Document of Policies

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Entry and exit

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Introduction

This policy aims to remove barriers that participants may face trying to access our services and provides guidance on handling participant entries and exits from our services. This policy helps:

- promote consistent practices
- allow for the diverse and individual needs of participants
- consider the safety and well-being of participants
- consider the health and safety of our workers.

Our services are available to people with disability who are eligible for the NDIS. When a participant requests access to our services, this starts the entry process. During entry, participants are informally assessed. This can vary between participants but generally this is where we consider participant needs, abilities, goals, risks, any previous or current supports, and their level of funding. This process must be done in a manner which is fair, consistent and transparent. Following the assessment, a decision is made on whether to provide the participant access to supports.

When participants leave our services, this is referred to as exiting and can happen for a number of reasons such as:

- if they relocate to an area outside our area of service delivery
- when our support schedule and service is no longer able to meet the participant's needs or assist in achieving chosen goals
- if they transfer to another service provider
- if there is a lack of available resources or funding
- in the event of the death of a participant using our services
- if the participant is unwilling to meet the reasonable conditions required in their support plan affecting the safe delivery of services and the health and safety of the staff
- if there are changes in the participant's condition resulting in support needs above what we can deliver
- if the participant and/or family member/carer engages in behaviour which is unacceptable towards us, such as violence, abuse, aggression, theft or property damage
- if there is continued non-payment of service delivery fees incurred from supports and services provided.

Applicability

When
• applies when participants enquire about our services, enter into a service agreement, or exit from our services.

Who
• applies to all employees including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

- NDIS Practice Standards 3.1.1 Access to supports
- NDIS Practice Standards 3.1.3 Access to supports
- NDIS Practice Standards 3.5.1 Transitions to or from a provider
- NDIS Practice Standards 3.5.3 Transitions to or from a provider

Governing regulations for this policy

- NDIS (Prescribed Programs—New South Wales) Rules 2016 (Cth)
- NDIS (Quality Indicators) Guidelines 2018 (Cth)

Applicable processes for this policy

- Exit participant
- On-board participant

Documents relevant to this policy

- Entry and exit (easy read)
- NDC_Core Supports Intake Form
- NDC_Core Supports Intake Template
- NDC_STA Intake Form
- NDC_Transitional Supports Template
- Participant Exit Survey

Our commitment to ensure service accessibility

As part of our commitment to ensure service accessibility, we will:

- ensure non-discriminatory access for all participants enquiring or requesting access to our services
- maximum accessibility to our services for all NDIS participants who need our services
- proactively communicate information about our supports and services as part of broader community engagement activities
- identify and reduce barriers and provide equal access for all NDIS participants who need our services
- regularly review the accessibility of our services and take action to improve access whenever possible
- ensure advertised contact phone number is accessible during business hours and has active voicemail
- ensure advertised contact email account is working and checked at least daily
- ensure all enquiries by participants are responded to in a timely manner
- provide accurate information about gaining access to and exiting from our services to assist participant decision making
- make all reasonable adjustments to accommodate participant cultural/language needs and those of family, significant others, advocates
- monitor the diversity of the people accessing our services to ensure we reach the whole community particularly those groups known to experience additional barriers i.e. because of gender, culture or ethnicity
- provide participants with all options we are aware of in the community that could benefit them and expand their choices in any aspect of their life.

Entry to services

Entry and access to our services is provided on the basis of relative need and availability of resources.

Each participant requesting access to services is informally assessed by key personnel before they commence services.

Each participant requesting access should be provided a timely response regarding their request.

A formal assessment may be necessary when more information is required to assist in deciding a participant's request to access services.

Written notification must clearly communicate one of the following:

- acceptance of a request for access to our services
- refusal of a request to access of services based on the applicant not being a priority
- refusal of a request for access of services based on the applicant not being eligible for the NDIS
- request for additional information (such as when a formal assessment is required).

Exit from services

- participants have the right to leave our services at any time they choose
- participants are supported to investigate more appropriate services if they are likely to enable positive outcomes
- participants are required to provide four weeks' notice of their intention to exit our services
- our exit process is fair and transparent and upholds the rights of participants
- if a participant is leaving due to dissatisfaction with the service, they are encouraged and supported to raise a complaint about their dissatisfaction
- we will understand, accept and learn from a participant or family's decision to exit our service
- we will support participants with an exit plan after we become aware of a participant who will exit our services
- participants are offered the opportunity of an exit interview
- participants are provided information on how they can re-enter our services.

Transition plans

When participants transition to or from our service we will:

- have organisation-specific processes in place for transitioning to and from our services
- communicate the transition processes to workers and participants
- review our transition processes
- consult with the participant, family/carer/supporter and key workers to develop a transition plan taking into account the participant's needs and preferences including cultural needs, values and beliefs
- develop a risk management plan to manage any identified risks during transitions, including temporary transitions (e.g. healthcare risks requiring hospitalisation)
- ensure all workers involved in the transition are aware of the transition plan and identified risks that need to be managed
- ensure each participant understands our transition processes
- review the transition plan regularly during the transition to ensure that are no unplanned circumstances or unmanaged risks
- following the transition, follow up with the participant and their family/carer/supporter for feedback.

Exit from services without consent

We may implement an exit process for a participant without their consent under the following circumstances:

- a participant’s inability or unwillingness over a period of time to work towards agreed goals
- other participants, workers or the participant themselves are at risk of harm
- financial requirements are not being met
- if there are changes in the participant’s condition resulting in support needs above what we can deliver.

Withdrawal of services

We will properly assess matters that lead to withdrawal of services and provide affected participants reasons for the withdrawal of services e.g. shortage of resources.

We will not withdraw services for a participant based solely on a dignity of risk choice made by the participant.

If we withdraw services for a participant, we will support the participant to find services from another provider.

Hospital transitions

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Introduction

The purpose of this policy is to establish clear guidelines for the safe and seamless transition of NDIS participants to and from hospital. When managing transitions to and from hospital, our organisation will:

- prioritise the wellbeing and needs of participants
- ensure continuity of care
- establish effective communication with all relevant stakeholders.

Applicability

When
• applies when assisting participants that require a hospital stay.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

NDIS Practice Standards 3.5.1 Transitions to or from a provider

Documents relevant to this policy

NDC_Participant Emergency Plan

Preparing for possible admissions

Evercare Support will ensure that we are prepared for any possible hospital admissions by:

- facilitating clear communication and coordination between participants, health care providers, and carers
- keeping all participant health and medication information up to date
- ensuring all participant health and medication information is accurate
- empowering participants to understand their health status and communicate information about their health
- managing all the risks associated with transitions to and from hospital in accordance with our risk management policies and processes.

Hospital admission planning

In preparation for hospital admission, we will arrange a pre-admission meeting with hospital staff to discuss transition of care and handover of key information. The core aims of this meeting are to:

- co-ordinate transition of care in conjunction with hospital staff, the participant, our workers and the participant's support networks
- inform the hospital of the participant's key support requirements in relation to:
    - communication
    - mobility and physical support
    - nutrition and mealtime
    - behaviour support

create a hospital support plan based on the participant's specific needs and preferences.

Transfer of information

Before sharing information with hospital staff, consent from participants, guardians and/or carers must be obtained.

Once consent has been obtained, the following must be made available (where applicable):

- My Health Record (if this used by the participant)
- The hospital support plan
- List of current medications
- Webster packs and other required medications
- Health Care Card
- Medicare Card
- Behaviour support plan
- Communication plan/profiles and any related communication aids/tools
- Any other relevant information/records

Emergency hospital admissions

If a participant requires hospital admission due to an emergency, they must have a familiar support worker to assist them with hospital admission. In addition, the support worker must:

- stay with the participant throughout the hospital admission process
- cooperate with hospital staff at all times
- provide relevant information to hospital staff as required
- if the admission was due to an incident, manage the incident in accordance with all relevant incident management policies and processes.

We will also document all participant-specific emergency admission requirements in each participant's emergency management plan. All relevant support workers must be familiar with this plan and its contents.

Hospital discharges

It is vital that hospital discharge is planned in conjunction with health professionals and relevant hospital staff. As a minimum the hospital discharge plan must include:

- destination of transfer (e.g. the participant's home)
- estimated date of transfer
- re-assessment of support risks
- transport requirements

- referral to any relevant medical services
- any requirements for home modifications.

Managing ongoing support needs

A participant's support needs may change after a stay in hospital. Our organisation will work with relevant hospital staff to ensure we are meeting the participant's ongoing needs. To do this, effectively, we will obtain the following documentation from hospital staff:

- a summary of the medical care the participant has received during their time in hospital
- information about any required follow-up appointments, recommendations for the participant's regular health providers and any other medical requirements
- a list of current medications, including any new or changed medications.

Once we obtain the required information, our organisation will assess our capacity to provide the required supports to participants.

In situations where we are unable to meet the ongoing needs of the participant, we will communicate this to the hospital.

In situations where additional training or equipment is required to adequately support the participant, we will ensure to plan for this as soon as possible.

We will provide all information about follow-up care to the participant in the mode the participant is most likely to understand (e.g. easy reads).

Reviewing processes

Our organisation will regularly review the effectiveness of our approach to hospital transitions and identify areas for improvement.

Referrals

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Introduction

This policy provides guiding principles on participants that are referred to our service and when we refer participants to other providers to access their supports and services.

Participants may be referred to us about our services from other service providers, the NDIA, health professionals or other organisations. Similarly, we may refer participants to other providers in order for a participant to meet specific support needs. As part of our duty of care responsibilities, we have an important role in identifying needs for referral services for participants we support.

There are many types of supports and services where a participant may benefit from a referral. Here are a few examples:

- advocacy services
- allied health services
- assistance with independent living
- capacity building supports
- community integration supports
- early intervention supports
- assistance with personal finance
- therapeutic supports
- transport services.

Applicability

When
• applies when participants are referred to our service • applies when we refer participants to other service providers.

Who
• applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

NDIS (Quality Indicators) Guidelines 2018 (Cth)

Documents relevant to this policy

Referral Form (NDIS Services)

Referrals

Consent is sought from participants before we contact other service providers to discuss the participant's support needs, schedules, plans and goals.

When contacting other providers about referrals, just enough personal information of participants should be disclosed.

When setting up new supports for participants, workers should be mindful of existing supports through other service providers, if so, these should be discussed with the participant keeping in mind their needs, wishes and goals along with existing provider and worker relationships.

All details of any commenced referral services are recorded in the participant's file.

When to refer

When a need for a referral is identified, the level of urgency should be established, this involves looking at:

- any risks involved
- the participant's wishes
- the immediate nature of the demands i.e. crisis or long-standing need
- our service abilities to meet all or some of the participant's needs
- wishes of other relevant stakeholders such as family, friends and other members of the treating team.

When considering a service provider for referral, the following should be considered:

- are they the best possible provider for this participant?
- will they adequately meet the needs of this participant?
- are there specific cultural or other protocols to follow to ensure a smooth referral?

Supporting participation

Participants that need additional support to attend referral appointments will be provided this support.

We will encourage attendance of the referral service by:

- discussing progress
- listening to difficulties and assisting in managing these
- following up any problems which require input or for which the participant needs advocacy.

Measuring success

We will ensure the needs of the participant are met at the referral service by:

- asking the participant for feedback about the referral
- checking with stakeholders for their perspective on the effectiveness of the referral
- consulting with the referral provider to establish the level and quality of assistance given.

Restrictive practices

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Introduction

This policy is about regulated restrictive practices. A restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

Regulated restrictive practices.

Of the types of restrictive practices, only regulated restrictive practices are allowed and then only with strict conditions and controls in place which includes jurisdictional authorisation and oversight monitoring by and reporting to the NDIS Commission. Territories and most states are responsible for authorisation or prohibiting restrictive practices use by Registered NDIS Providers and Behaviour Support Practitioners in their jurisdiction. Restrictive practices cannot be used by unregistered providers.

Regulated restrictive practices include:

- seclusion
- chemical restraint
- mechanical restraint
- physical restraint
- environmental restraint

Any form of restrictive practice other than regulated restrictive practices are considered prohibited practices.

All types of restrictive practices

Type	Description
prohibited practices	Any practice or action that may be experienced by a person as noxious, unpleasant or painful. Types of practices that are prohibited include aversive restraints, consequent driven practices, overcorrection, exclusion and psychosocial restraints as well as high-risk restrictive practices such as specific forms of physical restraint and punitive approaches.
chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person’s behaviour or movement including use of regular medication. It does not include the use of medication prescribed by a medical practitioner (or authorised nurse practitioner in some jurisdictions) for treating a diagnosed mental illness or physical illness or condition.

environmental restraint	Any restriction to a person's free access to all parts of their environment. For example: • locking cupboards and refrigerators • taking away things people like • stopping the person from going to places they enjoy. • use of surveillance technology for the purpose of influencing behaviour, • stopping access to items or environments or restricting freedom of movement.
mechanical restraint	The use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing their behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes. For example, it may include the use of a device to assist a person with functional activities as part of occupational therapy, or to allow for safe transportation.
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 a person's behaviour. For example: • physically guiding or blocking the person to guide them to walk in a certain direction they do not want to go • holding a person's body part to stop a behaviour, such as holding their hand to prevent them from pulling their hair • clasping a person's hands or feet to stop them from moving. Physical restraint does not include non-coercive physical contact such as: • using hands-on physical direction with reflexive guiding/redirection away from potential harm or injury that is consistent with what could reasonably considered the exercise of care towards a person, or • for assistance provided to complete daily living activities, such as brushing teeth or dressing to complete the task safely and where the person has accepted support.
seclusion	Sole confinement of a person with disability in a room or physical space at any hour of the day or night for any period where voluntary exit is prevented, impeded, not facilitated or implied as not permitted.

Regulated restrictive practices

Of the types of restrictive practices, only regulated restrictive practices are allowed and then only with strict controls in place. Regulated restrictive practices include:

- seclusion
- chemical restraint
- mechanical restraint
- physical restraint
- environmental restraint

Any form of restrictive practice other than regulated restrictive practices are considered prohibited practices.

Prohibited practices

Prohibited practices include but are not limited to:

- any form of corporal punishment (for example, smacking or hitting)
- any punishment intended to hurt, humiliate or frighten a person
- any punishment that involves immobilising a person with chemical or physical restraint and is considered high-risk including (but not limited to):
    - supine and prone restraint holds
    - using pin down or basket holds by holding limbs or parts of the body
    - actions that result in pushing the person's head forward into their chest
    - restraining or inhibiting a person's respiratory or digestive functions
- force-feeding or depriving a person of food and hydration
- misuse of medication to influence behaviour, mood or level of arousal and used to control or restrain a person without a behaviour support plan, proper medical authorisation or legal consent
- use of punishing techniques, such as putting a person in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body
- overcorrection, where the punishment is out of proportion to the behaviour (for example, making a person clean an entire room because they tipped their meal on the floor)
- confinement or containment of a child or young person (anyone under 18 years of age) such as forcing them to remain in a locked room or other place that they can't leave, including during a particular crisis or incident
- punishment that involves threats to withhold family contact or access to culture or change any part of a person's individual lifestyle plan
- denying access to basic needs or supports
- unethical practices, like rewarding someone with cigarettes, alcohol or food.
- any other act or failure to act that is an offence under federal, state or territory laws.

Prohibited practices are practices that must never be used. They may be unlawful or/and unethical. The use of any prohibited practice may be a breach of the NDIS Code of Conduct, a criminal offence or civil wrongdoing. Any use of a prohibited practice is a reportable incident under the NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth). When high-risk or prohibited practices are implemented by family members, carers, or non-NDIS providers, and a specialist behaviour support provider is engaged, the provider and the behaviour support practitioner will clearly communicate and document the risks and concerns associated with these practices. They will also support the use of appropriate, evidence-based alternatives and clearly record that the practice is not recommended.

Applicability

When
• applies to supports and services provided to participants with a positive behaviour support plan that include the use of a regulated restrictive practice • applies when a prohibited practice or unauthorised regulated practice is used.
Who
• applies to all representatives of the registered provider including key management personnel, directors, full time workers, part time workers, casual workers, contractors, labour hire workers and volunteers, students on placement or anyone else engaged by the provider.

Governing obligations for this policy

- NDIS Practice Standards SM 2.2.1 Restrictive Practices
- NDIS Practice Standards SM 2.2.3 Restrictive Practices
- NDIS Practice Standards SM 2.2.4 Restrictive Practices
- NDIS Practice Standards SM 2.2.5 Restrictive Practices
- NDIS Practice Standards SM 2.2.6 Restrictive Practices
- NDIS Practice Standards SM 2.2.7 Restrictive Practices
- NDIS Practice Standards SM 2.2.8 Restrictive Practices
- NDIS Practice Standards SM 2.6.1 Reportable Incidents involving the Use of a Restrictive Practice
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- NDIS Practice Standards SM 2A.2.1 Regulated Restrictive Practices
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- NDIS Practice Standards SM 2A.7.6 Reportable Incidents involving the Use of a Restrictive Practice
- NDIS Practice Standards SM 2A.7.7 Reportable Incidents involving the Use of a Restrictive Practice

Governing regulations for this policy

- Disability Act 2006 (Vic)
- NDIS (Quality Indicators) Guidelines 2018 (Cth)
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)

Applicable processes for this policy

- Authorise regulated restrictive practice

Documents relevant to this policy

- Regulated restrictive practices with children and young people with disability - Practice guide

Restrictive practice principles

We support the minimisation and elimination of the use of restrictive practices. Any use of restrictive practice will consider the participant's individual, cultural and communicative needs. We will only use regulated restrictive practices:

- if the restrictive practice is part of a behaviour support plan (BSP) that is written in a NDIS lodged positive behaviour support plan developed by a positive behaviour practitioner or specialist in consultation with the participant, the participants' family, support network and/or advocate and:
    - as a last resort, and-with proof all other ways of evidence-based, person-centred and proactive positive behaviour support strategies have been tried first and not used as a first response or as substitute for adequate supervision
    - in response to a behaviour that might harm the participant or others
    - for the shortest time possible to ensure safety of the participant or others
    - in the least restrictive way possible
    - that are proportionate and justified
    - Not used as first response
    - considering the potential negative consequence or risk of harm
    - if the participant or the participant's guardian has given consent
    - if the appropriate authorisation by state or territory bodies has been granted
    - if we have first understood why the participant has complex behaviour and how the restrictive practice will affect and impact the rights of the participant.
- We will be transparent and accountable for the use of regulated restrictive practices through accurate record keeping and meeting our authorisation and reporting obligations.
- We will use ongoing practice monitoring and regularly review records to assess the success, need and application of restrictive practices with consideration to reduce or stop the restrictive practice.

Impact of restrictive practices

Research has demonstrated the use of restrictive practices does not effectively address underlying behavioural functions nor modify persistent concerning behaviour.

Research has also demonstrated the impact of routine and ongoing restrictive practices has on participants, participant support networks and the workers can be profoundly negative especially to self-determination, liberty, physical integrity and quality of life.

The use of restrictive practice whether on a single or ongoing occasion, according to the NDIS Quality and Safeguards Commission can result in:

- participants feeling a loss of dignity
- reduced interpersonal relationships between participants and others
- limited freedom and potential human rights violations
- medication dependency
- physiological and neurological changes
- increased mental health illnesses
- trauma and psychological distress including post traumatic stress disorder (PTSD) for participants, workers, observers and support networks
- secondary forms of concerning behaviours in response to the use of restrictive practices.

It is with this knowledge and understanding we continuously monitor, evaluate and seek to reduce the use of regulated restrictive practices with the goal of total restrictive practice use elimination.

Reduction and elimination

We are committed to upholding the human rights of people with disability, respecting dignity and individual autonomy and always moving towards reduction and elimination of restrictive practices in line with:

- the UN Convention on the Rights of Persons with Disabilities
- NDIS Safeguarding Framework
- National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.
- The legislative frameworks in our state/territory
- The latest evidence-based research and industry best practice.

We are committed to achieving this by following the core strategies detailed below:

Core strategy	Description
person-centred focus	Including and respecting the perspectives and experiences of people with disability and their families, carers, guardians and advocates during regulated restrictive practice incident debriefing, individualised positive behaviour support planning, staff education and training, and policy and practice development.
leadership towards organisational change	Making an organsational goal to reduce and eliminate use of restrictive practices a high priority and providing support and resources to staff to achieve it.
use of data to inform practice	Mechanisms such as ongoing practice monitoring and periodic reviews of positive behaviour support plans containing a restrictive practice, provider reporting on use of restrictive practices, reporting client assessments and individual/positive behaviour support plans—should be used to assess whether restrictive practices are still needed, and consider possible alternatives. Data from a range of internal and external sources is also important to determine what factors are effective in reducing or eliminating restrictive practices and highlighting areas for workforce training and development.
workforce development	Key needs include understanding positive behaviour support and functional behaviour assessment including interdisciplinary approaches across all stages of behaviour support assessments, planning and interventions, and skills development and competency for evidence informed practice, trauma informed practice, risk assessment, de-escalation, alternatives to restrictive practices practice review and improvement at all levels.
use within disability services of restraint and seclusion reduction tools	Use of contemporary evidence-based assessment tools, emergency management plans and other strategies integrated into each individual’s positive behaviour support plan. Changes to the therapeutic environment. Meaningful activities aimed at lifestyle improvement and increased engagement.

debriefing and practice review	Regular practice reviews of the use of restrictive practices to identify areas for practice and systemic improvement. If an unanticipated or emergency use of a restrictive practice occurs, an immediate debriefing should occur to ensure that everyone is safe, that satisfactory information is available, to inform later structured debriefing and the participant is safe and being appropriately monitored and supported.

Participant assessment

We will assist in identifying participants with complex behaviour support needs and refer them to an NDIS approved positive behaviour support practitioner for assessment. A positive behaviour support practitioner, in consultation with the participant, participant's family, support network and/or advocate and the organisation, will be responsible for establishing a positive behaviour support plan which may include restrictive practices.

The use of restrictive practices documented in a participant's positive behaviour support plan will have clear protocols for implementation and use and identify how consultation with the participant, their support persons will occur for behaviour support plan development and review. These restrictive practices will be actively monitored and reviewed at least every 12 months or whenever needs, goals or preferences change with the intent to reduce or eliminate the requirement of regulated restrictive practices.

Authorising restrictive practice

Commonwealth, state and territory legislative and policy frameworks provide requirements and guidelines for regulated restrictive practices in addition to the NDIS Quality and Safeguards framework.

The use of a restrictive practice will only be approved as part of an agreed, authorised positive behaviour support plan (BSP) with an expiry date of no more than 12 months. Participants, to the extent possible (or the participant's parent or guardian, person responsible or substitute decision-maker) must consent to the proposed restrictive practices included in the positive BSP.

It is also required we have the relevant state or territory approval to implement and use restrictive practices.

Those who require an application for authorisation for the use of restrictive practices from a State Body include:

- Participants with a cognitive or intellectual impairment
- Over 18 and may be subject to or require restrictive practice in the future
- Behaviour is causing harm to themself or others

In some states and territories, seclusion is a prohibited practice for participants under 18 years of age.

Authorisation must be obtained for each individual restrictive practice type. For example, if one restrictive practice is authorised, this does not mean all other forms can be used without prior authorisation or, if one form of chemical restraint is authorised, this does not mean any other forms of chemical restraint can be used without prior authorisation.

The relevant approving authorities are summarised in the table below.

	seclusion	chemical restraint	mechanical restraint	physical restraint	environmental restraint

ACT	Central Positive Behaviour Panel (Central panel)	Central panel	Central panel	Central panel	Central panel
NSW	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system
NT	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner
Qld Qld Legislation Qld Guidance	• Queensland Civil and Administrative Tribunal (QCAT) • guardian for a restrictive practice (respite)* • public guardian**	• guardian for a restrictive practice (general) • relevant decision-maker* • guardian for a restrictive practice (respite)* • key management personnel for service provider**	• guardian for a restrictive practice (general) • relevant decision-maker* • key management personnel for service provider**	• guardian for a restrictive practice (general) • relevant decision-maker* • key management personnel for service provider**	• relevant decision-maker • relevant decision-maker (respite)* • key management personnel for service provider**
Tas	Submission to Tas Senior Practitioner than approval by Guardianship and Administration Board (GAB)	Authorisation not required. Governed by Mental Health Act 2013 (Tas).	Submission to Tas Senior Practitioner than approval by GAB	Submission to Tas Senior Practitioner than approval by GAB	• <90 days: Secretary of the Department of Health and Human Services • Submission to Tas Senior Practitioner than approval by GAB
Vic	Authorised Program Officer (APO) and Victorian Senior Practitioner	APO	APO and Victorian Senior Practitioner	APO and Victorian Senior Practitioner	APO

WA	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders
SA	Under the Restrictive Practice Authorisation Scheme, this restrictive practice can be authorised only by • Authorised program officers (APOs) • the senior authorising officer of the Restrictive Practice unit.	Under the Restrictive Practice Authorisation Scheme, this restrictive practice can be authorised only by • Authorised program officers (APOs) • the senior authorising officer of the Restrictive Practice unit.	Under the Restrictive Practice Authorisation Scheme, this restrictive practice can be authorised only by • Authorised program officers (APOs) • the senior authorising officer of the Restrictive Practice unit.	Under the Restrictive Practice Authorisation Scheme, this restrictive practice can be authorised only by • Authorised program officers (APOs) • the senior authorising officer of the Restrictive Practice unit.	Under the Restrictive Practice Authorisation Scheme, this restrictive practice can be authorised only by • Authorised program officers (APOs) • the senior authorising officer of the Restrictive Practice unit.

*applies when the adult participant's services other than when the participant is only receiving respite care and/or community access.

**applies when the adult participant receives respite and/or community access services.

Western Australian transitional arrangements

Having transitioned into the NDIS in December 2020, Western Australia are making amendments to their current authorisation process for the use of restrictive practices. The following table summarises the details provided by the Western Australian Government.

Stage	PBSP commencement or review date	Authorisation requirements	Evidence of authorisation
Transition	On or before 30 November 2020	*Mandatory:* Restrictive practice(s) included in an existing behaviour support plan	A copy of the existing BSP (signed and dated)

Stage one authorisation	From 1 December 2020 to 30th April 2021	*Mandatory:* Restrictive practices in a behaviour support plan *Recommended*: Undertake a 'Quality Assurance Process' (QAP)	A copy of the BSP
Stage two authorisation	From 1 May 2021 onwards (until legislation is developed)	*Mandatory:* Restrictive practices in a behaviour support plan. Undertake a QAP	A copy of the QAP report

Record keeping

We will keep written record of the following:

- restrictive practices that are ongoing (e.g. chemical restraint with a daily fixed dose)
- restrictive practices that are 'unscheduled' (e.g. physical restraint, seclusion, chemical restraint prescribed on an 'as needed' basis, also known as PRN medication)
- occasions when the use of an unauthorised restrictive practice is defined as a serious incident—also reported as a serious incident.

The detail of the report on the use of regulated restrictive practices includes:

- a description which includes:
    - the impact on to the participant or others
    - any injury to the participants or others
    - whether the use was a reportable incident
    - why it was used
- a description of the behaviour of the participant that lead to its use
- the time, date and place at which its use started and ended
- the names and contact details of the persons involved in its use
- the names and contact details of any witnesses to its use
- the actions taken in response to its use
- what other less restrictive options were considered or used before
- the actions taken leading up to its use, including any strategies used to prevent the need for the use of the practice.

All records must be kept for at least 7 years from the date of the document.

Reporting authorised restrictive practices to the NDIS

If we support participants with positive BSPs that include the routine use of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report, accompanied with any information and documents required by the Commission, will include:

- type of restrictive practice used
- a brief description of the practice
- details of medication (if required)

- related behaviour concern.

If we support participants with positive BSP that include as needed use (PRN) of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report will include:

- type of restrictive practice used
- a brief description of the practice
- details of medication (if required)
- related behaviour concern
- date used
- time commenced
- time ceased
- our incident report reference.

If we support participants with BSP that include the use of a regulated restrictive practice, but the practice was not used during the reporting month we will submit a NIL report to the NDIS Commission.

If we are supporting participants with short term approval from a state or territory on the use of a regulated restrictive practice, we will provide a report to the Commissioner every 2 weeks on the use of those regulated restrictive practice while the approval is in force.

Reporting restrictive practices to state or territory based authorities

In addition to record keeping and reporting to the NDIS Commission state require the use of regulated restrictive practices to be reported to their relevant agencies, departments or offices within the specific time frames as outlined below.

	Report to	Routine restrictive practice in a PBSP	PRN restrictive practice in a PBSP	Emergency restrictive practice not in a PBSP/unauthorised
ACT	ACT Senior Practitioner via Restrictive Practice Data Reporting (RPDP)	monthly	monthly	within 24 hours
NT	Office of disability as a critical incident			within 24 hours
Qld	Department of Communities, Disability Services and Seniors via Online Data Collection.	as practice used or monthly	as practice used or monthly	
Tas	Disability and Community Services Senior Practitioner			as soon as possible (1 day)

WA	Department of Communities as a serious incident report			within 7 days
SA	the Restrictive Practices Unit (as per the Restrictive Practices Authorisation scheme)	twice yearly (30th June and 31 December)		
VIC	Victorian Senior Practitioner	As per NDIS requirements		

Supporting participants when a restrictive practice has been used

If a restrictive practice is used, participants and workers will be immediately supported to manage the impact of the use of restrictive practices.

We will use the principles of open disclosure and ensure open, honest, empathic, and timely discussions occur between participants and/or their support person(s) and staff following an event involving potential harm (including allegations) or actual harm or reportable incident.

If the incident is deemed a reportable incident, a participant should be immediately referred to, and assessed by a medical practitioner (where appropriate). The immediate procedure following the use of a regulated restrictive practice for a participant must be detailed in the participants BSP and detailed in the incident report submitted to the NDIS Commission. Participants, and with their consent their support network will be included to the level of involvement they wish them in the review of their support plan and restrictive practices following the use of any restrictive practice.

Unauthorised use of restrictive practices

Unauthorised use of restrictive practices is any instance of use:

- without a current positive BSP and not compliant with state or territory legislation (during transitional stages of the NDIS)
- without the proper authorisation
- without knowing that something is a restrictive practice

If we have instigated any form of unauthorised restrictive practices described above, we will:

- report the incident to the NDIS Quality and Safeguards Commission within five business days or 24 hours if the incident harmed the participant
- report the incident to any state or territory as required
- follow our incident investigation and care governance processes to prevent future events for the individual and other participants using the service and to inform organisational continuous improvement plans.

If the regulated restrictive practice will be ongoing then we will:

- continue to report to NDIS Quality and Safeguards Commission as directed until authorisation is obtained
- obtain authorisation (however described) for the ongoing use of the regulated restrictive practice from the relevant state or territory as soon as reasonably practicable
- lodge evidence of that authorisation with the NDIS Commissioner as soon as reasonably practicable after it is received
- arrange the development of an interim BSP for the participant by a specialist behaviour support

- provider that covers the use of the practice within one month after its first use
- arrange the development of a comprehensive BSP for the participant by a specialist behaviour support provider that covers the use of the practice within 6 months after its first use.

Training and worker requirements

The use of restrictive or prohibited practices poses a serious risk due to the significant and severe impact they have on participants and their support networks, as well as workers and impact the organisation reputation and the wider disability industry.

To mitigate the risks workers who support participants with a positive BSP that include restrictive practices will be trained and at a minimum understand:

- what a restrictive practice is and what is abuse
- what an authorised and unauthorised regulated restrictive practice is, including when, why and how they are to be used according to the positive behaviour support plan
- their obligations to safely and effectively implement plans
- the reporting obligations defined in relevant NDIS Rules and any additional state or territory requirements.
- the ethical and safety obligations before, during and following the use of restrictive practices including medical assessments, psychological assistance and debriefing
- this policy.

Workers who implement the use of restrictive practices will work collaboratively with the behaviour support practitioner who developed the PBSP plan as well as all relevant allied health workers to ensure the safest and most effective plan is implemented.

All training will be recorded on our staff training and development register and periodically reviewed to ensure up-to-date knowledge and practices including as part of assurance schedules after restrictive practice events as part of our incident reporting and care governance processes.

Breach of policy

A breach of this policy may place the organisation in breach of NDIS Guidelines which could result in:

- an investigation into the organisation by the NDIS
- the organisation being de-registered from the NDIS
- disciplinary processes
- external reporting
- civil penalties
- criminal convictions and fines.

Any worker volunteer, contractor, student on placement found in breach of this policy will face disciplinary action up to termination of employment, contract, or placement. In addition, the worker may also face notification to relevant authorities, such as the disability worker screening scheme, professional registration body and/or police where appropriate.

Service agreement management

Version:	2		
Published:	9 Jan 2025, 12:56 PM	Approved:	9 Jan 2025, Madeline Slager
Last edited:	9 Jan 2025, 12:56 PM	Next review:	10 Sep 2025

Introduction

All participants require an individually completed service agreement with reference to a person's NDIS plan.

Service agreements help to ensure participants have an agreed set of expectations of what supports will be delivered and how they will be delivered. A service agreement sets out the responsibilities and obligations for both parties and how to solve any problems should they arise.

A service agreement should include:

- a description of the supports that will be provided
- the cost of those supports
- how, when and where the participant requires the supports to be delivered
- how long the participant requires the supports to be provided
- when and how the service agreement will be reviewed
- how we will deal with any problems or questions that may arise and how we will include the participant in this process
- what the participant's responsibilities are under the service agreement—for example, how much notice the participant must give if they cannot attend an appointment
- what our responsibilities are under the service agreement—for example, to work with the participant to provide supports that suit their needs
- what notice is required if we or the participant need to change or end the service agreement and how this is done—for example, by email or mail.

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

- NDIS Practice Standards 3.3.1 Service agreements with participants
- NDIS Practice Standards 3.3.2 Service agreements with participants
- NDIS Practice Standards 3.3.3 Service agreements with participants
- NDIS Practice Standards 3.3.4 Service agreements with participants
- NDIS Practice Standards 3.3.5 Service agreements with participants
- NDIS Practice Standards 3.4.1 Responsive support provision

Governing regulations for this policy

- NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)

New service agreements

Create a service agreement with a participant by arranging a meeting with the participant and any other nominated person (such as a family member or friend) to:

- establish the expectations
- explain the supports to be delivered
- explain any conditions attached to the provision of those supports and why those conditions are attached.

It's important that each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.

If the service agreement is written, have the participant sign it, provide the participant a copy and file the other copy in the participant's record. Where this is not practicable, or the participant chooses not to have an agreement, record this and note the circumstances under which the participant did not receive a copy of their agreement.

Specialist disability accommodation

If supported independent living supports are provided to participants in specialist disability accommodation, arrangements must be clearly documented on roles and responsibilities in a service agreement including:

- how a participant's concerns about the dwelling will be communicated and addressed
- how potential conflicts involving participants will be managed
- how changes to participant circumstances and/or support needs will be agreed and communicated
- in shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account
- how behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.

Changing a service agreement

A service agreement that has commenced may only be changed if the changes are agreed in writing, signed and dated.

Withdrawing a service agreement

Our service agreement includes a required notification period in the event that a support or service is withdrawn or terminated. This notification period is not less than 14 days prior to the delivery of a support or service.

Ending a service agreement

If we decide to end a commenced service agreement, we will provide a minimum of 1 month’s notice.

If a participant wishes to end a commenced service agreement, they will need to provide a minimum of 1 month’s notice.

The 1 month’s notice can be waived if we or the participant seriously breach the service agreement.

Sun safety

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Introduction

Heat exposure poses risks to people with disabilities, especially during the summer months. Factors that increase heat-related risks for participants can include:

- physical and/or intellectual disabilities
- epilepsy and seizures
- specific medications that increase the body's sensitivity to UV rays or risk of heat-related illnesses (e.g. antipsychotics and antidepressants)
- a high degree of reliance on others
- behaviours of concern
- swallowing difficulties.

Our organisation is committed to managing risks associated with heat and promoting sun safety.

Applicability

When
• applies when assisting participants throughout the mealtime management process.

Who
• applies to all workers and key management personnel involved in mealtime management.

Sun safety measures

We will implement basic sun-safety measures at times when the UV index is 3 or higher. Sun protection measures must be implemented even on cloudy days. Refer to the table below for a list of basic sun safety measures.

Sun safety measure	Details
Wear a hat	Wear a broad-brimmed hat that shades your face, neck and ears. Hats with small brims, such as caps, do not provide sufficient protection.
Apply sunscreen	Apply sunscreen that is SPF 30+ (or higher) at least 20 minutes before exposure and every 2 hours. Ensure sunscreen is applied to any skin that is exposed to the sun. An average-sized adult will need around 7 teaspoons of sunscreen applied to their body.

Wear protective clothing	Wear clothing that covers as much skin as possible (e.g. collared shirts with long sleeves). Avoid wearing dark coloured clothing, as it absorbs more heat.
Seek shade	Undertake outdoor activities in the shade, such as under a tree, umbrella or pergola.
Wear sunglasses	Wear sunglasses during daylight hours to protect eyes from sun damage. Choose sunglasses that meet Australian Standard AS/NSZ 1067.
Stay hydrated	Ensure there is sufficient water available for everyone. Participants' fluid intake must align with their mealtime management plan; including manner of fluid consumption and beverage preferences.

Symptoms of heat-related illnesses

We will ensure that our workers are trained in identifying and responding to signs of heat-related illness. This includes dehydration, heat exhaustion, heat cramps and heat stroke. Refer to the table below for general signs and symptoms of each condition.

Condition	**Symptoms**
Dehydration	• feeling thirsty • feeling lightheaded • dark coloured urine • dryness in mouth • headache.
Heat cramps	• heavy sweating • fatigue • thirst • muscle cramps • spasms.
Heat exhaustion	• dizziness and headache • cramping • heavy sweating • fast or weak pulse • nausea/vomiting • pale/cold/clammy skin. **If left unaddressed, heat exhaustion and other heat-related illnesses can progress to heat stroke.**

Heat stroke	• a body temperature above 40.5 °C • dizziness/confusion • loss of consciousness • fast pulse • extreme thirst • hot/red/dry/damp skin • rapid breathing • nausea. **Heat stroke is a medical emergency and 000 must be called.**

Managing risks

Our organisation will ensure that all risks associated with heat and sun exposure are managed and that all participants can safely enjoy time outdoors. We will manage risks by:

- have a robust risk management system in place, which includes up-to-date risk management plans for each participant
- where possible, avoiding outdoor activities during the hottest parts of the day between September and March during the following times:
    - Between 10am-2pm AEST OR
    - Between 11am-3pm in NT, North QLD or during daylight savings time
- planning ahead and ensuring all sun protection measures are implemented
- if required, rescheduling supports to a different time to avoid excessive sun exposure
- adjusting participant meals to better suit the weather (e.g., providing more cold foods/drinks)
- staying indoors and reducing activity during extreme heat
- reviewing all participant medications to minimise and manage risks of heat-related illnesses
- reviewing participant support plans to ensure all risks associated with heat-related illness are managed and mitigated.

Person-centered practice

Our organisation is committed to person-centred practice at all times. When managing heat and sun safety we will maintain person-centred practice by:

- seeking participant input and feedback on our supports and services
- modifying services in response to each participant's preferences regarding sun safety (e.g., using spray on sunscreen instead of tub sunscreen, rescheduling supports to reduce sun exposure)
- where required, modifying participant support plans to incorporate management of risks associated with heat-related illnesses.

Reporting sunburn and heat-related illnesses

Sunburn and heat-related illnesses, including but not limited to heat exhaustion and heatstroke, are considered reportable incidents.

All cases of heat-related illnesses must be documented and reported in accordance with Evercare Supports incident reporting procedures.

Management Staff are to be notified of the incident as soon as practical to ensure appropriate follow-up and risk mitigation.

Support provision

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Next review: 4 Nov 2025

Introduction

This policy provides guidelines for how our services and supports are provided.

All participants have the right to services and supports that:

- are person-centred
- respect individual values and beliefs
- respect privacy and dignity
- promote independence and informed choice
- are free from violence, abuse, neglect, exploitation or discrimination.

Applicability

When
• applies to supports and services provided to all participants.

Who
• applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Governing regulations for this policy

- NDIS (Facilitating the Preparation of Participants' Plans—Australian Capital Territory) Rules 2014 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—New South Wales) Rules 2016 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—Queensland) Rules 2016 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—South Australia) Rules 2014 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—Tasmania) Rules 2016 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—Victoria) Rules 2016 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—Western Australia) Rules 2014 (Cth)
- NDIS (Facilitating the Preparation of Participants' Plans—Northern Territory) Rules 2016 (Cth)
- NDIS (Plan Management) Rules 2013 (Cth)
- NDIS (Quality Indicators) Guidelines 2018 (Cth)
- NDIS (Supports for Participants) Rules 2013 (Cth)

Applicable processes for this policy

Onboard Participant Project Template

Plan supports

Documents relevant to this policy

Emergency waste management plan

Money Handling Consent and Agreement

NDC_Money Management Protocol

Participant money handling form

Participant property and money register

Waste management plan template

Our commitment to supports

We are committed to:

- providing each participant the most appropriate supports that meet their needs, goals and preferences
- providing supports in a safe environment, free from hazards
- ensuring participants' own money and property is secure and accessible for use, supports provided where relevant to the individual consents and identified needs of each participant
- storing, monitoring and administering prescribed medication in a confident manner
- preventing medication errors or incidents. Ensuring staff are trained in medication management and that regular medication audits, correct pharmacy disposal of medications and clarification of purpose records are kept as necessary.

Responsive support planning

We will ensure that:

- supports provided are monitored and regularly reviewed to ensure fit-for-purpose
- support plans are reviewed annually, quarterly or more regularly depending on the participant's needs, with relevance to service agreement periods and NDIS plan dates
- support plans are provided to participants in the language, mode of communication and terms they are most likely to understand
- each participant can access their support plan
- each worker can access the support plans of the participants they are supporting
- each worker understands the support plans of the participants they are supporting
- each support plan includes:
    - proactive support for preventative health measures (e.g. vaccinations, dental-check ups, other health assessments)
    - responses to individual, provider and community emergencies and disasters.
- where possible, adjustments are made to account for changes in participant needs
- each participant's health, privacy, dignity, quality of life and independence is supported
- where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan
- with each participant's consent, their support plan is communicated to their support networks, other providers and relevant government agencies
- where agreed by the participant, links are developed and maintained through collaboration with other providers (e.g. health care and allied health providers) in order to:

    - fully support the participant and work toward participant goals
    - meet the needs of the participant
    - share relevant participant information
    - manage risks to participant.

Safe environment

We will always work to maintain a safe support provision environment. We will do this by:

- assessing and managing all risks associated with support provision
- maintaining a culture of continuous improvement within our organisation
- encouraging each participant to provide feedback and ensuring they feel comfortable doing so
- ensuring each participant can identify workers that provide agreed supports
- ensuring that each participant has a service agreement that meets the support needs of that participant
- if required, work with other providers and services to:
    - identify and manage risks
    - ensure safe support environments
    - prevent and manage incidents
- keep accurate and up-to-date records.

Providing supports to participants living alone

In addition, if a participant lives alone and chooses to receive home-based support from one individual worker (and no other workers) we will:

- ensure the participant has a service agreement in place
- work with the participant and any other relevant parties to ensure a safe home and support environment
- work with the participant to make decisions about and keep records of the following:
    - safety and risk management measures
    - supervision and training arrangements for the worker
    - how we will check the participant's level of satisfaction.
- provide each participant with copies of all relevant records, including their risk assessment
- store each participant's records securely
- record any changes to each participant's circumstances by updating their records
- give each participant the updated copies, including updated risk assessments
- ensure that the supervision and feedback arrangements are documented in the participant's service agreement
- keep accurate records of which participants are receiving support from one individual worker
- ensure the individual worker providing supports has sufficient training and expertise to carry out agreed supports
- request and receive regular reports concerning the supports provided by the individual worker
- address any concerns regarding individual worker arrangements as soon as possible.

Risk management

When supporting a participant who lives alone and chooses to receive home-based support from one individual worker, we will have appropriate safety and risk management measures in place.

This includes (but is not limited to) ways of managing the following risk:

- the participant not receiving services that involve regular face-to-face contact between the provider and the participant if the participant:
    - has no or limited regular face-to-face contact with family or other close people in their support network; and/or
    - has limited physical mobility without the assistance of others; and/or

- requires equipment to assist them with physical mobility; and/or
- has limited communication ability without the assistance of others; and/or
- requires equipment to assist with communication.

Participant money and property

We will ensure:

- where we have access to a participant's money or other property, we will ensure it is managed, protected and accounted with appropriate policies and processes
- participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant
- if required, each participant is supported to access and spend their own money as the participant determines
- we do not provide participants financial advice or information other than that which would reasonably be required under a participant's plan.
- a high standard of documentation and record-keeping is maintained at all times, in circumstances where we have access to a participant's money or other property and staff are well trained in this procedure

Medication management

We will ensure:

- we will record prescribed medication and ensure it is clearly identified and the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication
- all workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication
- all medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.
- medication audits are regularly conducted and staff are training in the responsible disposal of medication via pharmacies when necessary

Waste management

We will ensure:

- we have policies, procedures and practices in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements
- all incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed
- we have an emergency plan in place to respond to clinical waste or hazardous substance management issues and/or accidents
- where the emergency plan is implemented, its effectiveness is evaluated and revisions are made if required
- workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling including training on any protective equipment and clothing required when handling waste or hazardous substances.

Risk management

We will collaborate with each participant to complete risk assessment for that participant during the support planning process. When assessing participant risks during support planning, our organisation will:

- plan and implement appropriate strategies to treat known risks
- consider the degree to which each participant relies on our services to meet their daily needs
- consider the extent to which the health and safety of each participant would be affected if our services were disrupted for any reason.
- ensure support workers are aware of risks, trained to respond appropriately to risks and able to easily access required risk assessment documents

Communication needs

We will meet the unique communication needs of each participant. This will allow us to help participant communicate their needs, including expressing any emerging health concerns.

We will assist participants with their communication needs by employing strategies such as:

- assessing participant communication needs
- recording participant needs and preferences
- utilising communication aids (such as easy reads)
- reviewing the effectiveness of the communication aids we are using.
- with participant consent; liaise with relevant allied health professionals to better understand the unique communication needs of each participant

Emergencies

We will manage all individual, provider and community in accordance with our Emergency and disaster management policy.

Supported independent living (SIL)

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Approved: 8 Apr 2025, Zara England
Next review: 30 Apr 2026

Introduction

Supported independent living (SIL) services empower participants to live in their own homes. Generally, SIL participants have higher support needs and live in shared accommodation. SIL covers a variety of supports including:

- assistance with personal care tasks (e.g. showering and grooming)
- assistance with daily living tasks (e.g. cooking, cleaning, taking medication and attending medical appointments)
- assistance with personal security
- actioning any behaviour support plans that are in place
- supporting participants with community access
- supporting participants to get to and from community access activities (e.g. helping participants to visit friends or to attend medical appointments).

Our organisation will provide timely and appropriate services that align with all relevant legislation as well as the guidance provided by the NDIS.

Applicability

When
• applies when managing and undertaking supported independent living (SIL) services.
Who
• applies to all workers involved in providing SIL services, including key management personnel.

Applicable processes for this policy

Manage SIL intake

Documents relevant to this policy

Provider SIL Pack Training Guide & FAQs

SIL and SDA support plan template

Rosters of care

To communicate the type and level of supports a participant requires with the NDIS, a roster of care may be required. A roster of care is a document that is used to identify the supports each participant needs throughout the week.

Generally, NDC will develop a draft roster of care during the intake process for internal use.

When managing rosters of care, we will ask the participant (or their authorised nominee) to agree with the proposed roster of care.

SIL intake

Our aim is to ensure that each participants receives appropriate SIL services that align with their needs and preferences. Maintaining a robust and streamlined approach to intake allows us to meet participant needs in a timely and effective manner.

Intake must be an inclusive experience, and we will work in close collaboration with each participant and their support networks to create support plans that reflect each participant's specific needs and preferences. To achieve this, our organisation will:

- process all SIL funding claims and service bookings in a timely manner
- comply with our SIL intake process
- consult all relevant stakeholders throughout the intake process, including:
    - the participant
    - the participant's support networks (e.g. family, guardians, advocates)
    - relevant support workers
    - any other NDIS providers delivering supports to participants (e.g. SDA providers)
    - any other health services and practitioners involved in supports the participant.
- ensure all support workers assigned to undertake SIL services are suitably skilled, experienced and trained
- ensure all support workers assigned to undertake SIL services have read and fully understand each participant's support plan
- give participant sufficient time to consider their options
- put in place a service agreement with the participant and ensure the participant understands the service agreement

seek feedback from the participant and relevant stakeholders regarding proposed supports and services.

Risk management

All SIL participants will have risk assessments in place to ensure all risks specific to each participant are managed effectively. This includes risks associated with the specific supports the participant will be receiving. We will undertake risk assessments in line with our Risk management policy, as well as all other relevant legislation and requirements.

Complaint management

We will maintain a transparent and accessible system of complaint management which aligns with our complaint management policy. We will ensure our participants:

- understand our complaint management process
- feel supported if they need to make a complaint
- are fully informed regarding the progress of their complaint.

We will also ensure that participants have the right to contact the NDIS Quality and Safeguard Commission at any time to make a complaints.

Behaviours of concern

Assistance with actioning behaviour support plans that are already in place may be part of the SIL services that we provide. The scope of SIL supports does not include creating a new behaviour support plan.

When helping to implement an existing plan, we will work in collaboration with the behaviour support practitioner and all other relevant services. This helps us ensure that we help each participant to meet their goals.

SIL transition and exit

There may be reasons that a participant may need to exit from SIL. Exiting our services means that we will:

- approach all transitions and exits in a planned and transparent manner
- assist participants with understanding and navigating the transition period
- ensure critical supports remain in place during the transition and exit process
- manage all risks associated with transition and exit for our services
- understand that changing support needs will require changes to the participant's plan, including frequency, intensity and ratios of support delivered
- manage changes in support funding

Participants that may need a lower level of support may need to transition from one type of SIL support to another.

If required, we will support participants with exploring other home options that may better suit their needs (e.g. SDA, ILO).

Funding for SIL supports

Our organisation will ensure that we are aware of NDIS pricing arrangements and price limits of SIL services, as well as SIL claiming guidelines. We will ensure that we obtain funding and book services in a way that is transparent and compliant all established processes.

We will follow NDIS guidelines for managing SIL funding and budgets.

Before claiming, we will ensure that:

- there is sufficient funding within the participant's plan
- service bookings are within the plan dates
- the support category or line item to be claimed is correct.

Claims will be made on an Hourly interval for each person living in the shared arrangement in accordance with their need at each interval across the day, unless we meet with a participant and agree a typical schedule of supports to be delivered for weekly claiming. Where this change occurs, this will be documented as part of a new service agreement. Where a participant requires unplanned or intermittent SIL supports for a period that was not initially planned or rostered for, an Irregular support claim will be made in line with Price guide and claiming requirements.

Unplanned exits

In limited circumstances it is possible that an unplanned exit may occur. This may happen due to a participant's death or an irretrievable breakdown of supports/relationships.

We will have risk management strategies in place to account for this and manage all unplanned exits in a sensitive manner.

When managing funding, we will comply with the claiming process outlined by the NDIS.

Telecare

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Introduction

Telecare is a form of care delivered remotely rather than face-to-face. Telecare can be delivered synchronously through video-calling and telephone calls or asynchronously through methods such as recorded videos, or patient monitoring.

Telecare enables providers to offer support and care to people with disability in rural and remote areas or when it is not possible or practical to offer it in person. There is a growing body of evidence to support the outcomes of telecare, particularly among allied health workers, and the benefits are argued to be comparable to traditional forms of care. However, it is fundamental that telecare is provided in a suitable, practical and safe way for both the participant and the support worker.

We recognise that telecare support must be established using the same principles and rights as outlined in the Support provision policy. In addition to these rights, this policy considers three elements:

- evidence based research
- workers' knowledge and skills
- participants' values, goals, and circumstances.

Applicability

When
• applies to supports and services provided to all participants via telecare.
Who
• applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Benefits of telecare (Remote Supports / Non FTF Support)

Research into telehealth has several applicable findings that can be translated into telecare. It provides participants the opportunity to maintain support continuity and offers a more flexible and adaptable service deliverance compared to face-to-face services.

Identified benefits include:

- removal of travel time and travel costs
- NDIS funding support for telecare practices
- consistency of support for participants and workers
- knowledge of ongoing support leading to a stronger sense of safety, and
- natural and comfortable environment for participants to receive support in.

We recognise that not all supports and services are capable of being delivered via telecare, however, when services are adaptable, we will seek to facilitate this with the knowledge that the outcomes and support are equally beneficial to the participant as traditional means.

Workers' knowledge and skills

Delivering telecare to participants requires workers to adaptably apply skills and knowledge from face-to-face care into a telecommunication method. For telecare to be implemented and delivered successfully, workers must be able to:

- clearly communicate with participants through the participants preferred communication method
- develop rapport and engagement
- be flexible and adaptable to the participants requirements.

In addition to these skills, support workers should also actively communicate with participants in ways in which goals and lifestyle choices can be facilitated and achieved through telecare. This means support workers must have adequate knowledge of the technology that will be used to support the participant. Workers providing telecare should have an understanding of:

- computers and their general functionality including:
    - videoconferencing platforms (e.g. Zoom, Microsoft Teams, Skype)
    - connecting webcams
    - microphones and sound settings
    - keyboards
    - assistive computer technology used by the participant they are supporting.
- response plans when monitoring technology indicates a problem, such as a fall or change in blood pressure etc.
- how to program specialised assistive technology used in the deliverance of telecare (e.g. timed pill dispensary within a participants' home).

Not all telecare will require technical knowledge of all forms of technology available. However, we will seek to train and educate workers to best support participants when there is a requirement to do so.

Supporting participants

We will support participants via telecare by:

- following the principals and rights outlined in our Support provision policy, including a person-centred practice including a participants' right to exercise control and choice over their life and the establishment of goals, values, and expectations
- develop innovative and continuous supports through available technology.

In the event that we are unable to support a participant's goal or lifestyle choice via telecare, we will thoroughly discuss potential alternatives including goal variation, incorporation of secondary supports or intercommunity collaboration. If these do not offer the participant their desired outcome, we will outline and discuss why we are unable to support them in this endeavour.

Working with participant support networks

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Introduction

This policy aims to ensure each participant receives coordinated support from a collaborative team which includes the service provider, the participant, the participant's support network and other relevant providers. A coordinated collaborative approach helps to facilitate the participant's development and address their needs and priorities. Effective collaboration means being able to provide safe, coordinated supports and services whilst involving the participant and their support network as much as possible.

Participant support networks

A participant's support network are the people in the participant's life that help the participant informally to achieve their goals and aspirations. A support network can include the participant's family, guardians, carers, friends, advocates or other members of the community. A support network includes people with important relationships, people who can help the participant learn new skills, give advice on decisions, provide opportunities to be involved in the community and develop dreams and ideas how to achieve them.

Collaborative links

We are committed to genuine collaborative relationships between support networks and other service providers where we can value each other's knowledge of participants, communicating freely and respectfully and sharing insights and engaging shared decision-making. We encourage the participant's support network to be as involved and provide input into support plans, spend time with the workers and contribute their skills and resources to enhance well-being, learning and development.

Communication

It's important that all involved remain confident that their personal information is kept safe and secure and that the privacy of the participant is upheld while sharing information to deliver better services. Keep in mind the following seven golden rules for information sharing:

- information security should not be a barrier to sharing information
- record decisions and reasons for it—record what was shared, with whom and for what purpose
- be open and honest with the participant (and their family, where appropriate) at the outset about why, what, how and with whom information will or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
- seek advice if you are in any doubt, without disclosing the identity of the participant, where possible
- share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information—information can still be shared without consent in certain situations e.g. if the participant is at serious risk of harm
- consider safety and well-being of the participant and others who may be affected by their actions
- the information sharing should be necessary, proportionate, relevant, accurate, timely and secure.

Applicability

When
• applies when supporting participants.

Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

- NDIS Practice Standards 1.1.3 Person-centered supports
- NDIS Practice Standards 3.2.1 Support planning

Documents relevant to this policy

- Participant transition form

Working with participant support networks

We will work with each participant and their support network to achieve the best possible outcomes for the participant. The following principles guide the services we provide. We will:

- promote open communication about major concerns, issues or opportunities to the collaborative areas
- adopt a positive outlook coupled with in a positive, proactive manner
- adhere to statutory requirements and best practice including compliance with Australian privacy law
- ensure collaborative links with participant support networks and other providers are established
- manage stakeholders effectively and support decisions collaboratively made by the support network
- act in a manner that reflects and respects the importance of the collaborative arrangement
- ensure qualified resources are available and authorised to fulfil their responsibilities
- act in good faith to support achievement of agreed objectives.