

What Ability Pty Ltd

# **Policies and Procedures Manual**

# Welcome to What Ability Pty Ltd

Our policies and procedures manual provides a comprehensive record of every aspect of company policy, the procedures to enact those policies and the requirements needed to complete each process. This document provides a detailed understanding of our policies, processes, systems and organisational role accountabilities.

Our number one priority is the safety and happiness of our participants and workers. We strive to be one of the best disability service providers for safe, high-quality care and hyper person-centred services that enhance and impact the lives of people in our community and within the organisation.

Our policies are in place to ensure we provide excellent services. We recruit people who have a heart to impact and care for the community and ensure our participants experience the best in safe, high quality care services and supports.

For our team, to work for What Ability and to provide safe, high-quality supports to participants means making a commitment to uphold our company values and follow our guidelines, policies and procedures, as detailed in this document.

Yours Sincerely,



Steve Dresler  
Founder and Director  
What Ability Pty Ltd

## Mission Statement:

What Ability is a NDIS registered support service utilising professional and semi-professional athletes as Support Workers.

*“We exist to bring happiness to people living with a disability. We believe that happiness comes first.”*

Through community experiences we will bring happiness to participants, enriching their lives and unlocking their potential.

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## **Introduction to Policy and Procedures**

What Ability respects and supports the fundamental right of participants to continue living independently in their own homes and communities with dignity and respect, along with choice and inclusion in relation to their support needs and being free to engage an advocate and/or representative of their choice.

What Ability's Policies and Procedures set out, in principle, the behaviours and standards of conduct expected of members of our organisation who are providing supports to, and upholding the rights of all participants.

## **What Ability Background:**

The National Disability Insurance Scheme (NDIS) Act 2013 and the NDIS Provider Registration and Practice Standards Rules which were introduced on 17 May 2018 seek to ensure that people with disabilities have access to services that:

- ☐ help them achieve their maximum potential;
- ☐ promote and respect their legal and human rights;
- ☐ promote their integration into the community;
- ☐ promote positive outcomes and images; and,
- ☐ are innovative and well managed.

The NDIS Practice Standards (the Standards) were introduced to provide a framework to ensure that services such as those provided by What Ability are delivered in accordance with the requirements of the NDIS Act and attendant rules and in keeping with contemporary policy in disability services, namely the National Disability Service Standards.

The services and supports to people with disabilities, their families or carers provided by What Ability will meet the provisions of the NDIS Act and the Standards, including related legislation and regulations in both State and Federal jurisdictions.

The Standards require that What Ability develop and appropriately implement a wide range of specific and more general procedure requirements for its participants and staff.

This task is the role and responsibility of the What Ability management in close consultation with both current and future participants, their families, advocates, guardians and friends as appropriate and staff.

The intention of What Ability is that the participants, their families, carers, guardians and advocates will have full opportunity for input over the development and review of these policies and procedures, through representations to the What Ability's staff, management and through our documented communication channels.

These policies and procedures provide the framework that guides the actions and conduct of all staff.

## **What are Policies and Procedures:**

A policy is a statement of the service's philosophy or general approach to an issue. A policy describes the way in which the particular issue will be addressed.

## **Why are Policies and Procedures important?**

Clearly written policies and procedures are essential in achieving consistent, quality service delivery for a number of reasons.

- ☐ they provide clear guidance to current or future participants in relation to the type and quality of the services they can expect to receive;
- ☐ they provide clear guidance to staff as to what is expected of them in various situations;
- ☐ they provide a focus for considering and implementing any changes in the way the service is provided; and,
- ☐ unwritten policies may be forgotten when key staff members leave or are absent, leading to confusion, lack of direction and/or duplication of effort.

The primary purpose of policies and procedures is to provide an agreed, documented framework within which consistently high-quality services will be delivered.

The Standards require policies and procedures to be developed and implemented in a number of areas. In particular, specific policies to cover:

- ☐ how participants enter and exit the Service;
- ☐ how the Service will identify and meet the needs of participants;
- ☐ how participants participate in decision-making about the services they receive from What Ability;
- ☐ how What Ability will protect the privacy, dignity and Confidentiality of participants receiving services;
- ☐ how What Ability will deal with complaints from participants, staff and other important stakeholders such as families, advocates and guardians;
- ☐ how What Ability will ensure that a safe environment is provided for the participants;
- ☐ how What Ability will protect and uphold the rights of people with disability;
- ☐ how What Ability will promote the maintenance of family relationships;
- ☐ how What Ability will prevent abuse and neglect;
- ☐ how any instances of abuse will be reported and;
- ☐ how participants will be supported in such circumstances.

All policies and procedures developed and implemented by What Ability need to:

- ☐ be developed in consultation with participants and stakeholders of the services provided; and,
- ☐ address any particular service delivery issues associated with the provision of services.
- ☐ Reassessed with participants, their families and carers.
- ☐ Be in keeping with best practice principles.

## Ethical Principles and Core Values

### Core Values:

**Accountability:** Members of What Ability are willing to do what it takes to fulfil what they promised in spite of their thoughts, feelings and understand the circumstances; taking full ownership of getting a job done. Having a “hand raising not finger-pointing” mentality.

**Integrity:** Do what works for the collective good of the organisation producing results and doing what is required grounded in What Ability' principles and values. “You have nothing to hide so you have nothing to fear”

**Kindness:** Be willing to give yourself for no other reason than you care and you can. Being a safe space in our community and doing what is best for participants from a place of love and service. “No act of kindness is ever wasted.”

**Contribution:** Always consider what we give before we look at what we shall receive a commitment to be generous in our communications, our time, our service and our communities. “Do it with a smile that starts on the inside and shows up on the outside.”

**Honesty:** The truth shall set you free. We believe in empowering all people of all abilities in our community and have the courage to be honest and create transparency to empower yourself and others in all situations. “A mistake is only such if you do not learn and grow from it.”

**Responsibility:** Responsibility is the willingness to deal with situations from the view that you are the creator and generator of what you do, what you have and who you are. “Give yourself the gift of owning all aspects of your life and the ability to do it.”

**Respect:** We have regard for our participants, their values, their experience, boundaries and wishes, whilst upholding those of What Ability.

We are committed to being leaders in our community.

“Respect is one of the greatest expressions of love and acceptance.” Furthermore:

- ☐ Treat members of the What Ability community, including participants, family members and representatives, with respect and dignity at all times.
- ☐ Recognise that each participant is an individual.

### Needs, inclusive of those with complex, or more specialised needs.

- ☐ Respect people's personal, cultural, linguistic and religious preferences and background
- ☐ Provide care with empathy and sensitivity, without exploitation, abuse, discrimination or harassment.
- ☐ Respect the participants' right to choose the care they want and from whom they want, free from victimisation.

## **Ethical Principles:**

### **Professionalism:**

- ☐ Act at all times professionally, ethically and honestly, and in the best interests and wellbeing of the What Ability community.
- ☐ Deliver reliable, high quality and personalised care, acting at all times in accordance with the instructions, care plan and/or care goals of the participant.
- ☐ Be aware of the appropriate professional boundaries in providing care services to participants, and act at all times to protect the boundaries of the professional relationship. Example; The staff/management team member cannot be a beneficiary of a participant's will, nor engage in any physical relationship with a participant, nor take unfair advantage of, or exploit any relationship with, the participants in any way.
- ☐ Immediately report any form of abuse or neglect of a child, an elder or a person with a disability to the relevant state authority.
- ☐ Immediately report any accident or incident to the appropriate emergency service (e.g. Police, Fire, Ambulance) and/or regulatory body (e.g. NDIS Commission or Ombudsman), that occurs during the provision of service. This includes and is not limited to; the staff, participant and or any person present during service.
- ☐ Immediately report any episode or incident that raises concerns about the standards of care provided by another agency or support person.
- ☐ Document all details of any accident/incident (via appropriate forms or progress note) that occur during service delivery.
- ☐ Adhere to the NDIS Code of Conduct (Click [here](#) to access)
- ☐ Not act in a vulgar manner, nor expose participants or any member of participants' households to sexually explicit or otherwise inappropriate material.
- ☐ Not be under the influence of alcohol or drugs at any time while providing care services to the participant.
- ☐ Understand the importance of effective communication and communicate openly, honestly and with participants, and their family members or representatives.
- ☐ Maintain and keep up to date all qualifications, police checks, licences, registrations and education requirements e.g. NDIS "Quality, Safety and You" mandatory training module, relevant State Health Infection Control (on-line education) required to provide safe, high quality care to each participant.

### **Note:**

- ☐ What Ability requires all staff to renew their police checks every two years from the date of provision specified on the document provided by the agency completing the checking process.
- ☐ It is compulsory for all new staff to complete their relevant State Health Infection Control/Standard Precautions on-line education/training prior to commencement of their employment.
- ☐ It is compulsory for all staff to complete annual refresher Infection Control/Standard Precautions education/training (relevant State Health online module).
- ☐ What Ability requires all staff to complete the NDIS "Quality, Safety and You" mandatory training module prior to the commencement of their employment and thereafter every two years from the date specified on the original certificate obtained through completion of the on-line module.



**Ethics:**

- ☐ Act at all times, honestly, truthfully, and in accordance with the principles outlined in the What Ability Service Charter.
- ☐ Ensure all representations made, and information provided by What Ability to participants is honest, accurate, and up to date.
- ☐ Accurately record and report to What Ability the number of hours during which support services are legitimately provided to participants.
- ☐ Act in good faith to What Ability, and not act in a manner that is contrary to the interests of What Ability.
- ☐ Not offer to provide or provide services to participants on terms, other than those disclosed to What Ability. If a participant approaches the staff/management team member to provide care services on terms other than those disclosed to participants and stakeholders, the staff member must immediately notify What Ability of the request.
- ☐ Not request or receive cash payments or other forms of compensation from participants directly, in respect of services that are provided, which should properly be billed and paid via What Ability.

## **1. Rights and Responsibilities Policy**

### **1.1. Introduction**

People with disabilities have the same human rights to be respected and to fully participate in society as all other citizens. They have the right to exercise choices that are the same, where possible, in everyday life as enjoyed by other people in the community.

Under the NDIS Practice Standards and National Disability Service Standards each person has the right to receive services which respect and promote their legal and human rights and which place them at the centre of decision making on all aspects of the way they live their life.

As a service provider, What Ability promotes the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and applies the guiding principles of fairness and human rights in all aspects of its service delivery.

### **1.2. Purpose**

This policy outlines the principal expectations of What Ability in regard to the application and maintenance of rights and responsibilities. It has been incorporated into the organisation's quality framework to serve as an important guidepost in articulating the rights and responsibilities of people using the service, their families, carers and other important people who form part of the person's support network. It will function as a tool to stimulate and promote trust and cooperation and clarify expectations.

### **1.3. Scope**

The scope of this policy covers all of the activities and operations of What Ability. The policy applies to all participants, their families, carers and other important stakeholders, staff, potential volunteers and contractors.

### **1.4. Definitions**

- ☐ Participant: For the purposes of this document, the term participant refers to all potential, current and previous participants of What Ability.
- ☐ Right: acceptable within a community's range of actions, beliefs and values; guided by mutual understanding, agreement and current practice; permitted and given to a person under law, e.g. equal opportunity, equity and access and anti-discrimination.
- ☐ Responsibility: things or actions within one's power or control for which an individual is answerable.
- ☐ Capacity: the ability of a person 'to make decisions about things that affect their daily life'. A participant's capacity to make a particular decision should only be doubted if there is a factual basis to doubt it. It should not be assumed that a participant lacks capacity because she or he has a particular disability. If there are concerns with decision-making What Ability will liaise with the family, carers and other support people or organisations to assist the process.

Capacity is unique to each individual and should not generally be assessed simply on the basis of a type of disability. A participant has capacity to consent if she or he is able to understand the general nature and effect of a particular decision or action and can communicate an intention to consent (or refuse consent) to the decision or action.

### 1.5. Service Charter & Principles

What Ability ensures that the intent of the following principles are implemented in the course of service delivery.

- ☐ All people have the right to respect for their human worth and dignity;
- ☐ All people have the right to be free from discrimination, abuse or neglect and receive services, which respect and promote their legal and human rights;
- ☐ All people have the right to full participation in society equal to all other people, according to their individual and cultural needs and preferences;
- ☐ All people have the right to make their own decisions on the way they live their life;
- ☐ All people should be able to access or be supported to access information on their rights and be supported to exercise these rights;
- ☐ All people have the right to receive services, which maintain the privacy of their personal information in line with relevant legislation;
- ☐ All people are treated equally regardless of their gender and/or sexual preference;
- ☐ All people should be supported to have active partnerships between services, their families, friends, carers and/or advocates;
- ☐ What Ability has a duty of care and legislated responsibilities for participant safety may take precedence over confidentiality under certain circumstances (e.g. subpoena)
- ☐ When a participant is unable to make a critical decision without assistance, the family, with regard to the best interests of the participant, may provide informal support to make the decision. In some cases where appropriate, What Ability will seek guidance and support from external agencies to assist this process.
- ☐ In the cases of any disagreement about what constitutes the best interest of the participant or particularly critical decisions, a legally appointed guardian with the specific decision-making function may be required to give or withhold consent.
- ☐ Sometimes there are disputes between families, legally appointed guardians and service providers in relation to what is in the best interests of participants who lack the capacity to make decisions. If these cannot be resolved through discussion, and a decision is required, it will be made by the legally appointed guardian with the specific function.
- ☐ Families and carers have the right to make choices and be involved in decisions about all aspects of services offered to them and their family members receiving support.
- ☐ Participants have a right to be consulted directly about decisions that impact on them in age-appropriate ways.
- ☐ What Ability is committed to providing each person using a service with information, and support in a language and communication method that enables the participant to understand and exercise their legal and human rights both within the service and in the broader community.
- ☐ What Ability is committed to providing training to staff on the importance of recognising and respecting the legal and human rights of people who use the service.
- ☐ What Ability is committed to providing training and information to staff that ensures they are skilled in identifying and addressing risk factors and in responding effectively and proactively to allegations of abuse or assault.

### 1.6. Policy Statement

What Ability believes each person (including children, young people and adults) with disability have universal rights and should have them respected, upheld and maintained at all times. What Ability has a commitment to upholding each person's legal and human rights in all aspects of receiving a service and will act to promote and protect these rights in accordance with the United Nations Convention on the Rights of Persons with Disabilities and the Standards.

All information obtained from participants or about participants, including all written information in files or computers, information obtained by word of mouth, visual media and electronic recordings will be treated confidentially, in line with our Privacy, Consent and Confidentiality policy and comply with all relevant legislation.

## **1.6.1. Participant Rights:**

Participants accessing supports provided by What Ability have the right to:

- Respect for their individual human worth, dignity and privacy
- Participate fully in the life of their community
- Be informed about available services/programs provided by What Ability and how to participate in and contribute to decision-making
- Have services and supports to match their ongoing needs and goals
- Have services and supports provided by appropriately qualified employees
- Be consulted about their needs and preferences
- Request to have their service provider changed
- Involve an advocate of their choice
- Have someone to speak on your own behalf
- Have control over their own lives and have a say in the provision of services that affect them including participating in decisions concerning the type of support/assistance provided and the way it is provided.
- Have a choice if staff wear a What Ability uniform when providing them with support.
- Appropriate support/assistance that is flexible in response to their changing needs and priorities.
- Access to quality services irrespective of sex, race, ethnicity, culture, language, religion, marital status, disability, sexuality or age.
- Expect support/assistance that is reliable, of high quality, culturally and linguistically relevant.

### **Notes:**

- Whilst wearing of uniform by staff is identified as compulsory (in this document), and the (supplied) What Ability uniform is the default attire of all Support Workers, participants can choose if they do/do not wish staff to wear uniform.
- It is a participant's right that staff providing support are not identifiable as (paid) support workers (via uniform), if they choose that to be the case.
- In these circumstances, the alternative attire worn by staff MUST comply with all WH&S requirements detailed in this policy document.
- Participants can choose to purchase What Ability T-shirts if they want to wear the same attire as What Ability staff.
- Staff are encouraged to ensure participants' awareness of this, and provide any/all support to do so, if requested.
- Be provided with information in a language or format that is appropriate and most easily understood by them.
- Privacy and confidentiality.
- See any information about them held by What Ability in their files (and to amend any incorrect information).
- Express grievances and seek redress without fear of it affecting decisions relating to the assistance they receive and be supported where necessary through this process.
- Have complaints or grievances about service provision heard and dealt with in a fair and objective manner that is in line with the Standards.
- Refuse a service/support (and refusal should not prejudice their future access to services).

### **1.6.2. Participant Responsibilities:**

Those accessing the support of What Ability have a responsibility to:

- ☐ Respect What Ability staff, volunteers and other person's using the service, their families and carers.
- ☐ Respect the rights of others including their rights to confidentiality and privacy;
- ☐ Inform What Ability of all support needs.
- ☐ Inform What Ability of any health, behavioural or wellbeing issues.
- ☐ Proactively participate, where possible, in the development, implementation and review of person-centred support plans and schedules.
- ☐ Communicate any changes in circumstances and/or needs.
- ☐ Promptly pay any fees and charges. This generally only applies to self-managed participants.
- ☐ Inform What Ability as early as possible when support is not required following procedures outlined in What Ability's current Cancellation Policy.
- ☐ Act in a way that respects the rights of other participants and What Ability employees.
- ☐ Take responsibility for the results of any decisions they make.
- ☐ Seek a fair resolution of any complaints.

### **1.6.3. Decision Making and Choices:**

People with a disability have the same human rights as other members of society, and they have the right when using What Ability to receive services in a way that results in a minimum restriction of their rights and to participate in the decisions that affect their lives. What Ability staff members are to adhere to is the following:

- ☐ What Ability is committed to empowering all participants to participate as fully as possible in decision-making for choices of activities and events in their daily life. Participants will be provided with information and support to access an independent support person or advocate involved in assisting them to make decisions, choices that affect their lives.
- ☐ What Ability will support participants to access any information to enable them to participate in decisions affecting their lives. We will respond to the changing needs, goals, aspirations and choices of participants and we will communicate in appropriate formats to facilitate their informed decision-making and choice.
- ☐ What Ability will provide appropriate and flexible opportunities for each individual to participate in decision making at all levels including individual choices in support planning, service delivery planning and review. What Ability will also form a Participant Forum (reference group) to assist this process. Where What Ability is unable to meet the needs and goals of a person using the service or is not resourced to effectively meet the person's needs What Ability will refer the person to other specialist service providers or community-based organisations to assist with their support needs.
- ☐ What Ability will act upon the outcomes of the participant's or their family and/or carer's input into decision-making and this will be embedded in our continuous improvement process.
- ☐ Ongoing training will be given to employees in responding to the needs of participants and assisting them to make informed choices in the least restrictive way possible. This will include supported decision-making processes
- ☐ What Ability staff enable and respect participant autonomy, including each participant's right to privacy, dignity, confidentiality, intimacy and sexual expression.
- ☐ What Ability staff support and enable participants in their choice and decision makings, including their right to make dignity of risk choices.
- ☐ Staff will offer the participant different choices, ensuring they exercise their duty of care. Staff are to empower participants in their own decision-making where possible, and to treat the participants, their families and carers with dignity and respect (including dignity of risk).

- ☐ Where the person has the capacity for decision making, all options and risks involved must be discussed with them, all the risks and outcomes are to be clearly explained and all relevant stakeholders are involved in the decision-making process.
- ☐ If the decision doesn't place anyone at risk, then participants and staff are to comply with the decisions. If risks are identified they are to be managed through What Ability's Risk Management policy.

#### **1.6.4. Consent to Restrictive Practices**

In the context of Restricted Practices consent is the permission given by the participant (where they have the capacity to consent) or person(s) with appropriate legal authority that can approve of these practices and only for the use of a specific practice as a component of an overall behaviour support strategy.

#### **1.6.5. Critical Decisions**

Participants are required to make a number of important decisions in their lives. If a person lacks the capacity to provide or withhold consent, this may be done by a legally appointed guardian with a specific decision-making function. These critical decisions may relate to particular medical and allied health treatments, certain behaviour support and intervention practices, accommodation choices or service delivery decisions). Which important information should be retrieved during the participant sign up process.

#### **1.7. Responsibilities**

The relevant State Manager is responsible for the review of this policy and forwarding it to the Chief Executive Officer for final approval. The relevant State Manager is responsible, and will be held accountable for the following:

- ☐ ensuring the policy is effectively implemented in the service for which they have control;
- ☐ monitoring staff compliance with the requirements of the policy;
- ☐ ensuring staff are provided with training and information on the importance of recognising and respecting the legal and human rights of people who use the service;
- ☐ ensuring staff are provided with training and information so they are skilled in identifying and addressing risk factors and in responding effectively and proactively to allegations of abuse, neglect or assault.

The relevant State Manager and Regional Manager are responsible and will be held accountable for ensuring staff are familiar with the requirements of the policy, and have sufficient skills, knowledge and ability to meet the requirements.

All staff and volunteers will be held accountable for complying with the requirements of this policy and completing mandatory training in relation to this policy.

#### **1.8. Equity and Access Considerations**

What Ability is committed to ensuring fair and equal access to physical environments, information, communication and services. For the communication and implementation of this policy, this may include:

- ☐ Considering the suitability of physical environments.
- ☐ The use of augmentative and alternative communication methods to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language. These methods include the display of text, large print, tactile communication, easy English, accessible multimedia, translation into community languages and communications technology.

#### **1.9. Cultural Diversity**

Staff are to ensure that services are provided with sensitivity to and with an awareness of the cultural beliefs and practices of people from culturally and linguistically diverse backgrounds. This is inclusive of the

awareness of the needs of Aboriginal and Torres Strait Islander people, their families and communities. Training will be provided to assist this ongoing process.

#### **1.10. Quality assurance mechanisms**

A quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers underpins the support provided by What Ability. What Ability's adopted policy framework is informed by human rights principles, refers to nationally consistent standards, the Standards, sound compliance and monitoring systems, and information readily available to participants, families and carers to inform them of minimum quality expectations.

#### **1.11. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents. This policy will be:

- ☐ communicated to the participants, their families/carers and key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **1.12. Review of Policy**

This policy will be reviewed in consultation with participants, their families and carers and staff every 3 years.

This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development.

#### **1.13. Related Legislation and Documents**

- ☐ NDIS Practice Standards (2021)
- ☐ National Disability Service Standards
- ☐ NSW Disability Inclusion Act 2014
- ☐ Disability Discrimination Act
- ☐ Racial Discrimination Act
- ☐ NSW Anti-Discrimination Act
- ☐ National Disability Insurance Scheme Act (2013)
- ☐ United Nations' Convention on the Rights of Persons with Disabilities 2006

## **2. Participation and Inclusion Policy**

### **2.1. Introduction**

What Ability recognises that all people with disabilities have the right to feel valued and have the opportunity to participate fully in life in society as they choose. What Ability is committed to promoting Person Centred Practice and a positive image of people with a disability, recognising that this can positively influence self-esteem and provide opportunities for enhanced citizenship through their inclusion in the community.

What Ability will ensure that the concept of inclusion is culturally appropriate. What Ability is committed to work in collaboration and partnership with local Aboriginal and Torres Strait Islanders (ATSI) and culturally and linguistically diverse (CALD) communities/agencies/services to benefit the application of this policy.

### **2.2. Purpose**

The purpose of this policy is to outline What Ability's commitment to ensuring people with a disability are encouraged and supported to contribute to social and civic life in their communities in ways that are important to them. The policy describes the processes to be implemented to facilitate the participation and inclusion into community and civic life for each participant accessing What Ability as their chosen service provider. What Ability will strive to build opportunities to create an inclusive culture/environment in which differences and capabilities are recognised and value-based on each participant's choice and level of participation.

### **2.3. Scope**

The Participation and Inclusion policy has been developed and will be implemented to meet the requirements of the Standards and the New South Wales Inclusion Act 2014. This policy applies to:

- ☐ All people who are currently provided support and services at What Ability.
- ☐ All people who will use the support and services provided by What Ability in the future.
- ☐ All service types and models of support offered by What Ability.
- ☐ All What Ability policies, practices and systems that relate to people who use our services and/or receiving support.

### **2.4. Definitions**

- ☐ Participation: taking part in and sharing activities with people with similar interests to achieve personal goals.
- ☐ Inclusion: a sense of belonging developed when a person is accepted by others, seen as an individual, has interaction with others and not excluded.
- ☐ Participant: a person who is accessing What Ability to be involved in specific program activities.
- ☐ Choice: a person who is accessing What Ability to be encouraged and supported to choose the most appropriate services and options that meet their needs.
- ☐ Civic life: participating in the life of the community of which one is a part.

### **2.5. Policy**

What Ability is committed to ensuring that each person is encouraged and supported to participate in our service, the community and civic life in ways that are important and meaningful to them. It is the intention of What Ability to provide people with disabilities with the same opportunities, rights and responsibilities enjoyed by other people in the community. This includes the right to access and have input into our services, other community services, opportunities in the wider community and a range of resources and facilities.



To facilitate this commitment, What Ability will develop connections in the community to promote opportunities for participants to have active and meaningful participation in community and civic life.

To ensure this commitment, What Ability will:

- ☐ Support and encourage participants to realise their goals, dreams and aspirations.
- ☐ Support and encourage participants to identify how they can contribute to our service delivery through suggestions, feedback and advice.
- ☐ Implement person centred planning principles and guidelines to ensure control and decision-making is afforded to the person and their families/carers.
- ☐ Support and encourage participants to identify how they would like to live their life, including how we can support this through our service delivery.
- ☐ Develop plans, which outline ways in which participants can actively and meaningfully participate in community and civic life.
- ☐ Maintain and develop community connections.
- ☐ Work with Local Area Coordination and Information, Linkages and Capacity Building providers.
- ☐ Promote opportunities and facilitate linkages between the participant and the community.
- ☐ Enhance participant's current community connections and informal supports.
- ☐ Record and implement best practice examples of community participation and inclusion.
- ☐ Review participant engagement and participation in community and civic life.
- ☐ Train staff on the importance of community participation and inclusion. This would include how they can encourage and support participants to actively and meaningfully participate in our service, the community and civic life.

## **2.6. Procedures**

What Ability will develop procedures and strategies that promote and build community participation and engagement opportunities to create and develop effective internal communication channels and engagement with community networks.

### **2.6.1 Surveys and feedback methods**

Our annual surveys record levels of satisfaction amongst participants and our feedback form, stakeholders and families in a language and communication method that meets the participant's needs. These will provide indications of the levels of satisfaction participants have with their current service provision, community participation and highlights areas of need for changes in service delivery models and enhanced community inclusion. What Ability will obtain feedback around its performance from participants and their families/carers during planning and review functions and through annual Participant, Family and Carer forums, and staff surveys.

### **2.6.2 Participant/Family Morning Teas (Forums)**

These quarterly forums provide families with an informal mechanism of providing feedback to the organisation. Topics discussed include participant's levels of satisfaction with the service, proposed improvements, policy review and how to increase community participation and inclusion. We welcome feedback as we strive to grow and develop.

### **2.6.3 Informal Conversations and Feedback**

These conversations occur on an irregular basis and can be face to face or over the phone. They highlight specific instances of service delivery or improvement, community participation and integration for individuals to accommodate individual preferences.

#### **2.6.4 Brochures and Website**

What Ability brochures, websites and social media provide specific examples of how participants actively and meaningfully participate in community and civic life facilitated by What Ability. They are a mechanism of documenting and communicating service feedback as well as participant's achievements and sharing these with the wider community.

#### **2.6.5 Calendar of Events**

The booking calendar will aim to highlight specific events throughout the year that are important to What Ability. It includes events that are specifically for What Ability but also events that allow participants, family and staff members to actively participate and be included in their local community.

#### **2.6.6 Individual Goals**

These are provided in the application information and are specific to an individual and document information about the person's journey towards achieving set goals. They are critical when it comes to documenting an individual's ability to participate in or integrate into the community and the successes of our services in facilitating this process. This evidence is used to identify how to move an individual from participation to inclusion in their community and how we as a service can improve our support in this area.

#### **2.6.7 Staff Training**

Training is an essential part of any organisation. Training at What Ability focuses on the importance of community participation and inclusion. Specific training may be provided to assist staff to build their skills and capacity, so they can encourage participants to actively and meaningfully participate in our service, the community and civic life. This begins with the orientation and induction of all staff employed by What Ability.

Records of all staff training activities are kept electronically in the Supportmate application, including recording Support Worker education and competency assessment in Medication Assistance and RM/TL education and competency in teaching and competency assessment in Medication Assistance.

### **2.7. Responsibilities**

The What Ability Executive Team is responsible for approving and monitoring the implementation of this policy.

#### **2.7.1 The CEO**

The CEO is responsible for ensuring that:

- ☐ all stakeholders are aware of and understand their rights and responsibilities in relation to participation and inclusion principles;
- ☐ all employees, volunteers, students, team leaders and managers have been provided with training in relation to this policy as required.
- ☐ ongoing support and guidance is provided to all employees in relation to implementing this policy.

#### **2.7.2 The State Managers**

State Managers are responsible for ensuring that:

- ☐ all procedures and guidelines in accordance with this policy are implemented by staff of What Ability
- ☐ feedback in relation to participation and inclusion in our service and the wider community is gathered from participants and their families/carers is analysed annually and use to inform systems improvements;
- ☐ providing access to a copy of the Policy, for example on the What Ability website;

- ☐ providing updates or development of the Policy to participants, families/carers and staff of What Ability;
- ☐ all procedures, guidelines in accordance with this policy are implemented by staff of What Ability;
- ☐ provide staff reminders of the need for compliance with the Policy;
- ☐ they attempt to resolve and address any complaints or issues raised with them in line with their authority relating to this policy.

### **2.7.3 Employees**

All employees are responsible for ensuring that:

- ☐ Employees reference the core team which comprises the CEO and Executive team, senior support staff and the marketing team.
- ☐ all procedures, guidelines in accordance with this policy are implemented;
- ☐ are aware of and understand this policy and procedures and seek clarification if they do not understand

### **2.7.4 Stakeholders**

Stakeholders are responsible for using this policy to develop collaborations with What Ability to achieve participation in our services and the broader community.

## **2.8. Working with Families/Carers**

What Ability recognises the great contributions families and carers make to the service and to their local communities in their individual carer roles. What Ability has adopted key principles to guide the way of What Ability staff and management interact with families and carers of those people provided support and services by our organisation.

What Ability acknowledges the importance of Aboriginal culture, disability, age, gender, cultural and religious backgrounds and beliefs of all families and carers of service participants. What Ability adopts the following principles when engaging with families and carers:

- ☐ Recognise the contributions that families and carers make and values the support they provide to the individuals they care for:
- ☐ Being mindful of the health and well-being of families and carers.
- ☐ Listening to the opinions and feedback of families and carers of participants.
- ☐ Respect and support the choices made by families and carers, their knowledge and experiences as carers.
- ☐ Work with families to identify what support and services families and carers may require and refer them to these resources and services.
- ☐ Show respect for the relationships between families, carers and participants of What Ability.
- ☐ Demonstrate recognition that carers are all different, and that families and carers of our participants have needs outside of their caring role.
- ☐ All families and carers associated with What Ability have the same rights, choices and opportunities as any other person.
- ☐ What Ability acknowledges the difficulties faced by families and carers living in rural and isolated areas.

### **2.9. Breaches of Policy**

Staff are expected to follow this policy. Failure to follow What Ability policies and procedures will be treated seriously and may result in disciplinary action. Serious breaches of policy resulting in gross misconduct could result in instant dismissal.

#### **2.10. Quality assurance mechanisms**

A quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers underpins the supports provided by What Ability. What Ability acknowledges this is an integral part of the NDIS Practice Standards.

What Ability's adopted Standards Policy framework is informed by human rights principles, referring to nationally consistent standards, the Standards, sound compliance and monitoring systems, and information readily available to participants, families and carers to inform them of minimum quality expectations.

What Ability has a commitment to quality services and ongoing quality improvement in service provision.

#### **2.11. Communication**

This policy will be:

- ☐ communicated to the participants and families/carers, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **2.12. Related Policies**

- ☐ Service Delivery
- ☐ Individual Outcomes
- ☐ Rights and Responsibilities
- ☐ Complaints and Feedback
- ☐ Code of Conduct
- ☐ Governance
- ☐ Privacy, Consent and Confidentiality

#### **2.13. Related Legislation and Guidelines**

- ☐ NDIS Practice Standards
- ☐ Disability Inclusion Act (2014)
- ☐ National Disability Service Standards
- ☐ National Disability Insurance Scheme Act (2013)
- ☐ United Nations' Convention on the Rights of Persons with Disabilities 2006

#### **2.14. Evaluation and Review**

This policy will be reviewed every 3 years. The continued implementation of the National Disability Insurance Scheme will provide evidence and contemporary policy to assist the planning and review principles, guidelines and procedural direction for What Ability. This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development.

### **3. Individual Planning & Outcomes Policy**

#### **3.1. Introduction**

What Ability is committed to pursuing the rights and principles of equality, independence, choice and inclusion that underpin a person-centred philosophy. What Ability promotes the implementation of person-centred approaches to planning and practice to support people with disability to develop and maintain their skills and capacities, and to have a lifestyle based on their own interests and aspirations.

#### **3.2. Purpose**

The purpose of this policy is to set out the guiding person-centred principles to lifestyle planning and review with people who use What Ability supports and services. These principles demonstrate a commitment to putting the person, their families and carers at the centre of decision making about how What Ability will guide and provide effective support to them. What Ability has incorporated several key elements to assist participants and their families/carers develop person-centred support pathways. They are:

- ☐ Placing the person and their families/carers at the centre of their planning and review process;
- ☐ Considering each person as an individual;
- ☐ The person and their family/carer are provided the choice to have as much choice and control when planning, developing, implementing and reviewing their support pathways as possible;
- ☐ Assisting the person to set goals for what's required now and also longer-term goals for the future;
- ☐ Actively listening to the person, their family, support staff and other important stakeholders during all steps of the planning and review processes.
- ☐ What Ability supports the person and their family/carers with access to current and accessible information about appropriate and accessible resources and services to help them make informed decisions and choices. This is done in community languages or alternative formats, if required.
- ☐ Implementing flexibility into the planning, development and review steps to capture the ongoing changing needs of participants and their families/carers including their health needs, sexuality and self-protection requirements.

#### **3.3 Definitions**

- ☐ Person-centred planning: discovers and acts on what is important to a person. It is a way of supporting people who want to make the decisions in their life. It is an empowering approach to supporting people plan their future and organise the support and services they need.
- ☐ Person-centred approaches: design and deliver services and supports based on what is important to a person.
- ☐ Participant: a person who receives support and services from What Ability.
- ☐ Support pathway: The steps that participants and their family/carers develop to achieve their goals and positive outcomes in their lives.

### **3.4. Scope:**

The policy and procedures relating to support planning and review have been developed and will be implemented to meet the requirements of the NDIS Practice Standards, NSW Disability Inclusion Act (2014) and the National Disability Services Standards. This policy applies to:

- ☐ All people who are currently provided supports and services at What Ability.
- ☐ All people who will use supports and services provided by What Ability in the future.
- ☐ All service types and models of support offered by What Ability.
- ☐ All What Ability policies, practices and systems that relate to people who use our services and receive support.

### **3.5. Principles:**

The following principles should underpin all stages of the planning and review process with participants, their families and carers establishing their chosen support pathways:

#### **3.5.1 Person at the centre**

The person with disability is central to planning and decision-making that helps achieve their preferred lifestyle. The person chooses the level of participation in planning according to her or his preference and ability and is encouraged and supported to have as much control as possible over the whole planning process.

#### **3.5.2 Inclusion of others**

In accordance with the person's wishes, family members, friends, significant others and other service providers common to the person are actively included in the planning and review process to support their ongoing involvement in the person's life, and to encourage and assist growth of the person's networks and community engagement.

#### **3.5.3 Personal priorities and strengths**

Planning is oriented towards the person's present and future priorities, and focuses on the person's abilities, interests, dreams and aspirations, and the supports required to realise them.

#### **3.5.4 Considering culture**

Planning takes into consideration the culture, language, religious beliefs and priorities of all people. Planning with a person is undertaken with regard to social customs and traditions, and the individual's own culture and beliefs.

#### **3.5.5 Shared commitment**

All those involved in planning with the person commit to changes that the person and those close to the person have agreed are needed to achieve a lifestyle of her or his choice.

#### **3.5.6 Continuous process**

Planning with the person at the centre is a continuous process of listening, learning and further action and is not a one-off event. It is based on the assumption that people with disabilities have future plans and aspirations, and that their horizons will change and grow with their experiences.

#### **3.5.7 Regular Review of Support Plans**

Participant Support Plans are reviewed with the person at regular intervals to discuss choices and options for activities, assess progress towards achieving participant goals and amend the Support Plan if required to ensure its currency.

In establishing and maintaining appropriate supports for each participant, any/all relevant information related to the participant must be sourced and relevant information integrated into the participant's

Support Plan. This information may include current reports from health practitioners, safety guidelines and any current management plans e.g. Behaviour Management Plan, Mealtime Management Plan, Epilepsy Management Plan, Travel Safety Guidelines etc.

In the event that any participant reports, safety instructions or management plans received from external practitioners have exceeded their documented review date, What Ability will ask the participant/family to request a review of the participant's current status and/or circumstances by the practitioner involved, or an alternative practitioner if requested by the participant/family.

Similarly, in the event that any management plans e.g. Epilepsy, Anaphylaxis, Allergy, Transport Safety etc. received from external practitioners are more than 12 months old, What Ability will also ask the participant/family to request a review of the participant's current status and/or circumstances by the practitioner involved, or an alternative practitioner if requested by the participant/family.

These approaches will enable What Ability to ensure the most current information related to each participant is documented in participant Support Plans, and is therefore available to staff at all times in order to plan, develop and enable appropriate supports to be provided.

All participant Support Plans are reviewed as part of the annual process of person-centred goal and progress review, and to contribute towards the review and renewal processes for each participant's NDIS plan.

### **3.5.8 One person, one plan**

Planning is coordinated across all domains of a person's life, including all specialist services being accessed, insofar as the person wants this to happen.

### **3.5.9 Dignity of Risk**

Planning and service delivery takes into account the participant's right to the dignity of risk in decision-making. The participant is supported to make informed choices about the benefits and risks of the options under consideration. If required, risks are appropriately managed using our risk management policy and framework.

## **3.6. Application of Principles**

The policy's principles in Section 5 are the basic mandatory requirements for What Ability in the development, implementation and review of services when planning supports with the people using the services of our organisation.

The What Ability planning guidelines and person-centred approaches supports the Policy and is congruent with the principles outlined in contemporary practice and the Standards. The policy and all available resources will be used when planning with people using What Ability supports and services. What Ability uses person-centred planning approaches that will assist the person and their family/carers to choose the best planning methods. All What Ability staff are required to use the policy, principles and Person-Centred thinking tools to assist them in establishing a person-centred approach when supporting people to develop and review their support pathways.

### **3.7. Policy**

What Ability staff will respect and value the diversity and strengths of participants. Support will be person focused; people centred and provide opportunities for participants and their families/carers to increase their life satisfaction.

The aim of individual planning and review is to support people to move toward a more positive lifestyle through enhancing decision-making opportunities and facilitating social integration, participation and

inclusion in the community. Each participant's support pathway will be developed with the person's interests, needs and aspirations at the centre of the planning process. The person's support pathway will include achievable goals as identified from the person and their family's point of view. The process may involve the assessment and management of risk. The person, their family and What Ability will implement the support plan following the agreed supports utilising resources identified both internally and externally.

What Ability believes that every individual has a right to make their own decisions and to have the choices to enable them to fully participate in the community and life itself. The participants, their families, carers and advocates (as required) are at the centre of decision-making. Each person is afforded the opportunity to exercise as much as possible in the planning, implementation and review of services and supports they receive. With the introduction of the National Disability Insurance Scheme (NDIS), What Ability acknowledges the majority of planning and review will be undertaken using the resources provided by The National Disability Insurance Agency (NDIA).

However, What Ability will still require a level of support planning and review, particularly in the case of scheduling support paths and ensuring that the supports put in place are meeting the person's needs and desires under their NDIS plan.

What Ability staff will be positive and non-judgmental in their approach with the person they support as well as their families and carers. Support will be delivered to the best of each worker's ability regardless of the person's nationality, race, religion, gender, sexuality, political belief, disability, medical status or illness.

It is also expected that support time be focused on assisting each person to achieve his or her goals and aspirations and that each person is afforded respect, privacy and dignity including dignity of risk.

### **3.8. Quality assurance mechanisms**

Support planning and review services provided by What Ability are underpinned by a quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers.

The What Ability adopted policy framework is informed by human rights principles; refer to the Standards, best practice, sound compliance and monitoring systems, and information readily available to participants, families and carers to inform them of minimum quality expectations.

### **3.9. Communication**

This policy will be:

- ☐ communicated to the key participants and families/carers, internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability archives.

### **3.10. Training**

What Ability's Executive Team will identify staff responsible to implement the policy and /or who will be affected by the policy and provide information and training as necessary to enable staff to comply with all areas described within this policy.



**3.11. Related Policies**

- ☐ Service Delivery
- ☐ Rights and Responsibilities
- ☐ Complaints and Feedback
- ☐ Participation and Inclusion
- ☐ Service Management
- ☐ Privacy, Consent and Confidentiality

**3.12. Related Legislation and Guidelines**

- ☐ NDIS Act (2013)
- ☐ NDIS Practice Standards (2021)
- ☐ NSW Disability Inclusion Act (2014)
- ☐ National Disability Service Standards
- ☐ United Nations' Convention on the Rights of Persons with Disabilities 2006

**3.13. Evaluation and review**

This policy will be regularly reviewed every three years or as contextual drivers within the disability services sector continue to evolve. This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development through regular consultation with our participants and stakeholders.

## **4. Complaints and Feedback Policy**

### **4.1. Introduction:**

What Ability views feedback and complaints as a way to help us improve our services and create greater participant satisfaction and outcomes. Our Complaints and Feedback management process ensures that any problem you have with What Ability's supports, practices, decisions and policies are valued and listened to respectfully, taken seriously and dealt with promptly and in ways that are culturally appropriate. Your concerns will be treated confidentially, as a priority, keeping you fully informed and are committed to working with you towards a satisfactory resolution.

### **4.2. Purpose:**

The purpose of this policy is to outline how people are able to provide feedback and make complaints about any aspect of What Ability and the process that we will take to address and/or respond to the complaint without prejudice.

### **4.3. Scope:**

This policy all applies to stakeholders of the organisation including: Participants, families and carers, contractors, other service providers and members of the community.

Issues raised by staff would generally be dealt with under our Staff Grievance and Dispute Resolution policy, however from time-to-time staff may raise issues or provide feedback that is best dealt with under this policy.

### **4.4. Policy:**

What Ability is committed to managing complaints in an accountable, transparent, timely and meaningful way and in the most direct way possible.

What Ability supports and encourages the rights of our participants, their families/carers and stakeholders to lodge and pursue any complaint in relation to any aspect of What Ability or its operations.

The organisation is committed to the following complaints management principles:

- ☐ assisting people to make a complaint in whatever way is meaningful for them and in a language or communication method that is appropriate to the participant;
- ☐ complaints can be lodged without fear of retribution;
- ☐ full protection of confidentiality and privacy of complainants;
- ☐ complaints are assessed fairly, objectively and professionally;
- ☐ we are committed to openness and accountability;
- ☐ complaints are resolved in a timely manner;
- ☐ we ensure the application of procedural fairness and natural justice for all involved;
- ☐ we encourage the development of harmonious partnerships;
- ☐ integrate complaints information into the organisation's quality improvement process.

What Ability expects that most complaints/feedback will be able to be addressed and responded to by the people directly involved or at a support worker/Regional management level, with only the most serious or unresolved complaints being dealt with by the CEO and/or the National team. However, where complaints require investigation or a more formal review, we will ensure that sufficient resources are allocated as a means to ensure that complaints are proficiently managed and investigated and will only allocate suitably skilled and qualified employees to investigate and manage complaints of that nature.

What Ability reserves the right to remove support workers from scheduled bookings, depending on the severity of the allegation or incident, until the investigation is fully resolved. During this period, the support worker's pay may be impacted accordingly.

If required, What Ability will refer to, or seek guidance from external agencies, such as the NDIS Commission or beyond that the relevant State or Commonwealth Ombudsman.

Complaint Management Stages include:

- ☐ acknowledgment of receipt of complaint
- ☐ complaint assessment;
- ☐ investigation of complaint;
- ☐ complaint response;
- ☐ communicating the decision; and
- ☐ complaint closed.

We have produced a Participant Handbook that outlines our policy and procedures in an easy-to-understand format.

## **4.5. Procedures**

### **4.5.1 Lodgement**

Any individual, stakeholder or agency wishing to lodge a complaint against services, management or employees of What Ability will be provided with information regarding the organisation's Complaints Management policy and process. Complaints can be provided in-person and/or anonymously via the What Ability web-site.

Any complaint will be heard respectfully, confidentially and with a willingness to assist the complainant.

### **4.5.2 Participants**

Each participant and/or their family/carer can determine how their complaint will be made and when and where the complaint will be made.

### **4.5.3 Information**

Information will be provided in a format that is easily understood, in an appropriate language, in an appropriate communication method and considered effort will be provided to ensure the complainant is fully informed regarding the Complaint Management process. A third party on behalf of another person may lodge complaints, if their permission and consent has been given. This includes the use of advocates

### **4.5.4 Nomination**

The participant and/or their family/carer can nominate a staff or management member of their choice at the service as their key contact regarding the complaint.

### **4.5.5 Handling**

What Ability will handle all complaints with the highest standard of confidentiality. Complaint matters will only be discussed with those on a need-to-know basis and will not be a matter of discussion between any other individuals. All documentation will be electronically retained in a secure place and in compliance with all internal privacy policies and State and Federal legislation.

### **4.5.6 Staff**

All staff will handle complaints with:

- ☐ courtesy and encouragement;
- ☐ sensitivity to the needs of complainant;
- ☐ understanding and in a supportive manner
- ☐ efficiency and effectiveness;
- ☐ timelines- complaints received will be formally acknowledged within two (2) days of receipt and the complaint resolved within thirty (30) days where possible;
- ☐ empathy – understanding others feelings and perspective of issues involved;
- ☐ open and non-judgemental communication;
- ☐ information regarding details regarding external support agencies that may assist them with complaints resolution if required. Some of these bodies are listed in this policy.

#### **4.5.7 Complaints Register**

The following details relating to the complaint will be documented in What Ability Complaints Register.

- ☐ nature of complaint;
- ☐ Time of incident, place and those present;
- ☐ witness responses;
- ☐ findings and outcomes.

#### **4.5.8 Timeframes**

Complaints will be resolved within a practicable timeframe. What Ability will aim to resolve complaints within thirty (30) working days of receipt. Persons who have lodged complaints will be regularly updated and advised of progress within agreed intervals (e.g. weekly). If it is perceived that a delay may be experienced, this delay will be clearly articulated in writing to the complainant.

#### **4.5.9 Investigation**

Investigation of complaints will not be conducted by a person about whom a complaint has been made.

#### **4.5.10 Notifications**

What Ability will undertake to fully inform any employee that is the subject of a complaint of the nature of the complaint and of the process being implemented to resolve the complaint. If required, the employee concerned will be provided with a seven (7) day timeframe in which to submit a written response and/or seek further advice.

#### **4.5.11 Criminal Activity**

If a complaint is received that alleges criminal activity or provides information about possible criminal activity, it must be referred to the CEO/Executive Leadership Team and relevant State Manager immediately. The State Manager will contact the police or other relevant authorities.

#### **4.5.12 Governing bodies / Support Agencies**

Individuals or parties with a complaint may make contact with the following bodies should the complaints remain unresolved or at any time in the complaints process. These may include:

##### **The NDIS Commission**

Ph: 1800 035 544

Email: [contactcentre@ndiscommission.gov.au](mailto:contactcentre@ndiscommission.gov.au)

Website: <https://www.ndiscommission.gov.au>

##### **NSW Ombudsman**

Free call (outside Sydney metro area): 1800 451 524

TTY: (02) 9286 1000

Email: [nswombo@ombo.nsw.gov.au](mailto:nswombo@ombo.nsw.gov.au)  
Website: [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au)

**Ombudsman WA**

Albert Facey House  
Level 2 Albert Facey House, 469 Wellington St, Perth WA 6000  
**Phone:** 1800 117 000

**Victorian Ombudsman**

2/570 Bourke St, Melbourne VIC 3000  
**Phone:** 1800 806 314

**Queensland Ombudsman**

Level 18/53 Albert St, Brisbane City QLD 4000  
**Phone:** (07) 3005 7000

**Human Rights and Equal Opportunity Commission (CTH)**

Phone: (02) 9284 9600  
Complaints Infoline: 1300 656 419  
Privacy Hotline: 1300 363 992  
TTY: 1800 620 241  
Website: [www.hreoc.gov.au](http://www.hreoc.gov.au)

**National Disability Abuse and Neglect Hotline**

A hotline for reporting or complaining about the abuse or neglect of a person with a disability at home, in the community, or in any other location. The hotline will refer a complainant to a relevant state or local agency where necessary.

Free call: 1800 880 052  
TTY: 1800 301 130  
National relay service: 1800 555 677  
Fax: 02 9318 1372  
Website: [www.disabilityhotline.org](http://www.disabilityhotline.org)

**Intellectual Disability Rights Service (IDRS)**

A community legal centre specialising in legal and rights issues for people with a disability.

2C/199 Regent St REDFERN NSW 2016  
Phone: (02) 9265 6300  
Free call: 1300 665 908  
Fax: (02) 9318 2887  
Website: [www.idrs.org.au](http://www.idrs.org.au)

**People with Disability Incorporated**

For people with a disability who wish to make a complaint about their rights being infringed.

Phone: (02) 9370 3100  
Free call: 1800 422 015  
TTY: (02) 9318 2138  
TTY: 1800 422 016 free call  
Fax: (02) 9318 1372  
Website: [www.pwd.org.au](http://www.pwd.org.au)

**Multicultural Disability Advocacy Association**

MDAA Head Office

Phone: (02) 9891 6400

Fax: (02) 9897 9402

Address: 10-12 Hutchinson Street, Granville NSW 2142

Postal: PO Box 884, Granville NSW 2142

Toll free (GRANVILLE, Sydney) 1800 629 072

**4.6. Complaints Management**

The What Ability complaints reporting process is part of the organisation's commitment to implementing our Continuous Improvement and Quality Management Systems. As part of its ongoing commitment to effective reporting processes, What Ability will maintain all complaint information in accordance with our Privacy, Consent and Confidentiality policy.

Adopting this complaint reporting process assists What Ability in reviewing service performance, and progress against implementing the quality requirements and meeting the Standards and the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018. All complaint details are treated with privacy and confidentiality.

**4.7. Complaints Relating to Abuse and Neglect**

What Ability takes reports of abuse and neglect very seriously. It is mandatory for any report of abuse or neglect reported to What Ability by staff, participants, families, carers, other stakeholders or members of the public to be reported by What Ability to the appropriate, relevant external agency. Any reports of abuse or neglect reported are to be immediately forwarded to the State Manager. The State Manager will then report the matter directly to the Chief Executive Officer. Direct reporting to the Police or the NDIS Commission will be the responsibility of Leadership team (i.e. CEO or National Team).

**4.8. Advocacy and support for people using the service**

People who access supports and services provided by What Ability have different types of support networks. Some people have families who are closely involved in their lives or others may be reliant on legally appointed guardians to make particular decisions for them. On other occasions people are represented by advocacy services and for some participants these advocates are their only support network. Should a participant or the family/carer require support with engaging an advocate What Ability will assist them with the process.

An advocate must represent the best interests of a person, and in the absence of a family member or any other person having a close relationship with the person, may be the contact person for issues or complaints made by or relating to the person.

**4.9. Responsibilities****4.9.1 National Team**

The What Ability National Team is responsible for approving and monitoring the implementation of this policy. The National Team is responsible for ensuring that:

- ☐ All complaints and feedback are dealt with and recorded in accordance with this policy.
- ☐ Complaints and feedback data is analysed annually and used to inform our continuous improvement and quality management systems.

**4.9.2 State Managers**

The State Managers are responsible for ensuring that:

- ☐ all Regional/Area Managers, Participants, Volunteers and Support Workers are aware of and understand their rights and responsibilities in relation to making a complaint and managing a complaint.
- ☐ all employees, volunteers, students, team leaders and managers have been provided with training in relation to this policy as required.
- ☐ ongoing support and guidance is provided to all employees in relation to implementing this policy.
- ☐ they attempt to resolve and address any complaints or issues raised with them in line with their authority.
- ☐ Referring any serious complaints to the National Team immediately.
- ☐ Supporting all services users and staff to understand and implement this policy.

#### **4.9.3 Employees**

All employees are responsible for ensuring that:

- ☐ viewing complaints and feedback as opportunities to improve the organisation.
- ☐ they attempt to resolve and address any complaints or issues raised with them in line with the policy.
- ☐ are aware of and understand this policy and procedures and seek clarification if they do not understand.
- ☐ they follow the policy and procedures outlined in this policy.

Support Squad staff are responsible for the provision of the Welcome Pack in a form and format the participant/family member/advocate can understand.

#### **4.9.4 Stakeholders**

Participants, families, carers and other important stakeholders are responsible for using this complaints process to raise issues directly with What Ability.

#### **4.10 Equity and access considerations**

Employees and volunteers are to ensure that services are provided with sensitivity to, and awareness of, people with culturally diverse or indigenous backgrounds, and cultural practices. This is to be carried out without deviating from What Ability Complaints Management Policy and Procedure or legislative responsibilities. Information provided to a person, their family/carer, person responsible or other support person about legal rights, options and support services, must be provided in a format that suits their individual communication needs.

#### **4.11. Communication**

This policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents and in a method that best suits the participant. This policy will be:

- ☐ communicated to participants and their family/carers and the key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **4.12. Breaches of Policy**

Staff are required to follow this policy. Failure to follow What Ability policies and procedures will be treated seriously and may result in disciplinary action. Serious breaches of policy resulting in gross misconduct could result in instant dismissal.

**4.13. Other policies and procedures to be cross-referenced with this policy**

- ☐ Rights and Responsibilities
- ☐ Staff Grievance and Dispute Resolution
- ☐ Freedom from Abuse and Neglect
- ☐ Participant Advocacy Policy
- ☐ Service Delivery Policy

**4.14. Cross reference to relevant legislation**

- ☐ The NDIS Practice Standards (2021)
- ☐ NDIS Complaints Management and Resolution Rules 2018
- ☐ NSW Disability Inclusion Act

**4.15. Policy review**

This policy will be reviewed in consultation with stakeholders every 3 years. Ongoing Implementation of this policy will be reviewed through staff meetings, Participant and Family forums/groups, support and supervision session and annual management planning processes.



## **5. Service Access and Exit Policy**

### **5.1. Introduction**

The United Nations Convention on the Rights of Persons with Disabilities, the National Disability Insurance Scheme Act 2013 (and attendant Standards), and National Disability Service Standards promote access, inclusion and choice for people with disability, and a focus on their individual needs, goals and aspirations. What Ability aims to promote these principles within all aspects of policy and service delivery.

What Ability is committed to providing people with a high standard of service aimed at meeting individual needs and promoting a sense of dignity, purpose and security. What Ability is committed to ensuring that it provides a consistent and transparent approach to all people entering or exiting the service.

Access to What Ability is clear, transparent and non-discriminatory and we ensure equity and fairness is applied. Information about What Ability will be easy to read and widely available. What Ability will work with other service providers and community supports to share information and establish relevant networks placing the needs of people at the centre of their support.

### **5.2. Purpose**

The purpose of this policy is to clarify the service entry and exit process for What Ability participants, including those people provided funding through the National Disability Insurance Scheme (NDIS).

The purpose of defining access and exit is to enable people with a disability to access support and services, and to ensure that services are directed towards the intended target group. What Ability promotes the full and equal enjoyment of all human rights and fundamental freedoms by all people with disability, and respect for their inherent dignity.

The policy provides direction for What Ability staff when considering a referral or request for support and services to the organisation or considering the exit of a person from the organisation.

Where What Ability may not be able to provide a potential or existing participant the necessary and required support What Ability will work with other local agencies to assist them to obtain services elsewhere. What Ability is obliged to provide potential and existing participants and their family members/carers with clear and concise information about access to services, capacity and ensure continuity of support. The process will be transparent to ensure an appropriate exit from the organisation.

### **5.3. Scope**

This policy applies to all existing and potential What Ability participants and their family members/carers who have requested, or currently receiving support and services.

### **5.4. Definitions**

- ☐ Entry: Is the process through which a person enters into a specific support or service arrangement with What Ability.
- ☐ Exit: The point, at which a person leaves What Ability, no longer requires What Ability supports or transfers to another external service provider.
- ☐ Stakeholder: encompasses (but is not limited to) participants, family members, carer, advocates, guardians or external service providers.
- ☐ National Disability Service Standards & NDIS Practice Standards: The benchmark by which the rights of people with a disability are upheld.

- ☐ Transition: Is preparing for and supporting the participant to enter or exit the service or referral from another service or to another service or program where appropriate.

### **5.5. Principles**

- ☐ What Ability strives to promote the health, wellbeing, safety and security for all people receiving supports and services;
- ☐ Entry and access to services will be provided on the basis of relative need and availability of resources.
- ☐ What Ability adopts a non-discriminatory access process that respects age, gender, race, religion, sexual preferences and disability consistent with human rights and other applicable legislation.
- ☐ What Ability acknowledges all people have the right to accurate, clear and transparent information about gaining access to and exiting What Ability to inform their decision- making.
- ☐ Information is not limited to one mode or type and can be changed to suit individual needs and preferences (e.g. translated material; easy to read using pictorial format).
- ☐ Services are provided in a flexible, responsive and person-centred way to meet each person's individual support needs and goals.
- ☐ What Ability staff will assess all participants requesting supports and services, and where limitations of resources, knowledge or skills exist, manage provision of, or transition to, services according to the participant's level of need.
- ☐ What Ability acknowledges that each person has the right to refuse a service or to leave What Ability at any time they choose. What Ability further acknowledges that it may discontinue a service after consultation with the person, their family and other important members of their support network if the service is no longer sustainable or appropriate for the person.
- ☐ What Ability is committed to working with and referring to other community services or organisations to meet the multiple needs of people.
- ☐ Exit procedures will be fair, transparent, follow due process and uphold the rights of the participants.
- ☐ Exit procedures will protect the safety and the integrity of What Ability staff, participants, programs and services. What Ability assists people when they exit the service and provides them with sufficient information on how to re-enter the service if/and/or when required.
- ☐ What Ability values feedback from people who use its service and will provide access to the Complaints and Feedback processes to help inform and improve service access for others and our overall Continuous Improvement process.

### **5.6. Responsibilities**

The CEO is responsible for maintaining this policy, its related procedures and associated documents and will be held accountable for the following:

- ☐ Ensuring the policy is effectively implemented across the service;
- ☐ Monitor staff compliance with the requirements of the policy
- ☐ Ensuring staff are familiar with the requirements of the policy, and have sufficient skills, knowledge and ability to meet the requirements. All Staff and Volunteers will be held accountable for the following:
- ☐ Complying with the requirements of this policy.

## **5.7. Entry Framework**

### **5.7.1 Entry Criteria**

People who are provided support and services by What Ability must have a disability which:

- a) Is defined under the NDIS Act;
- b) Is permanent or likely to be permanent; and
- c) Results in a significantly reduced capacity in one or more activities of daily living such as communication, mobility, personal care, decision-making or social skills;
- d) Is assessed to using an appropriate assessment process;
- e) Identified as eligible through the National Disability Insurance Scheme;
- f) Be 16 years of age at time of request for service, or under the care of a family member or guardian. A potential person must be identified through the entry procedure to be eligible to receive support and services. Previous acceptance to What Ability does not entitle the person automatic access or to the same service/supports at a later time.

### **5.7.2 Entry procedure**

#### **Participant Awareness of What Ability's Services and Supports**

Information about the services and supports provided What Ability can be found via a variety of means, locations and media types. These include:

- Mainstream Media
- Social Media
- Allied Health Referral
- Support Coordinator/Plan Manager Referral
- Word of Mouth
- Branded Cars

On first contact, participants are directed to the What Ability web-site by Support Squad staff ([www.whatability.com.au](http://www.whatability.com.au)), where the following information is provided in accessible formats including multiple languages:

- Who What Ability is (Vision and Mission)
- What services are provided
- Who What Ability CANNOT support at this time
- Activity Planners
- How to provide feedback and complaints
- What Ability Policies and Procedures
- What Ability Participant Handbook (See below)
- How to submit an inquiry/call back for both participants and support workers

## **Service Access**

### **Stage 1 – Initial Enquiry**

To access the services of What Ability, a person or a family member/advocate must first make a request for service and be determined as eligible to receive support.

Requests for service can be made in the following ways:

- a) Phone or email request
- b) On-site visit to What Ability
- c) A general enquiry via the Contacts page or Sign-Up form through the What Ability website

If a potential participant/family member/person responsible clicks the “NEED SUPPORT” link on What Ability’s web-site, they will be asked if they give What Ability consent to gather, collect and retain the participant’s information in order to potentially develop a plan of support?

The general information requested to be provided on the web-site enquiry page is:

- Participants full name
- Person responsible’s name (if required)
- Email address
- Phone Number
- Suburb
- Date of Birth
- State
- How did you hear about What Ability?:

Participant-specific information requested to be provided on the web-site enquiry page is:

- Primary Disability?
- Frequency of Support Required?
- Does the participant require the services of What Ability’s NDIS registered Behaviour Support Practitioner in order to develop a Behaviour Support Plan?
- Does the participant have an existing Behaviour Support Plan?
- Does the participant have any Restrictive Practices currently approved in a BSP and in-place?
- Does the participant or any member of their family identify as being from an Aboriginal or Torres Strait Islander background?

### **Stage 2 – Quick Sign-Up**

Following the initial enquiry by a participant via the on-line Sign-Up form (What Ability website), the first stage of participant onboarding is to:

- 1) Obtain consent from the participant/person responsible to gather relevant information about the participant and their support needs, including identification if the participant has any current reports from health practitioners, safety guidelines and any current management plans e.g. Behaviour Management Plan, Mealtime Management Plan, Epilepsy Management Plan, Travel Safety Guidelines etc.
  - Review the information given to assess if What Ability can provide the supports wanted by the participant/family, including the provision of What Ability’s NDIS registered Behaviour Support Practitioner to develop a Behaviour Support Plan?
- 2) The Support Squad staff assess the information provided by the person and provide a recommendation to the State Manager in regard to the suitability of the person’s needs and request for supports and services. If the State Manager deems the service has the appropriate resources and can effectively support the person to meet their goals and needs, the State Manager will approve the request to move forward.

The participant/family/person responsible person will be notified of their progression in the onboarding process, and will be requested to attend a Meet and Greet session, and will be provided with a Welcome Pack.

### **Stage 3 – Meet and Greet Session**

Following the Quick Sign-Up Process, the next stage of participant onboarding is to:

- 3) Obtain formal, written consent from the participant/person responsible to gather relevant information about the participant and their support needs

- 4) Review the information given in order to develop a person-centred Support Plan for each participant which is reviewed, agreed and signed-off by the participant/family member/person responsible.

It is a requirement of the participant onboarding process that every participant/family/person responsible completes a “Meet and Greet” session, to ensure What Ability has completed a comprehensive information gathering process.

This process involves a member of the National Team meeting the participant/family/person responsible face to face, in order to understand their wants, needs and diagnosis and discuss their likes/dislikes/needs/challenges/behaviours/triggers/health issues etc. in order to inform the development of a person-centred What Ability Support Plan. This process also includes completion of a comprehensive participant risk assessment.

The What Ability Support Squad staff member, conducting the Meet and Greet session will:

- ☐ Communicate what a “typical day” a participant is likely to experience with What Ability might be like
- ☐ Discuss and explain all information in the Participant Handbook
- ☐ Discuss and explain what to expect prior to the first booking, including access to What Ability’s NDIS registered Behaviour Support Practitioner in order to develop a Behaviour Support Plan?
- ☐ Discuss and explain how to use Supportmate
- ☐ Discuss expectations and what to expect on the day of the participant’s first booking
- ☐ Discuss and explain the Price Guide + Money Handling e.g. what Support Workers are expected to pay for and what participants are expected to
- ☐ Documentation – does the participant have any (current) reports from health practitioners, safety guidelines and any current management plans e.g. Behaviour Management Plan, Mealtime Management Plan, Epilepsy Management Plan, Travel Safety Guidelines etc.?
- ☐ Introduce the What Ability Team (CEO, Exec. Team and Support Squad)
- ☐ Participant Rights
- ☐ Support Worker workplace screening requirements
- ☐ Where to find policies & procedures, feedback and complaints, activity calendar
- ☐ Introduce the Regional Manager (RM)
- ☐ How to make a booking etc.
- ☐ Discuss and organise relevant staff education and training with behaviour practitioner prior to first booking (if required)
- ☐ First Booking “Lock in” (Pending staff training completion + Support Plan development and sign-off)

The Meet and Greet is a formal assessment of the participant’s support requirements, preferences, goals, culture, values and beliefs, support network and risks. The Support Squad staff member completing the meet and greet session will ensure a Welcome Pack is provided and the information in the Pack discussed and explained using the means of communication the participant/family member/person responsible can most readily understand.

The Welcome Pack is available as a hard copy or digital package, including:

- ☐ What Ability’s Participant Handbook
- ☐ Consent form
- ☐ Social media publicity consent form
- ☐ Visual flowchart of consent, data and privacy
- ☐ What Ability visual calendar

### **The What Ability Participant Handbook**

The Handbook provides information for participants and families which assists them to understand and access the services and supports What Ability currently provides.

The Handbook provides readily accessible information in multiple formats and languages, including:

- ☐ How to contact What Ability via phone, email and address
- ☐ Participant Rights
- ☐ Informed Consent (reviewed annually)
- ☐ Privacy and Confidentiality
- ☐ Money Handling (note: What Ability staff will NEVER provide financial advice)
- ☐ Getting started with What Ability and onboarding process
- ☐ Information about What Ability's Service Agreement
- ☐ Information about What Ability's tailored Support Plan
- ☐ Information about What Ability's Transition Plan (Entry and Exit Plan)
- ☐ Dignity of Risk
- ☐ Withdrawal of Supports  
(Note: Access to supports available and provided by What Ability will not be withdrawn or denied solely on the basis of a dignity of risk choice made by the participant)
- ☐ Fees and Rates
- ☐ Information about Choice and Decision
- ☐ Guardianship
- ☐ How to make a formal complaint to What Ability and to NDIS Commission Directly
- ☐ List of numbers of Useful Contacts and Services
- ☐ Advocacy and Other Support
- ☐ Useful names and contact information for Advocacy Services
- ☐ Ensuring you have support - What to do and who to contact in case of cancellations/change of circumstances
- ☐ Incident Management Protocols
- ☐ Where and how to provide feedback to What Ability
- ☐ Copy of What Ability's Service Agreement

### **Completion of the Participant Onboarding Process**

After the completion of the Meet and Greet session, the Support Squad staff member conducting the session will share the online registration form with the participant/family member/person responsible for them to complete.

The Support Squad staff member will also provide a tailored Service Agreement developed in consultation with the participant/family member/person responsible based on the supports identified and participant's needs using the information obtained during the complete participant onboarding process.

### **Important Note:**

**All required onboarding documentation must be provided by the participant/family member/person responsible** to enable What Ability to complete all preparations to enable supports to be provided.

This includes:

- All required consents signed
- The Service Agreement approved by the participant/family member/person responsible and signed, including (if relevant) the specific Service Agreement related to the services of What Ability's NDIS registered Behaviour Support Practitioner in order to develop a Behaviour Support Plan?

- The participant's Support Plan approved by the participant/family member/person responsible and signed
- All reports from health practitioners, safety guidelines, management plans e.g. Behaviour Management Plan, Mealtime Management Plan, Epilepsy Management Plan, Travel Safety Guidelines etc. provided as requested

**Notes:**

- If any management plans have expired or require to be reviewed, What Ability will request that these be completed prior to the commencement of supports.
- **If current plans are not provided or available**, What Ability reserves its right to suspend the commencement of service provision pending the provision of all current reports from health practitioners, safety guidelines and/or management plans.

Once all documentation has been provided, What Ability will initiate the required service and a transition will commence where applicable.

Where a person is transitioning from school or is transferring from another service provider, What Ability will seek consent from the person and/or their family/carer to contact other providers e.g. school, NDIA or other services to discuss or obtain support requirements, schedules, plans, and person-centred goals to assist in development of a transition.

Where a person is transitioning or transferring with an NDIS Support Plan, What Ability will:

1. Determine if it is able to provide service specific to the support/s the person is eligible to receive support through. What Ability will seek consent from the person and/or their family/carer to view and discuss the plan with a previous provider or planner about the person's goals to assist in the development of a transition.
2. Consult with the person and their family/carer to obtain the person's NDIS Participant Number, date of birth and obtain the person's NDIS Support Plan (or portion of the plan related to supports What Ability has been engaged to provide.)

If a Participant or Guardian is unable or unwilling to sign the service agreement provided by What Ability a copy will be provided. What Ability will provide a copy via email and also provide a copy at the first booking. The copy will also be stored securely in What Ability's database for 7 years.

### **5.7.3 Transition**

What Ability is committed to providing participants with information and support through the process of transition into, or exiting from, the organisation's services:

1. All participants are provided with the necessary information and explanation in the appropriate communication formats concerning their transition into, or exit from, the service.
2. Participants are provided with information and support through the process of transition into, or exit from, the organisation's service.
3. Participant transition strategies and exit planning will be documented in the
4. The participant entry and exit process for programs are transparent; the organisation adopts fair and non-discriminatory practices when a participant chooses or is required to leave the service.
5. To collaborate with other providers for a planned transition to, or from, our service.
6. Staff must document, communicate and effectively manage transitions and exits to benefit participants.
7. With each transition, risk assessments are to be undertaken, documented and acknowledged.
8. What Ability delegated Staff member/s must identify processes for the participant and ensure application and review.

9. What Ability will record the following information:
  - a) If a participant's goals have been met
  - b) If a participant chooses to leave or cease the services
  - c) If a participant wishes to transfer to another service provider
  - d) If the participant moves location and cannot access the service
  - e) If the participant is no longer eligible for services.

What Ability will implement a collaborative approach when undertaking all decision-making processing, regarding transition and exit, to allow for an informed approach. This approach must be recorded in the support plan and include the:

1. Reasons for the transition
2. Details of the provider transitioning to/from
3. Outline of collaborative communication
4. Summary of communication methods and details of information provided to relevant parties'
5. Feedback received from participant, family, advocates and stakeholders
6. Transition time frames
7. Transition process incorporating details of the process, application and communication process relevant to the participant
8. Identification of risks to the participant and risk management strategies
9. Review of the process and adjustments made, as required.

## **5.8. Exit Framework**

### **5.8.1 Exit Criteria – including Withdrawal (or temporary cessation) of Supports**

A person may exit What Ability supports, or have supports withdrawn or temporarily ceased, for a number of reasons or circumstances, including:

- ☐ Relocation to an area outside What Ability area of service delivery.
- ☐ Where the support schedule and service is no longer able to meet the person's needs or assist in achieving their chosen goals.
- ☐ Transfer to another service provider.
- ☐ The person is unwilling to meet the reasonable conditions required in their support plan and thus affecting the safe delivery of a service to the participant and the health and safety of the staff.
- ☐ Approvals not being provided within an agreed timeframe by parents/person's responsible e.g. consents, Support Plan confirmations etc. to enable safe supports to be provided.
- ☐ Changes in the person's condition results in the support they require exceeds the skills and expertise What Ability staff can deliver.
- ☐ There has been no contact between the person and What Ability for a period of 3 months.
- ☐ The person and/or family member/carer engages in behaviour that is unacceptable to What Ability such as violence, abuse, intoxication (alcohol, prescription or illicit drug related), aggression, theft or property damage.
- ☐ The participant has perpetrated a criminal or other act of a serious and reportable nature.
- ☐ The death of a person using the service.

### **5.8.2 Exit Procedures**

What Ability acknowledges that exiting a service can be a daunting, stressful and anxious process for people using the service as well as their family members and carers. What Ability ensures that an exit occurs in a professional, planned and collaborative manner.

Exit planning is an integral part of the exit process and is conducted in close consultation with the person, and where appropriate the family, carer and any other important people from the person's support network.



As appropriate to their circumstances and with their consent, the participant is given information about referral processes or supported introduction to other service providers, community agencies, mainstream organisations, the NDIA or appropriate services that can offer the support or services they require after they have exited What Ability.

- ☐ What Ability actively encourages and supports a person to exit its service if a least restrictive alternative or one that is likely to enable positive outcomes and inclusive opportunities is identified and preferred by the person. Prior to exiting What Ability users are provided guidance and support to investigate other options or models of support from What Ability.
- ☐ Explore the consequences of their decision to exit the service;
- ☐ Consider re-entry to the service in the future should their needs or circumstances change:
  - The person, subject to consent, their family or carer/s and other stakeholders are involved in developing the exit plan.
  - The exit plan is made available to the person and, with the person's informed consent (where possible), any other stakeholders.
  - The exit plan has identified timeframes outlining actions and those responsible to implement the actions.
  - Where a person has an NDIS support package and has entered into an agreement with What Ability for the service to provide supports and services they are required to provide four (4) weeks' notice of intention to exit, in writing to the relevant State Manager.
  - The participant reserves the right to re-access service, within a period of 3 months after formally exiting the service, without having to follow formal access processes, provided the necessary service resources are available.
  - Following expiration of the three-month cooling off period the person's place within the service is formally terminated and a new referral/intake assessment needs to be undertaken if the person requests service at some point in the future.

### **5.8.3 Where the person's consent to exit is not given**

As part of the entry process participants are informed of their rights and responsibilities contained in the Service Agreement document and Rights & Responsibilities policy in a language or communication method that is appropriate. Information regarding the reasons for being asked to leave the service will be provided and explained to the participant. These reasons will be included in the exit plan if required.

What Ability may implement a person's exit under the following circumstances:

- ☐ An inability or unwillingness over a period of time to work towards agreed goals.
- ☐ Other people using the service, staff or the person themselves are at risk of harm.
- ☐ Financial requirements are not being met.
- ☐ Severe incompatibility with other people using the service is displayed.
- ☐ Dramatic health changes require significantly increased levels of care or service model not provided by the service.

Service exit will only be actioned after discussion and consultation with the person, their family/carers and other important stakeholders, and strategies have been implemented to meet irreconcilable differences. Where a person is receiving funding by a government department (e.g. NDIS) this organisation will be contacted and requested to be involved in the transition. Determination and communication of the exit will be made by the CEO. Participants wishing to make a complaint regarding their exit are provided with details on our complaints process.

#### **5.8.4 Exit Interview**

As part of the exit strategy the participants and their family/carer will be offered the opportunity to participate in an exit interview.

What Ability acknowledges that engaging in such an interview may be a difficult process and it is the choice and decision of the person and/or their family/carer to engage in an exit interview. What Ability will use information from the interview as part of an evaluation and feedback processes to continuously improve What Ability and identify any training requirements for staff of the service.

#### **5.8.5 Files and Documentation**

Upon exit all documentation and information developed and implemented by What Ability will remain the property of the service for an appropriate period. Any documentation provided by other service providers (with the participant's consent) and included in the person's file that has been used to facilitate the person's support will be returned to the person and/or their family/carer. What Ability will retain copies of these documents.

All information in relation to the person will be retained, secured and stored within the services Privacy, Consent and Confidentiality Policy and in compliance with the relevant legislation.

#### **5.9. Cultural Diversity**

In these matters staff are to ensure that services are provided with sensitivity to and an awareness of the cultural beliefs and practices of people from culturally and linguistically diverse backgrounds. This is inclusive of the awareness of the needs of Aboriginal and Torres Strait Islander people, their families and communities.

#### **5.10. Quality assurance mechanisms**

A quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers underpins the support provided by What Ability.

What Ability's policy framework is informed by human rights principles, refers to nationally consistent standards, clear accreditation mechanisms, sound compliance and monitoring systems, and information readily available to participants, families and carers to inform them of minimum quality expectations.

#### **5.11. Communication**

Communication about this policy should be implemented in a way that suits each person with:

- ☐ regard to their cultural background e.g. use of an interpreter, translation or easy to read documents.
- ☐ Sensitivity to the preferred communication method of the participant and/or family ensuring the information is easily understood.

This policy will be:

- ☐ communicated to the participants, their family/carer and key internal and external stakeholders of What Ability.
- ☐ communicated to What Ability staff through inductions and professional development opportunities.
- ☐ accessible through What Ability's web-site.

#### **5.12. Review of Policy**

This policy will generally be reviewed every three years with participants, their families and staff of What Ability. This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development of this policy via our regular communication and participation processes.

#### **5.13. Related Policies**

- ☐ Privacy, Consent and Confidentiality

- ☐ Service Delivery
- ☐ Participation and Inclusion
- ☐ Freedom from Abuse and Neglect
- ☐ Rights and Responsibilities
- ☐ Complaints and Feedback
- ☐ Individual Planning and Outcomes

**5.14. Related legislation**

- ☐ NDIS Practice Standards
- ☐ NDIS Act
- ☐ Disability Discrimination Act
- ☐ Racial Discrimination Act
- ☐ NSW Disability Inclusion Act

## **6. Service Delivery Policy (including Camp Processes)**

### **6.1. Introduction**

The NSW Disability Inclusion Act (2014) The National Disability Service Standards and NDIS Practice Standards (2021) identifies that each person has the right to receive services which respect and promote their legal and human rights and which place them at the centre of decision making on all aspects of the way they live their life.

Using the National Disability Service Standards and the NDIS Practice Standards to measure the continued performance and quality of services at What Ability is fundamental to a person-centred service system that enables its participants, their families/carers to exercise choice and flexibility in accessing their supports and services.

### **6.2. Purpose**

The purpose of this policy is to outline how participants will be provided services from What Ability and the key processes and policies that link to this delivery of the service consistent with the NDIS Practice Standards. For What Ability to deliver high-quality services and support to participants, their families and carers, we must be attentive to their strengths and support needs, as well as the needs of their families and their communities of support.

Our service delivery policy provides a framework describing how we take an organised and responsive approach to our core business — the way we consult with participants to obtain access to services, understand their needs and goals, assist participants and their families to plan and schedule required supports and services, undertake activities, cooperate with other providers and agencies, provide feedback and review participant progress against their person-centred pathways.

Having clear, written procedures for the delivery of services against the NDIS Practice Standards provides clarity to participants and their families and carers about what they can expect from us within our resource constraints. Being focused on responsiveness to their needs and strengths at all stages of the delivery of a service helps us to assist each person to work towards effective and achievable service delivery.

### **6.3. Definitions**

- ☐ Confidential: to keep your information private and safe
- ☐ Decision-making: to have a say about the things that are important to you
- ☐ Dignity: treat a person with respect
- ☐ Dispute: you do not agree with something a person says or does.
- ☐ Independent: to do something by yourself.
- ☐ Integration: to bring all people together
- ☐ Participation: to join in with other people, or to join in community events
- ☐ Privacy: to have time and space by yourself.
- ☐ Service provider: a business that does work to help people with a disability.
- ☐ Valued status: you know what you do and what you think is important. The community also knows that you are important.

### **6.4. Scope**

This policy applies to all stakeholders of the organisation including: participants, families, staff, carers, contractors, other service providers and members of the community.

### 6.5. Policy Statement

What Ability aims to provide participants and their key stakeholders quality support and services in line with the National Disability Service Standards and the NDIS Practice Standards. What Ability recognises its participants at the centre of decision-making processes, service delivery and offers maximum choice and control in all interactions in relation to service delivery.

What Ability is committed to delivering services and activities that respond to the needs and strengths of those people who use our service, their families, carers and their communities.

The objectives for What Ability in its delivery of supports and services are to adhere to the following practice requirements: - each participant of What Ability is aware of their rights; - facilitate the planning and provision of services, supports and other initiatives for participants, their families and carers; - promote and protect the rights of What Ability participants - support the provision of high-quality personalised and person-centred services; - be accountable to participants accessing supports and services provided by What Ability; - ensure the efficient and effective use of participants individualised funding and support packages in the day-to-day provision of person-centred supports and services.

We want those who use our service to be confident that their needs and issues have been understood, that there is a clear plan for the services they will receive from us, and that there is assistance available to build relationships with other agencies as appropriate.

### 6.6. Principles

This policy outlines two sets of principles which should be given effect whenever possible in the delivery of supports and services. These principles relate to both the participants, their families/carers and What Ability. The principles relating to participants are:

1. People with a disability have the same rights and responsibilities as other members of the community and should be empowered to exercise those rights and responsibilities.
2. People with a disability have the same rights as other members of the community to:
  - a) respect for their human worth and dignity as individuals
  - b) live free from abuse, neglect or exploitation
  - c) realise their individual capacity for physical, social, emotional and intellectual development
  - d) exercise control over their own lives
  - e) participate actively in the decisions that affect their lives and have information and be supported, where necessary, to enable this to occur
  - f) access information and communicate in a manner appropriate to their communication and cultural needs
  - g) services that support their quality of life.
3. What Ability adopts the principles of the New South Wales Carers Charter and actively seeks to recognise the contribution carers make, providing support to them and the people they care for.

### 6.7. Delivery of Service

The Meet and Greet is a formal assessment of the participant's support requirements, preferences, goals, culture, values and beliefs, support network and risks. A Support Squad staff member completes the Participant Onboarding assessment and ensures the Welcome Pack and corresponding documentation is provided, informed and communicated in a method the participant or a family member/advocate can understand.

#### 6.7.1 Assessment

The What Ability Support Squad in conjunction with any relevant providers/services will undertake an assessment during the onboarding process. This allows What Ability Support Squad to create an individual risk profile which is applicable to both the Community Access and Camp settings. Assessments undertaken

by What Ability play a crucial role in creating a Participant's Profile in What Ability's online rostering software.

### **6.7.2 Support Worker Responsibilities**

At all times, it is the responsibility of all Support Workers to:

- Read and understand all documentation provided prior to a booking
- Communicate through the Help Chart mechanism and support hierarchy when needed for general enquiries, information and/or or assistance e.g. during incident management processes (see Policy No. 21 - Incident Management Policy and Procedure)
- Submit progress notes and kilometres travelled information within 3 hours of the end of a booking.

Notes:

1. Failure to submit kilometres travelled information within 3 hours of the end of a booking forfeits the right of the Support Worker to be paid for any kilometres travelled.
2. Failure to, or mismanagement of communications by Support Workers within the What Ability Help Chart mechanism and support hierarchy may result in a Performance Review and the development of a Performance Improvement Plan.

### **6.7.3 Mealtime Management**

What Ability will work with participants/families/carers to identify any/all participants requiring mealtime management supports.

#### **Mealtime Management Assessment**

Participant requiring mealtime management supports will have their individual mealtime management needs assessed by appropriately qualified health practitioners (if required), including:

- undertaking comprehensive assessment of their nutrition and swallowing
- assessing their seating and positioning requirements for eating and drinking
- providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking
- reviewing assessments and plans annually or more frequently if their needs change or difficulty is observed.

#### **Mealtime Management Plan Development**

Following a process to obtain the participant/family/person responsible's consent to do so, each participant requiring mealtime management will be involved in the assessment and development of their mealtime management plan.

#### **Support Worker Knowledge, Skills and Education: Mealtime Management Supports**

Support Workers responsible for providing mealtime management supports to participants will be supported and informed by What Ability through appropriate documentation, education and training, to understand the mealtime management needs of individual participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.

Support Workers responsible for providing mealtime management to participants will be trained in preparing and providing safe meals for participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.

Support Workers will be supported and enabled to:

- Read, interpret and implement mealtime management plans

- Follow food preparation procedures
- Deliver food
- Monitor eating to identify and respond to risks and
- Arranging/Supporting participant postural requirements.

What Ability Support Workers will have knowledge and awareness of:

- Signs and symptoms of swallowing and feeding difficulties
- Risks associated with eating and swallowing
- Risks associated with not following the mealtime plans
- Food preparation requirements and methods for common conditions e.g. people with dysphagia
- Awareness of procedures and methods for including medication in food where this is required by the participants Mealtime Management Plan including an understanding of crushable/non-crushable medication, and
- Common terminology related to mealtime preparation and modified meals.

### **Mealtime Management Plans**

Mealtime management plans for participants will be available where mealtime management supports are provided and will be easily accessible to Support Workers providing mealtime management supports.

Support and planning will be in place to develop menus in collaboration with each participant requiring mealtime management support which:

- Provided nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences; and
- Proactively manage risks to participants related to chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight).

### **Mealtime Management Procedures**

Procedures will be in place for Support Workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans and to check that meals are of the correct texture, as identified in a participant's mealtime management plan.

### **Storage of Meals**

Meals that may be provided to participants requiring mealtime management will be:

- Stored safely and in accordance with health standards
- Can be easily identified as meals to be provided to particular participants and
- Can be differentiated from meals not to be provided to particular participants.

## **6.8 Camp Processes**

### **Camp Processes and the Responsibilities of the National Camp Manager (NCM) and Camp Captains (CC)**

Note: Detailed camp guidelines and protocols etc. are also available to staff in Confluence for the following:

- Guideline – Bedding Roster at Camps V1.1
- Guideline – Comfort/Settling Behaviours at Camps V2.0
- Preparations for Camps\_Pre-Camp Meeting V1.1
- Protocol\_Assisting External Providers Delivering Complex Bowel Care at Camps V1.1
- Q and A\_Participant Medication at Camps V1.1
- Flowcharts\_Medication Assistance at Camps V1.1
- Presentation-Camp Meeting V1.1

## 6.8.1 Know your Camp e.g. 18-, 18+ all ages. (Fill bookings accordingly depending on the property)

- a) RM/SM/NCM Contact the participant's Guardian and ask if they are interested in attending camp.
- b) Add all conversations with Participants/families to their Supportmate Profile.
- c) RM/SM/NCM to log all participants in the camp checklist with the date and outcome.
- d) Camp Captain must read and acknowledge all of the Participant's Support Plans within the checklist.
- e) **Social Media Consent** - If the participant has NOT consented to be included in social media, the whole camp team needs to know, with a message to be posted in WhatsApp prior to camp.
- f) If there are Participants over 16 and Participants under 16 attending the same camp, then this dynamic must be documented within the checklist. Consent must be communicated via call or email and documented in the notes section of a Participant's Supportmate Profile. (Email template is located in the camp folder on Google drive).
- g) **Does a Participant require a house poster to be created?** These are required for any high-risk behaviours of concern (BOC). If YES, Camp Captain (CC) to create & save on Supportmate under "Camp Posters". (Poster template is located in Google drive).
- h) SM and CC to book a meeting with the NCM and finalise staffing.

## 6.8.2 Staffing

- a) Use Supportmate as reference to see who has worked with participants previously. Be mindful of how many TL's will be rostered on camp, if any.
- b) RM/SM Reach out to the staff and see if they are available for the specific dates.
- c) RM to log all SWs contacted in the checklist for your reference.
- d) Once SW is confirmed, track that in the camp document
- e) If the SW has NOT worked with the Participant previously, the RM is to ensure community access bookings are undertaken prior to camp.
- f) SM and CC to book a meeting with the NCM and finalise staffing.

## 6.8.3 Supportmate

- a) RM to create all bookings under the participant's name 'Camp Booking' corresponding with their respective state.
- b) Ensure the shift timing and group details are correct. E.g. Mon-Fri = DAYTIME/WEEKDAY, Sat - SATURDAY, Sun = SUNDAY.
- c) Book in SW with the 'Camp Booking' participant for the hours agreed upon with the parent/guardian.
- d) All Camp Captains are required to have a camp booking for the duration of camp. A **\$250 bonus** for casual CC's ONLY is to be added into Unscheduled.
- e) Remove the camp participants' CA bookings from Supportmate, if necessary. If a SW has already been assigned, document in an email the name of the SW that is now available for another booking and send it to all RM's.
- f) Remove the camp support workers from their currently assigned CA bookings, if necessary. Reassign the CA booking with another SW. All changes to be documented in an email and sent to all RM's.
- g) Progress notes MUST be submitted by each support worker DAILY, including SW & participant name, and awake hours.
- h) SW's must text the CC awake hours (once their participant falls asleep & wakes up).

## 6.8.4 Communications with Participants/Families

- a) ALL camp comms **must** be sent out of the camp email.



- b) Use the Participant Email template created in Google drive Use Supportmate for participant and SW contact info. If there is a phone conversation with a Participant/Family, this must be logged in notes on their Supportmate profile.
- c) Copy the email template and personalise and edit as per Participant with name, dates, support worker etc.
- d) Check if the participant has attended camp before:
  - On Supportmate go to the participant's profile: In documents, download and attach medication authority form to participant's camp email
  - On Support Mate, go to the participant's profile. In documents, check if there is a current signed jet ski permission slip. If not, please attach a new jet ski permission slip on to the participant's email
  - If there are no forms on the participants' Supportmate profile they have not attended camp, and you must attach both a new medication authority form and Jetski permission slip to the participant email.
- e) When the participant sends back a **medication authority form** OR an **updated Medication Authority form** and Jetski permission slip, please add it to their documents in Supportmate.
- f) All Medication **must** come in a WEBSTER PACK or original packaging with labels attached which provide clear instructions e.g. for creams or lotions
- g) Communicate with participants/families if there are Participants over and under 16 on the same camp together. Check their consent form and seek additional approval through call or email, if required. (Email template is located in the camp folder on Google drive).
- h) Activity itinerary to be sent to Parents by Camp Captain the **day before camp starts**.

#### 6.8.5 Communications with Support Workers

- a) ALL camp comms **must** be sent out of the camp email.
- b) Use the SW Email template created in Google drive. Use Supportmate for participant and SW contact info.
- c) Copy the email template. Personalise and edit as per SW with name, dates, Participant contact info etc.
- d) Attach all documents relating to the participant (find these on Supportmate in participant profile in documents):
  - What Ability Support Plan
  - Behaviour Support Plan
  - Mealtime Management Plan
  - Epilepsy Plan
  - Participant Specific Poster
- e) Attach other relevant camp documents (located on Google drive)
  - Camp Duties
  - FT and Casual Pay
- f) Create the Whatsapp with all SW in it to have comms for the camp (must include National Camp Manager and Chief Marketing Officer to all):
  - Add in Incident report link, incident protocol and contacts
  - Cooking/Cleaning roster
  - Bedding allocations
  - Activities if pre planned
  - Camp Duties
  - House and Participant Specific Posters
  - Help Chart

- g) House posters are to be placed in all areas of the house - Kitchen - lounge room - common areas. All house posters can be found within the Medication Box. Templates are located in the camp folder on Google drive.

#### **6.8.6 Preparations to Establish Camp Set-up**

- a) **Bedding** - Ensure you know the participants night-time routines/needs when rostering. e.g. does SW need to be in the room, sleep in front of the door etc. Refer to their Support Plan and/or parents email reply. If the participant has epilepsy, note this in the spreadsheet. The SW **MUST** be sleeping in the same room as the participant.
- b) **Cooking/Cleaning** - Mix and match SW and if participants are capable, put them on also to assist. Be aware of the SW's that are leaving that day and CC **NOT** to be rostered on at medication times. Post the roster in the WhatsApp chat as a reminder.
- c) **Travel itinerary** - SWs need to know participant travel needs e.g. the participants that can carpool, must be in a WA car, 2:1 etc. NCM to manually add Camp Car Allowance to those who are using their personal vehicle **ONLY**. Flat rate **\$100**.
- d) **Daily Itinerary** - Having a daily activity schedule for your camp so everyone knows what they are doing. We suggest using a small Whiteboard for this and posting the roster in the WhatsApp chat at the beginning of every day:
  - Breakfast
  - Activity
  - Lunch
  - Activity
  - Dinner
- h) Pick applicable **activities for the participants** based on their support requirements, preferences and wishes!! Participants can go off-site and do different activities if they wish too. Prebook the activities if possible. Ask NCM for the activity budget prior to planning.
- i) **Groceries Order (MUST BE DELIVERED AFTER CHECK IN TIME)**  
Check the inventory sheet in Google Drive prior to ordering to avoid duplicates. When doing a food order, use the parents email reply as reference for things participants like. **Over order, rather than under order.** (Order templates are available in Google Drive).(Suggestions below)
  - Breakfast: Pancakes, Bacon, Eggs
  - Lunch: BBQ, Wraps, Hot chook
  - Dinner: Pizza, Tacos, Pasta, burgers, BBQ
  - Snacks: Chips, muesli bars, popcorn, pea snaps, dips, cheese, crackers, fruits etc
  - Must Haves - HOT CHIPS!!!
  - ORDER HEAPS! - Ask NCM for the food budget prior to ordering.
- j) Ensure House posters are in the Medication Box prior to leaving for camp. (Templates located in the camp folder).
- k) Ensure letters to neighbours are in the Medication Box prior to leaving for camp. Template located in the camp folder.
- l) **Daily Medication Charts**
  - Build these out specific to the days the participant is at camp - each day has a separate A4 page.
  - Build the medication chart using the most recent Authority Form sent back from the parent/carer/guardian
  - Some medications may have a different name so always google and check.
  - Notify NCM immediately if medication has been missed, refused or administered by someone other than the CC. An Incident report must be completed and noted in the participants medication chart accordingly.

### 6.8.7 Participant Mix Risk Assessment at Camp

The process detailed below specifies the steps to be completed by the State Camp Manager before booking a participant for an upcoming camp with What Ability.

#### 1. Does the participant engage in any of the following behaviours listed below?

- a. Does the participant engage in any inappropriate sexualised behaviours including:
  - i. Removal of Clothing: Any inappropriate or unnecessary removal of clothing
  - i. Sexualised Touching of Others: Engaging in inappropriate touching e.g. grabbing private areas, touching without consent (including actions like unsolicited hugs or facial contact).
  - ii. Sexualised Touching of Self in a Public Setting: Engaging in private acts e.g. masturbation
  - iii. Inappropriate Sexualised Comments: Making sexualised remarks or comments that are inappropriate for the setting.
- b. Does the participant engage in any physically aggressive behaviours including:
  - i. Self Injurious behaviours: Any action that intentionally harms or damages the individual's own body
  - ii. Injury to Others: Any action that causes harm or injury to another person
  - iii. Property Damage: Destruction or damage to personal or shared property

If **YES** to any of the above, **do not** confirm the participant's placement on the camp until you have considered the following:

- Age of participants
- Gender of participants
- Intellectual ability of participants (i.e. think about the awareness and potential risks of higher functioning participants on a camp with participants that present with behaviours of concern).
- Participants with any previous traumatic experiences related to the behaviours of concern above
- Physical profile of participants e.g. size, strength

#### 2. Identify Mitigation Strategies:

- a. House Risks (e.g. how many bedrooms, common spaces, granny flat)
- b. Is there another camp running at the same/similar time that is a better fit?

#### 3. Follow Communication Protocol below:

- a. Communicate your action plan from Step 2 internally with one of the individuals listed below:
  - i. National Camp Manager
  - ii. National Participant Manager
  - iii. Behaviour Support Team
  - iv. Alternatively, another member from the National Team
- b. Following advice and approval from a National Team Member, communicate with the participant's family and/or guardian, as per the below:
  - i. State Camp Manager to call the participant's family/guardian.
  - ii. Outline the approved action plan.
  - iii. Gain consent from the participant's parent/guardian to continue accessing the camp.
  - iv. Send a follow up email addressing all the points discussed.
  - v. Log communication via participant notes on Supportmate/JIRA.

### 6.8.8 Daily Checks and Processes

- a) On arrival, CC to complete a full risk assessment of the property and deliver letters to all neighbours.

- b) Write a message in the Whatsapp chat about the day ahead, remind SWs to contact parents the night before and send updates throughout the day - use the Whatsapp message templates located in the camp folder.
- c) Notify all camp members of the social media consent status for each Participant.
- d) Have all medication alarms set.
- e) CC must always check on the SW, and offer to take over if they need a break.
- f) CC must always check SWs are wearing uniform at ALL times
- g) CC to ensure all SWs are following the house rules and completing their allocated camp duties in a timely manner.
- h) Check SW 'wake up' hours over the night.
- i) Any incidents to be reported immediately to the National Camp Manager.
- j) Incident reports to be done ASAP whilst on camp.
- k) Medications to be administered, signed and timed. Notify the NCM if any medications are wrong on the Medication authority form to follow up with the parent.
- l) Parents must be updated a **minimum of 3 times a day** (unless they request otherwise)
- m) CC to safely store the camp card throughout the duration of camp and keep ALL receipts.

#### **6.8.9 Compliance**

- a) CC must ensure that the house risk assessment checklist is completed and that all fragile/sharp objects are hidden away prior to participant arrivals.
- b) CC must receive a negative COVID test from EVERY support worker between 24-48 hours prior to the commencement of camp.
- c) SM to ensure each step in the checklist is completed and ticked off in a timely manner.
- d) CC to provide SW any information provided by parent prior to the commencement of camp (e.g., bedtime routines, behavioural strategies)
- e) NCM to sign off checklist 72 hours prior to the commencement of Camp
- f) NCM to review floor plans of camp properties and ensure location of CC is identified for each camp
- g) SW to text CC once a participant is settled and asleep.
- h) CC to spot check every participant in their bedroom after dinner and sign off compliance checklist
- i) CC to ensure all required incident forms are completed - CC to take over the SW's participant and let them sit down and complete an Incident Report (Checked by SM)

#### **6.8.10 WHS/Waste Management**

- a) Ensure they have read and understood the policy regarding Incontinence Waste Management (e.g. double bagging, staff MUST use gloves) Refer to the intranet
- b) Staff to familiarise themselves with What ability's Infection Control and Waste Management Policies. (Refer to the Intranet).

#### **6.8.11 "Closing Out" of Camp**

##### **The Camp Captain must:**

- a) Ensure all personal items of Participants are brought back and returned to their owner.
- b) Update the inventory spreadsheet before departure with all remaining items.
- c) Reporting - Incidents to be entered into the Incident report link. If a major incident occurs, the CC is responsible for booking a debrief meeting with SM and NCM.
- d) Contact the NCM to ensure incident reports have been completed prior to staff members leaving camp location.
- e) **Medication** - if medications were different to the medication authority form, this is to be followed up and parents to get a new medication authority form for their signature.

- f) If any lost property, it is the CC's responsibility to find who they belong to and ensure they are returned to their owner.
- g) CC to complete Camp Captain Feedback form. Completion is **MANDATORY**.
- h) Send the Feedback & Support Plan Revision form to all SW's. Completion is **MANDATORY**.
- i) ALL receipts to be scanned and emailed **ONLY** to [camp@whatability.com.au](mailto:camp@whatability.com.au) within 24 hours post-camp.

#### **6.8.12 Camp Evaluations**

##### **The National Camp Manager must:**

- a) Ensure every SW has completed a feedback form and support plan revision for their participant after each camp.
- b) Send out Participant feedback forms to all parents/guardians after each camp.
- c) Send out Camp Captain feedback forms after each camp.
- d) Analyse feedback and circulate to the respective Camp Captain after each camp.
- e) Report on findings from Camp feedback and Incident reports to the Compliance Meeting

#### **6.9 Service Delivery Review**

The review of service delivery will be a continuous process as What Ability strives to deliver support in the most appropriate way possible. If the delivery of support is not going as planned or with progress not being made, What Ability will aim to change the support plan within a timely manner to rectify the plan to reflect current progress. What Ability will reflect on progress towards goals within the online rostering system. What Ability will collaborate with the participant or guardian and document the changes.

#### **6.10 Quality Assurance Mechanisms**

A quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers underpins the supports provided by What Ability. What Ability's adopted framework is informed by human rights principles, refers to nationally consistent standards, NDIS Practice Standards, sound compliance and monitoring systems, and information readily available to participants, families and carers to inform them of minimum quality expectations.

#### **6.11 Communication**

This policy will be:

- ☐ communicated to participants, their family/carers and the key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **6.12 Related Policies, Legislation and Obligations:**

- ☐ Individual Planning and Outcomes
- ☐ Rights and Responsibilities
- ☐ Participation and Inclusion
- ☐ Complaints and Feedback
- ☐ Freedom from Abuse and Neglect
- ☐ Service Access & Exit
- ☐ Governance
- ☐ Continuous Improvement
- ☐ Risk Management Policy
- ☐ Privacy, Consent and Confidentiality
- ☐ NSW Disability Inclusion Act (2014)
- ☐ NDIS Act (2013)
- ☐ National Disability Service Standards
- ☐ Disability Discrimination Act 1992
- ☐ NDIS Practice Standards

#### **6.13 Evaluation and review**

This policy will be reviewed every three years or as legislation or policy dictate.

## 7. Freedom from Violence, Abuse, Neglect, Exploitation and Discrimination Policy

### 7.1. Introduction

The provisions of the NDIS Practice Standards, National Disability Service Standards and NSW Disability Inclusion Act clearly outline the obligations that service providers have to ensure the rights of people with a disability are met as equal members of society.

It is What Ability's policy to work within the framework of relevant legislation and the United Nations Convention on the Rights of Persons with Disabilities to ensure the human and legal rights of people using its services are upheld in relation to the prevention, identification and reporting of violence, neglect, sexual, physical, emotional and financial abuse or exploitation. The allegation may refer to abuse violence, neglect or exploitation by employees, other people using the service or members of the community.

### 7.2. Purpose

What Ability affirms the right of people with disabilities to live their lives free from violence neglect, abuse and exploitation. The purpose of this policy is to:

- ☐ promote the human rights of the people accessing supports and services provided;
- ☐ create a service environment where risks to the rights and well-being of people receiving supports and services are minimised or eliminated; and
- ☐ ensure that if we become aware of an instance of abuse, violence, exploitation or neglect, we respond promptly, professionally and compassionately to address the situation in accordance with the requirements of National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018, relevant State legislative requirements and any other relevant State or Federal protocols.

### 7.3. Scope

The scope of this policy applies to all of our services. The policy applies to all employees, students, volunteers, advocates, management, contractors and others who may act on behalf of the organisation from time to time.

### 7.4. Definitions

- ☐ Abuse: refers to sexual assault, physical, emotional, financial and systemic abuse, domestic violence, constraints, restrictive practices and to neglect. For the purposes of this policy abuse will also include violence as it pertains to physical or psychological abuse.
- ☐ Advocate is a person who promotes, supports and represents the rights and interests of another person. They may at times act, speak or respond on behalf of another person. What Ability staff cannot be advocates for people using the service;
- ☐ Exploitation the act of using someone unfairly for advantage;
- ☐ Assault (violence) as described by the NSW Crimes Act 1900, is against the law. It is any attempt or threatened attempt to cause unwanted immediate physical contact or bodily harm that puts the victim in fear of such harm or contract;
- ☐ Person in this policy, refers to a participant receiving services from What Ability. A person has the capacity to make an informed decision if she or he is unable to understand the general nature and effect of a particular decision or action, can weigh up the consequences of different options and can communicate their decision.
- ☐ Duty of Care refers to the requirement What Ability has to take reasonable care to avoid foreseeable harm to a person it supports;
- ☐ A Guardian is a substitute decision maker with authority to make personal or lifestyle decisions about the person under guardianship;



- ❑ A Manager for reporting purposes in this policy is the next person in line to receive a report of abuse or take action on an allegation of abuse;
- ❑ A Person responsible is someone who has the authority to consent to treatment for a person who is unable to give a valid consent to their own medical treatment. Sometimes a person is unable to make the decision or does not understand what the treatment is about or its effect. In these cases a person responsible can give substitute consent on behalf of the person.
- ❑ A Support Person is someone who is engaged to assist a participant. This may include circumstance where a person has been abused and may be required to talk to Police, a sexual assault worker or legal representative. The support person does not have the same function as a person responsible and cannot make decisions for the person. The person may be a member of What Ability staff who is known and trusted by the person. The support person may also be from an advocacy service.
- ❑ Neglect is the failure of a person responsible to provide the necessities of life. Necessities of life can include shelter, adequate food, clothing, or medical care. Neglect may also involve the refusal to permit others to provide appropriate care for that person.

## **7.5. Principles**

What Ability acknowledges that everyone is entitled to feel safe, and to live in an environment in which they are protected from assault, neglect, exploitation or any other form of abuse. Any suspected or alleged abuse must be responded to promptly and sensitively, with the aim being to protect the individual(s) from harm.

What Ability has a process for monitoring and responding to all critical incidents, including reports of abuse. The following Principles are observed by the organisation in response to an allegation of abuse. What Ability ensures that the intent of the following principles is reflected in the operational procedures.

### **7.5.1 Preventing Abuse**

What Ability takes reasonable steps to ensure that all paid and unpaid workers understand and perform their roles in preventing abuse of people using its service by any person. What Ability uses internal audits to check the validity and originality of all staff documents such as Driver's licence, Working with Children Checks, NDIS workers screening check and any other relevant documents a Support Worker may require whilst employed with What Ability.

### **7.5.2 Identifying Abuse**

Paid and unpaid workers engaged by What Ability understand the behaviours or actions that constitute abuse. All staff will be trained in how to identify all forms of abuse, exploitation and neglect.

Paid and unpaid workers engaged by What Ability are able to recognise signs that may be indicators of abuse.

Paid and unpaid workers recognise that people with challenging behaviour, and people who are nonverbal or who experience communication difficulties, may be more vulnerable to abuse.

### **7.5.3 Reporting Abuse**

The procedures for reporting allegations or suspicions of person abuse are clearly articulated and include the responsibilities of all parties involved in the process.

What Ability will notify the NDIS Commission of all reportable incidents (including allegations) within the time frame and using the prescribed forms set down in the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. See Section 7 of this policy.

The organisational culture of What Ability promotes, encourages and supports any person who has witnessed abuse of a person or persons, or suspects that abuse has occurred, to make a report of abuse and be confident of doing so without fear of retaliation and in a supportive environment.

All paid and unpaid workers are aware of their responsibility and will be trained in recognising and reporting allegations of violence, abuse, neglect, exploitation or discrimination in accordance with the What Ability's documented policies and procedures.

#### **7.5.4 Responding to a report of abuse**

Response is prompt, appropriate and in accordance with clearly documented procedures.

The response includes appropriate reporting to the NDIS Commission, including the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018, the Police, NSW Department of Communities and Justice (DCJ), the QLD Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP) and the provision of medical care, including transfer to hospital by an ambulance and referral to a Sexual Assault Service if the assault is of a sexual nature.

When the victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible.

If it is appropriate and the victim has given consent, the family or guardian of the victim, or other support person, are informed of the allegation of abuse as soon as possible after the report is made. All aspects of the incident are documented in accurate written accounts, including any follow up actions.

#### **7.5.5 Responding to abuse of a participant by a member of staff**

All incidents and allegations of abuse are documented and reported to a manager. The manager must act in accordance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (see below). All reasonable steps are taken to ensure that the participant is protected from further harm by preventing contact with the alleged offender. The rights of the alleged offender and responsibilities of the employer are adhered to in accordance with the appropriate legislation. If a manager is not available the report must be lodged with a Support Squad member and the NDIS Commission (if no Support Squad staff available) immediately.

#### **7.5.6 Responding to abuse of a participant by another participant**

What Ability manages the interactions between persons using the service to avoid incidents of abuse, and record in behaviour management plans and risk profiles that may cause one participant to harm another. If behaviour management strategies fail to prevent the abuse of one person by another, actions are implemented to protect any person/s from further harm. A review of the circumstances pertaining to the event is conducted within a reasonable timeframe. Any behaviour management strategies implemented by the service are safe, respectful of the person and non-abusive. Any abuse needs to be responded to using the Incident Management System and comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

#### **7.5.7 Privacy and confidentiality**

Access to records is restricted to those who are directly involved in reporting and responding to the incident to ensure that individuals' rights to privacy are upheld. The relevant State Manager (or delegate) is appointed to be the sole contact for the family, guardian or other support person in providing information relating to the incident and any subsequent investigations.

#### **7.5.8 Responsibilities**

What Ability will ensure its response to any abuse neglect or exploitation is responded to using the Incident Management System and complies with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and that process does not compromise any investigation by the Police, the NDIS Commission, Advocates or any other external agencies.

Staff and witnesses cooperate with the investigations of Police, NDIS Commission and other agencies as required.

Participants may require an independent support person during their contact with the Police, NDIS Commission and other agencies. What Ability will support this process.

The roles and responsibilities of management, staff and volunteers in responding to a report or allegation of abuse are documented and clearly defined.

#### **7.6. Policy Statement**

What Ability has a duty of care to ensure that the rights of people using the service are respected, their well-being is safeguarded, and that they are not exposed to any form of abuse and neglect while in our service. We expect that everyone who is associated with What Ability, and is involved in providing services to people provided service and supports will share our commitment to maintaining an organisational culture that:

- ☐ upholds the value and dignity of people provided supports;
- ☐ builds trusting relationships with people provided support, their families and carers;
- ☐ provides services in an environment that is safe and welcoming for everyone;
- ☐ empowers people by helping them to understand their rights;
- ☐ makes everyone feel safe to raise concerns;
- ☐ responds proactively to concerns and complaints when they arise; and
- ☐ fosters collaboration with other organisations in upholding a person's human rights and preventing abuse and neglect.

Staff and volunteers will promptly report concerns about the safety of participants (including environmental hazards) to their supervisor so that appropriate action can be taken.

Management, staff, students and volunteers are aware of What Ability procedures through orientation and induction processes. This policy and supporting documents are reviewed as part of the organisation's quality improvement process and quality management system.

#### **7.7. Procedures**

The following procedures will ensure that we act in accordance with this policy.

##### **7.7.1 Reporting Abuse to the Police**

###### **7.7.1.1 Emergency**

Dial 000 When a person/s has been assaulted or is in immediate danger of an assault the Police must be called. If a person sustains an injury as the result of an assault the Ambulance Service must be called.

###### **7.7.1.2 Reporting to the Police**

- ☐ Sexual Assault: Sexual assault of a person is a serious offence and must be reported to the Police or an appropriate external agency e.g. Health team.
- ☐ Physical Assault: Any other physical assault of a participant must be reported to the Police
- ☐ Other Assault: A report of domestic violence, or abuse by neglect and restricted practices, and emotional, financial and systems abuse, must be reported to a manager as soon as possible and may be reported to the Police. If in doubt about reporting abuse the Police may be contacted for advice.

### **7.7.2 Reporting to the NDIS Commission**

As well as implementing our Incident Management System, What Ability will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules (2018) and will notify the NDIS Commission of all reportable incidents outlined in Subsection 73Z (4) of the NDIS Act, these being:

1. The death of a person with disability; or
2. Serious injury of a person with disability; or
3. Abuse or neglect of a person with disability; or
4. Unlawful sexual or physical contact with, or assault of, a person with disability; or
5. Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity; and
6. Use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person.

What Ability understands and will comply with its obligations under National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 using the Immediate Notification Form or 5 Day Notification Form, if we become aware of the incident a period of time after the event, on the NDIS Commission's website. This policy has been established to make certain the key points of these obligations are observed, documented and undertaken to ensure our participant's safety and wellbeing is a priority.

### **7.7.3. Report of Abuse**

A report of abuse may be received from:

- ☐ a person using the service by verbal or written communication or any other communication system;
- ☐ a member of staff or any other person, who may witness abuse of a person and make a report; or
- ☐ a member of staff upon observing one or more indicators of abuse suspects that a person/have been or are being abused.

The following procedures must be followed where abuse of any sort towards a participant is known or suspected. To assist staff, the procedures described below are for responding to sexual and physical assault, and abuse or neglect.

As well as implementing our Incident Management System What Ability will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules (2018).

#### **7.7.3.1 Emergency Response**

1. Staff who are present at the time of an assault should take appropriate measures to maintain their own safety, and that of other participants and staff.
2. Staff at the scene must ensure that the person/s (the victim) is protected from any further harm or contact with the person who is the source of abuse (the offender).
3. Staff at the scene must notify the doctor or ambulance if the person receiving support or any other person is injured.
4. Staff at the scene must immediately advise the line manager, or 'on call' staff of the incident.
5. Staff at the scene or the line manager must contact the Police if a person has been physically or sexually assaulted or dies as the result of an assault.
6. Staff at the scene or the line manager must also contact the local Sexual Assault Service if a person has been sexually assaulted.
7. As well as implementing our Incident Management System, What Ability staff and management will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and notify the NDIS Commission immediately.

#### **7.7.3.2 Protecting Evidence**

1. Staff at the scene must use their best endeavours to ensure that any evidence the Police or NDIS Commission may require in their investigation is not disturbed.
2. 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.
3. If possible, preserve the victim's clothing as evidence following an assault of any type.
4. If possible, isolate the area where the incident occurred and do not allow anyone to enter the area until the Police arrive.
5. Apart from ascertaining their physical condition and state of mind, avoid questioning the person about the incident to reduce contamination of their recall and confusion about the events.

#### **7.7.3.3 The State Manager's Role**

1. The State Manager should ensure that all emergency procedures have been followed and the appropriate emergency services have been called.
2. As well as implementing our Incident Management System, What Ability will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and notify the Commission according to the procedure set down in the Rules.
3. The State Manager must ensure that the victim's wishes are followed in relation to advising family, guardian or other support person about the incident, where the victim is capable of making this known. When the victim is not capable then the State Manager should make sure the appropriate person is notified of the incident as soon as possible and within 12 hours of the report being made.
4. The State Manager is responsible for ensuring that documentation of the incident is completed, and reports are forwarded to the appropriate levels of management and external agencies such as the NDIS Commission using the appropriate reporting form.

#### **7.7.3.4 Abuse by a member of staff**

1. If it is witnessed or suspected that a member of staff has abused a person/s, the Manager or 'on call' staff must be informed immediately.
2. If it is suspected that the manager is involved in the abuse the matter must be reported to the next level Manager immediately.
3. Where management reasonably believes that a member of staff is the source of abuse of a person using the service the matter must be referred to the Police. The relevant State Manager or CEO will undertake the referral and management of the referral.
4. Any cases of suspected abuse by a member of staff must be reported to the appropriate agencies. Reportable Incidents will be directly reported to the NDIS Commission in line with National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. The CEO will facilitate this and provide ongoing communication, documentation and assistance to the NDIS Commission and/or other relevant agencies in the management of this matter.
5. A member of staff who is reasonably suspected of abusing a person must not be permitted to have any unsupervised contact with the person and may be immediately transferred to alternative duties or performance management action (immediate dismissal or suspension) following the allegation and until the matter is fully investigated and resolved.
6. Any allegations of abuse by a member of staff towards a person provided a service will be the subject of internal investigations within What Ability, by the Police and the NDIS Commission.
7. If after investigation, it is found that a member of staff has abused a person, the matter may warrant dismissal of the staff member by What Ability, as well as any action taken by the Police.
8. If a staff member accompanies the offender who is another staff member to the police station to provide support, the staff member must not give an opinion about the offender or the alleged

incident or give the offender legal advice. An independent support person or a legal adviser should replace the staff member as soon as possible.

#### **7.7.3.5 Abuse by another person using the service**

1. When one person is the suspected or known source of abuse towards another person using the service, staff must ensure that the rights of both people are observed during the response and reporting processes.
2. Any decisions made in relation to managing the incident must be in accordance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. As well as implementing our Incident Management System What Ability will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
3. All reporting processes must be fully documented for future reference, along with the reason for the decision and the name and contact details of the person making the decision.
4. The Manager 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 are capable of making this known. When the victim and/or the offender are not capable then the line manager will notify the appropriate person of the incident as soon as possible and within 12 hours of the report being made.
5. The Manager will facilitate access to appropriate support, where practical, for participants, their families and staff, and ensure they have information about available services.
6. If a manager reasonably believes that an incident between two persons is abuse or assault the matter must be referred to the Police and the NDIS Commission.
7. If a staff member accompanies the offender, who is a person receiving service, to the police station to provide support, the staff member 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. An independent support person or a legal adviser should replace the staff member as soon as possible.

#### **7.7.3.6 Financial Abuse or Exploitation**

When there is an allegation of financial abuse, the Manager must notify the person, their family/carer, guardian and/or the administrator of the person's finances. The matter may be reported to the Police. Whilst not a defined reportable offence, the matter may also be referred to the NDIS Commission for further action.

#### **7.7.3.7 Communication**

1. The Manager 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.
2. Information being relayed to the victim must be provided in a form that is understandable, and this includes ensuring that a support person is available who knows the victim's appropriate communication requirements.
3. 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.

#### **7.7.3.8 Support for persons**

1. The victim and family, guardian or other support person should be assisted to access any debriefing, counselling, legal or other support services if that is their wish.

2. People who are victims of abuse and their families or guardians should be referred to appropriate State support organisations, such as Victims Services NSW on 1800 633 063 and the National Disability Abuse and Neglect Hotline on 1800 880 052, to be advised of their rights, and the support services that are available to them.
3. Managers 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 appropriate State support organisations.
4. What Ability must ensure that the people involved, both victim and offender, are adequately supported by an independent person, who could be a relative, friend, advocacy service or legal practitioner.
5. 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. Information provided to a person, family/carer guardian or other support person about legal rights, options and support services, must be provided in a format that suits their individual communication needs.
6. The victim, family, guardian or other support person will be supported within scope of the matter being investigated through any resolution process.

#### **7.7.3.9 Support for staff, volunteers and students**

1. The staff member, volunteer or student will be offered a debriefing session within 24 hours of the incident occurring. A member of the management team will facilitate this.
2. In all instances, when requested or deemed necessary by What Ability, the staff member, volunteer or student may be referred to make contact with a professional support service to assist the staff member through the process.

#### **7.7.3.10 Privacy and confidentiality**

1. All staff members who are in contact with the victim or the offender will maintain confidentiality of information between the individuals who are directly involved in responding to the incident.
2. Confidentiality must be maintained when making a report to external agencies. Failure to do so may prejudice any subsequent investigation and cause unnecessary hurt or embarrassment to individuals.
3. Failure to maintain privacy and confidentiality in accordance with organisational policy and in relation to the matter may result in disciplinary action including dismissal from employment with What Ability.

#### **7.7.3.11 Record keeping**

1. It is imperative that comprehensive and accurate documentation is maintained in the interests of all parties, and to ensure accountability, transparency in decision-making and compliance with National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
2. 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;
  - a) a description of the incident completed as soon after the event as possible and being an exact record of the events;
  - b) additional reports written by other witnesses or persons present at the time the incident occurred;
  - c) the name and contact details of all those involved, particularly in relation to decisions that are made as a result of the incident;
  - d) the response provided to the person making the allegation;
  - e) treated in line with What Ability Privacy & Confidentiality policies and in compliance with relevant privacy legislation;



- f) the date and signature of the person making the report;
  - g) ongoing actions required to resolve the matter; and
  - h) the outcome, although, depending on the nature of the incident an outcome may be delayed.
3. What Ability to prepare a report and submit the organisations report to the NDIS Commission and any other appropriate agency.

#### **7.7.3.12 Managing Risk**

1. The Manager and staff must assess the risk of further incidents and update any Risk Management Plans pertaining to the event and the person/s involved.
2. The Manager and staff must review the Risk Profile of any person/s involved in the incident to assess and manage the risk of further incidents of abuse.

#### **7.8. Responsibilities**

- ☐ The CEO is responsible for the final review of this policy and its approval and implementation.
- ☐ The Operational Manager is responsible for maintaining this policy, its related procedures and associated documents.
- ☐ All employees, volunteers and students who work with people using the service are responsible for complying with this policy.

#### **7.9. Advocacy and support for people using the service**

Participants who access supports and services provided by What Ability have different types of support networks. Some people have families who are closely involved in their lives or may be reliant on legally appointed guardians to make particular decisions for them. Other people are represented by advocacy services and for some participants these advocates are their only support networks.

An independent advocate represents the best interests of a person, and in the absence of a family member or any other person having a close relationship with the person, may be the contact person for issues relating to the person.

The issue of information sharing arises in the Freedom from Abuse and Neglect Policy and a balance is required between:

- ☐ ensuring that people who have an important relationship with the person receiving a What Ability service are informed when there is an allegation of abuse involving that person; and
- ☐ obeying the law as it applies to upholding individuals' rights to privacy.

#### **7.10. Equity and access considerations**

Employees, volunteers and students are to ensure that services are provided with sensitivity to, and awareness of, people with culturally diverse or indigenous backgrounds, and cultural practices. This is to be carried out without deviating from What Ability Freedom from Abuse and Neglect policy and procedure or legislative responsibilities. Information provided to a person, their family/carer, person responsible or other support person about legal rights, options and support services, must be provided in a format that suits their individual communication needs.

#### **7.11. Quality assurance mechanisms**

A quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers underpins the support provided by What Ability.

What Ability's adopted policy framework is informed by human rights principles, refers to nationally consistent standards, the NDIS Practice Standards, sound compliance and monitoring systems including the What Ability Internal Audit Program, and information readily available to participants, families and carers to inform them of safety and quality expectations.

Note: Internal Audit Program



- What Ability requires all staff to renew their police checks every two years from the date of provision specified on the document provided by the agency completing the checking process.
- What Ability requires all staff to renew their relevant State Health Infection Control (COVID-19 on-line education) on an annual basis.
- What Ability requires all staff to complete the NDIS “Quality, Safety and You” mandatory training module prior to the commencement of their employment and thereafter every two years from the date specified on the original certificate obtained through completion of the on-line module.

#### **7.12. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents. This policy will be:

- ☐ communicated to participants, their family/carers and the key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability’s web-site.

#### **7.13. Review of Policy**

This policy will be regularly every three years or as contextual drivers within the disability services sector continue to evolve. This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development through quality reviews, incident management and ongoing communication with participants.

#### **7.14. Useful Contacts and Services Legal Advice and Services**

##### **INTELLECTUAL DISABILITY RIGHTS SERVICE (IDRS)**

Telephone contact: 02 9318 0144 or 1800 666 611

The IDRS provides telephone advice on a range of legal issues and representation in priority areas such as criminal law, care and protection and guardianship.

##### **CRIMINAL JUSTICE SUPPORT NETWORK (CJSN)**

Telephone contact: 1300 665 908 (24 hours)

CJSN is a State-wide support and information service for people with an intellectual disability who are involved in criminal matters (whether they are victims, witnesses, suspects or defendants). CJSN, amongst other things, can provide support workers to assist a person with an intellectual disability at police interviews, at court and at related legal appointments.

##### **COMMUNITY LEGAL CENTRES NSW**

Telephone contact: 02 9212 7333 CLC are independent organisations that provide free legal advice, information and referrals for individuals and communities in NSW, especially people on low incomes or otherwise disadvantaged in their access to justice. Complaints

##### **NDIS COMMISSION**

Telephone contact: 1800 035 544

Email: [contactcentre@ndiscommission.gov.au](mailto:contactcentre@ndiscommission.gov.au)

Website: <https://www.ndiscommission.gov.au>

The NDIS Commission regulates the NDIS market, provides national consistency, promotes safety and quality services, resolve problems and identifies areas for improvement in the provision of NDIS services

#### **NSW OMBUDSMAN**

Telephone contact: 02 9286 1000 or 1800 451 524 or TTY 02 9264 8050

The Ombudsman's Office handles complaints about a range of services and providers including public sector agencies and community services.

#### **The QLD OMBUDSMAN**

Telephone contact: 1800 068 908

The QLD Ombudsman's Office investigates and, if required, makes recommendations to public agencies to correct decisions and resolve complaints about the actions and decisions of state and local government agencies (and staff).

#### **DISABILITY ADVOCACY NSW**

Telephone contact: 02 4927 0111 OR 1300 365 085

Provide individual advocacy services to people with a disability who have serious and urgent problems.

#### **AUSTRALIAN NATIONAL DISABILITY ABUSE AND NEGLECT HOTLINE**

Telephone contact: 1800 880 052 or TTY 1800 301 130

The National Disability Abuse and Neglect Hotline is a nation-wide telephone hotline for reporting abuse and neglect of people with disabilities using government funded services. Allegations are referred to the appropriate authority for investigation.

#### **7.15. Relevant Legislation and Standards**

- ☐ National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- ☐ NDIS Practice Standards (2021)
- ☐ NSW Crimes (Forensic Procedures) Act 2000
- ☐ Criminal Procedures Act 1986
- ☐ NSW Crimes Act 1900 and Section 316
- ☐ Law Enforcement (Powers and Responsibilities) Act, 2002
- ☐ Mental Health (Criminal Procedure) Act, 1990
- ☐ Privacy Act 1988
- ☐ Protected Disclosures Act, 1994
- ☐ Victim's Rights Act 1996
- ☐ Victims Support and Rehabilitation Act, 1996
- ☐ United Nations Rights of the Disabled Person 1975

#### **7.16. Related policies**

- ☐ Privacy, Consent and Confidentiality
- ☐ Service Delivery
- ☐ Participation and Inclusion
- ☐ Individual Planning and Outcomes
- ☐ Rights and Responsibilities
- ☐ Participant Advocacy
- ☐ Complaints and Feedback
- ☐ Risk Management
- ☐ Incident Management

## 8. Participant Advocacy Policy

### 8.1. Introduction

What Ability is committed to pursuing the rights and principles of equality, independence, choice and inclusion that underpin a person-centred philosophy. In achieving this goal, What Ability acknowledges that some participants may need assistance to understand various issues and to voice individual needs and concerns.

The United Nations Convention on the Rights of Persons with Disabilities and the National Disability Strategy promotes social and economic inclusion for people with a disability. The availability of high quality, accurate, appropriate and timely information is a key determinant of how well a person can plan and make decisions that affect their lives.

What Ability recognises and supports that participants have the right to choose to involve an advocate to act on their behalf and promote, protect and ensure their full and equal enjoyment of all human rights enabling community participation.

### 8.2. Purpose

The purpose of this policy is to provide an overarching framework for recognition and engagement with advocates who are working with participants to ensure that the rights and wishes of the individual participant are adequately informed and at the centre of the decision-making process.

The policy is also intended to provide guidance for staff on the key elements of the advocacy framework and the requirements of staff to implement this framework.

### 8.3. Scope

The scope of this policy covers all of the activities and operations of What Ability. For the purposes of this document, the term participant refers to all potential, current and previous participants of What Ability. An advocate is a person, who with the agreement and authority of the participant represents their interests.

An advocate may be a family member, a friend, another professional or a formal advocacy service.

### 8.4. Definitions

- ☐ **Advocate:** An advocate is a person who supports a participant to protect and promote their rights and interests. An advocate can, with the participant's permission, negotiate on a their behalf or support them to negotiate for him/herself. An advocate does not conciliate or arbitrate between an organisation and a participant. An advocate 'stands beside' a participant to support them to make their own decisions. An advocate is an important resource for a participant in situations where they may feel confused, overwhelmed, intimidated or under-confident. An advocate can be a family member, friend or an outside organisation.

### 8.5. Principles

In order to exercise choice and maximise independence, people require access to accurate information that will help them manage their own lives, understand their options, manage issues and grievances, access community, and engage on topics of interest.

What Ability recognises that for a person to become actively engaged they may require their family, friends, colleagues and other important people in their life to have access to information so they can better support and interact to achieve real social inclusion. What Ability adopts the following principles to assist people using the service to increase their knowledge, connections and capabilities.

- ☐ empower people to communicate their own preferences to enable informed planning and decision making;
- ☐ facilitate inclusion for people using the service, their family and carers, in the community;
- ☐ respond to identified information and communication modes/needs that contribute to improving outcomes for people with a disability, their families and carers;
- ☐ improve the cultural appropriateness of format and content of information for Aboriginal and Torres Strait Islander people with a disability using the service so that they have greater choice in community participation;
- ☐ improve the cultural appropriateness of format and content of information for people with a disability from a culturally and linguistically diverse background using the service so that they have greater choice in community participation;
- ☐ include and value families and carers as part of the What Ability service system;
- ☐ inform the broader community to develop its knowledge and understanding of issues affecting people with a disability using the service, their families and carers; and
- ☐ ensure the delivery of high-quality information services to people using the service, their families, carers and other important people from their support network and ensure this information is in a language or communication method appropriate to the services user's needs.

#### **8.6. Policy Statement**

What Ability acknowledges that any participant of our services has the right to seek support of an advocate or advocacy agency to help with all aspects of service delivery provided by What Ability or from other service providers.

Whenever possible participants will be supported and encouraged to self-advocate, but whenever possible, we will facilitate access for a person to an advocate should a person using the service wish us to do so with the guardian's permission of the participant.

It is understood that the level of support from participants will vary and be dependent upon the needs and approval of each participant. The role of advocate may be undertaken by more than one individual/organisation.

What Ability will ensure that advocates are identified and included within the individual record of each participant.

Any communication with the nominated advocate will be undertaken in a timely, open and transparent manner and consistent with the approval of each participant. Information on the role and services offered by advocacy agencies will be readily available and supported by the organisation to enable access by participants or their families if required or requested.

Consistent with ethical practice, staff of What Ability should not be identified as an advocate for any participant of What Ability in any aspects of service delivery between the participant, What Ability or any third-party person/organisation.

It is acknowledged that at times What Ability staff will be asked to attend meetings in a professional capacity to present information on behalf of a participant or the organisation. In these circumstances it is expected that this representation will be restricted to the CEO and/or Executive Management Team and relevant Support Squad staff, and be undertaken with the scope of their position within the organisation.

What Ability staff will not disclose any information about a participant to an advocate when the participant is not present, unless What Ability has the participant's permission to do so. If a person wishes

us to disclose information to an advocate, they will be required to disclose this information and instructions in writing.

## **8.7. Procedures**

### **8.7.1 Advocacy at the first point of contact**

In relation to What Ability at the first point of contact, participants should be advised of their right to have someone represent their interest and to assist them with part or all aspects of service delivery, this includes planning, review, complaints and disputes.

Staff should ensure that the participant is aware of their right to use an advocate, and regularly reminded of this opportunity. This information should be explained as part of the planning review process or as needed.

We will ensure participants understand the role of an advocate as well as their right to use an advocate in relation to our organisation. The person will be informed, both verbally and in writing about their right to use an advocate and the role of an advocate when the person is:

- ☐ Transitioned and orientated to the service.
- ☐ Refused service. Or if:
- ☐ They wish to make a complaint about the service.
- ☐ A staff member believes an advocate may be beneficial to the person. Participants will be provided information regarding available advocacy services in their Welcome Pack or at any time, if requested, and What Ability will assist with a referral if requested.

Information regarding available advocacy services will be available from What Ability and within this policy.

Confirmation of the name and contact details of advocates should be established and maintained in the person's participant information records. These details should be maintained regularly and can be changed at any time at the participant's request.

### **8.7.2 Advocacy in relation to another organisation**

What Ability can provide limited individual advocacy to people using the service, in relation to another organisation, where such advocacy falls within the scope of our service delivery, case-coordination, information provision and referral roles. When a person requires more comprehensive advocacy support, we will refer them, whenever possible, to another organisation that will provide more comprehensive advocacy support.

### **8.7.3 Staff and volunteer orientation and training**

Staff and Volunteer orientation and training programs will include:

- ☐ Definition and roles of advocate
- ☐ Person's rights in regard to an advocate
- ☐ How to work with a person and their advocate
- ☐ How to encourage and support the use of advocates
- ☐ Confidentiality in relation to advocates
- ☐ Documentation of advocates
- ☐ Information on relevant advocacy services and their services

### **8.8. Responsibilities**

The CEO is responsible for maintaining this policy, its related procedures and associated documents, and will be held accountable for the following:

- ☐ Ensuring the policy is effectively implemented across the service;
- ☐ Monitor staff compliance with the requirements of the policy
- ☐ Ensure training and information is provided to staff to carry out this policy
- ☐ Ensure staff are familiar with the requirements of the policy, and have sufficient skills, knowledge and ability to meet the requirements.
- ☐ Ensure all records on participant Advocates are maintained in a timely and accurate manner.

All Staff and Volunteers will be held accountable for complying with the requirements of this policy.

### **8.9. Equity and access considerations**

Employees, volunteers and students are to ensure that services are provided with sensitivity to, and awareness of, people with culturally diverse or indigenous backgrounds, and cultural practices and of advocacy groups that represent these communities. This is to be carried out without deviating from What Ability Participant Advocacy Policy and procedure or legislative responsibilities. Information provided to a person, their family/carer, person responsible or other support person about advocacy, legal rights, options and support services, must be provided in a format that suits their individual communication needs.

### **8.10. Quality assurance mechanisms**

A quality framework that ensures consistency and a high level of quality care and support for participants, their families and carers underpins the support provided by What Ability.

What Ability's policy framework is informed by human rights principles, refers to nationally consistent standards, NDIS Practice Standards, sound compliance and monitoring systems, and information readily available to participants, families and carers to inform them of minimum quality expectations.

### **8.11. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background and communication needs e.g. use of an interpreter, translation or easy to read documents. This policy will be:

- ☐ communicated to all the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

### **8.12. Review of Policy**

This policy will be regularly reviewed as contextual drivers within the disability services sector continue to evolve. What Ability may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and staff every 3 years.

### **8.13. Useful Contacts and Services**

#### **Disability Advocacy (DA) NSW**

Telephone contact: 02 4927 0111 OR 1300 365 085

Provide individual advocacy services to people with a disability who have serious and urgent problems.

#### **Indigenous Disability Advocacy Service (IDAS)**

Telephone Contact: 1300 114 327

Provide individual advocacy services to Indigenous people with disabilities, their families and carers who have serious and urgent problems.

#### **Multicultural Disability Advocacy Association of NSW (MDAA)**

Telephone Contact: 4927 0111 or 1800 629 072

Provide individual advocacy services to people with disabilities, their families and carers from non-English speaking backgrounds.

#### **Intellectual Disability Rights Service (IDRS)**

Telephone Contact: 1800 666 611

The IDRS provides telephone advice on a range of legal issues and representation in priority areas such as criminal law, care and protection and guardianship.

### **8.14. Other Related Policies**

- ☐ Individual Planning & Outcomes
- ☐ Complaints & Feedback
- ☐ Privacy, Consent and Confidentiality
- ☐ Freedom from Abuse and Neglect
- ☐ Service Access and Exit

## 9. Privacy, Consent and Confidentiality Policy

### 9.1. Purpose of the Policy

What Ability is committed to safeguarding the confidentiality of all personal or sensitive information collected related to the participants we support. What Ability is also committed to protecting the privacy of its staff and volunteers.

### 9.2. Policy Context

This policy sets out how What Ability complies with its obligations under the Privacy Act 1988, including the Australian Privacy Principles to ensure we meet our legal and ethical obligations to respect the rights and privacy of people we support, and its staff.

This policy regulates how we manage personal information, collect, use, disclose, and secure & store personal information. It also details how individuals may access that information and have it corrected if it is wrong.

Legislative Context Legislation that relates to Privacy:

- NSW Privacy Act 1988;
- Australian Privacy Principles 2014
- National Security Legislation Amendment Act (No. 1) 2014
- Privacy Amendment (Private Sector) Act 2000
- National Privacy Principles (2001)
- Privacy and Personal Information Protection Act, 1988

Other Legislation: Other laws impact on particular aspects of privacy, such as:

- Workplace Surveillance Act 2005 (NSW)
- Surveillance Devices Act 2007 (NSW)

### 9.3 Participant's Consent

The Welcome Pack includes a visual flowchart of consent, data and privacy.

Our processes gather consent for:

- Information gathered, stored and recorded for work to be undertaken with the participant and their support network to enable effective assessment and to develop a support plan
- Communicating and acting with approved family/carers, advocates, third parties and government agencies. This includes:
  - collaboration with other providers to share information and meet participant needs
  - participant's support network and other stakeholders in the review of feedback, compliments and incidents (BSPs)
- The required service and a transition where applicable.

What Ability captures individual consents in the following steps:

- Each participant has their own access to Elmo that records the receipt of their consents to What Ability.
- When each consent is received:
  - The relevant document is approved; the date and name of the approver is recorded on the document
  - This document is then published on Support Mate for implementation by staff.



Consent documents include:

- The Sign-Up form collects permission to gather and store information that will inform the assessment of support needs and development of the support plan
- The Consent form:
  - outlines use of consent, privacy and personal information
  - collects permission to share information on their behalf, and with a third party to communicate and act on their behalf
  - collects three nominated person/s or organisation/s who are approved to communicate with What Ability for specified purposes
- Social media publicity consent form
- Participant Profile
- Mealtime Assistance form
- Medication Assistance form
- The Support Plan document - first plan and annual reviews:
  - What Ability reviews a participant's consent annually, and reviews consents quarterly via the Internal Audit Program
  - Consent for edits and updates to the current plan to respond to changes in need or participant requests are recorded on the Support Plan using the email address of the staff member who obtains approval from the participant/family for the amendment to the Support Plan.

Participants can withdraw or change their consent to share information and/or permission for a third party to act on their behalf at any time.

#### **9.4. Compliance with the Aust. Privacy Principles & Privacy Provisions within the NDIS**

What Ability will ensure compliance in all aspects of our operations within the Australian Privacy Principles and the NDIS Practice Standards and the National Disability Service Standards.

Notes:

- The NDIS Practice Standards apply to the participants What Ability supports and their families.
- The National Privacy Principles apply to all people that the organisation holds personal information about e.g. the participants we support, families, advocates, staff and volunteers.

#### **9.5. Responsibilities of Staff, Contractors, Volunteers and Privacy Officers**

All employees, contractors and volunteers of What Ability have a responsibility to ensure that personal information is managed in accordance with this policy and that any personal and/or sensitive information accessed in the course of their duties are bound by their commitment to privacy and confidentiality.

It is an expectation of What Ability staff that they ensure any conversations (in person or on the telephone) that occur in the workplace and/or off-site, during the delivery of supports to participants are held in a private and confidential manner.

It is a requirement that conversations related to participants/families are conducted within the privacy protection framework as detailed in the Privacy Act 1988, and in accordance with The Australian Privacy Principles.

Please be aware that participants, families and members of the general public are present at times both in the office setting and in locations where supports are being provided. There is always the possibility that conversations related to participants could be observed and overheard at any time for this reason.

It is the responsibility of staff to ensure that the potential for any conversation to be overheard is minimised at all times through:

- Being aware of the potential presence of participants, families and members of the general public in workplace environments
- Using technology e.g. headsets etc. to assist in the protection of private and confidential information
- Holding conversations in private spaces e.g. at staff desks if at all possible

Monitoring of the conduct of staff to ensure that conversations related to participants/families meet the requirements of relevant legislation and practice principles will occur. Assistance to meet all privacy and confidentiality requirements will be provided by the CEO, the Executive Team and Support Squad staff.

Breaches of participant/family privacy and/or confidentiality are taken very seriously. If these occur, they will be addressed on an individual basis through supervision, a reminder of the standard of behaviour that is expected will be given, and support will be provided to enable staff to operate in accordance with policy and procedure.

If an individual staff member continues to breach privacy and confidentiality policy and procedure, a process will occur which addresses any breach with escalating seriousness in these circumstances, facilitated by the relevant State Manager and/or the CEO.

Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant.

The CEO is the organisation's Privacy Officer and responds to any concerns, complaints or alleged breaches in relation to privacy.

The Privacy Officer's responsibilities are limited to receiving and responding to any requests for access to personal information, and reporting any requests or complaints to the CEO.

#### **9.6. How What Ability will ensure compliance**

To ensure compliance, What Ability will develop specific procedures to effectively manage personal information, including sensitive information, in the context of the broad range of services we provide.

#### **9.7. Ensure the quality of the data and relevance**

What Ability will take all reasonable steps to make sure that the personal and/or sensitive information it collects, uses or discloses is accurate, complete and up-to-date. Personal and/or sensitive information about participants will only be collected only when it is directly relevant and needed to provide support services to that person, or where we are required by regulation to collect the information.

What Ability has procedures in place to enable participants and staff the ability to access information kept about them, update and or amend their records.

#### **9.8. Use of personal information**

What Ability will only use personal information for the purposes for which it was given to us, or for purposes that are directly related to one of our functions or operations.

#### **9.9. Kinds of personal and/or sensitive information that we collect and hold**

The types of personal and/or sensitive information that we collect may include your name, address, other contact details, information about your racial or ethnic origin, religious beliefs or affiliations, sexual orientation or practices, criminal record, health information and other such information that is relevant

for us to provide our products and services to you in the manner that you have requested, or to comply with the Law.

#### **9.10. How we collect and hold personal information**

We generally collect personal and/or sensitive information directly from you through the use of our standard forms, interviews, via email or through a telephone conversation with you. With your consent we may collect personal and/or sensitive information from third party contractors or agents and government instrumentalities that are involved in the provision of our products and services.

#### **9.11. The purposes for which we collect, hold, use and disclose personal information.**

What Ability collects the personal and/or sensitive information of participants for any one or more of the following reasons:

- providing our products or services to you and to ensure they meet your requirements;
- to assist with your queries;
- facilitating our internal business operations, including the fulfilment of any legal obligations;
- analysing our services and participant needs with a view to developing new and/or improved services.

#### **9.12. What Ability will not disclose identifying information without written consent**

What Ability doesn't give identifying information to other agencies, organisations or anyone else unless one of the following applies: – the person has consented; – it is required by law or is necessary to protect the rights or property of our organisation or any other individual – it will prevent or lessen a serious and imminent threat to somebody's life or health; – it relates to a criminal issue

Where the person we support is unable to provide consent, we will obtain written consent from the Person Responsible (Nominee/Guardian). In some instances verbal consent from a Person Responsible may be necessary and will be documented.

Where there is uncertainty as to the direct benefit of the release of information which does not remove the names of individuals and or other identifying characteristics such as home address, or there is doubt that individuals would not consent to the release of this information we will seek approval from the concerned people or the designated Person Responsible prior to the release of the information.

#### **9.13. Security of Information**

What Ability takes steps to protect the personal information it holds against loss, unauthorised access, use, modification or disclosure and against other misuse.

These steps include:

- secure handling procedures;
- placing access restrictions on private files and information so that only the CEO and/or COO have access to these files unless permission is given by these officers to key personnel who require that information to execute their duties;
- ensuring paper-based documents are stored in locked cabinets when not in use;
- All electronic files are password protected with restricted access for all electronic files for sensitive and personal information;
- All servers are protected with firewalls and anti-virus and anti-spyware software that is kept updated.

We specify document retention periods in-line with relevant State legislation. When no longer required after seven (7) years for adults, due to auditing requirements, personal information is destroyed in a secure manner such as shredding securely (for camp medication administration documentation), or files deleted as required. For children (less than 18 years old) records will be kept until the participant is twenty five (25) years old.



**9.14. Privacy Amendment (Notifiable Data Breaches) Act 2017.**

In accordance with the Notifiable Data Breaches What Ability will notify affected individuals and the Office of the Australian Information Commissioner when a data breach has occurred and is likely to result in serious harm to individuals whose personal information is involved in the breach.

**9.15. Complaints or Concerns in Relation to Privacy**

If a participant has a complaint in relation to privacy, it should be made in writing, directed to What Ability and will be investigated in compliance with our Complaints and Feedback policy.

**9.16. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background and communication needs e.g. use of an interpreter, translation or easy to read documents. This policy will be:

- communicated to all the participants, their carers/family, key internal and external stakeholders of What Ability;
- communicated to What Ability staff through induction and professional development opportunities;
- accessible through What Ability's web-site.

**9.17. Other Related Policies**

- Individual Planning & Outcomes
- Complaints & Feedback
- Rights and Responsibilities
- Code of Conduct
- Service Charter

**9.18. Policy Review**

This entire policy will be reviewed in consultation with people using the service, their families and carers and staff every 3 years or as changes to legislation require.

## 10. Cultural Diversity Policy

### 10.1. Purpose and Scope

What Ability recognises, respects and values the diversity of its staff, participants and the community in which it operates.

The purpose of this policy is to provide guidance to participants, management, staff, students, and visitors of What Ability to ensure they are aware of and support that diversity is recognised, valued and respected.

### 10.2. Definitions

**Culturally and linguistically diverse:** refers to different linguistic, religious, racial and ethnic backgrounds. Cultural diversity embraces Indigenous Australian and multicultural perspectives. Culturally secure ways of working respect the legitimate rights, values and expectations of people and acknowledge the diversity within and between communities living in remote, regional and metropolitan areas.

**Diversity:** refers to aspects of people such as beliefs, attitudes, languages, social circumstances, ability, ethnicity, sexual orientation, gender history, health status and age.

**Inclusive language:** refers to language free of bias, discrimination and avoids stereotyping and mistaken assumptions about people on the basis of their, sex, marital status, pregnancy or potential pregnancy, breast feeding, sexual orientation, gender history, health status, race, nationality, colour or ethnic origin, age, religious or political conviction, impairment or disability, family responsibility or family status.

### 10.3. Principles

Valuing diversity contributes to better outcomes for participants and their families and carers. Information about the organisation and its services and programs is accessible to individuals and groups with specific diversity attributes.

Individuals seeking support from What Ability are provided with support that is free from stigma, discrimination and stereotyping. What Ability is committed to providing sensitive and relevant services for participants with diverse needs.

Management, staff, students, volunteers, contractors, participants and visitors of What Ability will not tolerate unlawful discrimination.

### 10.4. What Ability practices are free from discrimination.

Staff treat all participants equally with a welcoming, non-judgemental and professional attitude. A diverse, flexible and creative work environment exists in which What Ability actively acknowledges, supports, encourages and values diversity.

Services and programs provided by What Ability are communicated, relevant, accessible, and effective for a broad spectrum of individuals with diverse needs.

### 10.5. Risk Management

What Ability will ensure this policy does not breach any of its legal obligations. The management and staff ensure decisions and actions relating to diversity are transparent and respectful.

All management, staff, volunteers and students are made aware of this policy during orientation/induction.

Management and staff are provided with ongoing support and professional development to assist them to implement diversity policies and practice effectively.

This policy will be reviewed in line with the What Ability quality improvement program and/or relevant legislative changes.

#### **10.6. Policy Implementation**

This policy is developed in consultation with all participants, stakeholders, employees and approved by the management. This policy is to be part of all staff orientation processes and all employees, volunteers and students are responsible for understanding and adhering to this policy. This policy should be referenced in relevant policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

#### **10.7. Policy Detail**

What Ability uses diversity sensitive practices and provides all participants with a welcoming, inclusive environment.

As far as is practicable, the participant determines disclosures regarding personal diversity, and What Ability in line with our Privacy, Consent and Confidentiality policy maintains confidentiality. Staff understand and use diversity sensitive participant communication strategies.

#### **10.8. Legal responsibilities**

What Ability policies and practices are free from discrimination and comply with anti- discrimination legislation, including:

- ☐ Disability Discrimination Act 1992 (Commonwealth)
- ☐ Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)
- ☐ NDIS Practice Standards (2021)
- ☐ Industrial Relations Act 1996 (NSW)
- ☐ Occupational Health and Safety Act 2000 (NSW)
- ☐ Racial Discrimination Act 1975 (Commonwealth).

#### **10.9. Participant attributes**

Management, staff, volunteers and students make themselves aware of specific issues related to, and respond effectively to, diversity aspects of participants, including but not limited to:

- ☐ Cultural and linguistic backgrounds
- ☐ Aboriginality
- ☐ Sexuality
- ☐ Gender/gender history
- ☐ Age
- ☐ Health
- ☐ Disability (physical, intellectual, and others)
- ☐ Religious and spiritual beliefs.

In supporting participants with diverse needs, staff acknowledge all personal, cultural and social issues and support participants by ensuring referral to and liaison with appropriate services, if requested. What Ability promotes and provides access to information about its services in a manner that is likely to reach potential participants with diverse needs.

#### **10.10. Aboriginal People**

What Ability staff have an understanding of the specific cultural and historical patterns that have structured Aboriginal peoples' lives in the past and the ways in which these patterns continue to be expressed in contemporary Australia.

Culturally secure ways of working with Aboriginal people, their families and communities are used by the organisation, ensuring treatment and services:

- ☐ Incorporates an Aboriginal holistic concept of health and wellbeing
- ☐ Are grounded in an Aboriginal understanding of the historical factors, including traditional life, the impact of colonisation and the ongoing effects
- ☐ Aim to strengthen Aboriginal family systems of care, control and responsibility
- ☐ Address culturally secure approaches to harm reduction
- ☐ Work from within empowerment principles
- ☐ Understand the need for developing rapport and trust with Aboriginal people to better provide care and services.

What Ability acknowledges the complexity of the factors contributing to the issues faced by Aboriginal people and seeks to improve outcomes for Aboriginal people by facilitating partnerships and collaboration between all relevant agencies and individuals.

#### **10.11. Culturally and Linguistically Diverse Backgrounds**

What Ability involves other services to support the needs of culturally diverse participants and is aware of potential issues when considering using an interpreter. Participants' concerns may include confidentiality, the interpreter coming from their own community or being known to them, and difficulty translating some languages accurately.

Staff are aware of the potential need to include family members in treatment, particularly if the participant comes from a collectivist perspective and requests family involvement.

The ways we improve cultural competence in our services include:

- ☐ Working in a person-centred way that allows reflection on assumptions about culture and language. - Supporting participants and families from CALD backgrounds understand concepts like treatment or service provision.
- ☐ Support participants on issues such as shame and the impact it may have on participants or their caregivers seeking support.
- ☐ Support participants and their caregivers who have experienced cross generational conflict and support them in these new roles and freedoms.
- ☐ Develop relationships with relevant community organisations and services to address access issues for CALD Participants.

The information we display and produce is in simple and plain English, uses assistive technology and community languages, when required.

#### **10.12. Review**

This policy is to be reviewed every three years or as required.



## **11. Informed Decision Making**

### **11.1. Policy**

Each participant at What Ability, will be given the opportunity to participate as fully as possible in making decisions about the events and activities of their daily life, in relation to the services they receive.

Participants will be encouraged and supported to exercise their right to make informed decisions and choices about the individual services they receive, the activities they would like to participate in and the lifestyle they would like to follow. Duty of care issues will be considered when supporting participants to make decisions to take risks.

An informed decision is one made after the person has all the relevant available information about the options, and about the risks involved. Staff members will support and respect informed decisions made by participants.

### **11.2. Procedures**

What Ability will:

1. Wherever possible not make decisions for the participant.
2. Encourage them to make as many of their own decisions and choices as possible e.g. about what cereal they prefer, what clothes to wear, how to spend their money, what activities to go to, etc.
3. When a participant needs to make a choice, talk to them or give them information they can understand about the options available. Provide the participant with support to understand any information that is provided to them.
4. Make sure the participant is aware of and understands the risks involved (e.g. health risks of smoking).
5. Where possible encourage participants to use independent support or advocacy to help them make informed decisions.
6. Support the participant to make a decision and to take responsibility for their choices.
7. Evaluate serious duty of care implications and inform the Manager immediately if a serious risk exists (e.g. if the risk threatens the safety of the participant or any other person).
8. Be vigilant if a participant chooses to undertake an activity that could harm them but understands the risks involved, note the decision they make on the participant's file, then inform your manager and await further instructions.
9. If staff notice any significant behavioural changes in a participant, they must inform their supervisor so it can be noted on the participant's record, and inform the State Manager to take further action if required.
10. Always respect that a participant should be provided the dignity to make choices and decisions on their own behalf and that What Ability will support them to achieve these through individualised support, our systems and procedures, and partnering with external agencies e.g. independent advocacy agencies, if required.

### **11.3. Scope**

This policy applies to all participants, carers, families using our service and staff and management at the services.

#### **11.4. Dignity of Risk**

Planning and service delivery takes into account the participant's right to the dignity of risk in decision-making. The participant is supported to make informed choices about the benefits and risks of the options under consideration. If required risks are appropriately managed using our risk management policy and framework.

Dignity of risk refers to the concept of affording a person the right (or dignity) to take reasonable risks, and that the impeding of this right can limit personal growth, self-esteem and the overall quality of life.

In Australian law, every person has the right to make their own choices. This means that everyone can choose to take certain risks, to learn from their mistakes, and to choose how they want to live.

What Ability staff support and enable participants in their choice and decision makings, including their right to make dignity of risk choices.

Access to supports available and provided by What Ability will not be withdrawn or denied solely on the basis of a dignity of risk choice made by the participant.

#### **11.5. Autonomy**

Individual autonomy is an idea that is generally understood to refer to the capacity to be one's own person, to live life according to reasons and motives that are your own, and to be in this way independent.

Autonomy can be defined as the ability to make your own decisions about what to do, rather than being influenced by someone else, or be told what to do.

What Ability staff enable and respect participant autonomy, including each participant's right to privacy, dignity, confidentiality, intimacy and sexual expression.

#### **11.6. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background and communication needs e.g. use of an interpreter, translation or easy to read documents. This policy will be:

- ☐ communicated to all the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **11.7. Review**

What Ability will be reviewed every three years or as required by legislative or policy requirements.

## 12. Governance Policy

### 12.1. Principles

What Ability recognises the importance of good governance in the delivery of high- quality services that assist people with disability to live the life they want. To achieve this What Ability will:

- ☐ Demonstrate compliance with our legal and regulatory obligations;
- ☐ Document governance systems and practices in accordance with the requirements in of the relevant laws, regulations and standards;
- ☐ Involve, support and document input from our participants, participants and stakeholders on service delivery, models, practice, policy development and continuous improvement
- ☐ Build the organisational capacity of the service and ensure that staff and management have the necessary legal clearances and the skills required to effectively perform their roles both operationally and strategically; and
- ☐ Build and continuously improve robust governance arrangements ensuring sustainability, viability, efficiency and productivity

### 12.2. Performance Requirements

#### 12.2.1 Compliance

What Ability will always comply with the legislative requirements administered by the Australian Securities & Investment Commission (ASIC), The NDIA, The NDIS Practice Standards, the NSW Disability Inclusion Act (DIA), the Disability Services Act 2006 (Qld) and any attendant or related regulations.

#### 12.2.2 Organisation

The CEO and Executive Leadership Team manage the organisation and regularly review and evaluate the governance rules and organisational practices to reflect a contemporary operationalisation of corporate governance standards.

#### 12.2.3 Organisational Structure

What Ability maintains a mechanism to establish and describe the roles and responsibilities of its Executive management team and how their performance and the organisation's performance is monitored and evaluated as part of our Continuous Improvement Framework.

What Ability ensures the management of the organisation is appropriate in size, composition, requisite skill and has a commitment to discharging its duties effectively.

The What Ability Executive Team current roles and responsibilities are:

#### Chief Executive Officer (CEO)

Responsible for **managing the company's overall operations**. The role responsibilities include delegating and directing agendas, driving profitability, managing company organisational structure, strategy, and communicating with the Director.

The CEO is responsible for the oversight of all support provisions within the company.

- Overall responsibility for the provision of supports and services, including positive behaviour support provided by What Ability.
- Nationwide implementation and review of organisational policies and procedures.
- Oversight of Human Resource processes, including recruitment ,and resolution of personnel issues.

- Responsible for managing, monitoring and reporting on the effectiveness and efficiency of the day-to-day operations of the company.
- Management of the staff education and training program.
- Management and monitoring of all state-based reporting platforms.

#### **Chief Marketing Officer (CMO)**

Responsible for **planning, developing, implementing and monitoring the overall business marketing strategy**. The role responsibilities include market research, pricing, product marketing, marketing communications, advertising and public relations.

#### **Chief Operating Officer (COO)**

The role responsibilities include:

- Leading, motivating, and guiding all direct reports to advance employee engagement and outputs
- Presenting creative ideas to Executive Team and leading the development of the company's Rocks (short and long-term strategic objectives)
- Overseeing all operations, finance and business activities to ensure they produce the desired results and are consistent with the organisation's overall strategy and mission
- Working closely with CEO and marketing team on sponsorship opportunities and grants
- Working closely with CEO to ensure financial position is understood and decisions presented to the executive team that relate to financial decisions
- Shaping the company's culture, building values into hiring, training and employee's development
- Building trust relationships with key partners and stakeholders and acting as a point of contact for important shareholders
- Reviewing quality improvement protocols and policy evaluations at quarterly Executive Team meetings
- Working closely with the CEO and National Support Team on legal, risk and safety requirements to make sure the business remains compliant
- Communicating, on behalf of the company, with relevant or high priority stakeholders, government entities, and the general public

#### **12.2.4 Ethics**

What Ability acts ethically and responsibly at all times and in accordance with our own Code of Conduct, Service Charter and the NDIS Code of Conduct.

#### **12.2.5 Financial Reporting**

What Ability will continuously safeguard integrity in corporate/financial reporting and have formal and rigorous processes that independently verify and safeguard the integrity of its corporate reporting. This includes the use of external accountants and auditors to prepare and validate financial reporting. A yearly internal audit also reviews the accountant's status for CPA Australia and/or Aus. Tax body.

#### **12.2.6 Legal Compliance**

What Ability makes timely and balanced disclosures of all matters that affect its legal and compliance obligations to all external bodies and agencies and stakeholders.

#### **12.2.7 Communication**

What Ability respects the rights of participants, their families and carers by providing them with the appropriate information in a language or communication method that will allow them to exercise those rights effectively.

### **12.2.8 Risk Management**

What Ability recognises and manages risk through our Risk Management Policy & Framework and Business Risk Management Framework. These policies and frameworks will be reviewed periodically to ensure their maximum efficacy. The interplay between these policies and our service delivery policies informs our future practice through our Continuous Improvement and Quality Management System.

### **12.2.9 Emergency and Disaster Management**

What Ability has measures in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.

The measures include:

- Having a current Emergency and Disaster Management Plan in place at all times
- Preparing for, and responding to, any emergency or disaster situations occurring
- Making changes to participant supports
- Adapting, and rapidly responding, to changes to participant supports and to other interruptions
- Communicating changes related to participant supports to Support Workers and to participants and their support networks
- Providing education and training to staff in the Emergency and Disaster Management Plan

#### **Emergency and Disaster Management Plan**

The Emergency and Disaster Management Plan guides how What Ability staff respond, manage and monitor the response to any emergency or disaster.

Mechanisms are in place for What Ability to actively test specific emergency and disaster management strategies e.g. pandemic response, and adjust approaches in the context of a particular kind of emergency or disaster.

The Emergency and Disaster Management Plan is periodically reviewed by the CEO and Executive Team to enable What Ability to respond to the changing nature of any emergency or disaster.

#### **Consultation and Communication with Participants/Families**

The What Ability CEO, Executive Team and support squad consult with participants and their support networks about emergency and disaster management plans both in relation to individual participant supports (in developing Service Agreements and Support Plans) and through broader consultation processes e.g. Participant/Family Morning Teas (Forums).

### **12.2.10 Remuneration**

What Ability will remunerate fairly and responsibly and have a formal and transparent process for determining remuneration of staff and management.

### **12.2.11 Safety & Wellbeing**

What Ability will ensure the safety and wellbeing of its workforce by complying with all Work Health Safety (WHS) requirements and by implementing procedures to encourage the reporting of WHS incidents through Our Incident Management and Reporting policy and best practice principles for WHS in the workplace.

### **12.2.12 Support and Supervision**

What Ability provides regular staff supervision, led by the National Supports Manager and/or Support Squad staff, to ensure appropriate support, training and education is available to staff to ensure best practice and person-centred approaches to service delivery.

#### 12.2.13 Participation & Inclusion

What Ability has a framework through which participants, families and stakeholders can have a direct say into our service delivery models, services practices and the policies that govern our organisation through the Participation and Inclusion policy. As set out, these consultations occur at regular intervals (quarterly) and the outcomes feed into our Continuous Improvement and Quality Management systems to ensure our service is responsive to the needs of participants and families.

#### 12.2.14 Continuous Improvement

What Ability employs a Risk Management policy and Risk Management plan to appropriately and transparently manage risk as well as a Continuous Improvement Policy and Plan/Register to ensure our service is constantly improving.

Supporting both these systems is a Quality Management System that is effective and proportionate to the size of our organisation.

#### 12.2.15 Commitment to Good Governance

What Ability's commitment to good governance and transparency is also reflected through our Service Charter, Code of Conduct and our Conflict of Interest Policy that ensures all actual or potential conflicts of interest and is managed, disclosed and documented in a fair and transparent manner.

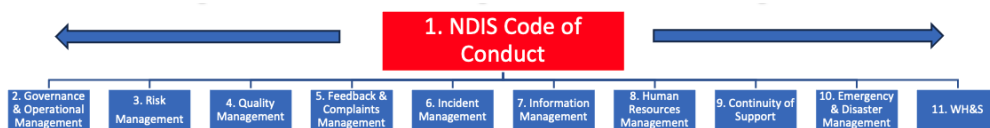
### 12.3. Reporting

#### 12.3.1 Compliance

What Ability is committed to complying with all reporting requirements mandated by the NDIA, NDIS Commission and through all applicable Commonwealth or relevant State law.

#### 12.3.2 CEO/Executive Governance Monitoring and Reporting Framework

What Ability has a framework in place to monitor and review organisational management and performance.



##### 12.3.2.1 Executive Management Team Meetings

The CEO and Executive Team meet on a scheduled basis in order to review organisational progress, risks, opportunities and threats.

Frequency: Quarterly

The Leadership Quarterly Meetings consider and enable:

- Achieving the vision, mission of What Ability and the organisation's strategic and operational planning goals;
- Complying with all relevant legislation and meet the requirements of the NDIS Practice Standards, Quality and Safeguards Framework and any other quality framework required by funding bodies;
- Prudently managing the organisation's resources, through proper planning and reporting mechanisms particularly financial, taxation, insurance and governance reporting;
- Actively reviewing risks to the organisation and putting in place mechanisms to deal with risk;
- Creating a collaborative environment for participants that promotes capacity building and social inclusion in order to develop and maintain self-determination and relative independence;

- Providing leadership and fostering a culture where staff are valued, develop skills and knowledge willingly, work to our values, support the rights of the participants and are committed to excellence and accountability;
- Providing systems and guidance to participants, staff and volunteers to ensure that the operations function within the law, the required standards or quality frameworks and in line with the vision, mission and values of the organisation
- Ensuring that the philosophy of self-determination and person-centred approaches that underpin modern disability service provision are in place across all elements of What Ability operations; and
- Engaging with the community to champion the rights of participants, foster community engagement and enhance community understanding of our participants as valuable members of the community.
- Having up-to-date knowledge of WHS matters;
- Having an understanding of the hazards and risks associated with What Ability's operations;
- Ensuring the business has (and uses) appropriate resources and processes to eliminate or minimise safety risks from the work carried out;
- Ensuring that the business has appropriate processes to receive information (timely and accurate data) about incidents, hazards and risks and responding in an effective and timely manner to that information;
- Ensuring the business has and implements processes to comply with any duties or obligations under WHS laws
- Staff education/training and development

The CEO and Executive Team meet on a scheduled basis in order to review current and emerging corporate governance and operational issues.

Frequency: Monthly

The Executive Monthly Meetings consider and enable:

- Review of progress towards the organisation's strategic and operational planning goals;
- Review of operational management of the organisation's resources;
- Identifying new risks and implementing appropriate risk mitigation strategies;
- Providing leadership and fostering a positive workplace culture;
- Having up-to-date awareness of current WHS matters;
- Ensuring the business has (and uses) appropriate resources and processes to eliminate or minimise safety risks from the work carried out;
- Reviewing current data related to incidents, hazards and risks and responding in an effective and timely manner to that information;
- Identifying staff education/training and development needs.

#### **12.3.2.2 Compliance Monitoring Meetings**

The CEO, COO, State Managers and relevant National Support Team personnel meet on a scheduled basis in order to review organisational progress, risks, opportunities and threats related to organisational compliance requirements.

Frequency: Weekly

The Compliance Monitoring Meetings consider and enable:

- Incident management reporting, investigation and continuous improvement
- Participant documentation completeness and tracking e.g. consent, Support Plans etc.
- Policy and procedure review, up-date and dissemination
- Business continuity/Emergency and Disaster management preparedness and plan implementation
- Complaints and Feedback
- Continuous Improvement Plan/Register review and quality activity implementation
- Internal Audits: Community Access and Camps

- Specialised Substitute Residential Care compliance
- Camp policy and process implementation
- Staff education e.g. medication etc.
- Volunteers
- Transport Safety
- Performance Reviews
- Work, Health and Safety Plan implementation
- Information Management policy and process implementation
- Staff education/training and development

#### **12.3.2.3 Internal Audits**

The weekly Compliance Meetings consider and enable:

- Internal Audit Calendar/Schedule for bookings via the POP Program
- Internal Audit Schedule for camps
- Internal Audit program implementation, findings review, continuous improvement and evaluation
- Reporting of Internal Audit Program results within What Ability's organisational governance structure
- Staff education/training and development

#### **12.4. NDIS Practice Standards Reportable Incidents Scheme**

What Ability is aware of the requirements of probity in employment and the reporting of serious incidents set out under the NDIS Practice Standards and has incorporated them into their organisation's policies and procedures, including their risk management procedures.

##### **12.4.1 Security Checks**

What Ability will ensure all persons involved in the provision of support and services to people with disability undergo a criminal record check, and that further checks are carried out at least every 3 years.

This requirement applies to:

- Employees (whether casual, temporary, or permanent);
- Self-employed persons, contractors, sub-contractors or consultants, volunteers, people undertaking training as part of an educational or vocational course or program (other than a school student on work experience); and
- Members of any other organisations who work, or are likely to work, directly with What Ability participants, in a way that involves face to face or physical contact with those persons.

##### **12.4.2 NDIS Commission**

What Ability will adhere to the NDIS Commission (Incident Management and Reportable Incidents) Rules, the NSW Department of Communities and Justice and QLD Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships' reportable Incidents protocols and report incidences of abuse, exploitation or neglect of a participant.

Incidents to be reported include:

1. Any sexual offence, sexual misconduct, assault, fraud, ill-treatment or neglect of a person with a disability living in accommodation by an employee.
2. An assault of a person with disability living in the supported accommodation by another person with a disability living in the same place that is a sexual offence, causes serious injury, involves the use of a weapon, or is part of a pattern of abuse.
3. An incident involving the contravention of an apprehended violence order made for the protection of a person with disability
4. An incident involving an unexplained serious injury to a person with disability. "Employee" encompasses volunteers and contractors/sub-contractors.



5. Any requirements outlined by the NDIS Commission where restrictive practices may be involved. This is outlined further in our Restrictive Practices policy.

#### **12.5. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background and communication needs e.g. use of an interpreter, translation or easy to read documents. This policy will be:

- Communicated to all the participants, their carers/family, key internal and external stakeholders of What Ability;
- Communicated to What Ability staff through induction and professional development opportunities;
- Accessible through What Ability's web-site.

#### **12.6.0 Policy Review**

This policy will be reviewed every 3 years or as circumstances, external policy or legislation dictate.

## 13. Human Resources Management Policy (Including WH&S)

### 13.1. Purpose and Scope

What Ability is committed to providing effective, legal, and consistent human resources (HR) systems that benefit the organisation and its employees.

The purpose of this policy is to provide guidance to What Ability in developing and implementing human resources systems so that such systems are equitable, efficient, communicated to all staff, and comply with relevant legislation and regulations, including the NDIS Practice Standards (2021).

This policy applies to all staff.

### 13.2. Principles

- What Ability provides an equitable, safe and encouraging workplace with the absence of nepotism or patronage.
- Employees are valued and recognised for their contribution to the organisation's successful outcomes.
- Flexible and supportive working conditions are provided in line with relevant legislation and comparable to industry standards.
- Unlawful discrimination, bullying and/or harassment will not be tolerated by any potential or current employee.

### 13.3. Outcomes

- Human resources practices are free from discrimination.
- What Ability recruits and retains professional staff that contribute to the organisation's outcomes.
- Employees' working conditions and benefits are an asset of the organisation.

### 13.4. Functions and Delegations

Position	Task / Delegation
<b>Management</b>	<b>CEO</b> <ul style="list-style-type: none"> <li>• Human resource planning, including identifying position requirements and associated budget.</li> <li>• Compliance with Human Resource Management Policy and Procedures and relevant legislation.</li> <li>• All human resource responsibilities for staff and sign off on all employee contracts (and variations).</li> <li>• Identify relevant staff to manage human resource responsibilities for casual employees, volunteers, and student placements.</li> <li>• Develop and implement HR systems across the organisation.</li> <li>• All HR responsibilities for and others as delegated by the CEO.</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Complies with all HR policy and procedures and relevant legislation.</li> </ul>

### **13.5. Risk Management**

- What Ability will take all necessary steps to ensure that this policy and its associated practices do not breach any legal obligations, including compliance with relevant laws, health and safety regulations, and equal employment opportunity requirements.
- All staff involved in recruitment, hiring, and employee management are provided with ongoing support and professional development, including:
  - Regular training on HR topics, legal updates, and best practices.
  - Coaching and mentoring opportunities to enhance effectiveness.
  - Access to HR tools and resources to ensure efficient and compliant processes.
- What Ability maintains an open channel for staff to raise concerns, report potential hazards, and suggest improvements, through:
  - Regular meetings and surveys to gather feedback regarding workplace risks.
  - Encouraging employees to report any safety concerns or risks, direct communication with managers, or submission of a risk report form.
  - Prompt risk assessment and corrective actions taken to eliminate or reduce identified hazards.
- All risk management documentation, including the process for hazard identification, risk assessment procedures, and reporting guidelines, is readily available to all employees.
- What Ability maintains an up-to-date Risk Register that tracks identified organisational risks, their likelihood and impact, and strategies to mitigate them, with:
  - The Risk Register accessible by authorised personnel.
  - Regular audits and reviews by the CEO, Executive Team, National Support Team and senior operational managers.

### **13.6. Policy Implementation**

This policy has been developed in consultation with the employees of What Ability and has been approved by organisational management. All employees are informed about the Human Resources Management Policy either during their orientation/induction or in scheduled Support Worker Workshops. Staff have access to this policy via What Ability's web-site. Staff are required to adhere to this policy, at all times..

Human resources is an agenda item at weekly Compliance Meetings, Executive Meetings and all-staff meetings, where employees can raise any relevant issues regarding the implementation of the Human Resources Management Policy. To ensure the policy is effectively monitored and followed, the following activities are undertaken:

- Annual personnel file audit to ensure recruitment, worker screening, selection and personnel management processes are consistently followed.
- Annual staff performance reviews conducted to support employees, evaluate performance, and identify any training or development needs.
- New employees are interviewed to gather feedback on their experience with the orientation and induction processes.
- Membership of employers' group/s to obtain and disseminate current industrial relations information.

#### **13.6.1. Legal Responsibilities**

What Ability develops and implements human resource management systems that comply with relevant employment legislation, including:

- Industrial Relations Act 1996 (NSW)
- Annual Holidays Act 1944
- Long Service Leave Act 1955
- Occupational Health and Safety Act 2000 (NSW)
- Workers Compensation Act 1987 (Commonwealth)

- Superannuation Guarantee (Administration) Act 1992
- Fair Work Act 2009 (Commonwealth)
- NDIS Practice Standards (revised 2021)

What Ability requires that all staff contribute to a workplace free from discrimination and that they comply with anti-discrimination legislation, including:

- Disability Discrimination Act 1992 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)
- Industrial Relations Act 1996 (NSW)
- Occupational Health and Safety Act 2000 (NSW)
- Racial Discrimination Act 1975 (Commonwealth)

The organisation is responsible for informing staff of their obligations under relevant anti-discrimination legislation. Information is provided as part of the staff orientation process and scheduled staff workshops as amendments to legislation are made.

All staff must agree to conditions outlined in the organisational Code of Conduct and the NDIS Code of Conduct, which includes anti-discriminatory behaviour.

Where incidents of discrimination are alleged, suspected or identified, the relevant supervisor will follow the Grievance and Dispute Settling Policy and related procedures.

#### **13.6.2. Human Resource Planning**

All activities and projects undertaken by the organisation are planned and considered with the human resource implications in mind to determine the required skills, knowledge and experience required to successfully complete projects.

In developing budgets or project proposals, the human resources needs of the organisation are a key factor for consideration.

### **13.7. Recruitment and Onboarding**

#### **13.7.1. Recruitment and Selection**

What Ability seeks to appoint the best possible candidate for all positions, and as such advertises vacant positions through relevant media, sector channels and/or recruitment agencies. The CEO may make the decision not to externally advertise a particular vacant position if:

- The position is available for a short period of time only, and
- Advertising the position would significantly delay the commencement/continuation of the position activities and impact on organisation's contracted performance requirements, or
- A suitable candidate from within the organisation is identified.

The recruitment and selection of permanent or contract-based staff follow a formal process, and recruitment and selection of casual or temporary staff may be undertaken through a targeted and transparent recruitment process.

The selection and recruitment of staff is based on merit, with the best possible candidate identified through their curriculum vitae, response to the position selection criteria, interview process and reference checks.

All staff positions at the organisation have a position description, which outlines:

- Primary functions
- Accountabilities and performance indicators
- Lines of reporting
- Essential and desirable skills, knowledge and experience
- NDIS Worker Screening Requirement
- Working with Children Screening Requirements

All position advertisements identify:

- Position title
- Summary of the primary functions
- Process for applying
- Contact details for enquiries
- Application closing date

All potential applicants may request a position information pack that includes:

- Position description
- Organisation chart
- Links to the organisation's website
- The process and documents required for applying
- Contact details for enquiries
- Other information as relevant

#### **13.7.3. Formal Interview Process**

Applicants who are successful in the initial suitability assessment, and meet the essential skills, knowledge and experience criteria are offered an interview. Applicants that meet some of the desirable skills, knowledge and experience may be offered an interview depending on the number and quality of other applicants.

All applicants offered an interview, receive an email which provides a link to commence the onboarding process. The link prompts the applicant to provide all required documentation and instruction on the onboarding process.

#### **13.7.4. Meet and Greet (Interview Process)**

All applications received are formally acknowledged in writing. Applicants that meet the essential skills, knowledge and experience are offered an interview. Applicants that meet some of the desirable skills, knowledge and experience may be offered an interview depending on the number and quality of other applicants.

All applicants offered an interview participant in an interview process where the selection panel generally comprises:

- A mix of genders, with at least one male and one female
- At least one member with knowledge and expertise in the area the position covers
- At least one member from outside the immediate work area (this may include a person from outside of the organisation)

A participant/family representative may also be included on the selection panel.

Interviewees are rated against the essential skills, qualifications, knowledge and experience, as well as interview questions relevant to the position. The selection panel is responsible for preparing and signing a selection report.

All unsuccessful interviewees receive formal acknowledgement in writing. Feedback to unsuccessful applicants is provided if requested.

All successful interviewees receive formal acknowledgement in writing and a phone call.

Unless otherwise determined in the interview, the employees' remuneration package is to be negotiated at the time of offer.

All position enquiries, applications and interviews are treated confidentially and access to such details is restricted to those directly involved in the recruitment and selection process.

What Ability requires:

- All staff to renew their National Police Checks every two years from the date of provision specified on the document provided by the agency completing the checking process.
- All staff to renew the mandatory infection control education modules on an annual basis.
- All staff to complete all NDIS Modules, prior to the commencement of their employment, including:
  - Quality, Safety and You
  - Safe and Enjoyable Meals
  - Supporting Effective Communication
  - NDIS New Worker Induction

At commencement of employment, new employees receive:

- Copies of their position description, contract of employment and Code of Conduct
- Policies and Procedure Manual

All permanent or contract-based staff are under a minimum three (3) month probationary period at commencement of employment. This period allows for both What Ability and the new employee to determine if the person is suitable for the position before continuation of the employment contract.

#### **13.7.5. Volunteers**

Volunteers are required to obtain a current and valid Volunteer/Unpaid Working with Children Check (or State-based variant) prior to commencing in their volunteering role with What Ability.

Prior to the commencement of any event where volunteers are assisting, all volunteers will be asked to provide their current Working with Children Check (or equivalent) by the State Manager or Marketing Team Member.

Working with Children Checks (or equivalent) will be checked by What Ability via existing State-based online portals, to verify their currency.

Failure to provide a current Working with Children Check (or equivalent) when requested will result in the volunteer being excluded from participation in an event.

A record of any volunteer's Working with Children Check (when provided) will be received by the event coordinator and stored in What Ability's records management system in a folder attached to the specific

event the volunteer participates in. These records will be retained and stored for 7 years, in line with organisational policy.

Volunteers will be observed and supervised at all times by a member of What Ability's Executive (or delegate). Support Workers can be delegated to provide supervision of volunteers, but only with permission to do so from their line manager.

Volunteers are NOT allowed to:

- Be involved in the provision of intimate care or support for participants at any time (e.g., toileting, showering, etc).
- Be left alone with participants at any time.
- Provide transportation for participants (other than be involved in participant assistance access and use public transport).

#### **13.7.6. Induction and Orientation of Volunteers**

All new volunteers participate in an induction and orientation process, left by their immediate supervisor for the purpose of familiarising the new volunteers of What Ability's purpose, operations, legal obligations, expectations of volunteers and requirements of the position.

### **13.8. Employee Support, Development and Supervision**

#### **13.8.1. Supervision**

What Ability strives to create and retain a highly and competent experienced workforce and enable training opportunities throughout their employment, including through active supervision.

Supervision is carried out regularly with Support Workers via online communication and face to face meetings. Staff supervision is also conducted via What Ability's POP (Participant Observation) Program, which involves senior staff observing staff delivering support to participants within the community. What Ability also requires staff members to attend a minimum of one education/training session per year (Support Worker Workshops).

Note: processes related to POP are located within the What Ability Confluence Page.

#### **13.8.2. Performance Improvement Plan**

A Performance Improvement Plan (PIP) is a formal process used by What Ability to address performance issues that are not meeting the expectations set for the employee's role. The objective of a PIP is to provide the employee with the opportunity and support to improve their performance to the required standards.

##### **Purpose of the PIP**

The purpose of the PIP is to clearly outline the areas where performance is lacking, provide a clear plan for improvement, and establish the resources or support needed to help the employee succeed. The PIP also defines a reasonable timeframe for achieving the improvement and sets clear expectations for progress.

##### **When a PIP is Initiated**

A PIP may be initiated when an employee's performance consistently falls below expected standards, and previous informal discussions or coaching have not resulted in the necessary improvement. Examples of performance issues that may lead to a PIP include failure to meet deadlines, consistent errors in work, failure to adhere to policies or procedures, or lack of engagement in assigned duties.

## Key Elements of the PIP

The PIP will include:

- **Specific Areas of Concern:** Clear identification of the performance issues that need to be addressed.
- **Expected Standards:** A description of the required performance standards and expectations.
- **Action Plan:** A structured action plan with measurable goals, resources, and support to assist the employee in making improvements.
- **Timeline:** A reasonable timeframe, typically 30 to 90 days, within which improvements must be made. Progress will be reviewed at regular intervals during this time.
- **Support and Training:** Any training, coaching, or mentoring provided to assist the employee in improving performance.
- **Consequences of Non-Improvement:** A clear outline of the consequences should performance not improve to the required standard within the set timeframe, including potential further disciplinary action or termination of employment.

## Monitoring and Review

During the PIP period, the employee's progress will be regularly reviewed by their supervisor or manager. Feedback will be provided, and adjustments to the action plan may be made if necessary. The goal is to support the employee in successfully meeting the expectations of their role.

## Conclusion of the PIP

At the end of the PIP period, the employee's performance will be evaluated. If significant improvement is made, the PIP will be considered complete, and the employee will return to regular performance expectations. If performance remains unsatisfactory, further action may be taken, including but not limited to extended PIP, or termination of employment.

### 13.8.3. Performance Reviews

Formal performance reviews are conducted for all staff roles at least once annually. These reviews are typically carried out by direct supervisors. For example, Support Workers will receive their performance reviews from Area or Regional Managers, while Area Managers will be reviewed by Regional Managers.

The performance review process is a collaborative and constructive discussion between the employee and their manager. It includes a self-assessment where the employee evaluates their performance against their Job Description (JD). The manager also provides their own assessment, and both parties come together to discuss any discrepancies between the self-assessment and manager's evaluation. This discussion focuses on areas of strength, opportunities for improvement, and how the employee can develop in their role.

Key components of the performance review process include:

- **Self-Assessment and Manager Rating:** Employees will rate themselves against their JD, and managers will provide their own ratings, based on observed performance.
- **Collaborative Discussion:** The employee and manager will discuss any differences between the self-assessment and manager's rating, aligning expectations and identifying areas for improvement.
- **Action Plan:** Together, the employee and manager will agree on an action plan for the next 12 months, focusing on work goals, career progression, development, and employee wellbeing.
- **Mid-Year Check-In:** A minimum of one formal touchpoint is required within six months of the annual review to assess progress, provide feedback, and make any necessary adjustments to the action plan.
- **Role Improvement and Wellbeing:** Discussions will also address potential role enhancements and wellbeing initiatives to ensure the employee's continued satisfaction and growth.



#### **13.8.4. Support Worker Supervision of Volunteers**

Support Workers are required to support and supervise volunteers when they are involved in supporting participants. Support Worker supervision requirements for volunteers are:

- Do not leave the volunteer in sole supervision of a participant at any time
- Ensure the volunteer does not engage in or observe any self-care activities with participants i.e., does not enter changing rooms/toilets when participants are getting change
- Ensure that the volunteer is accounted for at all times and does not act in any way that may damage the What Ability brand
- Do not allow the volunteer to electronically communicate with a family from their personal device
- Obtain the State Manager's approval and permission for photographs to be taken and used in volunteer social media

#### **13.8.5. Working Conditions**

All employees have a current and signed position description and a signed employee contract. All employees receive salary paid fortnightly by electronic funds transfer to a bank account or accounts nominated by the employee as indicated on the Staff Bank Account Details form. Employees' salary and remuneration packages are negotiated prior to commencement of employment.

Employees' hours of employment are clearly identified in employment contracts. Full time employees are required to work 38 hours per week unless otherwise negotiated with their supervisor, State Manager and/or the CEO.

What Ability makes employee related superannuation contributions in accordance with the Superannuation Guarantee (Administration) Act 1992 (Commonwealth). Employees elect a complying superannuation fund for payments within two (2) weeks of commencement; otherwise, the organisation will elect a complying fund.

Full time employees (part time employee's pro-rata) are entitled to a range of leave entitlements as outlined below.

Requests for leave are through the Application for Leave Form and approved by the relevant supervisor in advance to leave being taken. Sick Leave requests may be completed in retrospect, provided the staff member has advised their supervisor as soon as possible of the need for Sick Leave. Supervisors forward approved Application for Leave Forms to Management for payroll processing. Processed Applications for Leave forms are filed in the relevant staff personnel files.

#### **Wellbeing Days**

Full time employees are entitled to six (6) wellbeing days (paid leave) once they have completed their probationary period.

Wellbeing days allow staff an opportunity to recharge, to look after themselves, as the nature of providing disability services and support can take its toll on any person. All full time What Ability staff have access to these days in addition to their Fair Work leave requirements.

Wellbeing days can be requested for a certain day if the criteria below are adhered to:

- Minimum 48 hours' notice
- Your current workload can be delegated for the duration of the wellbeing leave requested
- Wellbeing days cannot be used consecutively or in replacement of Annual Leave, Personal/Carers Leave or Leave Without Pay
- Your Wellbeing leave request is for a day that is suitable to your Participant Group
- Wellbeing days cannot be taken consecutively to each other.

Wellbeing Days are to be requested through your Regional Manager, State Manager, or direct-line Manager. The only circumstance where What Ability will deny a Wellbeing Day is if it will have a negative impact on Participant Safety and Wellbeing.

**Recreational Leave**

A period of four (4) weeks or twenty (20) working days paid Recreational Leave will apply for each twelve (12) month period for full time employees. Recreational Leave is exclusive of any days declared and observed as public holidays as notified by the relevant State and/or Australian Government.

Recreational Leave taken attracts leave loading of 17.5%. Recreational Leave is accrued at the rate of 1/3 week per month and may be taken after the completion of six (6 months) service, unless negotiated with the supervisor, State Manager, and/or the CEO. Payment for untaken Recreational Leave at the termination of employment is exclusive of leave loading.

**Personal and Carer's Leave**

A period of fifteen (15) days per year paid personal leave may be taken with twelve (12) days for personal illness or injury (Sick Leave), and three (3) days for the purposes of caring for an immediate family or household member that is sick and requires the employee's care and support (Carer's Leave), or because of bereavement on the death of an immediate family or household member (Bereavement Leave).

Sick and Carer's Leave may be extended with the approval of the supervisor, State Manager and/or the CEO. Unclaimed Sick Leave may be accrued for a period of up to 36 months. Accrued Sick Leave will not be paid out on termination of employment.

**Study Leave**

Study time may be granted at full pay to employees to assist their studies in an approved course relevant to the position and/or professional development plan, and subject to the approval of their supervisor, State Manager and/or the CEO.

**Parental Leave**

Parental leave can be maternity leave (in connection with a pregnancy or the birth of a child), paternity or partner leave (for an employee whose spouse is having a child) or adoption leave (for parents who have adopted a child under 18 years of age). Full and part time employees qualify for Parental Leave after 12 months of continuous service. Casual employees qualify after working on a regular and systematic basis for at least 12 months with a reasonable expectation of ongoing employment.

**Long Service Leave**

Long Service Leave entitlements are provided in accordance with the Long Service Leave Act 1955, with the exception that employees are entitled to access Long Service leave after 5 years continuous service at a pro rata rate. No leave loading applies to Long Service Leave.

**Special Leave**

Special Leave may be granted for activities not regarded as being on duty and which are not covered by other forms of leave. Special Leave can only be approved by the State Manager and/or the CEO in consultation with the relevant supervisor.

### **Flexible Work Practices**

Flexible work practices must balance the needs of both the employer and the employee, and are to be negotiated between the employee, their supervisor, State Manager and/or the CEO. Whilst the organisation supports flexible work practices wherever possible, they are not an employee entitlement.

Flexible work practices may include:

- **Flexible Working Hours:** Daily commencement and finishing times vary depending on the needs of the employee and the organisation, provided that required hours are completed, or Time in Lieu is applied.
- **Make-up Time:** Time from ordinary hours may be taken, with these hours worked at a later time at the ordinary rate of pay.
- **Time in Lieu:** Time taken in lieu of overtime payment for above ordinary hours worked.
- **Working From Home:** Duties are undertaken by employees in their homes rather than in the office. Occupational health and safety considerations apply to employees working from home with a working from home assessment of the environment to be completed and actioned before working from home commences.
- **Work Related Travel:** Employees may be required to travel and undertake work related duties. Leave may be taken in conjunction with work related travel with travel time the trip ordinarily takes attributable to What Ability and any additional time attributable to the employees' leave.

### **13.8.6. Employee Assistance Program**

Staff are able to access an external counselling service available through What Ability, in circumstances where they identify a need for support of this nature. This service is free and available to staff and is kept in the strictest of confidence.

## **13.9. Workplace Conduct and Ethics**

### **13.9.1. Why Workplace Culture Matters**

A workplace that aligns with the values of its staff and fosters a positive environment, supported by effective leadership, significantly enhances the work experience. This is especially important in the early stages of an employee's career, where the right culture can shape long-term job satisfaction and career growth.

### **What is a Positive Workplace Culture?**

Workplace culture is the collective behaviour of employees, influenced by What Ability's shared values and beliefs. When individuals thrive, the organisation prospers, and employees experience greater job satisfaction.

A positive workplace culture isn't established and fostered by posting value statements on walls; it's about every individual, including leadership, consistently modelling behaviours that uphold these values. Actions speak louder than words, and everyone plays a role in creating a supportive and respectful work environment.

### **Respectful Relationships and Conduct**

At What Ability, mutual respect is essential. This includes how we interact with one another, both in formal and informal settings. A respectful approach fosters positive relationships and enhances teamwork. What Ability's key expectations for respectful conduct, particularly in meetings include (but are not restricted to):

- **Punctuality:** Being on time shows respect for others' time and the value of the meeting.
- **Preparation:** Arriving ready with the necessary information and a solid understanding of the agenda.

- **Active Listening:** Giving full attention, listening without interruption, and asking clarifying questions when necessary.
- **Speaking in Turn:** Allowing others the space to speak without interrupting.
- **Positive Language:** Using constructive, respectful language that fosters healthy dialogue.
- **Inclusive Behaviour:** Ensuring all voices are heard and valued in discussions.
- **Body Language:** Maintaining open, positive body language, such as making eye contact and nodding in agreement.
- **Respecting Diverse Viewpoints:** Acknowledging and valuing different perspectives, fostering a culture of openness and collaboration.

## Professionalism in the Workplace

Professionalism is the foundation of how we operate at What Ability. It is defined by our accountability, integrity, and responsibility in every task. As members of a sector that requires specialised expertise, professionalism reflects the standard of care and commitment we bring to our work. Please refer to the NDIS Code of Conduct for specific guidelines.

- **Accountability:** Taking responsibility for your actions and decisions.
- **Excellence:** Consistently striving to perform at the highest level.
- **Integrity:** Upholding honesty and strong moral principles in every aspect of your work.
- **Respect:** Treating others with fairness, dignity, and consideration.

## The Importance of Professionalism

Professionalism is a mark of dedication to your role and to What Ability as an organisation. It builds trust, supports career progression, and strengthens working relationships. Failing to uphold professionalism can hinder personal and team success and may diminish the respect of peers and leadership.

## Professionalism Applied in the Workplace

Professionalism in the workplace extends beyond technical expertise to how we engage with others and approach our daily responsibilities. It involves taking ownership of our actions, maintaining a high standard of work, and always striving for excellence in everything we do. Professionalism is reflected in the way we communicate - whether in person, via email, or over the phone with both participants/families and work colleagues - with clarity, respect, and consideration for the people we're interacting with.

It also manifests in how we present ourselves. The way we dress and carry ourselves reflects the seriousness with which we approach our work and our respect for others. Professionalism demands that we act with integrity, uphold company values, and always be accountable for our actions, whether we are in the participant support delivery roles or working supportively behind the scenes.

Ultimately, professionalism is an ongoing practice that requires awareness and a commitment to personal and collective growth, creating an environment where everyone can contribute and succeed.

## 13.10. Work Health and Safety (WHS) Policy

### 13.10.1. Policy Statement

What Ability is committed to providing a safe and healthy workplace for all personnel, contractors, and visitors, particularly considering the unique needs of those supported under the NDIS. Workplace health and safety are integral to the success of our operations, and we are dedicated to ensuring that all risks are managed effectively.

This policy outlines the responsibilities of What Ability and its employees to maintain a safe and productive workplace. It may be amended or replaced at any time by What Ability.

As a Person Conducting a Business or Undertaking (PCBU), What Ability is committed to:

- Integrating WHS into all aspects of our operations.
- Identifying hazards, assessing risks, and implementing control measures to minimise the risk of injury.
- Ensuring compliance with relevant health and safety legislation.
- Developing and implementing safe systems of work.
- Providing adequate safety training, information, and supervision.
- Ensuring that all workplace behaviours promote safety and minimise risks.
- Consulting with workers to improve safety practices and decision-making.
- Supporting effective injury management and rehabilitation.

All employees are required to:

- Adhere to safe work practices, rules, and instructions.
- Report any unsafe work conditions, incidents, or injuries immediately.
- Not misuse, damage, or interfere with anything provided for safety.
- Perform work duties in a way that ensures personal safety and the safety of others.
- Encourage fellow employees to maintain a safe and healthy work environment.

#### **13.10.2 Purpose**

This policy provides guidelines for reporting, investigating, and applying control measures when an accident, incident, or near miss occurs. The goal is to maintain a safe working environment across all What Ability sites.

#### **13.10.3. Principles and Procedures**

Management and staff must ensure, so far as reasonably practicable, that the health and safety of people is not compromised by work activities. This includes:

- Appointing a qualified WHS Officer, and providing necessary training if required.
- Reporting all accidents, incidents, and near misses to the CEO or relevant State Manager within 24 hours.
- Immediately investigating incidents and involving workers where necessary.
- Implementing effective controls to reduce risks and regularly reviewing these controls.
- Consulting with affected workers and providing feedback on the investigation process.
- Ensuring workers and contractors are trained and understand their WHS responsibilities.

WHS Officers must demonstrate due diligence by:

- Keeping up-to-date knowledge of WHS matters and legislative requirements.
- Understanding the nature of operations and associated hazards.
- Ensuring appropriate resources are available for risk elimination and minimisation.
- Appointing a designated WHS officer to manage incidents and safety processes.

#### **13.10.4. Training and Development**

WHS training is a critical part of ensuring staff competency in maintaining safety. All workers will receive appropriate training upon induction and periodically throughout their employment. This includes:

- Training in safe work practices, emergency procedures, and how to report incidents.
- Training in the use of Personal Protective Equipment (PPE) and safe waste disposal protocols.
- Specific training tailored to the needs of the disability support sector, focusing on the unique safety risks associated with providing care and support.

All training records must be kept up-to-date and accessible for audit and compliance purposes.

#### **13.10.5. Communication and Consultation**

Consultation with staff is a core component of effective WHS management. Workers will be encouraged to participate in safety discussions and provide feedback through various channels, such as the WHS Consultation Form in the Supportmate App or during regular Support Worker Workshops. Regular safety meetings and updates will be conducted to ensure ongoing engagement with staff. Management is committed to maintaining open channels for reporting safety concerns.

#### **13.10.6. Notifiable Incidents**

In the case of a notifiable incident, the relevant State Manager and/or CEO must be contacted immediately. The report should include:

- The event's date, time, and location.
- Apparent cause and extent of damage.
- Work being carried out at the time.
- Details of affected individuals and emergency services contacts.

The workplace must be preserved for investigation unless cleared by a SafeWork inspector or What Ability leadership.

#### **13.10.7. Reporting and Investigating Incidents and Near Misses**

- **Incidents:** Must be reported to the CEO or relevant State Manager within 24 hours.
- **Near Misses:** Must be reported immediately using the Incident Report form. A full investigation will commence within 24 hours of reporting.

**Notifiable Incidents:** If the incident is notifiable (or uncertain), the State Manager or CEO should be contacted immediately. The site must be preserved for investigation unless cleared by a SafeWork inspector or What Ability leadership.

For notifiable incidents, the relevant State Manager and/or CEO must be contacted immediately after becoming aware of the incident. The following details must be reported:

- Date, time, and location of the incident.
- Apparent cause and extent of damage.
- Work activity being carried out at the time.
- Contact details of any affected parties.

#### **13.10.8. Workplace Injuries – Rehabilitation and Return to Work**

What Ability is proactive in its approach to injury management and places a strong emphasis on the safe, timely and sustainable return to work program for injured or ill workers.

What Ability is committed to:

- Prompt injury notification;
- Communication and consultation with all parties to develop an appropriate return to work program;
- Accountability and responsibility for injury management being clearly understood;
- Provision of suitable meaningful activities during the return to work process; and
- Dispute resolution as required.

What Ability will ensure the following positive approach in meeting these objectives, including:

- Early reporting of injuries;
- Appropriate and timely medical intervention and return to work planning;
- Provision of suitable resources and productive duties for the injured worker;
- Positive support and encouragement during the rehabilitation process; and
- Review of incidents and accidents to seek preventive measures and continuous improvement.

What Ability will work in conjunction with employees to review and update this policy, and other policies and procedures relating to work health and safety as regularly as necessary.

#### **13.10.9. WH&S: Waste Management**

What Ability is committed to ensuring that waste, including hazardous or infectious substances, is managed safely to protect the health and safety of participants, staff, and the environment. This includes:

- **Personal Protective Equipment (PPE):** PPE will be provided to all staff handling waste, as part of their safety equipment kits.
- **Waste Segregation and Disposal:** Waste will be carefully segregated and labelled for safe disposal according to local guidelines.
- **Training:** Staff will receive training on how to handle hazardous waste and use PPE appropriately.
- **Waste Storage and Disposal:** Waste will be stored safely in designated areas until properly disposed of in line with local regulations.

#### **13.10.10. WH&S: Emergency Procedures and First Aid**

In the event of an emergency:

- Staff must assess the situation for potential danger and, if necessary, remove themselves or others from harm.
- Emergency services should be called immediately (dial 000) in critical situations.
- First Aid will be administered by trained staff or the designated First Aid Officer.

#### **13.10.11. WH&S: Overnight Camp Attendance**

To ensure the safety and wellbeing of both participants and staff, and to mitigate risks associated with fatigue and decision-making abilities, the following guidelines have been established regarding staff attendance at overnight camps.

In accordance with our commitment to high standards of care and safety, it is the policy of What Ability to limit the duration of staff attendance at overnight camps to a maximum of **five (5) consecutive days, four (4) nights**. This decision is based on research and practical experience which indicate that staff decision-making capacity, alertness, and overall effectiveness can significantly decrease beyond this period, potentially increasing the risk to both participants and staff.

**Rationale:**

- **Safety and Wellbeing:** The wellbeing of staff is essential to maintaining the highest standards of care for camp participants. Extended periods of duty, particularly beyond five days, may lead to physical and mental fatigue, diminishing the staff's ability to perform their duties to the best of their ability.
- **Decision-Making and Risk Management:** Research shows that decision-making abilities can be impaired after extended periods of continuous work. This can create safety risks for both staff and participants. By limiting the duration of camp attendance, we are minimising the likelihood of fatigue-induced errors and ensuring the quality of staff performance for the safety of staff and participants.

#### **13.11. Workplace Bullying and Harassment**

What Ability seeks to provide a work environment that is safe and enjoyable for all. Workplace bullying has a potentially detrimental effect on What Ability and its staff, and can create an unsafe working environment, result in a loss of trained and talented staff, cause the breakdown of teams and individual relationships, increase absenteeism and reduce efficiency and productivity.

Staff members who are bullied can become distressed, anxious, withdrawn and can lose self-esteem and self-confidence. Workplace bullying is also in some circumstances against the law. For these reasons, bullying will not be tolerated by What Ability.



What Ability recognises that workplace bullying may involve comments and behaviours that offend some people and not others. What Ability accepts that individuals may react differently to certain comments and behaviour. That is why a minimum standard of behaviour is required. This standard aims to be respectful of all What Ability staff and volunteers.

What Ability recognises that workplace bullying can take place through a number of different methods of communication including face to face, email, text messaging and social media platforms. As such, this Policy applies to all methods of communication through which workplace bullying can take place.

This Policy applies to behaviours that occur:

- In connection with work, even if it occurs outside normal working hours
- During work activities, for example, when dealing with participants
- At work related events and functions, for example, at Christmas parties; and
- On social media platforms where staff interact.

This Policy applies to all staff (permanent and casual) and volunteers.

In so far as this policy imposes any obligations on What Ability (i.e., additional to those set out under legislation), those obligations are not contractual and do not give rise to any contractual rights. To the extent that this policy describes benefits and entitlements for employees (i.e., additional to those set out under legislation), they are discretionary in nature and are also not intended to be contractual. The terms and conditions of employment are intended to be contractual are set out in an employee's written employment contract.

What Ability may unilaterally introduce, vary, remove or replace this policy at any time.

#### **13.11.1. Bullying and Harassment**

Workplace bullying occurs when an individual, or a group of individuals, repeatedly behaves unreasonably towards a staff member, or a group of staff, and the behaviour creates a risk to health and safety. It includes both physical and psychological abuse.

Bullying behaviours can take many different forms, from the obvious (direct) to the more subtle (indirect). The following are some examples of direct bullying:

- abusive, insulting or offensive language or comments
- violent, aggressive or intimidating conduct
- belittling or humiliating comments
- victimisation and
- practical jokes or imitation.

The following are some examples of indirect bullying:

- unjustified criticism or complaints
- deliberately excluding someone from work-related activities
- withholding information that is vital for effective work performance
- setting unreasonable timelines or constantly changing deadlines
- setting tasks that are unreasonably below or beyond a person's skill level
- denying access to information, supervision, consultation or resources to the detriment of the worker
- spreading misinformation or malicious rumours, and
- changing work arrangements such as rosters and leave to deliberately inconvenience a particular worker or staff.



The examples (above) are not an exhaustive list, and are indicative of the type of behaviours that may constitute bullying, and are therefore unacceptable to What Ability. If you are unsure whether behaviour not specified on this list constitutes bullying, you should contact your Supervisor.

### **What is NOT Workplace Bullying?**

Reasonable management action taken by managers or supervisors to direct and control the way work is carried out is not considered to be workplace bullying, if the action is taken in a reasonable and lawful way.

The following are some examples of reasonable management action:

- realistic and achievable performance goals, standards and deadlines
- fair and appropriate rostering and allocation of working hours
- transferring a worker to another area or role for operational reasons
- deciding not to select a worker for a promotion where a fair and transparent process is followed
- informing a worker about unsatisfactory work performance in an honest, fair and constructive way
- informing a worker about unreasonable behaviour in an objective and confidential way
- implementing organisational changes or restructuring; and
- taking disciplinary action, including suspension or terminating employment where appropriate or justified in the circumstances.

### **Other Unacceptable Conduct**

Single incidents of unreasonable behaviour (such as harassment, violence or threatening behaviour) can also present a risk to health and safety and will not be tolerated.

### **What is Harassment?**

Harassment is considered to be any form of behaviour that is

- Unwanted
- Offends, humiliates; or
- Creates a hostile environment

Where such conduct occurs towards a person due to a particular characteristic of that person (such as when based on sex, sexual orientation, pregnancy, marital status, age, disability, ethnicity or race, etc) this may be unlawful under discrimination and equal opportunity law, even if it is limited to a single incident. For example, sexual harassment is unlawful even where it is not repeated conduct.

### **What is Sexual Harassment?**

Sexual harassment is unwelcome sexual conduct which makes a person feel offended, humiliated and/or intimidated where that reaction is reasonable in the circumstance.

Sexual harassment IS NOT sexual interaction, flirtation, attraction or friendship which is invited, mutual, consensual or reciprocated.

What Ability acknowledges that consensual relationships can and do form between co-workers, but does not on any terms support comments, or actions, which may create an unpleasant sexualised environment, even where parties consent to the actions.

Interactions between all employees at work must remain professional at all times. For example, employees in a relationship should not kiss or touch each other in an unprofessional way at work because these actions may make other employees feel uncomfortable.

### **Workplace Violence**

What Ability will also not tolerate any form of workplace violence. Workplace violence is considered to be any incident where a person is physically attacked or threatened in the workplace, whether this is directed to a co-worker, subcontractor, participant, customer or visitor. It includes (but is not limited to):

- Any type of direct physical contact such as punching, pushing, tripping, spitting, blocking of someone's way, etc
- Any form of unwanted physical contact.

### **Managers' and Supervisors' Roles**

Managers and supervisors have an important role to play in terms of fostering a culture that does not tolerate or encourage harassment, bullying or workplace violence and should ensure that they do not engage in any conduct of this nature themselves.

Managers and team leaders/supervisors should also ensure that staff understand this Policy and the consequences of non-compliance. If/when managers and team leaders/supervisors observe harassment, bullying or workplace violence occurring, they should take steps to prevent this conduct from continuing and warn the person or people involved of the consequences if the behaviour continues (including disciplinary measures up to and including termination of employment).

Managers and team leaders/supervisors must also treat all grievances raised by staff in accordance with What Ability's Grievance Handling Policy.

What Ability expects staff:

- not to engage in harassment, bullying or workplace violence
- not to aid, abet or encourage others to engage in harassment, bullying or workplace violence
- to behave in a responsible and professional manner
- treat others in the workplace with courtesy and respect
- listen and respond appropriately to the views and concerns of others; and
- to be fair and honest in their dealings with others.

### **If you believe you are experiencing bullying, harassment, or being subjected to violence**

Complaints of bullying, harassment and workplace violence will be taken seriously and will be handled in accordance with What Ability's Staff Grievance Policy & Procedures.

If you make a complaint of workplace bullying, harassment or violence it will be taken seriously and will be dealt with sympathetically and in a confidential manner (except where What Ability deems it is necessary to disclose information in order to properly deal with the complaint).

Staff will not be victimised or treated unfairly for making a complaint.

Please note that any worker found to have fabricated a complaint may be subject to disciplinary action under the Disciplinary & Termination Policy, up to and including termination of employment.

### **Other Measures**

What Ability also recognises the need for open communication in the workplace. What Ability may implement training it considers necessary in relation to behavioural standards, and where appropriate will hold meetings to address standards, expectations and any issues. The frequency, dates and form of this training and meetings will be determined by management of What Ability.

More Information:

If you need any more information about workplace bullying, harassment violence please see your supervisor.

Related Policies and Procedures:

- Employees are encouraged to read this information in conjunction with other relevant What Ability policies and procedures, including:
  - Human Resources Policy
  - Code of Conduct
  - Internet Usage and Social Media Policy
  - Staff Grievance Policy & Procedures

### **13.14. Whistleblowing**

This policy supports What Ability Pty Ltd (What Ability) to enable all relevant stakeholders, including staff to raise concerns about service delivery in the interests of service safety and quality. This policy is intended to be used to support whistle-blowers, who in good faith and without malice, disclose information or raise concerns about alleged improper or illegal activity.

What Ability staff are committed to providing services in a safe and honest way. We expect everyone to comply with all legal requirements. We will support and respect anyone who acts as a whistle-blower to draw attention to suspected inappropriate, corrupt or illegal conduct or behaviour.

#### **Definition: Whistleblower**

A person who raises concern regarding illegal and/or improper conduct that affects others. The person is not usually involved in the issue but is wanting to alert others to suspected misconduct. The alert may be raised outside of usual reporting lines or processes.

#### **Scope**

This policy applies to all staff (permanent and casual), contract workers, temporary workers, and volunteers.

#### **Principles**

- What Ability encourages people to speak up, to make complaints and raise concerns about service integrity, safety and quality.
- What Ability has effective corporate and clinical governance and responds appropriately to concerns about illegal or inappropriate conduct, whether that's provided as feedback, a complaint or a person acts as a whistle-blower.
- People who 'blow the whistle' are not victimised and will be treated fairly and with respect at all times
- What Ability will not retaliate against whistle-blowers including employees, for raising an alert about suspected misconduct.

#### **Process**

Where a staff member has acted as a whistleblower, the person to whom the disclosure was made will secure any records or information related to the alleged issue.

Information can be provided in any format. Claims made in conversation should be documented by the person receiving the claim. The record of conversation should be signed by the whistleblower to verify if it is a true account.

Any information shared about the allegations raised by a whistleblower will be de-identified to protect the whistleblower's identity and stored securely while the matter is examined.

Should the organisation decide to conduct an internal investigation, care must be taken to protect the integrity of any evidence and the usual process for any internal investigation process will be followed.

What Ability will conduct an investigation which will be confidential, fair and objective. The Code of Conduct applies at all times.

What Ability staff will comply with all legal requests for information in a timely manner. Requests by external parties for information will be responded to using the organisation's complaints, access to information and privacy policies.

The Manager overseeing the investigation or working on the issue raised by the whistleblower will be identified to ensure that there is no conflict of interest or potential bias in the matter related to that person.

The Manager will keep the whistleblower and all other parties informed about the process and the outcome of the investigation where permitted.

If the matter is investigated by an external organisation or referred to police or another investigating body, there may be limits on what information can be shared. In this case, involved parties will be advised of any limitations on the release of information.

Staff who are impacted will be offered support through the employee assistance program.

#### **Related Policies**

- Code of Conduct
- Conflict of Interest Policy
- Complaints and Feedback Policy
- Incident Management Policy/procedure
- Privacy, Consent and Confidentiality Policy
- Staff Grievance Policy/procedure

#### **Related Legislation and Standards**

- Disability Discrimination Act (1992)
- United Nations Convention on The Rights of Persons with Disabilities
- National Standards for Disability Services
- National Disability Insurance Scheme 2013: Principles
- NDIS Quality and Safeguarding Practice Standards 2021

Other legislation may apply in some circumstances depending on contractual relationship and nature of work. For example:

- Corporations Act 2001 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Public Interest Disclosure Act 2013 (Commonwealth)
- Australian Standard AS 8004-2003 Corporate Governance

### **13.15. Personal Relationships in the Workplace**

This policy encompasses relationships between co-workers and also relationships between managers and employees in direct-report roles, including appropriate and inappropriate workplace relationships and behaviours.

What Ability neither encourages nor discourages workplace relationships between co-workers, and acknowledges that relationships can form without notice.

While workplace relationships are not uncommon, the parties involved must take all reasonable measures to ensure that their work and/or the functioning of the organisation is not adversely affected in these circumstances. Employees should not engage in any behaviour that is distracting, disruptive or counter to the company's values and culture.

What Ability expressly prohibits any form of discrimination and harassment in the workplace. Any employee engaging in such behaviour will have their employment status reviewed and potentially terminated.

#### **What is a Relationship?**

What Ability deems any form of intimate physical contact between two persons a 'relationship', even when it may have occurred on a one-off basis.

What Ability does not prohibit relationships between employees from different departments or between employees at the same professional level.

#### **Prohibited Relationships**

Relationships between managers and employees in direct-reports roles are strictly prohibited.

#### **Disclosure of Workplace Relationships**

Disclosure of a workplace relationship between co-workers will not result in disciplinary action of any kind.

What Ability's requirement for disclosure of relationships with a co-worker is necessary to ensure timely and effective human resources management to occur, including options and decisions around appropriate staffing, management of actual and potential conflicts of interests, and the mitigation of risks to participants in any support environment, including bookings and camps.

#### **Confidentiality of Information**

Disclosure of a workplace relationship by any employee of What Ability will be treated as highly confidential, in-line with the organisation's Privacy, Consent and Confidentiality Policy.

#### **Breach of Policy**

Failure to disclose a relationship with a co-worker constitutes a breach of policy, and may result in disciplinary actions and/or dismissal.

Conduct of a workplace relationship between a manager and a co-worker in a direct-report role constitutes a breach of policy, and will result in disciplinary actions and/or dismissal, because these relationships are strictly prohibited.

In situations where a manager forms a relationship with a co-worker in a direct-report role, the Fair Work Commission (FWC) is of the view that such relationships have the potential to create conflicts of interest.

The FWC's 2015 decision in *M. v Westpac Banking Corporation*, to reject the unfair dismissal application of a manager who failed to disclose an office affair with his subordinate employee, is a case in point for anyone failing to disclose an office relationship.

Reference: (*M v Westpac Banking Corporation* [2015] FWC 2087 (15 May 2015)).

### **13.16. Internal Investigation Process**

#### **Purpose**

A member of staff who is reasonably suspected of breaching What Ability's policy or procedures will be subject to an internal investigation process. If any breach of policy and procedure is confirmed, an assessment of the severity of the breach will be undertaken. In these circumstances, the staff member may be immediately transferred to alternative duties or performance management action (which may include suspension) following the allegation and until the matter is fully investigated and resolved. Managers have a responsibility to conduct investigations swiftly to reduce financial and emotional stress on staff.

#### **The Investigation Process**

What Ability will appoint an investigation manager accompanied by What Ability's Human Resources role to conduct a thorough investigation, which will adhere to the points below:

1. The severity of the breach will be assessed by the relevant State Manager and a member of the National Team through the following process:
  - a. If suspension is to be considered, the CEO or delegate will be engaged to authorise, manage and document the suspension process.
  - b. In accordance with the Fair Work Act 2009, staff will not receive any remuneration for bookings they have been removed from, while on suspension.
  - c. What Ability will ensure and maintain the Support Workers' right to privacy and confidentiality throughout the investigation process.
2. What Ability will, within a reasonable timeframe (within 14 days), contact the subject of the allegation (SOA) to:
  - a. Inform them of the investigation and, if necessary, inform them of the removal of all bookings until the resolution of the investigation.
  - b. Set up a meeting to provide an opportunity for all parties involved to state their side of events.
    - i. To ensure a swift process, What Ability prefers all meetings to be conducted face to face. Where this is not possible, considerations will be made to have the meeting online.
    - ii. If the support worker declines an in-person or online meeting request, reasonable adjustments are to be made to the meeting. Reasonable adjustments include:
      - Meeting over the phone
      - Written correspondence
3. The investigation manager will collect and collate all relevant information from all sources to do with the incident, which may include but is not limited to:
  - a. Witnesses
  - b. Footage
  - c. Emails
  - d. Recollections and versions of events
  - e. Incident report/s
4. What Ability will conduct a meeting with the Subject of the allegation, and:
  - a. Outline the reason for the meeting and offer the opportunity for a Support Person (a non-What Ability staff member) to be present during the meeting.

- b. Provide time for the support worker to provide their version of events from the start to finish of the incident.
  - c. Summarise the next steps.
  - d. SOA will then have 24-48 hours to provide any additional information.
- 5. The investigation manager will provide the verdict of investigation to the SOA by:
  - a. Calling the employee and either:
    - i. Schedule a meeting to provide the decision from the investigation and offer them the opportunity to have a support person in the meeting, or,
    - ii. If the SOA prefers, notify them of the decision over the phone.
  - b. The final decision will also be communicated in writing through email.

### **13.16.1. Employment Termination and Record Keeping**

#### **Ceasing Employment**

The cessation of employment, whether initiated by the organisation or the employee, shall comply with the terms outlined in the SCHADS Award and in accordance with Fair Work regulations.

Except in cases of serious misconduct, where summary dismissal is applicable, employees must provide appropriate notice of resignation, as outlined in their employment agreement. Failure to provide the required notice may result in the forfeiture of payment in lieu of notice.

In the event of redundancy, What Ability Management will provide employees with at least four (4) weeks' notice. Affected employees will be entitled to payments equivalent to any accrued, untaken Recreational Leave (with Leave Loading) and Long Service Leave.

#### **Serious Misconduct**

Serious misconduct that may result in immediate dismissal includes, but is not limited to, theft, physical assault, gross negligence, significant breaches of policies/procedures, wilful damage, severe safety breaches, and any illegal or fraudulent activity committed while representing the organisation.

Any allegation of serious misconduct will be thoroughly investigated by the relevant Regional Manager, in consultation with the State Manager and/or CEO, with all findings documented as part of the dismissal process.

#### **Resignation**

Employees wishing to resign must submit a written notice specifying their resignation date in accordance with the notice period outlined in their contract or the applicable award.

#### **Termination**

In cases where employment is terminated by the organisation (other than due to serious misconduct or redundancy), the employee will be provided with appropriate notice as per the terms of their employment agreement or in accordance with statutory requirements. If immediate termination is necessary, payment in lieu of notice may be provided in accordance with applicable laws.

#### **Exit Interviews**

An exit interview will be offered to all full-time employees who resign or whose employment is terminated. The purpose of this interview is to gather feedback on the employee's experience with the organisation, identify any areas for improvement, and ensure a smooth transition. Participation is voluntary, but employees are encouraged to take part to help improve the work environment for others.

**Record Keeping**

What Ability is committed to maintaining accurate records of employee employment, including details of resignation, termination, and any disciplinary actions. These records will be kept securely and in compliance with relevant privacy laws and company policies. Employees may request access to their employment records as required by law, with the appropriate procedures in place to ensure confidentiality and security.

**13.16.2. Personnel Record Keeping**

What Ability maintains individual personnel files for current employees, where information on recruitment, selection, position description, employment contracts, financials, performance and development are kept.

A secure electronic filing system for human resources management is maintained and accessible on the cloud by Management.

We specify document retention periods in-line with relevant State legislation. When no longer required after seven (7) years for adults, due to auditing requirements, personal information is destroyed in a secure manner such as shredding or deleted. For children (less than 18 years old) the record will be kept until the participant is twenty-five (25) years old.

**13.17. References & Resources****Internal**

Service Charter  
Code of Conduct (organisational and NDIS)  
Grievance and Dispute Settling  
Work Health Safety  
Staff Orientation and Induction Checklist  
Conflict of Interest Declaration Form

**External**

Annual Holidays Act 1944 (NSW)  
Disability Discrimination Act 1992 (Commonwealth)  
Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)  
Industrial Relations Act 1996 (NSW)  
Long Service Leave Act 1955 (NSW)  
Occupational Health and Safety Act 2000 (NSW)  
Racial Discrimination Act 1975 (Commonwealth)  
Sex Discrimination Act 1984 (Commonwealth)  
Social, Community, Home Care and Disability Services Award 2010 (NSW)  
Superannuation Guarantee (Administration) Act 1992 (Commonwealth)  
Workers Compensation Act 1987 (NSW)  
Fair Work Act (2009) (Commonwealth)  
NDIS Practice Standards (2021)

**Relevant Links**

Fair Work Australia Website - [www.fwa.gov.au](http://www.fwa.gov.au)

Workcover NSW  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)  
Ph: 13 10 50



WorkSafe QLD  
<https://www.worksafe.qld.gov.au/>  
Ph: 1300 362 128

WorkSafe VIC  
<https://www.worksafe.vic.gov.au/>  
Ph: 1800 136 089

WorkSafe WA  
<https://www.worksafe.wa.gov.au/>  
Ph: 1300 307 877

#### **13.17.1. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background and communication needs e.g. use of an interpreter, translation or easy to read documents.

This policy will be:

- Communicated to all the participants, their carers/family, key internal and external stakeholders of What Ability;
- Communicated to What Ability staff through induction and professional development opportunities;
- Accessible through What Ability's web-site.

#### **13.17.2. Other Related Policies**

- Privacy, Consent and Confidentiality
- Conflict of Interest

#### **13.17.3. Policy Review:**

This policy will be reviewed every 3 years or as circumstances, external policy or legislation dictate.

## **14. Risk Management Policy**

### **14.1. Purpose**

Our risk management policy guides how What Ability assesses and responds to risks that we will inevitably encounter in managing and delivering our services. This ensures that risks are removed, minimised or managed to maximise safety for our participants, staff and volunteers to ensure the viability, quality and accountability of our services.

### **14.2. Scope**

This policy will apply to all participants, stakeholders, visitors and staff.

### **14.3. Policy Statement**

What Ability is committed to the responsible identification and management of risks that may arise during the delivery of services and the general management of the organisation. Specifically, we will ensure all staff and management will be trained on this policy.

### **14.4. Procedures**

#### **14.4.1 Risk Management Plan**

A Risk Management Plan is maintained for our organisation which lists identified risks and actions we take to control or minimise those risks. The Risk Management Plan includes the following information:

- ☐ Participant risk (see Emergency Disaster Plan)
- ☐ Workforce risk (see Emergency Disaster Plan)
- ☐ Financial risk ( see Business Continuity Plan)
- ☐ Operational risk ( see Business Continuity Plan)
- ☐ Governance risk (see Business Continuity Plan)
- ☐ Strategic risk (see Business Continuity Plan)

The following staff are responsible for developing and maintaining the Risk Management Plan:

- ☐ The CEO, and
- ☐ The Executive Team

#### **14.4.2 Identifying and Assessing Risks**

We regularly identify risks to our organisation and services. In doing this, our organisation takes into consideration:

- ☐ Feedback from participants, their carers other stakeholders
- ☐ Participant assessments
- ☐ Feedback from staff
- ☐ Workplace inspections (including participants' homes)
- ☐ Work practices
- ☐ Changing needs of participants and staff
- ☐ Advice from professionals and/or stakeholders
- ☐ External changes such as policy and legislation

We use the following **Risk Rating Matrix** to identify, assess and respond to risks:

<b>Impact</b>	High	M1	H2	H1
	Medium	L1	M2	H2
	Low	L2	L1	M1
		Low	Medium	High
	<b>Likelihood</b>			

#### **Risk Management Framework**

What Ability is actively working to identify and address potential risk, to ensure the safety of our participants, potential staff, stakeholders and the organisation.

Identify risks to participants, staff, other relevant stakeholders and our organisation.

Compile the Risk Management Plan.

Identify the implications for service delivery.

CEO or delegate assess the required changes and discuss them with other stakeholders.

Present changes to the participants and stakeholders and document changes on the Continuous Improvement Plan.

Implement changes in the service.

Monitor and review changes in the service.

#### **14.4.3 Identifying and Implementing Controls**

Controls are strategies to manage risk balanced against the cost and inconvenience of the control.

Common controls include:

- ☐ Staff training
- ☐ Provision of information
- ☐ The use of safe or safer equipment
- ☐ Maintaining adequate insurance
- ☐ Changes in procedures or practices
- ☐ Personal checks including referee checks, driver's licences, motor vehicle registrations, professional registrations, criminal history checks

We use the following processes to determine what action we will take in relation to each risk identified and to monitor implementation of controls by:

- ☐ Assessing the effectiveness of controls put in place

- ☐ Liaise with participants and staff to ensure that the controls are effective
- ☐ Liaise with participants/carers and staff to ensure the controls are least restrictive
- ☐ Review controls with the CEO, State Managers and National Support Team and alter controls as required.

#### **14.4.4 Recording Improvements**

Improvements implemented as a result of risk management reviews and planning are recorded in the Risk Management Plan to ensure that they are implemented, monitored and evaluated. Outcomes of this process feed into our Continuous Improvement process and plan and our Quality Management System. The CEO is responsible for monitoring the plan.

#### **14.5. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background and communication needs e.g. use of an interpreter, translation or easy to read documents.

This policy will be:

- ☐ communicated to all the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **14.6. Related policies:**

- ☐ Our Risk Management Framework
- ☐ Our Continuous Improvement policy and process
- ☐ Our WHS Policy
- ☐ Our Positive Behaviour Support Policy
- ☐ Our Quality Management System

#### **14.7. Review processes**

The CEO in collaboration with relevant staff and stakeholders will review this Policy every 3 years. The outcomes of this review will be communicated to all staff and participants.

## 15. Conflict of Interest Policy

### 15.1. Scope

What Ability believes in the highest standards of ethical service delivery. These standards are set out in our Service Charter and our Code of Conduct. The following policy builds on these documents and outlines how we deal with actual or potential conflicts of interest.

### 15.2. Policy

What Ability aims:

- ☐ To act in accordance with its values;
- ☐ To comply with its general and specific obligations as a registered provider of supports under the National Disability Insurance Scheme, the NDIS Practice Standards and NDIS Code of Conduct for providers.

### 15.3. Procedures

As a registered provider of supports under the National Disability Insurance Scheme, What Ability has responsibilities in relation to:

- ☐ managing conflicts of interest generally
- ☐ managing conflicts of interest in service delivery, and
- ☐ offering or receiving gifts, benefits and commissions.

#### Managing conflicts of interest generally

The NDIS Terms of Business for Registered Providers and NDIS Practice Standards require providers to have policies about potential conflicts of interest in service delivery.

What Ability and its team members will ensure that when providing support to participants, any conflict of interest is declared, documented using the Conflict of Interest Declaration Form, and any risks to participants and their family/carers are mitigated.

All employees will act in the best interests of participants and other stakeholders, ensuring that participants are informed, empowered and able to maximise choice and control. Staff members will not (by act or omission) constrain, influence or direct decision-making by a person with a disability and/or their family so as to limit that person's access to information, opportunities, and choice and control.

Employees will ensure that What Ability proactively manages perceived and actual conflicts of interest in service delivery. Employees will:

- ☐ Manage, document and report on individual conflicts as they arise, and
- ☐ Ensure that advice to a participant about support options (including those not delivered directly by What Ability is transparent and promotes choice and control.)

As required by the NDIA Terms of Business, all participants will be “treated equally, and no participant [shall be] given preferential treatment above another in the receipt or provision of support”.

#### Workplace Relationships

In order to identify and mitigate any actual or potential conflicts of interest, employees of What Ability are required to confidentially inform their supervising manager if they are currently in a relationship with another employee of the organisation and declare any potential conflicts of interest. For example, a potential or actual conflict of interest could arise in circumstance where two colleagues are in a relationship and one of them is responsible for the promotion or appraisal of the other.

The policy requirement for employees to confidentially inform their supervising manager if they are currently in a relationship with a co-worker is intended to ensure that appropriate management actions are taken to mitigate the possibility there are any competing interests, on behalf of either party, when performing their role within the organisation.

**Note:**

Additional information related to workplace relationships is included in Policy 13 - Human Resources Management.

**Gifts, benefits and commissions and the NDIS**

What Ability or its staff must not accept any offer of money, gifts, services or benefits that would cause them to act in a manner contrary to the interests of a participant or their family carer.

Further, employees must have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant. This includes the obtaining or offering of any form of commission by employees or What Ability.

Furthermore, staff are not to act in a way that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant so as to benefit a family member, friend or any other person associated with that employee, another employee or the organisation.

**Recording conflict of Interest**

Any actual or perceived conflict of interest must be reported to the CEO, documented using the Conflict of Interest Declaration Form and recorded in the Conflict of Interest Register. If a team member is unsure, they must discuss the situation with the State Manager and/or the CEO and document the situation as required.

**16.4. Responsibilities**

The National Supports Manager is responsible for the final review of this policy and forwarding to the CEO for approval. The National Supports Manager is responsible, and will be held accountable for the following:

- ensuring the policy is effectively implemented in the service for which they have control;
- monitoring staff compliance with the requirements of the policy;
- ensuring staff are familiar with the requirements of the policy, and have sufficient skills, knowledge and ability to meet the requirements.

All staff and volunteers will be held accountable for the following:

- complying with the requirements of this policy.

**15.5. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- ☐ communicated to the participants, their carers/family, staff and key internal and external stakeholders of What Ability;
- ☐ communicated to current and future staff at What Ability through induction and professional development opportunities;
- ☐ accessible through What Ability.

**15.6 Relevant policies**

- ☐ Code of Conduct
- ☐ Service Charter
- ☐ Rights and Responsibilities
- ☐ Complaints and Feedback
- ☐ Human Resources

**15.7. Policy Review**

This policy will be reviewed every 3 years or as circumstances, external policy or legislation dictate.

## **16. Handling Participant Money and Property Policy**

### **16.1. Background**

What Ability understands that one of the areas where people with disability are most vulnerable to abuse in support services is with respect to the management of their finances and property by the organisation's staff.

The purpose of this policy is to make staff and management of What Ability aware that regardless of any accountability and transparency processes put in place for managing participants' funds, the fundamental issue for organisations is to ensure that they have the legal authority to manage participant's funds.

A participant's funds cannot be legally managed by another person unless:

- the participant has competently assigned management to that person
- an order has been made by the Courts or the Guardianship Tribunal
- the person has been appointed as a Centrelink nominee under the Commonwealth Social Security (Administration) Act 1999, which allows the person to receive social security payments on behalf of another.

The moment another person becomes involved in managing a participant's overall finances, that person is legally accountable for the management of the fund.

The following policy also relates to the handling of property, particularly property of value e.g. watches, electronic equipment, collectables etc.

It is highly likely that a participant or a family/carer may request that a staff member hold or secure money for them during a booking. Under these circumstances the procedures described below must be followed.

Note: No cash belonging to participants is held by What Ability during Camps.

### **16.2. Principles**

Participants should manage their own funds wherever possible. What Ability believes it is fundamental to person centred practice and an important individual freedom and skill building exercise that participants make their own decisions, including decisions about their finances.

Staff will not manage or make decisions regarding participants' funds where participants have the capacity to do so. Where the participant does not have the capacity, the nominee or family/carer/appointed Guardian as identified in the Support Plan will assist the participant.

It is understood by all stakeholders that participants are not given financial advice or information other than that which would reasonably be required under the participant's plan. In such instances staff may give informal advice about how to better manage daily expenses or how to receive better value from a purchase.

Where funds are presented to staff to hold / spend on the participant's behalf, the following should be recorded in their Support Plan:

- Maximum cash sum for bookings is identified (i.e. short bookings)
- Where a participant / family wish to use a bank Card, a booking-specific Card is preferred, and a pre-set spending limit is established on the Card to avoid overspend



While all due care is taken, staff responsibility and accountability for the care and protection of participant property is based on the need of its presence relevant to the support being provided. Where property such as electronic communication tools / IPAD are required on bookings, these are to be included in the TASK list on Support Mate.

Where bringing personal property is not essential to support, it remains the responsibility of the participant.

### **16.3. Procedures**

Staff assisting the participant to handle their money are responsible for their actions and are required to follow this policy and the procedures outlined within it.

Regardless of the assistance staff may give participants in handling their money, whenever What Ability staff are involved with monetary transactions with or on behalf of participants, they will maintain appropriate records.

Appropriate records will:

- Safeguard participants from being exploited
- Protect staff from allegations of financial mismanagement / property loss or theft

#### **16.3.1 Management Systems**

Appropriate checks and balances are maintained in all money management systems.

All requests for the storage or supervision of participant's money or valuable property are received in writing by What Ability. What Ability is aware that at times this is not possible and that requests may be made in an ad hoc fashion. Whilst this is not preferable, the following procedures apply:

- What Ability will undertake a scheduled internal audit (quarterly) to monitor and confirm that participants' money is handled in accordance with this procedure.
- Staff assisting participant handle their money will have a second staff member check their records and the transacting of money, where possible i.e. when two or more staff are present.

The checking process is a formal procedure and involves discussions about the amount of participant's money involved and purchases made by participants, or on their behalf.

The formal checking process includes the examination of receipts and written documentation of the amount of money held, time, date, and reason why the money is being held. This is to be noted in the participant's file.

#### **16.3.2 Secure Locations**

Any participants' funds held are to be kept in a secure location at all times.

Participants are to be encouraged to plan ahead and limit the amount of cash funds carried to minimise the impact on participants if such funds are lost or stolen.

Staff will ensure that all funds are kept in a secure area, and that all expenditure is recorded, as outlined above and verified on a regular basis, for example at the end of a booking.

#### **16.3.3 Training and Development**

Staff receive training in the protection and handling of participant money and personal property as part of the induction program. Instruction include:

- Staff will not accrue benefits for themselves from managing participants' funds, e.g. the use of staff owned loyalty cards is not permitted
- Staff will not take advantage of their position of trust to gain financial or other benefits for themselves including the selling of goods to participants
- Staff will reject any offer of cheaper goods and services for themselves from shops and businesses, in return for purchasing items for participants from specific outlets
- Staff will consistently apply What Ability record keeping processes for money and property handling

#### **16.3.4 Role of Nominee / Financial Guardian / Participant Advocate**

The participant intake process will clearly identify the name and formal role of the person responsible for financial management on behalf of the participant. Decisions concerning the investment or expenditure of significant funds belonging to participants are not made independently by staff

Where a participant is unable or seeks advice to make these decisions, a referral is made to the person responsible for financial management identified on a participant's Support Plan.

#### **16.3.5 Clarification**

If at any time a staff member is uncertain or uncomfortable with a situation involving a participant's money or property, they will contact the relevant State Manager or CEO to seek guidance and instruction.

#### **16.3.4. Responsibilities**

The CEO is responsible, and accountable for the following:

- ensuring the policy is effectively implemented in the service for which they have control
- monitoring staff compliance with the requirements of the policy
- ensuring staff are familiar with the requirements of the policy, and have sufficient skills, knowledge and ability to meet the requirements.
- implement the internal audit cycle for money handling

All staff and volunteers are accountable for complying with the requirements of this policy.

#### **16.5. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- communicated to the participants, their carers/family, key internal and external stakeholders of What Ability;
- communicated to What Ability staff through induction and professional development opportunities;
- accessible through What Ability's on-line documentation system.

#### **16.6. Relevant policies and legislation**

- Code of Conduct
- Individual Planning and Outcomes
- Rights and Responsibilities
- NDIS Practice Standards (2021)

**16.7. Policy review**

This policy will be reviewed every 3 years, or as required.

## 17. External Compliance Policy

### 17.1. Purpose

Management and staff at What Ability are to promote and play their role in ensuring that What Ability meets all its obligations under applicable laws, regulations, codes of practice, NDIS Standards and Rules and policy requirements. This Policy is underpinned by and to be read in conjunction with the What Ability Governance Policy and Quality Management System.

### 17.2. Scope

This policy applies to all staff and management at What Ability. Every member of our team has a responsibility to uphold the organisation's values and to actively participate in improving standards of compliance.

### 17.3. Policy Statement

What Ability is committed to ensuring that it complies with all applicable laws and regulations, and that it strives to meet the requirements of those standards and codes of practice that apply to its day-to-day activities and responsibilities. The establishment of the quality management system and service delivery framework is underpinned by integrity and high ethical standards and provides a comprehensive, integrated and effective compliance program that is consistent with the NDIS Practice Standards and Rules and generally accepted compliance management practice.

### 17.4. Objectives

What Ability's Compliance Framework:

- ☐ demonstrates a commitment to the highest standards of ethics and compliance with all applicable laws, regulations, rules and policies and promote a culture of compliance;
- ☐ promotes a culture of frank and open disclosure of compliance breaches without fear of victimisation or unfair treatment;
- ☐ documents and continuously reviews and updates business processes to ensure they comply with applicable laws and regulations;
- ☐ provides employees with training and assistance to become effectively involved in compliance activities to meet their obligations;
- ☐ maintains monitoring and reporting systems to identify instances of non-compliance or system failure and to protect the organisation, its staff and participants from deliberate or inadvertent breaches and consequent penalties or adverse outcomes;
- ☐ takes prompt action where necessary to address instances of non-compliance or other circumstances that present an unacceptable exposure to legal or business risk;
- ☐ assesses compliance against predetermined objectives and assessment criteria; and
- ☐ periodically reviews the compliance framework to ensure it is consistent with the NDIS Practice Standards and Rules and generally accepted compliance management practice.

### 17.5. Compliance Framework

What Ability's compliance framework is a set of components that provides the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving external compliance management throughout the organisation.

The Compliance Framework has three pillars:

**Inform** (ensuring staff are aware of their obligations and the legislative changes that may impact their work/activities);

**Comply** (ensure mechanisms are in place to meet requirements/deadlines);

**Assure** (annual internal audit and review activities)

External audit requirements are undertaken (NDIS and SSRC) and completed successfully, including addressing any identified non-conformities within required timeframes.

The Framework outlines our formal approach to continuous improvement. The ongoing performance of the Framework will be monitored and reviewed in line with our Quality Management System and Continuous Improvement policy and process.

#### 17.6. Responsibilities

**The Chief Executive Officer** is responsible for

- ☐ Approving the External Compliance policy and ensuring it is embraced by the organisation
- ☐ Monitoring and reviewing the Compliance Framework in partnership with the Executive Leadership Team, State Managers and relevant staff, and
- ☐ Ensuring all staff are aware of their compliance obligations.

**Staff** are responsible for:

- ☐ Demonstrating their commitment to compliance by making themselves fully aware of the organisation's legal and other obligations within their area of accountability or span of control.
- ☐ Adherence to the compliance obligations relevant to their position; performing their duties in a lawful and safe manner;
- ☐ undertaking training in accordance with the compliance program; and
- ☐ reporting and escalating compliance concerns, issues, complaints and failures.

#### 17.7. Communication

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- ☐ communicated to the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### 17.8. Related Policies

- ☐ Code of Conduct
- ☐ Risk Management
- ☐ Governance
- ☐ Work Health Safety

- ☐ Human Resources
- ☐ NDIS Practice Standards (2021)

**17.9. Policy Review**

This policy will be reviewed every three years or as operational needs, legislation or policy changes dictate.

## **18. Continuous Improvement Policy & Plan**

### **18.1. Introduction**

At What Ability, our Continuous Improvement Policy guides how we constantly assess our organisation and our services to ensure that we are providing the best possible quality of services to our participants and the most efficient and accountable management practices.

Services are provided in a constantly changing environment and we also need to ensure that our organisation maintains the necessary compliance with these changes.

The Continuous Improvement Policy assists What Ability in meeting the requirements of the NDIS Practice Standards.

### **18.2. Purpose**

The purpose of this policy is to ensure that What Ability provides the highest level of services to our participants, their families/ and other stakeholders and carers, to implement a set of activities designed to bring gradual, ongoing improvement to products, services or processes through constant review, measurement and action.

We also need to manage risks to the organisation, services, participants and staff. While this is often covered in a separate policy, acting to address identified risks also forms part of the Continuous Improvement process.

### **18.3. Scope**

This policy applies to all What Ability supports and activities including service delivery, management and participant, staff and stakeholder safety.

### **18.4. Policy statement**

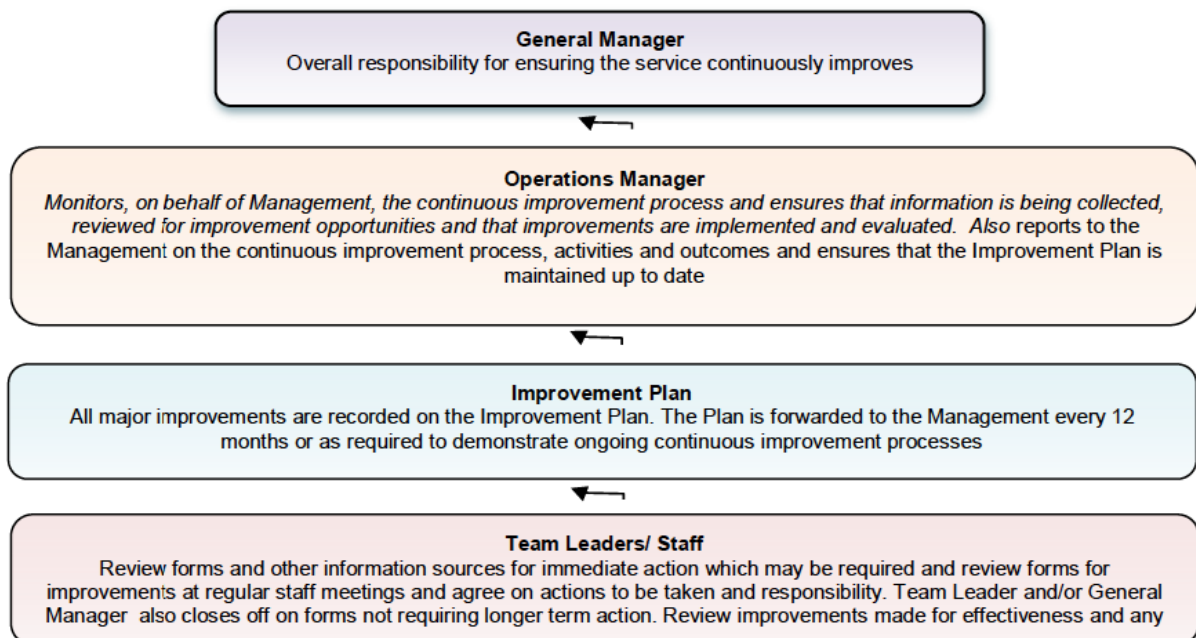
What Ability is committed to continuously improving all aspects of its operations with the aim of delivering the best possible services to our participants, their families/carers and other stakeholders.

The actions What Ability will take actions to implement this policy including the following:

- ☐ Regularly collect information, from participants, families/carers, staff and various information sources, about aspects that are working well, aspects that are not working well, or have gone wrong and gather ideas for better processes or requirements to advance the service
- ☐ Record issues and ideas in the Continuous Improvement Plan
- ☐ Determine if an issue represents a risk and record it on the Risk Management Plan.
- ☐ Determine, in consultation with those affected, necessary actions to address or implement changes
- ☐ Implementing the changes, as agreed and documented
- ☐ Advising all relevant stakeholders of any changes made
- ☐ Monitoring progress and review whether changes have had the intended positive outcomes; whether there are any unintended negative impacts of changes and any further changes required to address this.
- ☐ Reporting regularly to management, staff and services users on the Continuous Improvement Plan and progress.



### Continuous Improvement Information Management Process



### Continuous Improvement Plan Template

Source	Linked ID	Description	Strategy	Current level of risk	Owner	Review date	Evaluation	Goal level of risk	Status	Date of status



### Information Sources

- ☐ Feedback forms or direct feedback from participants/families, staff and other s
- ☐ Participant/Family Morning teas (Forums)
- ☐ WH&S reviews and/or hazard identification
- ☐ Participant and/or Staff Incident Reports
- ☐ Adverse Event Reports
- ☐ Complaint and Feedback Forms
- ☐ Informal Participant Feedback
- ☐ Hazard Reports
- ☐ Maintenance Requests
- ☐ Safety Audits
- ☐ Surveys - Participant feedback
- ☐ Maintenance Requests
- ☐ Staff Meetings
- ☐ Policies and Procedures Reviews
- ☐ Risk Management Processes
- ☐ Regulatory Compliance Processes
- ☐ Audit Reviews

### 18.5. Procedures

What Ability utilises our Complaints and Feedback, Participation and Inclusion, Work Health and Safety statement, Individual Planning and Outcomes and Human Resources policies and procedures to seek feedback and improvement suggestions from our participants, family/carers and other stakeholders to ensure that we are providing the best possible supports and services to our services users.

#### 18.5.1 Continuous Improvement Plan

The Continuous Improvement Plan is discussed at monthly staff and management meetings and the compliance officer will enter and update information. Information from previous entries is checked at each meeting to ensure that planned objectives are on track

Information in the Plan includes:

- ☐ Date identified: date the issue or idea was identified
- ☐ Agreed action/s to respond to the idea or issue
- ☐ Who will be responsible for taking action/s
- ☐ Date action/s are to be completed
- ☐ Date to review actions and any outcomes or unintended impacts; further actions required

#### 18.5.2 Identifying Improvements Needed

Information relating to organisational improvements will be collected through:

- ☐ Feedback gathered by staff (formal and informal) or complaints from participants. These processes are detailed in the Complaints and Feedback policy.
- ☐ Staff and management completing *Incident Report Forms* as required in the Incident Management and WH&S policies.
- ☐ State Managers and/or WH&S officers undertaking their responsibility for workplace safety audits as required in the WH&S policies.
- ☐ Surveying participants: participant feedback/complaints, Participant/Family Morning Teas (Forums) and quality checks of operational aspects of the organisation.

- ☐ The CEO, State Managers and National Support Team collect feedback and other information from networking with other agencies.
- ☐ Collecting information from other sources, such as regulatory requirements, and external audits and compliance processes.
- ☐ Staff members and stakeholders may also access and pass on information and feedback which indicates needed improvements.
- ☐ Discussions at staff meetings may also identify improvements, including discussions of risks they have identified.

### **18.5.3 Implementing Improvements**

Improvements actions may include, such as:

- ☐ Staff training
- ☐ Provision of information
- ☐ Changes in procedures or practices
- ☐ Further consultation or formation of a working group to explore the issue and possible responses. Outcomes would be reported back to future staff meetings.
- ☐ Seeking external services or advice
- ☐ Acquiring or replacing equipment or software, etc.

What Ability will respond to issues of urgency and importance by:

- ☐ Escalating complaints and feedback instances that require an immediate response to the CEO, who will determine the actions required and document them.
- ☐ Improvements that are not deemed urgent are discussed at team meetings and required actions agreed upon. This will be confirmed during supervision between the Regional Managers in consultation with the State Manager.
- ☐ Reporting all improvement actions to the CEO via the weekly Compliance Meeting, to enable updating of the Continuous Improvement Plan.
- ☐ Major issues or changes will be referred to the CEO for a decision, particularly if there is a significant cost, risk or impact to the organisation.
- ☐ Strategic Planning processes may also identify issues and actions required. Other improvements may be identified consistent with the future aspirations of the organisation (e.g.: building specialist skills, expansion of services, developing partnerships).
- ☐ Any improvements already implemented are also discussed at staff and management meetings to determine effectiveness, unintended impacts and any further actions required.
- ☐ Actions will include the necessary advice to those affected by any improvements, and how this will occur.

### **18.5.4 Recording and Reporting on Improvements**

Information is entered on the Continuous Improvement Plan and tracked to ensure actions are taken in the following manner:

- ☐ All identified issues and improvements planned and implemented are recorded in the Continuous Improvement Plan and/or the Risk Management Plan/Register (where relevant) by the CEO to ensure that they are implemented, monitored and evaluated.
- ☐ Information source documents, such as complaint or feedback forms, will be annotated and then entered into the participant's files (in line with Privacy, Consent and Confidentiality policy and procedures) to show that they have been included in the *Continuous Improvement Plan*.
- ☐ The Plan is reviewed monthly at staff meetings to monitor progress in implementing improvements and the effectiveness of improvements.

- ☐ The CEO will report annually to Participant Forums (via Parent Morning Teas) on the *Continuous Improvement Plan* and progress.

**18.6. Other related policies and documents**

- ☐ Risk Management
- ☐ Work Health and Safety
- ☐ Complaints and Feedback
- ☐ Participation and Inclusion
- ☐ Individual Planning Outcomes
- ☐ Staff Grievance and Dispute resolution
- ☐ NDIS Practice Standards
- ☐ External Compliance
- ☐ Governance

**18.7. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- ☐ communicated to the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

**18.8. Policy Review**

This policy will be reviewed annually as part of our annual feedback processes or sooner should critical issues necessitate a review.

## 19. Staff Grievance Policy & Procedures

### 19.1. Purpose

The following policy and procedures have been developed and will be implemented to meet the requirements of:

- ☐ NDIS Practice Standards.
- ☐ the NSW Industrial Relations Act, 1996

### 19.2. Policy

What Ability has a commitment to ensure that the work environment which supports What Ability's Vision and Values for its staff members is harmonious, supportive and productive. The management is responsible for ensuring that concerns of staff members are dealt with fairly, informally and in a timely manner before grievance procedures are instigated. Staff members should work in a team environment and attempt to resolve differences with other staff members immediately they arise. Most importantly, Grievance Procedures should be viewed as a further means to assist in the process of resolution when this first step does not lead to a resolution. It is expected that staff members will deal with and resolve potential causes of grievances through effective work relationships. It is only when the normal processes have been fully explored that the issue should be dealt with by the Grievance Procedures.

The Grievance Resolution Policy and Procedures cover all permanent, temporary and casual staff members of What Ability. The staff and management are responsible for ensuring that the work environment is free from discrimination and harassment. They need to identify causes of concern, monitor the work environment and resolve issues before grievances arise.

### 19.3. Defining Staff Grievances

A "Grievance" describes any work-related concern, complaint or problem experienced by staff member(s). This may be made verbally or in writing by the staff member(s) and should, in the first instance, be attempted to be resolved in an informal manner. In those cases where the grievance is more complicated, or it cannot be resolved informally, the Grievance Policy and Procedures will be initiated. Grievances may occur from:

- ☐ discrimination or vilification;
- ☐ victimisation or harassment;
- ☐ interpersonal conflict;
- ☐ inequitable work allocations or staff development opportunities;
- ☐ inadequate workplace communication;
- ☐ changes in work processes, clientele or location;
- ☐ occupational health and safety concerns;
- ☐ performance management;
- ☐ participant management decisions

Disputes concerning employment conditions should be resolved by using the procedures laid down by the Industrial Relations Commission.

#### 19.3.1 Definition of terms used in the procedures

The "Grievant" is the person who raises the concern or problem with their immediate supervisor. During the grievance process, the grievance has control, except in certain cases where criminal charges may be laid against the person to whom the matter is directed. The "Respondent" is the staff member who is alleged to have acted unfairly or in a harassing or discriminatory manner towards the grievant. "Management" are the people identified by What Ability to assist in the resolution of grievances lodged

by staff members. “Conciliation” refers to a process by which the management or an independent person nominated by What Ability discusses the matter with both parties to achieve an agreed resolution to the matter.

#### **19.4. Staff Grievance Procedures**

##### **19.4.1 Who has responsibility for solving grievances?**

In the first instance, resolution of a grievance is to be handled by the immediate supervisor in What Ability where the person with a grievance is working.

When the grievance is a concern about other senior staff e.g. the Executive Team or Support Squad, or the management feels that their objectivity in the process may be jeopardised, the grievance is to be referred to the CEO and/or the National Supports Manager. On rare occasions when a grievance is complex, the CEO and/or the National Supports Manager may find it necessary to appoint an external and objective grievance resolution facilitator to assist in the matter. It is essential that any What Ability staff member involved in the grievance resolution process treats all grievances sensitively, fairly and confidentially.

##### **19.4.2 What rights do people have in the grievance process?**

What Ability will endeavour to protect the following rights for people involved in the grievance process:

- ☐ feel comfortable about raising concerns or issues;
- ☐ be taken seriously and listened to;
- ☐ have a right to decide how their grievance should be handled;
- ☐ given confidentiality by management during the grievance process;
- ☐ action will not be taken to investigate or resolve the matter without the consent of the staff member who has lodged the grievance, unless the grievance involves disciplinary action or a criminal matter;
- ☐ the respondent will be told about the nature of the issue and the name of the grievant during the grievance process;
- ☐ freedom from victimisation. A staff member who has been found to victimise another staff member will be subject to disciplinary action;
- ☐ What Ability has a right to request advice on how to resolve the grievance from experts in the appropriate area with the grievant's agreement or without disclosing any identifying information;
- ☐ The matter will be dealt with in a timely manner.

##### **19.4.3 What support can be given to a grievant?**

A grievant may wish to seek information or meet with the Management to discuss the matter before lodging a grievance. The role of management may involve clarifying information about the grievance process. In some cases the management may be required to assist with needs such as an interpreter or a support person.

##### **19.4.4 How to lodge a grievance?**

The grievance notifies their immediate supervisor or the management (if the grievance is a concern about the supervisor) verbally or in writing of the substance of the grievance and requests a meeting stating what outcome is sought.

#### **19.4.5 What is the grievance resolution process?**

The Basic Steps for Grievance Resolution are:

1. The staff member makes every effort where possible to resolve the issue/concern informally with the respondent. Where this is not possible then proceed to step 2.
2. The staff member notifies the grievance to their immediate supervisor. The grievance may be given verbally or in writing. The grievant should state:
  - a) the basis of the grievance;
  - b) who has been involved in the circumstances giving rise to the grievance;
  - c) the outcomes sought by the grievant.
  - d) The immediate supervisor attempts to resolve the grievance through informal discussions with the grievant and the respondent.
3. Where the immediate supervisor is not able to deal with a particular grievance through not having impartiality or otherwise, the supervisor after informing the grievant and with their consent should refer the matter to the State Manager
4. Staff may consult confidentially with their relevant State Manager on how to proceed with the grievance and whether the grievance involves possible criminal or disciplinary action.
5. The CEO or delegate will inform the respondent (verbally or in writing) of the nature of the grievance and listen to their understanding of the events. When there is more than one respondent, the CEO or delegate will interview them separately.
6. When the grievant does not wish the respondent to know of the source of the grievance, What Ability's management will need to inform the grievant that:
  - a) If other staff may be affected by similar actions of the respondent, then the State Manager has a duty to implement a strategy that will alter this situation.
  - b) If other staff or participants may be placed in a hazardous situation by the actions of the respondent, then the management must take action to ensure there is no continued repetition.
  - c) Natural Justice requires the respondent to be informed of all aspects of the grievance to respond fully to the matter/s raised.
  - d) The State Manager through effective listening and use of conciliation with the people concerned will endeavour to attain a resolution of the grievance. The majority of grievances should be resolved at this level.
7. Where the grievance is not resolved through conciliation, the State Manager in consultation with the National Support Team will decide whether the grievance is valid on the basis of whether it occurred in all probability, or whether further information is required from other people. If so, a Grievance Notification will be completed by the State Manager and submitted within two (2) working days to the CEO.
8. If the grievance is substantiated on the basis that it occurred in all probability, the CEO will ensure that the most appropriate options for resolution are implemented. These options may include:
  - a) where both parties have had a breakdown in communication, the resolution may be clarifying that communication on both sides through counselling.
  - b) the respondent is counselled by the State Manager for the behaviour.
  - c) the respondent attends training to improve knowledge of appropriate policies.
  - d) the respondent is given a written warning not to repeat the action that caused concern.
  - e) that disciplinary action is instituted against the respondent.
9. The State Manager finalises the resolution by informing both parties what is going to happen and why, and informs them of the right to have the decision reviewed by the CEO or through other external avenues of complaint.
10. The State Manager monitors the outcome of the grievance resolution with agreement from the grievant at least monthly after resolution for two months.

11. Disciplinary action will only occur on the approval of the CEO. While the above procedure is being followed, normal work must continue.

#### **19.4.6 What happens if a grievance is unsubstantiated?**

The management should advise all parties of the outcome of the grievance. The grievant should be advised of other options available through external agencies, such as the Anti-Discrimination Board, a union, independent legal advice or the Industrial Relations Commission (refer to attached list).

#### **19.4.7 Timeframes for resolution**

The resolution of the grievance should normally be completed within one week if only the grievant and respondent are involved. If the matter is referred to the CEO all attempts should be made to resolve the grievance within the following two working weeks. If interviews of other people are required these should normally be completed within two to three working weeks. Management should attempt to facilitate the resolution of the grievance within four working weeks, unless circumstances such as rosters and the number of interviews required needs to be taken into account.

#### **19.5. External Contacts**

- ☐ Anti-Discrimination Board (02) 9268 5544 / 1800 670 812
- ☐ A relevant union
- ☐ Industrial Relations Commission (02) 9228 7766
- ☐ Privacy Commissioner (02) 9268 5588 / (02) 8688 3516
- ☐ Ombudsman (02) 9286 1000
- ☐ Office of Aboriginal Affairs (02) 9290 8700 / 1800 019 998
- ☐ Ethnic Affairs Commission 1300 651 500
- ☐ Fair work Commission 1300 799 675

#### **19.6. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- ☐ communicated to the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **19.7. Related Policies**

- ☐ Code of Conduct
- ☐ Work Health Safety
- ☐ Complaints and Feedback
- ☐ Human Resources
- ☐ NDIS Practice Standards (2021)

#### **19.8. Policy Review**

This policy will be reviewed every three years or as operational needs, legislation or policy changes dictate.

## 20. Incident Management Policy & Procedure (Incidents, Accidents and Near Misses)

### 20.1. Policy Statement

What Ability is committed to providing a safe environment for all participants, personnel, contractors and visitors. What Ability is committed to establishing a formal process to report and investigate all workplace accidents/incidents and near miss occurrences. This includes all participants, staff and visitors. The process includes identifying contributing factors of the accident/incident or near miss and making the necessary recommendations to prevent a recurrence.

### 20.2. Purpose

To provide guidelines as far as reasonably practicable to establish the process for reporting, investigating and applying appropriate control measures when an accident, incident or near miss occurs. The aim is to provide safe systems of service delivery along with a safe working environment for all What Ability worksites.

### 20.3. Principles & Procedures

Management and staff must ensure so far as is reasonably practicable, that the health and safety of persons is not put at risk from work carried out as part of the conduct of the business or undertaking by:

- ☐ ensuring all accidents/incidents and near miss occurrences are reported to the State Manager within 24 hours;
- ☐ having investigations commence immediately upon receiving the report and, where a worker is injured, involve the worker in the investigation;
- ☐ implementing the most effective controls practicable that do not introduce other hazards.
- ☐ monitoring and reviewing controls;
- ☐ consulting with workers who carry out work for the business or undertaking who are, or are likely to be, directly affected by an incident;
- ☐ ensuring information/feedback is provided to the relevant Health & Safety Representative and/or WHS Officer or the CEO;
- ☐ ensuring workers and, where applicable, contractors are provided with induction and
- ☐ training so that they understand their responsibilities and carry out their role in the
- ☐ management of any incident;

Managers must exercise due diligence to ensure that the organisation meets their responsibilities as above. Due diligence includes taking reasonable steps to:

- ☐ acquire and keep up-to-date knowledge of work health and safety matters and all general safety matters including legislative requirement for reporting incidents as set down by the NDIS Commission;
- ☐ gain an understanding of the nature of the operations of the business or undertaking and generally of the hazards and risks associated with those operations;
- ☐ ensure that the organisation has appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out;
- ☐ ensure that the organisation has appropriate resources for the management of incidents;
- ☐ ensure that the organisation has appropriate processes for receiving and considering information regarding incidents,
- ☐ to ensure that the organisation has, and implements, processes for complying with duties/obligation under the Work Health Safety Act and NDIS (Incident Management and Reportable Incidents) Rules.



- ☐ will ensure its response to any abuse neglect or exploitation is responded to using the Incident Management System and complies with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and that process does not compromise any investigation by the Police, the NDIS Commission, Advocates or any other external agencies.

Workers are responsible for:

- ☐ reporting accidents, incidents or near misses to their manager(s) as soon as practicable.
- ☐ take reasonable care for their own health and safety, and reasonable care that their acts or omissions do not adversely affect the health and safety of others;
- ☐ complying with reasonable instructions that are given by the organisation in order for the organisation to comply with the Work Health Safety Act and NDIS (Incident Management and Reportable Incidents) Rules 2018.
- ☐ Assess the situation and check for danger
- ☐ Remove person from danger if safe to do so
- ☐ Call Emergency Services (dial 000) if required
- ☐ Refer to First Aid Officer for appropriate application of First Aid treatment if required - relevant details to be recorded onto the First Aid Register/Injury log.
- ☐ Do not alter scene (unless necessary to reduce risk of further harm or damage)
- ☐ Report the incident to the State Manager within 24 hours.

#### **20.4. Reportable Incident**

If reportable/ notifiable (or unsure) contact the State Manager and or National Participants Manager immediately after becoming aware of the incident. Information required will be: -

- ☐ Name and address of the person giving notice - Date and time of the event - The place where the dangerous occurrence happened - The apparent cause - The nature and extent of the damage or harm - The work that was being carried out at the time of the incident - Name and contact details of any injured/affected parties
- ☐ Follow the process set down in the NDIS (Incident Management and Reportable Incidents) Rules.
- ☐ Contact the NDIS Commission, the Police and SafeWork NSW/QLD/WA/VIC, (where applicable) and implement the Freedom from Abuse, Neglect Violence and Exploitation policy if required.
- ☐ The person with management or control of the workplace must ensure, so far as reasonably practicable, that the site where the incident occurred is not disturbed until either a SafeWork NSW/QLD/WA/VIC inspector, Police, NDIS Commission or What Ability Leadership Team informs you that the area is no longer required to be preserved. Note: If the incident is notifiable and you are unsuccessful in contacting the What Ability Leadership Team (in the first instance) within the required time, contact SafeWork NSW/QLD/WA/VIC, NDIS Commission and/or the Police directly.

#### **20.5. Near Miss Reporting**

Definition: a narrowly avoided collision or other accident.

In circumstances where a near miss occurs a staff member must:

- ☐ Immediately complete an incident report - if multiple people injured, report to the State Manager immediately and in writing within 24 hours
- ☐ The incident or near miss report form should be submitted to
- ☐ Immediately after an incident report is submitted (within 24 hours of the incident), the State Manager in consultation with the CEO or delegate will assign investigator/s

**20.6. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- ☐ Communicated to the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ Communicated to What Ability staff through induction and professional development opportunities;
- ☐ Accessible through What Ability's web-site.

**Related policies**

- ☐ NDIS Practice standards
- ☐ Work Health Safety
- ☐ Freedom from Abuse and Neglect
- ☐ Risk Management
- ☐ Positive Behaviour Support
- ☐ Code of Conduct
- ☐ Policy review

**20.7. Policy Review**

This policy will be reviewed in consultation with participants, their families and carers and staff every 3 years or as legislation and policy changes dictate.

## 21. Positive Behaviour Support Policy

### 21.1. Introduction

The What Ability Positive Behaviour Support Policy is based on contemporary practice and confirms the application of positive approaches to the management of and support to participants who display behaviours of concern / present risk of harm to themselves / others.

*This Policy is to be read in conjunction with the What Ability Least Restrictive Practices Policy.*

### 21.2. Purpose

This policy outlines the commitment of What Ability to providing person-centred positive behaviour support to people who present behaviours of concern; and directs staff behaviour in enabling and supporting participants to increase their independence through engagement and active participation in a range of recreation, leisure and community activities of their choice.

### 21.3. Scope

This policy applies to all What Ability staff who work with or manage participant services.

External disability providers, behaviour support practitioners and other clinicians who work with What Ability participants and staff in the development and implementation of positive behaviour support services are referred to this policy.

### 21.4. Definitions

#### 21.4.1 Positive Practice

Each engagement with a participant is aimed at having them feel good about themselves, their relationship with What Ability staff and others they meet; meeting personal goals for the scheduled activities; and having a happy day in our company. This is best achieved when staff are:

- Present in each moment of support. This means being alert to and totally focussed on the participant for the whole duration of the booking, avoiding distraction from your support role
- Engaging / friendly / respectful / positive and consistently using language / words / communication tools as directed in the support plan
- Offering options and choices and seeking participant ideas and opinions
- Seeking clarification / participant confirmation of decisions.

#### 21.4.2 Positive Behaviour Support

Positive behaviour support is about creating individualised strategies for participants that are responsive to the person's needs in a way that reduces and eliminates the need for the use of regulated restrictive practices. Positive behaviour support focuses on evidence-based strategies and person-centred supports that address the needs of the person with disability and the underlying causes of behaviours of concern, while safeguarding a participant's dignity and quality of life.

Specialist behaviour support is sought to assess and identify specific needs and risks of participant harm to themselves or others; and to provide respectful and sensitive supports through the development and application of a Positive Behaviour Support Plan.

#### 21.4.3 Positive Behaviour Support Plan

Where a participant has behaviours of concern that do not respond to everyday positive practices from family and paid carers in the delivery of their support, or where current behaviours are assessed as

placing the participant or others at risk, a participant needs specific and professional guidance to develop safe behaviours. Based on participant / nominee / Guardian decision and referral:

- A Positive Behaviour Support Plan is developed by an NDIS Registered Behaviour Support Practitioner
- A Positive Behaviour Support Plan may or may not include regulated restrictive practices.

#### **21.4.4 Interim Positive Behaviour Support Plan**

Due to the urgency of need to protect the safety and wellbeing of the participant or others, an Interim Positive Behaviour Support Plan may be developed by the Behaviour Support Practitioner to appropriately manage identified risks to the participant and others. The NDIS (Restrictive Practices and Behaviour Support) Rules 2018, direct that the Interim Positive Behaviour Support Plan must be developed within one month of referral and is implemented to minimise the risk for the participant and others; and sustain critical services / support while a full and comprehensive assessment of the participant is undertaken.

#### **21.4.5 Comprehensive Positive Behaviour Support Plan**

A detailed functional behaviour assessment is conducted in collaboration with the participant and other relevant parties as identified by the participant to develop a comprehensive plan that is proactive, reflects the participant's individual needs, improves their quality of life and supports their progress towards positive change. The NDIS (Restrictive Practices and Behaviour Support) Rules 2018, direct that Comprehensive Plans that include the use of a regulated restrictive practice must be developed within three months of the implementation of the Interim Plan or the Behaviour Support Practitioner being engaged.

#### **21.4.6 NDIS Registered Behaviour Support Practitioner/s**

Behaviour Support Practitioners may be employed by What Ability or be independent Practitioners directly engaged by the participant who work with What Ability in a consultancy model.

Practitioners authorised to develop positive behaviour support plans carry individual registration with the NDIS Commission and are assessed against the NDIS Positive Behaviour Support Capability Framework:

- Core Practitioner: entry level practitioner - may not independently recommend the use of restrictive practices
- Proficient Practitioner; Advanced/Senior Practitioner; and Specialist Practitioner - may independently recommend the use of regulated restrictive practices.

All Behaviour Support Practitioners providing supports to participants are required to actively demonstrate an ongoing commitment to reducing and eliminating restrictive practices through their adherence to (What Ability / their )organisational policies, procedures and professional, contemporary, evidence-based practices.

### **21.5. Policy**

What Ability works to ensure that all participants are protected from exploitation, abuse, neglect, unlawful or degrading treatment at all times.

Positive behaviour support approaches consider the needs of each participant and their family including the specific needs of Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities.

All activities related to positive behaviour support are respectful and responsive to the individual needs, personality and personal goals of the participant and are identified in their Support Plan or when necessary, are based on a current and comprehensive assessment and are documented in a Positive Behaviour Support Plan provided by an NDIS Registered Behaviour Support Practitioner.

Consistent approaches and practices in assessment for and delivery of behaviour support will result in reduced harm to participant and / or others and improve participant control and engagement in life activities.

## **21.6. Procedures**

### **21.6.1 Person-Centred Planning**

What Ability promotes the development of services that are person-centred and outcome focussed, where staff use positive practices in their everyday engagement with the participant. This places the participant at the centre of service delivery; incorporating what can be learned about their lifestyle, skills, relationships, preferences, aspirations, and other significant characteristics in order to provide appropriate, respectful, and meaningful behaviour support within a holistic framework. A focus on outcomes ensures that this support adequately addresses the changing needs of the participant.

### **21.6.2 Assessment of Need / Risk**

A positive behaviour support approach may be appropriate under the following circumstances:

- When it is identified at intake or after services have commenced that a participant is exhibiting / could exhibit behaviours that place themselves and/or staff and others at risk of harm
- Reasonable concerns develop over risk of harm or serious injury to other participants or to others
- Existing strategies e.g. redirection have not been effective in managing the behaviour
- There are concerns over the use of existing strategies
- Behaviours of concern appear to prevent other significant needs being met
- The participant is in jeopardy of being excluded from other services, employment, community settings or from school
- The capacity of the support system is under significant stress
- The participant is at significant risk of entering a more restrictive environment such as a criminal justice facility or acute hospital facility.

Where a participant is identified as having behaviours of concern that pose a risk of harm to the person or others, the participant's NDIS plan will include funding for referral to an NDIS Registered Behaviour Support Practitioner or a change of circumstance application will be made by the implementing provider with consent of the participant / Nominee / Guardian.

*Where a Behaviour Support Plan includes restrictive practices, the What Ability Least Restrictive Practices Policy is applied.*

### **21.6.3 Accessing Supports Provided by Behaviour Support Practitioner**

See Service Access Policy for participant onboarding, consent and Service Agreement processes to enable a referral to a Behaviour Support Practitioner to develop a participant's Positive Behaviour Support Plan. The allocated Practitioner is based on participant choice and may be internal / external.

In all cases, What Ability will evidence the Practitioner's NDIS Registration / Provider Capacity Status.

### **21.6.4 Collaboration**

It is common for participants to have various disability providers / clinicians / professional services / advocates / significant others involved in their life. Consent is sought from the participant / nominee / Guardian for What Ability to work with the allocated Behaviour Support Practitioner and to involve both formal and informal stakeholders in the comprehensive assessment and behaviour support planning

process; utilising any data or expertise these stakeholders may have in the development of the Positive Behaviour Support Plan.

#### **21.6.5 Functional Assessment and the Positive Behaviour Support Plan**

The Behaviour Support Practitioner will engage and collaborate with participant /family/nominee/ Guardian and stakeholders to undertake and complete a behaviour support assessment (including a functional assessment component) that identifies unmet participant needs. The assessment will identify the function and/or purpose of the participant's behaviour/s, and detail strategies to be implemented by a service provider in the participant's Positive Behaviour Support Plan which are intended to address behaviours of concern.

During the assessment process and the subsequent development of the participant's Positive Behaviour Support Plan, the Behaviour Support Practitioner will consider all appropriate and relevant sources of information:

- information provided by the participant's support network including implementing providers and
- assessments carried out by other collaborating professional and mainstream providers.

Positive Behaviour Support Plans presented for implementation will be evidence-based, contemporary and consistent with evidence-informed practice, including the use of proactive strategies and strategies designed and intended to reduce and/or eliminate the use of restrictive practices.

What Ability will endeavour to ensure that the interface between all necessary supports provided under the guidance of a participant's Positive Behaviour Support Plan and any other supports or services provided under a general system of service delivery that the participant receives, are considered, proactive, and agreed strategies developed to integrate supports/services as practicable.

Any template used by a Behaviour Support Practitioner in developing a participant's Positive Behaviour Support Plan must meet (as a minimum) all the requirements for this document as detailed in section 23 of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Note: A template for **interim BSPs** is available via the NDIS Quality and Safety Commission's website. The template can be accessed via the link below:

<https://www.ndiscommission.gov.au/resources/fact-sheets-and-guides/behaviour-support-template>

#### **21.6.6 Approval**

Each Interim and / or Comprehensive Positive Behaviour Support Plan written by a What Ability Practitioner will be approved by the What Ability Senior Behaviour Support Practitioner prior to distribution of the final draft of the Plan.

#### **21.6.7 Consent**

- The Behaviour Support Practitioner will seek and record participant / Nominee / Guardian consent for the final draft of the Interim / Comprehensive Positive Behaviour Support Plan prior to its publication for use
- External Practitioners will provide a copy of their consent to What Ability
- For participants new to What Ability who have an existing Positive Behaviour Support Plan, consent to implement their BSP and all updated versions is sought and documented during participant onboarding. This process includes the following question:
  - "Does the participant have a BSP? If yes, do you give consent for What Ability staff to implement current and future BSP's?"
- For existing participants, where a first Positive Behaviour Support Plan is to be introduced, What Ability will seek consent firstly via an "ad hoc" email for initial consent to implement their new plan. Subsequently, ongoing consent will be sought using the annual consent review process.

#### **21.6.8 Lodgement of Positive Behaviour Support Plans with the NDIS Commission**

*All Positive Behaviour Support Plans that include the use of a regulated restrictive practice will be provided to the Commissioner in accordance with timeline for provision and in the manner prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Lodgement is achieved electronically using Proda.*

#### **21.6.9 Supporting the Implementation of a Positive Behaviour Support Plan**

The Behaviour Support Practitioner will:

- Develop each participant's Positive Behaviour Support Plan in collaboration with all implementing service providers
- Provide Instruction and guidance to support the participant, staff and the participant's support network to effectively implement the Plan, including support to ensure awareness of the reporting requirements prescribed in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- Provide participant-specific training, coaching, and mentoring for staff implementing the Plan and (with each participant's consent) those in the participant's support network (where applicable). This education and support will include discussion on the strategies required to implement a participant's Plan and will include positive behaviour support strategies
- Provide ongoing support and advice to providers implementing the Positive Behaviour Support Plan and, with the participant's consent, their support network, to address barriers to implementation of the participant's Plan.

What Ability Staff will:

- Engage and collaborate with the Behaviour Support Practitioner in the participant assessment and Positive Behaviour Support Plan development processes
- Contribute knowledge of the participant as it is understood by them, offering examples of concerns re participant risk and support
- Actively participate in training / mentoring opportunities to successfully implement the Plan.

#### **21.6.10 Positive Behaviour Support Plan Review and Evaluation**

The Positive Behaviour Support Plan is monitored collaboratively by the State Manager and Behaviour Support Practitioner through a combination of formal and informal approaches to review participant progress and outcomes:

- All participant Plans will be reviewed on a scheduled basis by the Behaviour Support Practitioner at least annually (as a minimum)
- In addition to the annual review cycle, the Positive Behaviour Support Plan is reviewed as frequently as necessary based on risk to the participant and others e.g. if the participant's needs, situation or progress create a need for more frequent reviews, including if the participant's behaviour changes, or if new staff / a new provider is required to implement the Plan.

Review and Evaluation will include:

- Regular What Ability meetings with the participant / family / Guardian
- Team meetings, including What Ability data collection / incident review and discussion with collated evidence prepared for the Behaviour Support Practitioner
- Other feedback and supervision / debriefings collected by the State Manager
- Data / reports from other providers or supports including professional reports provided to What Ability / Behaviour Support Practitioner as consented by the participant.

#### **21.6.11 Positive Behaviour Support Plan Revision / Update**

The Behaviour Support Practitioner will facilitate opportunities to engage with the participant to discuss and document any modifications required to be made to strategies in a participant's Positive Behaviour Support Plan. These decisions will be informed by broad discussions using information and data analysis. With the participant's consent, any changes made to strategies in the Plan will be communicated, and any required training provided on new or modified strategies to the participant's support network and implementing staff.

### **21.7. Responsibilities**

The CEO has overall responsibility for the provision of supports and services, including positive behaviour support provided by What Ability.

#### **21.7.1 What Ability Behaviour Support Practitioners:**

- work directly with the CEO, the Executive Leadership Team and the National Support Team to determine priority and allocation of participants requiring formal clinical assessment and development of Positive Behaviour Support Plans in accordance with NDIS requirements
- participate directly in the provision of training and support to managers and staff implementing Positive Behaviour Support Plans
- schedule the implementation and ongoing review of Positive Behaviour Support Plans in consultation with State Manager and partner providers.

**21.7.2 State Managers have operational management** and oversight of the delivery of behaviour support services in their State/Territory. This includes:

- assuring a positive practice approach to the delivery of all supports
- assessing need, and managing the referral for, and delivery of individualised Positive Behaviour Support Plans
- confirming NDIS registration, and working cooperatively and collaboratively with allocated Behaviour Support Practitioners
- ensuring adequate and appropriately skilled staffing levels to apply Positive Behaviour Support Plans
- arranging training and confirming the competency of relevant staff in the delivery of complex behaviour support / implementing individual Positive Behaviour Support Plans
- scheduling the implementation and ongoing review of Positive Behaviour Support Plans in consultation with the Behaviour Support Practitioner and partner providers
- ensuring prompt and accurate data and incident reporting, analysis and response to findings.

**21.7.3 Support Workers** are responsible for:

- applying the principles of positive practice in the delivery of all supports
- participating in the assessment of participant needs for behaviour support and related training to develop and maintain the skills required to consistently implement the strategies in each participant's Positive Behaviour Support Plan
- collecting behavioural data as instructed; and applying the incident management policy to ensure prompt and accurate reporting of all incidents
- self-confirming confidence and capability to implement the strategies in each Positive Behaviour Support Plan and asking for clarification / assistance / support when needed.

#### **21.7.4 Staff / Others Safety**

Staff will receive training in how to defuse volatile situations and reduce the incidence of at-risk behaviours, both generally and in relation to any participants who have specific issues that could place themselves or others at risk of harm while they are accessing What Ability.



Under no circumstances can staff or other participants be alone with any participant who has a history of unpredictable, aggressive or inappropriate behaviour at any time.

All incidents of violent or otherwise threatening or inappropriate behaviour will be documented using What Ability's Incidents Management Policy and Register and a record of the event entered on the participant's file and relevant behaviour data records. When/if a first event of inappropriate behaviour occurs without warning and no behaviour management plan is in place, staff will apply the What Ability Incident Management and Work Health and Safety Policies.

When a participant continues to behave in a way that places themselves or others at risk of harm despite a Positive behaviour support plan being in place, What Ability Executive may consider a temporary suspension of service until further professional advice can be accessed. Withdrawal of service is the last option of choice. The participant (and their family and advocate) will be advised of their rights to use What Ability Complaints and Feedback Procedures if they elect to challenge the executive's decision to withdraw the service.

Where a service is withdrawn under these circumstances, What Ability will work collaboratively with the Behaviour Support Practitioner, participant, family and other service providers to try to find an alternative service for the participant.

Withdrawal of a participant's service for Work Health and Safety reasons is reported to the NDIS Commission.

#### **21.7.5 Exiting Supports / Behaviour Support Practitioners**

If a participant/family chooses to cancel their current Service Agreement for the provision of Behaviour Support planning services provided by What Ability's Specialist Behaviour Support Practitioners, What Ability will enable and facilitate this process in collaboration with the participant/family.

In order to do so, the following conditions are required to be met by all parties:

1. The participant/family must provide a minimum of 3 business days' notice of intent/wish to cancel their Behaviour Support Service Agreement
2. **Written notice** must be given by the participant/family in the form of an email to the Behaviour Support Practitioner's email account specifying their intent/wish to cancel their Behaviour Support Service Agreement with What Ability
3. All outstanding invoices for services already provided by What Ability Behaviour Support Practitioners up until the date of notice of termination of supports must be paid in full prior to the end of the 3 business days notice given.

Note: See Service Access Policy (5.7.3) for participant transition to another provider / Practitioner for positive behaviour support.

#### **21.8. Working with Participants/Families/Carers**

With informed consent:

- What Ability will seek contributions to assist in the identification of positive practices that will engage and support a participant during Bookings / Camps
- What Ability will engage with all stakeholders when referring a participant to positive behaviour support:
  - to identify and assess risk
  - to ensure there is an awareness of what needs to change

- to acknowledge that bringing about change can only occur within the broader system when the participant and all stakeholders are involved and actively participate in the process.

### **21.9 Staff Training/Education/ Supervision**

- The induction program instructs positive practices; the principles of positive behaviour support and incident response
- Service delivery teams are offered training on self-protective behaviours; this training is mandatory for all staff working with participants who have a behaviour support plan
- All staff working with participants who have a Positive Behaviour Support Plan receive training from the Behaviour Support Practitioner in the application of the plan and its updated versions
- A schedule of supervision is maintained for all staff delivering positive behaviour support and What Ability Behaviour Support Practitioners
- Behaviour Support Practitioners employed by What Ability will provide evidence of regularly scheduled professional / clinical supervision provided by an agreed internal or external “proficient practitioner” as defined in the Capability Framework.

### **21.10. Continuous Improvement Mechanisms**

- Minimum monthly reviews of behaviour data with allocated Behaviour Support Practitioner are conducted and recorded
- Weekly incident reviews by State monitor, evaluate and action findings of reviews
- Internal audit schedule for staff training confirms competent staff are providing behaviour support
- Organisational matters for improvement / correction are referred to the What Ability Continuous Improvement Plan by completion of a Corrective Action Report.

### **21.11. Communication**

This policy will be:

- communicated to the participants and families/carers, key internal and external stakeholders;
- communicated to What Ability staff through induction and professional development opportunities;
- accessible through What Ability’s website.

### **21.12. Related Policies/Documentation**

- Risk Management
- Incident Management
- Code of Conduct
- Work Health and Safety
- Least Restrictive Practice
- Individual Planning and Outcomes
- Rights and Responsibilities
- Complaints and Feedback
- Participant Advocacy

### **NDIS / National Legislation / Policy / Guidelines**

- The National Disability Insurance Scheme Practice Standards (2021)
- The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- The National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- Positive Behaviour Support Capability Framework for NDIS providers and behaviour support practitioners (2019)
- NDIS Resource Guide for the Positive Behaviour Support Capability Framework (2020)
- NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020
- NDIS Safe Transportation Guide (2023)

- Each State's Positive Behaviour Support Policy / Guidelines (listed in the Least Restrictive Interventions Policy)

### **21.13. Evaluation and Review**

This policy will be reviewed every 3 years.

The continued implementation of the National Disability Insurance Scheme will provide evidence and contemporary policy to assist the planning and review principles, guidelines and procedural direction for What Ability.

This policy is not intended to be a static document and What Ability makes a commitment to its ongoing development.

## 22. Least Restrictive Practices Policy

### 22.1. Introduction

What Ability is supported by NDIS Registered Behaviour Support Practitioners (internal or externally contracted by participants) and is informed by best practice initiatives when implementing the least restrictive interventions necessary when dealing with risks or behaviours posed by a participant when a need for regulated and authorised restrictive practice to protect participants, staff and others' safety are identified.

*This Policy directs the delivery of Least Restrictive Practice documented in a participant's Positive Behaviour Support Plan and is to be read in conjunction with the What Ability Positive Behaviour Support Policy to inform holistic practice in the delivery of behaviour support.*

### 22.2. Purpose

- This policy outlines the commitment of What Ability to implement only regulated restrictive practices that enable and support participants to increase their independence through engagement and active participation in a range of recreation, leisure and community activities of their choice by:
- Delivering person-centred and positive behaviour support that applies and complies with NDIS Legislation
- Confirming the role and function of the Behaviour Support Practitioner in the assessment, planning and prescription of regulated restrictive practices
- Directing staff engagement with Behaviour Support Practitioners
- Directing internal and external reporting responsibilities relevant to restrictive practice.

### 22.3. Scope

This policy applies to all What Ability staff who work with or manage participant services.

External disability providers, behaviour support practitioners and other clinicians who work with What Ability participants and staff in the development and implementation of positive behaviour support services that include regulated restrictive practices are referred to this policy.

### 22.4. Definitions

(See also What Ability's Positive Behaviour Support Policy)

#### 22.4.1 Regulated Restrictive Practices

All restrictive practices applied by What Ability must be regulated, this means they must comply and be applied in-line with NDIS's (Restrictive Practices and Behaviour Support) Rules 2018.

Section 9 of the *NDIS Act 2013* defines a **restrictive practice** as "any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability".

Under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, certain restrictive practices are subject to regulation and oversight by the NDIS Quality and Safeguards Commission. These are referred to as **regulated restrictive practices** and include seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.

**Restrictive practices** include:

### **Chemical Restraint**

Section 6(b) of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* defines chemical restraint as:

“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, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition”.

For example:

- Being prescribed medication for aggression, irritability or self-injury
- Being prescribed medication for emotion regulation difficulties in the absence of a mental health diagnosis
- Being prescribed medication for the management of behaviours of concern

### **Mechanical Restraint**

Section 6(c) of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* defines mechanical restraint as:

“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”.

For example:

- Using splints, gloves or a helmet to prevent self-harming
- Using bodysuits or onesies to prevent a person from faecal smearing or accessing a part of their body
- Using belt straps to restrain any part of the body to stop a behaviour of concern

### **Physical Restraint**

Section 6(d) of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* defines physical restraint as:

“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. 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”.

For example:

- Holding a person’s hand down to prevent them from hitting themselves
- Holding down any part of the body to stop a behaviour of concern
- Forcefully leading or pulling a person in a direction they do not want to go

It is essential to note all states and territories have either prohibited or agreed to prohibit some forms of physical restraint in relation to NDIS participants, as they are associated with high risk of injury and death.

### **Environmental Restraint**

Section 6(e) of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* defines environmental restraint as practices:

“which restricts a person’s free access to all parts of their environment, including items or activities”.

For example:

- Locking a door, cupboard or fridge to prevent a person’s access
- Preventing a person from accessing their own possessions

- Preventing access to areas that would typically be freely accessible to a child or young person their age, such as the backyard, bathroom or their bedroom

## **Seclusion**

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018, Section 6, defines seclusion as the:

“Sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted”.

Like all restrictive practices seclusion should only be used when all other strategies have been proven to be ineffective, and as a last resort to keep the participant and those around them safe. The use of seclusion as a regulated restrictive practice must be a part of a positive Behaviour Support Plan (BSP).

Examples of seclusion are a participant being:

- Locked in a room or area, such as your home or backyard, and being unable to leave
- Left alone in a room and believing you can't leave
- Unable to leave a room or area due to inaccessible door handles.

Seclusion can be an effective intervention to prevent or manage actual or imminent violence, to immediately reduce environmental stimuli that may cause agitation or frustration, and to reinforce coping skills.

## **Risks**

Risks of secluding a person with disability include self-harm, emotional trauma, escalation of the behaviour of concern, injury or death in the event of an emergency, undermining the rights and dignity of the person, and deprivation.

## **Key Points**

1. If the person uses behaviours of concern, a functional behavioural assessment must be completed, regardless of whether seclusion is used.
2. A person in seclusion should be monitored frequently, and workers should maintain ongoing engagement.
3. Workers must be appropriately trained to observe the person to ensure that they are safe.
4. If the person has difficulty communicating, then a communication assessment will help find strategies the person could use to communicate their issues.
5. If you are unsure whether a practice is seclusion or not, seek advice.

Notes:

- In some states and territories seclusion is prohibited for people under 18 years of age e.g. in NSW, seclusion is prohibited for people under the age of 18 years.
- The NSW Government oversees authorisation of restrictive practices by registered NDIS providers.
- The NDIS Quality and Safeguards Commission provides leadership in behaviour support and in the reduction and elimination of restrictive practices.

## **Psychological Restraint**

Under the National Disability Insurance Scheme (NDIS), "psychological restraint" is not a specific term, but the NDIS regulates restrictive practices which include seclusion, chemical restraint, mechanical restraint, physical restraint, and environmental restraint, all of which are potentially harmful and must be used as a last resort, only when necessary to ensure safety, and for the shortest possible time.

For example:

- Exclusion from or removal of participant preferred activities or pastimes.

For further information, see the NDIS's **Regulated Restrictive Practices Guide**.

#### **22.4.2 Prohibited Practices**

Prohibited practices include those that are abusive, that constitute assault and wrongful imprisonment. All are criminal offences and civil wrongs and may lead to legal action by the participant or the employer.

Prohibited practices also include those that may not be unlawful but are unethical and may be subject to disciplinary action.

Prohibited practices include those that:

- Cause physical pain or serious discomfort
- Restrict access to basic needs or supports
- Are degrading or demeaning to the participant
- May reasonably be perceived by the participant as harassment or vilification
- Are aversive, unethical; and constitute an unauthorised restricted practice.

Note:

The NSW Children and Young Persons (Care and Protection) Regulation (2000) requires that an organisation's behaviour management policy includes a ban on:

- Any form of corporal punishment
- Any punishment that takes the form of immobilisation, force-feeding or depriving of food
- Any punishment that is intended to humiliate or frighten a participant.

#### **22.5. Policy**

What Ability works to ensure that all participants are protected from exploitation, abuse, neglect, unlawful or degrading treatment.

What Ability always aims to provide support that avoids the need for restrictive practices and will only implement regulated restrictions that are:

- Approved by the correct legal authority
- Prescribed by an NDIS Registered Behaviour Support Practitioner
- With the written consent of the participant's nominee / Guardian and
- Authorised as defined by State / Territory Regulations or Requirements.

All activities related to the application of regulated restrictive practices are respectful and responsive to the individual needs, personality and personal goals of the participant and are :

- Based on a current interim or comprehensive assessment and
- Documented in a Positive Behaviour Support Plan developed by an NDIS Registered Behaviour Support Practitioner.

In accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, relevant State / Territory Regulations or Requirements are applied:

- The recommended use of regulated restrictive practices are consented to by the Nominee or Guardian as required by relevant State/ Territory requirements
- Practitioner recommendations for the use of regulated restrictive practices are considered by, and only applied following written Authorisation using the relevant State/Territory Authorisation process
- Implementing staff receive training and support to apply individual behaviour support plans that include authorised regulated restrictive practices

- What Ability management systems direct and support continued engagement between the participant / nominee / Guardian, the Behaviour Support Practitioner, What Ability staff and external providers implementing the Positive Behaviour Support Plan.

## **22.6. Procedures**

(See also What Ability's Positive Behaviour Support Policy)

### **22.6.1 Considering the use of Restrictive Practices**

- The Behaviour Support Practitioner is responsible for ensuring that any regulated restrictive practice included in a Positive Behaviour Support Plan complies with the conditions prescribed in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- The Practitioner will discuss the need for restrictive practices and alternatives to their use to ensure that all key stakeholders understand the risks associated with using restrictive interventions as part of the Plan. In this process, the Practitioner engages the participant and stakeholders in the development of strategies to be implemented that are proportionate to the risk of harm to the participant and/or others, evaluating the risks posed to the participant and others by the participant's behaviour. Mainstream services such as the Police, emergency and health services; medical and other clinical and allied health practitioners are included in the consultation process as considered relevant by the Practitioner.
- All Positive Behaviour Support Plans (interim or comprehensive) will include strategies that have the potential to enable reduction and/or elimination of the restrictive practices identified in the Plan.

### **22.6.2 Interim Positive Behaviour Support Plans**

Due to the urgency of need to protect the safety and wellbeing of the participant or others, an Interim Positive Behaviour Support Plan that includes regulated restrictive practices may be developed by the Behaviour Support Practitioner to appropriately manage identified risks to the participant and others.

### **22.6.3 Comprehensive Positive Behaviour Support Plans**

In consultation with family and key stakeholders, the Behaviour Support Practitioner will undertake a detailed and comprehensive assessment of need and risk to prepare a comprehensive Positive Behaviour Support Plan.

### **22.6.4 Timelines for Registering Behaviour Support Plans that include Regulated Restrictive Practices**

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018, direct that:

- An Interim Positive Behaviour Support Plan that includes the use of a regulated restrictive practice will be developed within one month of referral to a Behaviour Support Practitioner and is lodged with the NDIS Commission and implemented to minimise the risk for the participant and others; and to sustain critical services / support while a full and comprehensive assessment of the participant is undertaken
- A Comprehensive Plan that includes the use of a regulated restrictive practice must be developed within three months of the implementation of the Interim Plan or the Behaviour Support Practitioner being engaged and lodged with the NDIS Commission
- All new/revisions / changes to Positive Behaviour Support Plans that include regulated restrictive practices are electronically lodged with the NDIS Commission (Proda).

### **22.6.5 Consent to Apply Regulated Restrictive Practices**

The Behaviour Support Practitioner will:

- Obtain and record consent from participants/families/nominee/ guardian to engage with their support network to understand the need for behaviour support / restrictive practices and to develop a behaviour support plan
- Obtain and record consent for the final draft of the Positive Behaviour Support Plan to be lodged with the NDIS Commission.



What Ability will:

- Obtain and record consent as directed by State / Territory Regulations or Requirements from participant's nominee/ Guardian to implement the NDIS lodged Positive Behaviour Support Plan including regulated restrictive practices
- Obtain and record consent for expenditure of participant funds related to staff training to implement the Plan
- Maintain current and accurate records of consents.

#### **22.6.6 Authorisation to apply Regulated Restrictive Practices**

The Behaviour Support Practitioner will inform, guide and support the implementing provider on any State / Territory Regulations or Requirements for applying for Authorisation to implement regulated restrictive practices.

What Ability will:

- Identify and apply relevant State / Territory Regulations or Requirements to gain Authorisation to implement each regulated restrictive practice identified in a Positive Behaviour Support Plan
- Gain new Authorisation for each new / revised regulated restrictive practice
- Maintain current and accurate records of Authorisations.

#### **22.6.7 Behaviour Support Practitioner Support to Implement Authorised Restrictive Practices**

- The Practitioner will support and assist the participant, and (with the participant's consent) the participant's support network and service providers implementing Positive Behaviour Support Plans to understand the rationale underpinning the participant's Plan including regulated restrictive practices and any conditions related to their use
- Practitioners have detailed knowledge and understanding of relevant State / Territory Regulations or Requirements and processes for obtaining authorisation for the use of any restrictive practices included in a Plan; and have a duty to educate participants in the process and guide implementing provider/s in their responsibilities to obtain State/Territory specific Authorisation to implement each regulated restrictive practice
- Where the Practitioner recommends that staff implementing a Plan receive training on the safe use of a restrictive practice included in that Plan, the Practitioner will maintain oversight of this to ensure the training provided addresses the strategies contained within each participant's Plan, and any issues identified during the Plan's implementation
- The Practitioner will provide support to any/all service providers implementing Plans. Support will include assistance in the implementation of strategies; and in evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices
- The Practitioner will provide ongoing support and advice to implementing providers to address barriers to implementation of the participant's Plan.

#### **22.6.8 Implementing Authorised Restrictive Practices**

Where a restrictive practice is used in a Positive Behaviour Support Plan, the restrictive practice must meet the following criterion:

- Be the least restrictive response possible in the circumstances
- Reduce the risk of harm to the participant or others
- Be used for the shortest possible time to ensure the safety of the person or others
- Each regulated restrictive practice identified in a Positive Behaviour Support Plan is authorised, not the Plan as a whole. A State/Territory may recommend that certain conditions or limitations be placed around the use of a regulated restrictive practice, and such conditions must then be incorporated into the participant's Plan before implementation.

- Where Authorisation for the use of a restrictive practice is required but not obtained, the Practitioner will review the plan with the provider, participant, their family and carers, and amend accordingly
- Any use of a regulated restrictive practice (that requires Authorisation and or consent) when such Authorisation or consent has not been obtained, **constitutes a Reportable Incident**.

#### **22.6.9 Reporting the use of Regulated and Authorised Restrictive Practices**

Unless otherwise directed by the NDIS Commission, What Ability will electronically report the use of authorised restrictive practice monthly to the NDIS Commission (Proda).

#### **22.6.10 Reportable Incidents involving the Use of an Unauthorised Restrictive Practice**

Where any participant is subjected to an incident of unauthorised use of a restrictive practice:

- The What Ability Incident management policy will be applied
- The incident will be reported in accordance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 by application of the **NDIS electronic Reportable Incidents process**
- The use of the restrictive practice will be reviewed by the State Manager implementing the Positive Behaviour Support Plan in collaboration with the allocated Practitioner. Review of such incidents will be conducted in partnership with the participant and relevant key stakeholders

#### **22.6.11 Behaviour Support Plan Monitoring, Review, Evaluation and Revision**

The Positive Behaviour Support Plan is monitored collaboratively by the State Manager and Behaviour Support Practitioner through a combination of formal and informal approaches.

- All participant Plans will be reviewed and evaluated on a scheduled basis by the Behaviour Support Practitioner at least annually
- All Plans containing authorised restrictive practices will be reviewed by the Behaviour Support practitioner at least monthly
- In addition, the Positive Behaviour Support Plan is reviewed as frequently as necessary based on risk to the participant and others e.g. if the participant's needs, situation or progress create a need for more frequent reviews, including if the participant's behaviour changes, or if new staff / a new provider is required to implement the Plan.

Review and Evaluation will include:

- Regular What Ability meetings with the participant / family / Guardian
- Team meetings, including What Ability data collection / incident review and discussion with collated evidence prepared for the Behaviour Support Practitioner
- Other feedback and supervision / debriefings collected by the State Manager
- Data / reports from other providers or supports including professional reports provided to What Ability / Behaviour Support Practitioner as consented by the participant.

The outcomes of reviews may require a re-assessment of current strategies which are discussed in partnership with the participant/family and, with consent, other key stakeholders. The overall goal is to put in place strategies intended to enable reduction or elimination of behaviours of concern and restrictive practices over time.

Where changes are required and are made to a participant's Plan that includes regulated restrictive practices, the NDIS Commissioner will be notified by the Practitioner through lodgement of a revised Plan; and application for Authorisation of new or revised restrictive practices prompted to implementing provider/s.

#### **22.6.12 Engagement with other Implementing Providers**

The National Services Manager will notify and work with the NDIS Commissioner to address any relevant issues in circumstances (based on the opinion and beliefs of What Ability's Practitioners / State Managers) where:

- effective engagement with other implementing providers is not effective or possible for any reason; or
- where supports and services are not being implemented as directed in the Plan.

### **22.7. Responsibilities**

#### **22.7.1 The Behaviour Support Practitioner will:**

- Assist participants, their families, and other decision-makers to understand the NDIS Commission's behaviour support function
- Determine with the participant a service agreement that encompasses the engagement of and collaboration with required persons and positions to conduct assessment for, and prepare a Positive Behaviour Support Plan
- Undertake necessary and prioritised assessments and work closely with the participant, their family, carers, guardian or other relevant persons on the development of their interim Plan
- Undertake a functional behavioural assessment and work closely with the participant, their family, carers, guardian or other relevant person on the development of their comprehensive Plan
- Specify in the Plan that strategies aimed at reducing and eliminating restrictive practices must be applied
- Specify in the Plan that positive behaviour support strategies must be applied first, with authorised restrictive practices used as a last resort in response to a risk of harm to the person or others
- Specify in the Plan the roles and responsibilities of the Practitioner and providers implementing the Plan
- Seek professional advice and / or supervision where there are concerns relating to the development of a participant's Plan / restrictive practices
- Implement their internal Plan approval process prior to distribution of each Plan.
- Gain nominee / Guardian consent for the final draft of the Plan
- Lodge all Plans containing regulated restrictive practices with the NDIS Commission (Proda)
- Work with implementing providers to ensure that regulated restrictive practices in the interim and / or comprehensive Plans are authorised in accordance with the relevant State/Territory directive
- Educate and provide training to staff of registered providers implementing Plans in:
  - the application of evidence-based, person-centred and proactive strategies as detailed in participant's Plan
  - reporting and collection of data; reactive strategies; and restrictive practices
- Ensure participant funds are spent in a manner that provides a high-quality service, in an efficient manner.

#### **Notes:**

- Multiple providers may be involved in the delivery of a range of supports under a positive behaviour support plan, for example assistance with daily living, community participation, and allied health service provision e.g. speech pathology etc. Practitioners may need to work collaboratively with staff from other service systems (e.g. the education or health system) in order to support the participant
- There may be circumstances where an NDIS behaviour support plan is developed before suitable providers to implement the plan are found. In this situation, the plan will need to be reviewed with the allocated implementing provider
- The NDIS Commission's Senior Practitioner team can be contacted by the Practitioners and service providers implementing Positive Behaviour Support Plans for advice and guidance through the course of developing the Plan, or to assist with any areas of disagreement.

**22.7.2 What Ability Staff will:** (See also Positive Behaviour Support Policy)

- Actively participate in training / mentoring opportunities to implement the Positive Behaviour Support Plan including each Authorised restrictive practice
- Self-confirm confidence and capability to implement the strategies for each authorised restrictive practice and ask for clarification / assistance / support when needed.

**22.8. Working with Participants/Families/Carers** (See also Positive Behaviour Support Policy)

With informed consent, the Behaviour Support Practitioner and What Ability will engage with all key stakeholders when regulated restrictive practices are being considered:

- to identify and assess risk
- to ensure there is an awareness and collective understanding of what needs to change
- to acknowledge that bringing about change can only occur within the broader system when the participant and all stakeholders are involved and actively participate in the process.

**22.9 Staff Training/Education/ Supervision** (See also Positive Behaviour Support Policy)

- All staff working with participants who have a Positive Behaviour Support Plan receive training from the Behaviour Support Practitioner in the application of that plan and its subsequent updated versions. Practical training is provided where considered necessary or requested by staff in the application of authorised restrictive practices
- Immediate support / debriefing is provided following critical incidents / use of authorised restrictive practice and / or when implementing staff request it.

**22.9.1 Staff / Others Safety**

- Staff will receive training in how to defuse volatile situations and reduce the incidence of at-risk behaviours, both generally and in relation to any participants who have specific issues that could place themselves or others at risk of harm while they are accessing What Ability.
- Staff or other participants must under no circumstances be alone with any participant who has a history of unpredictable, aggressive or inappropriate behaviour.
- All incidents of violent or otherwise threatening or inappropriate behaviour will be documented using What Ability's Incidents Management Policy and Register and a record of the event entered on the participant's file and relevant behaviour data records.
- When a first event of inappropriate behaviour occurs without warning and no behaviour management plan is in place, staff will apply the What Ability Incident Management and Work Health and Safety Policies.
- When a participant continues to behave in a way that places themselves or others at risk of harm despite a behaviour management plan being in place, What Ability executive may consider a temporary suspension of service until further professional advice can be accessed.
- Withdrawal of service is the last option of choice. Participants (and their families and advocates) will be advised of their rights to use What Ability Complaints and Feedback Procedures if they elect to challenge the executive's decision to withdraw the service.

**22.9.2 Exiting Supports / Behaviour Support Practitioners**

See Service Access Policy (5.7.3) for participant transition to another provider / Practitioner for positive behaviour support.

**22.10. Continuous Improvement Mechanisms**

- Minimum monthly reviews of behaviour / incident data including use of authorised / unauthorised restrictive practices with allocated Behaviour Support Practitioner are conducted and recorded
- Weekly incident reviews by State monitor, evaluate and action findings of reviews

- Internal audit schedule for staff training confirms competent staff are providing behaviour support
- Organisational matters for improvement / correction are referred to the What Ability Continuous Improvement Plan by completion of a Corrective Action Report.

### **22.11. Communication**

This policy will be:

- communicated to the participants and families/carers, key internal and external stakeholders of What Ability
- communicated to What Ability staff through induction and professional development opportunities;
- accessible through What Ability's website.

### **22.12. Related Policies/Documentation**

- Positive Behaviour Support
- Risk Management
- Incident Management
- Code of Conduct
- Human Resource Management
- Individual Planning and Outcomes
- Rights and Responsibilities
- Complaints and Feedback
- Participant Advocacy

### **NDIS / National Legislation / Policy / Guidelines**

- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS Practice Standards 2021
- NDIS Regulated Restrictive Practices Guide Oct 2020
- NDIS Regulated Restrictive Practices with Children and Young People with Disability Practice Guide March 2021
- NDIS Restrictive Practice Guide: Safe Transportation Feb 2023 v2
- Positive Behaviour Support Capability Framework for NDIS Providers and Behaviour Support Practitioners 2019
- The Resource Guide for the Positive Behaviour Support Capability Framework 2020
- NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020
- AS/NZS 1754 Child restraints systems for use in motor vehicles
- AS/NZS 8005 Accessories for child restraints for use in motor vehicles
- AS/NZS 4370 Restraint of children with disabilities, or medical conditions, in motor vehicles

### **State Legislation / Policy / Guidelines:**

#### **NSW**

- NSW Children and Young Persons (Care and Protection) Regulation (2000)
- NSW DCJ Restrictive Practice Authorisation Policy and Practice Guidelines

#### **QLD**

- State Requirements for Providers delivering Services that involve use of Restrictive Practices in QLD. March 2023, Dept Communities, Disability Services and Seniors
- QLD Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships "Authorising Restrictive Practices" Guidelines (2022)

**VIC**

- Using Restrictive Practices in Victoria – Guide for NDIS Registered Providers, Vic Health & Human Services <https://www.dhhs.vic.gov.au/victorian-senior-practitioner>

**WA**

- Responsibilities for Authorisation of Restrictive Practices in Western Australia June 2021 Govt Western Australia / Department of Communities
- Procedure Guidelines for Authorisation of Restrictive Practices in NDIS Funded Disability Services April 2021 Govt Western Australia / Department of Communities

**22.13. Evaluation and Review**

This policy will be reviewed every 3 years.

The continued implementation of the National Disability Insurance Scheme will provide evidence and contemporary policy to assist the planning and review principles, guidelines and procedural direction for What Ability.

This policy is not intended to be a static document and What Ability makes a commitment to its ongoing development.

## 23. Medication Management Policy and Procedure

### 23.1. Purpose and Scope

The purpose of this policy is to ensure What Ability promotes duty of care principles that require staff to maintain a high level of competency when reminding participants about, supervising the intake of, or assisting the taking of medication.

Legislation, Regulations and Standards relevant to this policy and procedure include:

- Work Health and Safety Acts (NSW, QLD, VIV, WA as relevant)
- AS/NZS 4804:2001 and 4801:2001 Work Health and Safety Systems
- Poisons and Therapeutic Goods Act 1966
- Poisons and Therapeutic Goods Regulations 2008
- NDIS Practice Standards
- NSW Child Safe Standards

Organisational documents relevant to this policy and procedure include:

- What Ability Work Health and Safety Policy and Procedure
- What Ability Incident Management Policy and Procedure
- What Ability Implementing Behaviour Support Policy and Procedure

This policy and procedure applies to all staff, volunteers, and contractors. It should be read in conjunction with What Ability Work Health and Safety Policy and Procedure.

### 23.2 Principles

Each participant requiring medication is confident their provider's staff will assist them in their taking of, storage of, and monitoring of the effects and side-effects of their medication, and works to prevent errors or incidents:

- Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication
- All staff 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 staff.

### 23.3. Policy

The health and safety of all participants, What Ability staff, volunteers, contractors and visitors is of utmost importance, including during the management and provision of assistance to participants to take medications.

### 23.4. Procedures

#### 23.4.1 Assessment of Need

- The participant onboarding process collects information on all prescribed medication used by the participant:
  - In relation to the administration of **over-the-counter** (non-prescription) medication, the participant must provide written authorisation from their medical practitioner as part of the onboarding medication process
- Where medication is self-administered by the participant, written advice is required from a participant's medical practitioner or guardian, notifying that the participant has appropriate training and skill to assume responsibility for the management of their own medication

- Where participants require assistance from What Ability staff to take their medication, formal confirmation of medications in use is required through receipt of written advice from the participant's medical practitioner, which is updated whenever a medication is changed.

#### **23.4.2 Planning**

- What Ability promotes the provision of medication to be delivered in pharmacy pre-packed containers (e.g. WEBSTERPAK), Where this is not an option, medication will only be accepted when provided in its original pharmacy packaging and a clearly labelled container
- What Ability will seek written consent to assist participants to take their medication from the relevant party during the onboarding process
- The support plan (Participant Medication Information Form) will clearly identify:
  - all medication in use
  - the purpose of each medication to be administered by staff
  - the time and dosage of administration and administration instructions
- Staff MUST always have ready access to the Medication Information Register reference tool.

#### **23.4.3 Implementation**

##### **23.4.3.1 Participants self-administering and managing their own medications:**

- Participants will manage and administer their own medication where capacity has been confirmed in writing
- Participants are provided with every opportunity and support to safely manage and administer their own medication
- The self-administration and management of medications by the participant is effectively supported, supervised, and recorded in files and medication charts by staff.
- When at Camp, to ensure the safety and protection of all attending participants, the self-administering participant is encouraged and supported to securely store medication throughout their stay.

##### **23.4.3.2 Participants unable to self-administer their own medications:**

- The participant's Medication Information form is accessible to the staff member on their profile within the online rostering system
- Staff will apply all written instructions and provide the participant with the assistance necessary and appropriate to enable the participant to take their own medication, unless the participant objects
- Participant medication assistance on Camps is the responsibility of the Camp Captain.
- Assistance to support participants to take their medications provided by staff other than the Camp Captain at Camps e.g. during activities such as bush walking, MUST be approved and monitored by the Camp Captain and assistance to do so can only be provided by staff with current medication assistance education and training.

##### **23.4.3.3 Practical Requirements for the Assistance to Participants to take their Medications:**

- Medication may be prescribed routinely each day or PRN (pro re nata or **give as required**)
- All assistance to participants to take their medication is conducted in strict accordance with the directions of the prescribing medical practitioner and/or pharmacist directions and any provided written protocol e.g.: Behaviour Support Plan
- **PRN protocols clearly define the conditions and circumstances under which staff may assist participants to take PRN medication**
- All participant medications are taken or administered from the original container or package in which they were originally dispensed



- Each container is correctly labelled with the participant's name, dosage and time of administration and has an expiry date
- Medication is administered as a single performance task and staff will only commence the process once they have ensured no distraction or interruption is likely to occur
- All staff assisting with medications understand the side effects of the medication being administered and the steps to take in the event of an adverse reaction or other incident.
- Administration of any medication must follow the 6 rights of medication administration:
  1. Right participant
  2. Right medication
  3. Right route
  4. Right dose
  5. Right time
  6. Right documentation

#### **23.4.4 Restrictive Practices**

- Staff will not administer medication to a participant who is clearly objecting in an informed manner, unless there is an authorised restrictive practices medication administration protocol in place
- Where an approved and NDIS registered Behaviour Support Plan is in place and includes the administration of medication as a restrictive practice and authorisation is pending for a written and medically authorised medication protocol:
  - Approval to administer is sought from the State Manager
  - An incident report is completed
  - An unauthorised restrictive practice report is submitted.

#### **23.4.5 Managing risk / incidents**

- Only staff who have undertaken relevant training will assist participants to take their medication
- Where two staff are present, medication administration is checked by the second person
- Medication must not be administered to a participant by another participant under any circumstances.
- Where a staff member is uncertain about a participant's medication or the specific supports required to assist participants to take their medication, this should be clarified prior to administration with their on-call manager in the first instance, with progression to the treating medical practitioner / dispensing pharmacist as necessary
- All incidents regarding medication including refusal, missed dose, lost medication or medication administration error is to be reported verbally using the on-call system and documented on an incident report in accordance with What Ability Incident Management Policy and Procedure.

#### **23.4.6 Prohibited practices**

- Staff will not assist participants to take any medication that is not prescribed in accordance with this policy
- Staff will not administer medications to participants in a manner that is clearly for organisational convenience and not reflecting the preferences or needs of the participant
- Staff will not leave medications of any type in an area where they are unsupervised and accessible to participants or unauthorised persons.

#### **23.4.7 Medication Records**

- A medication administration record is maintained for each participant's prescribed medication
- Records are to clearly identify the medication and dosage administered including all information on observed adverse reactions
- Medication that is administered during day bookings is tracked through mandatory tasks within the online rostering system.

- Camp medication administration is tracked on an online administration form and in hard copy by the Camp Captain. Any hard copies kept of camp medication administration records are shredded if used, in-line with organisational policy and procedure.

#### **23.4.8 Storing Medication**

##### **23.4.8.1 General Medication (including tablets/sprays/topicals etc)**

- Each medication should be stored in accordance with the manufacturer's instructions with additional consideration of weather conditions during transport, e.g., use cold packs / cooler bags in hot weather
- Staff on duty are responsible for the security and safety of medication for the protection of all participants, and must ensure medication is stored:
  - in a secure and labelled container for each individual participant
  - transported safely by the participant as they wish when medication is self-administered
  - transported by the staff member who is responsible for medication administration

When on Camp:

- in a secure cabinet or cupboard only accessible to staff
- in a clearly labelled and separate container when refrigeration is required. Where possible medications should be stored separately from other refrigerated products. Where this is not possible, a locked container is used.

##### **23.4.8.2 Emergency Medication – Midazolam**

- All Midazolam medication for individual participants (however presented) is safely stored for transport:
  - in its own solid (not clear plastic) and clearly labelled container
  - packed with at least two cold packs
  - put in a cooler back to protect from sunlight / heat
  - kept in boot of car.
- All midazolam medication for individual participants (however presented) is to be safely stored **at Camp**:
  - in its own solid (not clear plastic) and clearly labelled container
  - in the fridge.
    - Where possible medications should be stored separately from other refrigerated products.
    - Where this is not possible, a locked container is used
- Midazolam Container should include:
  - Medication (always check expiry date on receipt)
  - Gloves
  - Medication chart / pen

#### **23.4.9 Disposing of Medications**

- All medications (including those self-administered and managed by participants) that are not used during bookings / Camps are to be returned to Guardian
- No medications are to be used by or for another participant
- What Ability does not hold or accrue "stock medication" of any kind for any purpose

#### **23.5 Staff Training and Development**

What Ability has a documented program of medication assistance education, competency assessment and teaching. Aspects of this program are included in What Ability's orientation/induction and in the staff development program, as ongoing components.

The purposes of the Medication Assistance Program (MAP) are to ensure What Ability supports, resources and enables all staff to become capable and competent in the knowledge and skills required to **assist** participants to take their medication when they have a need to do so during both bookings and camps.

The knowledge and skills needed to competently provide medication assistance supports to participants are an ongoing requirement for all staff, therefore What Ability provides:

- An orientation/induction program for all new staff which includes medication assistance
- Annual refresher education in medication assistance which is provided to staff via the Support Worker Workshops program
- A competency-based staff development program (see figure 1 below), which includes:
  - Certification as an **Medication Assistance Assessor** of staff competency in medication assistance
  - Competency to provided medication assistance as a **Camp Captain**, and
  - Certification as a **Teacher of Medication Assistance**

Figure 1.

**Road MAP – Competencies in Medication Assistance**

<p><b>Competency 1 - Medication Assistance for All Staff:</b></p> <ul style="list-style-type: none"> <li>● Education for all staff on providing medication assistance to participants</li> <li>● Competency assessment for each staff member in medication assistance</li> <li>● Annual refresher education on Medication Assistance</li> </ul>
<p><b>Competency 2 - Certification as a Medication Assistance Assessor:</b></p> <ul style="list-style-type: none"> <li>● Education in competency assessment for medication assistance (specified staff)</li> <li>● Certification as a medication assistance assessor (competency assessment)</li> </ul>
<p><b>Competency 3 - Medication Assistance for Camp Captains:</b></p> <ul style="list-style-type: none"> <li>● Education for Camp Captains on providing medication assistance to participants at camps</li> </ul>
<p><b>Competency 4 - Certification as a Teacher of Medication Assistance:</b></p> <ul style="list-style-type: none"> <li>● Education in teaching of medication assistance to staff (specified staff)</li> <li>● Certification as a teacher of medication assistance (competency assessment)</li> </ul>

Staff are provided with medication assistance training during orientation/induction, with participant-specific training provided to staff who are supporting participants:

- Who have complex medication regimes/emergency healthcare support plans that include the administration of emergency medication
- Who have behaviour support plans that include medication administration identified as restrictive practices.

Staff competency of performance is assessed following training, and repeated annually (as per competency 1 above).

### 23.6. Monitoring and Review

- The Support Plan Review process confirms medication requiring assistance by What Ability staff to be taken by participants remains current and relevant to the participant's needs
- What Ability continuously monitors Medication validity and Medication assistance through quarterly internal audits that are attended in a sample size and aim to cover most participants throughout the calendar year
- The What Ability Continuous Improvement Plan records and monitor progress of any improvements and informs service planning and delivery processes

- The What Ability Executive Team will review this policy and procedure annually, including a review of current practices, service delivery types, Incident Register; Complaints and
- Grievances Register: Internal Audit findings; and staff, participant, and other stakeholder feedback.

**23.7. Review**

This policy will be reviewed every three years or as operational needs, legislation or policy changes dictate.

## **24. Business Risk Management Plan**

### **24.1. What is a business risk and why have a plan?**

Business risk can be defined as an event or circumstance that has a negative effect on your business, for example, the risk of having equipment or money stolen as a result of poor security procedures. Some risks may be critical to our success; however, exposing our business to the wrong types of risk may be harmful. This policy exists to mitigate any identified risks.

### **24.2. Purpose**

Why do we have a Business Risk Management policy?

Our Business Risk Management policy guides how What Ability assesses and responds to business risks that we will inevitably encounter in managing and delivering our services. This ensures that risks are removed, minimised or managed to ensure the viability, quality and accountability of our services.

### **24.3. Identifying Risk**

Categories are:

- ☐ strategic –decisions concerning your business’ objectives
- ☐ policy – changes to NDIS or funding decisions.
- ☐ compliance –the need to comply with laws, regulations, human service standards and codes of practice
- ☐ financial –financial transactions, systems and structure of your business
- ☐ operational –our operational and administrative procedures
- ☐ environmental –external events that the business has little control over such unfavourable weather or economic conditions
- ☐ reputational –the character or goodwill of the business.

### **24.4. Assessing the risk**

The purpose is to determine the likelihood and consequence of each risk and to identify how each risk is currently controlled.

The following staff are responsible for assessing business risk:

- ☐ The CEO
- ☐ The Executive Team
- ☐ State Managers and Support Squad
- ☐ External contractors such as the accountant and insurers.

#### **24.4.1 External Risk Identification and Assessment**

In regularly identify business risks to our organisation and services our organisation takes into consideration:

- ☐ Feedback and choices from participants, their carers and family
- ☐ Industry trends

- ☐ Feedback from staff
- ☐ Work practices
- ☐ Changing needs of the organisation
- ☐ Changing needs of Participants and staff
- ☐ Advice from professionals and/or stakeholders
- ☐ External changes such as policy and legislation

We use a risk framework to identify, assess and respond to risks:

<b>Impact</b>	High	M1	H2	H1
	Medium	L1	M2	H2
	Low	L2	L1	M1
		Low	Medium	High
	<b>Likelihood</b>			

## 25.5. Identifying and Implementing Controls

Identifying and managing risks involves developing cost effective options to deal with them including:

- ☐ avoiding
- ☐ reducing
- ☐ transferring
- ☐ accepting.

Avoid the risk – we change your business process, equipment or material to achieve a similar outcome but with less risk.

Reduce the risk - if a risk can't be avoided reduce its likelihood and consequence. This could include staff training, documenting procedures and policies, complying with legislation, maintaining equipment, practising emergency procedures, keeping records safely secured and contingency planning.

Transfer the risk – we transfer some or all of the risk to another party through contracting, insurance, partnerships or joint ventures.

Accept the risk – if it is our only option.

We use the following processes to determine what action we will take in relation to each risk identified and monitor implementation of controls by:

- ☐ Assessing the effectiveness of controls put in place
- ☐ Liaise with managers and external professionals to ensure that the controls are effective
- ☐ Annual schedule of internal audits documented in the administration calendar
- ☐ Liaise with participants their caregivers and staff to ensure the controls do not adversely impact on the services they receive
- ☐ Review controls with the CEO, the Executive Leadership Team, National Support Team and State Managers to alter controls as required.

#### **24.6. Evaluating and implementing Improvements**

Improvements implemented as a result of business risk management reviews and planning are recorded as part of the overall Risk Management Plan to ensure that they are implemented, monitored and evaluated. Results from these outcomes are also incorporated into our Continuous Improvement policy and plan.

We will engage with our insurers and financial consultants to ensure we have the appropriate insurances and liquidity to cover all events.

The CEO and Executive Team are responsible for monitoring the Risk Management Plan with the support of relevant Support Squad staff.

#### **24.7. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- ☐ communicated to the participants, their carers/family, key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's web-site.

#### **24.8. Related policies**

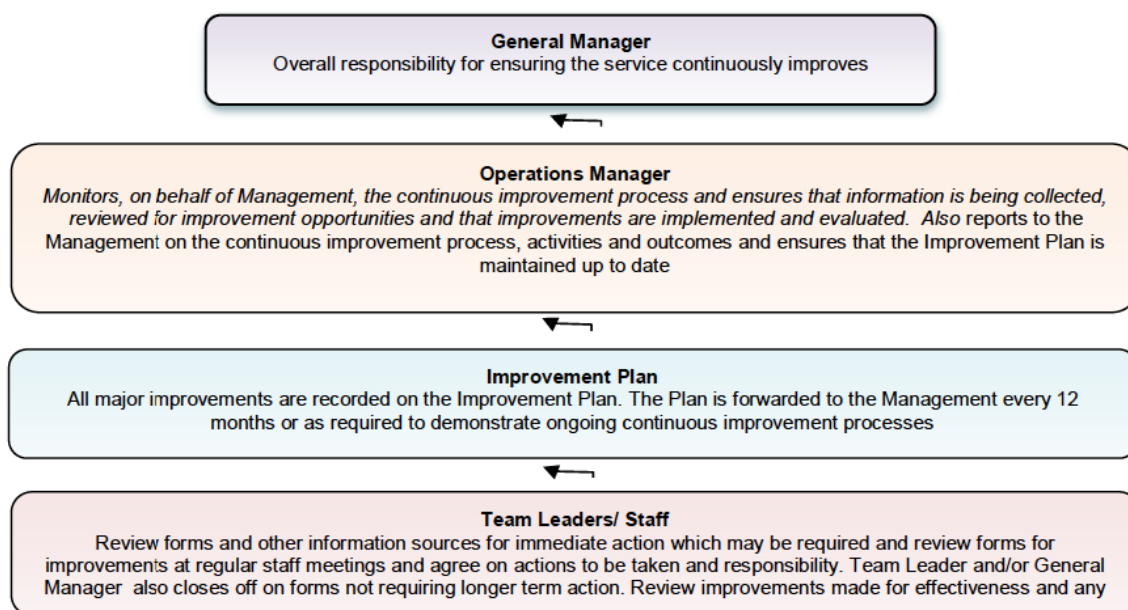
- ☐ Our Risk Management Framework
- ☐ Our Risk Management Policy
- ☐ Our WHS Policy
- ☐ Governance Policy

#### **24.9. Policy review**

The CEO in collaboration with the relevant stakeholders will review this policy every 3 years. The outcomes of this review will be documented and used as part of our continuous improvement.

Using the Business Risk Management Policy and Risk Matrix, this document identifies and prioritises known risks to the operation of the organisation.

### Continuous Improvement Information Management Process



### Continuous Improvement Plan Template

Date & Source	Relevant Standard	Issue/ Improvement Required	Improvement Actions	Who is Responsible	Planned completion date	Actual completion date	Date reviewed - any further action required?

The Business Risk Management Plan is implemented and monitored by the CEO, and the Executive team. The Plan is reviewed at Executive Management Meetings.



## 25. Internet Usage and Social Media Policy

### 25.1. Internet Usage

This policy applies to all employees of What Ability who have access to computers and the Internet to be used in the performance of their work.

Use of the Internet by employees of What Ability is permitted and encouraged where such use supports the goals and objectives of the business. However, access to the internet via What Ability is a privilege and all employees must adhere to the policies concerning Computer, Email and Internet usage.

Violation of these policies could result in disciplinary and/or legal action leading up to and including termination of employment. Employees may also be held personally liable for damages caused by any violations of this policy. All employees are required to acknowledge receipt and confirm that they have understood and agree to abide by the rules hereunder.

### 25.2. Computer, email and internet usage

Company employees are expected to use the internet responsibly and productively.

Internet access is limited to job-related activities only, and personal use is not permitted.

- Use of the internet via What Ability is permitted for job-related activities including research and educational tasks that enhance and inform an employee's role.
- All internet data that is composed, transmitted and/or received by What Ability's computer systems is considered to belong to What Ability's and is recognised as part of its official data. For this reason, it may be disclosed to third parties for legal reasons.
- The equipment, services and technology used to access the internet are the property of What Ability and the company reserves the right to monitor internet traffic and monitor and access data that is composed, sent or received through its online connections
- Emails sent via the company email system should not contain content that is deemed to be offensive. This includes, though is not restricted to, the use of vulgar or harassing language/images
- All sites and downloads may be monitored and/or blocked by What Ability if they are deemed to be harmful and/or not productive to business

### 25.3. Unacceptable use of the internet by employees includes, but is not limited to:

- Sending or posting discriminatory, harassing, or threatening messages or images on the internet or via What Ability's email service
- Using computers to perpetrate any form of fraud, and/or software, film or music piracy
- Stealing, using, or disclosing someone else's password without authorisation
- Downloading, copying or pirating software and electronic files that are copyrighted or without authorisation
- Sharing confidential material, trade secrets, or proprietary information outside of the organisation
- Hacking into unauthorised websites
- Sending or posting information that is defamatory to the company, its products/services, colleagues and/or customers
- Introducing malicious software onto the company network and/or jeopardising the security of the organisation's electronic communications systems
- Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities
- Passing off personal views as representing those of the organisation

#### **25.4. Social Media**

The company respects the right of employees to use social media for personal and professional purposes. This Policy applies to employees when they participate in social networking sites whether during work hours or outside of work hours on their own computers or other electronic communication technologies if they have been authorised to do so.

##### **Definition:**

What Ability's social media postings provide specific examples of how participants actively and meaningfully participate in community and civic life facilitated and supported by What Ability. They are a mechanism of highlighting and celebrating participant's achievements and sharing these with the wider community.

This Policy covers all current and future social media platforms. These platforms currently include, but are not limited to:

- a) Social networking sites: Facebook, Instagram, snap chat Foursquare, LinkedIn, Bebo and Friendster;
- b) Video and photo sharing websites: Flickr and YouTube;
- c) Micro-blogging sites: Twitter;
- d) Blogs: including corporate blogs and personal blogs or blogs hosted by traditional media publications;
- e) Forums and discussion boards: e.g. local discussion boards, Whirlpool, Yahoo! Groups or Google Groups;
- f) Online encyclopaedias: e.g. Wikipedia and Sidewiki; and
- g) Any other websites that allow individual users or companies to use simple publishing tools, (together called Social Media).

##### **Social Media: Participants**

During the participant onboarding process, all participants are asked if they wish to give their consent to be included in What Ability's social media content. Each participant's choice regarding consent for social media are documented using the Social Media Publicity consent form.

A participant's social media consent status applies to both bookings and camps.

Note: Social Media Consent is initially obtained at the onboarding stage. Participants can change or withdraw their consent for any or all aspects of support, including social media consent, at any time.

The Chief Marketing Officer (CMO) is responsible for ensuring that any What Ability social media content posted by the Marketing Team includes only participants who have given their consent to be included in What Ability's social media content.

##### **Social Media: What Ability Staff**

Employees are responsible for complying with company policies and procedures when using social media. Employees are accountable for any information they publish online, whether during work hours or outside of work hours on their own computers or other electronic communication technologies if they have been authorised to do so.

What Ability values the importance of using social media responsibly, at the same time ensuring:

- Protection of the privacy of any person (participant or staff) associated with the organisation
- Protection of the integrity of the What Ability brand

Employees have a duty of care not to bring the organisation's name and reputation into disrespect. This includes (but is not limited to) employees:

- Making negative comment in the media, including social media and networking forums
- Using social media to comment on or post confidential information about What Ability at any time, either from the organisation, or under a personal blog, profile, wiki, etc.
- This includes information such as financial performance, organisational plans, operational issues, partnerships etc.

Whether or not a person associated with the organisation chooses to create or legitimately participate in social media is a decision for them to make, as long as it does not identify them as being an employee of What Ability or have the potential of impacting on the organisation's reputation.

All employees are cautioned that the internet is often not an anonymous tool and that it is reasonable to assume everything any employee writes or posts, either from a home or work computer, has the potential to be traced back to you and also to reflect on the organisation. When participating in social media, your legal obligations as an employee remain.

It is your responsibility to ensure that your posts are appropriate. Use your judgment and common sense, and if there is any doubt, do not post. Generally, what you do on your own time is your own business. However, information you provide, and statements you make, on Social Media sites may impact the workplace and have significant consequences. This material may be read by others in the What Ability community or the public at large. Once information is published online, it is essentially part of a permanent record, even if you 'remove/delete' it later or attempt to make it anonymous.

### **Expressing your personal views**

It can be difficult to draw a line between your personal and professional life when using Social Media. Even when you are talking as an individual, people may perceive you to be talking on behalf of What Ability. By identifying yourself as a What Ability employee, you are creating perceptions about your expertise and about What Ability. Accordingly, you need to be careful that all content associated with you does not conflict with What Ability policies and your obligations as an employee.

Just because conduct is outside work or you have not clearly identified yourself as a What Ability employee, it may nonetheless be in breach of your obligations to What Ability as an employee, whether on Social Media or otherwise. You should exercise caution and common sense on that basis.

This policy is not designed to infringe upon your personal interaction or online conversations where you are clearly speaking as an individual with no reference to What Ability or your position as an employee of What Ability, provided you are otherwise complying with What Ability policies and your obligations as an employee.

### **When using any Social Media you must not:**

- a) Invite participants, parents or extended family to join your personal social networking site or accept a participant's invitation to join theirs;
- b) Become "friends, connections or followers" with participants or families on their own personal Social Media platforms. This includes families who are no longer accessing supports provided by What Ability. This applies to all platforms such as BeReal, TikTok, FaceBook, Instagram and others that may become available in the future.
- c) personally communicate with participants, parents or extended family on social networking sites;
- d) use What Ability's logo or create What Ability branded accounts which could be interpreted as representing What Ability;

- e) contribute anything which would bring you or What Ability into disrepute – for example an offensive
- f) engage in any conduct that would not be acceptable in the workplace – for example:
  - i) making any adverse, offensive or derogatory statements about other employees or contractors, clients, parents or the Management of What Ability; or
  - ii) engaging in unlawful discrimination, harassment or bullying of other employees, clients, parents or the Board or Management of What Ability; and
- g) disclose any confidential information about What Ability, including information about other employees or contractors, participants, parents or the Board or Management of What Ability.

The above requirements apply regardless of whether you have restricted access to your personal site to selected persons only.

You should also avoid identifying or discussing co-workers or posting photographs that include co-workers unless you have obtained their permission first.

#### **Use of Social Media Usage: Staff Roles**

If you are required by What Ability to participate in Social Media sites as part of your role with the company you should ensure that you clearly understand what is required of you.

You should always exercise responsibility and judgment in any material you post on Social Media sites where you are participating as part of your role with What Ability. Essentially the rules that apply to you when you are interacting face to face with people as a representative of What Ability will apply to your actions on Social Media – including all What Ability policies. Similarly, the normal authorisation and approval process in relation to any content that you are posting will also apply.

You should be polite and respectful of the opinions of others at all times and refrain from posting any comments which harshly criticise or undermine posts made by others. You should be careful of what you say about others and do not post comments which may be viewed as denigrating or insulting including to other organisations.

#### **25.5 Photo Storage**

All employees are required to upload photos from bookings and/or camps of their participant to populate a 'Participant Photo Album'. This album is currently stored with a third party Digital Asset Management Solution called Hivo, and a custom link is made available to families in their Supportmate App. Employees are instructed to upload photos the same day as booking and then delete the photos/videos shortly after.

It is the responsibility of the employee to ensure participant photos are not stored on their own personal device or any longer than is necessary to fulfil their obligations as a support worker. Failure to adhere to this policy may result in disciplinary action.

#### **25.6. Communication**

Communication about this policy should be implemented in a way that suits each person with regard to their cultural background e.g. use of an interpreter or easy to read documents.

This policy will be:

- communicated to the participants, their carers/family, key internal and external
- stakeholders of What Ability;
- communicated to What Ability staff through induction and professional development opportunities;
- accessible through What Ability's web-site.

**25.7. Standards**

If an employee is unsure about what constitutes acceptable internet, social media usage or communication process, then they should ask their supervisor for further guidance and clarification.

All terms and conditions as stated in this policy are applicable to all users of What Ability's network and social media usage. They are not intended to be exhaustive, nor do they anticipate every possible use of Social Media. All terms and conditions as stated reflect an agreement of all parties and should be governed and interpreted in accordance with the policies and procedures mentioned above. Any user violating these policies is subject to disciplinary actions deemed appropriate by What Ability.

**25.8. Related policies**

- Code of Conduct
- Human Resources Policy
- Continuous Improvement Policy
- Governance Policy

**25.9. Policy review**

The Chief Executive Officer in collaboration with the relevant stakeholders will review this policy every 3 years. The outcomes of this review will be documented and used as part of our continuous improvement.

## 26. Company Property and Image Policy (including Uniforms)

### 26.1. Policy

The policy applies to all What Ability staff, employees and support workers who have access to company materials, cars, vehicles, uniforms and any property pertaining to the What Ability logo. All employees may exercise their privilege or obligation to use the company property in accordance with the business objectives. However, all employees must abide by the company's property and image policy.

Violation of these policies could result in disciplinary and/or legal action leading up to and including termination of employment. Employees may also be personally liable for damages of any company property they incur whilst utilising that property. All employees are required to acknowledge receipt and confirm that they have understood and agree to abide by the rules hereunder.

### 26.2 Car usage

The company may require or give permission for employees to use company cars for professional purposes.

Employees are responsible if they are using the vehicle or company property to adhere to the company policies and procedure on property and image.

- ☐ Company employees are required to use company vehicles, property and items responsibly and productively.
- ☐ any misconduct or abuse of such property, collation of fines whilst using the vehicle, or misconduct whilst wearing the company logo may result in the company issuing disciplinary action causing the offender to be personally liable for any damages.
- ☐ When wearing company uniform or representing the company in public, at all times, employees must act in accordance within the guidelines of the company standards.

Employees using their own vehicle to transport participants must have completed the 'What Ability Support Worker Car Use Safety Checklist' to ensure their car is registered, compliant with safety regulations, clean and tidy. This checklist is completed during the induction process.

### 26.3 Using a Participant's Personal Vehicle to Provide Transportation Supports

Due to the specific needs of participants, it may be requested by the participant or What Ability Pty Ltd (WA) that a vehicle owned by a participant be used by staff for participant transport.

#### Participant Consent

A consent form will be completed with the participant/representative for staff access to, and use of the participant's personal vehicle for provision of support.

Consent for this to occur should address the following:

1. Confirm driving licence requirements for driving the vehicle
2. Provision to WA of a copy of the vehicle's current registration and comprehensive insurance and renewals as relevant
3. Vehicle to be fuelled and ready to be able to be used for each booking
4. Any agreed arrangements for extended use / refuelling (e.g., during camps)
5. Provide instruction to staff on first use:
  - o parking restrictions of note (e.g. no undercover parking due to vehicle height / gap for rear door access etc)
  - o participant seating and seatbelts/harness application

- wheelchair loading and location in the vehicle; storage and application of wheelchair lap belt / floor restraints
- emergency exit procedure including location and use of belt cutter
- 6. Physical check with staff of the vehicle's condition prior to and after each booking
- 7. Staff records maintained for mileage for each booking

#### **The Participant's Support Plan**

- A vehicle risk assessment is conducted prior to staff access to the vehicle. Issues / concerns re. participant safety/vehicle use are reported to the RM for consideration prior to inclusion in the Support Plan
- The Support Plan will record specific instructions to staff in use of the vehicle as collected on the consent form

#### **Staff Responsibilities**

Staff will:

- Apply all instructions in the support plan and advise their RM if they require additional training in the use of the vehicle or its equipment
- Implement the incident reporting process for adverse events in use of vehicle or its equipment

#### **26.4 Unacceptable use of company property and brand**

- ☐ Speeding, acquiring fines or accruing any penalties whilst using the company vehicle
- ☐ Bringing the company name in to disrepute whilst wearing company uniform
- ☐ Failing to act to the company standards and guidelines in public

#### **26.5 Communication**

Communication about this policy should be implemented in a way that makes it clear and visible to all employees. This policy will be:

- ☐ communicated to the staff, management, volunteers and support workers of What Ability;
- ☐ communicated to What Ability staff through induction and training;
- ☐ accessible through What Ability's web-site.

#### **26.6 Uniforms**

- ☐ The wearing of What Ability company uniforms (provided) is **compulsory** when on duty.

It is a requirement and expectation that What Ability staff will wear full uniform, in accordance with work health and safety policy and procedure.

It is a requirement and expectation that What Ability staff will **not** wear uniform, when **not** on duty (see Code of Conduct)

#### **Note:**

Being "on duty" includes travelling to or from work.

#### **26.7 Related policies**

- ☐ Code of Conduct
- ☐ Human Resources Policy
- ☐ Continuous Improvement Policy
- ☐ Governance Policy

#### **26.8 Policy review**

The Chief Executive Officer in collaboration with the relevant stakeholders will review this policy every 3 years. The outcomes of this review will be documented and used as part of our continuous improvement.



## **27. Cancellation Policy**

### **27.1. Policy**

What Ability is committed to providing transparent and fair cancellation processes for participants and support workers. This policy outlines the terms, procedures, and compensation arrangements in the event of cancellations for community access bookings and camp bookings, ensuring clarity and consistency in managing changes.

### **27.2. Procedure**

Participants may cancel their booking by notifying What Ability Support Staff. Cancellation fees, if any, will be determined with reference to the date on which notice of cancellation is received by What Ability Support Staff and are expressed as a percentage of the total price paid for the cancelled booking service.

If a participant wishes to cancel their support service bookings, they can contact their allocated Regional Manager or contact What Ability via:

Phone: 1300 358 714

Email: [info@whatability.com.au](mailto:info@whatability.com.au)

### **27.3. Terms**

#### **27.3.1 Participant Cancellation**

##### **27.3.1.1 No Charge Cancellation Periods**

If a participant cancels a community access booking more than 48 hours in advance, or a camp booking more than 7 days in advance, What Ability will make all efforts to reassign the support worker to another booking. If unable to do so, support workers will not be compensated, in these circumstances.

##### **27.3.1.2 Short Notice Cancellation**

###### **Community Access Bookings**

Cancellation received 24 to 48 hours before the booking is due to begin may incur a fee of up to 70% of the total booking fee. This ensures What Ability can still pay the support workers allocated to the booking.

In the event of a booking cancellation, What Ability will endeavour to reassign the support worker to an alternative participant. Upon successful reassignment, the participant will **not** be charged.

###### **Camp Bookings**

###### **Cancellations Within 7 Days of the scheduled Camp starting date:**

Late cancellations within the timeframe stated above will incur a fee, the amount of which is at the discretion of the National Camps Manager. However, a minimum of 50% of the invoice will be charged to cover unrecoverable costs.

###### **Replacement of Booking with another participant:**

In the event of any notification of cancellation, What Ability will make all efforts to try to fill the vacancy. If we are able to fill the cancelled participant's spot and, therefore, no financial

detriment to the organisation is incurred, no invoice will be charged to the participant who has cancelled their camp booking.

### **27.3.1.3 Last Minute Cancellation**

#### **Community Access Bookings**

Cancellation notification received 24 hours or less before the booking is due to start may incur a fee of up to 100% of the booking cost. The booking will be invoiced as usual, and the cancellation will be identified on the invoice.

In the event of a booking cancellation, What Ability will endeavour to reassign the support worker to an alternative participant. Upon successful reassignment, the participant will **not** be charged.

### **27.3.1.4 Shift Shortening**

#### **Bookings:**

If a booking is shortened, the participant may be charged for the full original duration of the shift, and the support worker will be paid accordingly. This is at the discretion of the Regional Manager or a member of the What Ability Support Squad.

#### **Camp:**

If a camp is shortened, the participant will be charged up to 50% of the remaining allocated camp days to ensure the support worker is compensated accordingly and any upfront costs already paid for by What Ability (accommodation, food, activities) can be covered.

## **27.3.2 Support Worker Compensation Relating to Cancelled Bookings**

### **27.3.2.1 More Than 48 Hours in Advance**

If a participant cancels a booking more than 48 hours in advance, What Ability will make all efforts to reassign the support worker to another booking. However, if unable to do so, **no compensation** will be provided to support workers.

### **27.3.2.2 Short Notice Cancellation**

#### **Community Access Bookings (within 48 hours)**

#### **Booking Reassignment:**

In the case of a booking cancellation, What Ability will strive to reassign the support worker to a different participant's booking. In good faith, What Ability will attempt to make the time of the booking and the distance travelled to the booking as similar as possible to those of the original booking.

- **Declining a Reassigned Booking:** Support workers are not obligated to accept a reassigned booking. If they decline, their decision will be respected. However, it is important to note that the worker will not be entitled to payment for the reassigned booking if it is declined without reasonable cause.

**Compensation:**

If a participant cancels within 48 hours of the scheduled booking, support workers are entitled to full pay equivalent to their booking, unless they are reassigned to another participant's booking at a similar time and duration. If reassigned, support workers will receive compensation based on the reassigned booking's time and duration, even if this compensation amount is less than the originally agreed-upon booking.

**Camp Bookings (within 7 Days)****Cancellations Within 7 Days:****Camp Bookings (within 7 Days)****Cancellations Within 7 Days:**

If a camp booking is cancelled within 7 days of the scheduled camp, the support worker will receive \$150 per day for each day of cancellation that isn't replaced by a community access booking.

**Replacement of Participant:**

If a replacement participant fills the cancelled spot, the support worker will be paid as per the new booking and is required to support the participant for the agreed-upon time period. The participant will be charged accordingly in these circumstances.

**27.3.2.3 Shift Shortening****Bookings:**

If a booking is shortened by participant choice or by changed circumstances, support workers will still be paid for the full original duration of the shift. The participant will be charged accordingly in these circumstances.

**Camp:**

If a camp duration is shortened by participant choice or by changed circumstances, support workers will be paid 50% of the remaining allocated camp days, based on 12-hour days (not including overnight rates, awake hours, and car allowance), and the participant will be charged accordingly in these circumstances.

**27.4. Review**

In collaboration with the relevant stakeholders, the Chief Executive Officer/delegate will review this policy every three years, or as required.. The outcomes of this review will be documented and used as part of What Ability's continuous improvement process.

Note: For cancellation of Behaviour Support services provided by What Ability, please see Positive Behaviour Support Policy, section 22.7.5.

## **28. Transportation and Vehicle Management Policy**

### **28.1. Introduction/Background**

What Ability is committed to fair and ethical access to vehicles that support the delivery of safe, sustainable, and person-centred transport services:

- We support participants in their economic participation when using all transport types for social and community-based activities that meet their goals for support, so that they can achieve personal satisfaction with the outcomes of that support
- We are committed to building a diverse supply base to support the individual needs of participants
- We wish to ensure the safety of participants and staff in the delivery of transport supports
- We use company branding to promote safe, effective and fun services by What Ability.

### **28.2. Purpose**

This policy and procedure applies to all State-specific Regulations and What Ability Pty Ltd. (WA) work health and safety measures in the procurement, management and use of public, company and privately owned transport.

### **28.3. Scope**

This policy applies to business administration, human resources and all staff who use public / WA owned and / or personal vehicles for work purposes.

### **28.4. Definitions**

Public Transport: all publicly accessible transport including buses, trains, taxis, ferries etc.

What Ability vehicles: all vehicles owned / leased by and branded with What Ability logo

Private vehicles: all vehicles privately owned by staff who use them for work purposes to transport participants.

Participant personal vehicles: due to the specific needs of participants, it may be requested by the participant or WA that a participant's own vehicle be used by staff for transport.

### **28.5. Policy**

- All transport options for participants are considered during intake assessments and their review. Preferred and / or professionally recommended methods of transport are applied
- Staff refer to the participant support plan / behaviour support plan in the application of allocated safe seating and physical security as part of planning for activities including transport
- The use of vehicle fitted, and participant specific safety strategies / equipment are consistently applied for all transport events
- Public transport is used safely and in accordance with posted directions with effective support that meets the individual needs of each participant
- WA provides consistent transport procurement for the use of company vehicles. Sound business decisions and practices are based on integrity and risk principles
- Vehicle suitability and service sustainability is considered when procuring and planning social outcomes with participants
- Probity and ethical performance for vehicle management and staff driving are maintained.
- All vehicle doors MUST be locked during the transportation of participants (including childproof locks on rear doors) on any vehicles used for participant transportation, at all times e.g. What Ability-owned vehicles, vehicles owned by support workers and vehicles owned by participants/families.

## **28.6. Procedures**

### **28.6.1 Vehicle Procurement**

What Ability sources vehicles through Registered Toyota dealerships. Where branding is considered, the WA Brand Guideline is applied.

### **28.6.2 Using Company vehicles**

Identified positions across the organisation are allocated a What Ability vehicle at the discretion of the CEO and Executive Management Team. WA cars are also available for support workers to use in order to deliver supports based on allocated bookings / camps / event activities.

### **28.6.3 Use of GPS Systems in What Ability vehicles**

All What Ability cars are fitted with a GPS system run by the Eroad server. GPS systems have been installed to enable the collection of real-time data, gathered during journeys, to allow factual evidence to be presented in the case of an incident e.g. participant dysregulation, motor vehicle accident etc.

**Note:** What Ability Management (CEO, COO, LT and State Managers) have access to History reports within Eroad. Direct Managers have access only to live locations, not to previous journey histories.

GPS trackers must be connected at all times, unless written approval is obtained from What Ability management to disconnect the unit. This may be required if a technical issue occurs with the system hardware.

GPS trackers must **NOT** be unplugged or disconnected unless written approval has been obtained from What Ability management (see above). Unplugging and/or disconnecting a GPS unit fitted in a vehicle owned by What Ability whilst on a booking or at camp without written permission may result in immediate performance review, disciplinary action dismissal.

### **28.6.4 Using staff private vehicles to deliver supports**

Each vehicle owned or used by a support worker in the conduct of their work, is authorised for that work by RM. All required information for registration, CTP insurance and roadworthiness, is collected, assessed and monitored.

## **28.7 Using A Participant's Vehicle (Non WA-owned Vehicles)**

### **28.7.1 Permission to Use a Participant's Vehicle**

During the participant on-boarding process, the on-boarding process includes a question relating to the use of transportation, including the option to use a vehicle owned or provided by a participant/family/member of their network.

If the participant/family/support network identifies that it is their preference that a vehicle owned by the participant or significant other (therefore not a What Ability vehicle) is to be used during the delivery of supports, a process of obtaining permission from the participant / representative for staff access to, and use of their personal vehicle for provision of support will be undertaken. This will include:

- Obtaining email confirmation from the participant/family/member of the participant's support network that permission is given for a vehicle owned by the participant or significant other (therefore not a What Ability vehicle) to be used to transport the participant whilst delivering scheduled supports
- Confirm driving licence requirements for driving the vehicle

- Provide a copy for sighting by What Ability of the vehicle's current registration and CTP insurance, and renewals as relevant
- That the vehicle contains a First Aid Kit that is replenished as needed
- That the vehicle to be fuelled and ready to be used at the commencement of each booking
- Any agreed arrangements for extended use / refuelling (e.g. during camps)
- Provide instruction to staff on first use:
  - parking restrictions of note (e.g. no undercover parking due to vehicle height / gap for rear door access etc)
  - participant seating and seat belts / harness application
  - wheelchair loading and location in the vehicle; storage and application of wheelchair lap belt / floor restraints
  - emergency exit procedure including location and use of belt cutter
- Physical check with staff of the vehicle prior to and after each booking
- Staff records maintained for mileage for each booking.

#### **28.7.2 Vehicle use**

- A vehicle risk assessment is conducted by an RM prior to staff access to the vehicle
- Issues / concerns re. participant safety / participant vehicle use are reported to the Senior Team Lead (RM) for consideration prior to inclusion in the support plan
- The support plan will record specific instructions to staff in use of the vehicle as collected on the consent form.

### **28.8 Safety**

#### **28.8.1 Participant Safety**

- The participant risk assessment process considers needs and risks related to all methods of transport selected by the participant
- The participant support plan and / or behaviour support plan directs staff on safe seating allocation; use of approved seat belts; authorised restrictive practices for safe travel; reasonable journey times; and use of communication aids / safe activities during the journey
- Participants suspected to be under the influence of alcohol or controlled substances are reported to the RM prior to commencement of a booking.

#### **Notes:**

- All participants aged 12 years and under **MUST NEVER** travel in the front passenger seat of any vehicle with **NO EXCEPTIONS**.
- All participants aged 12 years and under (regardless of the complexity of their support needs) **MUST** be seated **BEHIND the driver's seat and/or front passenger seat, or in a third row seat** (as specified in a participant's BSP and/or Support Plan).

#### **28.8.2 Safety Inspections Following Repairs to What Ability-owned Vehicles**

Following the repair of any What Ability-owned vehicle by a licenced vehicle repairer:

- On handover from the repairer, the member of staff who picks up the car from the repairer **MUST** undertake a thorough car safety inspection and complete a car conditioning form for the vehicle
- Any identified issues must be rectified immediately and no participant transport is to be undertaken using the vehicle until all required car safety criteria have been met

## **28.9 Responsibilities**

### **28.9.1 Business administration**

- Undertake a strategic approach to procurement and availability of transport suitable to the needs of participants and staff
- Implement a vehicle management and maintenance program for WA vehicles
- Manage the EROAD platform in use for WA vehicles.
- Ensure a process for the procurement, storage, allocation and security of required and use approved vehicle aids and equipment, including for example belt cutters, seat belt covers and sports equipment.
- Provide and replenish First Aid Kits (for What Ability-owned vehicles)
- Replenish any first aid supplies used from first aid kits (for non-WA owned vehicles)

### **28.9.2 Human Resource Management**

- Provide car contracts to staff, including the individual publication to relevant staff of privacy matters related to dashcam, live traffic monitoring, historical records and driver safety reports when using WA vehicles
- Ensure a process for the collection, currency, storage and security of required compliance documents including vehicle registrations, insurances, licences.

### **28.9.3 Staff using public transport**

- Public transport is used safely and in accordance with posted directions / transport staff instructions
- Effective support meets the individual needs of each participant through application of the support plan / behaviour support plan.

### **28.9.4 Staff driving participants**

- Staff driving WA and / or personal vehicles will sign a Car Agreement prior to vehicle use
- WA uniform is worn when on duty
- Where appropriate, child seats are used and correctly installed in accordance with relevant State Transport Regulations
- All vehicles are maintained in a clean, safe and roadworthy condition
- Comply with request to complete / have undertaken by RM to a documented vehicle inspection using the Car Use Safety Checklist
- Carry a First Aid Kit in the vehicle and replenish when used and/or as required

### **28.9.5 Staff owned vehicles:**

- Apply manufacturer recommended servicing program and produce completion evidence on request
- All What Ability staff must hold and maintain current State-relevant vehicle registration and third-party insurances for any non-WA owned vehicle used for participant transportation for the duration of their employment
- All What Ability staff must provide current, State-relevant vehicle registration and/or third-party insurances to What Ability to be sighted for organisational records, ongoing monitoring and compliance requirements (see notes below), and produce evidence on request
- Ongoing annual checks will be conducted via the Internal Audit system to monitor and ensure continuous vehicle registration and third-party insurance coverage for all staff-owned vehicles used for participant transportation
- The organisation's register of staff vehicle registration/CTP insurance (see notes below) will be updated when any renewals are required and evidence provided by staff

- The register will be reviewed on a scheduled basis by the Compliance Monitoring mechanism, appropriate actions taken to address any identified issues, and findings reported to organisational management via What Ability's governance mechanism

**Notes:**

1. **NSW staff:** require a CTP (green slip) insurance policy to register a vehicle. NSW staff must provide their current CTP insurance certificate to What Ability for sighting (when obtained or renewed)
  2. **VIC, QLD and WA staff:** CTP insurance is included in vehicle registration, and is documented on the vehicle registration document. VIC, QLD and WA staff must provide their current vehicle registration document to What Ability for sighting (when obtained or renewed)
- Report immediately to Regional Manager (RM) any vehicle / registration change
  - Accept responsibility (in conjunction with insurer) for any claims resulting from accidents that occur in work time. Where an employee is at fault for damages of a What Ability or personal car whilst on a booking, What Ability will contribute \$500 to the excess fee (amount may change). The responsibility to pay the remainder of the excess remains with the employee
  - Smoking in vehicle during working hours is not permitted
  - Purchase, and source a First Aid kit for your own car. Assistance can be requested from your RM to replenish any resources used.
  - Hold and maintain a current Driver's Licence for the duration of employment and produce on request
  - Report any changes / limitation to Driver's Licence to RM immediately, if this occurs
  - Apply all rules and conventions relevant to State roads, driving and parking regulations
  - Driver is responsible for all parking / driving infringements
  - The use of alcohol and controlled substances prior to and during working hours is not permitted
  - Driver use of a mobile phone whilst driving vehicle is not permitted
  - Carrying of hazardous goods is not permitted
  - Vehicle is locked and secure when not in use
  - Fuel maintained to at least ¼ tank
  - Take the most direct route to the designated address
  - Vehicle carrying capacity is applied
  - Maintain security and approved use of allocated WA Fuel Cards in WA vehicles
  - Maintain mileage records and reimbursement process in staff owned vehicles

### **28.10 Staff /Training/Education**

- The new staff induction program provides direction on the application of this policy
- Refresher training is conducted annually through the schedule of support worker meetings
- Participant specific training is provided:
  - In the use of any vehicle or its related equipment for participant seating and safety
  - Applying instructions in the participant support plan / behaviour support plan
  - The application of authorised restrictive practices for safe travel
- Staff can request additional training or refresher training regarding this topic at any time
- Competency assessments are conducted where indicated, relative to participant need / vehicles in use
- Implement the incident reporting process for adverse events in use of a vehicle or its equipment.



### **28.11. Continuous Improvement Mechanisms**

- A schedule for vehicle procurement applies executive decisions on purchase and turnover of WA vehicles
- A schedule of internal audit monitors the mandatory regulatory requirements for all vehicles in use by staff. This includes currency checks for vehicle registration, required insurances, Driver's Licences and maintenance schedules
- Scheduled and random physical checks are conducted and recorded to monitor the safety and cleanliness of vehicles.

### **28.12. Communication**

This policy will be:

- Communicated to the participants and families/carers, key internal and external stakeholders of What Ability;
- Communicated to What Ability staff through induction and professional development opportunities;
- Accessible through What Ability's website.

### **28.13. Related Policies/Documentation**

- WA policy: Participant Rights / Decision Making / Consent
- WA Brand Guidelines
- WA policy: Participation and Inclusion
- WA policy: Dignity of Risk
- WA policy: Individual Planning and Outcomes
- WA policy: Positive Behaviour Support
- WA policy: Least Restrictive Interventions
- WA policy: Work Health and Safety
- NDIS Quality and Safeguards Commission (2023). Restrictive Practice Guide: Safe Transportation (Version 2): NDIS Quality and Safeguards Commission.

### **Legislation and Guidelines**

- NDIS Practice Standards: 2018
- NSW Road Transport Act 2013
- NSW Road Rules 2014
- QLD transport Operations (Passenger Transport) Standard 2010
- QLD Road Rules 2021
- VIC Transport (Compliance and Miscellaneous) Act 1983 (current 2022)
- VIC Road Rules 2023
- WA Transport (Road Passenger Services) Act 2018
- WA Road Rules 2018

### **28.14 Evaluation and Review**

This policy will be reviewed every 3 years (minimum review time frame).

The continued implementation of the National Disability Insurance Scheme will provide evidence and contemporary policy to assist the planning and review principles, guidelines and procedural direction for What Ability.

This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development.

## **29. Infection Prevention and Control Policy**

### **29.1. Introduction**

Potentially, any microorganism may cause a healthcare associated infection (HAI). Participants, staff, volunteers and family carers are all at risk of acquiring a HAI, and What Ability considers this risk in determining how supports and services are to be provided.

The application of appropriate infection prevention and control strategies will reduce the risk of HAIs, as most are preventable.

***This policy should be read in conjunction with the Waste Management Policy.***

### **29.2. Purpose**

The primary purpose of this policy is to provide leadership and direction to What Ability staff on how to effectively prevent, manage and control infection, in order to minimise adverse health impacts on all persons across all working and/or support environments; and particularly to participants receiving support in the community and when attending camps.

### **29.3. Scope**

This policy applies to all What Ability staff and visitors.

### **29.4. Definitions**

**29.4.1 Infection:** A disease or illness that is caused when an organism inside a person multiplies to levels where it may cause harm.

**29.4.2 Colonisation:** An infectious agent establishes itself on or in the body but does not cause disease.

**29.4.3 Source:** The origin of the infection agent. Most sources are other people, but can also be contaminated air, water, food or equipment.

**29.4.4 Susceptible Host:** A person exposed to an infectious agent and vulnerable to infection. Some people are more vulnerable than others.

**29.4.5 Airborne Transmission:** A form of indirect route of a potential infection that occurs by the dissemination of small, expelled aerosol type droplets. The most common example of droplets are caused by coughing.

**29.4.6 Body Substance:** Any substance produced by or expelled from the body. Body substance is used rather than body fluid to emphasise the need for precautions to prevent contact with solid tissue and faeces as well as blood (including dried blood) and body fluids. This does not include intact skin, hair or sweat.

**29.4.7 Multi-resistant organism (MRO):** An infectious agent that is resistant to several antibiotics typically used in its treatment. Because treatment options for MROs are limited, it is especially important to stop their spread.

**29.4.8 Contact:** Touching a person or their personal possessions carried during bookings / activities. Touching work surfaces / equipment.

**29.4.9 Hand Hygiene:** A general term applying to processes aiming to reduce the number of microorganisms on hands. This includes the use of soap / solution and running water and drying with a clean cloth / paper towel; or rubbing an alcohol gel on the surface of dry, unsoiled hands.

**29.4.10 Standard Precautions:** A minimum and recognised level of practice to control infection that are applied in all participant supports whether an infection is known to be present or not.

**29.4.11 Transmission-Based (or Additional) Precautions:** Specific instructions for infection control strategies when particular risks or infections are known, e.g.: working with a person who has an MRO infection.

**29.4.12 Cleaning:** The removal of visible soil (e.g. inorganic and organic material) from objects and surfaces and is normally accomplished manually or mechanically using water with detergents.

**29.4.13 Risk Assessment:** The review of a participant or their booking situation to determine risk of adverse consequences.

**29.4.14 Risk Management:** Actions implemented to minimise or control risk. These may be directed in the general performance of duties, written in a participant's Support Plan or be an immediate response by staff in response to an incident.

**29.4.15 Personal Protective Equipment (PPE):** is a variety of protective barriers that used alone or in combination protect mucous membranes (nose / mouth), skin and clothing from contact with recognised and unrecognised sources of infection.

## **29.5. Policy**

What Ability is committed to an infection prevention and control management system that adheres to the principles of safe work practices that minimise risks to participants, staff, and the community. All staff will maintain alertness and competency in their role / position to ensure and to advocate a safe environment for all.

What Ability will apply Public Health Unit Notification (PHU) responsibilities as directed by relevant State authorities.

## **29.6. Procedures**

### **29.6.1 General Management**

What Ability will maintain high standards of cleanliness and infection control through the following measures in buildings, properties and vehicles within their control:

- Regular monitoring and maintenance of air handling (conditioner / fan) systems
- Regular pest control program
- Regular cleaning / monitoring of:
  - offices and equipment
  - toys, games and sport equipment
  - Camps venues, with special attention to kitchen, sinks and benches, and toilets throughout the Camp activity
- Regular removal of waste
- Controlled and dated supply, storage and disposal of food (see also Mealtime Management Policy)
- Displaying information and directions to assist staff and visitors to maintain sound

- infection control practices
- Regular cleaning of vehicles.

### **29.6.2 Standard Precautions**

Standard Precautions are practices that are applied by all staff in all aspects of work practice and include:

- hand hygiene
- respiratory hygiene/cough etiquette
- use of PPE
- safe handling of cleaned devices
- cleaning and managing spills
- safe handling of food, waste and linen.

### **29.6.3 Transmission-Based (Additional) Precautions**

Transmission-Based Precautions are used in addition to Standard Precautions when Standard Precautions alone are insufficient to interrupt the transmission of a known or suspected pathogen:

- Contact precautions: used to reduce the risk of transmitting microorganisms by direct or indirect contact (e.g.: contact with skin or surfaces contaminated with gastroenteritis / scabies)
- Droplet precautions: used where a participant may have an infection transmitted by droplets (e.g.: mumps, influenza, rubella)
- Airborne precautions: used for participants known or suspected to be infected with pathogens that can be transmitted through the air (e.g.: tuberculosis or chickenpox virus)

Transmission-based precautions consist of:

- Maintain a clean environment
- Best possible placement of participant in the environment to reduce contamination of others
- Limit transport and movement of participants where possible and practicable
- Appropriate PPE selection and use based on risk assessment
- Gloves as per standard precautions, don immediately before infected participant contact and change between different tasks on same participant
- Use and change gloves between each new participant contact
- Where practical use disposable or dedicated participant equipment, clean and disinfect reusable shared equipment between use.

### **29.6.4 Risk Management**

The What Ability Risk Management Policy is applied in all aspects of assessment and planning for the delivery of participant support or work practice:

- Application of risk management strategies will inform individual and / or collective risk(s) in specific situations / activities / procedures, and inform management options and priorities to reduce identified risk
- Where directed, individual risk management plans for the prevention / control of infection are drafted either in a participant's Support Plan or operational procedure.

### **29.6.5 Incident including Infection Outbreak Management / Notification to Relevant Public Health Authorities of Communicable Diseases**

Incident management is critical to safe care and protection of participant and staff well-being, including What Ability's requirement to notify the relevant State Public Health Units (PHU) if identified infections arise where group services are being provided.

The What Ability Incident Management Policy / Emergency / Disaster Management Plan is applied:

- PPE is used
- immediate isolation of infected person/s is implemented

- immediate cleaning of potentially infected spaces / equipment is conducted
- a review of activities / venues / contacts is conducted to inform response for others

Each State Manager will familiarise themselves with State PHU notification responsibilities and contact information e.g.:

*Potential food / water-borne illness during Camp (e.g. observed diarrhoea / vomiting):*

*When identified in **two or more linked persons (participants and/or staff)** during Camp, notification of the relevant State Public Health Unit (see 30.12 below) should be immediate (contactable 24/7) and professional advice sought on What Ability's response. A subsequent written notification may be requested.*

#### **29.6.6 Hand Hygiene**

- For most hand hygiene activities, alcohol-based hand rub (ABHR) can be used; visibly soiled hands must be washed with liquid soap and running water and dried with a clean cloth / paper towel
- All staff providing direct support will carry ABHR as part of their community activity kit
- Consideration must be given to workplace and participant safety risks when placing ABHR dispensers (e.g., location during Camps).
- Hand hygiene is to be performed by everyone – staff, participants and volunteers
- Staff will encourage participants to perform hand hygiene and provide education on the correct technique
- Participants will be provided with the means to perform hand hygiene after going to the toilet, before eating, after sneezing, blowing their nose or coughing into hands, and after touching / handling animals
- All staff have a responsibility to remind others as necessary of the need to perform hand hygiene if they observe someone who fails, or is about to fail, to perform hand hygiene. Such reminders are to be delivered in a courteous and encouraging manner to support all to achieve a high standard of personal safety.

#### **29.6.7 Personal Protective Equipment**

- PPE will be distributed to community support staff as part of car safety kits; and provided for all Camps
- The selection of personal protective equipment (PPE) for use is based on an assessment of the risk of transmission of infectious agents to the participant / staff and the risk of contamination of clothing or skin of staff by a participant's body substances
- A single use mask is worn while performing any procedure where there is a likelihood of splashing or spraying of body substances or mucous membrane exposure to microbial droplets
- Disposable gloves (2) are worn where there is potential for exposure to body substances and hand hygiene is always immediately performed on removal of gloves
- Protective eyewear is worn while performing any procedure or task where there is a risk of splashing or splattering of body substances (e.g., participants who spit during medication / mealtime assistance)

#### **29.6.8 Safe Handling of Used/ Soiled Clothing / Linen** (See also Waste Management Policy)

There is a potential risk of microorganism transmission via exposure to contaminated linen. Staff should handle and dispose used/ soiled clothing/ linen in a manner that prevents exposure to skin and mucous membranes, contamination of clothing and transfer of microorganisms to other persons and the environment.

#### **29.6.9 Equipment / Environmental Cleaning** (See also Camp Policy)

As there is no single or standard cleaning method, each worksite, community setting / Camp will assess and identify the tools, method and document a schedule for cleaning of that space

- Kitchen sinks / benches are to be cleaned after each use

- All spills are immediately cleaned up
- Toilets are to be frequently checked and cleaned as needed
- There is frequent wipe down of shared devices / equipment
- A schedule is determined, documented and maintained for cleaning of site-based equipment / games / toys used at each service point.

#### **29.6.10 Safe Transport of Food / Medication**

Refer to the relevant What Ability Policy.

#### **29.6.11 Occupational Assessment, Screening and Vaccination for Safe Work**

Refer to the What Ability Work Health and Safety Policy.

#### **29.6.12 Management of Staff with Symptomatic Illness**

Refer to the What Ability Work Health and Safety Policy

#### **29.6.13 Animals**

Participants and staff may be in contact with pets / farm animals. Staff are to assess risk of engagement and ensure participant comfort and safety when handling animals. Standard precautions / hand hygiene procedures are to be applied after contact.

### **29.7. Responsibilities**

- **The CEO** has overall responsibility for the provision of supports and services, including safe practices of staff in performance of their duties and reports to the CEO and executive on national performance and outcomes
- **State Managers** have operational management and oversight of the delivery of participant supports and staff performance support services in their State/Territory. This includes:
  - assuring a safe practice approach to the delivery of all supports
  - assessing need, and managing the referral for and delivery of support plans that meet the health and safety needs of participants
  - ensuring adequate and appropriately skilled staffing levels relevant to individual participant needs
  - arranging training and confirming the relevant competency of staff in infection prevention and control
  - scheduling the implementation and ongoing review of Support Plans
  - ensuring prompt and accurate data and incident reporting, analysis and response to findings
  - PHU notifications and related internal and external reports
- **Support Workers** are responsible for:
  - applying the principles of safe practice in the delivery of all supports
  - participating in training to develop and maintain the skills required to consistently implement the strategies in each participant's Support Plan
  - applying the incident management policy to ensure prompt and accurate reporting of all incidents
  - self-confirming confidence and capability to implement the strategies in each Support Plan and asking for clarification / assistance / support when needed.

#### **29.7.1 Staff / Others Safety**

Staff will receive training in how to defuse participant situations and reduce the incidence of at-risk behaviours, both generally and in relation to any participants who have specific issues that could place themselves or others at risk of infection / cross infection.

## **29.8. Working with Participants/Families/Carers**

With informed consent:

- What Ability will seek contributions to assist in the identification of preventative and responsive behaviours that promote the prevention and control of infection
- What Ability will engage with all stakeholders:
  - to identify and assess risk
  - to ensure there is an awareness of safe practice strategies for individuals as required and have these documented in the participant's support plan.

## **29.9 Staff Training/Education / Supervision**

- The induction program instructs staff behaviour for infection prevention and incident response
- Service delivery teams are offered periodic refresher training
- All staff working with participants who have specific behaviours / health care needs receive relevant training in infection control procedures
- A schedule of supervision that monitors safe practice performance is maintained for all staff.

### **NOTE:**

What Ability accesses remote infection control training for staff, accessed using the following link:  
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/infection-prevention-and-control-online-learning>

## **29.10. Continuous Improvement Mechanisms**

- Minimum monthly reviews of participant progress notes by Regional Manager with allocated are conducted with matters for follow-up identified and recorded
- Weekly incident reviews by State monitor, evaluate and action findings of reviews
- Internal audit schedule for staff training confirms competent staff are providing safe infection control practices
- Organisational matters for improvement / correction are referred to the What Ability Continuous Improvement Plan by completion of a Corrective Action Report

## **29.11. Communication**

This policy will be:

- communicated to the participants and families/carers, key internal and external stakeholders of What Ability;
- communicated to What Ability staff through induction and professional development opportunities;
- accessible through What Ability's website.

## **29.12. Related Policies/Documentation**

- Human Resource Management
- Work Health and Safety
- Waste Management
- Incident Management
- Rights and Responsibilities
- Individual Planning and Outcomes

### **Related Legislation and Guidelines**

- The National Disability Insurance Scheme Practice Standards (2021)
- Infection Prevention and Control Policy, NSW Health 2017
- Infection Prevention and Control Practice Handbook NSW health 2020

- Infection Prevention and Control Policy WA Community Health Services 2019
- Privacy Act (Commonwealth) 1988

**Public Health Units**

NSW: 1300 066 055

VIC: 1300 651 160

QLD: 07 3328 9724 / 9728

WA: 08 9222 0255 / A/hours 08 9328 0553

**29.13. Evaluation and Review**

This policy will be reviewed every 3 years.

The continued implementation of the National Disability Insurance Scheme will provide evidence and contemporary policy to assist the planning and review principles, guidelines and procedural direction for What Ability.

This policy is not intended to be a static document and What Ability will make a commitment to its ongoing development.



## **30. Pregnant Workers' Policy**

### **30.1 Introduction**

What Ability has a duty of care to all staff to ensure their wellbeing and safety when at work at all times, including workers who are pregnant.

### **30.2 Purpose**

The primary purpose of this policy is to provide leadership and direction to What Ability staff on how to effectively support, manage and control risks or hazards across all working environments, in order to minimise adverse health impacts on pregnant workers throughout their pregnancy.

### **30.3 Scope**

This policy applies to all What Ability staff.

### **30.4 Definitions**

Discrimination: An employee cannot be discriminated against because they're pregnant. This means that an employee cannot be dismissed, demoted or treated differently from or by other employees because they are pregnant.

Pregnancy trimesters: there are three trimesters in a pregnancy, each lasting 12-14 weeks. Each trimester describes the growth milestones of the foetus (unborn child) and the typical physical characteristics that can happen to a woman's body as the foetus grows.

Pregnancy characteristics: Pregnancy can change the physical condition of women in ways that can affect their ability to work. Changes vary from worker to worker, however the most common and obvious to the pregnant worker and co-workers are:

- nausea, vomiting (morning sickness) particularly in early pregnancy
- fatigue to varying degrees depending on the trimester, more significant in late pregnancy
- light-headedness / persistent or unusual headaches as the blood flow changes to accommodate the growing foetus
- frequency of urination as the growing foetus presses on the bladder
- changes to the skin including dryness and observable skin eruptions / marks that disappear after birth
- swollen feet and hands
- shortness of breath, particularly in late pregnancy

Safe Work: All pregnant workers, including casuals, are entitled to move to a safe work role when it is no longer safe for them to do their usual job. This includes workers that are not eligible for unpaid parental leave.

Pregnancy Entitlements: Pregnant workers are entitled in Law to the same pay rate, hours of work and entitlements as they would in their usual work. When the pregnant worker is no longer able to maintain their usual duties or hours of work due to their pregnancy, What Ability and the worker will work cooperatively with medical advice to find Safe Work including after periods of No Safe Work.

No Safe Work: When there is no safe work available, What Ability may pay No Safe Work leave until Safe Work becomes available. Where staff are entitled to unpaid parental leave, No Safe Work leave is paid in accordance with the Fair Work Act:

- full time or part time employees - No Safe Work leave is paid at the base rate of pay for ordinary hours of work

- casual employees - No Safe Work leave is paid at the base rate of pay (not including casual loading) for the average number of hours the worker would have worked (based on the previous 3 month period) during the period they are on leave

### 30.5 Policy

What Ability supports the continued employment of pregnant workers. When advised a worker is pregnant, What Ability will proactively engage with the pregnant worker and their health care team to protect the pregnant worker at each stage of their pregnancy from any work-related risks or hazards that have the potential to affect their wellbeing and performance in the workplace.

### 30.6 Procedures

#### 30.6.1 Notifying What Ability when Pregnant

- it is the pregnant worker's right to determine when to disclose their pregnancy to What Ability
- any decision by the worker should consider the progress of their pregnancy and known work-related risks in their normal duties
- notification is by a medical certificate from a doctor stating the estimated date of delivery
- all communication between the worker and What Ability relevant to the pregnancy and related work needs is confidential

#### 30.6.2 Pregnancy Related Risks in the Workplace

The following are identified as common risks to women during pregnancy and should be considered by the worker, their midwife / doctor and employer when making decisions about the suitability of performing normal duties:

- shift work and / or extended workdays / rosters
- excessive travel
- work that is fatiguing
- physical work
- heavy lifting
- use of work-related vehicles and equipment
- exposure to chemicals
- meeting the specific needs of the organisation and the people it supports

#### 30.6.3 Requests for Alternative Duties for Safe Work

Pregnant workers are entitled to seek safe work opportunities at the time they, in consultation with their health care team, consider it appropriate to do so.

A pregnant worker seeking alternative duties to ensure Safe Work is required to provide What ability with:

1. a medical certificate from a doctor (see notes below) that outlines current conditions of pregnancy, work limitation considerations and potential to return to usual work duties

**NOTES:**

- *A significant number of women in Australia now only see a **midwife** throughout their pregnancy and during the delivery of their baby.*
  - *Midwife certificates are generally accepted in NSW for expected date of delivery/sick leave while pregnant, but a **doctor only** certificate is required for alternate duties based on Workcover RTW requirements*
2. any additional medical certificates (as needed) to articulate changes to work limitations as the pregnancy progresses

What Ability will:

- work in consultation with the worker and their health care team to understand pregnancy needs and undertake a risk assessment to determine safe work options and opportunities
- seek alternate duties that address clinical directions
- develop a Safe Work plan
- review both the risk assessment and the Safe Work plan as often as necessary to address the changing needs of the worker as the pregnancy progresses
- ensure that the correct payments are made for all pregnant workers in Safe Work positions

#### **30.6.4 Working with Pregnant Workers**

- all staff have a duty of care to protect and support each other in the workplace
- pregnant workers are respected members of the team when carrying out both normal and Safe Work duties
- co-workers are aware of, and support the pregnant worker who presents pregnancy characteristics when on duty (e.g.: more frequent toileting breaks)
- the Bullying, Harassment and Discrimination policy is applied for breaches of staff rights in the workplace

#### **30.6.5 No Safe Work Available**

When a worker seeks Safe Work alternatives and the What Ability risk assessment determines No Safe Work is available, the conditions of the Fair Work Act, SCHADS Award and relevant State Work Health and Safety Acts are applied.

#### **30.6.6 Directing Workers to take Parental Leave**

- where a pregnant worker wants to continue working in the six weeks before the stated estimated date of delivery identified in their first certificate, What Ability will seek a medical certificate within 7 days that states that they can continue to work until an identified date, and it is safe for them to perform their normal duties
- where the certificate says the worker is fit for work, but it is not safe for them to perform normal duties, the worker will be entitled to a Safe Work role or No Safe Work leave
- where a worker does not provide a medical certificate or the certificate says they can't continue work at all, What Ability will direct the worker to unpaid parental leave
- unpaid parental leave begins when the worker is directed to take unpaid parental leave and will count as part of their total unpaid parental leave entitlement
- where the worker planned to take parental leave at a later date after the birth, the period of directed leave does not have to be taken in a continuous period with other parental leave.

#### **30.6.7 Returning to Work After a Pregnancy**

- following the birth, and based on any parental leave already taken, the worker will notify What Ability of the intended return to work date in writing their relevant State Manager or RTW Coordinator as soon as practicable
- contact should be made with their relevant State and Regional Manager to confirm return to work date and collect work roster at least 4 weeks prior to return date (to enable rostering and the development of a return-to-work program)

### **30.7 Responsibilities**

#### **All staff**

- workers who are pregnant will be treated with respect and will not be discriminated against
- any concerns about the wellbeing / capacity of the pregnant worker are reported immediately to the State Manager

#### **Regional Managers**

- support the pregnant worker in the conduct of normal duties, maintain open communication channels that foster early feedback and response
- support the understanding and implementation of Safe Work plans for the pregnant worker and co-workers

#### **State Manager**

- receive and address medical certificates related to pregnancy matters
- work directly with the pregnant worker and their health team to conduct risk assessments and develop Safe Work Plans in consultation with RTW & Safe Work Coordinator
- refer No Safe Work decisions to COO (may require consultation with the CEO and Leadership Team)

#### **HR/Payroll Function**

- apply Awards and Fair Work Conditions for pregnant workers

Note: Whilst on maternity leave, staff are entitled to the equivalent of 2 months of their usual full salary. This remuneration can be taken at a rate negotiated and agreed with the CEO e.g. 4 months at half pay rate etc.

### **30.8 Staff Training/Education**

- staff receive training about preventing and reporting bullying, harassment and discrimination
- staff are informed about working with others who are working in an alternate duties capacity resulting in changed work / duties / environments that support equity of work allocation for all staff
- pregnant workers are offered training to support alternate duties to be performed in safe work roles.

### **30.9. Continuous Improvement Mechanisms**

Risk assessments and Safe Work Plans will be audited periodically to evaluate organisational performance to support pregnant workers. Non-identifying corrective actions will be added to the continuous improvement register.

### **30.10 Communication**

This policy will be:

- ☐ communicated to key internal and external stakeholders of What Ability;
- ☐ communicated to What Ability staff through induction and professional development opportunities;
- ☐ accessible through What Ability's website.

### **30.11 Related What Ability Policies**

- ☐ Work Health and Safety
- ☐ Bullying, Harassment and Discrimination
- ☐ Human Resources
- ☐ Return to Work

**30.12 Related Legislation and Guidelines**

- ☐ Fair Work Act 2009
- ☐ SCHADS Award 2023
- ☐ NSW Work Health and Safety Regulations 2017 (SafeWork NSW)
- ☐ WA Work Health and Safety (General) Regulations 2022
- ☐ QLD Work Health and Safety Regulations 2011 (WorkSafe QLD)
- ☐ VIC Occupational Health & Safety Regulations 2017 (WorkSafe VIC)
- ☐ EEO and/ or Antidiscrimination Legislation (State specific)

**30.13 Evaluation and Review**

This policy will be reviewed every 3 years or as needed to comply with National and State legislative obligations. This policy is not intended to be a static document and What Ability is committed to its ongoing development.