



## GLEN INNES SEVERN COUNCIL

### Service Delivery Policy

### Statement Register (People with a Disability)

<b>RESOLUTION NUMBER:</b>	<b>11.02/20</b>	<b>MEETING:</b>	<b>27 February 2020</b>
	20.11/16		24 November 2016

## INTRODUCTION

Glen Innes Severn Council's suite of service delivery policies, for people who have a disability (participants) has been developed to provide an ethical framework to guide the delivery of excellent services that encompass a variety of options and opportunities to support participants to achieve their goals as they choose.

With the introduction of the National Disability Insurance Scheme Practice Standards there is a need for emphasis on proactive collaboration with participants at all levels of service delivery, including planning and evaluation, that best assists participants to meet their goals. Therefore, there has been a change away from a traditional Policy Statement to a Policy Statement Register as is used elsewhere in Council to succinctly outline a policy framework to work within. This format comprises an overview of relevant information, compiled to better inform all levels of staff, including senior management. Evidence is collected, demonstrating how the standards are met and this is available for assessors of the service, to guide new staff and as a training tool for existing staff.

Across all policies and services the participation of individuals that identify as Aboriginal and Torres Strait Islanders, are from a culturally and linguistically diverse background, have dementia, mental illness, are living in a remote or isolated area, are financially or socially disadvantaged, living with disability, veterans; are homeless or at risk of being homeless, care leavers, parents separated from their children by forced adoption or removal and people who identify as lesbian, gay, bisexual, transgender or intersex, are encouraged to make contact with our services. Specific service information can be provided as desired, as well as those of other relevant services with whom they may wish to be referred for appropriate assistance.

## AIMS

- To support participants in understanding their rights;
- To respect those rights;
- To support inclusion and participation;
- To work within an ethical framework;

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- To facilitate choice for the participant / participants;
- To adhere to the *NSW Disability Inclusion Act 2014* and the National Standards for Disability Services.

## POLICY STATEMENT

**Glen Innes Severn Council (Council)** is committed to providing services through **Life Choices – Support Services (LC – SS)** and **Children and Family Services (CAFS)** for participants with a disability.

## APPLICABILITY

This policy applies to the programs directly or indirectly provided by Glen Innes Severn Council through Life Choices – Support Services and Children and Family Services for participants who have a disability.

## 1. RIGHTS AND RESPONSIBILITIES

### Person Centre Supports

**Outcome:** Each participant accesses supports that promotes, upholds and respects their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.

To achieve this outcome, the following indicators should be demonstrated:

- Each participant's legal and human rights are understood and incorporated into everyday practice;
- Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand;
- Each participant is supported to engage with their family, friends and chosen community as directed by the participant.

Council is committed to developing an organisational culture that supports the legal and human rights of participants and ensures that they are able to exercise those rights as outlined in relevant legislation including the:

- *Australian Human Rights Commission Act 1986;*
- *Disability Discrimination Act 1992;*
- *Racial Discrimination Act 1975;*
- *Sex Discrimination Act 1984.*

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Staff will engage and empower each participant to make their own decisions about their care and ensure that such decisions are clearly documented and communicated to all relevant staff to ensure effective implementation of such decisions during service delivery.

Staff will:

- Give each participant the right to make informed choices about their service delivery;
- Encourage each participant to be responsible for their decisions and actions;
- Each participant (and/or their representative) is provided with relevant and timely information to assist them to make informed service choices. They have the right (and LC - SS the responsibility) to be consulted, supported and respected to enable them to make choices that they feel will best suit their situation.

Each participant's decisions and preferences regarding their service delivery will be communicated in:

- All support plans;
- All participant support details;
- All care plans;
- Appropriate communication methods will be used and may include written, verbal, sign, symbol or an interpreter for another language;
- Where possible staff will ensure that the participant is able to exercise their right to choose in the way that they understand it. An example of this is visual menu choices or photo roster schedules;
- Participants and/or their representative should be informed of their right to an advocate of their choice, and opportunities for a professional advocacy service;
- Participants and/or their representative need to be informed of service flexibility, including choice of staff, service delivery times and their right to alter the planned schedule on the day should they prefer to utilise the staff for a different activity or task;
- Staff are cognisant of the importance of preserving family relationships, and informal social networks, however, also realise that not all people wish to do this. Staff will consult each participant at intake and at reviews about their current wishes regarding whether family, friends, carers or others should have any role in their care. This information will be documented and adhered to. Therefore, each participant will be encouraged and supported to maintain contact with their families, friends and other networks that are important to them, for example clubs and hobby groups.

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### **Individual Values and Beliefs**

**Outcome:** Each participant accesses supports that respects their culture, diversity, values and beliefs.

To achieve this outcome, the following indicators should be demonstrated:

- At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to;
- Each participant's right to practice their culture, values and beliefs while accessing supports is supported.

Workforce interactions with participants are kind, caring and respectful of each participant's identity, culture and diversity. Council has a *Community Cultural Relations Policy, Code of Conduct* and values an inclusive and diverse community. This involves the workforce:

- Encouraging and supporting each person to contribute to social and civic life in their communities in the way they choose;
- Collaborative program development that considers each participant service delivery choices relative to their cultural needs, safety, spiritualism, capacity and uniqueness;
- Participants are valued for their uniqueness and individuality and this philosophy is translated into the person-centred approach that is used in all participant interactions.

Staff will provide services and supports that are culturally safe. They will:

- Treat each participant with respect, dignity and courtesy;
- Respect the rights and individuality of each participant and their unique family and/or social relationships;
- Accept without judgment, the way someone is or the way in which they live their life;
- Respect each individual's religious and cultural identity provided that it is lawful;
- Always act in the best interests of the participant;
- Encourage each participant to be comfortable to provide feedback, as they are entitled to do, giving due consideration to their past service experiences;
- Acknowledge and respect the uniqueness and potential of all individuals;
- Inform each participant and/or their representative of their right to an advocate of their choice, and opportunities for a professional advocacy service;

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- Encourage the participation of individuals that identify as Aboriginal and Torres Strait Islanders, are from a culturally and linguistically diverse background, have dementia, mental illness, are living in a remote or isolated area, are financially or socially disadvantaged, living with disability, veterans; are homeless or at risk of being homeless and care leavers, parents separated from their children by forced adoption or removal and people who identify as lesbian, gay, bisexual, transgender or intersex, and inform them of other relevant services and give them appropriate assistance to access them;
- Be sensitive to the cultural and linguistic environment of each unique participant;
- Ask the participant at intake about their specific cultural and spiritual needs and discuss how staff can best cater for those needs.

### **Privacy and Dignity**

**Outcome:** Each participant accesses supports that respect and protect their dignity and right to privacy.

To achieve this outcome, the following indicators should be demonstrated:

- Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant;
- Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand;
- Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

**Participant Outcome:** I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

Council values inclusion and diversity and embraces a culture of respect, dignity and privacy. All participants are encouraged to exercise choice and maintain independence wherever possible and all staff adhere to the *NDIS Practice Standards and Quality Indicators* and the *Glen Innes Severn Council Code of Conduct* which underpin this statement. Staff will:

- Treat each participant with respect, dignity and courtesy;
- Respect the rights and individuality of each participant and their unique family and/or social relationships;
- Accept without judgment, the way someone is or the way in which they live their life;
- Respect each individual's religious and cultural identity provided that it is lawful.

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Each participant's privacy is respected, and their personal information kept confidential and secure through:

- Compliance with the requirements of the *NSW Privacy and Personal Information Protection Act 1998*, the *NSW Health Records and Information Privacy Act 2002* and the *Government Information Public Access Act 2009 (GIPA)*;
- Participants will be made aware of circumstances where their personal information is shared and with whom, that it will only be used and stored for the relevant purpose it was collected and for which the participants consent was given;
- All staff, stakeholders and participants will be made aware of their rights and responsibilities with regard to personal or health information provided to Council;
- Access to the information held about participants will be provided without undue delay, unless such access is deemed to be one of the exceptions mentioned in the legislation;
- A Privacy Statement will be issued and explained to participants at intake;
- Security of records will be maintained with password protected access to electronic records and protocols for access outlined, including participants' freedom to access their personal records (exceptions outlined in Privacy Statement);
- Participants and/or their representative will be informed that they have the right to withdraw that consent.

### **Independence and Informed Choice**

**Outcome:** Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

To achieve this outcome, the following indicators should be demonstrated:

- Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand;
- Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration;
- Each participant's autonomy is respected, including their right to intimacy and sexual expression;
- Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit;

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- Each participant’s right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present.

Participants are engaged in the development, delivery and evaluation of care and services and are supported in that engagement by:

- Specifically, tailoring support plans to the needs of the participant to build on the strengths inherent within them and developing specific goals that are realistic, participant focused, strengths-based and targeted towards maintaining or enhancing the individual’s independence;
- Identifying and pursuing opportunities in learning or social and recreational interests, membership and participation in community organisations and service clubs, or other community events or activities, where this forms part of their chosen activities;
- Any public activity or material published by the organisation will promote the abilities, contribution and competence of people of all abilities.

Staff will empower each participant to make their own decisions about their care and ensure that such decisions are clearly documented and communicated to all relevant staff to ensure effective implementation of such decisions during service delivery. Staff will:

- Give each participant the right to make informed choices about their service delivery;
- Encourage each participant to be responsible for their decisions and actions;
- Raise awareness of the participant to the opportunity for an advocate of their choice or an independent person;
- Provide sufficient time for the participant to reflect and consider their decisions prior to their commitment to them.

Council actively promotes a culture of risk awareness throughout the organisation. Council’s *Risk Management Policy* aims not to eliminate risk, but to manage risk in all our activities, to maximise opportunities and to minimise adverse outcomes.

Council respects the right of every participant to self-determination, independence and dignity. These rights need to be considered alongside other issues raised by the duty of care. Each participant is supported to take risks to enable them to live the best life they can. To achieve this:

- Staff, volunteers and contractors must meet their legal duty of care to participants, while recognising each participant’s right to make informed choices and take calculated risks;

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- Risk minimisation strategies will be discussed with the participant then implemented and the consequences of a proposed action will be explained in full to the participant;
- Written consent will be obtained for any activities that still pose a risk following risk assessment and risk minimisation strategy implementation.

Each participant will be supported to connect with others and maintain relationships of their choice, including to maintain and/or develop intimate consensual relationships if they so choose. Staff will:

- Assist participants with transport options to support meetings, outings or more private visits as required and requested;
- Listen and support a participant who wishes to discuss their feelings about forming or progressing an intimate relationship with another person;
- Appreciate that people with a disability have a right to sexual expression and to develop and maintain consensual sexual relationships;
- Participants will be valued for their uniqueness and individuality and this philosophy is translated into the person-centred approach that is used in all participant interactions.

Staff will ensure participants are informed of their rights, including their right to make their own decisions and to have an advocate of their choice present during discussions. Staff support participants to be empowered to identify their wishes in any domain and providing relevant assistance as required to facilitate these wishes.

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

**Outcome:** Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

To achieve this outcome, the following indicators should be demonstrated:

- Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination;
- 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;
- Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again.

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Council is committed to an organisational culture that supports the legal and human rights of participants and ensures they are able to exercise those rights as outlined in relevant legislation including the:

- *Australian Human Rights Commission Act 1986;*
- *Disability Discrimination Act 1992;*
- *Racial Discrimination Act 1975;*
- *Sex Discrimination Act 1984.*

Staff will identify and respond to abuse and neglect of participants:

- In accordance with the *NDIS Practice Standards* and the *NDIS Code of Conduct* which outline the obligations service providers have. Council will work to ensure that the rights of people with a disability are met as equal members of society and free from abuse;
- Council facilitates community education and awareness of abuse;
- All staff (including paid, unpaid staff and contractors) require National Police Certificate screening prior to employment and every three (3) years thereafter;
- Prevention strategies include the employment of skilled staff who respect the rights of participants, are aware of current policies and legislation pertaining to abuse and who will support participants and their families / guardians to access complaint mechanisms and provide feedback regarding services;
- A standard approach with clear protocols for identifying the risk indicators for abuse will be applied;
- People with a disability will be informed of their rights, including their right to make their own decisions and to have an advocate of their choice.

Council regularly seeks input and feedback from participants, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual participants and the whole organisation.

Participants, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints by:

- Making all participants aware of their right to complain, and fully explain the complaints procedure and the use and availability of advocates;
- Taking steps to ensure that participants feel comfortable to continue accessing the service after making a complaint;
- Information on the complaint's procedure is included in the Information Booklet for Participants and presented and explained to participants at the time of entry to service. Feedback forms are also included in newsletters;

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- Person/s affected by the complaint should be fully informed of all facts and given the opportunity to put forward their case. If the complaint is of a criminal nature the person should be advised to report the matter to the appropriate authorities;
- Any comment or complaint about a service, access to service or staff will be handled promptly, fairly and without retribution;
- Our service encourages participation of special needs groups (Aboriginal and Torres Strait Islanders, people from a culturally and linguistically diverse background, people with dementia, people with a mental illness, people living in a remote or isolated area, people who are financially or socially disadvantaged, people with disabilities, veterans; people who are homeless or at risk of being homeless and care leavers, parents separated from their children by forced adoption or removal and people who identify as lesbian, gay, bisexual, transgender or intersex) and ensures the groups are informed in a manner they can understand of their right to complain, or give feedback;
- All written complaints will be acknowledged in writing within ten (10) working days;
- When a complaint cannot be resolved immediately, the complainant will be advised within ten (10) working days that we are awaiting further information and a maximum of a further ten (10) working days will be allowed to finalise the complaint;
- Participants are also sent an annual survey protecting their identity with a prepaid envelope to give feedback on staff and service delivery or invited to participate in a phone survey. Electronic participation in surveys is also occurring with some participants and this option is being further explored with a view to ensuring anonymity;
- Records of complaints and their resolution should be kept on the participant's file if relating to their service delivery. If of a more general or systemic nature, they should be kept on ECM. Complaints about staff will be forwarded to Council's Records Supervisor for filing with appropriate security in ECM.

Participants are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff will:

- Advise the participant of their right to use an advocate or representative of their choice to negotiate on their behalf with Council. This may be a family member or friend, or another agency of the participants choice.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff will:

- Fully explain what happened, why it happened and apologise;
- Offer to refer a participant that is not satisfied with the outcome or how their complaint has been handled to someone more senior for internal review.

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Feedback and complaints are reviewed and used to improve the quality of care and services by:

- Discussing with staff what happened, what was done by Council and what could be done better if it were to happen again.

Participants are further encouraged to seek advice from the NDIS Quality and Safeguards Commission with regards to their complaint and the management of the said complaint.

## 2. PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT

### Governance and Operational Management

**Outcome:** Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.

To achieve this outcome, the following indicators should be demonstrated:

- Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights;
- A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants;
- The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps;
- The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants' and workers' needs and the wider organisational environment;
- The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices;
- The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports;
- There is a documented system of delegated responsibility and authority to another suitable person in the absence of an usual position holder in place;

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- Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.

Council demonstrates effective governance processes based on a continuous improvement approach to safe and accountable service planning and delivery with participant input central to the process. Council's *Disability Action Plan 2017-21* is an integral part of this process. The Community Access Committee also provide valuable advice to Council.

Financial Governance is structured and monitored by financial planning through:

- A 10 year *Community Strategic Plan* and the 10 year *Long-Term Financial Plan*;
- A four (4) year *Delivery Program*;
- An annual *Operational Plan*;
- Annual Audited Financial Statements;
- Transparency and accountability;
- A Chart of accounts;
- Acquittals processes are in place;
- Delegations for Financial Authority are documented in personnel file and saved by finance;
- Internal controls and external audits;
- Qualified finance staff.

Regulatory compliance is underpinned by the following processes:

- Staff follow the Life Choices – Support Services Procedure Manual;
- Chain of Command is followed;
- An annual *Operational Plan* is in place to guide Council and inform the community;
- The *Procurement Policy* (informing contractual and purchasing arrangements);
- Strategies identified in the Promoting Better Practice Review;
- Legislative requirements, Service Delivery Policies / Statement Register;
- Police Checks for legislative compliance and participant safety;
- Policy Register, and sign offs. Policies are accessible on Council's Website, with legislation mentioned where applicable in Council reports and policies;
- Adherence to Fit for the Future reforms requires Council to add value to and demonstrate continuous improvement in the performance of their functions.

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Continuous improvement is an ongoing process for Council. Structured documentation and adherence to this concept has been in place within the Community Services sections (catering for people who are older and people with a disability) for the past 11 years with successful certifications since that time. Strategies to achieve this include:

- The Continuous Improvement Register;
- The Complaints / Feedback Form;
- Regular audits of budgets, value for money, staff performance, participant choice and satisfaction;
- Item on monthly meeting agendas and Management Review Meetings;
- Whole of Council staff meetings for information gathering and/or reporting;
- Council actively participates in 'continuous improvement' as it demonstrates the ongoing effort to improve products, services and processes to provide excellence and added value for Council's customers, staff and community.

Council has robust workforce governance, including the assignment of clear responsibilities and accountabilities through:

- The employment of three (3) **Human Resource (HR)** staff;
- Position Descriptions, identifying the education, skills and experience, duties and responsibilities, physical demands and work environment;
- Recruitment Process (including Scout and personality suitability testing), Police Certificates and any other pre-employment checks with all records maintained along with access to training both compulsory and optional;
- Access to an **Employee Assistance Program (EAP)**;
- The Workforce Plan 2017-21 with five (5) key strategic workforce planning outcomes. They are to:
  - Become an Employer of Choice;
  - Foster a One (1) Council Culture;
  - Create a Sustainable Workforce;
  - Promote Health and Wellbeing;
  - Resource the Future.
- The *HR Policy Statement Register*;
- An orientation and induction process is in place that is completed by workers including completion of the mandatory HR and WHS worker orientation programs as well as site specific and team specific orientation programs;

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- The Pulse (Human Capital Management module) system is used for managing staff performance through supervision, appraisals and working towards staff and volunteer inductions, on-boarding, training and policy reviews and signoffs.

Council's Operational Structure is outlined within the *Operational Plan*. Position Descriptions clearly define duties and responsibilities associated with individual positions. There is a clear Chain of Command and staff are routinely advised of the transfer of responsibility to other delegated persons during periods of absence.

### **Risk Management**

**Outcome:** Risks to participants, workers and the provider are identified and managed.

To achieve this outcome, the following indicators should be demonstrated:

- Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated;
- A documented system that effectively manages identified risks is in place and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided;
- Support delivery is linked to a risk management system which includes:
  - Incident Management;
  - Complaints Management;
  - Work Health and Safety;
  - Human Resource Management;
  - Financial Management;
  - Information Management;
  - Governance.

Council has effective Risk Management practices and procedures which are fully integrated into Council's strategic and operational processes. Council strives to achieve a safe and healthy operating environment for its employees, the general public and other stakeholders such as NDIS participants.

Council utilises the Pulse (Enterprise Risk Management module) reporting system for Risk Management and supports a culture of risk awareness via:

- Risk and compliance staff;
- Individual, pre-visit, venue, workplace review, internal maintenance review and external maintenance checklist forms;

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- A Risk Management Plan;
- The SafeHold reporting system for staff related WHS hazards and incidents;
- The SafeHold 'Lite' reporting system for participant related WHS hazards and incidents;
- A Business Continuity Plan;
- Regular staff training in WHS and Risk awareness;
- Safety interactions conducted by senior staff at workplaces twice a year;
- Hazards, incidents and injuries are reported and discussed at staff meetings and WHS meetings in order to maximise opportunities to minimise adverse outcomes.

### **Quality Management**

**Outcome:** Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

To achieve this outcome, the following indicators should be demonstrated:

- A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery;
- The provider's quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered;
- The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.

Council demonstrates effective management processes which are based on a continuous improvement approach so that accountable service planning and delivery is achieved for each participant.

Council has a workforce that is sufficient, is skilled and suitably qualified, to provide safe, respectful and quality care and services.

The management workforce is planned to ensure the number and mix of members of the workforce enables the delivery and management of safe and quality care and services. Strategies to achieve this include:

- Council having a Workforce Plan 2017-21;

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- The Continuous Improvement Register;
- The Complaints / Feedback Form;
- Regular audits of budgets, value for money, staff performance, participant choice and satisfaction;
- Item on monthly meeting agendas and Management Review Meetings;
- Whole of Council staff meetings for information gathering and/or reporting;
- Designated risk and compliance staff;
- The appointment of the Administration and Quality Officer (AQO) within the LC – SS Team;
- Staff adopt a regular system of self-review, internal audits, feedback and data assessment in order that alterations to practice for improvement are evidence based.

### **Information Management**

**Outcome:** Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

To achieve this outcome, the following indicators should be demonstrated:

- Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law;
- Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information and withdraw or amend their prior consent;
- An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant's information in an accurate and timely manner;
- Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.

Each participant's privacy is respected, and their personal information kept confidential and secure through:

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- Compliance with the requirements of the *NSW Privacy and Personal Information Protection Act 1998*, the *NSW Health Records and Information Privacy Act 2002* and the *Government Information Public Access Act 2009 (GIPA)*;
- Participants will be made aware of circumstances where their personal information is shared and with whom, that it will only be used and stored for the relevant purpose it was collected and for which the participant's consent was given.

Information management is controlled by Council through:

- Secure information and record-keeping systems;
- There are systems in place for backing-up electronic information;
- Regular audits and review of information, policies and procedures;
- Information and reports regarding operations;
- Provision of initial training in relation to any systems and further training if there is a system change;
- Provision of relevant and timely information to allow customers / participants to make informed choices that best suit their situation;
- Council's website where access to information and policies are available;
- Monthly Council meetings that are opened to the public, Council business papers, annexures and minutes;
- A 10 year Community Strategic Plan, a four (4) year Delivery Program and an annual Operational Plan outlining objectives, timeframes for the person responsible to achieve them and expected outcomes. These outcomes are reported quarterly to Council and an Annual Report is prepared; and fees and charges are outlined in the Operational Plan.

### **Feedback and Complaints Management**

**Outcome:** Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

To achieve this outcome, the following indicators should be demonstrated:

- A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows 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 is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access

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advocates. There is a supportive environment for any person who provides feedback and/or makes complaints;

- Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation;
- All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

Council regularly seeks input and feedback from participants, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual participants and the whole organisation.

Participants, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints by:

- Making all participants aware of their right to complain, and fully explain the complaints procedure and the use and availability of advocates;
- Taking steps to ensure that participants feel comfortable to continue accessing the service after making a complaint;
- Information on the complaints procedure is included in the Service Agreement for NDIS participants and explained to participants at the time of entry to service; feedback forms are encouraged and included in Newsletters;
- Person/s affected by the complaint should be fully informed of all facts and given the opportunity to put forward their case. If the complaint is of a criminal nature the person should be advised to report the matter to the appropriate authorities;
- Any comment or complaint about a service, access to service or staff will be handled promptly, fairly and without retribution;
- Our service encourages participation of special needs groups (Aboriginal and Torres Strait Islanders, people from a culturally and linguistically diverse background, people with dementia, people with a mental illness, people living in a remote or isolated area, people who are financially or socially disadvantaged, people with disabilities, veterans; people who are homeless or at risk of being homeless and care leavers, parents separated from their children by forced adoption or removal and people who identify as lesbian, gay, bisexual, transgender or intersex) and ensures the groups are informed in a manner they can understand of their right to complain, or give feedback;
- All written complaints will be acknowledged in writing within ten (10) working days;
- When a complaint cannot be resolved immediately, the complainant will be advised within ten (10) working days that we are awaiting further information and a maximum of a further ten (10) working days will be allowed to finalise the complaint;

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- Participants are also sent an annual survey protecting their identity with a prepaid envelope to give feedback on staff and service delivery or invited to participate in a phone survey. Electronic participation in surveys is also occurring with some participants and this option is being further explored with a view to ensuring anonymity;
- Records of complaints and their resolution should be kept on the participant’s file if relating to their service delivery. If of a more general or systemic nature, they should be kept on ECM. Complaints about staff will be forwarded to the Records Supervisor for filing with appropriate security in ECM.

Participants are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff will:

- Advise the participant of their right to use an advocate or representative of their choice to negotiate on their behalf with Council. This may be a family member or friend, or an agency of the participant’s choice.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff will:

- Fully explain what happened, why it happened and apologise;
- Offer to refer a participant that is not satisfied with the outcome or how their complaint has been handed to someone more senior for internal review.

Feedback and complaints are reviewed and used to improve the quality of care and services by:

- Discussing with staff what happened, what was done by Council and what could be done better if it were to happen again;
- Participants are also encouraged to contact the NDIS Quality and Safeguards Commission.

**Incident Management**

**Outcome:** Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

To achieve this outcome, the following indicators should be demonstrated:

- An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018;

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- Each participant is provided with information on incident management, including how incidents involving the participant have been managed;
- Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation;
- All workers are aware of, trained in, and comply with the required procedures in relation to incident management.

Council as a registered **National Disability Insurance Scheme (NDIS)** provider are committed to ensuring that all incidents that occur in relation to the provision of services with participants are managed consistently, effectively and with procedural fairness, and that workers can identify, manage, report and resolve incidents. Council ensures this through:

- Incident Management and Reportable Incidents Policy for Community Services;
- The SafeHold Incident reporting system to record and to investigate incidents when they occur;
- Management and staff trained to identify and respond to all types of incidents;
- Staff are trained to understand the definition of a reportable incident and understand the procedures they must follow for reporting of all incidents to the organisation and an external body (if required);
- Council promotes a culture of open reporting and ensures that all workers understand that they are supported to report any incident or alleged incident, and that there will be no negative consequences for doing so;
- Continuous Improvement register.

### **Human Resource Management**

**Outcome:** Each participant's supports needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centered support.

To achieve this outcome, the following indicators should be demonstrated:

- The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position;
- Records of worker pre-employment checks, qualifications and experience are maintained;

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- An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program;
- A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules;
- Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.

The performance of workers is managed, developed and documented, including through providing feedback and development opportunities. Council has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

The workforce is planned and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Council demonstrates this through the following:

- Council has a Workforce Plan 2017-21;

Workforce interactions with participants are kind, caring and respectful of each participants identity, culture and diversity. Council has a *Cultural Relations Policy, Code of Conduct* and values an inclusive and diverse community. This involves the workforce:

- Encouraging and supporting each person to contribute to social and civic life in their communities in the way they choose;
- Collaborative program development that considers each participant's service delivery choices relative to their cultural needs, safety, spiritualism, capacity and uniqueness;
- Participants are valued for their uniqueness and individuality and this philosophy is translated into the person-centred approach that is used in all participant interactions.

The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles by using:

- Position Descriptions are developed and advertised identifying the education, skills and experience, duties and responsibilities, physical demands and work environment for every position that is advertised;
- The position descriptions are reviewed by the position supervisor and quality checked and edited by human resource staff prior to approval by the section Director.

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- The new / reviewed Position Description is then reviewed by Council's Staff Consultative Committee (SCC) and subsequently approved for recruitment by the General Manager.

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. This is ensured through:

- The recruitment process including personality suitability testing;
- Police and Working with Children Checks (WWCC);
- Staff have access to training both compulsory and optional;
- Council has adopted the Human Resources (HR) Policy Statement Register;
- An orientation and induction process is in place that is completed by workers including completion of the mandatory HR and WHS worker orientation programs as well as site specific and team specific orientation programs;
- Access to an **Employee Assistance Program (EAP)**.

Regular assessment, monitoring and review of the performance of each member of the workforce.

- Council's regular workforce has a three (3) month probation review period;
- Regular team meetings are held and individual meetings with a supervisor. These meetings are usually monthly;
- The Pulse (Human Capital Management module) system is used for managing staff performance through supervision, and appraisals;
- Council is working towards staff and volunteer inductions, on-boarding, training and policy reviews and signoffs being able to happen in the Pulse Human Resource Management system.

### **Continuity of Supports**

**Outcome:** Each participant has access to timely and appropriate support without interruption.

To achieve this outcome, the following indicators should be demonstrated:

- Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports;
- In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role;

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- Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences;
- Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider;
- Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed with the participant;
- Where applicable, disaster preparedness and planning measures are in place to enable continuation of critical supports before, during and after a disaster.

Council has an internal Direct Support Team which is dedicated to the consistent delivery of timely and appropriate supports. The Team Leader Direct Support accepts responsibility for the overall governance and performance of the team and is supported by the Direct Support Coordinator position.

Rostering is routinely completed on a weekly basis with the participant engaged in the process and consulted regarding their preference of worker. Staff are provided with a comprehensive *Client Service Detail* which provides all information regarding the service. The information included relates to specific participant goals, likes and dislikes, travel directions, and any WHS considerations.

Service delivery is monitored and coordinated so ensure a continuity of service delivery occurs. This includes disaster management and any service changes and alterations are communicated to participants at the earliest possible opportunity and discussion is facilitated so that any alternate arrangements are suitable to the participant.

### 3. PROVISION OF SUPPORTS

#### Access to Supports

**Outcome:** Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

To achieve this outcome, the following indicators should be demonstrated:

- The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand;

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- Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported;
- Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely based on a dignity of risk choice that has been made by the participant.

Staff will empower each participant to make their own decisions about their supports and ensure that such decisions are clearly documented and communicated to all relevant staff to ensure effective implementation of such decisions during service delivery. Staff will:

- Encourage each participant's right to make informed choices about their service delivery;
- Encourage each participant to be responsible for their own decisions and actions;
- In partnership with the participant, complete a Service Agreement that the participant and/or their person responsible can easily understand. The Service Agreement will also identify the chosen goals according to their individual person-centred NDIS plan;
- Supports provided by staff will always remain considerate of, and actively work towards the participant achieving their chosen goals;
- All costs for items relating to their supports will be identified prior to the support commencing. This will be documented on group calendars and/or individual service agreements.

Council promotes a culture of safe, inclusive and quality care and services by:

- Encouraging and supporting each person to contribute to social and civic life in their communities in the way they choose;
- Collaborative program development that considers each participant's service delivery choices relative to their cultural needs, safety, spiritualism, capacity and uniqueness;
- Effective hazard and risk management;
- Effective WHS management.

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the participant by:

- Each participant receives an initial assessment through My NDIS Care to identify their needs;

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- Participants receive regular monitoring as agreed to ensure that services can be changed to reflect altered circumstances.

Participants will be valued for their uniqueness and individuality and this philosophy is translated into the person-centered approach that is used in all participant interactions. Staff will provide services and supports that are culturally safe. They will:

- Act in the best interests of the participant;
- Encourage each participant to be comfortable to provide feedback, as they are entitled to do, giving due consideration to their past service experiences;
- Acknowledge and respect the uniqueness and potential of all individuals.

Council respects the right of every participant to self-determination, independence and dignity. These rights need to be considered alongside other issues raised by the duty of care. Each participant is supported to take risks to enable them to live the best independent life they can. To achieve this:

- Staff, volunteers and contractors must meet their legal duty of care to participants, while recognising each participant's right to make informed choices and take calculated risks;
- Risk minimisation strategies will be discussed with the participant then implemented and the consequences of a proposed action will be explained in full to the participant;
- Written consent will be obtained for any activities that still pose a risk following risk assessment and risk minimisation strategy implementation;
- Guidelines for withdrawal of supports are outlined in the Service Agreement, which is communicated to each participant and/or their representative at the time of implementation.

### **Support Planning**

**Outcome:** Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.

To achieve this outcome, the following indicators should be demonstrated:

- With each participant's consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan;

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- In collaboration with each participant, a risk assessment is completed and documented for each participant's support plan, then appropriate strategies to treat known risks are planned and implemented;
- Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required;
- Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes;
- Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan;
- Where appropriate, and with the consent of the participant, information on the support plan is communicated to family members, carers, other providers and relevant government agencies.

Council adopts a thorough system of engagement with participants which is designed to engage the participant in discussion related to their needs, requirements, preferences, strengths and goals through:

- Participants and/or their representative actively participate in the development of person-centred plans in conjunction with their individual NDIS plan;
- Services and supports are assessed, planned, delivered and reviewed with respect of individual participant goals;
- Individual care plans are developed to maintain and enhance the participants' personal skills, independence and self-reliance;
- Participants are supported in their endeavours to access mainstream community services for example, clubs and recreational establishments, banks, health services and in all of life's domains;
- Participants are supported in their right to access services which are culturally appropriate;
- Every person with a disability has the right to have the maximum control over their life, and the decisions that affect their daily life;
- Individual Risk Assessments are completed at time of implementing supports as per NDIS plan;
- Participants participate in social activities in the least restrictive way possible;
- Staff have a Duty of Care to provide a service that is flexible, person-centred, has the health, well-being, and safety of the participants at heart and aligns with the Disability Inclusion Act 2018;

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- The least restrictive approach will be used to avoid risk and minimise impact on the participants choice and independence;
- Participants will not be prevented from taking reasonable risks in pursuit of personal goals, independence, or learning new skills;
- Written consent will be obtained for any activities that continue to pose a risk following risk minimisation strategy implementation;
- Steps will be taken to ensure that participants have access to as much information as is reasonable, to make an informed choice;
- Individual Risk Assessments are updated as required in conjunction with assessment of Care Plan goals;
- Council has implemented an Incident Management and Reportable Incidents policy;
- Supports are implemented to ensure that participants can work towards meeting their goals;
- Participants will be provided with information about other services, or opportunities that may address the goals they have identified;
- Participants are encouraged and supported in participating in community life to the full extent possible;
- Reviews are undertaken at least annually in conjunction with NDIS plan review;
- Progress is documented via participant notes in the client database;
- It is noted if circumstances have changed for the participant and goals are updated accordingly in collaboration with the participant and/or their representative;
- Participants are informed under what circumstances their personal information is shared;
- Information will only be used for the purpose it was collected and for which consent was given;
- Compliance with the requirements of the *NSW Privacy and Personal Information Protection Act 1998 (PPIPA)*, and the *NSW Health Records and Information Privacy Act 2002 (HRIPA)* and the *Government Information Public Access Act 2009 (GIPA)*.

### **Service Agreements with Participants**

**Outcome:** Each participant has a clear understanding of the supports they have chosen and how they will be provided.

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To achieve this outcome, the following indicators should be demonstrated:

- Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached;
- Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand;
- Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement;
- Using the participants NDIS plan, service agreements are created with the participant and/or person responsible. Support Facilitators explain the agreement using a language, mode of communication and terms that the participant can understand;
- Supports to be delivered are explained to the participant and/or representative along with any conditions attached to those supports;
- The Support Facilitator will read out the service agreement including agreed supports in language and terms that the participant is most likely to understand. Participants are encouraged to have a person of support with them, so they are able to better understand their obligations and the obligations of the Service Provider;
- A copy of the signed service agreement is offered to each participant. If the participant chooses not to keep a copy it is documented in their client notes and a copy will be attached to the database;
- A copy of the agreement only with consent of the participant can be given to the participant's representative.
- Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:
  - How a Participant's concerns about the dwelling will be communicated and addressed;
  - How potential conflicts involving participant(s) will be managed;
  - How changes to participant circumstances and/or support needs will be agreed and communicated;

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- In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account;
- How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.

**Council does not participate in the delivery of independent living supports in Specialist Disability Accommodation Dwellings at this point in time.**

### **Responsive Support Provision**

**Outcome:** Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

To achieve this outcome, the following indicators should be demonstrated:

- Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes;
- Where agreed in the service agreement, and with the participant's consent or direction, links are developed and maintained through collaboration with other providers to share information and meet participant needs;
- Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports;
- Where a participant has specific needs, which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

Council support participants to participate in the community and activities of their choosing respecting their choices and plans regarding employment, education, leisure and their social lives by:

- All supports provided are commensurate with the participants NDIS plan and the particular goals they identify;
- Staff enable participants to be involved in decisions that affect them and the services they receive;
- Participants are encouraged to give feedback or to make formal complaints;
- Support Facilitators seek the participants input regarding client participation information strategies, assistance and support, service involvement and development;
- Staff endeavour to develop links with other groups to promote greater opportunities for connections and meaningful participation in the communities;

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- Council engage in practices that enables the participant to provide feedback on support workers. Each participant is able to choose the support workers that they feel will best support them to meet their goals;
- Feedback on the performance of workers is sought verbally or through participant surveys. All information is taken with great importance to enhance engagement with participants as well as to improve on our overall service delivery;
- Council has an internal team of Direct Support Workers who are trained to provide higher care services or specific needs services;
- All Direct Support Staff are trained to assist with the administration of medications.

**Council does not provide services that are to be undertaken with a restrictive practice and do not administer medications or restraints that could be considered a restrictive practice.**

### Transitions to or from the Provider

**Outcome:** Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

To achieve this outcome, the following indicators should be demonstrated:

- A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed;
- Risks associated with each transition to or from the provider are identified, documented and responded to;
- Processes for transitioning to or from the provider are developed, applied, reviewed and communicated.

Council adopts an exit process which is transparent and considerate to the choice and rights of the participant:

- Participants have the right to leave our services at any time;
- The period of notice is documented in the Service Agreement;
- As a continuous improvement staff seek feedback from the participant and/or their person responsible as to the reason they are leaving our service;
- Participants are made aware that they are both welcome to and can re-enter our service should they choose to do so;
- All documentation is recorded in the participant's notes via the participant database;

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- Where appropriate staff will assist the participant to transition to their chosen provider;
- Any relevant documentation to assist with the transition will be forwarded to the new provider following consent from the participant;
- Risks will be identified and communicated to the provider where applicable.

#### 4. SUPORT PROVISION ENVIRONMENT

##### Safe Environment

**Outcome:** Each participants accesses supports in a safe environment that is appropriate to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- Each participant can easily identify workers engaged to provide the agreed supports;
- Where supports are provided in the participant's home, work is undertaken with the participant to ensure a safe support delivery environment;
- Where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.

Council promotes a culture of safe and inclusive quality service delivery by:

- Participants can choose the staff that they feel the most comfortable with to support them;
- Staff wear distinctive uniforms with the organisation's logo on them;
- Staff wear a name badge;
- Staff work backpacks have the organisation's logo visible on them;
- The administration area is welcoming, accessible, clean and tidy with access to information about local services and events of interest. There are also a variety of artworks featuring, but not limited to, local Aboriginal artists, local history and other items of interest to past or present participants;
- There are accessible interview rooms just off reception to enable privacy and prompt access to staff;
- The interview room has a lift chair for participants with mobility deficits, a computer and phone to enable access by the participants should they so wish;
- The kitchen is clean and tidy and is easy for participants to access and engage with meal preparation and/or clean-up should they so desire;

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- Tea / coffee making facilities are easy to get to and facilitate participant independence;
- There is easy access to the building and accessible parking, and accessible toilets are available;
- Participants decide how the main activity room is set up and the items they wish to display and identify with this being their space;
- Reverse cycle air conditioning has been installed in the activity room and interview room for participants comfort in all seasons;
- Support Facilitators build a rapport with the participant starting at intake;
- Participant's individual needs and how they will be met are identified, discussed planned and documented;
- Any behavioural issues or likes and dislikes are identified and discussed. These are added to **Client Service Detail (CSD)** so staff who are entering the participants home are aware of the individual's preferences;
- A Workplace Review Form and Individual Risk Assessments are completed to provide services which are safe and effective;
- All WHS issues, risks and hazards are identified and communicated to all staff via electronic notes and the updated CSD;
- Services and workers are put in place that match the participant's emotional, spiritual and psychological well-being and personal preferences;
- Other health professionals with the consent of the participant may be appointed to provide support where required, for example, psychologists, healers and therapists;
- Communication to other organisations / individuals is completed within 24 hours of a participant service review / request.

### **Participant Money and Property**

**Outcome:** Participant money and property is secure and each participant uses their own money and property as they determine.

To achieve this outcome, the following indicators should be demonstrated:

- Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participant's money or other property is only used with the consent of the participant and for the purposes intended by the participant;

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- If required, each participant is supported to access and spend their own money as the participant determines;
- Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.

Council encourages and supports participants with the secure use of their own property and money. This is achieved by:

- At the request of the participant and/or their carer, money can be kept securely within a locked safe within a locked cupboard. This is not encouraged and is only completed if the participant has indicated they are vulnerable to financial abuse;
- A money log sheet is kept if for any reason staff are involved in assisting participants with their monies;
- Money is signed in and out by two (2) staff and is locked in a secure safe that can only be accessed by authorised personnel;
- The participant's money is only removed from the safe with the consent of the participant;
- The participant is encouraged to have full control over their money and expenditure;
- Staff are strictly not permitted to access a participant's bank account or have access to cards or pin numbers;
- If a participant would like assistance with their finances a Support Facilitator can make arrangements for the participant to see a financial planner who is qualified to give such advice;
- In the event that a participant is under a financial guardian the participant would be referred to that guardian for consultation and advice.

### **Management of Medication**

**Outcome:** Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

To achieve this outcome, the following indicators should be demonstrated:

- Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication;
- All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication;

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- All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers;
- Council has a robust system for the safe and secure delivery and management of medication assistance. This is achieved by:
  - Regularly encouraging participants to read information included with their medications;
  - Assisting participants to seek additional advice from their pharmacist;
  - Reinforcing the importance of taking prescribed medications exactly as directed;
  - Reminding participants to check with their medical practitioner or pharmacist that natural remedies or over the counter drugs will not interact in a negative manner with their prescription medications;
  - Encouraging participants to ask their doctors to request an in-home medication review from a qualified pharmacist;
  - Encouraging and assisting participants to prepare and update a list of current medications that they are taking and to have it available for personnel involved in their health care.
- Providing suitably trained staff with relevant procedures related to all aspects of medication assistance;
- Medications are administered by staff who are appropriately trained and in accordance with medical practitioner's instructions, or as labelled by a qualified pharmacist (all regular, PRN and non- prescription medications);
- The responsible person has given consent for such medication to be administered;
- Medication is retained in the original manufacturers packaging (with the exception of bottles) or other dispensed packaging unless a **Dose Administration Aid (DAA)** with pharmacy labelling and specific administration instructions that correspond to the Medication Authority Form is utilised.

When appropriately trained staff are administering medications, they are to make the following checks **prior** to administering **any** medication:

- Check that it is the **right** person;
- Check that it is the **right** medication;
- Check that it is the **right** dosage of medication;
- Check that it is the **right** time for the medication;
- Check that it is the **right** route for the medication;
- Check that it is the **right** reason for the medication;

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- Check that it is the **right** documentation for the medication;
- Check that it is the **right** expiry (dated ahead of time);

All medication at Council premises must be stored with appropriate security:

- In the event that a medication incident / error is detected, staff must take the appropriate action. Errors are immediately reported to a supervisor / coordinator and a medication incident report form is completed. If a supervisor / coordinator is not immediately available and the participant may be at risk, staff are instructed to contact Poisons Information Centre on 131126;
- Council will provide training to its employees in the administration of medication and where applicable side effects of specific medication they are administering;
- Schedule Eight (8) drugs may be administered by staff as long as the pharmacist has prepared and labelled the individual required dose for the period of care;
- Council are informed by Guiding Principles for Medication Management in the Community, June 2006, Australian Pharmaceutical Advisory Council.

### **Management of Waste**

**Outcome:** Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

To achieve this outcome, the following indicators should be demonstrated:

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

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Council will ensure that any clinical, infectious, or hazardous waste disposal is in conjunction with *New South Wales (NSW) Health 'Clinical and Related Waste Management for Health Services' Policy*. Specific guidelines for the effective management of waste are outlined in Safe Work Protocol (SWP) 006 Infection Control Hand Washing and Gloves.

All incidents involving infectious material or bodily substances will be reported via Councils WHS reporting system SafeHold. The SafeHold system is a Work Health and Safety reporting application which can be used from smart phones and iPads thus facilitating timely incident notifications.

According to Council's *'Incident Management and Reportable Incidents Policy for Community Services'* the immediate response will be addressed by the organisation's personnel qualified to effectively manage the incident.

It is the responsibility of the worker on site to contact emergency services for immediate assistance if the situation warrants. If external bodies need to be notified of the incident, Council's **Work Health and Safety Coordinator (WHSC)** or Manager of Community Services will address this within the expected timeframe.

Emergency incidents are all investigated and managed in accordance with Council procedure and the *Work Health and Safety Act 2011*. Council's WHSC determines the appropriate person to investigate each individual incident and oversees the investigative and follow-up processes with a view to establishing continuous improvement and risk reduction strategies.

**Glen Innes Severn Council does not provide services related to High Intensity Daily Personal Activities at this time.**

## 5. EARLY CHILDHOOD SUPPORTS MODULE

### The Child

**Outcome:** Each child participant accesses supports that promote and respect their legal and human rights, support their development of functional skills, and enables them to participate meaningfully and be included in everyday activities with their peers.

To achieve this outcome, the following indicators should be demonstrated:

- Knowledge and understanding of each participant's legal and human rights, and incorporation of those rights into everyday practice;
- Implementation of practices and procedures to manage risk with a focus on creating a safe environment for children;

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- Compliance with all relevant state and territory legislation relating to the reporting of risk of harm to children;
- Facilitation of the active involvement of the participant's support network in the participant's development;
- Council adheres to the Universal Declaration on Human Rights and expects all staff, volunteers and contractors to also respect and adhere to these principles;
- LC - SS staff and CAFS staff, as mandatory reporters, will have appropriate training in the application of Keep them Safe protocols;
- Right to protection from abuse, neglect, and/or exploitation, and to feel safe at all times, are upheld;
- Recognition that geographic, social, or communication barriers may increase vulnerability;
- All LC - SS and CAFS staff and volunteers will be required to obtain a Working with Children clearance and provide this information so it can be verified by Council;
- All staff, volunteers and contractors will be subject to an Australian Federal Police Check;
- Compliance with the requirements of the *NSW Privacy and Personal Information Protection Act 1998 (PPIPA)*, and the *NSW Health Records and Information Privacy Act 2002 (HRIPA)* and the *Government Information Public Access Act 2009 (GIPA)*.
- Staff and volunteers sign a Confidentiality Agreement;
- Staff and volunteers receive training in their responsibilities regarding confidentiality;
- Participants privacy and dignity is respected;
- Participants are encouraged to identify and pursue their education, training, learning and social or recreational and interests;
- Participants will take part in age-appropriate activities of their choice with consideration given to their degree of disability, so negative outcomes can be avoided;
- Parents, carers and/or guardians will be involved in all aspects of the child's supports and services. Assisting the child to have choice and control of their services.

### **The Family**

**Outcome:** Each family receives family-centered supports that are culturally inclusive, responsive, and focus on their strengths.

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To achieve this outcome, the following indicators should be demonstrated:

- Each support plan is based on child and family choice and control and is undertaken with the family;
- The family's expertise and knowledge about their child is recognised and respected;
- The family's strengths, needs and priorities are identified by working in partnership with the family;
- Each support plan is flexible and individualised to reflect the child's and family members' preferences and learning styles;
- Each support plan is culturally responsive and respectful of the family's cultural beliefs and their community;
- Information and supports are provided in a clear, easy to understand and flexible manner by integrating the support into the child's everyday routine;
- The strengths of the family are promoted and developed and the family is assisted to develop their own network of formal and informal resources, with recognition that positive outcomes for children do not rely solely on therapeutic child-focused programs;
- Work is undertaken with the family to inform and strengthen their participation in, and contribution to, the child's learning and development;
- Participant support plans will be developed in accordance with the participant and families need. This is then linked to the participant's goals as listed in their individual NDIS plan;
- Families are acknowledged as having valuable information regarding the participant's needs. Families are actively encouraged to participate in therapy sessions and ongoing planning to ensure that meaningful learning and growth can occur;
- Partnerships are nurtured to enable the greatest opportunity for collaboration, to expand strengths and achieve milestones;
- The autonomy of each individual's rights, choice and expression is valued and reflected in the delivery of an individualised program for each participant;
- With consideration to the individual family's needs and consent, partnerships are developed and fostered with other community outlets and resources to strengthen networks and supports that promote greater family wellbeing and are also inclusive of culture;
- Tailored learning with proactive communication enables families to build upon therapy in-between sessions. This allows families to continue active therapy in the family environment in-between sessions and assist with achieving goals.

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## Inclusion

**Outcome:** Each participant accesses supports that engage their natural environments and enable inclusive and meaningful participation in their family and community life.

To achieve this outcome, the following indicators should be demonstrated:

- Assessment of each child's development focuses on the child's functions in their everyday routines and activities in their natural learning environments;
- A child's inclusive, meaningful and active participation in their family life, community life and natural environments is promoted;
- Links with each family's community and other support agencies are enabled and built upon;
- Each child's inclusion through participation in daily routines in their natural learning environments is promoted;
- Council has a person-centred approach to all service delivery areas. Individual assessments are conducted with each child having careful consideration to their individual development, natural and most appropriate learning environment working towards goals as identified in their NDIS plan;
- Partnerships and links with family and other relevant support agencies are actively promoted to achieve meaningful interactions and experience;
- Participants and their families are supported to maintain friendships and relationships that are important to them;
- New partnerships and support networks are further developed and fostered by encouraging involvement in community activities of the participant's choice.

## Collaboration

**Outcome:** Each participant receives coordinated supports from a collaborative team comprising their family, the provider and other relevant providers, to facilitate their development and address the family's needs and priorities.

To achieve this outcome, the following indicators should be demonstrated:

- If the family wishes to engage a key worker, work is undertaken with the family and other providers to identify a suitable key worker;
- Close collaborative links with the family and other collaborating providers are established to coordinate the team around each child;
- With the consent of the family, information, knowledge and skills are communicated and shared between the family, the provider, and other collaborating providers;

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- Where relevant, collaboration between supports and services is undertaken to ensure that transition / exit planning meets the needs of each child and their family;
- Council engages in practice that enables the participant to provide feedback on support workers. Each participant and their family are able to choose the support workers that they feel will best support them to meet their goals;
- Feedback on the performance of workers is sought verbally or through participant surveys. All information is taken with great importance to enhance engagement with participants as well as to improve on our overall service delivery;
- Staff work towards the establishment of an individualised network of supports where service delivery goals are openly communicated, are transparent and relevant the participant's goals and learning;
- Consent is obtained from the family and every effort is made to motivate external providers to be actively involved in information sharing. Sharing reports are also welcomed however significant focus is maintained on families knowing the participant best and enabling them to be the basis for communal information, knowledge and building of skill support;
- With the consent of the family open and comprehensive communication is provided to all parties involved at the exit or transition of the participant.

### **Capacity Building**

**Outcome:** Each participant receives supports that build the knowledge, skills and abilities of the family and other collaborating providers in order to support the child's learning and development.

To achieve this outcome, the following indicators should be demonstrated:

- Work is undertaken with the support network in each child's life to build their capacity to achieve the functional outcomes identified in the support plan;
- Each family's confidence is built to understand how their family routines and everyday activities can support their child's development;
- The capacity of the child, family and collaborating providers involved with the child is built through coaching, capacity building supports and collaborative teamwork;
- Collaboration is undertaken to affirm, challenge, and support the child, family and collaborating providers to further develop their skills and to improve practice and relationships;
- Feedback and learnings from the child, family and other professionals is used to improve support delivery.

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Council facilitates a variety of options for families as part of increasing functional outcomes across all environments. This may include collaborative meetings, therapy sessions within home, day care and the preschool setting:

- Regular collaboration is maintained with families which includes how outcomes are being achieved in other environments;
- Ideas and brain storming focus on goals and in particular making the outcomes more inclusive within a specific environment;
- Motivating, mentoring and building the expertise of families so they can gain greater assertiveness in communicating the desires and needs of their child is promoted;
- The expertise of the family network and other providers is actively sought to enable a greater understanding of best practice which meets the needs and outcomes of the child and family and improves support delivery.

### **Evidence Informed Practice**

**Outcome:** Each participant receives evidence-informed supports from providers with quality standards and validated practice.

To achieve this outcome, the following indicators should be demonstrated:

- Intervention strategies are based on explicit principles, validated practices, best available research and relevant laws and regulations;
- Appropriate information, knowledge, skills and expertise are in place to deliver quality supports to families;
- Knowledge and skills are maintained through continuing relevant professional development, ongoing self-reflection, self-assessment and monitoring of practices.

Council staff develop a unique program for each participant using inclusive and validated practice which is in line with the Early Childhood Australia Code of Ethics, the NDIS Practice Standards and the NDIS Quality and Safeguards Commission Guidelines. Council will continue to:

- Deliver supports with qualified staff who have the relevant training and experience working with children diagnosed with developmental delays and disability. Staff receive professional development opportunities to ensure their skills are maintained to best support participants;
- Use the Pulse (Human Capital Management module) system is used for managing staff performance through supervision, and appraisals;
- Goal orientated support plans are created and provided to the families using the communication mode that is best suited to each individual family.

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## **Outcome Based Approach**

**Outcome:** Each participant receives supports that are outcome-based and goal-focused.

To achieve this outcome, the following indicators should be demonstrated:

- The functional outcomes for the child and their family are based on their needs and priorities, and the skills needed to achieve those outcomes are identified through collaboration with the child and their family;
- Each child has a documented support plan that describes the interventions and their functional outcomes;
- The family is actively involved in the assessment of the child and the development and review of the support plan;
- A copy of the support plan is provided to the family in the language, mode of communication and terms that they are most likely to understand;
- The functional outcomes support the child's meaningful participation in family and community life;
- The assessment, intervention planning and outcomes for the child and the family are measured, evaluated and reported in ways that are meaningful to, and understood by, the family.

Council delivers supports which are individual and goal focused. The strategies for this are:

- Individual assessments are conducted with the child and family and related to the goals as set in the participants NDIS Plan. Active discussion and consideration is conducted so as to ensure the best possible outcome is achieved;
- Support plans are created following an individualised assessment in accordance with the child's plan goals. Support plans describe the supports that will be provided in order to fully reach the individuals potential;
- Support plans are regularly reviewed in relation to the child's progress and family feedback. Supports are adjusted accordingly, and the revised plan communicated to families and other relevant partners;
- Evaluation of outcomes is documented after each session recording challenges, growth and needs to enable forward planning and preparation for continuous development. Collaborative discussions are also held with the family to understand and measure progress within other environments.

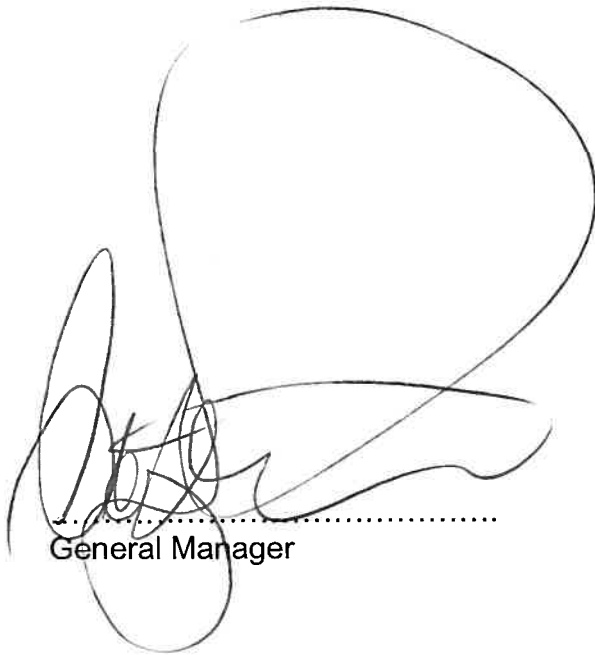
## **IMPLEMENTATION / COMMUNICATION**

This Policy will be communicated to relevant personnel by the Manager of Community Services.

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**VARIATION AND REVIEW**

Council will review this policy as the need arises, and/or every three (3) years as per Council requirements.



.....  
General Manager

11/5/20  
.....  
Date

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