy and Procedure
 - Continuous Improvement Policy and Procedure
 - Flowlogic reporting
 - CEO / service / marketing & HR monthly dashboards

- Incorporating all relevant improvements identified in the Continuous Improvement Register into management and corporate governance processes
- highlighting risks through the Risk Management Policy and Procedure to reduce hazards and improve practices.
- managing human resources; including training staff on how to deliver quality support to meet the individual needs of participants.
- providing participants access to quality services and allowing them to have input via complaints and feedback.
- devising and implementing an internal audit schedule to ensure our organisation continues to review legislation that directly affects service provision
- audit and review policies and procedures to meet NDIS Standards, Rules and Guidelines using the Internal Audit NDIS Policy Review Form.
- delivering services that meet best-practice standards; including evidence-based, person-centred support plans designed for individual participants
- reviewing policies and procedures, in conjunction with our feedback strategies, to allow for quality management of all services.

Quality Management Policy and Procedure

4.1 Monitoring quality

- ADS will hold regular managerial meetings with relevant stakeholders (may include, but not limited to, managerial staff, staff representative, accountant or bookkeeper, community members).
- Monitoring strategies include a review of the following data:
 - a. Participant's risks;
 - b. Environmental risks;
 - c. Working with participant's risks (work health safety);
 - d. Feedback from participants, staff and community;
 - e. Complaints from participants, staff and community;
 - f. Incidents (both non-reportable and reportable);
 - g. Accident information;
 - h. Compliance changes (including legal);
 - i. Human resources (requirements, vacancies, potential adjustments);
 - j. Financial (NDIS income, outgoings);
 - k. Technology issues;
 - l. Continuous Improvement Register (new and ongoing); and
 - m. Building maintenance and safety issues.
 - n. Managerial meetings will use an agenda which will include the following items:
 - o. Financial report;
 - p. Director's report;
 - q. Ratification of executive decisions;
 - r. Funding and compliance;
 - s. Organisational risk management;
 - t. Continuous Improvement;
 - u. Complaints, compliments, concerns;

- v. Human Resources (issues, people, planning);
- w. Work health safety risk management;
- x. Information management;
- y. Incidents (if applicable); and
- z. General business

4.2 Review

1. Management meetings and input from various sources are used to determine any adjustment to the:
 - strategic or business plans
 - policies and procedures
 - current practices.
2. Review the Continuous Improvement Register to:
 - sign off actions
 - reallocate responsibilities, if required.

4.3 Update

After monitoring and reviewing current information, the Director or their delegate will:

- ensure that staff are trained in new practices
- record training in staff files
- adjust policies and procedures and implement versioning control
- inform participants of changes.

4.4 References

- NDIS (Quality and Safeguards) Commission 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)

ADS Covid Policy and Procedure

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ADS COVID-19 Policy and Procedure

In recent times, the handling of COVID-19 has changed considerably since measures were first put in place. Assist Disability Services will continue to keep up to the date with the latest information from NSW health, NSW government, Queensland health & the Queensland government

<https://www.nsw.gov.au/covid-19>.

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/public-health-directions>

As a provider, providing services to vulnerable individuals & within a high risk setting at times, we follow our own internal protocol to keep participants & staff safe. For any high-risk settings, we are entering into outside (such as SIL homes), we also consider external provider protocols.

Steps to reduce your COVID risk per NSW & QLD guidelines:

- Stay up to date with your COVID-19 vaccinations.
- Stay home if you have cold or flu symptoms and get tested. Do not come to work unwell.
- Wash your hands regularly.
- Talk with your doctor now if you are at higher risk of severe illness.
- Don't visit people who are at higher risk if you have symptoms or COVID-19.
- Consider doing a rapid antigen test before visiting people at higher risk of severe illness.
- Monitor for symptoms. If you have or develop cold or flu symptoms (runny nose, sore throat, cough, fever), stay home and get tested for COVID-19. If your test result is positive, follow the testing positive to COVID-19 and managing COVID-19 safely at home advice. If your test result is negative, stay home until your symptoms have gone.
- Company vehicles and equipment are routinely wiped down and cleaned.
- All surfaces are wiped down and cleaned daily. Equipment in the facility is cleaned between participants.
- Staff should try and maintain social distancing where possible. If not possible, ADS strongly recommend the wearing of facemasks, however this is not compulsory. If you require PPE, please speak to your manager.

Testing and managing COVID 19:

NSW/QLD Health recommends you:

- Stay home until your acute symptoms have gone.
- Register your positive rapid antigen test result with Service NSW
- Wear a mask indoors and on public transport if you must leave your home.
- Avoid large gatherings and indoor crowded places.

- Don't visit people at higher risk of severe illness.

Most people with COVID-19 can manage safely at home. Monitor your symptoms. If you are concerned about your symptoms, you should call your doctor, or the National Coronavirus Helpline on 1800 020 080 launch. If symptoms become severe call Triple Zero (000) immediately.

What should I do if I test positive?

You may be infectious for up to 10 days. You are most infectious in the 2 days before your symptoms start and while you have acute symptoms (such as a runny nose, sore throat, fever, cough). Some people with COVID-19 do not develop symptoms at all but are still able to infect others.

To reduce the risk to others NSW/QLD Health recommends you:

- Stay home until your acute symptoms have gone. If you are at higher risk of severe illness, speak with your doctor as soon as you test positive. You may be eligible for antiviral medicines or other treatments for COVID-19. Antiviral medicines work best when used as soon as symptoms start.
- *Don't visit people at high risk of severe illness, anyone in hospital or an aged or disability care facility for at least 7 days.*
- Wear a mask when indoors and on public transport if you must leave your home.
- Avoid large gatherings and indoor crowded places, especially where you will be in contact with groups of people you don't live with.

Tell people that you live with, or spend a lot of time with, that you have COVID-19.

People you live with or spend a lot of time indoors with are at greatest risk of catching COVID-19 from you. You should tell them you have tested positive and try to separate from them as much as possible. They should test regularly and monitor for symptoms. If they get sick, they should get tested and stay home. They should follow the Information for people exposed to COVID-19 fact sheet.

If you are at higher risk of severe illness and have tested positive, speak to your doctor as soon as possible as you may be eligible for antiviral medicines.

Talk to your employer about when you should return to the workplace.

You should talk with your line manager about working from home, where possible. As you work in a high-risk setting, it is recommended that you stay away from the workplace for at least 7 days and until you have no symptoms to help protect other staff and participants.

At ADS, there may be times where you are able to return to the workforce sooner. This is conducted on a case-by-case basis and is strictly up to the discretion of executive staff (including the Managing Director, Operations Manager and/or Human Resource Managers). If you are required to return to the workplace before 7 days, we may ask you to take additional steps to protect others, subject to a work, health, and safety assessment.

Response to staff members who test positive to COVID 19:

If you have tested positive to COVID19 – you need to inform your direct line manager as soon as possible. Please do so via a direct phone call during office hours, alternatively you can leave a message stating your name, who you are calling for (your manager) and a quick summary to office HQ (9692 8119). Post testing positive, the Human Resource team will be in contact with you:

“Hi _____

Thank you for informing management that you are COVID-19 Positive. We are thinking of you during this challenging time and hope that your symptoms are mild and manageable.

Your Details

Please review the following details and notify us of any updates or corrections as required:

Your positive test date was: _____

Earliest return to face to facework date is: _____.

Based on the 7-day isolation period, no symptoms for 72 hours, and a negative RAT.

Please see “Return to Work” section of email for further information.

Shift Cover

Please arrange for your shifts to be covered in the appropriate “teams chats” for support work participants and notify your line manager of cover arranged if any assistance required to cover gaps. If you are feeling unwell your manager can arrange your shift cover and communication with participants for you.

Leave

As you have tested positive for COVID you are deemed unfit for face-to-face work for a total 7 days, due to working in a high-risk setting. Permanent staff members are eligible for sick leave in these instances. Please check your most recent pay slip for your leave balance. Under “Personal Leave”, you’ll find the hours you have accrued to date. These are the hours you can use during your sick leave period. If you have any questions regarding your leave, please email payroll@therapycare.com.au who will respond to your query.

COVID Positive Evidence

If you test positive to COVID-19, ADS requires a copy of your positive PCR test results or RAT result. For a rat result we require you to email a photo alongside a copy of your photo ID. Even if you have already submitted, please reply all - to this email with your positive PCR or RAT result.

Ongoing Symptoms

You cannot return to work until you are experiencing no symptoms. Please keep your manager up to date with your symptoms. As a reminder if you start to feel worse or have any concerns, please call your GP, or seek medical attention.

Returning to Work

As an organisation that works in a high-risk setting, we need to ensure our risk management is inclusive of vulnerable populations. Therefore, you cannot return to work for 7 days, unless provided approval from the executive team, and subject to a work, health, and safety assessment. If you do not have symptoms and can work remotely at home, please discuss these options with your manager as administrative work may be available if you feel well enough for work.

Food & Essential Supplies

Ask your family or friends who do not live with you to help by picking up groceries and medicine as needed, or you can order food online or by telephone. Ask them to leave the food on your doorstep and wait until they have left before opening the door with a mask on. If you have no other way of getting food or other essentials, call the NSW Health Isolation Support Line on 1800 943 553 and you will be directed to Service NSW for assistance.

Mental health support

ADS has a free counselling service for staff. To book an appointment with Bluebird psychology, please request details from our Human Resources team.

Alternatively, these other supports may be helpful:

- *NSW Mental Health Line – 1800 011 511*
- *QLD Mental Health Line - 1300 642255*
- *Beyond Blue helpline – 1800 512 348*
- *Lifeline – 13 11 14*

For domestic violence support

- *National sexual assault and domestic violence helpline – 1800 RESPECT (1800 737 732)*
- *Kids Helpline – 1800 55 1800*

If there are any questions or concerns, do not hesitate to contact the HR Team directly.”

If a participant tests positive to COVID-19

If your participant has tested positive to COVID19 – they will need to inform ADS as soon as possible. This is to ensure ADS can make appropriate arrangements with PPE (personal protective equipment) to keep staff safe and working or arrange telehealth services with participants if deemed more appropriate. PPE can include: Face shield; Gown; Gloves; N95 masks; Booties (disposable shoe covers); COVID19 RAT if required.

- *ADS may offer telehealth services to participants if they are well enough during this time.*

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- If a participant attends a service with COVID19 symptoms, ADS staff can ask if they are exhibiting any cold or flu symptoms and whether they have been following NSW/QLD Health safety protocols. A shift may be terminated on these grounds, however a call to management is required first.
- Management staff will check in on any participant with COVID19 on a routine basis to ensure that they are okay during this time.
- Participants are provided essential services information if needed during this time.
- A person centered participant emergency management prepared plan is completed at the time of entry to ADS services – this outlines if a participant would like to receive telehealth services during COVID19 and/or any other pandemic.

Drugs and Alcohol Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Drugs And Alcohol Policy and Procedure

Purpose

This policy is applicable to all employees, visitors, contractors, and all others accessing ADS offices and facilities. It applies to all buildings, sites, grounds, offices, cafeterias, lunchrooms, and vehicles owned or occupied by ADS.

Scope

ADS is a drug and alcohol-free workplace. The use of controlled substances is inconsistent with the professional behaviour expected of employees and consultants; it subjects employees and visitors to our facilities to unacceptable safety risks and it undermines our ability to operate effectively and efficiently.

In an effort to promote a safe workplace and one that operates effectively, the unlawful manufacture, distribution, dispensation, possession, sale or use of a controlled substance in the workplace or while engaged in ADS business outside our premises is strictly prohibited.

Policy Statement

All employees acknowledge that no alcohol is to be consumed or illegal drugs used by employees during their work hours, including meal breaks.

Policy

(a) Staff Social Functions

ADS believes that socialising between co-workers, management, clients, and customers can help to build staff morale and positive and productive working relationships.

ADS may organise staff social functions from time to time. These functions may be held either on work premises or at another venue. Whilst these functions are for the enjoyment of staff, clients and business colleagues may attend these functions on occasion.

Employees are reminded that they must conduct themselves in a professional and responsible manner during staff functions and all employees are expected to meet the following behavioural standards:

- If alcohol is served during a staff function, employees must take an appropriate and responsible approach to alcohol consumption.
- Any use of illegal drugs during staff functions is strictly prohibited.
- Equal opportunity and anti-discrimination are a high priority within ADS and employees are required to be mindful of their behaviour consistent with ADS's Bullying, Harassment and Discrimination Policy.
- Abusive language and swearing are not permitted in work situations including during staff functions.

- Employees are required to treat all company property or other facilities (such as where a staff function is held at a different venue) with respect and care.

(b) Alcohol

Reporting to work or working under the influence of alcohol is prohibited. Unauthorised consumption of alcohol during working hours or on ADS premises is prohibited.

While it is a personal decision to lawfully use alcohol, it is essential that such use does not interfere with the official and safe performance of the individual's duties, or reduce the employee's dependability, or reflect on the employee or ADS.

(c) Drugs

The manufacture, distribution, possession, disposition, sale, purchase, or use of illegal drugs by ADS employees during working hours is prohibited.

An employee may not report to work, or perform work, while under the influence of any illegal drug. An employee may not report to work, or perform work, if judgment, coordination, or performance could reasonably become impaired during work due to the use of an illegal drug or substance.

(d) Smoke Free Workplace

ADS provides a healthy, comfortable, and productive workplace for all its employees. The health hazards related to smoking are well documented. These health hazards impact on both the smoker and the non-smoker who is exposed to second-hand smoke. Therefore, ADS will provide a smoke-free workplace to all its employees and visitors.

All ADS sites are smoke-free. No smoking is permitted by staff, contractors, and visitors in external areas on any site owned by ADS or controlled by them under a lease agreement. This includes entrances to buildings and offices, boundary fences and gardens. If staff, contractors, and visitors wish to smoke they must leave the site to do so.

All events hosted by ADS will be smoke-free. ADS will not accept or promote sponsorship from any tobacco company or company affiliated to the tobacco industry. Employees who wish to smoke off-site should not be identifiable as employees of ADS by their uniforms or name tags. If employees wish to smoke during work time, it will only be during scheduled breaks (morning tea, lunch, and afternoon tea).

1. Procedure

Employees who breach any aspect of this policy may be subject to disciplinary action up to and including termination. At its discretion, ADS may require employees who breach this policy to complete a drug abuse assistance or alcohol rehabilitation program successfully as a condition of continued employment.

Individuals who believe, on personal grounds that there has been a failure to comply with the purpose of this policy, must progress the complaint through the Grievance Handling Policy.

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Any information regarding an employee's condition in relation to drug or alcohol use will be treated in the strictest of confidence and in accordance with the Privacy Act 1988 (Cth). No referrals will be made, or information provided to other parties without the permission of the employee involved.

Prevention of and response to violent, abuse, neglect, exploitation, and discrimination Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Prevention of and response to violent, abuse, neglect, exploitation and discrimination policy and procedure.

Purpose

The purpose of this policy is to ensure that all at ADS understand their obligations and responsibility to prevent any form of violence, abuse, or discrimination. If such abuse, violence, or discrimination occurs, this policy guides all staff and participants about how to report any allegation or witnessing of or suspicion of any form of violence, abuse or discrimination of participants accessing ADS services.

Scope

This policy applies to all ADS staff/workers, participants and their families or carers, contracted personnel, and other stakeholders. and staff and includes volunteers and students.

Definitions

Term	Definition
Abuse	Abuse is the violation of an individual's human or civil rights, through the act or actions of another person or persons. It includes physical abuse, sexual abuse, psychological or emotional abuse, unauthorised restrictive practices, financial abuse, legal or civic abuse and systemic abuse.
Advocate	Advocate is person who promotes, supports, and represents the rights and interests of a participant. This may be a family member, friend, advocacy service or legal Guardian.
Assault	Assault is any attempt or threat to cause unwanted immediate physical contact or bodily harm that puts the victim in fear of such harm or contact.
Capacity	Capacity is not all-or-nothing. A person with a disability may have the capacity to give informed consent in one situation but not in another or for a low risk or simple activity but lack the capacity to provide consent for something more risky or complex.

Discrimination	Disability discrimination is when a person with a disability is treated less favorably than a person without the disability in the same or similar circumstances. It includes direct and indirect discrimination.
Exploitation	Exploitation is the deliberate maltreatment, manipulation or abuse of power and

	control over another person. It is taking unfair advantage of people, their characteristics, or their situations, usually for personal gain. <u>Financial exploitation</u> is improper or illegal use of a person's property or finances including the withholding of finances through deceit or theft, the misappropriation or misuse of funds or property, forced change of will, or abuse of trusteeship or power of attorney or other relationship based on trust.
Investigation	An investigation involves the planned and systematic gathering and analysis of all relevant facts through obtaining evidence by interviewing witnesses, examining documentation, skilled observation and obtaining expert opinion
Neglect	Neglect is a failure to provide the basic physical and emotional necessities of life to a person who requires it because of age, health, or disability. It can also be a failure to provide adequate shelter, clothing, food, protection, supervision and nurturance or stimulation needed for social, intellectual, and emotional growth or wellbeing. It can be the placement of persons at undue risk through unsafe environments or practices thereby exposing them to the danger of physical, mental, or emotional harm.
Mandatory Reporting	Mandatory reporting is a term used to describe the legislative requirement for selected groups of people to report suspected cases of abuse and neglect to government authorities. Parliaments in all Australian states and territories have enacted mandatory reporting laws and governing bodies to oversee providers
Informed Consent	Informed consent means that a person must have any relevant information to allow them to make an informed decision. That information will include any risks that a course of action poses.
Person Responsible	Person Responsible is someone who has the authority to provide consent for an adult who is unable to give a valid consent, for example to their own medical or dental treatment.
Sexual Assault	Any unwanted sexual behaviour that causes humiliation, pain, fear or intimidation. Sexual assault includes rape, assault with intent to rape, and indecent assault, which are offences under the Crimes Act. Examples of sexual assault include sexual harassment (persistent staring or leering, offensive gestures, repeated sexual jokes and innuendos), exhibitionism, voyeurism, an unwanted sexual touch, intercourse, other penetration with objects, oral sex.
Support Person	Support Person, in the context of this policy, the support person does not have the same function as the 'person responsible' and will not make decisions for the participant. The support person may be a member of staff who is known and

	trusted by the service user, a Police Officer, a sexual assault worker, a legal representative of a legal service or advocacy service.
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Policy Statement

For the purposes of readability, the use of the word abuse in this document refers to all forms of violence, abuse, neglect, exploitation, and discrimination.

- All people are entitled to feel safe and protected from violence, abuse, neglect, exploitation, and discrimination. ADS promotes the safety and wellbeing of all participants who have contact with our services and, children and vulnerable people who are at risk of significant harm.
- Prevention is the best form of protection from abuse. We follow the Zero Tolerance approach to prevent abuse. We do so through our recruitment practices, staff training as well as procedures to support participants, their family, or carers to make complaints or raise any concerns about services provided.
- If prevention practices fail to protect participants, the procedures contained in this policy and the Workers Guide to Safeguarding People with a Disability from Abuse give staff a way to respond to allegations or incidents of violence, abuse, neglect, exploitation, and discrimination quickly and appropriately.

Responsibilities

Role	Responsibility
Managing Director/ Executive Team	<ul style="list-style-type: none"> • Monitor and comply with any requirements of legislation or standards in relation to this policy. • Report incidents of abuse as reportable incidents to the NDIS Commission. The MD is the authorised approval officer & is responsible for lodging all reportable incidents to the NDIS commission. • Ensure that any other appropriate authorities are notified as relevant. • Communicate progress with the investigation to relevant parties.
Managers	<ul style="list-style-type: none"> • Select people who are appropriate for the role and make sure that they are trained • Support staff competence and compliance with this policy and procedure • Monitor safeguards and staff practices to prevent abuse

	<ul style="list-style-type: none"> • Ensure forms and records are maintained and stored appropriately. • Support impacted staff through debriefing and access to EAP if necessary.
Staff/Workers/Team Leaders/Allied Health Professionals/Behaviour Support Practitioners	<ul style="list-style-type: none"> • Identify and respond to participants at risk of harm and act in accordance with this policy and procedure. Report to your line manager any situations of potential harm and other risks. • Ensure participant is protected from further harm. • Complete incident forms within specified timeframe • Participate in incident investigations as required.

These procedures are based on the following principles:

- the participant’s experience, particularly from a human rights perspective
- safeguards for the participant, both immediate and long term
- appropriate support for the participant and their family in the wake of trauma
- the participant’s access to justice and protection
- the participant’s human rights such as to confidentiality, balanced with substantiation of events in an investigation e.g. police intervention is required.

Participants with cognitive impairment and communication difficulties may require specialist support as well as support from a family member or advocate at different stages of the investigation, including evidence gathering. Regardless of the participant’s communication ability, a person-centred approach is paramount.

Safeguarding through HR management, probity checks, rights awareness, and feedback.

We all must be alert to the fact that abuse of people with a disability happens at a greater rate than generally in the Australian society. To this end our organisational systems must be protection and prevention aware.

They include:

HR processes:

The recruitment process to include mechanisms to screen potential employees for their attitudes and behaviours towards people with disability. These are:

- Obtaining Police Checks and Working with Children Checks where relevant, including through Interpol if required
- Undertaking reference checks
- Discussing values and attitudes in the interview
- Including persons with disability in the recruitment process
- Position descriptions include clear expectations and responsibilities for safeguarding participants, supporting their rights and acting if abuse is suspected or witnessed.

Learning and Development:

- Induction and training including information about forms of abuse, how to recognise it and how to respond in line with the following procedures.
- Ongoing supervision and performance management and review to monitor staff performance and attitudes.
- Appropriate training modules through various platforms including continued professional development opportunities.

Feedback, Complaints, Incident Management and Supports:

Human and Legal Rights Policy and Procedure is the overarching policy at ADS.

- ADS will maintain an open and responsive attitude to feedback and complaints from participants and their families and carers. Participants will be supported to understand their right to safety and protection and supported to raise concerns and complaints.
- How participants and staff affected by incidents of abuse will be supported
- Refer to the overarching Rights policy, Feedback and Complaints, Incident Management, and training modules.

Procedure

Responding to reports or incidents of abuse

Read the Workers Guide to Safeguarding People with a Disability from Abuse for detailed practice guidelines. [Safeguards | NDIS](#). Indicators of abuse are not always obvious and can vary, but the relationship between front line workers and participants means that they are best placed to recognise behavioural changes and other symptoms that may be a sign that the participant is being abused.

Sources of reports of abuse

A report of abuse may be received from:

- a participant using verbal or written communication or any other communication system
- another participant, member of staff or any other person, who may witness abuse of a participant and make a report
- a member of staff on observing one of more indicators of abuse suspects that a participant has been or is being abused

Reassure any person who makes a report of abuse that they can be confident of doing so without fear of retribution and in a supportive environment.

Reporting abuse or allegation of abuse

- If you become aware of an unexplained injury or bruise by either noticing it on the participant or being informed by the participant, you must report it promptly to your Line Manager or if unavailable

the Operations Manager and/or Managing Director. This is particularly important when the alleged offender of abuse may be a staff member.

- The Manager will decide whether to follow up the notification by ringing the participant's place of residence or a family member to inform them of the bruise/injury and seek clarification of how the injury occurred. If the response raises concerns, then the Managing Director may inform the police or the NDIS Commission as appropriate (see below).

This notification will be recorded in FlowLogic and saved on the participant's file. For reports of abuse to children, ADS staff will be required to use the mandatory reporting guides available for NSW & QLD.

<https://www.dcssds.qld.gov.au/our-work/child-safety/about-child-protection/mandatory-reporting>

<https://www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters/what-when-to-report/chapters/mandatory-reporter-guide>

Reportable Incident

Incidents of abuse, neglect, assault, and the use of unauthorised restrictive practices are Reportable Incidents under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. There is an additional requirement to notify the NDIS Commission of such incidents in accordance with their timeframe. See Incident Management Policy and reportable incident procedure for detailed guidelines on how to report such an incident.

Reporting abuse to NSW/QLD Police

When a participant or another person has been assaulted or is in immediate danger of an assault the Police must be called, except in the following circumstances:

- an incident that would usually be classed as assault, is caused by a person with an intellectual disability who lacks understanding of the behaviour
- physical contacts occurring between participants (e.g. pushing or striking) that are appropriate for resolution using behaviour management strategies, which are to be reported as an incident

If a participant or another person sustains an injury as the result of an assault call the Ambulance Service first, then contact the Police. If you cannot reach your manager for guidance and are unsure about reporting abuse, contact the Local Sexual Assault Service, Police, or the Child Protection Helpline Ph: 13 21 11 (24 hours) who will advise you on what to do. You must record any advice given by the police and forward it to your manager or the Managing Director by email as soon as possible.

Initial emergency response

If you are present at the time of an assault you should take appropriate measures to maintain your own safety, and that of other participants and staff. Then you must ensure that:

- the participant (the victim) is protected from any further harm or contact with the person who is the source of abuse (the offender).
- You must notify the ambulance immediately if the participant or any other person is injured.
- You or others at the scene must contact the Police if a participant has been physically or sexually assaulted or dies as the result of an assault, then immediately advise your manager or Managing Director who will take action to report the incident to the NDIS Commission.
- If the participant has been sexually assaulted you must contact the local Sexual Assault Service, then immediately contact your manager or The Managing Director.

Serious assaults and protecting evidence for police

To your best ability make sure that any evidence the Police may require in their investigation is not disturbed.

- For example, evidence may be lost if a victim of sexual assault bathes soon after the assault. Try and delay bathing until the Police arrive if the victim is not distressed by the delay.
- If possible, preserve the victim's clothing as evidence following an assault of any type.
- If possible, isolate the area where the incident occurred and do not allow anyone to enter the area until the Police arrive.

Apart from ascertaining their physical condition and state of mind, avoid questioning the victim about the incident to reduce contamination of their recall and confusion about the events. Offer ongoing reassurance and support.

Abuse by a staff member

If you witness or suspect that a member of staff has abused a participant, your manager or Managing Director must be informed immediately. If it is suspected that the Manager is involved in the abuse the matter must be reported to the Managing Director immediately.

- All reasonable steps are to be taken to ensure that the participant is protected from further harm by preventing contact with the alleged offender.
- Where management reasonably believes that a member of staff is the source of abuse of a participant the matter must be referred to the Police. The incident will also be reported to the NDIS Commission.

- A member of staff who is reasonably suspected of abusing a participant will be stood down immediately until the matter is resolved.
- Any allegations of abuse by a member of staff towards a participant will be the subject of internal investigations as well as investigations by the Police.
- If it is found that a member of staff has abused a participant, the matter may warrant dismissal of the staff member, as well as any action taken by the Police.

Abuse by another participant

When one participant is the suspected or known source of abuse towards another participant, you must ensure that the rights of both participants are supported during the response and reporting processes.

- The Managing Director must identify if the incident is a reportable incident and commence the notification to the NDIS Commission.
- Investigations and any decisions made in relation to managing the incident must be fully documented according to the Incident Management Policy along with the reason for the decision and the name and contact details of the person making the decision.
- The Managing Director must ensure that the wishes of the victim and the offender are followed in relation to advising family, guardian, or other support person about the incident, where they can make this known. When the victim and/or the offender are not capable then the Managing Director will notify the appropriate person of the incident as soon as possible and within 24 hours of the report being made.

The Managing Director will facilitate access to appropriate support, where practical, for the participant, their family or carer and staff, and ensure they have information about available services. If the Managing Director reasonably believes that an incident between two participants is abuse or assault the matter must be referred to the Police.

- If you or another staff member accompanies the offender who is a participant to the police station to provide support, you must not give an opinion about the offender or the alleged incident, give the offender legal advice, question the offender on behalf of the police or interpret the offender's answers.
- The staff member should be replaced by an independent support person, an advocate, or a legal adviser as soon as possible.

Past incidents of abuse

If you become aware of allegations of abuse that has happened in the past, and the participant is not in immediate danger, you must notify your manager or the Managing Director.

- If the Managing Director reasonably believes that abuse has occurred, or is in any doubt, the matter must be referred to the Police for further investigation. The Managing Director should appoint a

contact person to communicate with the victim and family, guardian, or other support person to ensure that information relating to the incident is provided through one coordinated source.

- Information being relayed to the victim must be provided in a form that meets their communication needs, this can include providing a support person who knows the victim's communication needs.
- When the victim is unable to make decisions about any aspect of the incident, a family member or guardian must be present to make decisions on the victim's behalf. Where this relates to medical treatment or forensic examination consent must be provided by a person responsible in accordance with the Guardianship Act.

Support for participants

- The victim and family, guardian or other support person should be assisted to access any advocacy service, debriefing, counselling, legal or other support services if that is their wish. Participants who are victims of abuse and their family or guardian should be referred to Victims Services NSW on 1800 633 063 to be advised of their rights, and the support services that are available to them. For QLD participants, refer them to Victim Assist QLD on 1300 546 587. Ensure you document all communications with participants in Flowlogic.
- ADS will facilitate access for victims of violent crimes and their families who may be eligible to apply for counselling with the Approved Counselling Service provided by Victims Services NSW and Victim Assist QLD. Local counselling contacts as well as Lifeline and Kids Helpline will be provided.
- Staff must ensure that participants, both victim and offender, are adequately supported by an independent person, who could be a relative, friend, advocacy service or legal practitioner. The victim, family, guardian, or other support person will have the choice of pursuing the matter through the legal system and must be supported to access the services and advice they require.

Support for staff

- Staff will be offered a debriefing session within 24 hours of any incident involving abuse, assault or neglect occurring. If required, staff will be supported to access further counselling support and will be supported by their manager to take leave or to continue work as they choose. Staff will have access to the employee assistance program.
- Managers are to consult with relevant specialists if required such as Fair Work. There will be periodic review of the situation until it is closed out.
- The HR team will consult with our legal firm if required.

Privacy and Confidentiality

The promise of complete confidentiality cannot be given to any person who raises a concern about the abuse of a participant. Privacy law mandates the disclosure of a participant's personal information without consent in situations where:

- There may be reasonable grounds to believe that a serious crime or offence has been or may be committed and a criminal investigation by Police may be required.
- Disclosure is in the person's interest (e.g., if the person is suicidal) or where the safety of others is at risk.
- There may be a duty to warn a third party who may be in danger.
- ADS shall communicate and cooperate with the Police and the NDIS Commission in responding to the abuse of a participant.

All staff workers must adhere to the Privacy and Confidentiality Policy and Procedure and only disclose information lawfully by:

- Sharing information on a need-to-know basis
- Maintaining trust and respect for privacy between all parties involved
- Advising participants from the beginning about the limits to confidentiality
- Keeping a record of any information shared between agencies in responding to abuse of a participant.

Consent

Consent from the participant must be sought prior to informing family members, receiving medical treatment (apart from first aid and urgent lifesaving treatment) or the Police to conduct a forensic procedure.

- For consent to be valid it must be voluntary, informed, specific and current. Where the participant cannot give valid consent, a legally appointed Guardian or the 'person responsible' may give or withhold consent.
- When a participant is a victim and has a legally appointed Guardian with a specific function to make decisions about receiving medical treatment or forensic procedure, consent is to be sought from the Guardian.
- Where a participant is suspected of a crime only a Magistrate (or another authorised officer) can provide consent when the participant is incapable of understanding the general nature of a forensic

procedure being able to give or withhold consent for that procedure, as per the Crimes (Forensic Procedures) Act.

A decision by a participant or 'responsible person' not to inform the participant's family does not preclude ADS from reporting the abuse/alleged abuse to relevant authorities such as the Police.

Documentation

It is imperative that comprehensive and accurate documentation is maintained in the interests of all parties and to ensure accountability and transparency in decision-making. An Incident Report should be completed as soon as possible (at least before the close of business).

This should include the nature and extent of concerns, name and contact details of all involved, any follow up actions, the date of the report and the name of the person making the report. As soon as possible, your line manager must be informed.

An investigation will be conducted in accordance with the Incident Management Policy and procedure. A detailed written report should be completed as soon as possible to ensure it is an accurate record of the incident. The report should include:

- The nature and extent of the incident – this should be completed as soon as possible after the event, being an exact record of events
- Notes of conversations with participant and family members
- Notes from discussions with supervisor and staff
- Any feedback or correspondence with Police
- Names and contact details of all those involved, particularly relating to decisions that are made as a result of the incident
- The response to the person making the allegations
- Any ongoing actions required to resolve the matter
- And the outcome, although depending on the nature of the incident this may be delayed
- The date and signature of the person making the report

Managing risk

You in consultation with your Manager must assess the risk of further incidents and update any risk management plans pertaining to the event and the participants involved. This includes reviewing the Risk Assessment of supports for participants involved in the incident to assess and manage the risk of further incidents of abuse.

Social Media Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Social Media Policy & Procedure

Purpose

This policy exists in order to protect both your and ADS's reputation. It also specifies the only circumstances in which social media can be used during work hours.

Scope

This policy applies to all ADS employees and any other persons that may be identified as a worker of ADS (including consultants). This includes where your comments, postings or profile can identify you as an employee or other worker of ADS, irrespective of whether ADS is named, and occurring at any time, irrespective of whether you are using ADS or personal computers, devices, or equipment.

Activities on social media should be considered public. Despite the availability of privacy functions on social media, it is possible for content to be shared beyond intended recipients. This policy is for the mutual protection of ADS and its workers and is not intended to prevent, discourage, or unduly limit expression of personal opinions or online activities.

Only an authorised representative may manage ADS's social media presence or post on ADS's behalf.

This policy covers, but is not limited to, the sites and services mentioned below, and is also intended to cover any other social media services that are developed in the future:

- social networking sites (e.g. Facebook, Instagram);
- professional networking services (e.g. LinkedIn);
- video and photo sharing websites (e.g. Youtube, Tiktok);
- micro-blogging (e.g. Twitter);
- forums and discussion boards (e.g. Google Groups);
- online collaborations (e.g. Wikipedia);
- podcasting;
- blogs including corporate blogs and personal blogs; and
- blogs hosted by traditional media outlets.

Policy Statement

A. Standards of Behaviour

You must not at any time:

- publish or post material on social media that may be reasonably considered to be offensive, obscene, defamatory, threatening, harassing, bullying, discriminatory, hateful, racist, sexist, or homophobic.
- publish or post material that infringes copyright, constitutes a contempt of court, breaches a court suppression order or is otherwise unlawful or in breach of your professional obligations; use or disclose proprietary, commercially sensitive, or confidential information;
- state or imply that you are authorised to speak on our behalf or state or give the impression that any views you express are the views of ADS, unless you are authorised to do so;
- communicate information about ADS, unless you are authorised to do so;
- comment negatively about ADS, including employment with ADS; and/or
- respond defensively, engage in or initiate comments which are negative or derogatory about ADS, its directors, its managers, its employees or its clients and customers.

B. Using ADS Pages on Social Media

ADS expects its employees to maintain a high standard of behaviour when using social media for work or personal purposes. This part of the policy applies to all employees and consultants of ADS who contribute to or perform duties such as:

- maintaining a profile page for ADS on any social or business networking site (including, but not limited to, LinkedIn, Instagram, Facebook, MySpace, or Twitter) on such networking sites for and on behalf of ADS;
- writing or contributing to a blog and/or commenting on other people's or business' blog posts for and on behalf of ADS, and/or
- for and on behalf of ADS on any public and/or private web-based forums or message boards or other internet sites.

No employee or consultant of ADS is to engage in social media as a representative of, or on behalf of, ADS unless they first obtain ADS's written approval. However, sharing posts that ADS has posted to social media by authorised personnel is permitted.

C. Confidential Information and Privacy

If any employee or consultant of ADS is directed to contribute to or participate in any form of social media related work, they are always to act in a professional manner and in the best interests of ADS.

All employees or consultants of ADS must ensure they do not communicate any:

- Confidential information relating to ADS or its clients;

- material that violates the privacy or publicity rights of another party, and/or
- information, (regardless of whether it is confidential or public knowledge), about clients of ADS without their prior authorisation or approval to do so on any social or business networking sites, web-based forums or message boards, or other internet sites.
- Confidential information includes any information in any form relating to ADS and related bodies, clients, or businesses, which is not in the public domain.

D. Personal Use of Social Media

ADS acknowledges its employees or consultants have the right to contribute content to public communications on websites, blogs and business or social networking sites not operated by ADS. However, inappropriate behaviour on such sites has the potential to cause damage to ADS, as well as its employees and/or clients. All employees or consultants of ADS must also refrain from posting, sending, forwarding or using, in any way, any inappropriate material including but not limited to material which is:

- intended to (or could possibly) cause insult, offence, intimidation, or humiliation to ADS or its clients, business partners or suppliers;
- defamatory or could adversely affect the image, reputation, viability or profitability of ADS, or its clients, business partners or suppliers; and/or
- confidential information relating to ADS, or its clients, business partners or suppliers.

Social media may only be used for personal reasons during breaks or outside of work hours, unless appropriate authorisation is obtained.

Procedure

Any breach of this policy will be treated as a serious matter and may result in disciplinary action including termination of employment or the termination or non-renewal of contractual arrangements. Other disciplinary action that may be taken includes, but is not limited to, issuing a formal warning, directing people to attend mandatory training, suspension from the workplace and/or permanently or temporarily denying access to all or part of ADS's computer network.

Travel Expenses Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Travel Expenses Policy and Procedure

Scope

This Policy applies to all employees of ADS (herein referred to as “you”, or “your”). It does not form part of any employee’s contract of employment.

Purpose

This policy covers ADS’s policy and procedure for:

- the reimbursement of expenses incurred by employees in the performance of their duties

Policy

3.1 Company expectations and policy compliance

When you incur or submit a travel expense, you are expected to:

- (a) Behave honestly, responsibly, and within the guidelines of this policy and the guidelines set out in your related handbook for your role.
- (b) Submit expenses within 30 days of incurring them.
- (c) Keep all receipts and/or submit required documentation by (e.g., scanning paper receipts or capturing receipts via Weel).
- (d) Not doctor your receipts when uploading them to Weel or submitting an Expense Form.

We’ll investigate any excessive expenses. In cases of consistent falsified or exaggerated claims, we may take disciplinary action.

3.2 Allowable expenses

Travel expenses include any kind of transportation and accommodation expenses that you incur when going on a business trip. Expenses related to this category that may be fully or partly reimbursable include:

- (a) Accommodation
- (b) Legal document expenses (e.g., Visa)
- (c) Air, train, ship or other transportation fares
- (d) Necessary medical expenses (e.g., vaccinations)
- (e) Local transportation during trips (taxi fares, rental cars etc.)
- (f) Other minor or per diem expenses that have been approved by an employee’s manager (e.g., meals, business material)

Medical care fees after travel-related accidents may be covered by workers compensation insurance. If not, we may reimburse you for your medical expenses, if appropriate.

Please note: All bookings for domestic flights and international flights should be made through our travel agent flight centre. Travel that is not booked at least 14 days in advance will not be reimbursed without approval from the CEO. All travel should be booked in standard/economy class. You are welcome to use your own frequent flyer points if this does not prevent you from booking the lowest priced logical choice available. Personal travel may be combined with business if there is no additional cost to the company.

3.3 Areas of Ambiguity

For all items and services not listed specifically in the Travel Policy, please seek prior approval and/or clarification from your manager. Ensure your expense reports have a justification and date for timely reimbursement to occur. If you are incurring an expense in a different international currency, the expense will be translated into the Australian Dollar value for reimbursement.

3.4 Non-allowable employee expenses

The following are some examples of NON-ALLOWABLE EXPENSES that are NOT to be submitted for reimbursement:

- (a) Meals for accompanying family members
- (b) Movie and video streaming services and rentals
- (c) Alcoholic beverages
- (d) Room service
- (e) Expenses relating to gaming services
- (f) Unauthorised additional trips, exceeding one hour's duration
- (g) More than the following amounts in AUD (when converted from foreign currency for example) for the following meals:

Meal	Amount
Breakfast	\$25.00 per person
Lunch	\$25.00 per person
Dinner	\$50.00 per person

To be clear, you will be reimbursed up to these amounts for these expenses and the rest will be at your own expense.

Procedure

4.1 Work related international or domestic airline trips

When you plan to go on work-related international or domestic airline trips, the CEO will typically arrange for most of your accommodation and transportation costs and document these expenses if you are head office staff. You need to:

- (a) Document any expenses that ADS hasn't directly arranged for (e.g., taxi fares). Please obtain bills and receipts wherever possible and upload them to Weel if you used Weel. If you did not use Weel, then fill out the attached Expense Claim Form for processing by payroll. You might also receive a per diem sum to cover other necessary travel expenses. This will be discussed with you prior to embarking on your trip.
- (b) Submit an expense report to your manager or Payroll with all necessary documentation. Please submit your claim/report within 14 days after your trip.

Your manager or Payroll are responsible for approving reimbursement claims. If your manager or Payroll approves your expenses, you will receive your reimbursement within 14 days by EFT into your nominated bank account.

4.2 Work related trips that are not airline trips

When you incur work-related travel expenses that are not related to international or domestic airline trips but relate to other trips, you should:

- (a) Ask for your manager's approval of the items to be covered by ADS, with the non-allowable expenses at clause 3.4 above being non-negotiable.
- (b) Submit a reimbursement claim. Please submit receipts and bills for dinners and transportation within 14 days of returning home.

The CEO approves budgets for domestic or international air trips. The budget is non-negotiable. If you wish to pay more than the budget, that will be at your own expense.

Expense Claim Form

Staff Member:

DATE	DESCRIPTION	PARTICIPANT	AMOUNT IN CURRENCY	AMOUNT IN AUD	RECEIPT

Grievance Policy and Procedure

Approval Date	Review Date
27/04/2024	27/04/2025

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Grievance Handling Policy and Procedure

Purpose

The purpose of this policy is to allow you to have such problems, referred to as grievances, addressed internally in a timely and confidential manner.

A grievance can be about anything done, or not done, by management or another employee or employees, which you feel affects you unfairly or unjustly. A grievance can also be about discrimination, harassment, or any other employment related decision or behaviour that you think is unfair, unjust, or upsetting.

In so far as this Policy imposes an obligation on the Employer, those obligations are not contractual and do not give rise to any contractual rights. The procedures outlined in this Policy are general guidelines only.

Scope

This policy applies to all employees of ADS (addressed in this policy as “you”).

Policy

Options - There are three options to consider if you have a grievance, being:

1. Deal with the matter informally. A grievance can be dealt with informally by approaching the person causing the problem if you feel comfortable in doing so.

You can tell them that their behaviour, decision, actions, etc. was unfair, offensive, discriminatory etc., and why you believe this to be so. The person may have been totally unaware of the effect of their behaviour or decision on you. By telling them you will give them a chance to redress the situation.

This may not be appropriate in some cases, particularly if you do not feel comfortable with speaking to the person. If it is appropriate, you are encouraged to deal with the matter informally prior to resorting to a more structured process.

This process does not require documentation however supervisors may make notes if they are participating in this informal process. It is not compulsory for supervisors to facilitate resolution in this first option.

If a resolution is not achieved at the informal stage because:

- the grievance is of a more complex nature;
- the parties believe the informal process is not appropriate; or
- the complainant feels uncomfortable about approaching the subject of the complaint,
- then formal grievance resolution should be undertaken.

2. First formal option - Speak to your manager.

If you do not want to speak to the person directly, you can tell your manager about your grievance. They will tell you what your options are. With your agreement, they may approach the person complained about and talk to them informally about your grievance. Your manager may also document the grievance. Alternatively, you may decide to make a formal written complaint yourself.

3. Second formal option - Make a formal complaint.

If you do decide to make a formal complaint, this can be done by putting the complaint in writing and reporting it to your manager. You may have a support person attend the meeting with you when you report the complaint. The written complaint should contain a description of the incident(s), decision, behaviour in question, the time and date of the incident(s), the names of any witnesses, your signature and date of the complaint. Following this, an investigation will be conducted.

Timeframe for Grievance Resolution

Grievances should be addressed in a timely manner. Each stage should provide for a timeframe of at least 14 working days. The manager should advise the parties to the grievance of the specified resolution timeframe at the commencement of the resolution process if it is to be longer than 14 working days. If an extension to the prescribed timeframe is required due to the complexity of a grievance, this must be negotiated and communicated to all parties.

Roles and Responsibilities

Complainant

- In electing to lodge a grievance, a complainant accepts the responsibility to seek and support resolution of the issue or issues, and to cooperate with the process. A complainant must be prepared to provide evidence of the assertions.
- A complainant may withdraw a grievance at any time. Written grievances should be withdrawn in writing and the person responsible for that stage of the resolution process must be advised. All parties to the grievance will be advised by the manager, manager, or relevant department (as appropriate) that the grievance has been withdrawn.
- The following rights apply to a complainant:
 - the complainant must not be victimised for lodging a grievance;
 - the complainant must be able to nominate own witness or witnesses if there is an internal or external investigation into the complaint;
 - the complainant must have the right to seek the support and advice of a support person, occupational health and safety representative, friend, or colleague; and
 - the complainant may have an interpreter present at an investigation interview if required.

If, at any stage of the grievance resolution process, ADS is satisfied that a grievance is frivolous, vexatious, misconceived or lacking in substance, the complaint may be dismissed.

A finding that a complaint has been made frivolously or vexatiously may lead to disciplinary action against the complainant under ADS's Disciplinary and Termination Policy.

Subject of the complaint

- The subject of the complaint must have a commitment to seek and support resolution of the issue or issues and cooperate with the process.
- The following rights apply to the subject of the complaint:
 - the subject of the complaint must not be victimized for being the subject of a grievance;
 - where some sense of culpability may be attached to the grievance, the subject of the complaint will be treated as innocent until proven otherwise;
 - the subject of the complaint can nominate own witness or witnesses if there is an internal or external investigation into the complaint;
 - the subject of the complaint must have the right to seek the support and advice of a support person, occupational health and safety representative, friend, or colleague; and
 - the subject of the complaint may have an interpreter present at an investigation interview if required.

Manager

The manager is responsible for:

- receiving the grievance (either written or verbal);
- coordinating and facilitating the resolution of the grievance;
- advising the parties of their rights, obligations and the process as outlined above;
- communicating regularly with the parties on the process and progress of the grievance;
- maintaining an appropriate level of documentation which should be kept in a confidential file in secure storage;
- notifying Human Resources immediately upon a grievance being progressed to the first formal option;
- ensuring that the grievance resolution timeframe is adhered to or, if this is not possible, an alternate timeframe is to be negotiated with all parties; and
- ensuring that the principles of natural justice and procedural fairness are applied to the resolution of all employee grievances.
- In relation to the responsibilities of the manager above, each affected party must have the opportunity to answer, or otherwise deal with, any matter which is raised against that party. Where concerns relating to bias or conflict of interest are raised by a party to a grievance, ADS is obliged to consider the issues that have been raised. The basis of the decision arising from consideration of the issues is to be communicated to the parties.

Human Resources

Human Resources will be responsible for:

- managing the successful conclusion of the process for resolving grievances;
- an initial assessment of a referred matter and working with the supervisor to determine the most appropriate process or intervention;
- involving external agencies in the process; and
- providing appropriate and timely advice to supervisors and employees involved in a grievance process.

Employee Assistance Program

All employees can access free and confidential counselling and support services through the employee assistance program. Employees are encouraged to use the services available to help them with any issues

(whether in their work or personal life). For further information contact Bluebird Psychology (email@bluebirdpsychology.com.au).

Procedure

Grievances will be handled in accordance with the following:

- grievances will be treated with the utmost confidentiality. It is important that you also maintain confidentiality.
- any grievance will be taken seriously, handled impartially and any steps taken will be in accordance with the principles of procedural fairness;
- employees who raise grievances are protected from victimisation;
- grievances will be dealt with promptly, considering all the circumstances; and
- you may have a support person with you at any stage of the process.

Investigation

Where a grievance cannot be resolved informally and an investigation is required, or where an investigation is required due to work health and safety obligations, the matter will be investigated by Human Resources, or such other appropriate Manager or external investigator as ADS deems appropriate. If Human Resources feels that there is a reason why they should not conduct the investigation (e.g., he may be a friend of the person complained about or may be the person complained about), then a Director or an external investigator will conduct the investigation.

During the investigation, you will first be interviewed following which any witnesses, the person against whom the complaint is made, and that person's supervisor will be independently interviewed. Both you and the person against whom the complaint is made may have a support person present when the interview is being conducted.

- If the complaint is substantiated, the appropriate action will be taken (see below).
- If the complaint is unsubstantiated, you will be given an explanation as to why that finding was made.
- If the complaint is found to have been completely fabricated or vexatious, appropriate disciplinary action may be taken against you up to and including termination of employment.

Outcome

If the investigation reveals that your complaint is valid, several actions may be taken, depending on the nature of the complaint. The person against whom the complaint is made may be required to give you a written apology, he/she may be given a written warning, may be moved seats, have work responsibilities reallocated, be requested to undertake counselling, transfer, demotion, or may be subjected to disciplinary action up to and including termination of employment.

If the investigation is inconclusive, i.e. the complaint cannot be proved due to lack of evidence or the conduct is not sufficiently serious to justify disciplinary action, ADS may nevertheless take several actions. These may include training of all staff and monitoring behaviour of all staff.

If the complaint is found to have been completely fabricated, appropriate action may be taken against you in accordance with the Disciplinary & Termination policy and steps may include counselling, a written apology to the person complained about, an official warning or other allowable disciplinary action up to and including termination of employment, depending on the seriousness of the circumstances.

Outside agencies

If you are not satisfied with the way in which your grievance was handled, you have the option of raising your complaint with an outside agency, such as the Australian Human Rights Commission or another forum.