



# **SOCIAL SUPPORTS SA**

## **NDIS POLICIES AND PROCEDURES**

### **MANUAL**

### **CORE MODULE**

Legal name: Social Supports SA

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ABN: 56 768 188 217

NDIS ID: 4-L1JJ17

Head office: 1 Walsh Avenue, St Marys 5042 SA

Email: [admin@socialsupportssa.com.au](mailto:admin@socialsupportssa.com.au)

Website: [www.socialsupportssa.com.au](http://www.socialsupportssa.com.au)

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## PARTICIPANTS RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE

The purpose of this policy and procedure is to demonstrate Social Supports SA commitment to participants' rights and set out how these rights will be communicated Social Supports SA

### POLICY

At Social Supports SA, we are deeply committed to upholding the human rights of all participants. We firmly believe that people with disabilities deserve equal rights and opportunities, just like any other members of the community. In line with this commitment, we actively work to eliminate discrimination and ensure inclusivity in every aspect of our services.

To ensure that our practices align with the highest standards, we strictly comply with all relevant legislations and standards. We recognise the importance of adhering to legal frameworks and regulations that safeguard the rights and well-being of individuals with disabilities. By maintaining compliance, we aim to create a safe and supportive environment for our participants.

Transparency and awareness are essential components of promoting and protecting participants' rights. As part of our service entry process and during each plan review, we make sure that participants are fully informed about their rights and responsibilities. We provide comprehensive information and guidance to help them understand and exercise their rights effectively. This ensures that participants can actively engage in decision-making processes and have a clear understanding of their roles within our services.

The NDIS Participant Charter play a crucial role in outlining the responsibilities of participants. These charters serve as guiding principles that contribute to upholding the rights of all participants and staff members. By clearly defining expectations and responsibilities, we foster an environment of mutual respect, dignity, and accountability.

Through our commitment to upholding human rights, compliance with regulations, and effective communication of rights and responsibilities, SOCIAL SUPPORTS SA strives to create an inclusive and empowering space for all participants. We continuously work towards promoting equality, eliminating barriers, and ensuring that every individual feels valued and respected within our organisation.

### PROCEDURES

Participants have a set of inherent rights that are essential to their well-being and dignity. At SOCIAL SUPPORTS SA, we recognise and respect these rights, ensuring that all prospective and existing participants are informed about their entitlements. We are committed to upholding these rights and creating an inclusive and supportive environment for all individuals.

- One of the core rights of participants is the right to be recognised as a person and to be treated with equality. We believe in fostering an atmosphere where every participant is valued,

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respected, and given equal opportunities to thrive. Discrimination in any form is strictly prohibited within our organisation.

- We also uphold the right to life, acknowledging the sanctity and inherent value of every individual.
- The protection of participants from torture, cruel, inhuman, and degrading treatment is of utmost importance to us. We are committed to ensuring the physical and emotional well-being of all participants in our care.
- Freedom is another fundamental right that participants are entitled to. We support their freedom from slavery or forced work, as well as their freedom of movement. We understand the significance of personal autonomy and strive to create an environment where participants can exercise their freedom within lawful boundaries.
- Respecting privacy and personal boundaries is essential in promoting participants' well-being. At SOCIAL SUPPORTS SA, we ensure that participants' privacy, family, home, and correspondence are not arbitrarily or unlawfully interfered with. Additionally, we protect their reputation from any unlawful attacks, recognising the importance of maintaining their dignity and personal integrity.
- The freedom of thought, conscience, religion, and belief is safeguarded within our organisation. We respect participants' diverse beliefs and strive to create an inclusive environment that honours their individual values and choices.
- Participants are encouraged to express their thoughts and beliefs freely, without fear of discrimination or retribution.
- We also acknowledge participants' rights to peaceful assembly and freedom of association.
- We support their engagement in public life and provide opportunities for them to voice their opinions, contribute to decision-making processes, and actively participate in matters that affect them.
- Cultural, religious, and linguistic practices are valued at SOCIAL SUPPORTS SA. We acknowledge participants' rights to practice and enjoy their culture, religion, and language. We promote an inclusive atmosphere that celebrates diversity and encourages mutual respect among participants and staff members.
- We recognise participants' rights concerning property and liberty. Participants are not to be deprived of their property except in accordance with the law.
- We also uphold their right to liberty and security of person, ensuring that participants are treated with dignity and respect throughout their engagement with our services.
- In instances where participants may be deprived of liberty, such as in detention facilities or secure settings, we are committed to providing humane treatment. We recognise the importance of upholding their rights even in these circumstances and strive to ensure their well-being and safety.
- For participants who are children, we take additional measures to protect their rights. We ensure that detained children are segregated from detained adults, prioritising their safety and well-being.
- When it comes to legal matters, we firmly believe in the principles of a fair hearing and the presumption of innocence. If a participant is charged with a criminal offense, they have the right to a fair and impartial legal process. We uphold their right not to be tried or punished more than once for an offense for which they have already been finally convicted or acquitted, in accordance with the law.

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- We respect their rights regarding the operation of retrospective criminal laws.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## NDIS PARTICIPANTS CHARTER

SOCIAL SUPPORTS SA is committed to upholding the rights of all participants. SOCIAL SUPPORTS SA commits to upholding the rights of its participants, as set out in the Charter of Human Rights and Responsibilities Act.

### Participant Rights

Participants have the right:

- To be treated with courtesy, dignity, and respect.
- To be respected for your individual human worth and dignity.
- To realise your individual capacity for physical, social, emotional, cultural, religious, and intellectual development.
- To live a life free from abuse, neglect, or exploitation.
- To recognise your individual autonomy and independence, including your right to dignity of risk and the freedom to exercise choice and have control over your life. (This includes your rights to intimacy and sexual expression)
- Privacy, confidentiality, and access to all personal information kept about you by our company.
- To be assessed for service access in an equitable, non-discriminatory way, according to your needs.
- To participate actively in decisions affecting your life, including all decisions made about your care.
- To receive services that are appropriate, safe, of high quality, culturally relevant and adapt to your ongoing needs and goals.

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- To make a complaint to our company and to external agencies and legal rights, entitlements, and obligations under the Disability Act.
- To have services and supports provided by appropriately qualified staff.
- To change service providers and receive support in doing so by our company.
- To have a person of your choice support and advocate on your behalf in your interactions with our company.
- To refuse a service or support without prejudicing your future access to services with our company.
- To pursue any complaint about your service provision without fear of retribution and receive support to pursue complaints.
- To receive goods and services without being subject to unfair pricing practices when supplied or promoted to NDIS participants.

## Participant Responsibilities

- Treat staff and other participants with courtesy and respect.
- Respect the human and legal rights and dignity of staff and other participants.
- Be responsible for your choices and the results of any decisions you make.
- Proactively participate in the development, implementation, and review of person-centred support /care plans.
- Communicate any changes in your circumstances and needs to staff.
- Promptly pay any fees and charges associated with the provision of your service.
- Inform the company as early as possible when support is not required.

## Training

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## Monitoring and Review

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## PERSON-CENTRED SUPPORTS AND PARTICIPANT SERVICE CHARTER OF RIGHTS POLICY AND PROCEDURE

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The purpose of the Person-Centred Supports Policy and Participant Service Charter of Rights is to outline our organisation's commitment to providing individualised and person-centred supports to participants. This policy serves as a guiding document that ensures participants' rights, choices, and well-being are upheld and respected throughout their journey with us.

By implementing this policy, we aim to empower participants, promote their self-determination, and enable them to actively engage in decisions regarding their supports. It establishes a framework for our staff to deliver tailored services that meet each participant's unique needs, goals, and preferences.

The Participant Service Charter of Rights further emphasises our dedication to fostering a culture of dignity, respect, and equality, ensuring that participants are aware of their rights and actively involved in shaping their support experiences. The policy applies to all staff and participants.

## POLICY

At SOCIAL SUPPORTS SA, we are dedicated to delivering person-centred supports that empower individuals with disabilities and enhance their overall quality of life. Our Person-Centred Supports Policy Procedure serves as a guiding framework, emphasising our commitment to promoting participants' rights, choices, and well-being. We firmly believe in the expertise of each individual when it comes to their own life, valuing their informed decisions and maintaining their control over the supports they receive. Regardless of disability, we recognise and uphold principles of dignity, respect, and equality, celebrating the uniqueness of every person.

This policy applies to all staff and participants, aiming to inform participants of their rights and ensure their active participation in decision-making processes. Our ultimate goal is to provide person-centred supports that not only comply with legal and human rights but also empower participants to exercise informed choice and control over their own lives. We strive to foster meaningful engagement with their families, friends, and chosen communities, facilitating a fulfilling and inclusive journey of personal growth and well-being.

### Charter Of Rights

#### Participants have the right to:

- Access supports that promote, uphold, and respect their legal and human rights:** We ensure that participants have access to supports that align with their legal entitlements and human rights principles.  
We uphold participants' rights to be treated with dignity, respect, and fairness in all interactions.
- Exercise informed choice and control:** Participants have the right to make informed choices about the supports they receive and have control over their decisions regarding their lives.  
We actively support participants in exercising their right to self-determination and decision-making.

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- **Freedom of expression, self-determination, and decision-making:** We respect and uphold participants' rights to freedom of expression, enabling them to express their thoughts, opinions, and preferences.  
Participants have the right to determine their own goals, aspirations, and life choices, and we support them in achieving these.
- **Access supports that respect culture, diversity, values, and beliefs:** We recognise and respect the cultural diversity, values, and beliefs of participants, ensuring that our supports are culturally sensitive and inclusive.  
We strive to provide services that are responsive to the diverse needs and backgrounds of our participants.
- **Privacy and dignity:** We respect and protect participants' right to privacy, maintaining confidentiality and safeguarding their personal information.  
We ensure that participants are treated with dignity and respect in all aspects of service provision.
- **Support in making informed choices to maximise independence:** We support participants in making informed choices that enhance their independence, providing them with the necessary information and assistance.
- **Access supports free from violence, abuse, neglect, exploitation, or discrimination:**  
Participants have the right to receive supports in a safe and inclusive environment, free from any form of violence, abuse, neglect, exploitation, or discrimination.  
We have zero tolerance for any mistreatment or discrimination, and we have robust systems in place to prevent and respond to such incidents.
- **Services overseen by strong operational management:** We ensure that our services are well-managed, with effective operational systems and processes in place to maintain quality and accountability.
- **Services safeguarded by a well-managed risk and incident management system:** We have a comprehensive risk and incident management system in place to safeguard the well-being and safety of participants, promptly addressing any risks or incidents that may arise.
- **Services provided by competent, qualified, and person-centred support workers:**  
Participants have the right to receive services from support workers who are competent, qualified, and possess expertise in providing person-centred supports.  
We invest in ongoing training and development of our staff to ensure the delivery of high-quality services.
- **Consent to the sharing of information between providers during the transition:**  
Participants have the right to provide informed consent for the sharing of their information between service providers during the transition period.  
We respect participants' privacy and confidentiality, ensuring that their consent is obtained before sharing any information.

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- **Opt-out of giving information as required by NDIS:** Participants have the right to choose to opt-out of providing certain information as required by the National Disability Insurance Scheme (NDIS) within the bounds of the law and regulations.
- **Not engage in unfair pricing when supplying or promoting goods for NDIS participants:** Participants have the right not to be subjected to unfair pricing practices when accessing goods or services under the National Disability Insurance Scheme (NDIS).

## Participant Responsibilities:

The information below explains the participant's responsibilities when using our services.

These responsibilities include:

- **Open and honest communication:** It is important to maintain open and honest communication with your NDIS providers. This involves providing accurate information about your needs, goals, and preferences to help them develop and deliver appropriate supports.
- **Active participation and collaboration:** Actively participate in the planning and review processes with your NDIS providers. Collaborate with them in setting goals, discussing service options, and making decisions about your supports. Your input is valuable in ensuring that the services provided align with your needs and preferences.
- **Providing feedback and raising concerns:** If you have any concerns or issues with the services or supports provided by your NDIS provider, it is your responsibility to communicate these concerns in a timely manner. This feedback can help improve the quality of services and address any problems that may arise.
- **Respecting provider policies and guidelines:** Familiarise yourself with and adhere to the policies, guidelines, and agreements set by your NDIS provider. This includes respecting their terms of service, appointment schedules, cancellation policies, and any other relevant guidelines.
- **Timely notification of changes:** Inform your NDIS provider in a timely manner if there are any changes to your circumstances that may impact the provision of supports. This includes changes in contact information, health conditions, or personal circumstances that may affect the delivery of services.
- **Payment of agreed fees:** Ensure timely payment of the agreed fees or contributions for the supports received from your NDIS provider. This helps maintain a mutually beneficial relationship and sustains the continuity of services.

## Our commitment to participants:

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SOCIAL SUPPORTS SA is committed to providing high-quality supports and services to NDIS participants. Our commitment is centred around ensuring the well-being, empowerment, and satisfaction of the individuals we support. We prioritise the following aspects in our commitment to NDIS participants:

- **Person-Centred Approach:** We are dedicated to delivering person-centred supports that focus on the unique needs, goals, and preferences of each participant. We recognise the importance of individuality and respect the right of participants to make informed choices and have control over their lives.
- **Respect for Rights and Dignity:** We uphold and promote the legal and human rights of NDIS participants. We treat each participant with dignity, respect, and fairness, irrespective of their disability, background, or personal circumstances. We strive to create an inclusive and supportive environment that fosters independence, self-determination, and decision-making.
- **Quality Supports:** We are committed to providing supports of the highest quality that meets the NDIS Practice Standards and Guidelines. Our staff members are competent, qualified, and experienced in delivering person-centred supports. We continuously improve our services through feedback, evaluation, and ongoing professional development.
- **Effective Communication:** We prioritise open and effective communication with NDIS participants. We ensure that participants receive information about their supports in a manner that is accessible, understandable, and tailored to their communication needs. We encourage participants to actively engage in discussions, provide feedback, and ask questions to enhance their understanding and involvement in decision-making.
- **Safety and Well-being:** The safety and well-being of NDIS participants are paramount to us. We have robust systems and processes in place to ensure the provision of safe and secure supports. We conduct thorough risk assessments, promote a safe working environment, and address any concerns or incidents promptly and appropriately.
- **Continuous Improvement:** We are committed to ongoing improvement in our services and practices. We value participant feedback and actively seek opportunities to enhance our supports. We engage in regular reviews, self-assessments, and quality assurance activities to identify areas for improvement and implement necessary changes.
- **Collaborative Partnerships:** We believe in building collaborative partnerships with NDIS participants based on trust, transparency, and mutual respect. We actively involve participants in decision-making processes, seek their input, and value their perspectives. We aim to work together to achieve positive outcomes and promote the participant's overall well-being and independence.

## PROCEDURE

### Understanding and Incorporating Legal and Human Rights:

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- All employees of SOCIAL SUPPORTS SA will receive comprehensive training on the legal and human rights of participants. This includes the NDIS workers orientation training, code of conduct training and any other inhouse programs such as one-on-one training, tool box and staff meetings updates.
- Staff members will be regularly updated on legislative requirements and human rights principles relevant to the provision of supports.
- Our Charter of Rights will be given to participants in the form of a Handbook, Easy Read Format using simple terminologies.

## **Responsive Communication:**

- Communication with participants regarding the provision of supports will be tailored to their individual needs.
- Staff members will assess and determine the participant's preferred language, mode of communication, and terminology that they are most likely to understand.
- Alternative communication methods, such as interpreters, visual aids, or assistive technologies, will be utilised to ensure effective and meaningful communication with participants.
- Ongoing training will be provided to staff members on effective communication strategies, ensuring they can engage with participants in a responsive and respectful manner.

## **Supporting Engagement with Family, Friends, and Chosen Community:**

- SOCIAL SUPPORTS SA recognises the importance of participants' relationships with their family, friends, and chosen community.
- Participants will have the freedom to direct their level of engagement with their support networks and community.
- Individual support plans will include strategies to facilitate and promote participant-directed engagement with their family, friends, and chosen community members.
- Support workers will provide necessary assistance to help participants maintain and strengthen their relationships and connections.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## **Monitoring and Review**

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The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## ADVOCACY SUPPORT POLICY AND PROCEDURE

SOCIAL SUPPORTS SA is dedicated to promoting the rights and well-being of participants under the (NDIS). We understand the significance of advocacy in empowering individuals, safeguarding their rights, and facilitating their full and equal participation. With a strong commitment to providing comprehensive advocacy support, this policy outlines our approach to advocacy and ensures that every participant has the opportunity to access an advocate of their choosing. Through our procedures for identifying and engaging advocates, informing participants about their rights, and fostering ongoing collaboration with advocates, we strive to ensure the well-being and rights of all participants.

### Definitions:

Advocacy for people with disabilities involves speaking, acting, or writing on behalf of disadvantaged individuals or groups to promote their welfare, justice, and fundamental needs. It requires being on their side, remaining loyal and accountable, and ensuring duty of care while respecting the rights of others.

Types of Advocacies as per Department of Social Services Definitions:

- **Citizen advocacy:** matches people with disability with volunteers.
- **Family advocacy:** helps parents and family members advocate on behalf of the person with disability for a particular issue.
- **Individual advocacy:** upholds the rights of individual people with disability by working on discrimination, abuse, and neglect.
- **Legal advocacy:** upholds the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse and neglect.
- **Self-advocacy:** supports people with disability to advocate for themselves, or as a group.
- **Systemic advocacy:** seeks to remove barriers and address discrimination to ensure the rights of people with disability.

## POLICY

All participants have the right to use an advocate of their choice to represent their interests and speak on their behalf regarding any aspect of the supports or services that they receive. At SOCIAL SUPPORTS SA, we value and uphold this right, recognising the importance of advocacy in ensuring the

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well-being and empowerment of participants. Our staff is committed to working cooperatively with the participant's nominated advocate, demonstrating the same level of respect and consideration as is shown to the participant. We understand that in situations where participants may not be able to advocate for themselves, it is our policy to ensure that their interests are represented and supported through the involvement of a substitute decision-maker.

In line with our commitment to advocacy support, we have established the following principles:

- **Training:** We will ensure that all staff receive comprehensive resources and tools in understanding and effectively working with advocates.
- **Information Resources:** We will maintain a collection of printed material on advocacy and advocacy services. This resource will be readily accessible to participants, their advocates, and our staff, providing valuable information and guidance.
- **Advocacy Resource/Contact Lists:** To facilitate easy access to advocacy services, we will maintain local advocacy resources and contact lists. These lists will include reputable advocacy agencies and independent advocates, enabling participants to make informed choices about their preferred advocate.
- **Collaborative Approach:** We are committed to working collaboratively with any nominated advocate chosen by the participant. We understand the value of open communication and cooperation in ensuring the participant's needs and rights are effectively represented and supported.
- **Governance System:** We have implemented a governance system that enables SOCIAL SUPPORTS SA to identify situations where a participant may require advocacy support. This system ensures that participants' needs, and potential advocacy requirements are proactively addressed and appropriately responded to.

By adhering to these advocacy principles, we aim to create a supportive and empowering environment for participants, promoting their rights, and facilitating their full and equal participation in decision-making processes and the NDIS.

## PROCEDURE

### Initial Assessment (Participants without an Advocate)

- During the intake process, our staff will discuss the participant's right to appoint an advocate at any time and have an advocate present to speak on their behalf.
- We will provide the participant with advocacy information, including a list of reputable advocacy services and organisations.
- The participant's rights regarding advocacy, as per SOCIAL SUPPORTS SA's Charter of Rights, and the NDIS Practice Standards and Quality Indicators, will be explained.
- If the participant wishes to utilise advocacy services, SOCIAL SUPPORTS SA will assist them in contacting the relevant services.

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- The participant will be provided with the "Authority to Act as an Advocate" form, which they can complete and sign if they decide to engage an advocate. The completed form will be kept in the participant's file.
- Any specific communication issues or protocols between the service and the advocate will be discussed and documented.
- The participant will be informed that they can withdraw approval for an advocate to act on their behalf at any time.

## Initial Assessment (Participants with Advocates/Representatives)

- Prior to the initial assessment, our staff will inform the participant of their right to have an advocate and record the advocate's details if the participant already has one.
- The participant will be advised to complete the "Authority to Act as an Advocate" form, which is necessary for formal recognition of the nominated person as the participant's advocate.
- We will contact the advocate to ensure they are aware of their nomination and agree to act as the participant's advocate.
- The completed "Authority to Act as an Advocate" form will be kept in the participant's file.
- The participant will be informed of their advocacy rights, including the right to have an advocate present for all assessments, meetings, and communication with SOCIAL SUPPORTS SA.
- The initial assessment will be scheduled at a time that allows the advocate to be present.
- During the initial assessment, if not already received, the participant will be asked to complete the "Authority to Act as an Advocate" form to formally recognise the advocate.
- Information about the advocate, such as contact details and preferred communication methods, will be gathered.
- The participant will be informed of their right to change their advocate at any time, and any changes will be documented using the "Authority to Act as an Advocate" form.

## Working with Advocates

- The presence of an advocate will be clearly identified in the participant's file.
- Specific communication issues or protocols between the service and the advocate will be discussed and documented.
- Communication with the participant's advocate will be established to involve them in goal setting, planning service responses, and referrals for additional or alternative services.
- Ongoing information regarding the participant's health and well-being will be provided to the advocate as agreed.
- All on-call staff will be made aware of the participant's advocate.

## Continuing Work with Advocates

- Participants will be regularly reminded of their right to have an advocate or change their advocate during reassessments, visits, meetings, or through written communication.
- Cooperation and communication with the advocate will be maintained throughout the participant's involvement with SOCIAL SUPPORTS SA.

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- Participants who are assessed as "not able to manage their service" and do not have an advocate will be referred to the Department of Justice and Community Safety and Attorney General, Office of the Public Advocate, as appropriate.

## Advocacy Information

SOCIAL SUPPORTS SA will provide participants with an information to access advocacy services, which requires entering a postcode. We will guide and assist participants in using this resource.

Participants and advocates will be provided with a comprehensive list of advocacy organisations and services, including but not limited to:

- Australian Centre for Disability Law
- Autism Asperger's Advocacy Australia
- The Autistic Self Advocacy Network of Australia and New Zealand
- Blind Citizens Australia
- Brain Injury Australia
- Children with Disability Australia
- Deaf Australia
- Deafness Forum of Australia
- Disability Advocacy Network Australia (DANA)
- First Peoples Disability Network (FPDN)
- Human Rights Council of Australia
- Intellectual Disability Rights Service (IDRS)
- Mental Health Australia
- National Council on Intellectual Disability (NCID)
- National Ethnic Disability Alliance (NEDA)
- Physical Disability Australia (PDA)
- People with Disabilities Australia
- Short Statured People of Australia
- Women with Disabilities Australia (WWDA)

## Feedback and Complaints

Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation, or discrimination have been made. Additionally, SOCIAL SUPPORTS SA is committed to creating a supportive environment for participants providing feedback or making complaints.

Participants will be provided with information on how to give feedback or make a complaint, including avenues external to our organisation. We recognise that participants have the right to access an advocate during the feedback and complaints process, and we will fully support their choice to involve an advocate.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## INDIVIDUAL VALUES AND BELIEFS POLICY AND PROCEDURE

Individual values and beliefs refer to the unique perspectives, principles, and convictions held by participants. Recognising and respecting these values and beliefs is essential in providing person-centred support and fostering a sense of empowerment and autonomy. SOCIAL SUPPORTS SA acknowledges the diverse range of cultural, religious, and personal backgrounds that participants come from, and it aims to align its services with their individual values and beliefs. By considering and incorporating these factors into the planning and delivery of supports, SOCIAL SUPPORTS SA promotes a collaborative and inclusive approach that honours the preferences and choices of participants, allowing them to live according to their own values and beliefs while receiving the necessary assistance to achieve their goals.

## POLICY

At SOCIAL SUPPORTS SA, we recognise and respect the diverse values and beliefs of NDIS participants. Our Individual Values and Beliefs Policy and Procedure establishes guidelines to ensure that each participant accessing our services receives support that is sensitive to their culture, diversity, values, and beliefs. We are committed to promoting an inclusive and person-centred approach that upholds the rights and dignity of individuals. This policy outlines our commitment to honouring participants' rights to practice their culture and beliefs while receiving supports, creating an environment that fosters their full potential. It serves as a comprehensive framework for identifying and responding to the unique values and beliefs of our participants, promoting cultural diversity, and providing equitable and respectful service provision.

### Policy Objectives:

- To ensure that NDIS participants' values and beliefs are identified and considered in the development and delivery of supports.
- To support NDIS participants' rights to practice their culture, values, and beliefs while accessing supports.

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- To foster a culturally sensitive and inclusive environment that promotes respect and equality for all participants.

### Policy Guidelines:

- **Identification of Individual Values and Beliefs:** SOCIAL SUPPORTS SA shall actively engage with participants to understand and document their values and beliefs, including cultural, religious, spiritual, and personal preferences. Maintain clear and confidential records of participants' values and beliefs to inform the planning and delivery of supports.
- **Respect for Individual Values and Beliefs:** SOCIAL SUPPORTS SA shall respect and uphold the right of participants to practice their culture, values, and beliefs. Ensure that supports are delivered in a manner that aligns with participants' values and beliefs while promoting their well-being and safety. Do not discriminate against participants based on their values, beliefs, or cultural backgrounds.
- **Sensitivity and Cultural Competence:** SOCIAL SUPPORTS SA shall foster a culturally sensitive environment by promoting diversity, inclusivity, and understanding. Provide appropriate training and resources to staff to enhance their cultural competence and awareness of diverse values and beliefs. Actively seek feedback from participants regarding their experiences and satisfaction with the alignment of supports to their values and beliefs.
- **Collaborative Decision-Making:** SOCIAL SUPPORTS SA shall engage in open and respectful communication with participants to involve them in decision-making processes related to their supports. Consider participants' values and beliefs when discussing goals, service options, and plans, ensuring that supports are tailored to their unique needs and preferences.

## PROCEDURE

SOCIAL SUPPORTS SA is dedicated to supporting participants in accessing supports that align with their culture, diversity, values, and beliefs. We actively engage in consultations and respect participant choices, actively pursuing relevant contacts from local communities and government agencies. Collaborating with Aboriginal and Torres Strait Islander peoples and diverse groups, we foster community engagement and integrate community support into participants' plans. Our primary objective is to fulfil participants' aspirations and goals, ensuring their inclusion in a wide range of activities. We prioritise early intervention, offering cultural competence training to our staff, and cultivating relationships with key stakeholders to customise services according to individual needs. Through partnerships, social opportunities, and accessible services, we actively promote inclusion for all.

At SOCIAL SUPPORTS SA, we promote inclusion by closely collaborating with health professionals, building partnerships with participants and their families, fostering social inclusion opportunities, providing information on community events, supporting participation in familiar environments, establishing community linkages, and ensuring equal access to our services.

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## Identification of Participant's Culture, Diversity, Values, and Beliefs

- During the initial assessment or planning phase, engage in a comprehensive discussion with the participant to understand their culture, diversity, values, and beliefs.
- Utilise culturally sensitive and appropriate methods of communication to gather information about the participant's background, including their cultural heritage, traditions, customs, and personal beliefs.
- Document the participant's cultural information, diversity, and specific values and beliefs within their support plan.

## Participant's Right to Practice Culture, Values, and Beliefs

- Respect and acknowledge the participant's right to practice their culture, values, and beliefs while accessing NDIS supports.
- Ensure that the participant's support plan reflects their preferences and choices regarding cultural practices, rituals, and observances.
- Discuss with the participant how their culture, values, and beliefs can be integrated into their support arrangements, ensuring they feel comfortable and supported.
- Communicate and collaborate with the participant's family, carers, or advocates to understand any specific cultural considerations that need to be addressed.

## Sensitively Responding to Participant's Culture, Diversity, Values, and Beliefs

- Provide training and education to staff members on cultural sensitivity, diversity, and the importance of respecting individual values and beliefs.
- Implement a process for staff members to review and familiarise themselves with the cultural backgrounds, values, and beliefs of participants they support.
- Regularly communicate and engage with participants to understand their evolving needs, preferences, and any changes in their cultural practices or beliefs.
- Allocate appropriate resources and supports that align with the participant's cultural and belief systems, ensuring that service providers are sensitive and responsive to these needs.
- Regularly review the participant's support plan to ensure it continues to reflect their culture, diversity, values, and beliefs, making any necessary updates or adjustments.

## Continuous Improvement and Evaluation

- Establish mechanisms for participants to provide feedback on the extent to which their culture, diversity, values, and beliefs are respected and incorporated into their support experiences.
- Use participant feedback to identify areas for improvement and implement necessary changes to enhance cultural sensitivity and responsiveness.
- Regularly review and update organisational policies and procedures to align with best practices in supporting participants' cultural needs and beliefs.
- Provide ongoing training and professional development opportunities for staff to enhance their understanding of cultural diversity and improve their ability to support participants effectively.

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## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE POLICY AND PROCEDURES

SOCIAL SUPPORTS SA is committed to ensuring equitable access, culturally sensitive support, and meaningful engagement for Aboriginal and Torres Strait Islander people within the NDIS. This policy aims to promote reconciliation, respect, and empowerment while addressing the specific needs and aspirations of Aboriginal and Torres Strait Islander communities.

This policy is applicable to all persons who may have any contact with our participants.

## POLICY

The purpose of this policy is to outline the principles, guidelines, and procedures for engaging with, supporting, and respecting the rights and needs of Aboriginal and Torres Strait Islander people within the NDIS framework at SOCIAL SUPPORTS SA.

The following principles shall guide the implementation of this policy:

- Self-Determination:** Respect the right of Aboriginal and Torres Strait Islander people to self-determination, decision-making, and control over their own lives.
- Cultural Safety:** Provide culturally safe and responsive services that acknowledge and respect the diverse cultures, languages, traditions, and protocols of Aboriginal and Torres Strait Islander communities.

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- **Collaboration and Partnerships:** Foster meaningful partnerships and collaboration with local Aboriginal and Torres Strait Islander organisations, communities, and leaders to ensure their active participation in decision-making processes.
- **Access and Equity:** Ensure equitable access to NDIS services and supports for Aboriginal and Torres Strait Islander people, taking into consideration their specific needs, geographic location, and cultural contexts.
- **Community Engagement:** Engage in ongoing consultation and dialogue with Aboriginal and Torres Strait Islander communities to understand their unique requirements, aspirations, and priorities within the NDIS framework.
- **Workforce Development:** Foster a culturally competent workforce that reflects and respects the diversity of Aboriginal and Torres Strait Islander cultures and provides opportunities for employment, training, and career progression within the disability sector.

## PROCEDURE

### Cultural Awareness and Competence:

To promote cultural awareness and competence, SOCIAL SUPPORTS SA will implement the following measures:

- Designing and using images that reflect indigenous symbols or pictures in brochures, on the website, or within the environment. This will help create a visually inclusive and culturally sensitive representation.
- Displaying a Statement of Traditional Owners, acknowledging and honouring the traditional custodians of the land on which SOCIAL SUPPORTS SA operates. This statement serves to recognise and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to their country.
- Implementing a process to clarify if participants identify as Aboriginal and Torres Strait Islander and record it in the participant support plan. This step ensures that appropriate support and engagement strategies can be tailored to meet the specific needs of these participants.
- Documenting their cultural needs in their support plans. By recording and acknowledging the cultural requirements of Aboriginal and Torres Strait Islander participants, SOCIAL SUPPORTS SA can ensure that appropriate support services and resources are provided to meet their specific needs.
- Providing cultural awareness training for all staff members. This training aims to enhance their understanding of Aboriginal and Torres Strait Islander cultures, histories, protocols, and sensitivities. By increasing cultural awareness, staff members will be better equipped to engage respectfully and effectively with Aboriginal and Torres Strait Islander participants.
- Integrating cultural competence into the recruitment, induction, and professional development processes of staff members. This integration ensures that staff members acquire the necessary skills and knowledge to engage effectively with Aboriginal and Torres Strait Islander

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participants. It will be an ongoing effort to build and maintain cultural competence within the organisation.

## Engagement and Support:

- SOCIAL SUPPORTS SA will actively engage with local Aboriginal and Torres Strait Islander communities through community meetings, cultural events, and collaborative partnerships to facilitate their meaningful involvement in the NDIS.
- Aboriginal and Torres Strait Islander Liaison Officers will be appointed within SOCIAL SUPPORTS SA to provide dedicated support, information, and assistance to Aboriginal and Torres Strait Islander participants and their families.
- Culturally appropriate communication channels, such as language interpreters or translation services, will be made available to ensure effective communication with participants who may have limited English proficiency.

## Access and Planning:

- SOCIAL SUPPORTS SA will work closely with Aboriginal and Torres Strait Islander participants and their families to ensure their eligibility for the NDIS is determined accurately and efficiently.
- Support will be provided to participants in navigating the NDIS planning process, including assistance in identifying goals, needs, and preferences to develop individualised plans that align with their cultural values and aspirations.

## Partnerships with Aboriginal and Torres Strait Islander Organisations:

- SOCIAL SUPPORTS SA will establish partnerships with local Aboriginal and Torres Strait Islander organisations to ensure culturally sensitive and community-driven service delivery.
- Joint initiatives and projects will be developed to address specific needs identified by the community, fostering collaboration, and promoting the development of Aboriginal and Torres Strait Islander-led services.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## PRIVACY AND DIGNITY POLICY AND PROCEDURE

Privacy refers to the right of NDIS participants to keep their personal information confidential and protected. It involves respecting their autonomy and ensuring that their personal details are handled securely and in accordance with privacy laws. Dignity, on the other hand, emphasises the importance of treating participants with respect, empathy, and fairness. It means recognising their inherent worth, promoting their self-esteem, and enabling them to make decisions about their own lives. Privacy and dignity are foundational principles in the NDIS, ensuring that participants' personal information is handled confidentially and that they are provided with a supportive and empowering environment that upholds their rights and preserves their sense of self-worth.

### POLICY

At SOCIAL SUPPORTS SA, we are committed to upholding privacy and dignity for all stakeholders, including participants, staff, management, and agencies we work with. Our policy ensures compliance with NDIS (Quality and Safeguards) Commission rules and regulations. We communicate clearly with participants about the collection of personal information and its purpose, using accessible language and materials. We prioritise the protection of privacy and confidentiality during personal or sensitive discussions. All staff, management, and volunteers are aware of their privacy obligations. We make efforts to provide interpreters and accessible materials. Our practices comply with the Federal Privacy Act and Australian Privacy Principles. Our goal is to create a safe and respectful environment that respects the privacy and dignity of all stakeholders at SOCIAL SUPPORTS SA.

### PROCEDURE

- Use language, modes of communication, and terms easily understood by each participant.
- Provide Easy Read documents or alternative formats as necessary.
- Inform participants about the personal information to be collected and the purpose of collection.
- Obtain consent before gathering any information, including recording audio/visual material.
- Obtain a written agreement for any recorded material.
- Ensure participants understand the information being collected and its necessity.
- Provide clear communication and explanations, allowing participants to ask questions and seek clarification.
- Obtain informed consent from participants.
- Take reasonable steps to ensure collected/disclosed personal information is accurate, complete, and up to date.
- Allow participants to review and request corrections to their personal information.
- Provide participants with access to their records.

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- Ensure privacy and confidentiality during interviews or discussions involving personal/sensitive matters.
- Handle all personal information with the utmost care and respect.

## Collection of Staff Information

- Collect staff information such as tax declaration forms, contracts, personal details, medical details, police and working with children check records, qualifications, first aid, CPR, medical history, personal resumes, payroll information, and superannuation details.
- Allow staff to request access to their personal information and make corrections within a specified timeframe.
- Disclose staff personal and health information only for medical treatment or emergencies, with written consent, or when required by law.

## Secure Handling of Participant Records

- Only staff directly involved in delivering services will have access to participant information.
- Obtain explicit consent before disclosing any information to other parties.
- Avoid providing participant information over the phone.
- Adhere to guidelines for collecting and releasing participant information, requiring informed consent except in exceptional circumstances mandated by legislation or emergencies.
- Store clinical records securely in locked filing cabinets; if participants prefer home files, store them discreetly and privately according to their wishes.

## Storage of Records

- Securely store hard copy participant records in locked filing cabinets.
- Store electronic records in password-protected systems with appropriate access controls.

## Management and Oversight

- All staff are responsible for managing personal information in accordance with this policy.
- The Director oversees content in SOCIAL SUPPORTS SA publications, communications, and the website to ensure privacy compliance.
- The Director handles queries or complaints related to privacy issues.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## CONSENT POLICY AND PROCEDURE

The purpose of this policy is to set forth clear guidelines to ensure that NDIS participants give informed consent for their engagement in the service, which includes the use of their personal information and their receipt of services.

## POLICY

At SOCIAL SUPPORTS SA, we are committed to upholding the rights of NDIS participants to make informed choices and control the services they receive. This includes ensuring that participants understand and consent to how their personal information is collected, used, and disclosed in accordance with the NDIS Act, the Privacy Act, and other relevant legislation.

### Definitions:

- **Informed Consent:** Consent given by the participant based on a clear appreciation and understanding of the facts, implications, and future consequences of an action.
- **Capacity:** The participant's ability to understand information relevant to the decision they are making and to appreciate the potential consequences of their decision.

### Principles

- Consent must be given freely without force.
- Participants must be provided with all relevant information in a clear and accessible manner.
- Assessments of capacity will be conducted where there is doubt about a participant's ability to consent.
- Participants will be offered support to make informed decisions, including the use of advocates or support persons.

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## PROCEDURE

- Ensure information about services, including potential risks and benefits, is provided in plain language and accessible formats.
- Use interpreters or other aids as necessary to ensure the participant understands the information.
- Implement a process to assess a participant's capacity to consent, which may involve consulting with healthcare professionals if necessary.
- Obtain written consent from participants or their legal guardian/representative for the collection, use, and disclosure of personal information and for the provision of services.
- Obtain written consent from any participant before taking their photograph or recording video/audio.
- Document the consent process, including how information was provided, the participant's understanding, and any decisions made.
- Notify all participants that they have an opt-out option if their information is requested for audit purposes.
- Provide access to independent advocacy services and support persons to assist participants in the decision-making process.
- Regularly review consent arrangements to ensure they remain relevant and reflect the participant's current wishes and circumstances.
- Ensure there is a clear process for participants to withdraw consent at any time.
- Provide clear mechanisms for participants to raise concerns or complaints about the consent process and ensure these are addressed promptly and fairly.
  - Record and maintain a copy of the participant's consent in their files.
- SOCIAL SUPPORTS SA will approach all active participants prior to any AQA audit to seek their consent regarding their interest in participating in the audit process.

### Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

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## DECISION MAKING, CHOICE POLICY, AND PROCEDURE

The Decision Making and Choice Policy and Procedure at SOCIAL SUPPORTS SA has been designed with the intention of empowering and facilitating participants in making informed choices regarding their level of risk.

To establish a shared understanding, the policy provides clear definitions of key terms used throughout the document:

- **Advocate:** An advocate is an individual who assists participants in expressing their needs or speaks on their behalf. Advocates can be family members, friends, or independent advocates. It is important to note that advocates are not substitute decision makers but rather serve as facilitators, ensuring that the participant's needs and desires are acknowledged and heard.
- **Independent Advocate:** In relation to a person with a disability, an independent advocate refers to someone who operates independently of the NDIA, the NDIS Commission, and any NDIS providers offering supports or services to the individual. Their role involves providing impartial advocacy to assist the person in exercising choice, maintaining control, and ensuring their voice is heard in matters that affect them.
- **Child's Representative:** A child's representative is a person responsible for carrying out acts and making decisions in alignment with the NDIS Act on behalf of a child. Typically, this role is undertaken by someone with parental responsibility. However, in certain cases, a child's representative may be a legal guardian, a state or territory government agency, or an individual appointed by the NDIA.
- **Court-appointed Decision-Maker:** This refers to an individual who, according to the laws of the Commonwealth, or a State or Territory, holds guardianship over a participant or has been appointed by a court, tribunal, board, or panel to make decisions on behalf of the participant.
- **Decision Making Capacity:** Decision making capacity relates to a person's ability to make informed decisions about matters that impact their daily life. It involves understanding the situation at hand, comprehending the choices available, evaluating the potential consequences of each choice, understanding how those consequences may affect them personally, and effectively communicating their decision.
- **Dignity of Risk:** The concept of dignity of risk recognises an individual's right to make choices and accept certain risks when engaging in life experiences. It acknowledges that individuals should have the freedom to pursue their goals, even if it involves some level of risk.
- **Nominee:** A nominee is a person appointed in writing, either at the request of a participant or their guardian, or initiated by the NDIA, to act on behalf of the participant or make decisions on

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their behalf. Within the NDIS framework, there are two types of nominees: plan nominees and correspondence nominees. It is possible for one person to be appointed as both types of nominees, and the appointment can be either indefinite or for a specified term.

- **Participant-appointed Decision-Maker:** A participant-appointed decision-maker is an individual authorised by the participant through a formal arrangement, such as a power of attorney, an advance health directive, or an enduring guardian under State or Territory law, to make decisions on their behalf.
- **Informal Substitute Decision-Making:** Informal decision-making is when a person makes a decision on behalf of another person who has not been legally appointed. People who can make informal decisions include the person's family, friends, carer, or nominated support. Most decisions can be made informally, including decisions about who a person wishes to see, their work, leisure, recreation, holidays, or accessing services. Staff must ensure that all informal decision-making arrangements are clearly recorded on the participant's file and communicated to other relevant staff. Decisions can then be pursued through the agreed informal arrangements.
- **Formal Substitute Decision-Making:** Formal decision-making arrangements must be implemented when informal decision-making is insufficient, such as when there is conflict over decisions being made about the person, where specific legislative requirements exist (e.g., consent to medical treatment) or where the person has guardian or appointed nominee or decision maker. Formal arrangements should take a rights-based approach and consider the participant's individual wishes as much as possible, regardless of their impaired decision-making capacity. Staff must record and maintain information about formal decision-making arrangements on participant files. Any amendments to a person's decision-making arrangements must be clearly recorded and communicated to relevant staff as soon as practicable. Staff must refer any issues relating to formal decision making to the Case Manager or Operations Manager.

## POLICY

At SOCIAL SUPPORTS SA, we strongly uphold the rights of our participants to make their own decisions and maintain their personal attributes, preferences, and dignity. We recognise that each individual has unique needs, and as such, we are committed to providing ample opportunities for our service users to make informed decisions and choices on a daily basis. We firmly believe that participants should have the autonomy to make decisions concerning themselves and the services they receive. However, in cases where a participant is unable to make decisions due to a disability or impairment, we acknowledge the importance of having an authorised representative or administrator who can be legally appointed to make decisions on their behalf. By respecting the rights of our participants and ensuring appropriate support when needed, we strive to create an environment that promotes individual autonomy, upholds personal values, and maintains the dignity of each individual involved in our services. This policy extends to all employees and visitors of SOCIAL SUPPORTS SA

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and applies to both current and future participants, as well as their families, carers, and other stakeholders associated with the organisation.

## PROCEDURES

- Provide participants and their representatives with necessary information to actively participate in decision-making regarding the participants' needs.
- Ensure information is clear, concise, and easily understood.
- Offer interpreting and translation services as needed to facilitate effective communication.
- Value and respect the input of participants and their representatives in the decision-making process.
- Act upon the outcomes of their involvement to support their choices and preferences.
- Acknowledge that participants' needs, goals, aspirations, and choices may change over time.
- Respond promptly to these changes to support informed decision-making.
- When participants can make decisions, communicate any risks and possible consequences associated with their choices.
- Ensure that all relevant stakeholders are informed about these risks.
- Prioritise participant safety in all decision-making processes.
- Comply with participant decisions that do not pose a risk of harm to anyone.
- Recognise the role of family, friends, carers, or nominated supports in making informal decisions.
- Document informal decision-making arrangements on the participant's file.
- Communicate these arrangements to relevant staff to ensure consistency and clarity.
- Implement formal substitute decision-making arrangements when informal decision-making is insufficient, or conflicts arise.
- Use formal arrangements when there are specific legislative requirements or when a participant has a guardian, nominee, or appointed decision-maker.
- Adopt a rights-based approach and consider the participant's individual wishes to the greatest extent possible, even with impaired decision-making capacity.
- Record and maintain information about formal decision-making arrangements on participant files.
- Communicate any amendments to relevant staff promptly.

### Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

### Monitoring and Review

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The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION

The purpose of this policy is to ensure that each participant accessing supports through our organisation under the NDIS is free from violence, abuse, neglect, exploitation, or discrimination. This policy aims to establish a framework of prevention, response, and support to create a safe and inclusive environment for all participants.

SOCIAL SUPPORTS SA prioritises the safety of its participants and recognises their right to a secure environment free from assault, neglect, exploitation, discrimination, and abuse. Focusing on vulnerable groups such as people with disabilities, children, and young people, it is essential for SOCIAL SUPPORTS SA to quickly identify, consult, and address any situations where there is a risk of significant harm.

The policy is designed to prevent and address the damaging effects of violence, abuse, and neglect on participants, ensuring their well-being through well-trained staff and protective measures. SOCIAL SUPPORTS SA strongly encourages and supports individuals who witness or suspect abuse to report it confidentially and without fear of retribution.

### Definitions:

- **Abuse** of a person with a disability refers to various types of harmful acts or behaviours that meet the criteria for being a reportable incident. These include:
- **Physical abuse:** non-accidental physical acts intended to cause harm or hurt, resulting in significant pain, shock, or other unpleasant sensations. It may also involve unlawful physical contact, assault, or serious injury to a person with a disability.
- **Psychological or emotional abuse:** Verbal or non-verbal acts that cause significant emotional or psychological anguish, such as taunts, threats, harassment, humiliation, intimidation, or failure to interact or acknowledge the person with a disability's presence.
- **Financial abuse:** Improper or illegal use of money, property, resources, or assets of a person with a disability, including withholding finances, coercing, misleading, or misusing funds or property.

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- **Systemic abuse:** Failure to provide adequate or appropriate services tailored to the person's needs, age, gender, culture, or disability support requirements, resulting in significant physical, emotional, or psychological impact on the person with a disability. Patterns of abuse can involve repeated behaviour that may not seem abusive when considered in isolation but collectively constitute a pattern of abuse. Registered NDIS providers must have incident management systems to identify and report such patterns.
- **Neglect** of a person with a disability involves actions or failures to act by a person with care or support responsibilities toward the individual. Neglect can be a single significant incident or ongoing failure to meet the person's physical or psychological needs, resulting in harm or the potential for harm. Examples of neglect include grossly inadequate care, failure to access medical care, supervisory neglect, a reckless act or failure to act, and failure to protect from abuse. All incidents of neglect must be reported to the NDIS Commission.
- **Discrimination** is the act of treating someone unfavourably or denying them equal opportunities based on a personal characteristic protected by the law. In the case of disability discrimination specifically refers to the unequal treatment or limited opportunities given to individuals with disabilities. This can involve treating them less favourably than others in similar situations or enforcing unreasonable rules or policies that disproportionately affect people with specific disabilities. Discrimination also encompasses acts of bullying directed towards individuals because of their protected characteristics.
- **Exploitation** refers to the act or fact of mistreating someone in order to benefit from their work or taking advantage of someone else's resources. It encompasses both the mistreatment of individuals to gain benefits from their labour and the inappropriate use of and restricted access to someone's assets, resources, employment, or labour. It involves exploiting someone's vulnerability or position to unfairly extract gains or advantages for personal or organisational benefit.
- **Violence** Violent behaviour by a person towards another can include abusive behaviour that is physical, sexual, intimidating, and forceful. People with a disability are more likely to experience violence from a carer or family member.

## POLICY

SOCIAL SUPPORTS SA is committed to upholding the rights, safety, and well-being of all participants. We have a zero-tolerance approach towards violence, abuse, neglect, exploitation, and discrimination. We recognise the importance of actively preventing and addressing instances of harm and discrimination. We adhere to the following principles:

- **Zero Tolerance:** We have a zero-tolerance approach towards violence, abuse, neglect, exploitation, and discrimination. We will take immediate and appropriate action to address any such incidents, ensuring the safety and well-being of participants.

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- **Prevention:** We implement proactive measures to prevent instances of violence, abuse, neglect, exploitation, and discrimination.  
We take a preventative, proactive, and participatory approach to participant safety, empowering participants to contribute to decisions that affect their lives.  
We foster a culture of openness that supports all individuals to disclose risks of harm to participant safety.  
We respect diversity in cultures and child-safety practices while prioritising the safety of participants.
- **Prompt Response:** We respond promptly and effectively to allegations and incidents of violence, abuse, neglect, exploitation, and discrimination.  
We ensure that participants are provided with access to information, support, and advocacy services, including independent advocates.  
We maintain accurate records of all allegations, incidents, reviews, and investigations.  
We take necessary action to prevent similar incidents from occurring again.
- **Support and Advocacy:** We ensure participants know who to talk to if they're worried or feeling unsafe and that they're comfortable and encouraged to raise any issues.  
We report suspected abuse, neglect, or mistreatment promptly to the appropriate authorities.  
We share information appropriately and lawfully with other organisations where the safety and well-being of participants are at risk.  
We value the input of families and advocates and communicate regularly with them.
- **Staff Screening, Supervision, Training, and Human Resource Practices:** At SOCIAL SUPPORTS SA, we prioritise the safety and well-being of our participants by implementing robust staff screening, supervision, training, and human resource practices. These measures ensure that our staff members are qualified, competent, and committed to providing superior quality support.

## Staff Screening:

- All staff members undergo comprehensive checks, including disability worker checks (NDIS Worker Screening), relevant police checks, and working with children checks.
- They also complete the mandatory NDIS Worker Orientation Module and induction trainings to ensure a strong foundation of knowledge and understanding.

## Supervision and Professional Development:

- We provide ongoing supervision and support for our staff and volunteers to maintain high-quality service delivery.
- Regular professional development opportunities are offered to enhance their skills, knowledge, and expertise in supporting participants effectively.
- Regular performance reviews are in place and will be done on annual basis or earlier.

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## **Safe Code of Conduct:**

- Our management supports the implementation and monitoring of a Safe Code of Conduct.
- This code sets clear expectations for appropriate behaviour, creating inclusive and safe environments for both staff and participants.
- All staff, volunteers, and community members involved in participant-related work are required to comply with the Code of Conduct.
- SOCIAL SUPPORTS SA maintains a Safe Code of Conduct to protect both staff and participants, reducing opportunities for abuse or harm. Our code aims to create a safe, supportive, and enriching environment that respects the dignity and self-esteem of all individuals.

## **Acceptable Behaviours:**

- Staff and individuals involved in participant-related work must uphold SOCIAL SUPPORTS SA's Statement of Commitment for participant safety.
- They are expected to treat participants, their families, and advocates with respect.
- Listening and responding to the views and concerns of participants, especially regarding abuse, safety, or well-being, is crucial.
- Promoting cultural safety, participation, and empowerment for diverse groups is encouraged.
- Any allegations of abuse or safety concerns must be promptly reported to management.
- Understanding and complying with reporting obligations to protect participants from harm or abuse is essential.
- Ensuring participants' rights and safety are maintained in a safe environment is a priority.

## **Unacceptable Behaviours:**

- Staff and individuals involved in participant-related work must not ignore or disregard concerns, suspicions, or disclosures of abuse.
- Developing inappropriate relationships or engaging in grooming behaviour is strictly prohibited.
- Engaging in abusive, discriminatory, or exploitative behaviour is not tolerated.
- Treating participants unfavourably based on their characteristics or vulnerabilities is unacceptable.
- Inappropriate communication or contact with participants is strictly forbidden.

This policy applies to all participants, staff, volunteers, and stakeholders.

## **PROCEDURES**

## **Prevention of Violence, Abuse, Neglect, Exploitation, and Discrimination**

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- SOCIAL SUPPORTS SA establishes comprehensive policies and procedures that actively prevent instances of violence, abuse, neglect, exploitation, and discrimination. These policies and procedures are developed in accordance with legal requirements and best practices in the field.
- The policies and procedures are communicated to all staff members, participants, and relevant stakeholders through various means, such as employee handbooks, orientation sessions, training materials, and online resources. Regular updates and reminders are provided to ensure awareness and understanding.
- SOCIAL SUPPORTS SA provides ongoing training and education to all staff members to ensure they are equipped with the necessary knowledge and skills to prevent, recognise, and respond appropriately to instances of violence, abuse, neglect, exploitation, and discrimination.
- Training sessions are conducted regularly, covering topics such as recognising signs of abuse, understanding legal obligations, effective communication strategies, and reporting procedures.
- Specialised training is provided to staff members who work directly with participants, focusing on person-centred approaches, trauma-informed care, and strategies for promoting dignity, respect, and empowerment.

Staff members play a crucial role in identifying if participants are experiencing violence, abuse, neglect, exploitation, or discrimination.

## Here are some key points on how staff can recognise these situations:

- **Training and Awareness:** Staff should receive comprehensive training on recognising signs of violence, abuse, neglect, exploitation, and discrimination. They should be familiar with the types of harm that can occur, common indicators, and the specific vulnerabilities of participants with disabilities.
- **Observation and Behaviour Changes:** Staff members should be observant and attentive to any significant changes in a participant's behaviour, demeanour, or mood. Unexplained changes, such as withdrawal, fearfulness, aggression, or signs of distress, could indicate the presence of harm.
- **Communication and Active Listening:** Establishing open and trusting lines of communication with participants is essential. Staff should encourage participants to express any concerns or issues they may be facing. Active listening skills, empathy, and creating a safe and supportive environment can help participants feel comfortable sharing their experiences.
- **Physical Indicators:** Staff should be aware of physical signs that may indicate violence or abuse, such as unexplained bruises, injuries, burns, scars, or marks. Additionally, signs of neglect, such as poor personal hygiene, malnutrition, or inadequate clothing, should be noted.
- **Emotional and Psychological Indicators:** Participants experiencing violence, abuse, neglect, exploitation, or discrimination may display emotional or psychological indicators. These can include anxiety, depression, fear, low self-esteem, self-harming behaviours, mood swings, or sudden changes in personality.

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- **Verbal and Non-Verbal Cues:** Staff members should pay attention to both verbal and non-verbal signs. Participants may directly disclose their experiences or drop hints about mistreatment, express feelings of helplessness, or display signs of fear and apprehension when certain individuals or situations are mentioned.
- **Relationship Dynamics:** Staff should be vigilant about power imbalances and control dynamics within participant-provider relationships. They should watch for signs of overly controlling behaviour, isolation from friends and family, limitations on communication, or participants being coerced or manipulated.
- **Collaborative Approach:** Identifying harm is often best achieved through a collaborative approach involving multidisciplinary teams. Staff should be encouraged to share concerns, discuss observations with colleagues, supervisors, or designated safeguarding officers, and seek guidance and support as needed.
- **Document and Report:** It is crucial for staff to document any observed indicators, conversations, or concerns regarding potential harm. They should follow organisational protocols and reporting procedures to ensure appropriate action is taken, including notifying the relevant authorities when necessary.

Staff should regularly review and monitor the well-being and safety of participants, ensuring that appropriate support and interventions are in place to address any identified risks or concerns.

## Risk Assessment

- SOCIAL SUPPORTS SA conducts regular risk assessments to identify potential risks within its operations and services that could lead to instances of violence, abuse, neglect, exploitation, and discrimination.
- Risk assessments involve a systematic evaluation of the organisation's physical environment, operational practices, and interactions with participants.
- Identified risks are documented, and appropriate measures are implemented to mitigate and minimise the risks. This may include modifying physical spaces, implementing safety protocols, and establishing clear reporting and response mechanisms.

## Person-Centred Approach

- SOCIAL SUPPORTS SA adopts a person-centred approach in all aspects of its operations, ensuring that the dignity, respect, and empowerment of participants are prioritised.
- The organisation promotes active participation and involvement of participants in decision-making processes, respecting their preferences, needs, and choices.
- Staff members are trained to provide support in a manner that upholds the individual's autonomy, promotes their well-being, and safeguards them from any form of violence, abuse, neglect, exploitation, or discrimination.

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## Participant Support and Advocacy

### Access to Advocacy

- SOCIAL SUPPORTS SA ensures that each participant is informed about the availability and role of an advocate, including independent advocacy services.
- Participants are provided with clear and accessible information about the advocacy services, including contact details and the purpose of advocacy support.
- Whenever allegations of violence, abuse, neglect, exploitation, or discrimination have been made, SOCIAL SUPPORTS SA facilitates access to an advocate for the participant involved.
- The participant is encouraged and supported in their decision to engage with an advocate, who can provide them with independent support, guidance, and representation.

### Support Services

- SOCIAL SUPPORTS SA recognises the importance of providing comprehensive support services to participants affected by instances of violence, abuse, neglect, exploitation, or discrimination.
- Participants who have experienced such instances are offered immediate support, including access to counselling services provided by qualified professionals who are trained in trauma-informed care.
- Medical assistance is provided to participants who require it, ensuring they receive appropriate medical care and treatment for any physical or psychological injuries.
- Legal support is offered to participants, including information about their rights, assistance with reporting incidents to the appropriate authorities, and guidance throughout any legal processes.
- In addition to counselling, medical, and legal support, SOCIAL SUPPORTS SA identifies and provides any other necessary support services based on the specific needs and circumstances of the participant.
- The provision of support services is carried out in a compassionate, confidential, and culturally sensitive manner, respecting the participant's autonomy and choices.

## Reporting, Review, and Investigation

Any staff member who observes or becomes aware of an incident or allegation of violence, abuse, neglect, exploitation, or discrimination must immediately report it to their manager or the designated on-call personnel.

Procedure for Reporting a Reportable Incident to the NDIS Commission:

- Determine if the incident meets the criteria for a reportable incident in the NDIS, such as death or serious injury of a person with a disability, abuse or neglect of a person with a disability, unlawful sexual or physical contact, sexual misconduct, unauthorised use of restrictive practices, or any incident connected to the provision of supports or services by a registered NDIS provider.

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- Access the NDIS Commission Portal and navigate to the 'My Reportable Incidents' page. This page is available to registered NDIS providers (excluding Western Australia) from July 1, 2019.
- Log in to the NDIS Commission Portal using your credentials.
- Assign the roles of Authorised Reportable Incidents Approver and Authorised Reportable Incidents Notifier to the appropriate staff members who will be responsible for completing and submitting the notification forms.
- Complete the Immediate Notification Form within 24 hours of becoming aware of a reportable incident or allegation. Provide accurate and concise information, including details of the incident, individuals involved, impact on the person with a disability, and actions taken by the provider.
- After submitting the Immediate Notification Form, you will receive an acknowledgement message confirming that the NDIS Commission has received the notification.
- If additional information is required or the incident needs further reporting, complete the Five-Day Form within five business days of becoming aware of the incident. This form provides more detailed information and may require attachments if necessary.
- Submit the Five-Day Form, and the status on the left-hand side taskbar will indicate "Submitted – 5 days," confirming successful submission to the NDIS Commission.
- If requested by the NDIS Commission, provide a final report via email using the provided form. The NDIS Commission will specify the due date for the final report.
- Ensure that all incidents, including allegations, are recorded, and managed in your internal incident management system. Reporting to the NDIS Commission does not replace obligations to report suspected crimes to the police and other relevant authorities.
- Monitor the 'My Reportable Incidents' page for any updates or actions required by the NDIS Commission. They may request additional information, refer the incident to other authorities, require internal investigations, or take other appropriate actions.
- Maintain the confidentiality of the information provided to the NDIS Commission, as it is securely stored and will only be released if permitted by law or granted permission.
- Contact the NDIS Commission for support if you encounter difficulties accessing the 'My Reportable Incidents' page or experience IT issues. Reach out to [Tier1Support@ndiscommission.gov.au](mailto:Tier1Support@ndiscommission.gov.au) for assistance.
- Provide feedback on the functionality and usability of the 'My Reportable Incidents' page by emailing [riportalfeedback@ndiscommission.gov.au](mailto:riportalfeedback@ndiscommission.gov.au).
- Note: For further information and examples related to reporting incidents in the NDIS, refer to the Detailed Guidance for Registered NDIS Providers about Reportable Incidents.

Failure to report such incidents may result in disciplinary action, as non-reporting compromises the safety and well-being of participants and violates the organisation's policies.

## Record-Keeping

- SOCIAL SUPPORTS SA maintains accurate and detailed records of all allegations, incidents, reviews, and investigations related to violence, abuse, neglect, exploitation, and discrimination.
- Records should include dates, times, locations, individuals involved or affected, nature of the incident or allegation, actions taken, and any subsequent outcomes.

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- These records are securely stored in a confidential manner and accessible only to authorised personnel who require the information for the purpose of investigation, review, or compliance.

## Investigation

- Senior Management is responsible for undertaking a thorough investigation of all allegations and incidents.
- The investigation process involves gathering relevant information and evidence, interviewing witnesses and involved parties, and conducting a comprehensive analysis of the situation.
- Consultation with relevant stakeholders, such as advocates, legal advisors, or external authorities, may be necessary to ensure a fair and impartial investigation.
- The impact on participants, including their well-being, safety, and rights, should be carefully assessed during the investigation process.

## Review and Action

- Based on the investigation's outcomes, Senior Management reviews the findings and determines appropriate action.
- Actions may include providing support and assistance to affected participants, implementing preventive measures to avoid similar incidents in the future, and addressing any necessary changes to policies and procedures.
- Compliance with policies and procedures, as well as any legal obligations, is ensured throughout the review and action process.
- Regular reviews and evaluations of the reporting, review, and investigation procedures are conducted to identify areas for improvement and enhance the effectiveness of the overall process.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## GOVERNANCE AND OPERATIONAL MANAGEMENT POLICY AND PROCEDURE

Corporate governance and operational management refer to the principles and practices guiding the decision-making and operational processes of NDIS service providers. It involves establishing structures, policies, and procedures to ensure effective management, transparency, and accountability in delivering supports and services to participants. The intent is to promote ethical conduct, compliance with regulations, and the delivery of high-quality and person-centred supports. Through robust governance and operational management, the NDIS aims to ensure participant satisfaction, maintain public trust, and uphold the values and objectives of the scheme.

The purpose of this policy is to establish robust governance and operational management systems within the organisation to ensure the delivery of supports to participants under the NDIS. This policy outlines the responsibilities and procedures for governing bodies and management personnel to meet financial, legislative, regulatory, and contractual requirements, as well as to safeguard participant rights and ensure continuous improvement.

### POLICY

#### **Governance and Participation**

- The governing body shall provide opportunities for people with disabilities to contribute to the governance of the organisation and have input into the development of organisational policies and processes relevant to the provision of supports and the protection of participant rights.
- Mechanisms such as regular meetings, advisory committees, surveys, or other forms of engagement shall be established to gather and consider the perspectives of people with disabilities.
- The governing body shall ensure that participant feedback is valued, considered, and acted upon when making decisions or changes to organisational policies and processes.

#### **Structure and Responsibilities**

- The governing body shall establish a defined structure to meet financial, legislative, regulatory, and contractual responsibilities associated with delivering supports to participants.
- The governing body shall monitor and respond to quality and safeguarding matters, ensuring compliance with relevant standards and guidelines.
- Roles and responsibilities of the governing body members shall be clearly defined, including the identification of skills and knowledge required for effective governance.
- Members of the governing body shall undergo relevant training to address any gaps in their skills and knowledge, ensuring they are equipped to fulfil their governance responsibilities.

#### **Strategic and Business Planning**

- The governing body shall ensure that strategic and business planning processes consider legislative requirements, organisational risks, NDIS operational requirements, participant and worker needs, and the wider organisational environment.

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- The planning processes shall be inclusive, involving relevant stakeholders, including participants, their families, and representatives, in the development and review of strategic and business plans.
- Plans shall be regularly reviewed and updated to reflect changes in the NDIS environment, participant needs, and organisational priorities.

## Management Performance and Continuous Improvement

- The governing body shall monitor the performance of management, including responses to individual issues, to drive continuous improvement in management practices.
- Regular performance reviews, feedback mechanisms, and reporting structures shall be established to assess and improve the effectiveness of management.
- The governing body shall support the implementation of best practices, professional development, and capacity-building initiatives for management personnel.

## Qualified and Responsible Personnel

- The organisation shall be managed by suitably qualified and/or experienced individuals who demonstrate the necessary skills, knowledge, and competencies to oversee the provision of supports.
- Roles and responsibilities of management personnel shall be clearly defined, ensuring clear lines of authority and accountability for the provision of supports.
- In the absence of a usual position holder, a documented system of delegated responsibility and authority shall be in place to ensure continuity of support provision.

## Conflict of Interest Management - (refer to Conflict of interest policy and procedure)

- The organisation shall proactively manage perceived and actual conflicts of interest, ensuring transparency and fairness in decision-making processes.
- Relevant personnel shall receive guidance and training on identifying, managing, and documenting conflicts of interest.

## Compliance and Review

- The organisation shall comply with all applicable laws, regulations, and standards related to provider governance and operational management.
- Regular internal audits and reviews shall be conducted to assess compliance with this policy and associated procedures.

## PROCEDURE

### Providing Opportunities for Governance and Input

- Include information about how participants can contribute to governance and policy development during the onboarding process.
- Schedule periodic consultations and feedback sessions with participants to gather their views on organisational policies and processes.

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- Ensure multiple, accessible communication methods (e.g., surveys, focus groups, suggestion boxes) are available for participants to share their input.
- Conduct regular internal audits to assess the effectiveness of participant involvement in governance and policy development.
- Provide training for participants to effectively engage in governance and policy development, including understanding their rights and the organisational framework.
- Regularly report back to participants on how their feedback has influenced policy and governance decisions.
- Conduct an annual review to assess the effectiveness of participant involvement and identify areas for improvement.
- Conduct exit surveys with departing participants to gather feedback on their experience and suggestions for future improvements.
- Create a continuous feedback loop where participant input is not only gathered but also visibly acted upon, ensuring they see the impact of their contributions.

## Defined Structure to Meet Compliance Responsibilities:

- The governing body of SOCIAL SUPPORTS SA shall assess the financial, legislative, regulatory, and contractual obligations associated with delivering supports to participants.
- Based on this assessment, the governing body shall establish a defined structure that outlines the roles, responsibilities, and reporting lines necessary to meet these compliance responsibilities.
- The structure should be proportionate to the size, scale, and complexity of SOCIAL SUPPORTS SA's operations.
- The governing body shall implement a robust system for monitoring and responding to quality and safeguarding matters.
- This system should include regular audits, inspections, and reviews to ensure compliance with relevant standards, guidelines, and regulations.
- Maintain comprehensive documentation and records of all compliance-related activities, decisions, and actions taken by the governing body.
- Ensure the governing body receives regular updates on compliance status and any emerging issues or changes in regulatory requirements.
- Conduct periodic reviews of policies and procedures to ensure they remain current and aligned with best practices and regulatory requirements.
- The governing body shall promptly address any identified issues or concerns and implement appropriate corrective actions to improve quality and safeguarding measures.

## Clear Definition of Roles and Responsibilities:

- Clearly outline the duties, decision-making authority, and accountability of each governing body member, aligning with the objectives and legal obligations of SOCIAL SUPPORTS SA.
- Determine the necessary skills and knowledge for effective governance, considering the specific needs and challenges of SOCIAL SUPPORTS SA.
- Focus on compliance, quality, safeguarding, and strategic needs.
- Offer relevant training to address any skill and knowledge gaps.

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- Collaborate with external providers and industry experts for comprehensive training.
- Ensure training includes financial management, legal compliance, regulatory standards, quality assurance, safeguarding, and strategic governance.
- Promote continuous learning and staying updated with industry best practices.

## Strategic and Business Planning Compliance

- During planning, ensure all relevant legislative requirements, including NDIS-specific ones, are identified and considered.
- Evaluate and address organisational risks (financial, operational, compliance) to mitigate potential impacts on support delivery.
- Integrate NDIS operational requirements and guidelines, and legislative requirements into strategic and business plans to ensure compliance with NDIS Quality and Safeguards Commission standards and other legal requirements.
- Involve key stakeholders (participants, workers, families, carers, advocacy groups, government representatives) in the development and review of plans.
- Use meetings, surveys, focus groups, and workshops to gather input from stakeholders.
- Use stakeholder feedback, performance data, and external evaluations to inform future planning and ensure continuous improvement.
- Designate a person or team to oversee the review and update process.
- Conduct regular assessments to identify emerging trends, participant needs, and external factors affecting strategic direction.
- Make necessary adjustments to align plans with current circumstances and goals.
- Record strategic and business plans, including considerations, actions, and decisions made.
- Make plans accessible to governing body members, employees, participants, and external auditors.
- Track achievement of goals and objectives with key performance indicators.
- Periodically evaluate to identify areas for improvement and make necessary adjustments.

## Management Performance and Continuous Improvement

- Regularly review and assess management performance.
- Align KPIs with organisational goals and objectives.
- Determine appropriate review intervals and frequency.
- Designate individuals or a committee for performance reviews and feedback.
- Combine qualitative and quantitative metrics, self-assessments, peer evaluations, and stakeholder feedback.
- Offer constructive feedback highlighting strengths and areas for improvement.
- Maintain records of performance reviews for future reference.
- Provide management with industry standards, guidelines, and research.
- Encourage sharing of best practices through sessions and internal communication.
- Promote a culture of continuous learning and innovation.
- Reward management personnel demonstrating exemplary performance.
- Assess and identify professional development needs.
- Provide relevant training, workshops, and seminars.

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- Support pursuit of certifications and advanced training.
- Facilitate mentoring and coaching initiatives.
- Collaborate on performance improvement plans for identified gaps.
- Outline specific goals, targets, and actions.
- Offer resources, training, and support for improvement.
- Track and provide regular feedback on improvement plans.
- Regularly assess the effectiveness of performance monitoring and development initiatives.
- Gather feedback from management, staff, and stakeholders.
- Monitor the impact on management performance and organisational success.

## Appointing Suitably Qualified and Experienced Individuals

- Determine the qualifications, skills, and experience needed for each management position.
- Conduct thorough recruitment to attract qualified candidates.
- Assess candidates on qualifications, experience, and alignment with organisational values.
- Select those who meet the criteria and demonstrate potential.
- Clearly outline key duties, authority levels, and accountability for each position.
- Ensure roles align with organisational goals and legal obligations.
- Provide appointed personnel with their job descriptions and clarify expectations.
- Clearly indicate reporting relationships and oversight responsibilities.
- Facilitate effective communication and collaboration among management.

## Developing a System of Delegated Responsibility and Authority

- Create a documented system for delegated responsibility and authority.
- Determine positions requiring delegation in the absence of the usual holder.
- Clearly outline levels of delegated authority and responsibility.
- Update the system periodically to ensure it remains effective and aligned with organisational needs.
- Identify and develop potential candidates for key roles.
- Evaluate current employees' skills and potential for leadership roles.
- Offer training, mentoring, and development opportunities.
- Continuously review succession planning to maintain a qualified leadership pipeline.
- Constantly assess the management performance.
- Conduct regular performance reviews using predefined criteria.
- Provide constructive feedback, highlighting strengths and areas for improvement.
- Use evaluations to identify training needs and address performance concerns.

**Conflict of Interest Management-** (refer to Conflict of interest policy and procedure)

## Training

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This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## DELEGATION OF RESPONSIBILITY POLICY AND PROCEDURE

Delegation of responsibility refers to the act of assigning tasks and authority to others within an organisation. It involves delegating specific responsibilities to individuals or teams, granting them the power to make decisions and take actions to accomplish those tasks. Delegation is an essential management skill that helps distribute work, promote efficiency, and foster professional growth. By delegating tasks, leaders can focus on strategic initiatives while empowering their team members to take ownership and contribute to the overall success of the organisation. Effective delegation requires clear communication, trust, and ongoing support to ensure that delegated responsibilities are executed successfully.

## POLICY

SOCIAL SUPPORTS SA recognises the importance of having a documented system of delegated responsibility and authority to ensure continuity and effective management in the absence of a usual position holder. This policy establishes the framework for delegating responsibilities and authority to another suitable person during such circumstances.

This policy applies to all staff and positions within SOCIAL SUPPORTS SA where the absence of a usual position holder may occur.

### Policy Objectives:

- To maintain uninterrupted operations and decision-making in the absence of a usual position holder.
- To clearly define the roles and responsibilities of individuals who assume delegated authority.
- To establish accountability mechanisms and ensure that delegated responsibilities are executed in line with organisational policies and procedures.

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- To establish clear lines of communication between the usual position holder, the delegated person, and relevant stakeholders.

## PROCEDURES

### **Identification of Key Positions:**

- The senior management team of SOCIAL SUPPORTS SA identifies key positions within the organisation.
- Key positions are determined based on their criticality to operations and the impact of their absence.

### **Documentation of Responsibilities and Authority:**

- The usual position holder, in collaboration with their immediate supervisor or manager, documents their roles, responsibilities, and authority in a position description or job profile.
- This document clearly outlines the tasks, decision-making authority, and accountability associated with the position.

### **Identification and Training of Delegates:**

- The senior management team identifies suitable individuals who can assume delegated responsibility in the absence of the usual position holder.
- Suitable individuals are selected based on their skills, qualifications, experience, and capacity to fulfil the responsibilities of the position.
- Delegates undergo appropriate training to ensure they are equipped with the necessary knowledge and skills to perform their duties effectively.

### **Delegation Process:**

- When a usual position holder is absent due to planned leave, unexpected absence, or other reasons, the immediate supervisor or manager identifies the delegate who will assume the responsibilities.
- The supervisor or manager communicates the delegation to the delegate and provides them with relevant information and resources.
- The delegation is formalised through a written delegation letter or email, clearly specifying the delegated responsibilities, timeframe, and any limitations or conditions.
- The delegate acknowledges the delegation and accepts the responsibilities.

### **Communication and Collaboration:**

- The usual position holder maintains open communication with the delegate during their absence, providing guidance and support as needed.
- The delegate collaborates with other team members, stakeholders, and relevant departments to ensure effective coordination and smooth operations.

### **Accountability and Reporting:**

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- The delegate is accountable for executing the delegated responsibilities in alignment with organisational policies and procedures.
- Regular progress updates and reports are provided to the immediate supervisor or manager to ensure transparency and accountability.

## Transition and Handover:

- When the usual position holder returns, a smooth transition and handover process take place.
- The delegate provides a handover report, highlighting key activities, decisions, and outcomes during their period of responsibility.

## Review and Evaluation:

- The effectiveness of the delegated responsibility and authority system is periodically reviewed and evaluated by the senior management team.
- Feedback from usual position holders, delegates, and relevant stakeholders is considered for continuous improvement.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## CONFLICT OF INTEREST POLICY AND PROCEDURE

SOCIAL SUPPORTS SA is committed to managing conflicts of interest in an open and transparent manner in order to protect the interests of NDIS participants and maintain the highest standards of integrity and ethical conduct. This policy aims to ensure that all conflicts of interest are identified, disclosed, and appropriately managed to prevent any potential harm to participants or damage to SOCIAL SUPPORTS SA's reputation.

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The policy applies to all employees, contractors, and volunteers of SOCIAL SUPPORTS SA involved in the provision of supports under the NDIS.

## POLICY

SOCIAL SUPPORTS SA recognises that ignoring conflicts of interest can harm its reputation and community confidence and lead to legal consequences. SOCIAL SUPPORTS SA is committed to aligning with its values and fulfilling obligations as an NDIS support provider.

### Definitions:

A Registered **Plan Management Provider** is an NDIS provider who manages the funding for supports identified in NDIS participants' plans. To perform this task, providers must be registered as Plan Management Providers. Their duties include purchasing supports identified in participants' plans (which may include indirect costs such as taxes), receiving and managing funding provided by the Agency, and acquitting funding provided by the Agency.

A Registered **Support Coordination Provider** is an NDIS provider who helps participants identify, connect with, and work with service providers that offer the most suitable supports.

### Identification and Disclosure of Conflicts of Interest:

- All employees, contractors, and volunteers of SOCIAL SUPPORTS SA must promptly identify and disclose any actual or potential conflicts of interest that may arise in the course of their work.
- Conflicts of interest may include, but are not limited to, situations where an individual's personal, financial, or professional interests may influence or appear to influence their judgment or decision-making in providing supports to NDIS participants.

## PROCEDURE

### Conflict of Interest in Support Coordination at SOCIAL SUPPORTS SA

Support coordinators, employees, contractors, and volunteers are responsible for identifying and promptly disclosing any conflicts of interest to their supervisor or the designated conflict of interest officer.

Participants are provided with a range of choices for support providers, and SOCIAL SUPPORTS SA refrains from influencing participants to select themselves.

Participants are informed about alternative providers and any relevant conflicts with other providers associated with SOCIAL SUPPORTS SA.

To manage conflict of interest, support coordinators explain the conflict of interest policy to participants, obtain multiple quotes (minimum three) for services, assure participants that their choice of provider will not affect support coordination, and document provider options and the participants'

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rationale. If a participant opts for another service provided by SOCIAL SUPPORTS SA, the support coordinator will document a request for capacity or a quote for the chosen service.

During the initial meeting, participants are given information on the process for changing service providers. Monitoring, documentation, training, and policy reviews ensure compliance and uphold ethical standards.

## **Gifts, benefits, commissions, and the NDIS**

At SOCIAL SUPPORTS SA, it is strictly prohibited for both the company and its staff to accept any form of money, gifts, services, or benefits that could potentially lead to actions contrary to the best interests of an NDIS participant.

Staff members are required to have no financial or personal interests that could influence or compromise the selection of a provider or the provision of supports to a participant. This policy also extends to the obtaining or offering of any type of commission by employees of SOCIAL SUPPORTS SA. Maintaining this policy ensures that decisions and actions are made solely with the participant's well-being in mind, fostering transparency and ethical conduct.

## **Conflict of Interest Register:**

- SOCIAL SUPPORTS SA will maintain a Conflict of Interest Register to record all identified conflicts of interest.
- Employees, contractors, and volunteers must report any conflicts of interest to their immediate supervisor or the designated conflict of interest officer, who will record the details in the register.
- The Conflict of Interest Register will be regularly reviewed and monitored by the management team to ensure appropriate actions are taken.

## **Assessment and Mitigation:**

- Upon identifying a conflict of interest, the relevant employee, contractor, or volunteer must provide full disclosure of the conflict of interest that may impact their delivery of support and services to participants, including NDIS participants to their supervisor or the designated conflict of interest officer. This includes financial, business, or personal matters, as well as any relationships with other entities.
- The conflict of interest will be assessed to determine the level of risk and potential impact on NDIS participants and SOCIAL SUPPORTS SA.
- Appropriate measures will be implemented to mitigate the identified conflict of interest, which may include:
  - Reassigning the individual to a role or responsibility where the conflict is minimised or eliminated.
  - Implementing oversight mechanisms or additional supervision to ensure impartiality and prevent undue influence.
  - Providing clear guidance and instructions to the individual to act in the best interests of NDIS participants, regardless of any conflicting interests.

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- Seeking independent advice or opinions to ensure impartial decision-making.
- Establishing a firewall or separation of duties to prevent the individual from making decisions that may be influenced by the conflict.
- In cases where the conflict cannot be adequately managed, consider alternative arrangements such as recusal or withdrawal from the situation.

## **Ongoing Monitoring and Reporting:**

- Ongoing monitoring of conflicts of interest will be conducted to ensure compliance with this policy.
- Employees, contractors, and volunteers have a continuing obligation to disclose any new conflicts of interest that arise during their engagement with SOCIAL SUPPORTS SA.
- The designated conflict of interest officer will periodically review the Conflict of Interest Register to identify any patterns or systemic issues that require further attention.
- All instances of conflict of interest, including the disclosure, assessment, and mitigation actions, will be documented, and retained for audit and compliance purposes.

## **Confidentiality and Protection:**

- All disclosures and discussions related to conflicts of interest will be treated with strict confidentiality.
- Employees, contractors, and volunteers who make a disclosure in good faith will be protected from any form of retaliation or adverse treatment.

## **Training**

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## **Monitoring and Review**

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## **FINANCIAL MANAGEMENT POLICY AND PROCEDURE**

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The purpose of the above Financial Management Policy is to outline the guidelines and procedures that SOCIAL SUPPORTS SA follows in managing its finances within the National Disability Insurance Scheme (NDIS).

## POLICY

SOCIAL SUPPORTS SA is committed to maintaining robust financial management practices in accordance with the requirements of the National Disability Insurance Scheme (NDIS). This policy aims to ensure the effective and transparent management of financial resources, compliance with NDIS guidelines, and the provision of quality services to NDIS participants. Financial management procedures will be implemented to support the policy and ensure adherence to NDIS funding rules and regulations.

## PROCEDURES

### Financial Planning and Budgeting:

- Develop an annual financial plan and budget that aligns with the goals and objectives of SOCIAL SUPPORTS SA and the NDIS Price Guide.
- Consider the estimated costs of providing services, anticipated revenue from NDIS funding, and other funding sources.
- Involve relevant stakeholders in the budgeting process, including management, finance personnel, and relevant program coordinators.

### Financial Accounting and Reporting:

- Maintain a system for recording financial transactions promptly and accurately.
- Ensure financial records, including income, expenses, assets, and liabilities, are complete, organised, and easily accessible.
- Prepare regular financial reports, such as income statements, balance sheets, and cash flow statements, detailing budget variances, revenue, and expenditure.
- Share financial reports with relevant stakeholders, including management, board members, and funding bodies, as required.
- Comply with all reporting obligations and any additional reporting requirements from funding bodies.

### NDIS Specifics, Pricing & Service Agreements:

- Ensure compliance with NDIS regulations, including the NDIS Act, NDIS Rules, and relevant NDIS guidelines and policies issued by the NDIA.
- Develop pricing structures aligned with the NDIS Price Guide and quote requirements.
- Maintain accurate accounts and financial records of supports delivered to NDIS participants.
- Retain financial records and accounts related to NDIS service provision for a minimum of 7 years.

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- Utilise NDIS Service Agreements to formalise supports provided to NDIS participants.
- Declare prices in advance, include applicable fees in Service Agreements, and ensure compliance with NDIS pricing controls.
- Clearly outline costs, service delivery schedules, and payment methods in Service Agreements.
- Ensure participants sign the Service Agreement before service delivery commences.
- Provide regular details of services and charges through invoicing and statements.
- Comply with NDIS pricing arrangements and requirements concerning the application of GST.
- Charge participants on a fee-for-service basis if no funding is available to cover fees.
- Establish mutually acceptable payment arrangements for participants facing difficulties.
- Review outstanding debts and take appropriate actions, including reminders, payment plans, or withdrawal/termination of services.
- Submit claims for payment to the NDIA within a reasonable timeframe and establish effective billing processes.

## **Financial Controls and Procedures:**

- Raise awareness among staff about fraudulent practices and provide training on identifying and reporting fraud.
- Promptly report suspected fraud or corruption to the Director and relevant authorities.
- Take timely and decisive action to address reports or allegations of fraud or corruption.
- Conduct discipline or misconduct investigations according to the Human Resources Policy and Procedure.
- Establish and implement financial controls and processes to prevent fraud, addressing procurement, invoicing, reimbursements, and other financial transactions.
- Conduct regular internal audits to assess the effectiveness of financial controls and identify areas for improvement.
- Implement security measures, such as access controls and password policies, to protect financial information.

## **Financial Risk Management:**

- Identify and assess potential financial risks affecting SOCIAL SUPPORTS SA.
- Develop and implement risk mitigation strategies (refer to risk register).
- Establish contingency plans to address unexpected financial challenges or changes in funding arrangements.
- Regularly review and update risk management strategies.

## **Compliance and Accountability:**

- Comply with relevant legislation, regulations, and guidelines within the NDIS framework.
- Investigate and take appropriate action regarding instances of non-compliance or financial misconduct.
- Maintain documentation and records as required by NDIS guidelines and funding agreements.

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## Training

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## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

# SUCCESSION PLANNING POLICY AND PROCEDURE

This policy provides a structured approach to succession planning within SOCIAL SUPPORTS SA. It ensures that the company can effectively continue its operations and meet its strategic goals when key personnel leave their positions.

This policy applies to all key positions within SOCIAL SUPPORTS SA, as defined in the policy.

## POLICY

SOCIAL SUPPORTS SA is committed to developing and maintaining a robust succession plan that ensures business continuity, prepares for the future, and aligns with the company's mission and values.

### Definitions:

- Key Personnel:** Individuals who have significant influence over strategic, financial, or operational decisions within the company.
- Succession Planning:** A strategy for passing on leadership roles, often including the transfer of ownership of a company.
- Talent Pool:** A group of high-potential employees who are being prepared for higher-level roles.

## Principles

The succession planning process will be:

- Proactive:** Anticipating changes and planning for future vacancies in key positions.

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- **Inclusive:** Ensuring diversity in the talent pool and considering both internal and external candidates.
- **Transparent:** Communicating the process and expectations clearly to all stakeholders.
- **Strategic:** Aligning with the company's strategic goals and workforce planning initiatives.

## PROCEDURES

- Identify critical roles essential to the company's operation and strategic direction.
- Create comprehensive job descriptions for each key position, outlining required qualifications, experience, and competencies.
- Identify individuals with high potential within the organisation for these key roles.
- Implement programs such as mentoring, training, and cross-functional assignments to prepare identified individuals for future roles.
- Constantly review and update the skills matrix to ensure the readiness of potential candidates.
- Record nominated individuals for key positions in management meeting minutes.
- Develop transition plans for each key role, including timelines, training requirements, and knowledge transfer strategies.
- Integrate diversity objectives to promote a wide range of perspectives in leadership roles.
- Develop strategies for external recruitment to complement internal talent development as necessary.
- Outline how succession and development initiatives and outcomes will be communicated within the company.
- Conduct a risk assessment to identify potential issues arising from changes in key personnel and develop mitigation strategies (refer to risk register).
- The Management Team will review key positions and readiness of potential candidates annually and after any significant organisational change.
- Develop an emergency plan for unforeseen departures to minimise disruption.

### Roles and Responsibilities

- **Management Team:** Oversee the development and execution of the talent identification and development process.
- **HR Department:** Facilitate the process, maintain documentation, and support the Management Team.
- **Employees:** Participate in development activities and provide feedback.

### Training

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## RISK MANAGEMENT POLICY AND PROCEDURE

The purpose of this Risk Management Policy and Procedure is to support SOCIAL SUPPORTS SA in applying the Risk Management NDIS Practice Standard and ensuring the identification and management of risks to participants, workers, and the organisation.

SOCIAL SUPPORTS SA is committed to identifying and managing risks effectively to protect participants, workers, and the organisation.

The policy aims to demonstrate the following NDIS quality indicators:

- Identification, analysis, prioritisation, and treatment of risks to the organisation, including risks to participants, financial stability, and work health and safety.
- Implementation of a documented risk management system that is relevant and proportionate to the size, scale, scope, and complexity of the organisation's operations.
- Comprehensive coverage of the risk management system, including incident management, complaints management and resolution, financial management, governance and operational management, human resource management, information management, work health and safety, emergency, and disaster management.
- Inclusion of measures for the prevention and control of infections and outbreaks, where relevant.
- Consistent provision of supports and services in alignment with the risk management system.
- Maintenance of appropriate insurance coverage, including professional indemnity, public liability, and accident insurance.

This Policy applies to all services and supports provided by SOCIAL SUPPORTS SA. All permanent, fixed-term, and casual staff, contractors, and volunteers are responsible for understanding and adhering to the commitments outlined in this Policy.

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## POLICY

At SOCIAL SUPPORTS SA, our commitment is to ensure the identification and management of risks to participants, workers, and the organisation as a whole. To achieve this outcome, we demonstrate the following indicators:

- Identification, analysis, prioritisation, and treatment of risks to the organisation, including risks to participants, financial aspects, and work health and safety risks associated with the provision of supports.
- Implementation of a documented risk management system that effectively manages identified risks, tailored to the size, scale, scope, and complexity of our organisation and the supports provided.
- Coverage of the risk management system across key areas, such as incident management, complaints management, financial management, governance, operational management, human resource management, information management, work health and safety, and emergency and disaster management.
- Integration of measures for the prevention and control of infections and outbreaks where relevant.
- Provision of supports and services in a manner consistent with our risk management system.
- Maintenance of appropriate insurance coverage, including professional indemnity, public liability, and accident insurance.

By adhering to these principles, we prioritise the safety and well-being of all stakeholders while ensuring effective risk management practices throughout our organisation.

## PROCEDURES

The following procedures are to be applied at SOCIAL SUPPORTS SA to provide guidance and ensure effective risk management aligned with the Policy Statement. The Procedures work together to achieve the aims of the Policy.

### Risk Control Strategies

- Document strategies to address identified risks to SOCIAL SUPPORTS SA.
- Implement appropriate control measures to eliminate or minimise identified hazards.

### Review of Strategies

- Conduct a scheduled review of this Policy and Procedures, including a review of identified risks.
- Assess the likelihood and potential consequences of identified risks.
- Manage and control risks by implementing avoidance, reduction, transfer, or acceptance measures.
- Regularly monitor and review risk control strategies to ensure adequacy.

### Insurances

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- Obtain and maintain adequate insurance coverage, including Public Liability insurance, Professional Indemnity Insurance, and Workers Compensation Insurance.

## Feedback and Improvement in Relation to Risk Management

- Create an environment that values feedback from Clients, Workers, and others to improve risk management processes.
- Promptly address feedback and complaints in accordance with the Feedback and Complaints Management and Resolution Policy.
- Consult with Workers, Clients, support networks, and stakeholders to enhance risk management processes.
- Conduct an annual survey to gather suggestions for improving risk management processes.

## Reporting of Hazards and Incidents

- Workers must report all incidents, injuries to clients or workers, emergency situations, and near-miss incidents that require preventative action.
- Manage all incidents in accordance with SOCIAL SUPPORTS SA's Incident Management System.
- Incident investigations should include a review of the Risk Management Policy.

## Emergency and Disaster Management

- Develop, implement, and review operational readiness measures.
- Prepare, test, and annually review an Emergency Plan for each residence and building where SOCIAL SUPPORTS SA operates.
- Monitor residences and buildings to ensure adherence to relevant emergency readiness and safety measures.
- Enhance the safety of vulnerable people in emergencies through personal emergency planning.
- Install fire equipment suitable for the specific risks associated with each residence or building.

## Infection Control

- Regularly assess, identify, and manage risks of infection.
- Provide infection control training to employees, including relevant precautions.
- Establish mechanisms to monitor compliance with infection control procedures.

## Checking for New Information

- Incorporate new information about risks relevant to SOCIAL SUPPORTS SA's operations and support provision into documented risk management strategies.
- Confirm new information and advice about business risks with insurers and advisors.

## Training

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## WORKPLACE HEALTH AND SAFETY POLICY AND PROCEDURE

**Purpose:** The purpose of this Workplace Health and Safety (WHS) Policy and Procedure is to ensure the health, safety, and well-being of all employees, contractors, visitors, and any other individuals present within the workplace premises of SOCIAL SUPPORTS SA.

This policy outlines the responsibilities of all personnel and provides a framework for identifying, assessing, managing, and reducing WHS risks in compliance with the requirements of the National Disability Insurance Scheme (NDIS).

### The following are some common definitions related to WHS:

- **Hazard:** A hazard refers to any source, situation, or act that has the potential to cause harm, injury, illness, or damage to property or the environment. Hazards can include physical, chemical, biological, ergonomic, and psychosocial factors.
- **Risk:** Risk is the likelihood and severity of harm occurring as a result of exposure to a hazard. It involves assessing the probability of an incident or injury happening and the potential consequences associated with it.
- **Risk Assessment:** A risk assessment is a systematic process that involves identifying hazards, evaluating risks, and implementing control measures to mitigate those risks. It helps in identifying potential hazards, assessing their severity and likelihood, and determining appropriate preventive measures.
- **Control Measures:** Control measures are actions taken to eliminate or minimise risks associated with hazards. These measures can include engineering controls (e.g., physical barriers, ventilation systems), administrative controls (e.g., policies, procedures, training), and personal protective equipment (PPE).

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- **Incident:** An incident refers to any unplanned event or occurrence that results in injury, illness, property damage, or near misses. It includes accidents, injuries, illnesses, and any other health and safety-related event that may disrupt normal operations.
- **Near Miss:** A near miss is an incident that does not result in injury, illness, or damage but has the potential to do so. It serves as a valuable indicator of underlying hazards and provides an opportunity for preventive action.
- **WHS Representative:** A WHS representative is an individual appointed or elected by workers to represent their interests and concerns regarding health and safety in the workplace. They act as a liaison between management and workers, promoting a safe work environment and facilitating communication on WHS matters.
- **Emergency Preparedness:** Emergency preparedness involves planning, organising, and implementing measures to respond effectively to emergencies and minimise harm to individuals, property, and the environment. It includes procedures for evacuation, first aid, fire safety, and communication during emergencies.
- **WHS Compliance:** WHS compliance refers to adhering to relevant laws, regulations, codes of practice, and industry standards related to workplace health and safety. It involves implementing and maintaining systems, policies, and procedures that ensure compliance with legal requirements and best practices.
- **Duty of Care:** Duty of care refers to the responsibility of SOCIAL SUPPORTS SA staff to provide participants, students, volunteers, contractors, and anyone visiting the service with an adequate level of care and protection against reasonably foreseeable harm and injury.
- **Consultation:** Consultation involves actively seeking and considering the input, ideas, and feedback of workers, WHS representatives, and other stakeholders on matters related to health and safety. It fosters collaborative decision-making and promotes a sense of ownership and commitment to WHS initiatives.

This policy applies to all employees, contractors, visitors, and any other individuals present within the workplace premises of SOCIAL SUPPORTS SA. It covers all activities, processes, and operations conducted within the workplace, including those related to the provision of services under the NDIS.

## POLICY

The health and safety of staff and participants is of paramount importance to SOCIAL SUPPORTS SA. Workplace Health and Safety is the responsibility of all SOCIAL SUPPORTS SA stakeholders including management staff, employees, volunteers, contractors, participants, families, carers, and visitors.

If services are delivered in participants' homes, participants must provide a safe and healthy working environment for SOCIAL SUPPORTS SA's staff. We will take steps to ensure the health, safety and wellbeing of employees, participants and their representatives, volunteers, contractors, and visitors.

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Our employees and volunteers are expected to stop work that is unsafe.

## PROCEDURE

### Management Responsibilities

Management holds the primary responsibility for ensuring the effective implementation of this WHS Policy and Procedure. They are responsible for:

- Establishing and maintaining a safe and healthy work environment by providing necessary resources, including human, financial, and material resources.
- Promoting a culture of safety by leading by example and actively supporting and participating in WHS initiatives.
- Ensuring compliance with applicable laws, regulations, and standards related to workplace health and safety, including NDIS requirements.
- Establishing and maintaining effective communication channels for reporting and addressing WHS concerns.
- Conducting regular audits, inspections, and reviews to identify potential hazards and improve WHS performance.
- Providing appropriate training, information, and resources to employees to enable them to carry out their work safely, including specific training related to NDIS requirements.
- Investigating incidents, accidents, and near-miss events and implementing corrective actions to prevent their recurrence and ensuring that all incidents are reported in accordance with NDIS incident reporting guidelines.

### Employee Responsibilities

All employees have a responsibility to:

- Comply with all WHS policies, procedures, and guidelines, including NDIS requirements.
- Take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions.
- Report any hazards, incidents, accidents, or near-miss events to their immediate supervisor or the designated WHS representative.
- Participate in WHS training and actively contribute to the identification and control of workplace hazards.
- Use and maintain personal protective equipment (PPE) as required and in accordance with training and instructions.
- Follow safe work practices and procedures, including those specific to the provision of services under the NDIS.
- Cooperate with management and WHS representatives to facilitate a safe work environment.

### Responsibilities of contractors, participants, families, and representatives

- Be familiar with this policy.

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- Report hazards or incidents immediately to Management to enable effective control and management of any problems.
- Public liability insurance to cover any injuries they cause to their participants and/or the public (contractors)
- Cooperate with reasonable WHS rules and practices implemented by SOCIAL SUPPORTS SA.
- Not act recklessly or place the health and safety of others at risk.
- Ensure their actions or failure to act do not put themselves or SOCIAL SUPPORTS SA's staff at risk.
- If services are delivered in participants' homes, participants must provide a safe and healthy working environment for SOCIAL SUPPORTS SA's staff.

## Hazard Identification and Risk Management

- SOCIAL SUPPORTS SA will conduct regular workplace inspections, risk assessments, and consultations with employees to identify and assess workplace hazards.
- Hazards may include but are not limited to physical hazards, ergonomic hazards, biological hazards, chemical hazards, and psychosocial hazards.
- Identified hazards will be assessed to determine their level of risk and the appropriate control measures.
- Control measures will be implemented to eliminate or minimise identified hazards. These control measures should be in accordance with NDIS requirements and best industry practices.
- SOCIAL SUPPORTS SA will maintain records of hazard identification, risk assessments, and control measures implemented.

## Training and Education

SOCIAL SUPPORTS SA will provide appropriate WHS training and education to employees, contractors, and relevant stakeholders. This training will include:

- General WHS induction training for all new employees and contractors.
- Specific training related to NDIS requirements and WHS responsibilities.
- Regular refresher training to reinforce safe work practices and procedures.
- Provision of information and resources on WHS topics relevant to the workplace and NDIS.

## Incident Reporting and Investigation

SOCIAL SUPPORTS SA will establish a clear incident reporting and investigation process in accordance with NDIS incident reporting guidelines. This process will include:

- Reporting all incidents, accidents, near-miss events, and hazards to the designated WHS representative or supervisor as soon as practicable.
- Conducting thorough investigations of incidents to determine root causes and contributing factors.
- Implementing corrective actions to prevent the recurrence of incidents.

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- Maintaining incident records and conducting trend analysis to identify opportunities for improvement.

## Continuous Improvement

SOCIAL SUPPORTS SA is committed to continuous improvement in WHS performance. This will be achieved through:

- Regular review and updating of WHS policies, procedures, and guidelines to reflect changes in legislation, regulations, and NDIS requirements.
- Monitoring and evaluating WHS performance indicators and implementing corrective actions where necessary.
- Encouraging employee participation in identifying WHS improvements and implementing their suggestions.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## QUALITY MANAGEMENT POLICY

SOCIAL SUPPORTS SA recognises the importance of a quality management system as a comprehensive framework to ensure that our products, services, and processes consistently meet and exceed customer expectations. Our organisation is committed to implementing a well-designed quality management system that encompasses all necessary elements, including quality planning, control, assurance, and improvement. Through this system, we establish clear quality policies, procedures, and guidelines that serve as a roadmap for our employees, enabling them to consistently deliver high-quality outputs. By embracing a robust quality management system, we aim to enhance customer satisfaction, optimise operational efficiency, minimise errors and defects, and foster a culture of continuous improvement throughout our organisation.

## POLICY

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SOCIAL SUPPORTS SA is committed to providing high-quality support services to participants under the NDIS. We strive to maintain a quality management system that is relevant and proportionate to our organisation's size, scale, and the scope of supports delivered. Our quality management system aims to promote continuous improvement in support delivery, compliance with legislation, and adherence to NDIS standards.

## PROCEDURES

### **Maintenance of a Relevant and Proportionate Quality Management System:**

- SOCIAL SUPPORTS SA will maintain a Legislation Compliance Register to monitor ongoing compliance with legal and regulatory obligations.
- Policies will be regularly reviewed and updated to reflect current practices, with review dates recorded in the Policy.
- Accessible electronic copies of relevant legislation and standards will be provided to key personnel and workers upon request.
- Workers will receive training and supervision to ensure their understanding and compliance with applicable legislation.
- The organisation will embed compliance responsibilities in job descriptions, assess adherence through performance reviews, and include compliance information in induction processes.
- Incidents or complaints related to non-compliance will be reported and investigated, with system improvements implemented to address weaknesses.
- All required improvements will be recorded in the Continuous Improvement Register.

### **Internal Audits**

- SOCIAL SUPPORTS SA will ensure that internal audits are conducted according to the Internal Audit Schedule, adhering to the specified dates.
- The Internal Audit process will comprehensively examine all aspects of service delivery to assess compliance with NDIS Practice Standards and identify areas for improvement.
- This will involve taking into account insights from previous External Audits, fulfilling obligations under relevant legislation and standards, reviewing policies and relevant documentation to ensure compliance, conducting annual surveys, and reviewing records and data collected through the Feedback and Complaints Management as well as Incident Management and Reporting Policies.
- Key Management Personnel will be responsible for supervising the Internal Audit Schedule, documenting instances of non-conformity, determining appropriate corrective actions, ensuring their implementation, and monitoring their effectiveness.
- All actions for improvement will be recorded in the Continuous Improvement Register.
- As part of its commitment to quality management, SOCIAL SUPPORTS SA will develop and implement an internal audit program that is suitable and proportionate to its operations, enabling ongoing enhancement and ensuring compliance with legislation and NDIS standards.

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## Continuous Improvement

- SOCIAL SUPPORTS SA actively fosters a culture of continuous improvement within the organisation, recognising the value of feedback from clients, workers, and other stakeholders.
- Through a systematic and planned approach, feedback is welcomed to identify areas where service delivery can be enhanced, improve compliance with NDIS Practice Standards, and uncover opportunities for organisational improvement.
- The organisation collects and analyses relevant data and feedback, drawing upon outcomes, risk-related information, evidence-informed practices, and the input of participants and workers.
- Improvement opportunities in service delivery and organisational processes are identified and documented in a Continuous Improvement Register, which tracks the progress and completion of each action.
- SOCIAL SUPPORTS SA encourages feedback through various channels, promptly addressing complaints in accordance with the Feedback and Complaints Management Policy.
- Active consultation with clients and conducting an annual survey of stakeholders further contribute to the pursuit of best practices in service delivery.
- The Continuous Improvement Register utilises a structured spreadsheet format to capture key information, including suggestion description, source of improvement, actions, due dates, effectiveness, review of effectiveness, case status, and completion date. This format enables effective tracking and management of improvement initiatives.

## Compliance and Documentation

- SOCIAL SUPPORTS SA will ensure that all documentation related to the quality management system, including policies, procedures, guidelines, audit reports, and improvement actions, is accurately maintained and readily accessible.
- The organisation will comply with all relevant legislation, regulations, rules, and guidelines, as outlined in the Legislation Compliance Register.
- Any inconsistencies between this policy and applicable laws will be addressed, ensuring compliance with the law while maintaining the intent and objectives of this policy.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure

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compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## COMPLIANCE POLICY AND PROCEDURE

This document outlines the compliance policy and procedure for SOCIAL SUPPORTS SA and is committed to delivering high-quality support and services to participants of the NDIS. Our commitment is to operate not only in compliance with the NDIS Act, the NDIS Code of Conduct, and the NDIS Practice Standards but also in a manner that upholds the rights, safety, and wellbeing of our participants.

The purpose of this policy is to ensure that SOCIAL SUPPORTS SA and its staff adhere to all legal and regulatory requirements related to the provision of NDIS supports and services. It aims to establish a culture of compliance within the organisation, identifying and mitigating risks of non-compliance and ensuring continuous improvement.

This policy applies to all employees, contractors, and volunteers of SOCIAL SUPPORTS SA involved in the delivery of NDIS supports and services.

## POLICY

SOCIAL SUPPORTS SA is committed to:

- Ensure that the services and supports provided are safe, effective, and centred around the needs and goals of NDIS participants.
- Complying with the NDIS Code of Conduct, Practice Standards, and all relevant laws and regulations.
- Implementing effective governance and risk management practices.
- Encouraging a culture of compliance and ethical behaviour among all staff.

Roles and Responsibilities:

- **Management:** Ensure that compliance policies and procedures are implemented, monitored, and reviewed regularly. Address non-compliance issues promptly and effectively.
- **Compliance Officer:** Oversee the development, implementation, and monitoring of the compliance program. Report directly to the management on compliance matters.
- **Staff:** Adhere to all compliance policies and procedures. Report any incidents or risks of non-compliance to the Compliance Officer or management.

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## PROCEDURES

SOCIAL SUPPORTS SA is required to adhere to the following procedures to maintain its registration as an NDIS provider:

- Adhere to all relevant laws at the Commonwealth and State/Territory level as an NDIS provider.
- Follow the requirements of the NDIS Code of Conduct.
- Comply with the NDIS Practice Standards and related regulations.
- Keep records in line with NDIS rules.
- Maintain accurate and secure records of all compliance-related activities, including training, risk assessments, incident reports, and participant feedback.
- Implement and uphold a risk management system compliant with NDIS rules. Implement a risk management process to identify, assess, and manage compliance risks. Conduct regular audits and assessments to ensure compliance with NDIS standards.
- Implement and uphold a complaints management system compliant with NDIS rules. Implement systems for collecting feedback from participants, staff, and other stakeholders. Use feedback to drive continuous improvement in compliance and service delivery.
- Implement and maintain an incident management system, following all requirements for reportable incidents under the NDIS rules. Establish clear processes for managing and reporting incidents, including abuse, neglect, and other breaches of the NDIS Code of Conduct. Ensure timely reporting of incidents to the NDIS Commission as required.
- Provide information to the NDIS Quality and Safeguards Commission when requested within the stipulated time frame.
- Comply with any conditions specified in its NDIS Certificate of Registration or imposed by the NDIS Quality and Safeguard Commission at a later time, such as:
  - the types of quality audits it must undergo.
  - the timing of such quality audits; and
  - requirements relating to supports or services for which it is registered to provide, including circumstances in which supports, or services can or cannot be provided.
  - SOCIAL SUPPORTS SA must notify the NDIS Commission of any changes to the key personnel.
  - SOCIAL SUPPORTS SA must notify the NDIS Commission of a change of circumstances that materially affect its suitability, or the suitability of any of its key personnel, to provide the supports or services it is registered to provide. The change must be notified to the Commissioner when the change occurring on the form approved by the Commissioner.

Changes of circumstances include:

- event that significantly affects SOCIAL SUPPORTS SA's ability to comply with its conditions of registration.
- a change that adversely affects access to supports or services by people with disability currently receiving those supports or services from SOCIAL SUPPORTS SA.

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- an adverse change in SOCIAL SUPPORTS SA's financial capacity to provide the supports or services it is registered to provide; and
- a significant change in SOCIAL SUPPORTS SA's organisation or governance arrangements.

## Management Responsibilities:

- Regularly review and update the company's understanding of compliance obligations under the NDIS framework.
- Provide ongoing training and resources to all staff on compliance obligations, ethical standards, and the NDIS Code of Conduct.
- Maintain records of training attendance and completion.

## Reporting Compliance Failures

- SOCIAL SUPPORTS SA prioritises prompt and transparent reporting of any compliance failures or related issues.
- Staff are required to inform their supervisor or the Operations Manager of any compliance lapses or complaints.
- The Operations Manager is responsible for swiftly resolving these issues to maintain compliance and protect the company.
- All such matters must be logged by the Compliance Operations Manager and communicated to the Management Team.

## Breaches of Policy

- The consequences for non-compliance with this policy may include disciplinary action, retraining, or termination of employment/contract.
- Ensure that all breaches are investigated and addressed promptly.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

SOCIAL SUPPORTS SA commits to an enduring process of continuous improvement that enhances our service offerings, internal processes, and stakeholder satisfaction.

This policy highlights our dedication to innovation, quality, and excellence, ensuring our operations align with legislative requirements and industry standards.

This policy aims to institutionalise a culture of continuous improvement within SOCIAL SUPPORTS SA that empowers stakeholders to work collaboratively and proactively to identify and implement improvements.

This policy applies to all departments, services, and operations within SOCIAL SUPPORTS SA, encompassing all staff, contractors, and partners.

### POLICY

SOCIAL SUPPORTS SA shall strive for the highest standards of service and operational excellence by regularly evaluating and improving our business practices.

The policy mandates active participation from all stakeholders, including staff, participants, and partners, in the continuous improvement process.

SOCIAL SUPPORTS SA shall foster an environment where innovative ideas are valued and creative solutions are encouraged and explored.

All continuous improvement activities shall be documented and communicated transparently to ensure clarity and alignment across the organisation.

### PROCEDURES

- Develop a Continuous Quality Improvement Plan (CQIP) that outlines specific goals, objectives, and timelines for improvement initiatives.
- Provide regular training to staff on continuous improvement techniques and best practices to enhance their skill sets and involvement in improvement initiatives.
- Establish a formal feedback system that efficiently captures and addresses input from participants, staff, and other stakeholders.
- Set key performance indicators (KPIs) to measure the success of continuous improvement efforts and adjust strategies as necessary.
- Conduct regular internal audits and process reviews to assess the efficacy of the improvement measures in place.

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- Integrate risk assessment into the continuous improvement cycle to pre-emptively identify and address potential risks associated with process changes.
- Engage in benchmarking activities to compare SOCIAL SUPPORTS SA's practices with industry standards and competitors.
- Allocate necessary resources, including time, budget, and personnel, to support the continuous improvement initiatives.
- Implement a structured change management protocol to ensure smooth transitions and adoption of new practices.
- Introduce a recognition program to reward individuals and teams contributing significantly to continuous improvement efforts.
- Include sustainability as a key criterion in the continuous improvement process, aiming to reduce environmental impact and promote social responsibility.
- The Management Team shall review and update the Continuous Improvement Policy and CQIP annually, incorporating feedback and adapting to new challenges and opportunities.
- Ensure all changes and improvements are compliant with relevant laws and regulations and are documented as part of the continuous improvement records.

## Documentation and Records:

All continuous improvement activities and outcomes will be recorded in the Continuous Improvement Register and will be subject to regular audits to ensure compliance and effectiveness.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## MANAGEMENT OF DATA BREACH POLICY AND PROCEDURE

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The management of data breaches refers to the process of handling and responding to incidents where there is unauthorised access, disclosure, or loss of sensitive participant information. It involves implementing strategies and protocols to detect, contain, investigate, and mitigate the impact of a data breach. The goal is to minimise harm to NDIS participants and ensure their privacy and confidentiality are upheld. This includes promptly identifying and reporting any suspected or confirmed data breaches to the appropriate authorities and affected individuals. The management of data breaches also involves conducting thorough assessments to determine the scope and severity of the breach, implementing remedial actions to address vulnerabilities, and providing necessary support and assistance to affected participants. Ultimately, the management of data breaches in the NDIS aims to protect participant information, maintain trust, and uphold the integrity of the scheme.

## POLICY

Our organisation is committed to meeting legislative compliance requirements as a mandatory reporter of eligible data breaches. In the event of a data breach, we have a responsibility to report it to two key entities: the Office of the Australian Information Commissioner (OAIC) and any individuals who may be potentially affected. By promptly informing the relevant authorities, we aim to mitigate the consequences of such breaches.

Our primary objective is to limit and reduce risks to our business. We recognise the importance of safeguarding sensitive information and ensuring the confidentiality of all data pertaining to participants and staff members. As such, it is imperative that all staff strictly adhere to this policy. This policy encompasses all personal data relating to both participants and team members.

By upholding the principles of confidentiality, we strive to maintain the trust of our stakeholders. Furthermore, we are committed to continuous improvement in the management and maintenance of the data held by our organisation. Through regular reviews and updates, we aim to enhance our data protection measures and ensure the highest level of security for all information under our care.

The purpose of this policy is to establish a framework for the effective management of data breaches within our organisation. This policy aims to protect personal information, comply with relevant laws and regulations, ensure timely response and notification, and minimise risks to the organisation and individuals affected by data breaches.

This policy applies to all employees, contractors, and third parties who handle personal information on behalf of the organisation.

### Definitions:

- Data breach:** Unauthorised access, disclosure, or loss of personal information that could result in harm to individuals.
- Personal information:** Information that can identify an individual, including but not limited to their name, address, contact details, and sensitive information.

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- **Sensitive information:** Information or opinions about an individual's racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, sexual orientation, criminal record, health or genetic information, and biometric data.
- **Notifiable Data Breach (NDB):** A data breach that is likely to result in serious harm to affected individuals, requiring notification to the appropriate authorities and affected individuals.

## PROCEDURES

### Prevention and Preparedness:

The organisation will implement security measures to prevent data breaches, including but not limited to access controls, encryption, and regular security awareness training for employees. These security measures will be reviewed periodically to ensure their effectiveness and compliance with industry best practices and regulatory requirements.

The designated Data Breach Response Team will consist of individuals with the necessary knowledge and skills to manage data breaches effectively. The team will be responsible for developing and implementing strategies and guidelines to prevent, detect, respond to, and recover from data breaches.

A data breach response plan will be regularly reviewed to ensure preparedness in the event of a data breach. This plan outlines the roles and responsibilities of team members, the step-by-step process for responding to a data breach, and the communication channels to be used during an incident. It also includes provisions for testing and updating the response procedures to address emerging threats and changes in technology.

### Reporting a Data Breach:

All employees and contractors must promptly report any actual or suspected data breach to their immediate supervisor or the designated Data Protection Officer. The organisation will establish clear reporting channels and ensure that employees and contractors are aware of these channels and understand their obligations to report incidents.

Upon receiving a report of a data breach, the immediate supervisor or Data Protection Officer will assess the reported incident and determine if it constitutes a data breach. They will consider factors such as the nature and extent of the incident, the potential harm to individuals, and the applicability of relevant laws and regulations.

### Data Breach Assessment:

Upon identifying a potential data breach, the organisation will initiate a prompt and comprehensive data breach assessment to evaluate the nature and severity of the incident. This assessment will involve technical analysis, forensic investigations, and collaboration with internal and external experts. Various factors will be considered, such as the type and sensitivity of the information compromised,

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the number of affected individuals, the likelihood of serious harm, and the effectiveness of existing security measures. The Director, upon being notified of the potential breach, will assess its possible severity, and determine whether it constitutes a privacy data breach.

Criteria for determining a privacy data breach include the involvement of personal information, the sensitivity of the information, and unauthorised access, disclosure, or loss of personal information.

The severity of the breach will be assessed based on factors like the type and extent of personal information involved, the number of affected individuals, the presence of security measures, the parties who gained access, the risk of serious harm to individuals, and the potential for media or stakeholder attention. If necessary, the breach will be escalated to the Data Breach Response Team based on the nature and severity of the incident.

## **Response and Mitigation:**

The organisation will take immediate steps to contain the breach, prevent further unauthorised access or disclosure, and minimise potential harm. This may involve isolating affected systems or networks, disabling compromised accounts, and implementing additional security measures to prevent further breaches.

The Data Breach Response Team will be activated to coordinate the organisation's response. The team will conduct a comprehensive analysis of the breach, including forensic analysis, to identify the cause, scope, and impact of the incident. They will engage relevant experts, both internal and external, to assist in the investigation and mitigation efforts.

Appropriate communication channels will be established to keep affected individuals, employees, and relevant stakeholders informed about the breach, mitigation measures, and support options available. The organisation will develop clear and concise messages to ensure accurate and timely communication with affected parties.

## **Notification and Reporting:**

If the assessment concludes that a data breach is likely to result in serious harm, the organisation will promptly notify the appropriate authorities, such as the Office of the Australian Information Commissioner (OAIC), as required by applicable laws and regulations. The organisation will maintain a record of all notifications made and ensure compliance with the specified timelines and requirements.

The affected individuals will be notified of the breach, its potential impact, and any recommended actions to mitigate harm. Direct notification will be used whenever feasible, such as sending individual emails or letters. If direct notification is not practical due to the scale of the breach or lack of contact information, alternative methods, such as website publication or public announcements, will be employed to reach the affected individuals.

## **Evaluation and Review:**

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After each data breach incident, a comprehensive post-incident review will be conducted to identify lessons learned, evaluate the effectiveness of the response, and identify areas for improvement. The review will involve the Data Breach Response Team, relevant stakeholders, and other internal or external experts as needed.

SOCIAL SUPPORTS SA will continuously review and update its data breach management procedures, taking into account emerging threats, technological advancements, and changes in regulatory requirements. This review process will ensure that the organisation remains proactive in addressing data breach risks and maintains an effective and up-to-date response capability.

## Responsibilities:

Senior management is responsible for endorsing and overseeing the implementation of this policy. They will allocate necessary resources, support ongoing training and awareness initiatives, and ensure that data breach response plans are tested and updated regularly.

The Data Protection Officer is responsible for coordinating the organisation's response to data breaches, ensuring compliance with relevant laws and regulations, and providing guidance and support to employees and contractors. They will also serve as the primary contact for regulatory authorities and affected individuals during data breach incidents.

All employees and contractors are responsible for promptly reporting any actual or suspected data breaches to their supervisors or the Data Protection Officer. They should actively participate in data breach prevention efforts, adhere to security protocols, and follow incident reporting procedures outlined in this policy.

## Compliance:

Failure to comply with this policy may result in disciplinary action, up to and including termination of employment or contract. Non-compliance with applicable laws and regulations may also lead to legal consequences for the organisation and individuals involved.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and

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improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## INFORMATION MANAGEMENT POLICY AND PROCEDURE

The purpose of this Policy and Procedure is to ensure the effective and responsible management of participant information within SOCIAL SUPPORTS SA. This policy outlines the guidelines and procedures for the collection, use, retention, disclosure, and security of participant information to ensure its accuracy, confidentiality, and accessibility. By implementing this policy, SOCIAL SUPPORTS SA aims to establish a systematic approach to information management that complies with relevant legislation, safeguards participant privacy, enables informed decision-making, and facilitates the efficient delivery of disability services.

### POLICY

SOCIAL SUPPORTS SA is committed to effectively managing each participant's information in a manner that ensures its accuracy, confidentiality, accessibility, and appropriate utilisation. This policy outlines our approach to obtaining participant consent, informing participants about the use and storage of their information, maintaining an effective information management system, and implementing secure document storage and disposal processes.

#### Consent and Information Disclosure

- SOCIAL SUPPORTS SA will obtain explicit consent from each participant to collect, use, retain, and disclose their personal information, including assessments. Participants will be informed of the purpose of information collection, use, and disclosure, as well as the circumstances in which the information may be disclosed without their consent as required or authorised by law.
- SOCIAL SUPPORTS SA will inform participants about how their information is stored, used, and accessed. Participants will be provided with clear instructions on how they can access, correct, withdraw, or amend their information and consent.

#### Information Management System

- SOCIAL SUPPORTS SA will maintain an information management system that is relevant and proportionate to the size and scale of our organisation. The system will ensure accurate and timely recording of each participant's information.
- We will take necessary measures to ensure that participant information recorded in our system is accurate, up-to-date, and complete.

#### Document Storage and Security

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- SOCIAL SUPPORTS SA will implement appropriate processes for the use, access, transfer, storage, security, retrieval, retention, destruction, and disposal of participant documents. These processes will be relevant and proportionate to the scope and complexity of supports delivered.
- Paper documents will be securely stored in the lockable drawers, cabinets, or archived in a safe facility as necessary. Electronic documents will be stored in secure databases, email contact lists, and cloud-based storage solutions with appropriate encryption, firewalls, and access controls.
- Only authorised personnel with a legitimate work purpose will have access to participant information. Employees will handle personal information responsibly and follow security protocols to protect confidentiality.

## Compliance and Audit

- SOCIAL SUPPORTS SA and its employees will comply with all applicable laws, regulations, and guidelines regarding the collection, use, retention, and disclosure of participant information.
- We will conduct regular audits to ensure compliance with this policy and identify areas for improvement in information management and confidentiality practices.

**Policy Review** This policy will be reviewed periodically to ensure its continued effectiveness and compliance with relevant regulations. Any necessary updates or revisions will be made to align with evolving industry best practices and legal requirements.

## PROCEDURES

### Consent and Information Disclosure Procedure

- Obtain participant consent to collect, use, retain, and disclose their personal information through the Participant Consent Form.
- Inform participants about the purpose of information collection, use, and disclosure, including circumstances where information may be disclosed without consent as required or authorised by law.

### Information Usage and Access Procedure

- Provide participants with clear information on how their information is stored, used, and accessed.
- Communicate to participants the process for accessing, correcting, withdrawing, or amending their information and consent.

### Information Management System Procedure

- Maintain an information management system relevant and proportionate to the organisation's size and scale.
- Ensure accurate and timely recording of participant information within the system.

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## Document Storage and Security Procedure

- Follow the processes for the use, access, transfer, storage, security, retrieval, retention, destruction, and disposal of participant documents.
- Implement secure storage measures for both physical and electronic documents, ensuring encryption, firewalls, and access controls are in place.
- Limit access to authorised personnel with a legitimate work purpose.
- Store electronic records securely with backup and disaster recovery systems in place.
- Utilise a cloud server with secure storage and backup for electronic data, including email data.
- Utilise electronic participant management and financial management systems with password protection and restricted access for approved personnel.
- Avoid maintaining corporate records in email folders, shared folders, personal drives, or external storage media.
- Keep hard copy files in locked filing cabinets located in secure, lockable areas with limited access to authorised staff.
- Encourage staff to lock unattended computers.
- Conduct regular physical access and digital access internal audits to ensure compliance with security protocols.

## Record Retention and Destruction Procedure

- Destroy or permanently de-identify information when it is no longer needed for the purpose for which it was obtained.
- Securely collect and transfer information for destruction through a trusted and secure destruction service provider.
- Maintain records relating to service delivery for 7 years from the date they were created, as required for registered NDIS providers.

## Compliance and Audit Procedure

- Ensure compliance with applicable laws, regulations, and guidelines regarding participant information management.
- Conduct regular audits to assess compliance with the policy and identify areas for improvement.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure

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compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## COMPLAINTS, COMPLIMENTS AND FEEDBACK POLICY AND PROCEDURE

The purpose of this policy is to ensure that each participant of SOCIAL SUPPORTS SA has knowledge of and access to an effective feedback and complaints management system.

This policy outlines the procedures and principles to be followed by SOCIAL SUPPORTS SA to receive, acknowledge, address, and resolve complaints and feedback from participants and other stakeholders in a fair, respectful, and timely manner. It also aims to promote continuous improvement in the management of complaints and feedback.

This policy applies to all employees, contractors, volunteers, and stakeholders of SOCIAL SUPPORTS SA involved in the delivery of supports under the National Disability Insurance Scheme (NDIS).

### POLICY

SOCIAL SUPPORTS SA manages feedback effectively in order to identify areas for improvement.

SOCIAL SUPPORTS SA has an effective complaints, compliments and feedback handling system that addresses the principles of visibility and accessibility, responsiveness, assessment and investigation, feedback, and continuous improvement.

#### Policy Statements

- SOCIAL SUPPORTS SA maintains a complaints management and resolution system that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows the principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.
- Each participant will be provided with clear and accessible information on how to provide feedback or make a complaint. This information will include details about internal and external avenues for complaint resolution, as well as their right to access advocates. SOCIAL SUPPORTS SA will strive to create a supportive environment for individuals who provide feedback and/or make complaints, ensuring confidentiality, respect, and protection from victimisation.

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- SOCIAL SUPPORTS SA is committed to continuous improvement in complaints and feedback management. This will be achieved through the following activities:
  - Regular review of complaint and feedback policies and procedures to ensure their effectiveness and alignment with relevant regulations and guidelines.
  - Seeking participant views on the accessibility and effectiveness of the complaints management and resolution system and incorporating their feedback into the improvement process.
  - Incorporating feedback received from complaints and feedback into the organisational learning and quality improvement processes to enhance service delivery.
- All workers at SOCIAL SUPPORTS SA will receive appropriate training on the required procedures related to complaint handling. This training will ensure that employees understand their roles and responsibilities in managing complaints and providing timely and satisfactory resolutions. SOCIAL SUPPORTS SA will also promote awareness among employees about the importance of complaints management and maintaining a culture that encourages open communication, feedback, and continuous improvement.

## PROCEDURES

### Receipt and Acknowledgment of Complaints and Feedback

- SOCIAL SUPPORTS SA will establish a central point for receiving complaints and feedback, ensuring multiple channels for submission, such as in-person, phone, email, and online.
- All complaints and feedback, including anonymous complaints, will be welcomed and acknowledged promptly and in a respectful manner. The acknowledgement will inform the complainant about the receipt of their complaint and provide them with the expected timeframe for resolution. The option to submit anonymous complaints will be clearly communicated to participants and other stakeholders to encourage open and transparent feedback. Any anonymous information received will be treated confidentially. While anonymous complaints are welcomed, it is important to note that the ability to investigate and address the concerns raised may be limited due to the lack of contact information for further communication or clarification. However, SOCIAL SUPPORTS SA will make reasonable efforts to address the issue based on the available information provided in the anonymous complaint.
- Complaints regarding NDIS service providers or support provided can be lodged directly with the NDIS Commission or the respective organisations.
- Complaints and feedback can be lodged through various channels, including direct communication with staff members or by submitting a completed Complaints, Compliments, and Feedback Form.

### Documentation, Reporting, and Complaint Lodging Process

- All complaints and feedback, including relevant details, actions taken, and outcomes, will be documented in a confidential and secure manner.

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- Regular reports on complaints and feedback management will be prepared and shared with relevant stakeholders to monitor trends, identify areas for improvement, and track the effectiveness of the complaints management system.
- Complaints received by SOCIAL SUPPORTS SA will follow the following process:
  - Within 1 working day of receipt, all complaints will be recorded on a Complaints form by the complainant or the staff member receiving the complaint.
  - Within 1 working day, the complaint will be forwarded to the Director or delegate.
  - If the complaint is about a staff member, it will be immediately referred to the Director, who will gather and record the details in writing.
  - The Director will record all complaint details in the Complaints Register and assign an appropriate investigating officer unless the complaint is regarding the Director.
  - An Acknowledgement of Complaint letter will be sent to the complainant, confirming receipt of the complaint.
  - All complaints and feedback, including relevant details, actions taken, and outcomes, will be documented in a confidential and secure manner.
  - Regular reports on complaints and feedback management will be prepared and shared with relevant stakeholders to monitor trends, identify areas for improvement, and track the effectiveness of the complaints management system.

## Investigation, Resolution, and Serious Issues

- Complaints and feedback will be assigned to an appropriate officer for investigation and resolution.
- Investigations will be conducted in a fair and impartial manner, ensuring all relevant information is gathered, and all parties involved are provided with an opportunity to present their perspectives.
- Complaints will be resolved in a timely manner, with the aim of achieving a satisfactory outcome for all parties involved.
- Participants will be kept informed of the progress of their complaint throughout the resolution process.
- If the complaint is specifically about the Director:
  - The person receiving the complaint will record the details and forward them to the Chair of the Company's Board within 1 working day.
  - The Board will convene to ensure a full investigation is undertaken.
- If the complaint relates to suspected or actual assault, abuse, neglect, or other criminal behaviour:
  - The Director will be immediately informed, and the appropriate investigative department will be notified.
- The allocated investigating officer (usually a Service Manager) or Director will commence the investigation within 1 working day of receiving the complaint.

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- The investigating officer will contact the complainant within 2 working days to:
  - Clarify and document the nature of the complaint or concern and the resolution sought by the complainant.
  - Explain the complaints procedure, individual's rights, and what to expect during the investigation.
  - Inform the complainant of their right to an advocate if needed.
  - Document all information on the Complaint Investigation Form.
- The investigating officer will interview the involved parties and develop a course of remedial action for approval by the Director.
- Once the plan of action has been approved, the investigating officer will inform the complainant of the remedial action within 10 working days of the meeting.
- The Director will ensure the complainant is also informed of the final outcome in writing using the Outcome of Complaint Letter. The complainant will be advised of their right to escalate the matter to the Board or relevant external bodies.
- If either the complainant or other involved parties are unsatisfied with the outcome or want further action, the matter will be taken to the Board of the Company.
- External mediation will be encouraged When the internal resolution is not possible.

Compliments will be shared at staff meetings to recognise and acknowledge staff members for their exemplary performance and best practices.

## Reporting, Continuous Improvement, and Feedback

- All current complaints, whether resolved or unresolved, will be presented in a non-identifying summary form at the next Management Meeting to identify potential problems.
- SOCIAL SUPPORTS SA will utilise the information from complaints and feedback for continuous improvement of its services.
- Staff members will receive education about the complaint's procedure, their role, and how to support participants and carers in making complaints. Education will be provided during onboarding, periodic staff training, or through the staff newsletter.
- SOCIAL SUPPORTS SA will actively seek feedback from participants regarding their experience with the complaints management and resolution system.
- Feedback received from participants and complaints will be analysed, and appropriate actions will be taken to address any identified issues or opportunities for improvement.
- Regular reviews of complaint and feedback policies and procedures will be conducted to ensure their ongoing effectiveness and alignment with regulations and guidelines.

## Complaint Lodgement Options and Support Contacts for NDIS-related Matters

- by email to: anna-mariaalexiou@hotmail.com
- by phone on 0402066881
- in writing to: SOCIAL SUPPORTS SA, 1 Walsh Avenue, St Marys 5042 SA
- At any time, people can make a complaint about NDIS service providers or the support they provide to the NDIS Commission.

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- Complaints to the NDIS Commission can be lodged:
  - online at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au); and
  - by phone on 1800 035 544
- Complaints about the NDIA should be directed to the Agency itself or the Commonwealth Ombudsman.
- Complaints to the NDIA can be lodged:
  - by phone on 1800 800 110; and
  - by email to [feedback@ndis.gov.au](mailto:feedback@ndis.gov.au)
- Complaints to the Commonwealth Ombudsman about the NDIA can be lodged:
  - by phone on 1300 362 072
  - online at [www.ombudsman.gov.au](http://www.ombudsman.gov.au).
- Staff must support people making a complaint about the NDIA to contact the Agency or Commonwealth Ombudsman, where this is required.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## DISPUTES AND GRIEVANCES POLICY AND PROCEDURE

The purpose of this policy is to establish a framework for addressing and resolving disputes and grievances within SOCIAL SUPPORTS SA. It ensures that all staff members are treated fairly, promotes a positive work environment, and complies with applicable legislation, regulations, and standards.

This policy applies to all employees of SOCIAL SUPPORTS SA and covers disputes and grievances arising from various issues, including discrimination, harassment, and workplace conflicts.

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## POLICY

SOCIAL SUPPORTS SA is committed to maintaining a harmonious working environment where disputes and grievances are addressed promptly, confidentially, and impartially. We believe in providing a fair and respectful process for resolving conflicts to ensure the well-being and satisfaction of our employees.

## PROCEDURES

### **Informal Resolution:**

- Employees are encouraged to resolve disputes through open communication and discussion with the other party involved.
- If informal resolution attempts fail, employees should bring the matter to the attention of their immediate supervisor or manager.

### **Reporting and Investigation:**

- Employees must report grievances in writing to their supervisor or manager, providing details of the incident, individuals involved, and desired resolution.
- The supervisor or manager will promptly investigate the grievance, ensuring confidentiality and impartiality.
- If the supervisor or manager is directly involved or has a conflict of interest, the grievance should be escalated to the next level of management.

### **Mediation and Resolution:**

- The supervisor or manager or an appointed mediator will facilitate discussions between the parties involved to seek a mutually acceptable resolution.
- All parties involved in the dispute or grievance are expected to participate in good faith and work towards a resolution.
- Mediation sessions will be conducted in a private and respectful manner, ensuring confidentiality.

### **Escalation:**

- If a dispute or grievance remains unresolved after the initial investigation and mediation attempts, the employee may escalate the matter to the Human Resources department or designated senior management.
- The Human Resources department or designated senior management will conduct a thorough review and investigation, involving all relevant parties and any necessary third-party experts if required.

### **Decision and Action:**

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- Based on the investigation findings, a decision will be made by the appropriate authority, taking into account all relevant factors and applicable policies and regulations.
- Appropriate actions will be taken, which may include disciplinary measures, counselling, training, transfer, demotion, or dismissal, depending on the severity and nature of the dispute or grievance.

## Appeals:

- Employees have the right to appeal the decision if they are dissatisfied with the resolution.
- Appeals should be submitted in writing to the Human Resources department or designated senior management within a specified timeframe.
- The appeal will be reviewed by an independent panel or designated authority, considering all relevant information, and conducting a fair and unbiased assessment.
- The decision of the appeal panel will be final and binding.

## Confidentiality and non-retaliation:

- All parties involved in the dispute or grievance, as well as those participating in the investigation and resolution process, must maintain strict confidentiality.
- Retaliation against any individual for filing a complaint or participating in the resolution process is strictly prohibited and will be subject to disciplinary action.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## WORKPLACE INCIDENT MANAGEMENT POLICY AND PROCEDURE

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The purpose of this procedure is to provide guidelines for reporting, investigating, and applying appropriate control measures when an accident or near miss occurs. The aim is to provide safe systems of work along with a safe working environment in all SOCIAL SUPPORTS SA worksites.

## POLICY

SOCIAL SUPPORTS SA is committed to providing a safe workplace for all staff, participants, and other stakeholders and to establishing a formal process to report and investigate all workplace accidents, incidents and near miss occurrences. This includes identifying contributing factors and making the necessary recommendations to prevent a recurrence.

SOCIAL SUPPORTS SA will respond to any incident or injury immediately and will support injured staff to return to work in a safe and sustainable way.

### Definitions:

- **Accident** – an unforeseen event that causes damage to property, injury, or death.
- **Harm** – Includes death, injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.
- **Hazard** – a situation that has the potential to harm a person (cause death, illness, or injury) or environment or damage property.
- **Hazard Identification** – A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.
- **Hazard Management** – A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for staff, contractors, and visitors while on the premises.
- **Incident** – an occurrence that causes (or could have caused, in the case of a 'Near Miss') damage to property, injury/illness or death.
- **Dangerous Incident (including 'Near Misses')** - an incident that exposes any person to a serious risk.

## PROCEDURES

- Management will acquire and keep up-to-date knowledge of WH&S matters, including legislative requirements for reporting incidents.
- Management will ensure SOCIAL SUPPORTS SA has appropriate resources and processes in place to minimise or eliminate risks to health and safety.
- Management will ensure SOCIAL SUPPORTS SA has appropriate resources to manage incidents.
- Staff will follow mandatory reporting where the incident involves a participant, in accordance with relevant legislation and standards.
- Staff will undergo induction, which will include training in mitigating and responding to incidents, as well as mandatory reporting responsibilities.

### Responding to Incidents

- Assess the situation and check for danger.

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- Remove the person from danger if it is safe to do so.
- Call Emergency Services (dial 000) if required.
- Attend to the immediate needs of the person/s involved.
- Assess the situation and ensure no others are at risk of harm.
- Do not alter the scene
- Notify relevant emergency contacts by telephone as soon as possible.
- Should the person not need medical treatment, notify the representatives, or family member.

## Types of incidents

- Acts, omissions, events, or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability
- Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person
- Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability

## Reporting Incidents

All incidents and near misses must be reported to the Management as soon as possible and within 24 hours through completion of the Incident Report.

The SOCIAL SUPPORTS SA is fully in compliance with the NDIS incident management guideline and monitor updates. All reportable incidents to regulatory bodies including NDIS will be reported immediately.

## Investigating and Resolving Incidents

- The Management will work with the relevant state Workplace Health Safety authority and/or other relevant authorities to investigate the incident.
- The Management or their nominated representative will commence investigations immediately upon receiving a completed Incident Report.
- Management will implement the most effective controls that do not introduce other hazards and monitor and review the situation.
- Consult with staff who are, or are likely to be, directly affected.
- Provide information and feedback to the Management Team
- Track all relevant information in the Incident Register.
- Upon completion of the investigation, the Management must finalise the relevant Incident Report and record the outcomes in the Incident Register.
- The completed Incident Report should be stored in the relevant staff members or participant's file.
- Incidents will be reviewed by the Management Team on a monthly basis in order to determine if there are any trends or preventive measures that the Company can take to prevent future incidents.

## Debrief and Support

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Facilitate an informal debrief amongst supervisors and colleagues.

Ensure appropriate support and access to counselling is made available for the person involved in the incident.

## Workers Compensation

All work-related injuries or illnesses must be reported in accordance with the 'Reporting Incidents' section of this policy and procedure.

A staff member who has a work-related injury or illness who is away from work for more than seven consecutive days should nominate and be assessed by a doctor. The doctor will determine the kind of treatment they require, including the frequency and duration of treatment. The doctor will also issue a Certificate of Capacity, which is required to make a worker's compensation claim. The original Certificate of Capacity must be provided to SOCIAL SUPPORTS SA.

The staff member should also complete a Worker's Injury Claim Form and submit it to the Director.

The Director must submit the completed Worker's Injury Claim Form, along with the Certificate of Capacity, to SOCIAL SUPPORTS SA's workers compensation insurer within 7 days of receiving it.

The insurer will write to the staff member and SOCIAL SUPPORTS SA to advise if the claim has been accepted or if further information is required. Insurers are required to provide their decision about the staff member's work capacity and entitlements to the staff member in a single notice.

If awarded worker's compensation, staff can claim medical expenses and may receive weekly payments if they need time off work. If they need more than 7 days off work, they must participate in an injury management plan.

## Return to Work Program

SOCIAL SUPPORTS SAs' Return to Work Program is a summary of the process that will be followed to manage staff with work-related injuries or illnesses. The program must align with the injury management program administered by SOCIAL SUPPORTS SA's workers compensation insurer.

SOCIAL SUPPORTS SA's Management Team and Return to Work Coordinator are responsible for maintaining the program. It must be reviewed at least every two years and should be written in plain English. The policies, procedures, roles, responsibilities, and communications described in the plan must support timely, safe, and durable recovery at work and align with requirements in the Work Health and Safety Act and Work Health and Safety Regulation.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## PARTICIPANT INCIDENT MANAGEMENT POLICY AND PROCEDURE

SOCIAL SUPPORTS SA recognises the inherent dignity and rights of all individuals, especially the vulnerable populations we serve. This Participant Incident Management Policy and Procedure is a demonstration of our commitment to safeguarding participants from harm. It represents a structured approach to incident management, ensuring that all staff and associates are equipped with the knowledge and tools necessary to prevent, respond to, and manage incidents with the utmost professionalism and empathy.

The principal aim of this procedure is to establish a consistent and effective approach to the management of participant incidents. By doing so, we strive to mitigate the risk of harm, ensure rapid and appropriate responses to incidents, and maintain a transparent system of accountability. Our goals include:

- The promotion of a safe and supportive environment for all participants.
- The implementation of a standardised reporting system that captures the nuances of each incident.
- The facilitation of thorough and impartial investigations to ascertain facts and inform future prevention strategies.
- The assurance that all responses to incidents are in line with the values and legal obligations of SOCIAL SUPPORTS SA.

This policy and procedure encompass all operational facets of SOCIAL SUPPORTS SA and is applicable to every individual under our purview, including full-time and part-time staff, contractors, volunteers, participants, and their families. It covers all incidents that have resulted in harm or have the potential to result in harm to a participant. It also outlines our approach to managing, reviewing, and improving our practices on an ongoing basis to prevent future incidents.

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## POLICY

SOCIAL SUPPORTS SA holds a zero-tolerance stance toward any incident that compromises the safety and well-being of our participants. This policy serves as the cornerstone of our commitment to creating and maintaining an environment where incidents are managed with the seriousness and diligence they warrant. We recognise our moral, ethical, and legal obligations to protect those we support and are committed to continual improvement through regular policy review and stakeholder engagement.

SOCIAL SUPPORTS SA's incident management system identifies, assesses, manages, and resolves incidents that occur in connection with providing support or services to a person or child with a disability and have or could have, caused harm to them. The system is appropriate to the business' size and the classes of NDIS supports it provides.

SOCIAL SUPPORTS SA will provide support and assistance to people and children with disability affected by an incident (including information about access to advocates such as independent advocates), to ensure their health, safety, and wellbeing.

### Definitions:

- **Abuse** – Verbal, physical and or emotional mistreatment and or lack of care of a person. Examples include sexual abuse and any non-accidental injury.
- **Child abuse** - An act or omission by an adult that endangers or impairs a child's physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect, and maltreatment are generic terms used to describe situations in which a child may need protection.
- **Racial, cultural, and religious abuse** - Conduct that demonstrates contempt, ridicule, hatred or negativity towards a person because of their race, culture or religion.
- **Sexual abuse** - When a person uses power or authority over another person (including a child), or inducements such as money or special attention, to involve the other person (or child) in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of another person/child or exposing a child to pornography, to having sex with a child or with a non-consenting adult.
- **Bullying** - Repeated verbal, physical, social, or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation, or social acceptance.
- **Child protection** - The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

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- **Disclosure** (in the context of this policy) – A statement that a child or person makes to another person that describes or reveals abuse.
- **Discrimination** – Treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.
- **Impact** – the level of harm to a participant as a result of an incident.
- **Incident** – also 'Participant Incident' - An event or circumstance that occurs during service delivery, which results in harm or has the potential to harm a participant.
- **Incident Investigation** - a formal process of collecting information to ascertain the facts relating to an incident, which may inform any subsequent criminal, civil penalty, civil, disciplinary, or administrative sanctions. Investigations may be carried out by service providers, the Department of Health and Human Services or external investigators. In the context of this policy, an incident investigation is an investigation into an allegation of abuse, poor quality of care or unexplained injury of a participant, undertaken or commissioned by Company.
- **Duty of care** - Duty of care refers to the responsibility SOCIAL SUPPORTS SA has to provide its participants with an adequate level of care and protection against foreseeable harm and injury.
- **Neglect** - The failure to provide a vulnerable person with the basic necessities of life, such as food, clothing, shelter, medical attention, or supervision, to the extent that the person's health and development is, or is likely to be, significantly harmed.
- **Negligence** - Doing or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury, or loss as a result.
- **Offender/Perpetrator** - a person who mistreats and/or harms another person or child.
- **sexual misconduct** committed against, or in the presence of, a person or child with disability, including grooming for sexual activity; or the use of a restrictive practice in relation to a person or child with disability, other than where the use is in accordance with an authorisation of a State or Territory in relation to the person.

## PROCEDURES

At SOCIAL SUPPORTS SA, management is dedicated to ensuring that there are sufficient resources and processes established to minimise or completely mitigate risks to health and safety. Recognising the importance of preparedness, SOCIAL SUPPORTS SA mandates that all staff undergo comprehensive induction training. This training is designed to equip them with the necessary skills to both mitigate and respond to any incidents effectively. Furthermore, it instils a thorough understanding of their mandatory reporting responsibilities, ensuring that all personnel are well-

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informed and capable of maintaining the highest standards of safety and compliance within the organisation.

## Responding to Incidents

- Quickly assess the situation for any danger to individuals involved.
- If safe, move the person away from harm.
- Call Emergency Services (000) immediately if needed.
- Provide immediate care to the person involved.
- Check that no one else is in danger.
- Preserve the incident scene for investigation.
- Promptly contact emergency personnel or relevant contacts.
- If no medical treatment is needed, inform the participant's representatives or family.

## Reporting Incidents

- Upon identifying an incident, the initial staff member must promptly notify the highest-ranking staff member present, who will then assume responsibility for further actions.
- The senior staff member is tasked with informing law enforcement and ensuring that a report is filed once any urgent health and safety concerns have been addressed.
- All incidents involving participants must be escalated to the Operations Manager or an appropriate management team member without delay.
- Every incident, along with its subsequent investigation and review, must be carefully documented within SOCIAL SUPPORTS SA's Incident Register for accountability and future reference.
- It is essential to note down the incident's specifics, including time, location, individuals involved, and immediate responses taken.
- Follow-up actions, including any support provided to affected individuals and steps taken to prevent recurrence, should also be recorded.
- A clear chain of communication must be established to inform all relevant parties, including guardians or advocates, about the incident and any ongoing investigations.

## NDIS Reportable Incidents

The Director or a designated member of the Management Team is obligated to notify the NDIS Commission of critical incidents involving NDIS participants.

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Reportable incidents involving NDIS participants include:

- the death of a person with disability
- serious injury of a person with disability
- abuse or neglect of a person with disability
- unlawful sexual or physical contact with, or assault of, a person with disability
- sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- use of a restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person with disability

## Timeframes for notifying the NDIS Commission about reportable incidents

When a reportable incident occurs, or is alleged to have occurred in connection with the NDIS supports or services you deliver, you must notify us using the [NDIS Commission Portal](#) within the required timeframes (set out below). The timeframes are calculated from when a registered NDIS provider became aware that the incident occurred or was alleged to have occurred.

Reportable incident	Required Timeframe
death of a person with disability	24 Hours
serious injury of a person with disability	24 Hours
abuse or neglect of a person with disability	24 Hours
unlawful sexual or physical contact with, or assault of, a person with disability	24 Hours
sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 Hours
the use of a restrictive practice in relation to a person with disability if the use is not in accordance with a required state or territory authorisation and/or not in accordance with a behaviour support plan.	Five business Days

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## Immediate Notification for Reportable Incidents- Within 24 Hours:

- Registered NDIS providers must complete and submit the Immediate Notification Form to the NDIS Commission within 24 hours of becoming aware of a reportable incident or allegation. This excludes unauthorised use of a restrictive practice that does not result in serious injury, which has a 5-day notification period.
- Notification must include:
  - NDIS Provider and notifier's name and contact details.
  - Identities of those involved in the incident, including the impacted person with a disability.
  - Detailed description of the incident (time, date, place).
  - Impact on or harm caused to the person with a disability (except in the case of death).
  - Immediate actions taken post-incident, including any medical treatment and reporting to police or other bodies.
- The NDIS Commission will acknowledge the receipt of the notification within 24 hours.
- If some information is unavailable within 24 hours, it can be provided within 5 business days.
- Additional details to be notified within 5 business days include witness contact details and further actions to be taken.

## Five-Day Notification for Reportable Incidents- Within 5 Business Days:

- The Five-Day Notification Form should be completed and submitted for:
  - Unauthorised restrictive practices or those not in accordance with a behaviour support plan.
  - Follow-up information for all other reportable incidents.
- The Five-Day Notification requires initial immediate notification details plus:
  - Support person details for the impacted person with disability.
  - Details of any witnesses.
  - Descriptions of support and further actions for the impacted person and the subject of the allegation.
  - Risk management processes undertaken.
  - Details surrounding any deaths or unauthorised restrictive practices, if applicable.

## Investigating Incidents

The options for investigating incidents are:

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- **No further investigative action** – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concern about the safety of the participant or the quality of care the participant is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).
- **Monitoring and support required** – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. SOCIAL SUPPORTS SA may manage these issues by monitoring and supporting affected staff members or participants and documenting this on relevant staff and participant files. The incident must then be the subject of a review (detailed below).
- **Internal investigation** – This option may be selected only where SOCIAL SUPPORTS SA has the capability to undertake an investigation independently.
- **External investigation** – In other cases, SOCIAL SUPPORTS SA will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Investigation Manager may commission an investigator, or a person from another organisation, with relevant expertise.

For every Reportable Incident, or where an investigation is ordered by the NDIS Commission, the Director must appoint an Investigation Manager to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The Investigation Manager must determine the appropriate investigative action for all incidents within a maximum of 72 hours of SOCIAL SUPPORTS SA becoming aware of the incident. The Investigation Manager may seek advice from other staff members if appropriate.

Investigations must take a person-centred and rights-based approach, taking into account what is important to the person or child with disability impacted by the incident. The person or child's family should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, remain impartial and independent at all times.

All investigations must be completed (including report finalisation) within 28 working days.

SOCIAL SUPPORTS SA must provide information on investigation progress and outcomes to the person or child with disability involved in the incident (or their representative or family) and, with the consent of the person with disability or their representative, any other person.

An investigation report must be completed by the Investigation Manager. A report may also need to be provided to the NDIS Commission within 60 business days of the initial notification, via [reportableincidents@ndiscommission.gov.au](mailto:reportableincidents@ndiscommission.gov.au).

## Incident Review

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- Incident review includes monitoring and acting on trends identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of incidents in order to safeguard the safety and wellbeing of individual participants, as well as improve the quality of supports.
- The Incident Register must be reviewed at monthly Management Team meetings. The Operations Manager are responsible for ongoing monitoring of the Incident Register, in order to analyse and report on incident trends and identify and address any systemic issues underlying incidents.
- Reviews should consider the causes, handling, and outcomes of incidents, as well as feedback provided by staff and participants. If trends or preventative measures are identified, these must be tracked in the Continuous Improvement Register.

## Indicators of Abuse

Indicators of abuse include but are not limited to:

- a participant alleges that abuse has occurred, by a staff member, another participant, or other person.
- a staff member observes or is told about alleged abuse.
- a staff member suspects that abuse has occurred (for example, a participant may have unexplained injuries, a participant may be distressed or anxious, or clothes may have been ripped).
- a participant's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and
- a participant complains of physical symptoms, or a staff member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease, or pregnancy).

Where a staff member considers that a participant's behavioural changes or symptoms may be a result of abuse, they must report their concerns to the Compliance Coordinator who will refer this to the Operations Manager and Director.

Where an immediate police response is required, staff should call 000.

In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the person or child should not be showered or bathed or offered drinks or food until after the Police have been contacted and provide further instruction.

## Advising Parties involved of Police Report

In relation to a victim of assault, the staff member who first becomes aware of an allegation must advise the person or child's family that the allegation will be reported to the police.

In relation to an alleged perpetrator, staff should consult with police as to whether the person should be told of the report to police. It is important that any steps taken do not undermine action that police may instigate.

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If a victim or witness is under the age of 18 years, a parent, guardian, or independent person must be present if they are going to give a statement.

At the time of contact the Police must be advised if the person or child has a cognitive disability or mental illness and needs support of an independent third person during interview or when a statement is being taken. Cognitive disability can include intellectual disability, acquired brain injury and dementia.

Where the person or child uses an alternative form of communication, such as symbols, signs or facilitated communication, an independent third person can usually assist the participant to communicate with the police. It is the responsibility of the Police to contact the independent third person.

The police should be assisted in conducting their investigation. The investigation may involve the police taking photographs of any physical injuries. The police may need staff assistance to explain this procedure to the victim.

## Where a Participant is the Alleged Victim

Where a participant is the alleged victim of an assault, SOCIAL SUPPORTS SA staff must assist them to make an informed decision whether to participate in the police investigation. Staff should advise the participant and/or their representative or family that the matter has been referred to the Police, and that the Police may investigate the incident and may want to interview the participant and take a statement. The participant may choose whether or not to participate in the police investigation.

Participants with an intellectual/cognitive disability or a mental illness must have an independent third person present during any interview. The role of the independent third person is to facilitate communication, ensure that the participant understands his or her rights, and to support them. Police are responsible for arranging the independent third person. SOCIAL SUPPORTS SA staff should not act as the independent third person.

Where the alleged victim is under 18 years of age, he or she must have a parent, guardian, or an independent person present when a statement is being taken. The role of the independent person is to provide support to the participant and ensure that their evidence is accurately recorded. If the child has a cognitive disability, then an independent third person should be present.

The police will decide whether or not to proceed with charging. If the matter is taken to court, the participant will most likely be required to give evidence.

The response by staff to a participant's disclosure of assault can be central to the participant's ongoing safety and their recovery from the trauma of assault.

It is important to listen to and support the participant; reassure the participant that they did the right thing by talking about the assault; ensure the participant's, and others' immediate safety, health and wellbeing needs are met such as medical attention and referral to other specialist/victim support services; ensure the participant's specific support needs are addressed including access to communication aides and resources; tell the participant what you plan to do next; and with the

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participant's consent, or if the participant is a child, engage family, significant others, an independent key support person or advocate to support the participant and advocate on their behalf.

A key support person may include a family member, significant other, or advocate who are independent of the perpetrator and/or service. The role of the key support person is to provide support and advocacy and ensure participant's rights are respected in relation to any subsequent investigation or action taken. A key support person should be someone who preferably knows the participant well and has their trust. Specialist victim support services may include crisis care, counselling, advocacy, legal information, and advice.

For participants who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, staff should consider referring them to specialist agencies or staff for additional support. It may also be necessary to arrange an interpreter. Where the participant uses a language other than English or is deaf, an interpreter of the same sex as the participant should be arranged as soon as practicable to interpret for the participant, police and other persons involved in the process.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter. When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the participant or their immediate cultural community.

SOCIAL SUPPORTS SA will support participants through the justice process, including police investigation, prosecution, and crimes compensation processes as appropriate. This may include ensuring they have access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence.

## Where a Participant is the Alleged Perpetrator

Staff must consult with police about whether to inform the participant of the report to police. The police may want to interview the participant and take a statement. Participants with a cognitive disability must have an independent third person present during the interview, and this will be arranged by police. Where the participant is under the age of eighteen years, an independent person must be present during the police interview.

Staff must contact the service most directly responsible for the participant's care who will ensure that the participant has legal representation and is assisted during the investigation and hearing.

Under no circumstances should anyone but the police interview the participant about the allegation. It is acknowledged however that some discussion with the participant may be required to establish safety and a basic understanding of what has occurred.

## Notification of Next of Kin or Guardian – All Participants

If the alleged perpetrator is the participant's next of kin or legal guardian, the staff member must ensure that the immediate needs of the participant and an appropriate planned response are undertaken.

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The Director or delegate must notify the participant's next of kin or guardian where the participant is under 18 years old; the participant is over 18 years old and consents to their next of kin or guardian being contacted. If the participant is unable to make an informed decision regarding contact and the participant does not have an appointed guardian, SOCIAL SUPPORTS SA's Director should contact the next of kin as appropriate; the participant has a legal guardian; or the participant is on a guardianship order.

The Director or delegate must explain to the next of kin or guardian: the nature of the allegation; the standard procedure for reporting allegations to the police; that the participant may choose whether or not to participate in the police investigation; and any action taken by staff since reporting the allegation.

If the participant is a child or young person who does not wish their next of kin or guardian to be notified, a decision in relation to notification will need to consider factors including the participant's age and capacity, where they are living and their best interests. If necessary, legal advice should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the participant's file.

A quality of support review must be undertaken by the Director, Operations Manager and Case Manager for participants who are victims or alleged perpetrators of an assault. Agreed actions for the participant's immediate and ongoing needs must be recorded on the participant's Support Plan. This must include steps being taken to assure the participant's safety and wellbeing in the future; treatment or counselling the participant and their family may access to address their safety and wellbeing.

## Staff and Participant Debrief and Support

After a serious and traumatic incident, it is likely that high levels of stress will be experienced by those connected with the incident. In relation to a sexual assault, the local Health Sexual Assault Service can assist with debriefing and secondary consultation.

General arrangements to support staff may include allocating a safe place for retreat, giving staff the option of being immediately and temporarily relieved of their duties, providing communication with families and offering to organise transport home.

General arrangements to support participants may include allocating a safe place for retreat and communicating with and supporting them and their families.

Participants have a right to complain about SOCIAL SUPPORTS SA's services and they and their key support person/advocate or family should be alerted to SOCIAL SUPPORTS SA Complaints, Compliments and Feedback Policy and Procedure and external complaints bodies.

## Where a Staff Member is the Alleged Perpetrator

After reporting to the police, the Director must be immediately notified of the report.

Depending on the nature of the allegation, the Management Team's response regarding the alleged perpetrator should comply with SOCIAL SUPPORTS SA's Human Resources Policy and Procedure.

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Responses include redirecting the staff member to alternate duties that do not involve direct participant care or standing the staff member down.

## Where a Staff Member is the Alleged Victim

Allegations or assaults where a SOCIAL SUPPORTS SA staff member is the alleged victim should be dealt with in accordance with SOCIAL SUPPORTS SA's Workplace Incident Management Policy and Procedure.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

# HUMAN RESOURCES POLICY AND PROCEDURE

The purpose of this policy and procedure is to demonstrate that SOCIAL SUPPORTS SA will manage human resources effectively to ensure that adequate and appropriately skilled and trained staff and volunteers are available for the safe delivery of care and services to participants.

## POLICY

SOCIAL SUPPORTS SA is committed to ensuring that each participant's support needs are met by workers who possess the necessary competence, qualifications, expertise, and experience to provide person-centred support. This policy outlines the indicators and practices that support the achievement of this outcome.

### Policy Guidelines:

- Position Identification and Documentation:** Clearly identify and document the skills, knowledge, responsibilities, scope, and limitations of each position within the organisation.

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- **Worker Records:** Maintain comprehensive records of worker pre-employment checks, qualifications, and relevant experience.
- **Orientation and Induction:** Implement an orientation and induction process for all workers, including the completion of the mandatory NDIS worker orientation program.
- **Training and Education:**
  - Establish a system to identify, plan, facilitate, record, and evaluate training and education for workers, ensuring alignment with participant needs.
  - Include mandatory training on staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
- **Supervision and Support:** Provide timely supervision, support, and resources to workers based on the scope and complexity of supports delivered.
- **Performance Management and Development:** Manage, develop, and document the performance of workers, including regular feedback and opportunities for development.
- **Emergency Preparedness:**
  - Identify workers with relevant capabilities in emergency or disaster response, such as contingency planning or infection prevention/control.
  - Develop plans to identify, source, and induct a workforce in case of workforce disruptions during emergencies or disasters.
- **Infection Prevention and Control:** Ensure that all workers involved in providing participant supports receive infection prevention and control training, including regular refresher training.
- **Worker Details:** Maintain accurate and up-to-date records of each worker, including their contact details and details of any secondary employment.
- **Implementation:**
  - The Human Resources department is responsible for implementing and monitoring this policy.
  - All workers are expected to comply with the policy guidelines outlined above.
  - Regular review and evaluation of the policy will be conducted to ensure its ongoing effectiveness.

## PROCEDURES

### Recruitment Process

- Develop advertising material and update the SOCIAL SUPPORTS SA website with job requirements.

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- Advertise job vacancies online and in local newspapers.
- The management team reviews resume and assesses candidates' experiences.
- Contact shortlisted candidates and arrange interviews.
- Staff members involved in recruitment complete all necessary documents such as Employment applications, Interview questions, Reference check forms, Police check forms, Blue cards, yellow cards, and Certified copies of qualifications
- Conduct reference checks to finalise candidate selection.
- Contact successful candidates by phone and send a formal Letter of Offer.
- Receive candidates' acceptance through a signed returned letter.
- Complete mandatory checks such as Police checks, yellow cards, working with children checks, Tax file declarations and new employee information forms.
- Conduct a comprehensive induction program for new staff, covering SOCIAL SUPPORTS SA's mission and values, Organisational structure, Policies and procedures, Staff Code of Conduct, and WH&S guidelines.
- Provide new staff with a Staff Handbook that includes Job description, Staff Code of Conduct, Organisational chart with direct supervisor, and Relevant orientation information.
- Provide uniforms and necessary resources to new employees.
- Arrange roster and 'buddy shifts'.
- Add car registration and insurance details to SOCIAL SUPPORTS SA's register or keep it in the staff files.
- Organise mentoring programs and professional development training.
- If required, provide cultural awareness training on Aboriginal and Torres Strait Islander and CALD communities.
- Implement mentoring programs.
- Conduct probationary interviews and annual performance reviews.
- Develop a comprehensive education program and timetable.
- Implement staff monthly meeting schedules to address concerns and ensure effective communication.
- Monitor contracted staff performance regularly.

## Position Identification and Documentation

- The skills and knowledge required for each position within SOCIAL SUPPORTS SA will be identified and documented.
- Position descriptions will clearly outline the responsibilities, scope, and limitations of each position.
- Regular review and updating of position descriptions will be conducted to reflect any changes in requirements.

## Record Management and Mandatory Checks

- SOCIAL SUPPORTS SA will maintain records of worker pre-employment checks in accordance with NDIS requirements.

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- These records will include documentation verifying qualifications, certifications, and relevant experience of each worker.
- Background checks, including reference checks and police checks, will be conducted as required by law and NDIS regulations.
- All staff members must possess the following credentials and qualifications where relevant:
  - Medication administration credentialing/re-credentialing.
  - Manual handling training and experience.
  - Personal car covered by full comprehensive car insurance.
  - Valid Driver's License
  - Current National Police Records Check, Working with Children Check, and any other state-specific requirements.
  - Current First Aid and CPR Certificate, including Anaphylaxis and Asthma training if relevant.

## Training for Existing Staff

- Ongoing training and development opportunities will be provided to ensure staff members maintain their qualifications and competency.
- Yearly performance reviews will be conducted for all staff members to assess their performance and identify areas for improvement.

## Mandatory Checks and Assessments

- As an NDIS Registered Provider, SOCIAL SUPPORTS SA must screen new and existing staff members based on their roles and responsibilities.
- Mandatory checks such as NDIS Worker Screening are required for key personnel, staff members involved in the direct delivery of specified supports or services to a person with a disability, or staff members with duties likely to require more than incidental contact with people with disability.
- Workers in Risk Assessed Roles must have an NDIS worker screening clearance or comply with transitional and special arrangements as required.
- Prior to conducting checks, staff members must provide consent and sign a statutory declaration disclosing all relevant information regarding their criminal record and employment history.
- The Operations Manager is responsible for assessing the need for checks, determining who covers the costs, maintaining records of qualifications, registrations, training, and criminal history check status for all staff members, and maintaining a Criminal History Screening Register.
- The Operations Manager will assess the relevance of any disclosable criminal record, considering factors such as the nature of the offence, time since the offence, severity of punishment, and the person's general character since the offence was committed.
- The Operations Manager will inform unsuccessful applicants with disclosable records of the decision and provide an opportunity for discussion and review.
- A Working with Children Check (WWCC) is required for all staff members, contractors, or volunteers who have contact with children in the course of their duties.
- WWC checks are valid for five years and assess the level of risk an individual poses to children's safety.

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## Orientation and Induction

- An orientation and induction process will be in place and completed by all workers upon joining SOCIAL SUPPORTS SA.
- In addition to the orientation program, all workers will be required to complete the mandatory NDIS trainings, including but not limited to:
  - NDIS worker orientation program
  - Infection Control Training
  - Ensure that each worker understands their position description and responsibilities.
- The orientation program will cover essential information related to NDIS guidelines, standards, and person-centred support such as:
  - Explanation of person-centred support approach
  - Importance of promoting client rights
  - Overview of the NDIS Code of Conduct
  - Overview of relevant SOCIAL SUPPORTS SA Policies
  - Training on client advocacy, diversity, preventing/responding to violence and abuse, privacy, feedback/complaints management, incident reporting, quality management, risk management, emergency preparedness, etc.
- Workers will complete and sign the Worker Declarations and Staff Induction Checklist.
- Workers will be required to disclose any secondary employment they may hold.

## Training and Education

All workers are entitled to training and development opportunities at SOCIAL SUPPORTS SA. Training opportunities may include formal sessions, coaching, mentoring, approved conferences, on-the-job training, job shadowing, and job rotation. SOCIAL SUPPORTS SA may arrange subscriptions and educational programs to enhance worker skills and knowledge.

- SOCIAL SUPPORTS SA will have a system in place to identify, plan, facilitate, record, and evaluate the effectiveness of training and education for workers.
- Training needs will be assessed based on the requirements of each participant and the NDIS Practice Standard.
- The system will identify mandatory training and include training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
- Ongoing training and professional development opportunities will be provided to ensure workers meet the needs of each participant.

## Supervision, Support, and Resources

New workers will receive close supervision during the probationary period and until the Principal or Key Management Personnel are confident in their ability to deliver quality services.

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- Timely supervision, support, and resources will be made available to workers based on the scope and complexity of supports delivered.
- Supervision meetings will be conducted regularly to provide guidance, feedback and address any concerns or challenges.
- Adequate resources, including assistive devices and technology, will be provided to support workers in delivering high-quality services.

## Performance Management

- The performance of workers will be actively managed, developed, and documented in the Performance Review Form.
- Regular performance reviews will be conducted to provide feedback and identify areas for improvement.
- Development opportunities, such as training programs or workshops, will be provided to support professional growth.

## Emergency and Disaster Response

- Workers with capabilities relevant to assisting in emergency or disaster response, such as contingency planning or infection prevention and control, will be identified.
- Plans will be in place to identify, source, and induct a workforce in the event of workforce disruptions during emergencies or disasters.
- Emergency response protocols will be communicated to workers, and relevant training will be provided to ensure preparedness.

## Infection Prevention and Control

- All workers involved in providing supports to participants will undergo infection prevention and control training.
- Refresher training will be conducted periodically to ensure ongoing adherence to best practices and the latest guidelines.

## Worker Details

- Contact details of each worker will be recorded and kept up to date.
- Details of secondary employment, if any, will be recorded and updated as necessary.

## Addressing Underperformance and Disciplinary Action at SOCIAL SUPPORTS SA

It is important for all staff members to comply with SOCIAL SUPPORTS SA Staff Code of Conduct, Policies and Procedures to maintain positive workplace behaviour. If an employee fails to meet the required standards, SOCIAL SUPPORTS SA will take disciplinary action. This may involve documenting performance-related discussions and counselling sessions or implementing a performance management plan. If the issues persist, SOCIAL SUPPORTS SA may dismiss the employee, ensuring compliance with all relevant legislation and the employee's Employment Contract. SOCIAL SUPPORTS SA will ensure that the process is fair by clearly communicating the expected standards of conduct and job performance, informing the worker of the maintenance process, and allowing them to have a

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support person present at performance management meetings. Depending on the nature and seriousness of the underperformance, SOCIAL SUPPORTS SA may employ informal strategies such as providing regular feedback and arranging appropriate training or support. If necessary, a formal meeting will be conducted between SOCIAL SUPPORTS SA and the worker to discuss the underperformance and comprehensive records will be maintained throughout the process. If the worker's performance improves, SOCIAL SUPPORTS SA will formally close the process. However, if the worker's performance does not improve, SOCIAL SUPPORTS SA may consider further actions, including termination of employment with notice.

### Ending Employment with SOCIAL SUPPORTS SA

- If a staff member chooses to end their employment with SOCIAL SUPPORTS SA, they must provide the required notice as outlined in the applicable industrial Award or instrument.
- SOCIAL SUPPORTS SA reserves the right to offer the staff member payment in lieu of attendance during their notice period.
- SOCIAL SUPPORTS SA guarantees that the staff member will receive all salary and entitlements owed to them within 14 days of the termination of their employment.

### Exit Interviews

The Operations Manager at SOCIAL SUPPORTS SA will offer departing staff the opportunity to provide feedback and suggestions through a voluntary Exit Interview. This way, staff can share their thoughts on how to improve workplace practices and the environment. To complete the Exit Interview, staff will be given an Exit Interview Questionnaire.

### Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

### Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## NDIS WORKER SCREENING POLICY AND PROCEDURE

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The purpose of this policy is to detail the requirements for the NDIS Worker Screening Check to maintain a safe environment for NDIS participants and to comply with the NDIS Practice Standards.

This policy applies to all individuals employed or engaged by SOCIAL SUPPORTS SA, including employees, contractors, consultants, and volunteers, who are in risk-assessed roles or may come into contact with NDIS participants through their work.

## Definitions:

- **NDIS Worker Screening Check:** A check is conducted to determine if a person poses a risk to NDIS participants.
- **Risk Assessed Roles:** Positions that involve direct delivery of specified supports or services to a person with disability and require more than incidental contact.

## POLICY

SOCIAL SUPPORTS SA is committed to providing safe and high-quality supports and services to participants of the National Disability Insurance Scheme (NDIS). In line with this commitment, SOCIAL SUPPORTS SA adheres strictly to the NDIS Practice Standards, including those pertaining to the screening of workers. This policy outlines the requirements for worker screening and the procedures that SOCIAL SUPPORTS SA will follow to ensure compliance.

### Worker Screening Requirements:

#### Worker Screening Check:

- All workers in risk-assessed roles must have a valid NDIS Worker Screening clearance.
- Workers must apply for the check through the Worker Screening Unit of the state or territory where they work.

#### Application Process:

- Workers must provide identity proof and pay the applicable fee.
- SOCIAL SUPPORTS SA will verify the engagement of the worker through the NDIS Commission Portal.

#### Clearance and Exclusion:

- Workers will be cleared or excluded by the Worker Screening Unit.
- SOCIAL SUPPORTS SA will not engage workers who have been excluded.

#### Transitional Arrangements:

- Workers with acceptable checks under transitional arrangements will be recognised until the expiration of those arrangements or the transition period. (please refer to the Commission website to get more information about the transition period and acceptable checks in each state and territory)

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## PROCEDURES

### **Identification and Maintenance of Risk-Assessed Roles:**

- The HR Department will conduct a thorough analysis of all positions within SOCIAL SUPPORTS SA to determine which roles are considered risk assessed roles as defined by the NDIS.
- A formal list of these roles will be established and updated regularly to reflect any changes in job functions or NDIS regulations.
- Each role on the list will include a detailed job description, specifying why it is classified as risk assessed and the level of contact with NDIS participants.

### **Guiding Workers Through the Application Process:**

- HR will provide comprehensive support to workers who need to apply for the NDIS Worker Screening Check. This includes providing application forms, assisting with filling them out and explaining the fee structure and identity verification process.
- Information sessions or workshops will be organised to walk workers through the application steps and answer any questions they may have.

### **Verification of Workers' Applications on the NDIS Worker Screening Database:**

- As detailed in the previous expansion, HR will systematically verify the workers' applications on the NDIS Worker Screening Database, ensuring all submitted applications match the personal details and employment information.

### **Regular Checks of Clearance Status:**

- HR will set up a schedule for regular checks of each worker's clearance status to ensure ongoing compliance.
- A system of alerts or flags will be established within the HR management system to notify HR staff of impending clearance expirations or issues that arise.

### **Immediate Action on Status Changes:**

- Should there be any change in a worker's clearance status, such as a suspension or revocation, HR will take prompt and appropriate action in line with SOCIAL SUPPORTS SA's policies, which may include reassignment or suspension from duty.

### **Record-Keeping of Risk Assessed Roles and Clearances:**

- HR will maintain a secure and confidential record of all risk-assessed roles and the corresponding clearances for each worker.
- These records will include the date of clearance, clearance number, expiry date, and any other relevant information as required by the NDIS Practice Standards.

### **Retention of Records:**

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- All records will be kept for a minimum of seven years, in accordance with the NDIS Practice Standards, in a format that is retrievable for auditing purposes.

## **Evidence of Contractors' Clearances:**

- Contractors engaged by SOCIAL SUPPORTS SA must provide verifiable evidence of clearances for all their workers involved in risk assessed roles.
- HR will keep a record of these clearances and set reminders for when renewals are due to ensure uninterrupted compliance.

## **Maintenance of Contractor Clearance Records:**

- SOCIAL SUPPORTS SA will create and maintain a database to track the clearance status of contractors' workers, including expiry dates and any conditions attached to the clearances.

## **Commencement Under Supervision:**

- New workers who have yet to receive their clearance may start working in risk-assessed roles under strict supervision, as per the NDIS guidelines.
- Supervising staff will be trained and informed about their responsibilities, and the supervised worker's activities will be documented.

## **Risk Management Plan for Supervised Workers:**

- A risk management plan will be developed for each worker commencing under supervision, detailing the supervision structure, duration, and any limitations on the worker's activities.

## **Training on NDIS Worker Screening Process:**

- Comprehensive training will be provided to all staff to ensure they understand the importance of the NDIS Worker Screening Process.
- The training will cover the legal and ethical reasons for screening, the process for obtaining clearance, and the implications of non-compliance.

## **Responsibilities:**

- **HR Department:** Oversees the application and verification process, maintains records, and conducts training.
- **Directors and Managers:** Identify risk-assessed roles and ensure compliance within their teams.
- **Workers:** Apply for the NDIS Worker Screening Check and notify HR of any changes in their clearance status.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## EQUITY AND ANTI-DISCRIMINATION POLICY AND PROCEDURE

The purpose of this policy is to affirm SOCIAL SUPPORTS SA's commitment to creating and maintaining an equitable work environment that respects and values diversity and is free from all forms of discrimination and harassment. This policy aims to ensure that all employees are aware of their rights and responsibilities regarding workplace equity and anti-discrimination.

## POLICY

SOCIAL SUPPORTS SA is committed to treating all individuals fairly, based on merit, and providing equal growth opportunities without the influence of bias.

SOCIAL SUPPORTS SA prohibits discrimination on the basis of race, colour, religion, sex, national origin, age, disability, genetic information, sexual orientation, gender identity, or any other characteristic protected by law.

Harassment of any kind, including sexual harassment, will not be tolerated.

SOCIAL SUPPORTS SA will comply with all local, state, and federal laws and regulations relating to anti-discrimination and equal employment opportunity.

### Definitions:

- Equity:** Fair treatment, access, opportunity, and advancement for all individuals.
- Discrimination:** Unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex.

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- **Harassment:** Bullying, coercion, or other abusive behaviours that target an individual or group based on their characteristics.

## PROCEDURES

Employment decisions will be based on qualifications, skills, and merit. Recruitment practices will be inclusive and designed to attract a diverse range of candidates.

All staff will receive training on this policy as part of their induction process. Ongoing training will be provided to ensure staff understand their rights and responsibilities.

### Reporting Mechanism:

- Employees are encouraged to report any incident of discrimination or harassment to their supervisor, HR, or a designated officer.
- Multiple channels for reporting will be available to ensure accessibility and confidentiality.
- Staff who feel they are the subject of discrimination or harassment should lodge a formal complaint to the Director.

### Investigation Process:

- All complaints will be taken seriously and investigated promptly and impartially.
- Confidentiality will be maintained to the extent possible.

Employees found to be in violation of this policy may face disciplinary action, up to and including termination of employment.

Employees who experience discrimination or harassment will have access to counselling and support services.

Retaliation against an individual who reports discrimination or harassment or participates in an investigation is strictly prohibited.

### Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

### Monitoring and Review

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The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## ZERO TOLERANCE POLICY

This document outlines SOCIAL SUPPORTS SA's Zero Tolerance Policy and Procedure against the abuse of individuals with disabilities. It is designed to prevent, address, and eradicate all forms of abuse within our organisation and affiliated services upholding the rights and safety of individuals with disabilities and ensuring a secure and respectful environment free from abuse, neglect, and exploitation.

This policy applies to all employees, volunteers, subcontractors, and stakeholders of SOCIAL SUPPORTS SA.

## POLICY

SOCIAL SUPPORTS SA fully embraces the NDIS Code of Conduct and is committed to maintaining a Zero Tolerance stance towards the abuse of people with disabilities.

Mandatory and ongoing training will be provided to all staff on the NDIS Code of Conduct, including recognising, preventing, and reporting abuse.

All suspicions or allegations of abuse must be reported immediately and will trigger a formal investigation process.

Individuals reporting abuse will be protected under SOCIAL SUPPORTS SA's Whistle-blower Protection Program, ensuring that no retaliatory actions are taken against them.

Employees found violating the policy will face disciplinary actions, up to and including termination, based on the principles of procedural fairness and legal requirements.

SOCIAL SUPPORTS SA values diversity and is committed to creating an inclusive environment where everyone can express their identity safely.

### Definitions:

- Zero Tolerance:** An uncompromising approach that prevents, identifies, and responds to abuse, ensuring the safety and dignity of all individuals with disabilities.

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## PROCEDURES

### Staff and Volunteer Procedures:

- All employees and volunteers must follow the Code of Conduct, providing services without abuse or neglect.
- Any observed or suspected abuse must be reported through established channels detailed in the reporting protocol.
- Staff must respect cultural, linguistic, and individual differences in service provision.

### Training:

- Comprehensive training programs will be implemented for all staff, focusing on the Zero Tolerance approach, recognising signs of abuse, and understanding reporting mechanisms.
- SOCIAL SUPPORTS SA will ensure that Staff is informed that people with disabilities face significantly higher risks of sexual assault and exploitation than the general population. This is particularly true for women with a disability. In addition, there can be barriers to disclosure that make it difficult for a person with a disability to report sexual abuse and misconduct.

### Reporting Protocol:

- Immediate reporting of abuse or suspected abuse to a designated supervisor or through the established anonymous reporting system.
- Documentation of all reports with respect for confidentiality and privacy.

### Investigation:

- A clear, confidential investigation process will be initiated upon receiving a report of abuse.
- Independent investigators will be used where appropriate to ensure objectivity.

### Support for Survivors:

- SOCIAL SUPPORTS SA will provide access to counselling and support services for survivors of abuse.
- A transparent process will be established for survivors to understand the steps being taken and the support available to them.

### Preventative Measures:

- Regular risk assessments to identify potential areas for abuse and implement preventative measures.
- Environmental modifications, where necessary, to reduce the risk of abuse.

### Data Collection and Analysis:

- Systematic collection of data on reported incidents to identify trends and inform prevention strategies.

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## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## CONTINUITY OF SUPPORT POLICY AND PROCEDURE

This document outlines the policy and procedures SOCIAL SUPPORTS SA has established to ensure consistent and continuous support for our participants, especially during times of staff turnover, absences, or any unforeseen circumstances that could lead to an interruption of service.

This policy applies to all employees of SOCIAL SUPPORTS SA, including full-time, part-time, temporary staff, and contractors who are involved in direct participant support.

### Definitions:

- **Continuity of Support:** A strategic approach to ensure that service delivery is not interrupted or diminished due to changes in staffing or organisational circumstances.

## POLICY

SOCIAL SUPPORTS SA is committed to providing uninterrupted, high-quality support to all participants. Our Continuity of Support Policy ensures that services are delivered in a consistent manner and that any transition between staff or changes in service provision is managed smoothly and effectively.

### Policy Details

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- Implement a risk management framework to identify and mitigate potential interruptions in service delivery.
- Regularly review and update contingency plans to adapt to new risks or changes in the operational environment.
- Conduct regular training sessions for staff on the continuity of support procedures.
- Include crisis management, emergency response, and handover processes in the training curriculum.
- Engage with participants to understand their specific needs and preferences.
- Incorporate participant feedback into service planning and delivery adjustments.
- Maintain open lines of communication with participants, staff, and stakeholders.
- Ensure participants are informed about any changes in their support in a timely and sensitive manner.
- Keep comprehensive and up-to-date records of participant plans and preferences.
- Ensure secure and confidential sharing of necessary information among the relevant staff.
- Utilise a strategic staffing model that includes cross-training and creating a pool of qualified alternative staff.
- Develop a succession plan for critical roles to minimise the impact of staff turnover.
- Implement a quality assurance program to monitor the consistency and effectiveness of support services.
- Regularly gather and analyse performance data to identify areas for improvement.

## PROCEDURES

To ensure the seamless provision of support, SOCIAL SUPPORTS SA has established comprehensive procedures that staff must adhere to:

### Staff Responsibilities:

- Follow the participant's plan accurately, reviewing listed strategies prior to support provision.
- Deliver quality services aligned with the participant's plan.
- Document all preferences and requirements of the participant for consistency.
- Schedule appointments and tasks without conflicts, ensuring they align with the participant's needs and avoiding double booking.
- Assign staff based on participant requirements, considering factors like proximity for reduced travel and increased staff retention.

### Communication and Adjustments:

- Promptly inform the Director of any staff absences to facilitate the allocation of an appropriate replacement, ideally someone familiar to the participant.

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- Communicate proactively with participants about any care changes, preferably via telephone, email, or in person if prior notification isn't feasible.
- Seek participant's agreement and understanding regarding changes and provide details on alternative arrangements.

## **Participant Handover:**

- When changing the primary staff member for a participant, arrange a handover meeting that includes the participant, the outgoing staff, and the incoming staff.
- Update the participant's personal plan with any new information or changes resulting from the handover.

## **Emergency Protocols:**

- In emergencies where staff cannot attend due to unforeseen circumstances, activate an emergency staffing plan to allocate the best-matched staff, communicating the situation to the participant along with the details of the replacement worker.
- Implement the emergency continuity plan in case of a disaster or crisis, ensuring all participants, especially those with critical needs, continue receiving support.

## **Absence Management:**

- For planned absences like vacations or appointments, staff must notify the Director as early as possible.
- In case of staff vacancies, the Director will seek suitable replacements, prioritising staff with relevant qualifications or those who have previously worked with the participant.
- Participants are to be informed about the replacement staff, and their feedback on the replacement is to be collected.

## **Service Agreement Compliance:**

- Ensure uninterrupted support throughout the participant's service agreement, with the scope and complexity of supports delivered taken into consideration.

## **Contingency Planning:**

- Maintain updated contingency plans to guarantee care continuity for all participants, including during disasters, with a particular focus on those with complex needs.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure

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during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## PARTICIPANT CASE NOTES POLICY AND PROCEDURE

The purpose of this policy is to ensure that all staff document interactions with participants accurately and confidentially. This policy standardises the recording process to uphold service quality, legal compliance, and continuity of care while respecting participant rights to access and privacy. It mandates regular reviews and adherence by all involved in the care and service of participants.

## POLICY

SOCIAL SUPPORTS SA commits to maintaining accurate, confidential, and timely documentation of all interactions, assessments, plans, services, and outcomes related to participants to ensure high-quality service delivery, compliance with legal and ethical standards, and facilitation of continuity of care.

This policy applies to all employees, volunteers, and contractors who interact with participants and are responsible for creating, updating, and managing case notes.

### Definitions:

- Case Notes:** Written records documenting interactions, observations, services provided, and participant progress or changes.

## PROCEDURES

- Case notes should be written as soon as possible after an interaction or service delivery, to ensure accuracy and completeness.
- Write case notes clearly and concisely, using inclusive language that respects participants' preferences.

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- Use a standardised format or template to ensure consistency across case notes. This format may include sections for background information, assessment, plan, service delivery, and outcomes.
- Include the date, time, location of the service or interaction, names of individuals present, detailed account of the interaction, services provided, participant's response, and any agreed-upon next steps or plans.
- Include relevant information such as progress towards goals, achievements, risk management, appointments, communications, group activity participation, informed consent decisions, case reviews, and required follow-up actions.
- Ensure that case notes are accessible only to authorised personnel. Implement physical and digital security measures to protect confidentiality.
- Case notes can be shared with other service providers or stakeholders only with the participant's consent or as required by law.
- Allow participants the right to read their own file notes and request amendments if necessary.
- Ensure that case notes are factual, objective, and free of personal opinions or biases. Use direct quotes when appropriate.
- Do not include emotional reactions, personal opinions, value judgments, false information, or unfounded speculations in case notes.
- If errors are found in case notes, correct them promptly by noting the date of the correction, the nature of the error, and the accurate information. Do not erase or obscure the original entry.
- Utilise approved digital platforms for case note-taking and ensure robust data backup processes.
- Implement a mechanism for reporting documentation incidents, with clear response protocols.
- Provide comprehensive training for all staff involved in creating and managing case notes, covering policy, procedures, ethics, and the use of any documentation systems.
- Educate staff that case notes can be subpoenaed and may be subject to legal scrutiny.
- Regularly review and audit case notes to ensure compliance with policy and procedures, as well as the quality and accuracy of documentation.
- Use staff and participant feedback to assess satisfaction and privacy protection.
- Create comprehensive handover notes for continuity of care during transitions between staff.
- Develop exit summaries that summarise the participant's journey and outcomes when service ends.
- Retain case notes for a period specified by organisational policy and relevant laws.
- Dispose of case notes securely in accordance with privacy laws and organisational policies to protect participant confidentiality.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

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## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## EMERGENCY AND DISASTER MANAGEMENT POLICY AND PROCEDURE

This policy ensures that Emergency and Disaster Management aligns with NDIS requirements, with the goal of mitigating risks to participants' health, safety, and wellbeing before, during, and after emergencies. It emphasises the continuity of critical supports in emergency situations. The overall purpose is to provide participants with a sense of safety during disasters, ensuring that SOCIAL SUPPORTS SA maintains service delivery as an essential support lifeline. The policy encompasses informing participants of emergency procedures, building resilience, and enhancing SOCIAL SUPPORTS SA's disaster resilience for both participants and staff in various emergency situations, including fires.

This policy and procedure applies to all staff, contractors, and volunteers involved in delivering services to NDIS participants at SOCIAL SUPPORTS SA.

## POLICY

SOCIAL SUPPORTS SA maintains a Business Continuity, Emergency and Disaster Preparedness Plan which sets out measures that are in place to enable continuity of support that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.

In the event of a disaster, our team follows this policy framework and additional guidelines from state and federal authorities. Key actions during disasters include adhering to government instructions, communicating SOCIAL SUPPORTS SA's response to stakeholders, preparing participants for potential service impacts, briefing staff on required actions, maintaining continuity of support, and ensuring the safety of homes in the community where participants live.

This Policy applies to the provision of all services and supports at SOCIAL SUPPORTS SA. All staff, contractors and volunteers are required to take full responsibility for ensuring full understanding of the commitments outlined in this Policy.

## PROCEDURES

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An emergency is an urgent, unexpected, and usually dangerous situation that poses an immediate risk to health, life, property, or environment and requires immediate action.

A disaster is a serious problem occurring over a period of time that causes widespread human, material, economic or environmental loss, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are routinely divided into either "natural disasters" caused by natural hazards or "human-instigated disasters" caused by "anthropogenic hazards"

Some disasters and emergencies that our company may face are floods, bushfires, heatwaves, fires, snowstorms, storms, cyclones, power outages, mouse and locust plagues and pandemics.

## Emergency Management at SOCIAL SUPPORTS SA:

- **Government Compliance:** SOCIAL SUPPORTS SA diligently stays well-informed of state/territory and federal government directives, acting promptly to ensure adherence to emergency management protocols.
- **Collaboration and Communication:** We proactively communicate disaster procedures to collaborating organisations, ensuring a coordinated response during emergencies. In the absence of staff, we collaborate with the local care community, ensuring replacement workers are experienced, trained, and possess the required checks. We also keep participants informed about service changes during emergencies.
- **Personnel Readiness:** Identify and designate personnel who play critical roles in the delivery of essential frontline services, ensuring they are adequately trained and prepared to respond effectively in emergency situations.
- **Stakeholder Engagement:** Identifies participants and stakeholders whose services may be impacted, establishing robust communication channels for timely updates and support.
- **Integrated Approach:** Implements the Emergency Management Policy in synergy with Risk Management, Information Management, and Human Resource Policies. This ensures a comprehensive and integrated approach to emergency preparedness and response.

## Individual Emergency and Disaster Management Plan for the Participants:

- SOCIAL SUPPORTS SA is committed to ensuring the safety of participants in emergencies, promoting individual emergency planning.
- If a participant lacks an emergency plan, SOCIAL SUPPORTS SA will collaboratively create an Emergency Plan.
- Individual emergency and disaster plan within the support plan will be developed for all participants, considering their physical and mental condition, location, and mobility (e.g., epilepsy management plan).

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- Participants actively collaborate in documenting the plan, ensuring an understanding of how employees will assist in emergencies or disasters. (The Emergency and Disaster Plan will incorporate evacuation procedures tailored to the Client's location, disability, and personal circumstances, considering the absence of emergency management procedures in relevant buildings.)

Besides developing the plan, SOCIAL SUPPORTS SA will ensure:

- Emergency contact lists for participants and employees are regularly updated.
- Individual emergency planning includes the preparation of an Emergency Kit.
- Participants have gas, electricity, and emergency numbers clearly displayed in their homes.
- The master list for emergencies includes the participant's medical history, allergies, mobility status, walking aids, vital medication details, and communication devices or difficulties. All the required information will be captured during the initial assessment in the support plan, individual risk assessment and the emergency plan.
- SOCIAL SUPPORTS SA engages with local disaster management committees.
- Local area evacuation centres are identified and shared.
- Clear lines of communication are established with both participants and employees for effective emergency response.

## Staff Training:

Every worker undergoes training to implement Emergency and Disaster Management Plans, ensuring a coordinated and effective response.

This training includes both Emergency and Disaster Preparedness Training and Infection Prevention and Control Training.

During an emergency or disaster, the staff will be informed of the situation and what is required by them via email or any communication channel and inform the staff of our participant's requirements outlined in the support plan.

## Testing of Emergency Plan

- SOCIAL SUPPORTS SA places a strong emphasis on the regular testing and review of its emergency and disaster management plans to ensure their effectiveness. This involves annual consultations with participants to gather valuable input and address any specific needs or concerns. Comprehensive annual reviews consider changes in residences, staff, or participants, allowing for timely adjustments to the Emergency Plans. This proactive approach ensures that key elements, including staff contacts, engagement with local emergency services, alert

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mechanisms, and evacuation procedures, are consistently up-to-date and aligned with the evolving needs of the community and organisation. Information, training, and instructions are aligned with participant support plans.

- The Emergency Plan is accessible to staff, displayed in participant residences, and collaboratively developed with participants.
- Plans are implemented during emergencies, with compliance to emergency services' directions.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## SERVICE ACCESS POLICY AND PROCEDURE

The purpose of this policy and procedure is to ensure SOCIAL SUPPORTS SA offers each participant access to services based on consultation with the participant or participant's representative. SOCIAL SUPPORTS SA will assess each participant comprehensively, and participant needs will be documented and agreed before commencing care and service delivery.

## POLICY

SOCIAL SUPPORTS SA will collaborate with as part of a broader service delivery network, which enhances its own service delivery and provides its participants with appropriate referrals and services that meet their needs.

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SOCIAL SUPPORTS SA's service delivery environment will be safe and engaging, accessible and responsive to its participants' needs.

SOCIAL SUPPORTS SA's eligibility, priority of access and waitlist management are implemented in a fair and transparent manner and it is also in line with SOCIAL SUPPORTS SA and the NDIS Participant Charter.

We will inform the community, potential participants and other services about its services and access requirements through active engagement strategies that encourage and facilitate participant and stakeholder participation.

## PROCEDURES

### Building Relationships and Networking

- SOCIAL SUPPORTS SA will establish and nurture relationships with local agencies, health services, and advocacy services, actively participating in relevant local networks and conferences to expand service and referral options for participants and stakeholders.
- Collaboration with local Aboriginal and Torres Strait Islander and CALD service providers will be prioritised to ensure culturally sensitive service delivery to participants.
- Marketing information about SOCIAL SUPPORTS SA's services will be distributed in appropriate formats to the local community and relevant agencies.
- An informational brochure outlining SOCIAL SUPPORTS SA's services will be maintained in suitable formats and distributed to the community when appropriate.

### Referrals and Eligibility

- SOCIAL SUPPORTS SA will effectively manage referrals from potential participants.
- We aim to provide quality services that are affordable and accessible to families of diverse economic backgrounds.
- Eligibility and priority criteria, as well as entry rules, will be established to ensure equitable access to the service based on capacity, available resources, and funding.
- To be eligible for SOCIAL SUPPORTS SA's disability services, participants must have one or more identified intellectual, cognitive, neurological, sensory, or physical impairments, or be a child with developmental delays.
- Participant needs will be assessed and compared to others receiving or seeking SOCIAL SUPPORTS SA's services, taking into account priority access for people with special needs.
- Non-discriminatory eligibility criteria and entry rules will be applied, considering age, gender, race, culture, religion, and disability, in line with funding obligations and applicable legislation.

### Intake Process

- The Operations Manager will promptly book an Intake Interview with the participant within 5 working days of their initial contact, or sooner if the person's needs are urgent.

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- The Operations Manager will conduct all Intake Interviews, providing participants with information about entry and exit procedures, eligibility and priority of access requirements, conditions that may apply to service provision and fees.
- Active listening will be employed to understand participant needs and assist them in making informed choices, ensuring their areas of need are addressed and explaining how their needs can be met.
- Participants will be consulted, allowing them choice and control over their daily lives, in accordance with the Decision Making and Choice Policy and Procedure.
- A schedule of fees and charges will be provided to participants.

## Communication and Feedback

- Communication will be an open two-way process, and participants can schedule appointments to discuss any concerns with the service manager.
- All literature and information will be presented in clear and concise English to ensure understanding, with the utilisation of interpreters where necessary.
- If services cannot be provided, participants will be given a clear reason based on eligibility criteria.
- Participants who are refused services have the right to appeal the decision. Appeals should be submitted in writing to the SOCIAL SUPPORTS SA Director, and the Management Team will make a final decision.

## Discharge and Service Changes

- Participants and/or their representatives will be consulted before discharge from the service.
- Consultation with participants and/or their representatives will occur before implementing changes to service personnel or the service itself.
- Agreed service changes will be documented in writing, and consultation will take place (where possible) before the changes come into effect.
- Staff will be kept informed and consulted through regular memos and meetings.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure

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compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## ACCESS TO SUPPORTS POLICY AND PROCEDURES

To ensure effective management and communication of support-related information to participants, facilitate reasonable adjustments for a purpose-fit support environment, conduct fair and inclusive assessments, and establish transparent guidelines for withdrawal or termination of services. To maintain robust record-keeping practices, delegate assessment responsibilities effectively, and continuously improve processes in alignment with the NDIS Practice Standards. The ultimate goal is to provide participants with supports that align with their needs, uphold their dignity, and foster continuous improvement in service delivery.

### POLICY

Our policy ensures participant involvement in decision-making by obtaining eligibility information beforehand. SOCIAL SUPPORTS SA provides entry criteria and informs participants about costs through Easy Read documents. Participants' voices are central to service planning. We support understanding of circumstances for support withdrawal, respecting participants' dignity of risk choices. Assessments, conducted before service commencement, include interpreter consideration to gather accurate data, forming the basis for creating personalised Support Plans.

### PROCEDURE

#### Supports Definition and Documentation:

- Clearly define and document all available supports provided by the organisation.
- Document any access/entry criteria, including associated costs, for each support type.

#### Communication of Support Information:

- Provide clear and comprehensive Support Information to each participant.
- Communicate the information in a language, mode of communication, and terms that the participant is most likely to understand.
- If required, provide Easy Read documents or interpreter services.

#### Reasonable Adjustments:

- Identify and implement reasonable adjustments to the support delivery environment to ensure it is fit for purpose.
- Continuously monitor and evaluate the effectiveness of adjustments.

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- Adjustments should support each participant's health, privacy, dignity, quality of life, and independence.

## **Assessment Process:**

- Conduct assessments to determine each participant's eligibility and support needs.
- Involve the participant, family, and advocate in the assessment process.
- Consider the participant's abilities, difficulties, and goals.
- Set expectations that enable a balance against the participant's abilities and support needs.
- Reflect on the participant's rights, including privacy, confidentiality, and opt-out options.

## **Withdrawal of Supports:**

- Ensure participants understand under what circumstances supports can be withdrawn.
- Clearly communicate withdrawal conditions to each participant.
- Do not withdraw or deny access to supports solely based on a dignity of risk choice made by the participant.

## **Withdrawal or Termination of Services by the Provider**

The Service Agreement may be cancelled by SOCIAL SUPPORTS SA if:

- The Participant and/or their Nominee fails to do what is required of them under the terms of their Individual Service Agreement
- The Participant and/or their Nominee fails to comply with the policies and procedures of SOCIAL SUPPORTS SA.
- The Participant and/or their Nominee fails to communicate and provide information pertaining to changes to support needs.
- Workplace Health and Safety considerations are ignored.
- Communication has broken down between the Parties and/or
- Payment for support and/or expenses has not been received as per the Individual Service Agreement.

  

- Under the National Disability Insurance Scheme Terms of Business for Registered Providers, withdrawal or termination of services must be no less than 14 days. However, SOCIAL SUPPORTS SA will always work in the best interest of the Participant to achieve a safe transition to a new provider of services.

## **Upon termination of the Individual Service Agreement by either party, SOCIAL SUPPORTS SA will take steps to ensure:**

- the cancellation of service has been reported to the National Disability Insurance Agency

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- All support that has been provided under the terms of the Service Agreements have been claimed and
- The Participant has alternative support solutions in place for their own safety and wellbeing.

## **Delegations:**

Management Committee

- Ensure as far as practicable that the Service Manager has followed the relevant Policy and Procedures.

Service Manager:

- Liaise with any Participants and/or their Nominees who have indicated that they wish to withdraw service or terminate their Individual Service Agreement.
- Report to the Management Committee with relevant statistical/operational information that relates to the withdrawal or termination of support and any financial implications this may have on the Service.
- Notify the NDIA of any impending withdrawal of service or termination of an Individual Service Agreement prior to its date of expiry.

Support Facilitators:

- Inform the Service Manager of any information that may relate to or result in the withdrawal or termination of services by either a Participant and/or their Nominee.
- Inform the Service Manager of any situation that may lead to the withdrawal or termination of service by the Provider.

Administrative Assistant/Bookkeeper

- Ensure as far as practicable that any outstanding claims for service that has been delivered have been submitted to the NDIA for payment.

## **Review and Discussion:**

- Review and discuss Support Information and the proposed support delivery environment with each participant.
- Engage with family, carers, and advocates directed by the participant.
- Identify and minimise any barriers that may prevent supports from being fit for purpose.

## **Record Keeping:**

- Document all assessment information, adjustments, and communication in the participant's file and Participant Management System.

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- Maintain accurate records of interview and write-up times against the participant in the management system.

## **Assessment Responsibility:**

- Ensure assessments are conducted by trained professionals designated by the Director.
- Delegate responsibility for assessment, ensuring a consistent and valid approach.

## **Continuous Improvement:**

- Regularly review and enhance the assessment process based on best practices and feedback.
- Continuously improve communication strategies to enhance participant understanding.

## **Compliance with NDIS Terms:**

- Adhere to the requirements of the National Disability Insurance Scheme Terms of Business for Registered Providers.
- Maintain non-discriminatory eligibility criteria and entry rules.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## **Monitoring and Review**

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## **PERSON CENTRED CARE ASSESSMENT AND REVIEW POLICY AND PROCEDURE**

This policy and procedure are designed to align with the National Disability Insurance Scheme's (NDIS) commitment to person-centred supports. The primary objective is to ensure that each

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participant not only receives comprehensive and holistic assessments but also experiences a care framework that respects, upholds, and promotes their legal and human rights. The ultimate aim is to empower participants to exercise informed choice and control over their support services.

## POLICY

This policy underscores SOCIAL SUPPORTS SA's dedication to aligning its operations with the highest regulatory standards, with a specific focus on person-centred care. We work closely with participants in the development of strength-based, individualised Support Plans. These plans are crafted to incorporate the unique needs and preferences of each participant, fostering a sense of autonomy and empowerment.

Also, understanding that participants are connected to their families, caregivers, representatives, and others in their community, we will make sure to work closely with them during the planning, assessment, and review processes.

## PROCEDURE

- SOCIAL SUPPORTS SA ensures participants understand their rights and responsibilities during assessments.
- SOCIAL SUPPORTS SA offers information on accessing a representative and provides interpreting and translation services as needed.
- Collaborating with participants and/or their representatives, we conduct thorough assessments, considering NDIS Plans and other existing information.
- Participants receive a Service Agreement, and individualised Support Plans reflect their needs. Signing the Service Agreement indicates understanding and agreement.
- If a participant can't sign due to physical incapacity, an authorised representative may sign as per relevant legislation.
- We engage with medical professionals, notify next of kin about changes impacting safety, and ensure interventions for maximum independence.
- Specific assessments and support plan reviews occur every twelve months or earlier when there were any changes in participant needs or circumstances.
- We adapt interventions based on assessed changes and regularly review Support Plans (at least once a year or earlier when the participant's circumstances change.)
- Referrals and linkages to other services are provided when necessary, and documentation is stored securely in SOCIAL SUPPORTS SA's Participant Management System.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## PROVIDING INFORMATION AND REFERRAL POLICY AND PROCEDURE

The purpose of this policy is to ensure that SOCIAL SUPPORTS SA provides accurate information and effective referral processes to participants of the NDIS in order to assist them in accessing appropriate services and supports.

By maintaining transparent communication, collaborating with relevant stakeholders, and offering comprehensive information, SOCIAL SUPPORTS SA aims to support participants in making informed choices and accessing the most suitable NDIS services.

## POLICY

SOCIAL SUPPORTS SA is committed to providing participants with accurate information and referral services that align with their individual needs and preferences. We strive to establish collaborative relationships with participants, their families, carers, and relevant service providers to ensure a holistic and person-centred approach to information provision and referrals. Our goal is to empower participants to make informed decisions and access appropriate supports and services available under the NDIS.

## PROCEDURE

### Information Provision:

- SOCIAL SUPPORTS SA will provide clear and accurate information about the NDIS, including eligibility criteria, participant rights and responsibilities, available supports, and the service delivery process.
- Information will be provided in accessible formats to accommodate the diverse needs of participants, such as Easy Read, large print, and multilingual resources.

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- SOCIAL SUPPORTS SA will regularly update and maintain up-to-date information regarding NDIS services, changes in policies, and relevant updates from the National Disability Insurance Agency (NDIA).

## Referral Process:

- SOCIAL SUPPORTS SA will establish collaborative relationships with other NDIS service providers, local community organisations, and advocacy groups to enhance service options and referral pathways.
- When participants require support or services beyond the scope of SOCIAL SUPPORTS SA's offerings, appropriate referrals will be provided to alternative service providers based on the participant's needs, preferences, and geographic location.
- Referrals will be made in consultation with participants, considering their goals, aspirations, cultural background, and any specific requirements they may have.
- SOCIAL SUPPORTS SA will maintain accurate documentation of referrals made, ensuring confidentiality and adherence to privacy regulations.

## Participant Engagement and Support:

- SOCIAL SUPPORTS SA will actively engage participants in the information and referral process, encouraging their active involvement, questions, and feedback.
- Participants will be provided with opportunities to discuss their service options, understand the implications of different choices, and make informed decisions based on their goals and aspirations.
- SOCIAL SUPPORTS SA will provide ongoing support to participants during the referral process, ensuring their understanding of the available services and assisting in any necessary coordination or communication with external service providers.

## Choice of Service:

- If there's more than one service that may assist a participant, SOCIAL SUPPORTS SA staff will provide the participant with information about the range of services available.
- Participants will be given the choice to select the particular service they wish to use based on their preferences, needs, and goals.
- SOCIAL SUPPORTS SA staff will provide detailed explanations and comparisons of the available services, highlighting the benefits, limitations, and any other relevant factors to help participants make an informed choice.
- Participants will be supported in understanding the implications and potential outcomes of each service option, ensuring they are empowered to make decisions that align with their individual circumstances and aspirations.

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## Continuous Improvement and Review:

- SOCIAL SUPPORTS SA will regularly review and evaluate the effectiveness of its information provision and referral processes, incorporating feedback from participants, families, carers, and relevant stakeholders.
- Feedback and suggestions from participants and staff will be utilised to improve the accessibility, clarity, and relevance of information resources and referral practices.

## Training

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## SUPPORT PLANNING POLICY AND PROCEDURES

This policy is crafted to lay down a structured protocol for the creation, execution, and review of support plans for participants at SOCIAL SUPPORTS SA, ensuring active involvement, adherence to NDIS mandates, and tailored plans to individuals' needs, preferences, strengths, and aspirations.

This policy and procedure are applicable to all staff engaged in the support planning process for NDIS participants at SOCIAL SUPPORTS SA.

## POLICY

SOCIAL SUPPORTS SA is committed to providing participant-centred support plans that are developed and regularly reviewed with the participant and their support network, affirming a comprehensive approach that respects the participant's self-determination and informed choice.

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## PROCEDURES

### Initial Engagement and Consent:

- Obtain the participant's consent in a manner that encourages their active participation. Explain the support planning process, ensuring understanding and willingness to engage with multiple stakeholders.
- Assess the participant's Intake Form, previous assessments, and any additional information, incorporating input from the participant, their family, and advocates to ensure a complete understanding of their needs.

### Support Plan Development:

- Facilitate planning sessions that include the participant, their advocate or family, and relevant service providers to ensure a multi-faceted approach to goal setting.
- Support the participant in formulating SMART goals, promoting self-advocacy, and ensuring that their ambitions drive the support plan.
- Ensure that the participant's voice is clearly documented in their support plan, reflecting their choices and preferences.

### Risk Assessment and Management:

- Conduct thorough risk assessments with the participation of the participants, their network, and other service providers, fostering a shared responsibility for risk management.
- Develop risk mitigation strategies collaboratively, ensuring the participant's input and understanding are at the forefront.
- Regularly review and communicate risk management strategies with the participant, obtaining their input and consent for any changes.

### Support Plan Review and Modification:

- Regularly review the support plan with the participant, adapting to their evolving needs and ensuring their continuous involvement in any changes.
- Adjust the support plan in response to participant feedback, ensuring changes are comprehensively communicated to all involved parties with the participant's consent.

### Communication and Accessibility:

- Provide the support plan in formats accessible to the participant, accommodating any communication needs.
- Ensure that details of the support plan are shared with the participant's support network only with explicit consent.

### Worker Matching and Training:

- Engage the participant in selecting their worker(s), prioritising their comfort and preference to enhance support effectiveness.

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- Train workers based on the participant's specific needs and goals, emphasising the importance of personal compatibility and skill alignment.

## Monitoring and Supervision:

- Continuously monitor worker performance to ensure adherence to the support plan and participant satisfaction.
- Implement proactive supervision strategies, focusing on participants with substantial risk factors to ensure safety and support quality.

## Continuity and Transition:

- Develop strategies to ensure continuity in support staff assignments and manage transitions in a seamless manner, actively involving the participant in discussions and decision-making.
- Collaborate with the participants to develop comprehensive transition plans when service changes occur, ensuring they have a voice in the process.

## Documentation and Record-Keeping:

- Keep detailed and organised records of the support planning process, ensuring they reflect collaborative efforts and participant involvement.
- Store all documents securely, maintaining participant confidentiality while allowing for ease of access when needed.

## Withdrawal of Supports:

- Clearly communicate the circumstances that may lead to the cessation of supports, ensuring the participant understands any conditions or changes.

## Staff Requirements:

- Ensure staff are knowledgeable about NDIS regulations and trained in collaborative, participant-centred practices.
- Commit to continuous learning and development opportunities for staff to stay abreast of best practices in support planning.

## Additions and Enhancements:

- Capacity Building:** Integrate capacity-building strategies to enhance participants' abilities and community engagement.
- Evidence-Based Support Selection:** Employ evidence-based methods to identify the most effective supports aligned with participant goals.
- Proactive Risk Management:** Implement a proactive approach to risk identification and create personalised plans for prevention and rapid response.

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- **Flexible Review Processes:** Establish processes for both scheduled and unscheduled reviews to adapt to participants' changing needs.
- **Accessible Information:** Provide support plan information in various formats for different communication needs.
- **Worker Selection and Training:** Set criteria for worker selection and training, focusing on compatibility with participant needs.
- **Supervision Protocols:** Specify methods and frequency of supervision to ensure support plan fidelity.
- **Transition Strategies:** Outline support strategies for participants during significant changes or transitions.
- **Record Maintenance:** Detail processes for updating records to reflect current participant preferences and circumstances.
- **Guidelines for Support Cessation:** Define clear processes for the re-evaluation or cessation of supports in consultation with participants.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## SERVICE AGREEMENT WITH PARTICIPANTS POLICY AND PROCEDURE

To outline SOCIAL SUPPORTS SA's commitment to developing clear, comprehensive, and collaborative Service Agreements with participants, ensuring they understand the supports, delivery methods, and emergency provisions in accordance with NDIS requirements.

### POLICY

Service Agreements must be developed collaboratively, setting clear expectations, explaining supports, and detailing conditions, including their rationale.

Participants must be supported in understanding agreements using clear language and communication methods. Written agreements must be provided, with a record kept if it's not practicable or if declined.

Where the provider delivers supported independent living supports to participants in specialist disability accommodation, documented arrangements must be in place with each participant and each specialist disability accommodation provider. These arrangements will outline responsibilities, conflict management, and responses to behaviour concerns.

Provisions for emergencies or disasters will be included in Service Agreements.

### PROCEDURE

#### **Collaboration & Development:**

- Engage with participants to establish Service Agreements, ensuring their active participation in setting expectations and conditions.
- Use participant-preferred communication methods to aid understanding.

#### **Documentation & Distribution:**

- Provide a written copy of the Service Agreement to each participant for signing.
- Record reasons if a written agreement is not provided or desired by the participant. It is considered good practice for the participant to note on the agreement that a copy was not required.

#### **Specialist Disability Accommodation:**

Where the provider delivers supported independent living supports to participants in specialist disability accommodation, detailed arrangements must be created to cover:

- Communication and management of dwelling concerns.

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- Conflict resolution strategies.
- Processes for communicating changes in participant needs.
- Inclusion of participant preferences in shared living arrangements.
- Management strategies for behaviours of concern.

## **Emergency Preparedness:**

- Include specific strategies and processes in Service Agreements for support provision in emergencies or disasters.

## **Review & Adjustment:**

- Regularly review and update Service Agreements to reflect any changes in participant circumstances, preferences, or legal requirements.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## **Monitoring and Review**

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# RESPONSIVE SUPPORT PROVISION AND MANAGEMENT POLICY AND PROCEDURE

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This policy affirms the organisation's dedication to offering NDIS participants with support that is responsive, timely, competent, and fitting, thereby enabling the realisation of their unique needs, aspirations, and objectives.

This policy is relevant to all personnel engaged in the planning, provision, and management of support for NDIS participants within the organisation.

## POLICY

SOCIAL SUPPORTS SA commits to delivering support utilising the least intrusive methods available, in line with evidence-informed practices that address the needs of participants and contribute to the attainment of their desired outcomes.

## PROCEDURE

- Conduct a thorough screening to confirm participants' eligibility for services, ensuring this is in line with program guidelines and that consent is properly documented.
- Organise and carry out a comprehensive assessment in collaboration with stakeholders like family members, advocates, and health professionals to develop a plan centred on the participant.
- Develop a detailed Support Plan that reflects the participant's individual needs, goals, health information, risk factors, and financial considerations, and consistently monitor and review this plan for its effectiveness and pertinence.
- Commit to creating and sustaining cooperative relationships with other service providers, offering comprehensive support and risk management, sharing participant information across services with the participant's consent and per service contracts.
- Actively involve participants in choosing their support workers, making suitable efforts to honour their preferences, including gender preferences for personal care.
- Provide workers with specialised training that is customised to the particular needs and preferences of participants to ensure they deliver personalised and skilled support.
- Regularly assess the applicability of the Support Plan through ongoing contact with the participant and other relevant parties, making necessary changes to align with the changing needs of the participant.
- Clearly articulate the processes for participants exiting the service, ensuring they understand the risks and steps involved in moving to another service provider or when their needs surpass what the program can provide.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure

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during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## NON-RESPONSE TO SCHEDULED VISIT POLICY AND PROCEDURE

This policy and procedure document outlines the actions SOCIAL SUPPORTS SA takes when a participant does not respond to a scheduled visit. This situation requires a structured response to ensure the safety and well-being of participants while respecting their rights and privacy.

## POLICY

SOCIAL SUPPORTS SA is committed to providing exceptional care and service to our participants. In instances where a participant is not responsive to a scheduled visit, SOCIAL SUPPORTS SA will execute a predefined plan that addresses the situation with care, diligence, and respect for the participant's rights and privacy.

### Definitions:

- Non-Response:** A non-response occurs when a participant does not answer the door or is not present at the agreed-upon location at the scheduled visit time without prior notification.
- Scheduled Visit:** A prearranged appointment where staff are expected to meet with the participant at their home or another agreed-upon location.

## PROCEDURE

### Pre-Visit Communication

- Participants are required to inform SOCIAL SUPPORTS SA of any changes to their availability before the scheduled visit to prevent unnecessary utilisation of the non-response plan.

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## Immediate Action Plan

If there is no response at the time of a scheduled visit, the visiting staff member will:

- Attempt to contact the participant via phone.
- Wait for some time, making additional attempts to contact.
- Notify management immediately if there is still no response.

## Emergency Response

Emergency services will be contacted if:

- The participant is known to have a high-risk medical condition.
- There are signs of distress, disturbance, or forced entry at the location.
- The participant has previously communicated potential threats to their safety.

## Documentation

Staff members will document:

- The scheduled time of the visit and the actual time of arrival.
- Attempts to contact the participant, including times and methods.
- Observations were made at the visit location.
- Any communications with management and emergency services.
- This documentation will be securely filed in the participant's records.

## Follow-Up Procedures

In cases of non-response:

- A follow-up visit will be scheduled as soon as possible.
- Management will attempt to reach the participant or their emergency contacts.
- Once contact is made, management will arrange a meeting to discuss the non-response and address any underlying issues.

## Risk Assessment

- A risk assessment will be conducted to identify participants at higher risk for non-response.
- Individualised action plans will be developed for high-risk participants.

## Updating Contact Information

Participants will be asked to regularly update their contact information and emergency contacts.

## Participant Education

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Participants will be educated about the non-response policy and their responsibilities through meetings and reminders during regular communication.

## Alternative Contacts

- Participants are encouraged to provide multiple emergency contacts.
- In the event the primary contact is unavailable, alternative contacts will be reached following the non-response plan.

## Language and Communication Needs

Provisions will be made for participants who are non-English speakers or have communication impairments, ensuring clear understanding and compliance with the policy.

## Feedback Loop

- A feedback mechanism will be established for participants and staff to suggest improvements to the policy and procedures.
- Management will review feedback regularly and integrate it into policy revisions.

## Coordination with Other Services

Coordination with other service providers will ensure a unified response when participants receive multiple services.

## Review of Incidents

Each non-response incident will be reviewed to evaluate the response and identify areas for improvement.

## Training

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## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## SERVICE EXIT AND TRANSITION POLICY AND PROCEDURE

The purpose of the Service Exit and Transition Policy and Procedure is to outline SOCIAL SUPPORTS SA's commitment to transparent and respectful service exit procedures that uphold participants' rights and ensure smooth transitions to other service providers when required.

### POLICY

SOCIAL SUPPORTS SA acknowledges participants' right to exit from the service and transfer to other providers. Participants also have the right to terminate their service provision with SOCIAL SUPPORTS SA. Exit procedures will be conducted fairly, transparently, and while respecting participants' rights.

### PROCEDURES

- All participants have the right to terminate their service provision at any time.
- Exiting participants will undergo an Exit Interview, during which reasons for service termination (if applicable) will be discussed, and feedback will be obtained.
- SOCIAL SUPPORTS SA will systematically track service exit and referral information through the participant management system.
- Participants will be provided with information and support throughout their transition into or exit from SOCIAL SUPPORTS SA's services. If necessary, assistance will be given to connect participants with a chosen representative who can aid in accessing services.
- SOCIAL SUPPORTS SA will collaborate with other providers to ensure well-organised transitions to or from its services.
- Staff members are obligated to document, communicate, and effectively manage transitions and departures to enhance participants' experiences. Risk assessments will be carried out, documented, and acknowledged for each transition.
- SOCIAL SUPPORTS SA will inform participants about their rights and responsibilities.
- If a participant is required to leave the service, detailed information about the reason for their departure will be shared with the participant and their representative.
- Participant service will only be terminated when SOCIAL SUPPORTS SA lacks the necessary resources to provide appropriate care or when the participant's condition changes to the extent that other services are no longer required.
- Following service cessation, participants will receive written information about their rights for future service provision and advocacy.
- Participants whose services are terminated have the right to appeal.
- Appeals should be submitted in writing to the Management Team, and a final decision will be made by the Director.

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- Successful appellants will receive support to continue accessing SOCIAL SUPPORTS SA's services.
- Unsuccessful appellants will be provided with a written explanation of the decision.
- Participants dissatisfied with appeal outcomes will be directed to SOCIAL SUPPORTS SA's Complaints and Feedback process.
- SOCIAL SUPPORTS SA will collaborate with participants and their representatives to identify alternative services and referrals to meet their needs.
- An Exit Plan will be created with the participant's informed consent. The plan will include timelines, actions, and responsible parties.
- Participants exiting the service have the right to re-access services within 30 days without formal access processes if resources are available.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

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## TRANSITION OF CARE BETWEEN DISABILITY SERVICES AND HOSPITALS POLICY AND PROCEDURE

The purpose of this policy is to establish guidelines for the safe and effective transition of care between disability services and hospitals, ensuring clear communication, coordination, and support for participants throughout the process.

This policy applies to all staff members involved in supporting participants during transitions of care between disability services and hospitals.

## POLICY

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Transitions of care refer to the movement of individuals between care-providing locations, including transitions between disability support services and hospitals. These transitions represent critical points where potential harm to participants can occur. The aim of this policy is to ensure safe transitions by promoting clear communication and coordination among providers, healthcare staff, participants, and their support networks.

## PROCEDURES

### Preparation for Transitions of Care

- Staff members must keep participants' health and medication information up-to-date and accurate to facilitate smooth transitions.
- Clear communication should be maintained with other services involved in the participant's care during transitions.
- Assist participants in understanding and effectively communicating information about their health throughout the transition process.

### Preparation for Planned Hospital Admission

- Consider arranging a pre-admission meeting with hospital staff, disability support staff, and the participant's support network. Coordinate the transition of care and provide information about communication requirements, mobility needs, nutrition, behaviour support strategies, and other relevant aspects.

### Information Sharing with Hospital Staff

- Upon admission and with appropriate consent, provide hospital staff with essential participant information, including My Health Record (if used by the participant) Hospital Support Plan (based on the participant's needs and requirement), list of current medications, Webster packs, Health Care Card, Medicare Card, Behaviour Support Plan, Communication plan/profiles, and relevant communication aids/tools.

### Emergency Hospital Admission Support

- In case of emergency hospital admissions, arrange for a familiar disability support worker to stay with the participant during the admission.

### Support Following Hospital Discharge

- Collaborate with health professionals to plan the participant's hospital discharge, including transportation, referrals, home assessments, and addressing support risks.
- Collaborate with hospital staff to understand the participant's ongoing needs after discharge, including Transfer of Care summary, care plan, medications summary, and risk assessment review.

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- If new care requirements arise during the hospital stay, communicate them clearly to hospital staff as soon as possible.
- Maintain ongoing communication with hospital staff, participants, and support people to prevent delays in discharge and reduce post-discharge risks.
- Provide participants with information about their follow-up care upon discharge, ensuring accessibility, and considering Easy English if required.

## Provider Obligations

- All NDIS providers and workers must adhere to the NDIS Code of Conduct, ensuring safe and competent support provision and prompt response to concerns impacting support quality and safety.
- Registered NDIS providers must adhere to the NDIS Practice Standards, including risk management, quality management, information management, incident management, and medication management.

## Recommended Ways to Support NDIS Participants Admitted to Hospital

- Maintain accurate health-related information for potential hospital admissions, ensuring easy communication with hospital staff.
- Arrange pre-admission meetings to coordinate care transition and share necessary information with relevant stakeholders.
- Collaborate with hospital staff and support networks to ensure participants receive additional health-related support post-discharge.

## Training

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## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## SAFE ENVIRONMENT POLICY AND PROCEDURE

The purpose of this policy is to provide a framework that ensures all participants of SOCIAL SUPPORTS SA receive supports and services in a physically and psychologically safe environment that is free from violence, abuse, neglect, exploitation, or discrimination. The policy aims to establish a risk-averse environment where safety protocols are transparent, and staff are competent and qualified.

This policy applies to all employees, contractors, volunteers, and any individual who is involved in service delivery within SOCIAL SUPPORTS SA. It extends to all areas where services are provided, including offices, participants' homes, and community settings.

### POLICY

SOCIAL SUPPORTS SA is committed to:

- Maintaining environments that are safe and suitable for service delivery as per participant needs.
- Ensuring staff are identifiable by the participants, trained, and equipped to handle risks and emergencies and communicate with participants effectively.
- Collaborating with other providers to manage risks and ensure continuity of care.
- Regularly reviewing and updating safety protocols to adhere to NDIS Practice Standards and legislative requirements.

### PROCEDURES

- **Worker Identification:** Develop an identification system for all support workers, such as name badges or uniforms with clear identification. Include a process for participants to verify the identity of workers.
- **Safe Support Delivery:** Create a checklist for the safe delivery of support in various settings that includes risk assessments, emergency contact information, and safety equipment.
- **Collaboration with Other Providers:** Establish communication protocols for collaboration with other providers. This may include consent forms for sharing information and regular meetings to discuss the established and documented needs of participants.
- **Communication Support:** Implement a communication plan that outlines the use of communication aids or interpreters for participants who need them. Train staff on how to use these tools effectively.
- **Medical Emergency Protocols:** Write a step-by-step action plan for responding to any emergencies, such as medical emergencies, tailored to the needs of each participant and record

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it in the support plan. Train staff to respond to such emergencies, including how to distinguish between urgent and non-urgent health situations and conduct regular drills.

- **Escalation Systems:** Define a clear escalation pathway for urgent health situations, including who to contact and how to respond rapidly by using the support plan.
- **Infection Control:** Establish a hygiene protocol that includes handwashing, the use of sanitisers and proper disposal of waste. Provide training on infection control
- **Environmental Cleaning:** Develop a cleaning schedule for all environments where supports are provided, focusing on high-touch surfaces.
- **Training in Infection Prevention:** Schedule regular training sessions on infection prevention, including updates on best practices and refresher courses.
- **Training in PPE Use:** Create a training program for the correct use of PPE, including donning and doffing processes. Ensure that PPE is available and accessible.
- **Availability of PPE:** Establish a supply chain protocol for PPE that ensures there is always adequate stock available for both workers and participants.
- **Mealtime Management:** Develop guidelines for mealtime management that cover nutritional needs, meal textures, and safe food preparation and delivery.
- **Severe Dysphagia Management:** Create a detailed care plan for participants with dysphagia that includes their specific needs and preferences for mealtime support.
- **Emergency and Disaster Management:** Develop a comprehensive emergency and disaster response plan. Train staff on their roles and responsibilities during emergencies.
- **Assessment and Planning:** Conduct individual assessments to determine each participant's specific needs. Plan resources and training required to meet the identified needs.
- **Implementation:** Put the developed procedures into action and ensure all staff are trained and aware of their responsibilities.
- **Documentation:** Maintain thorough records of all processes, training provided, and incidents.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the

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onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## PHYSICAL ACCESSIBILITY POLICY AND PROCEDURE

This policy outlines the commitment of SOCIAL SUPPORTS SA to provide a service environment that is accessible to all individuals, regardless of physical ability. This document serves to guide our staff and inform our clients and stakeholders of our efforts to create an inclusive and accessible space.

### POLICY

SOCIAL SUPPORTS SA is committed to maintaining physically accessible services. We believe in the dignity and rights of all individuals to access our facilities and services. We will actively work to remove barriers and ensure a safe, inclusive environment for our staff, participants, and stakeholders.

This policy and procedure apply to all staff at SOCIAL SUPPORTS SA and extend to our participants and stakeholders. It aligns with applicable legislation, regulations, and standards and complements our Work Health and Safety Policy.

### PROCEDURES

- Offer information in diverse formats, including multiple languages, Easy English, and through direct communication.
- Use interpreters and advocates to meet the varied communication needs of participants, basing format choices on demand data and individual needs.
- Supply resources that reflect the cultural, ability, age, and developmental diversity of the local population.
- Ensure that signage is accessible and reflective of the needs of the local community.
- Actively identify and address physical access issues, with the Director overseeing modifications to improve accessibility.

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- Direct participants and stakeholders to SOCIAL SUPPORTS SA's Complaints, Compliments, and Feedback Policy for any concerns about accessibility.
- Incorporate wheelchair access, such as ramps and proximity to public transport.
- Ensure reliable phone service during business hours.
- Maintain well-lit, non-slip, and clearly marked entry and exit points.
- Provide appropriate access for mobile equipment like wheelchairs.
- If the office is not fully accessible, arrange alternative meeting locations for participants.
- Keep aisles and walkways at least 600mm wide and free from obstructions.
- Ensure staircases have handrails and safety features.
- Implement safety features for power-operated doors to prevent accidents.
- Practice good housekeeping to minimise injury risks.
- Provide adequate space for safe and comfortable movement and emergency evacuation.
- Manage slip risks by maintaining slip-resistant flooring.
- Ensure sufficient lighting and ventilation within the workplace.
- Maintain a comfortable temperature range and allow reporting of uncomfortable conditions.
- Ensure equipment noise does not exceed legal limits and provide personal protective equipment if needed.
- Provide accessible toilets, drinking water, and personal storage facilities.
- Offer shelter and personal protective equipment for outdoor working conditions.
- Provide communication systems and safety equipment for staff working alone.
- Ensure incidents related to accessibility are reported and managed per company policy.
- Implement a Continuous Improvement Plan to record and monitor progress on accessibility improvements.
- Incorporate identified improvements into service planning and delivery processes.

## Responsibility

- The Director is responsible for overseeing the implementation of physical modifications.
- The Operations Manager is tasked with ensuring a safe and comfortable work environment.
- All staff are expected to contribute to a tidy and safe workplace and to report any issues related to physical accessibility.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure

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compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## PREFERRED METHOD OF COMMUNICATION POLICY AND PROCEDURE

The purpose of this policy is to provide clear guidelines to ensure that communication with participants is conducted in their preferred method, thereby upholding their right to choice and control.

This policy applies to all staff members at SOCIAL SUPPORTS SA, including full-time, part-time employees, contractors, and any service providers.

### Definitions:

- **Interpreter:** An individual who converts spoken or sign language speech from one language to another in real-time.
- **Translator:** A professional who translates written text from one language to another while maintaining the content's integrity and meaning.
- **Mode of Communication:** The method by which information is conveyed, such as speech, writing, sign language, or assistive technologies.
- **Easy Read Documents:** Materials designed to convey information simply and clearly with the use of text, images, and space.

## POLICY

SOCIAL SUPPORTS SA is committed to ensuring that all participants can communicate effectively with our staff to access supports that respect their legal and human rights. Recognising the diversity in communication needs due to varying types of disabilities, SOCIAL SUPPORTS SA has established this policy to identify, record, and utilise each participant's preferred communication method consistently.

- At the initial point of contact, staff will determine the participant's preferred communication method through consultation or assessment.

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- The identified communication method will be documented in the participant's support plan and made accessible to all relevant staff.
- Staff will be trained to understand and effectively use the preferred communication methods of participants.
- All communication preferences and interactions will be treated confidentially, respecting participants' privacy.

## PROCEDURES

- During the first meeting, the staff will engage with the participant and, if applicable, their advocate or family to identify the preferred communication method.
- This preference will be recorded in the participant's support plan.
- The Director will inform staff of each participant's communication requirements and ensure staff with the appropriate skills are matched to the participant.
- Information will be provided to participants in their preferred mode of communication. Methods may include standard written documents, oral explanations, demonstrations, Easy Read documents, and the use of interpreters or translators as needed.
- Staff will access interpreting and translation services through approved providers, such as the Translating and Interpreting Services of the Department of Home Affairs.
- Continuous training will be provided to staff on the various modes of communication and sensitivity to participant needs.
- Feedback from participants will be solicited to assess the effectiveness of communication and inform policy enhancements.
- In emergencies, alternative communication methods will be used if the preferred method is not available, ensuring the participant's needs are still met.
- Adherence to this policy is mandatory for all staff. Non-compliance may result in disciplinary action.
- The policy will be enforced through regular audits and staff performance reviews.
- Regular quality assurance processes will be in place to ensure communication methods are effective and meet participants' satisfaction.
- Opportunities for improvement will be identified through incident reports and stakeholder feedback.
- Staff members are responsible for adhering to the communication preferences of participants.
- The Director is responsible for ensuring staff are informed and trained in the preferred communication methods of participants.
- The Compliance Officer will monitor adherence to the policy and handle any breaches.
- Adequate resources will be allocated for the implementation of this policy, including training materials, access to interpreting and translation services, and assistive technologies.
- Feedback mechanisms will be established for participants to comment on the effectiveness of communication.
- The policy will be subject to continuous improvement, incorporating participant feedback and best practices.

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## Training

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## SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE

This policy and procedure are established to ensure that SOCIAL SUPPORTS SA's service delivery is constructed upon person-centred principles, guiding our services to be responsive, supportive, and individualised.

## POLICY

At SOCIAL SUPPORTS SA, we are dedicated to a person-centred service delivery model. This model focuses on empowering our participants to have a say in the direction of their services, ensuring their ability to maintain strong connections with family, friends, and the broader community. We aim to promote active participation and independence, facilitating choices that enhance their self-reliance and community integration.

Our assessment and review processes are instrumental in fostering a sense of belonging and inclusion, allowing participants to engage with community activities that reflect their interests and aspirations. In doing so, we strive to create an environment conducive to participant growth, fulfilment, and autonomy, ensuring their perspectives are integral to our support strategies.

## PROCEDURES

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## **Participant-Centred Decision-Making:**

- Uphold the participant as the central figure in decision-making processes, supporting their aspirations and community engagement.
- Implement assessment and review strategies that amplify participant independence and community involvement.

## **Community Inclusion and Support:**

- With consent, provide participants with referrals to external services that bolster community inclusion.
- Facilitate access to training, employment, education, and other community services, promoting their goals and interests.

## **Skill Development:**

- Assist participants in cultivating problem-solving, social, and self-care skills that align with their developmental and cultural backgrounds.

## **Respect for Identity:**

Recognise and respect participants' identities and special needs, ensuring our practices are consistent with relevant legislation.

## **Support for Aboriginal and Torres Strait Islander Participants:**

- Provide tailored support to Aboriginal and Torres Strait Islander participants to sustain their community ties.
- Offer cultural awareness training to staff for respectful and inclusive support and refer to specialised community services with consent.

## **Goal Identification:**

Assist participants in identifying personal needs and life goals, acknowledging the importance of cultural and linguistic connections.

## **Special Needs Prioritisation:**

- Prioritise services for participants with special needs, providing specialised staff training to address these needs effectively.

## **Communication and Information:**

- Communicate information in a clear, concise manner to enhance participant comprehension.
- Offer interpreting services upon request, subject to additional fees if applicable.

## **Use of Languages Other than English:**

- SOCIAL SUPPORTS SA staff may assist with the communication of low-risk information in languages other than English, even if they are not accredited interpreters.

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- Information on accessing interpreters is included in SOCIAL SUPPORTS SA's Participant Information Package and is visibly displayed at the front desk.

## Accessibility of Resources:

- Provide translated information services to ensure participants have access to resources that enhance their understanding and engagement.

## Monitoring and Evaluation:

- Regularly evaluate the effectiveness of our service delivery and participation practices.
- Request and incorporate feedback from participants to continuously improve our approach.

## Staff Training and Development:

- Ensure ongoing staff training in person-centred practices, cultural competency, and communication skills.
- Maintain a commitment to professional development in areas that support our policy objectives.

## Documentation and Reporting:

- Keep detailed records of participant assessments, plans, and reviews.
- Document all referrals made, and services provided, ensuring participant consent is recorded.

## Responsibility:

- All staff are responsible for upholding the principles and procedures outlined in this policy.
- The Management Team will oversee the implementation and adherence to this policy.

## Training

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## DAILY PERSONAL CARE FOR PARTICIPANT LIVING ALONE POLICY AND PROCEDURE

Participants have a right and choice and control to live where they feel comfortable. It can be living at home with family or alone. Their choice must be respected, and we will ensure their safety and wellbeing is always maintained by taking necessary steps to prevent any complications.

### POLICY

At SOCIAL SUPPORTS SA, we prioritise the safety, wellbeing, and autonomy of our participants who choose to live alone. Our Daily Personal Care for Participants Living Alone Policy and Procedure is designed to respect their rights and choices while ensuring they receive the necessary support and care. Through active listening and collaboration, we incorporate participant preferences into their support plan, including the selection of care workers and specific activities required. Our professional carers undergo comprehensive training and supervision to deliver high-quality services that align with the NDIS standards. We conduct regular home visits and risk assessments to create a safe environment for both participants and staff. Participant feedback is essential, and we actively seek their input to continually improve our services. With our dedicated team and personalised approach, we aim to empower participants to lead fulfilling lives in their own homes.

### PROCEDURES

#### **Participant-Centred Support Plan:**

SOCIAL SUPPORTS SA ensures that participants' choices and decisions are integrated into the support plan. This includes preferences for the type of care worker, specific activities, timeframes, and overnight supports if required.

#### **Autonomy and Safety in Home Living:**

Participants residing in their own homes have the right to live safely and as autonomously as possible within their environment. SOCIAL SUPPORTS SA's objective is to effectively manage professional carers to provide services and supports that meet each participant's requirements.

#### **Personal Care Supports:**

Personal care supports encompass assistance with daily personal activities such as personal hygiene, toileting, eating, attending appointments, using aids, and mobility.

#### **Active Listening and Collaborative Planning:**

During the support plan and service agreement development, staff actively listen to the participant and their support network to determine their goals, interests, and needs. This information is used to

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design supports that maximise independence, suit the participant's age and circumstances, and meet their needs in a less intrusive manner.

## **Sole Carer Request Process:**

For participants requesting a sole carer while living in their own home, SOCIAL SUPPORTS SA follows specific steps:

- Activities are detailed and recorded as per the service agreement, taking into account the participant's preferences and timeframes.
- The SOCIAL SUPPORTS SA Director listens to the participant's requirements and identifies suitable carers based on their skills and preferences. They review current care workers to determine possible matches. If no matches are found in our current workforce, the Director will locate appropriate care workers. For each participant, at least two to three carers will be located to meet their needs and preferences.
- A supervisor is responsible for performing a safety inspection using the home safety checklist to ensure safety for both the participant and staff. The Individual Risk Assessment Form is completed with the participant to develop appropriate risk strategies in the support plan.
- The CEO collaborates with the participant, their family, or advocate to develop, finalise, and detail support plan strategies and objectives.
- The risk assessment must be reviewed quarterly or earlier if the participant's circumstances change.

## **Staff Training:**

Staff selected by the participant receive comprehensive training in all aspects of care. The CEO or their delegate provides the necessary training, and a buddy system is implemented to ensure full compliance with participant requirements.

## **Supervision and Home Visits:**

An appropriate supervisor visits the participant's home environment at least every two months. The supervisor completes the Home Safety Checklist, and the findings are discussed with management to identify risks or issues and inform continuous improvement efforts.

## **Seeking Participant Feedback:**

The CEO actively seeks participant feedback regarding staff performance at least every two months. Participants may provide feedback verbally, via email/letter, through the Complaints and Feedback Form, or complete the Annual Participant Survey. This feedback is essential for enhancing service quality and meeting participant needs effectively.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure

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during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## SUPPORTED INDEPENDENT LIVING (SIL) POLICY AND PROCEDURE

Supported Independent Living (SIL) is a paid personal support service aimed at assisting individuals with disabilities to live as independently as possible.

It encompasses various forms of help and supervision with daily tasks, such as personal care and meal preparation, with the goal of fostering independence and skill development.

SIL is suitable for individuals with higher support needs, who require significant assistance throughout the day, including overnight support. It can be accessed by those living with other NDIS participants or those living alone. However, SIL is just one option among many homes and living supports available, and individuals may explore alternatives that better suit their needs. The choice of living companions and support sharing is up to the individual in shared housing arrangements. For those living alone or not sharing support, alternative supports like personal care or individualised living options may be more suitable.

SIL funding may still be available for individuals living alone, as it promotes independence and skill-building. The supports provided through SIL are determined based on individual needs and can be tailored in collaboration with the chosen provider.

The purpose of the Supported Independent Living (SIL) Policy and Procedure at SOCIAL SUPPORTS SA is to establish a framework that enables our staff members to operate effectively within the supported independent living registration group.

## POLICY

As an approved (NDIS) provider, it is essential for SOCIAL SUPPORTS SA to fulfil specific documentation requirements and comply with the registration group standards. This includes utilising the Roster of Care (RoC) Submission Tool, a Microsoft Excel document designed to facilitate

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communication between providers and the National Disability Insurance Agency (NDIA) regarding a SIL participant's support needs and goals.

## SIL INCLUSIONS AND EXCLUSIONS

Supported Independent Living includes:	Supported Independent Living excludes:
<ul style="list-style-type: none"><li>● help with personal care tasks</li><li>● help to build the participant's skills in things like meal preparation and cooking, cleaning, and developing a routine</li><li>● help to action any behaviour support plans the participants have</li><li>● help to develop the participants social skills</li><li>● support with supervision, personal safety and security</li><li>● support to give participants their medication</li><li>● support for medical appointments</li><li>● community access that is not routine or regular, for example, support to complete personal tasks</li><li>● support to get to and from community access activities, where this is the participant's preference. For example, support to attend hydrotherapy sessions, or to visit family or friends outside of the home.</li></ul>	<ul style="list-style-type: none"><li>● the cost of groceries</li><li>● rent, board or lodging costs</li><li>● utilities such as gas, electricity, water, telephone, or internet bills</li><li>● vehicle costs.</li><li>● Supported independent living does not include supports not related to the participant's disability such as:</li><li>● household budgeting or bill paying activities</li><li>● expenses related to holidays, including travel costs.</li><li>● Supported independent living does not include supports that are more appropriately funded or provided by another service system including:</li><li>● paid personal supports while the participant admitted to hospital. The health system is responsible for this support</li><li>● paid personal supports if the participant is in custody or to implement community supervision orders. The justice system is responsible for these supports</li><li>● nursing, medical, palliative care and other health related supports.</li><li>● Items covered in other sections of the NDIS price guide (e.g., transport costs, assistive technology, personal care while in the workplace, plan management, financial intermediary supports, clinical or allied health services.</li></ul>

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## Staff member work shifts

Shift type	Description
<b>Monday - Friday</b> (6.00 am - 8.00 pm)	Weekday hours where the participant requires supported independent living support (excluding participant sleeping time and crossover afternoon/evening shifts).  During these hours, the weekday daytime rate applies.
<b>Monday - Friday</b> (8.00 pm - 12.00 am)	Weekday evening hours between 8.00 pm and 12.00 am, where the participant requires SIL support (including crossover afternoon/evening shift starting before 8.00 pm and excluding participant sleeping time).  During these hours, the weekday evening rate applies.
<b>Saturday and Sunday</b>	Includes hours on Saturday or Sunday where: <ul style="list-style-type: none"><li>• a participant is awake and requires SIL support</li><li>• active overnight shift hours.</li></ul> During these hours, Saturday or Sunday rates apply.  Note: Active overnight shift hours are included as these shifts are paid at the Saturday/Sunday rates.  Sleepover shifts are captured under 'Sleepovers'.
<b>Sleepovers</b>	Calculated as the number of nights per week when a participant requires sleepover support, including weekends.
<b>Active overnight shift</b> (Monday to Friday)	The number of hours per week between Monday and Friday where active overnight shifts are required (excludes active overnight shift required on weekends).
<b>Public holiday</b>	The number of public holidays per year, where a participant requires SIL support.
<b>Irregular support</b>	The number of days per year where a participant requires unplanned irregular SIL support. The maximum number of irregular supports that can be included in a participant's plan varies depending on the participant's level of support needs.

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## PROCEDURES

### **Participant Assessment and Planning:**

- Conduct a comprehensive assessment of the participant's support needs, goals, and preferences in collaboration with the participant, their support coordinator, and relevant professionals.
- Develop an individualised support plan that aligns with the SIL funding criteria and the participant's goals, ensuring it promotes independence and skill development.
- Regularly review and update the support plan based on changes in the participant's needs and circumstances.

### **Support Worker Assignment and Training:**

- Assign qualified and trained support workers to deliver SIL services based on the participant's specific support requirements.
- Ensure support workers have the necessary skills, knowledge, and experience to provide appropriate support to the participant.
- Provide ongoing training and professional development opportunities to support workers to enhance their competency and understanding of SIL service delivery.

### **Support Delivery:**

- Deliver support in accordance with the participant's individual support plan, focusing on promoting independence, skill development, and community participation.
- Provide assistance with personal care tasks, household chores, meal preparation, and other daily activities as specified in the support plan.
- Foster a supportive and inclusive environment that respects the participant's choices, cultural background, and dignity.
- Document and maintain accurate records of support provided, including dates, times, activities, and any significant observations or incidents.

### **Medication Access and Storage Procedure**

#### **Self-Medicating Participant - On Site:**

##### Self-Medication Assessment:

- Participant completes a Self-Medication Assessment Form, kept on their record.
- The director assesses risks and determines the participant's competency.

##### Approval and Storage:

- If approved, the participant completes a Risk Indemnity Form for self-medication.
- The director reviews the participant's capacity every three months.

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- Approved participants store medication in a locked cabinet in their room or kitchen.
- Key access is granted to the participant and their support workers.
- Medication Storage Key Register records key access details.

## **Self-Medicating Participant - In Participant's Home:**

Self-Medication Assessment:

- Participant completes a Self-Medication Assessment Form, kept on their record.
- The director assesses risks and determines the participant's competency.

Approval and Storage:

- If approved, the location of the medication is noted in the participant's file and/or Medication Administration Form.
- The director recommends storing all medication in a locked cabinet.
- Assistance is provided to arrange a locked cabinet, if necessary.
- Participants and support workers have key access if medication is stored in a locked cabinet.

## **Provider Medicating Participants – On Site:**

Medication Storage:

- All medication is stored in a locked cabinet in the participant's room or kitchen.
- Staff approved to administer medication are included in the support plan.
- Key access is granted only to authorised support workers.
- Medication Storage Key Register records key access details.
- Support workers track medication management using the Medication Chart as required.

Where there is uncertainty about an individual's ability to safely manage and administer their medication, a competency assessment must be undertaken by a suitably qualified health care professional in consultation with the individual and those involved in the individual's care.

Capacity may vary over time and a reassessment may be required if the individual appears to be having difficulty in managing their medication.

If a Direct Support Worker (DSW) is concerned that an individual is having difficulty in administering their medication, they should discuss their concerns with the individual and discuss the situation with their supervisor.

## **Safety and Risk Management:**

- Conduct regular risk assessments of the participant's living environment to identify potential hazards or safety concerns.
- Implement appropriate strategies and measures to minimise risks and promote a safe and secure living environment for the participant.

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- Develop and regularly review emergency response and contingency plans to address potential crises or incidents.

## **Safety and Environment:**

- Every SIL location must undergo an inspection to ensure the safety of all participants.
- A Safe Environment Checklist will be used to review and analyse the safety status of each location.
- Management will review the checklist data and individual requirements of participants to ensure the environment meets their needs.

## **The Director is responsible for the following steps:**

- Review the Safe Environment Checklist for any real or potential issues.
- Review each participant's Individual Risk Assessment Profile and Support Plan goals.
- Determining the needs, goals, and interests of each participant.
- Ensuring a healthy and safe environment for participants.
- Creating a cleaning and maintenance schedule for each location.
- Creating a Roster of Care for each participant.
- Submitting the Roster of Care to the NDIA.

## **Communication and Collaboration:**

- Maintain open and effective communication with the participants, their support network, and relevant professionals involved in their care.
- Collaborate with the participant and their support coordinator to ensure the effectiveness and appropriateness of support delivery.
- Seek feedback from the participant and their support network to continuously improve service quality and address any concerns or issues.

## **Monitoring, Evaluation, and Review:**

- Regularly monitor the participant's progress, satisfaction, and outcomes in consultation with the participant and their support coordinator.
- Conduct periodic internal reviews and audits to assess the effectiveness and compliance of SIL service delivery.
- Engage in ongoing quality improvement initiatives, utilising participant feedback, staff input, and best practices in SIL service provision.

## **Documentation and Reporting:**

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- Maintain accurate and up-to-date records of participant assessments, support plans, support provided, incidents, and any relevant communication.
- Submit required documentation, including the Roster of Care (RoC) Submission Tool, as per NDIA requirements to demonstrate compliance with SIL registration group guidelines.
  - Complete the RoC Tool and RoC Template and gather supporting documentation.
  - Send the completed documents to the NDIS for assessment and review.
  - Use the designated submission process or email the documents to [SIL@ndis.gov.au](mailto:SIL@ndis.gov.au).
  - Ensure participant involvement in developing the RoC with SOCIAL SUPPORTS SA.
  - Obtain confirmation from the participant or their nominee through the declaration section in the SIL RoC Template.
  - Provide participants or their nominees with a copy of the completed RoC before submitting it to the NDIA.

## **The Director of Supported Independent Living (SIL) has the following responsibilities regarding the Roster of Care (RoC):**

- **Completion:** The Director or their designated officer must complete the Roster of Care Submission Tool, which involves documenting the staffing mix, level of shared supports, and individual needs of the participants.
- **Accuracy:** Ensuring the information provided in the RoC Tool is accurate and reflects the support requirements of participants in shared living arrangements.
- **Documentation:** Gathering and organising all necessary supporting documentation that supplements the RoC Tool and provides additional context or clarification on participants' support needs.
- **Submission:** Sending the completed RoC Tool, RoC Template, and supporting documentation to the NDIS for assessment and review. This is typically done by emailing the documents to [SIL@ndis.gov.au](mailto:SIL@ndis.gov.au) or following the designated submission process.
- **Compliance:** Ensuring that the submission of the RoC Tool and related documentation adheres to the guidelines and requirements specified by the NDIS.

## **Continuous Improvement:**

- Regularly review and evaluate the effectiveness of the SIL service delivery, considering participant feedback, outcomes, and industry best practices.
- Identify areas for improvement and implement strategies to enhance the quality, efficiency, and participant experience of SIL services.

## **Training**

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure

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during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## Definitions

Term	Definition
<b>Supported Independent Living (SIL)</b>	Help with or supervision of daily tasks in a shared living environment, with a focus on developing the skills of each participant to live as independently as possible. It is paid personal supports and most commonly used in shared living arrangements.
<b>Roster of care</b>	The supports a participant should receive from SOCIAL SUPPORTS SA. It assists the NDIA to decide what funding to include in a participant's plan.
<b>Submission guidelines</b>	Provides overview and guidance regarding the requirements and considerations for completing a submission template.
<b>Participant profile</b>	Includes participant details, goals, needs, and the supports they may require.
<b>Property profile</b>	Describes the property the participant will be living in, including details of other tenants.
<b>Participant outcomes</b>	States the desired outcomes of participant capacity building activities within the home that the NDIS funding is to be used to achieve.
<b>Declaration of submission</b>	Confirms that the participant or their nominee were involved in the development of the proposed supports. The NDIA cannot process incomplete declarations.
<b>Submission exclusions</b>	Items excluded from the Supported Independent Living Submission but are necessary to show as provides a complete view of the overall services and

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	support the participant is receiving. These items may be funded elsewhere under the NDIS (e.g., transport) or not funded at all (e.g. rent).
<b>Attachments</b>	Information required as part of the submission.

## VEHICLE POLICY AND PROCEDURE

The purpose of this policy and procedure is to ensure the safety of staff, participants, and other stakeholders when service delivery requires the use of vehicles.

This policy and procedure apply to all staff and meets relevant legislation, regulations, and standards. It should be read in conjunction with SOCIAL SUPPORTS SA Work Health and Safety Policy and Procedure.

### POLICY

The health and safety of all SOCIAL SUPPORTS SA staff, volunteers, contractors, participants, and visitors are of utmost importance, including when service delivery requires the use of vehicles.

### PROCEDURES

#### **Vehicle Review and Maintenance:**

- The Management Team will review the appropriateness of vehicles used by staff for specific work activities.
- Ensure all SOCIAL SUPPORTS SA-owned vehicles (where applicable) have comprehensive insurance and a roadside assistance scheme in place.
- Implement a maintenance program for all vehicles (owned, leased, and privately owned) used in service delivery to ensure safety, roadworthiness, defect reporting, and passenger comfort.
- Review and analyse all vehicle incidents.

#### **Operations Manager Responsibilities:**

- Verify relevant staff's valid driver's licenses annually in accordance with SOCIAL SUPPORTS SA Human Resources Policy and Procedure.
- Ensure staff using their own vehicles have current registration and compulsory third-party insurance (CTP) in place.
- Confirm staff transporting participants have current criminal history checks.

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- Ensure staff have properly maintained vehicles and perform pre-use safety checks.
- Escalate concerns about vehicles and staff driving capabilities to the Management Team.
- Equip all vehicles with necessary emergency supplies.
- Review and analyse vehicle incidents with the Management Team.

## **Staff Driving Guidelines:**

- Staff must apply normal hazard and risk management techniques in their day-to-day work and whenever driving any vehicle.
- Take appropriate actions to manage risks, such as not driving unlicensed or under the influence of drugs or alcohol.
- Conduct pre-use safety checks of vehicles, ensuring participants are secured appropriately.
- Follow all applicable road rules and take regular breaks during continuous driving.
- Avoid using 2WD vehicles in off-road environments.
- Report any vehicle accidents immediately to the Police and Operations Manager or another member of the Management Team.
- Inform the Operations Manager when entering areas with an increased potential for vehicle immobilisation and report immobilisation events as incidents in accordance with SOCIAL SUPPORTS SA's Incident Management policies and procedures.

## **Vehicle Safety Checks:**

- Staff must perform pre-use safety checks on vehicles, including inspection of lights, wiper blades, fluid levels, tire pressure, mirrors, etc.

## **Seatbelt Usage:**

- By law, all occupants of a vehicle must wear seatbelts at all times. Staff should report any seatbelt issues to the Operations Manager for SOCIAL SUPPORTS SA-owned vehicles (where applicable).

## **Mobile Phone Usage:**

- Staff must not use a hand-held mobile telephone when driving and should pull over and stop the vehicle's engine before answering or making phone calls or responding to texts.

## **Risk Assessment and Participant Transportation:**

- Staff should undertake a risk assessment to determine if a participant can be transported alone in a vehicle.
- Participants with behaviours of concern should not be seated behind the driver and must wear a seatbelt.
- Staff must use good manual handling techniques when transferring mobility-restricted participants or handling wheelchairs or equipment.

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## Vehicle Incident Reporting:

- Vehicle incidents should be reported in accordance with SOCIAL SUPPORTS SA's Incident Management policies and procedures.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

# INFECTION CONTROL POLICY AND PROCEDURE

This policy establishes the infection control protocols for SOCIAL SUPPORTS SA to minimise the risk of infection transmission within the facility. SOCIAL SUPPORTS SA is dedicated to maintaining high standards of hygiene and control and understands its responsibility to safeguard the health and well-being of service users, staff, and visitors.

## POLICY

SOCIAL SUPPORTS SA acknowledges its duty of care to protect the health of those it serves and promotes a culture of safety across all levels of staff and service delivery.

### Definition:

- Infectious Diseases:** Diseases caused by pathogenic microorganisms such as bacteria, viruses, fungi, and parasites. These organisms can invade the human body, reproduce, and lead

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to illness. Transmission in healthcare settings can occur through contact (including bloodborne), droplet, and airborne routes.

## PROCEDURES

Staff may come into contact with infectious diseases during work.

- Conduct mandatory infection control training for all staff members and volunteers to ensure comprehensive knowledge and adherence to safety practices.
- Require all personnel to strictly follow infection control guidelines to uphold a secure and healthy environment.
- Enforce adherence to the Health Department's reporting requirements for any diseases that are mandated to be notified without delay.
- Ensure the procurement and accessibility of appropriate equipment essential for the effective prevention and control of infections.
- Implement a program where staff members are responsible for educating service users on infection control, aiming to enhance awareness and collaborative prevention efforts.

### Hand Hygiene

- Hand hygiene is critical and includes proper handwashing and the use of alcohol based hand rubs when appropriate.
- Gloves must be worn when handling blood and body substances.
- Staff with lesions that cannot be covered must be assessed before work.

### Environmental Control

- The use of shared items like toothbrushes and razors are prohibited.
- Towels and linens should not be shared and should be handled appropriately to prevent contamination.
- Work areas must be kept clean, and food handlers must maintain personal hygiene.

### Linen Handling

- Separate handling and storage of clean and soiled linen.
- Gloves must be worn when dealing with soiled linen to prevent sharps injuries and contamination.

### Spill Management

- Create specific protocols for handling body fluid and blood spills, including the use of appropriate cleaning agents. (refer to waste management policy and procedure)
- Conduct industrial cleaning of contaminated carpets when necessary.

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## Personal Protective Equipment (PPE)

- Use of gloves and protective equipment to prevent mucous membranes and broken skin exposure to infectious substances.
- Proper disposal of PPE after use.

## Needlestick and Sharps Injuries

- Immediate washing and medical assessment of needlestick injuries.
- Documentation and reporting of incidents to the management.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

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## PARTICIPANT MONEY AND PROPERTY POLICY AND PROCEDURE

To ensure that staff assisting participants with their finances or handling their personal items do so with integrity, transparency, and accountability, always in the best interest of the participant.

This policy and procedure applies to all staff within SOCIAL SUPPORTS SA.

### POLICY

SOCIAL SUPPORTS SA recognises the importance of balancing support for participants in managing their own financial affairs with protection against exploitation. Direct responsibility for managing participants' financial transactions should only be assumed by staff where the participant is unable to do so themselves.

SOCIAL SUPPORTS SA has procedures in place to ensure that any staff access to a participant's money or other property is managed, protected, and accounted for. Assistance provided should promote autonomy, choice, and independence, as well as protect the participant and SOCIAL SUPPORTS SA staff.

#### Definitions:

- Financial Abuse:** Any unauthorised act involving the misuse of the money or property of a person with disability without their full knowledge and consent. This includes theft of money, pension cheques, or property as well as misuse of a power of attorney.

### PROCEDURES

#### Confidentiality and Consent

- Staff must keep all information regarding participants' money and properties confidential.
- Inquiries from third parties about a participant's financial matters are to be redirected to the Director.
- If staff determine that a participant cannot manage their own money and properties even with assistance, this should be referred to the Director.
- A Consent Form specifying the scope of management to be provided must be filled out by the participant and stored in their file.

#### Safe Handling and Use of Participant Money and Properties

##### Safekeeping of Participant Money:

- Staff are to aid participants in safeguarding their money and must not use a participant's PIN or other access codes.

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- Participant money is to be utilised only for the participant's benefit, without staff making personal purchases or borrowing from it.

## Expenditure Guidelines:

- During group activities, staff may partake in meals at no cost but must self-fund when accompanying participants individually.
- Use Companion Cards for staff entry expenses where applicable; otherwise, the Director will decide on payment responsibilities.

## Prohibition on Financial Advice:

- Staff must not provide participants with any financial advice except for essential guidance as per the participant's NDIS or Support Plans.

## Management of Support Plans

### Director's Responsibilities:

- Assist with budgeting and the procurement of goods and services, ensuring participants are not disadvantaged.
- Monitor fees and transactions within participant plans.
- Review signatory rights and ensure regular invoicing and statement provision to participants.
- Archive all financial records for ongoing transparency and accountability.

## Participant Money and Property Transactions

### Banking Arrangements:

- Participants over 18 should have a personal bank account for transactions.
- Accounts overseen by staff need dual signatures with comprehensive receipts for transactions.
- Opt for direct debit arrangements for routine transactions when possible.

### Transaction Management:

- Retain minimal amounts of participant money on premises.
- Verify the authenticity of transactions and that they benefit the participant.
- Prohibit signing any blank withdrawal forms.

## Roles and Responsibilities

### For Workers Handling Participant Money:

- Facilitate money handling and purchases that exclusively benefit the participant.
- Manage money withdrawals within set limits and document all transactions.
- Transaction receipts must be obtained and given to the participant for when the money is received, money is spent, and money is returned.
- Staff must count the money in front of the participant on receipt and return.

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- Communicate any discrepancies in the participant's accounts to management.
- Generate regular reports on the handling of participant money and properties.
- Regardless of whether a staff member is involved in managing participant money and properties, they must not accept money or gifts from participants.

For Workers Monitoring Participant Money:

- Perform regular checks on participant money.
- Report to families as needed and ensure proper deposit of incomes.
- Compile financial reports for the Director and maintain meticulous records.

## Suspected Financial Abuse

Our staff are trained to recognise signs of financial abuse when working with participants. They are also equipped to discuss preventative measures with participants, which include:

- Ensuring participants understand their rights to confidentiality and privacy.
- Encouraging participants to develop networks beyond their family circle.
- Informing participants not to relinquish control of their finances if they are capable of managing them confidently.
- Advising participants against making significant financial decisions following a major life event, such as the loss of a partner.
- Making participants aware of their right to deny others access to their funds.
- Encouraging participants to make financial plans while they are still independent.
- Urging participants to seek help if they feel overwhelmed, exploited, or confused.

If a staff member suspects that a participant is a victim of financial abuse, the following steps should be taken:

- The staff member must collect and document evidence in the participant's notes.
- The staff member should then contact the Director to discuss the evidence collected.
- The Director will compile the details of the harm or abuse and write a report on the situation.
- The Director will notify the relevant authorities and secure support for the participant.

## Care of Participant Properties

- SOCIAL SUPPORTS SA declines liability for property damage but requires responsible management of participant properties.
- Manage costs due to wear and tear and secure participant properties during community support.

## Reporting Financial Abuse

- Report any suspected financial abuse in line with the SOCIAL SUPPORTS SA Participant Incident Management Policy and Procedure.

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## Training

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## MEDICATION POLICY AND PROCEDURE

The purpose of this policy and procedure is to outline the responsibilities and required actions of SOCIAL SUPPORTS SA staff in the management and administration of medications for participants to ensure safety, accuracy, and compliance with Australian healthcare regulations and the NDIS.

This policy applies to all employees, contractors, and volunteers of SOCIAL SUPPORTS SA who are involved in the medication management process for participants under the NDIS.

## POLICY

SOCIAL SUPPORTS SA is committed to upholding the principles of duty of care by ensuring that staff maintain a high level of competency in administering medication to participants. The management and administration of participant medications are critical to the services provided by SOCIAL SUPPORTS SA.

### Definitions:

- Medication Chart:** A list of current medications developed by a Medical Practitioner or Pharmacist.

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- **Self-Medication Assessment Form:** A document completed by a participant who manages their own medication.
- **Webster pack:** A sealed, tamper-evident pack used for the administration of medication.
- **PRN:** Pro re nata, medications that are taken as needed.

## PROCEDURES

### Medication Charts:

- Ensure all participants have a Medication Chart developed by a Medical Practitioner or Pharmacist, kept at their residence and on their file.
- Update the Medication Chart with any changes in medications or pharmacy prescribed items.

### Staff Competency:

- Staff must never manage medication beyond their skills and training.
- Maintain up-to-date records of participants' medicines and include medication instructions in NDIS Service Agreements and Support Plans.

### Training:

- Staff assisting with medications must complete necessary training on medication administration, storage, handling, and potential risks before performing these duties.

### Self-Administration of Medication by Participants:

- Facilitate participants in managing their own medication where appropriate.
- Require participants to complete a Self-Medication Assessment Form.
- The Director assesses risks and determines the competency of the participant for self-administration.
- Seek written advice from a medical practitioner or guardian if necessary.

### Support for Participants Unable to Self-Administer Medication:

- Provide necessary assistance to participants to take their medication unless they object.
- Include approved staff in the support plan for medication administration.
- Restrict key access to medication to authorised support workers only.

### Administration of Medications:

- Administer all medication strictly according to medical practitioner directions, recorded on the Medication Chart.

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- Only administer medications from Webster pack packages.
- Prohibit participants from administering medication to one another.

## Medication Records:

- Maintain a medication chart for each participant. The chart is to be completed by the participant's medical practitioner and updated whenever a medication is changed.
- Clarify uncertainties regarding medication with the medical practitioner or dispensing pharmacist.

## Disposing of Medications:

- Return all ceased medications to the pharmacist.
- Prohibit keeping any 'prescription only' medication in stock.

## Incident Reporting:

- Report medication-related incidents in accordance with SOCIAL SUPPORTS SA's incident management policies and procedures.
- Complete a medication incident report for errors, refusals, missed doses, or incorrect administration.

When administering medication, all support staff must comply with the following guidelines in the event of an incident involving medication. An incident report must be completed and submitted as soon as practicable to the office staff in any of the below instances:

- If there is an error or an adverse reaction to medication administered, staff should immediately contact emergency services if appropriate. Additionally, they are to call the on-call staff member to advise of the event and follow the advice of emergency services until they arrive, if applicable.
- If a participant refuses to take prescribed medication, staff are to complete an incident report.
- If a participant's medication has not been administered by staff, this is classified as a missed medication. Staff are to contact the on-call staff member and complete an incident report.
- If a participant's medication has been administered incorrectly in any way, for example, if it was partially administered, or if incorrectly dated or expired medication was administered, an incident report must be completed.

## Participant Allergies:

- Record participant allergies in their file and familiarise staff with the information and reaction protocols.

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## Medication Prompting:

- Document and supervise self-administration and management by participants.
- Identify prompting requirements on the Support Plan and record each prompt.

## Medication Administration:

- **Qualifications and Training of Staff:** All staff involved in the prescription of medication must possess the necessary qualifications and comply with legislative and regulatory requirements specific to Australia. This includes staff responsible for the storage, transportation, administration, or assistance with medication. They must undergo thorough training and be assessed for competence before performing any medication-related tasks.
- **Administration Guidelines:** Medications should always be administered in strict accordance with the instructions of the prescribing medical practitioner or as per the manufacturer's directions. This ensures adherence to best practices and patient safety.
- **Use of Original Containers and Webster Packs:** It is mandatory that all medications be taken or administered from their original containers or packages. This is to maintain the integrity of the medication and reduce errors. In cases where a participant cannot self-administer their medication, trained staff must administer it, and for such instances, medications should be dispensed from the participant's Webster pack.

## Adherence to the Seven Rights of Medication Management:

**Right Person:** Staff must verify the identity of the participant by checking photographic identification on medication packs or in the participant's file.

**Right Medication:** The medication name on the blister pack or package must be matched with the name on the medication chart.

**Right Dosage:** For blister packs, verify the correct number of tablets or pills. For other medications, the dosage should be clearly documented on the pharmacist's label.

**Right Time:** Medications must be administered at the times prescribed. Follow any specific instructions, such as taking with food or in relation to other medications.

**Right Route:** Ensure that the medication is taken, applied, or inserted as per the prescribed route.

**Right Record Keeping:** Every instance of medication administration must be recorded in the participant's Medication Chart.

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**Right to Refuse:** Participants have the right to refuse medication, unless otherwise directed by healthcare professionals.

## Prohibited Practices:

- Staff must not administer any medication that is not prescribed in accordance with this policy, including 'over the counter' medication.
- Staff must not administer medication to a participant who is clearly objecting in an informed manner, unless there is an approved protocol in place.
- Staff must not administer medications to participants in a manner that is clearly for organisational convenience and not reflecting the preference or needs of the participant.
- Staff must not leave medications of any type in an area where they are unsupervised and accessible to participants or unauthorised persons.

## Storing Medication

- Medication for participants will generally be stored in an accessible container in a cupboard or on top of the fridge. Medications that require refrigeration must be stored in the fridge.
- For participants who are at risk of mistaking medications, medication must be stored in a locked container, which can only be accessed by staff.
- Staff must adhere to the manufacturer's instructions for storing medication.
- Stored medication must be easily identified and differentiated and only accessed by appropriately trained staff.
- When medication needs to be transported, it should be placed in an appropriate storage container where required.
- All medications (including those self-administered and managed by participants) are to be returned to the pharmacist when ceased.
- No 'prescription only' medication may be kept as SOCIAL SUPPORTS SA's stock. Any participant's medication is to be returned to the participant at the end of the medication regime.
- No medications are to be used by or for another participant or kept or allowed to accumulate with other participants' medication for use sometime later as 'stock' medication.

## PRN medications

### Background

The term PRN (from the Latin pro re nata: for an occasion that has born/arisen) is given to a medication which is to be taken 'when required' and is usually prescribed to treat short-term or intermittent medical conditions and not to be taken regularly, i.e., not given as a regular daily dose or to only be offered at specific times, e.g., medication rounds. Analgesics, occasional night-time sedatives and laxatives are amongst common examples of medicines prescribed in this way.

PRN prescribing is a highly advantageous and effective way for a participant to be treated if they are suffering from an acute or irregular condition. However, the participant is also open to abuse if the medication is used inappropriately or excessively. The PRN Protocol is used as a tool to support good practice. It is designed to both provide sufficient information to staff workers and

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highlight any overlooked areas, to minimise risk and encourage appropriate use of PRN medication that is administered to participants.

To ensure the medication is given as intended, a specific plan for the administration of PRN medication must be made. Information on why the medication has been prescribed and how to give it should be sought from:

- the prescriber
- the supplying pharmacist
- other healthcare professionals involved in the treatment of the participant.

As it is for occasional use only, the PRN medication should only be offered or provided at times listed on the Medication Administration Record (MAR) Chart. The participant should be offered the medication when they are experiencing the symptoms or as specified by the prescriber (as per the medication plan information provided by the prescriber).

## PRN as a chemical restraint

- If a participant has behaviours of concern, a functional behavioural assessment must be completed, regardless of whether chemical restraint is used.
- If a medication is not correct, it should be reviewed by a psychiatrist or other specialist.
- If the participant has difficulty communicating, then a communication assessment will help find strategies the person could use to communicate their issues.
- When unsure if the use of medication is classed as a chemical restraint, our organisation will seek appropriate advice.
- A chemical restraint is a restrictive practice that involves the use of a medication or chemical substance (often referred to as psychotropic medications) for the primary purpose of influencing a participant's behaviour. It excludes the use of medication prescribed by a medical practitioner for the treatment, or to enable treatment, of a diagnosed mental disorder, physical illness, or condition.
- There is evidence supporting some medications (e.g., Risperidone and Lithium) to manage some behaviours of concern. In general, however, the evidence for using medication to treat behaviours of concern (e.g., aggression in people with an intellectual disability) is not strong. It has the potential for long-term side effects. Also, many medications are not licensed for this particular purpose.

Two examples of when a medication requires authorisation as a chemical restraint are outlined below:

### Example 1:

#### Chemical restraint – Authorisation is required

Diazepam is prescribed (other than for a diagnosed anxiety disorder) to help a participant remain calm through the day to address and minimise the likelihood of behaviours of concern.

Not a chemical restraint - Authorisation is not required

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Diazepam prescribed and used for the primary purpose of treating a physical illness (e.g., used as a muscle relaxant after seizure activity) and not as a chemical restraint.

## Example 2:

### Chemical restraint – Authorisation is required

Sodium valproate prescribed to stabilise a participant's mood to decrease the likelihood of target behaviours and is used for the primary purpose of influencing the participant's behaviour. This is classed as a chemical restraint.

### Not a chemical restraint - Authorisation is not required

Sodium valproate prescribed to treat or minimise seizure activity for the primary purpose of treating a neurological condition. This is not classed as a chemical restraint.

High doses of psychotropic medications can cause side effects, including drowsiness, tardive dyskinesia (e.g., tongue protrusion, tremor, and restless legs) and toxicity. A medical practitioner should regularly review medications and reduce doses where possible.

Taking a mix of different medications (e.g., benzodiazepines, antipsychotics, and antidepressants) can increase risks of side effects and toxicity in the participant. Although participants are often prescribed a combination of medications, it should be avoided where possible.

## Side effects

There are five major categories of medications that may be used to alter behaviour; they are as follows:

1. Antipsychotic medications: (e.g., Olanzapine or Risperidone) Used to treat psychosis, as they can reduce or eliminate delusions, hallucinations and thought disorders.
2. Benzodiazepines: (e.g., Diazepam and Nitrazepam) Create a calming effect by depressing the central nervous system and can have a sedative or sleep-inducing effect. They are sometimes used to manage the side effects of other medications and seizures or to manage short term anxiety or sleep disturbance.
3. Mood stabilisers: (e.g., Clonazepam and Lithium Carbonate) Mood stabilisers used to treat mood disorders such as bipolar illness and depression, seizures and epilepsy. They are sometimes described as an anticonvulsant.
4. Antidepressants: (e.g., Fluoxetine and Sertraline Hydrochloride) Used to treat depression, manage anxiety or obsessive-compulsive disorders. May also be used to reduce sexual arousal in men.

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5. Hormonal medications: Hormonal medications have different purposes and effects for women and men:

- Women take hormonal medication (e.g., Mestranol) for contraception, gynaecological issues or to suppress menstruation.
- Men take hormonal medications (e.g., Cyproterone Acetate) to deliberately reduce sexual arousal.

Information source: Restrictive Practices Guidance Chemical Restraint - fac.gov.au

Our organisation will access the Health Direct website to locate medication by searching using the medication name or active ingredient. The delegated staff worker will:

1. Access the Health Direct website <https://www.healthdirect.gov.au/medicines>
2. Identify the drug or active ingredient.
3. Locate the side effects of the drug.
4. Link to participant information.
5. Inform other staff workers of the side effects.

## Records

There must be appropriate medication records available for all PRN medication, including the outcome for the participant once the medication is taken.

Information about the medication will be identified and recorded using the following:

1. Medication Administration Chart.
2. PRN Intake checklist/Risk assessment – Qualified staff will review the PRN against participant current medication and requirements.
3. PRN Care Plan.

PRN medication must be recorded on the MAR (Medication administration record) Chart stating the:

- name of medication
- route (if other than oral)
- dose
- frequency
- minimum time interval between doses
- maximum number of doses in 24-hours.

## PRN Care Plan

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A specific person-centred care plan (PRN Care Plan) must be drawn up for every PRN medication prescribed to the participant. A copy of the plan will be kept with the participant's medication records. So clinical decisions are not made by non-clinical staff workers, clear dosage instructions must be obtained for each PRN medication. For the dosage instructions to appear on the medication label and MAR Chart, the prescriber must first provide specific instructions on the prescription.

Note: If a variable dose is prescribed there should be clarity at the outset on how the decision to administer, for example, one or two tablets by non-clinical staff will be made.

The response to medication should be clearly stated in the information gathered, and a record of whether or not the medication is achieving the expected outcomes should be made.

Other medications that the participant may be taking must also be considered. For example, paracetamol is taken as a regular daily dose, and co-codamol (which also contains paracetamol) is prescribed as a PRN for breakthrough pain. The prescriber/pharmacist must provide specific instructions and raise awareness of the paracetamol content in both preparations. The appropriate direction should be provided for staff workers. It is essential that administering staff workers are educated to understand the requirements to give only one of the medicines within the required timeframe.

## Reviewing PRN medication

The PRN medication will be regularly reviewed to determine the ongoing need and efficacy. A date for a formal review of the medication should be stated in the participant's PRN Care Plan. However, feedback from the staff worker is essential as part of the review process. Should staff recognise a need for a review before the stated review date, then the prescriber should be contacted.

The outcome of the review must be documented in the PRN Care Plan. Some examples for staff to consider are as follows:

- Is the expected outcome being achieved?
- Is the participant taking the PRN frequently?
- Should this become a regular medication?
- Should an alternative be considered?
- Is the participant taking the PRN very infrequently?
- Is there still a need for medication?

## Discontinuing PRN medication

Should the prescriber authorise the medication to be stopped, then the following must take place:

- Cross out the medication on the Medication Administration Form (Chart), writing the date it was stopped and by whom. The chart will be signed and countersigned by a second member of staff.
- Update the participant's notes to reflect the change.
- Contact the general practitioner to confirm that the records at the practice reflect the change.

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- Notify the supplying pharmacy that the medication has stopped, so it does not appear on the next Medication Administration Form (Chart).
- Monitor the participant in case symptoms reoccur, in which case a further review will be required.
- Dispose of any remaining medication according to the medication disposal procedure, as instructed by the manufacturer.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

# FOOD STORAGE & PREPARATION POLICY AND PROCEDURE

The purpose of this policy is to ensure that all staff at SOCIAL SUPPORTS SA prepare and store food safely and hygienically, complying with the highest standards of health and safety, and in adherence to relevant legislation, regulations, and standards. This policy aligns with the SOCIAL SUPPORTS SA Work Health and Safety Policy and Procedure.

## POLICY

SOCIAL SUPPORTS SA is dedicated to maintaining exemplary standards of hygiene and product protection during all food handling activities in strict compliance with legislative requirements and industry best practices.

All staff are required to be familiar with and adhere to this policy and relevant food safety standards, including the Australia New Zealand Food Standards Code and Safe Food Australia - A Guide to the Food Safety Standards.

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## PROCEDURES

### Information and Communication

- Communicate food safety information to participants in diverse formats, considering language, disability, age, and developmental stage.
- Resources and signage will be tailored to reflect the cultural backgrounds of the local population.

### General Food Safety

- Uphold a high standard of health and safety during the preparation and serving of food.
- Store food to prevent it from becoming hazardous or unsuitable for consumption, utilising appropriate refrigeration or freezing methods.
- Ensure the food's presentation is appealing, focusing on texture, flavour, smell, and appearance.
- Provide for the Participant's specific food consumption needs, including finger foods, modified meals, and thickened drinks.
- Support all Participants' dietary needs, respecting cultural, religious beliefs and personal preferences.
- Prepare meals in accordance with Participant's preferences, ensuring their satisfaction with the meals provided.

### Staff Hygiene and Conduct

- Staff must maintain personal hygiene, report in clean attire, and ensure hair is tidy and covered when necessary.
- Any hygiene breaches observed must be reported to the Operations Manager immediately.

### Meal Labelling:

- All prepared meals must be clearly labelled with the following information:
- Name of the meal
- Date of preparation and "use by" date
- Special storage instructions
- Any allergens present in the meal
- Special dietary considerations (e.g., gluten-free, vegetarian)
- The name of the participant for whom the meal is intended

### Storage Procedures:

#### Storing Food in the Fridge

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- Maintain the fridge temperature at 5°C or below and the freezer temperature below -15°C. Use a thermometer to regularly check and record temperatures.
- Store food in appropriate containers to maintain hygiene and prevent cross-contamination. Ensure meals are stored at the correct temperatures and clearly label each container with relevant information for easy identification and correct meal distribution to participants.

## Freezing Food Safely

- Buy chilled and frozen foods at the end of your shopping trip and transport them home as quickly as possible. On hot days or trips longer than 30 minutes, use an insulated cooler bag or ice pack. Keep hot and cold foods separate during transportation.

## Storing Cooked Food Safely

- Upon arriving home, immediately place chilled and frozen foods into the fridge or freezer. Ensure foods stored in the freezer are frozen solid.
- To cool cooked food quickly, place it in shallow dishes or separate it into smaller portions. Wait until the steam stops rising before placing it in the fridge.

## Avoid Refreezing Thawed Food

- Thaw food in the fridge to prevent it from entering the temperature danger zone. If using a microwave to defrost, cook the food immediately after thawing.
- Avoid refreezing thawed food to prevent the growth of food poisoning bacteria. Raw food should never be refrozen once thawed.

## Store Raw Food Separately from Cooked Food

- Store raw food in sealed or covered containers at the bottom of the fridge to prevent contamination from meat juices or other liquids. Keep raw foods below cooked foods to avoid cross-contamination.
- Use strong, non-toxic food storage containers that are clean and in good condition. Cover containers with tight-fitting lids, foil, or plastic film. Transfer contents of opened cans into suitable containers.

## Choose Strong, Non-Toxic Food Storage Containers

- Ensure food storage containers are clean, in good condition, and used exclusively for storing food. Cover containers securely to minimise potential contamination.

## If in Doubt, Throw It Out!

- Throw out high-risk food left in the temperature danger zone for more than 4 hours. Do not refrigerate or keep it for later. Check use-by dates on food products and discard any out-of-date food. If the use-by date is uncertain, discard the food.

## Temperature Control

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- Staff must ensure that the temperature of potentially hazardous food is either at 5°C or colder or at 60°C or hotter when it is received, served, transported or stored.
- Examples of potentially hazardous foods are raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne; dairy products; seafood; processed fruits and vegetables, salads; cooked rice and pasta; foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products.
- Staff do not have to keep potentially hazardous food at any specified temperature when preparing it because that would be impractical, but they must keep the processing or preparation time as short as possible so that bacteria do not get a chance to multiply to dangerous levels or form toxins.
- Previously cooked and cooled potentially hazardous food must be reheated rapidly to 60°C or hotter. Ideally, food should be reheated to 60°C within a maximum of two hours to minimise the amount of time that food is at temperatures that favour the growth of bacteria or the formation of toxins.
- Potentially hazardous foods should be cooled to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins.
- Food must be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further maximum period of four hours.

## Food Handling

- Practice strict hand hygiene and use clean gloves for food preparation, avoiding cross-contamination.
- Use utensils like tongs when gloves are not suitable. Smoking, eating and drinking is not allowed in areas where food is stored, prepared or served. Hands must be kept clean and must be washed regularly with soap and hot water, especially:
  - when entering a food handling area.
  - before touching any cooked or prepared food and after handling raw food.
  - after using the toilet.
  - after having a cigarette.
  - after handling garbage or cleaning equipment and chemicals.
  - after using a handkerchief or tissue or stifling a sneeze or cough.
  - after handling money.
  - before resuming work after any break or change in work area; or
  - after touching hair, face or other parts of the body.

## Health Reporting

- Report any personal health issues that might impact food safety to the Operations Manager promptly.

## Incident Reporting

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- Report any incidents related to infection control or infectious diseases as per SOCIAL SUPPORTS SA's Incident Management policies.

## Specific Procedures for Workers

- Cleaning and Maintenance: Conduct thorough cleaning of all cooking surfaces and utensils before and after use.
- Electrical Appliances: Monitor electrical appliances to ensure they are not left unattended while in use.
- Glove Usage: Change gloves between handling raw and cooked foods to prevent cross-contamination.
- Worker Health: Workers who are ill or have been sick should not handle food or be involved in food-related tasks.
- Key Management Personnel & All Workers: All workers must be well-acquainted with food safety standards and ensure compliance.

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## WASTE MANAGEMENT POLICY AND PROCEDURE

The purpose of this document is to establish a comprehensive set of procedures for the proper storage, handling, segregation, and disposal of waste materials within the organisational setting. It aims to ensure compliance with Australian health, safety, and environmental regulations.

This policy applies to all employees, volunteers, and contractors of the organisation. It covers all forms of waste generated, including general, clinical, pharmaceutical, sharps, hazardous, and cytotoxic waste.

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## POLICY

SOCIAL SUPPORTS SA is committed to minimising the impact of waste on the environment and human health by implementing sustainable waste management practices that comply with Australian Standards, the Work Health and Safety Act, and the Environmental Protection Act.

### Definitions:

- **General Waste:** Common refuse generated in day-to-day operations, similar to household waste. This can include non-recyclable materials, food waste, and general office waste.
- **Clinical Waste:** This includes waste associated with medical care or procedures. It encompasses items like used bandages, gloves, and any other materials that come into contact with bodily fluids.
- **Sharps:** This category includes needles, syringes, scalpels, and other medical instruments that could cause a puncture or cut. Sharps are a significant concern due to their potential to cause injury and transmit infections.
- **Cytotoxic Waste:** Waste associated with drugs used in chemotherapy. This type of waste is highly hazardous and requires special handling and disposal procedures.
- **Pharmaceutical Waste:** Expired, unused, or contaminated medications and vaccines. Proper disposal is essential to prevent contamination or misuse.
- **Hazardous Waste:** Any waste that poses a threat to health or the environment, like chemicals or materials containing toxic substances.

## PROCEDURES

The responsibility for ensuring wastes is managed correctly rests with the generator.

SOCIAL SUPPORTS SA must take all necessary precautions to minimise potential hazards and ensure that they manage clinical and related wastes safely and legally, including:

- waste segregation, packaging, labelling and storage
- appropriate training for all staff involved in the generation and handling of wastes
- using licensed contractors for the collection and transport of the waste verifying that the relevant disposal facility is licensed to treat the waste

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- regularly auditing the processes and procedures in place to deal with the management of the waste to ensure that they remain effective.

## Waste Storage and Labelling:

- Ensure strict segregation of clinical and related waste as per Australian Standards.
- Use colour-coded bins and markings to identify different waste types.
- Labels must include the international biohazard symbol and adhere to the colour coding system.
- Container labels must be durable and waterproof.
- Store clinical waste to prevent contamination, odour, and pest infestation.

## Specific Storage Facility Requirements:

- SOCIAL SUPPORTS SA is committed to upholding strict standards in the management of clinical waste to ensure the health and safety of both the public and the environment.
- To this end, SOCIAL SUPPORTS SA shall provide designated storage areas specifically for the containment of clinical waste. These areas will adhere to strict criteria to maintain the highest levels of hygiene and safety.
- The criteria include regular cleaning and maintenance routines to prevent odour and infestations; a strategic location that is segregated from food and clean supply storage areas to prevent any risk of contamination; and restricted access to the public to maintain a secure environment.
- Furthermore, the storage areas will feature rigid and impermeable flooring to prevent leakage, lockable doors or bins to secure the waste, and adequate internal space to facilitate safe loading and unloading operations.
- Specific waste may require refrigeration to prevent decomposition and odour.
- Additionally, these areas will be well-equipped with clean-up facilities and spill kits, complete with proper drainage and bunding to manage accidental spills effectively.
- Conduct routine inspections of the storage areas to ensure they are in compliance with the procedure.
- All waste must be stored securely, categorised by type, and scheduled for collection by licensed disposal companies.

## Bin and Container Requirements

- All waste containers must comply with specific Australian Standards for waste receptacles.
- Colour-coded bins must be used for clinical waste, cytotoxic waste, and sharp waste.
- Containers must be appropriately labelled, durable, puncture-resistant for sharps, and have a secure lid.

## Best Practices for Donning and Doffing Personal Protective Equipment (PPE)

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PPE must be worn during collection. Staff must use appropriate PPE, when necessary, that is suitable for the nature and degree of the identified hazard. For tasks involving hazardous chemicals, the PPE recommended in the Safety Data Sheet (SDS) must be used. Staff must be trained in the proper selection, fitting, storage and maintenance of PPE.

All waste collection contractors and staff must comply with all WHS and other legislative requirements, including wearing appropriate PPE.

## **Donning PPE:**

- Begin with washing hands with soap and water or using an alcohol-based hand sanitiser.
- Put on the gown and tie all ties on the gown. If wearing a disposable gown, ensure it is fully covered at the back and the ties are secured.
- Place the mask over the nose, mouth, and chin. If using a respirator, ensure a proper seal.
- Put on goggles or a face shield over the eyes. If wearing a face shield, ensure it covers the forehead, extends below the chin, and wraps around the side of the face.
- Don gloves last. Extend the gloves over the wrist of the isolation gown to ensure no skin is exposed.

## **Doffing PPE:**

- Remove gloves first, taking care not to contaminate hands. Dispose of gloves in an appropriate waste container.
- Perform hand hygiene immediately after removing gloves.
- Remove the gown by untying or breaking fasteners, rolling it away from the body without touching the outside of the gown, and dispose of it properly.
- Perform hand hygiene again after removing the gown.
- Remove goggles or face shields from the back by lifting the headband without touching the front. Disinfect reusable equipment.
- Remove the mask or respirator last, touching only the ties or elastic bands, and dispose of it if disposable or disinfect it if reusable.
- Perform hand hygiene again after all PPE has been removed.

## **General Waste Disposal**

Waste must be segregated at the point of generation according to its type using colour-coded systems and appropriate signage.

Dispose of general waste in designated bins with lids closed.

## **Clinical Waste Disposal**

Clinical waste must be disposed of in bins with a yellow base and labelled with the biohazard symbol.

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Clinical waste, comprising materials that have been contaminated by blood, body fluids, or potentially infectious materials, poses a significant health risk if not managed properly. It is imperative to adhere to strict disposal protocols to maintain safety standards and prevent the spread of infection.

## Clinical waste

Any item:

1. from a patient suspected, or known, to have a communicable disease
2. on which you can see wet or dry blood
3. containing body fluids (unless able to be flushed as per standard precautions).

**Note:** Faeces, urine, vomit, sputum, and meconium are not body fluids. (as per clinical and related waste guidance)

Our organisation mandates the use of designated biohazard bags (Yellow bags or containers with yellow lids depicting the biohazard symbol in black) for the disposal of clinical waste. These bags are:

- **Readily Identifiable:** Each bag displays a prominent biohazard symbol in black against a yellow background, aligning with international safety standards.
- **Accessible to Staff:** All staff are required to utilise these bags, which are provided by our organisation to ensure consistency and safety.
- **Usage Protocol:** Clinical waste should be placed into the biohazard bags promptly to minimise the risk of contamination or infection spread.

## Disposal of Sharps

Dispose of sharps disposal containers when they are 3/4 full or reach the specified fill line, seal them appropriately and place them in the clinical waste stream.

Sharps containers are engineered with rigid walls to prevent puncture and breakage, ensuring that they are resistant and secure.

These containers are strictly for single use and must never be repurposed to avoid the risk of contamination.

Sharps include:

- syringes
- needles
- lancets
- scalpel blades

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- anything capable of cutting or penetrating the skin.

Sharps, such as needles and scalpels, are to be disposed of with particular care:

- Sharps Containers:** Single-use sharps must be placed immediately into a sharps container by the user. (Yellow container and lid depicting the biohazard symbol in black)
- Compliance with Standards:** These containers must comply with Australian and New Zealand Standards, reflecting the stringent requirements for sharps disposal.

When disposing of sharps, it's essential to:

- Confirm that the sharps container is closed to ensure safe handling during the disposal process.
- Wear appropriate personal protective equipment (PPE) to safeguard against potential injuries.
- Check that there is enough room in the sharps container to accommodate the sharp, preventing overfilling.
- Deposit the needle and syringe as a connected unit directly into the sharp container.
- Refrain from attempting to recap the needle or separating the needle from the syringe to reduce the risk of needle-stick injuries.

## Pharmaceutical Waste Disposal

Pharmaceutical substances and containers include expired, unused, or contaminated medicines and vaccines. The relevant state guidelines provide more examples and details.

The process begins with identifying pharmaceutical waste, which may include expired medications, contaminated packaging, or surplus pharmaceuticals no longer required. Notably, non-hazardous substances like normal saline are excluded from this category.

When staff members encounter uncertainty regarding the disposal of leftover pharmaceuticals, the protocol is to return these items to the pharmacy for proper disposal. Disinfectants, however, typically can be disposed of through the sewer system. This involves running cold water into the sink before and after pouring the disinfectant to dilute it effectively.

Additionally, excess stock of pharmaceuticals, whether current or expired, should be returned to a designated authority or collection centre. The disposal method for each pharmaceutical product depends on its specific chemical composition and associated risks, which necessitates checking with the manufacturer or consulting a pharmacist. The components of the waste must be interpreted and classified in accordance with the known toxicity of the pharmaceutical involved and the degree of potential contamination.

## Cytotoxic Waste

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Cytotoxins are the most hazardous of pharmaceutical wastes. They are capable of impairing, injuring, or killing cells, and many have a direct irritant effect on skin, eyes, mucous membranes, and other tissues. They can cause local toxic and/or allergic reactions. They need to be handled very carefully, as even very small quantities can be hazardous.

Reusable sharps containers must not be used for disposal of cytotoxic waste.

Cytotoxic waste requires containment in puncture-resistant and leak-proof containers to prevent accidental exposure and environmental contamination.

A purple waste disposal receptacle is designated specifically for cytotoxic waste, aiding in the correct identification and segregation of this type of waste from other waste streams.

The removal and subsequent destruction of cytotoxic waste is not just a routine procedure; it must be carried out by a qualified environmental protection authority, ensuring the process adheres to high safety and environmental standards.

When dealing with unused cytotoxic medications, these must be securely sealed and returned to the pharmacy. The use of a sealed plastic bag with a visible purple container or a purple cytotoxic sticker ensures proper handling and disposal, reinforcing the safety protocols.

## Cytotoxic Medication Handling and Disposal Procedure

- Identify the specific cytotoxic medication being used, its potential side effects, and the correct handling procedures.
- Conduct a risk assessment focusing on the handling of cytotoxic drugs and patient waste, including an evaluation of the care environment.
- Adhere to guidelines for handling cytotoxic medication, ensuring it is not stored with other drugs and checking if refrigeration is necessary.
- Ensure the availability and correct use of gloves, gowns, and eye protection.
- In case of splash risk, wear a face shield or mask.
- Utilise double pairs of gloves and a long-sleeved gown.
- Dispose of cytotoxic waste such as containers and needles through double bagging and ensure removal by an environmental authority.
- Carefully handle and dispose of patient bodily waste containing cytotoxic substances, using appropriate PPE, and following disposal protocols.

## Spill Management

Maintain clear processes for managing cytotoxic spills, including the use of spill kits and training for caregivers.

Implement measures to control potential contamination and exposure, such as enclosed systems and adequate extraction systems.

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Ensure that all personnel involved in waste handling, or the management of hazardous substances receive comprehensive training.

## **Handling Contaminated Materials:**

- Carefully handle materials like incontinence pads or bed linen to avoid spreading contamination. Avoid shaking them to reduce aerosolisation risks.
- Place soiled incontinence pads and bed linen in a designated cytotoxic waste bag. These bags are usually purple or another distinct colour to separate them from regular waste and are often double bagged to prevent leakage.
- Seal the waste bags securely after placing the contaminated materials inside.
- Dispose of the sealed waste bags according to the healthcare facility's cytotoxic waste disposal protocol. This typically involves placing the bags in a cytotoxic waste bin which is usually labelled and coloured differently to indicate hazardous waste.
- If at home, the patient or caregiver should be instructed on where to dispose of these bags. Some healthcare providers have specific take-back programs or will instruct patients on how to bring the waste back to the facility for proper disposal.
- Clean surfaces that have been in contact with contaminated materials with appropriate cleaning agents and dispose of cleaning materials as cytotoxic waste.
- If the linen is not heavily contaminated and can be laundered, handle it while wearing PPE and place it directly into a washing machine.
- Use a hot water cycle and a regular amount of laundry detergent. Do not overload the washing machine to ensure effective cleaning.
- Dry the linen completely in a tumble dryer at a high temperature or on a clothesline.
- Dispose of used PPE in cytotoxic waste containers.
- Wash hands thoroughly with soap and water after removing PPE and handling any contaminated materials.

## **Training:**

Ensure that all individuals involved in the care of the patient, or the handling of contaminated waste have been trained on cytotoxic waste management and understand the procedures.

## **Consultation:**

If there is any uncertainty about the handling or disposal of cytotoxic waste, consult with the healthcare facility's waste management department, pharmacy, or local public health department for guidance.

## **Emergency Plan**

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In the event of an incident involving clinical waste or hazardous substances, including spills or exposure to biohazardous material, staff are required to implement the following action plan systematically:

- Evaluate the significance of the emergency scenario. The staff has to evaluate the scenario and if he/she believes cannot have a proper evaluation, must contact the supervisor or his/her line manager immediately.
- Contact local emergency if needed.
- Notify relevant staff (emergency nominated staff) immediately
- Follow the nominated emergency staff order.
- Activate evacuation procedure if needed.

Following an emergency, the director or their delegate will:

- Record the incident
- Notify any relevant regulatory body if applicable
- Review the actions and evaluate their effectiveness
- Follow the incident management procedure

## Training

This policy and procedure are accessible to all relevant interested parties, including staff members, and it is communicated during the induction process. Staff will gain access to this policy and procedure during the induction process. The staff members and management team must complete the onboarding induction before commencing. The effectiveness of the training will be evaluated during performance reviews of management and staff members.

## Monitoring and Review

The monitoring and review of this policy, along with associated procedures, will be conducted on a yearly basis or earlier as needed. This process is designed to identify any potential gaps, ensure compliance with the NDIS and other legislative requirements, enhance the quality of service, and improve participant satisfaction. This review is done through mechanisms such as internal audits, feedback from participants or staff members etc.

## CHEMICAL USAGE AND STORAGE POLICY AND PROCEDURE

This policy is designed to ensure the safety and health of staff, participants, and other stakeholders when handling and storing chemicals at SOCIAL SUPPORTS SA. It establishes the framework for managing the risks associated with chemical use in compliance with relevant legislation, regulations, and standards.

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This policy and procedure apply to all staff at SOCIAL SUPPORTS SA and must be read in conjunction with the Work Health and Safety Policy and Procedure.

## POLICY

SOCIAL SUPPORTS SA prioritises the health and safety of its staff, employees, volunteers, contractors, participants, families, carers, and visitors. We are dedicated to the responsible management of chemicals, ensuring they are recorded, handled, and disposed of according to the highest standards.

## PROCEDURES

- Identify all dangerous goods and hazardous substances.
- Affix clear labels and signs that indicate the nature of the chemical and the associated risks.
- Document details of all stored or handled chemicals.
- Review and update documentation when new chemicals are introduced or when risk controls change.
- Develop specific Safe Work Processes (SWP) for handling stored chemicals.
- Implement and ensure adherence to these SWPs.
- Maintain a hard copy collection of current, manufacturer approved SDSs.
- Ensure SDSs are accessible to all relevant personnel.
- Ensure all containers are clearly labelled with intact, legible, and unaltered manufacturer labels.
- Mark the date of receipt on containers to prioritise the use of older stock.
- Label containers with unknown substances as 'CAUTION DO NOT USE: UNKNOWN SUBSTANCE'.
- Arrange for the safe disposal of these substances.
- Ensure the availability of emergency response tools and information.
- Train designated emergency wardens and first aiders.
- Regularly consult current SDSs to determine required health surveillance measures.
- Ensure chemicals are stored in a compatible manner.
- Provide placards for storage areas exceeding minor storage quantities.
- Label all chemical storage cupboards, cabinets, and refrigerators with the type and class of chemicals.
- Properly package and label chemical waste.
- Store waste in designated areas until collection.
- Follow the SafeWork Australia Model Code of Practice for disposing of hazardous substances and waste.
- Consult with staff about the introduction of new chemicals and associated risks.
- Involve staff in decision-making about control measures and training requirements.
- Adhere to SOCIAL SUPPORTS SA's Incident Management policies for chemical-related incidents.

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