



# READINESS WORKBOOK

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

Assisting Psychosocial disability service providers to comply with the NDIS Quality and Safeguarding Commission's requirements, from a Recovery-Oriented and Trauma-Informed perspective.

## ACKNOWLEDGEMENTS

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Government of **Western Australia**  
Department of **Communities**

We would also like to acknowledge the contributions made to this project through consultations with the following organisations:

360 Health and Community

HelpingMinds

Mental Health Coordinating Council (NSW)

Rise Network

Consumers and Carers

We wish to acknowledge the traditional custodians of the land on which we are based, the Wadjuk people of the Nyoongar nation and pay our respects to the Elders, past, present and future. We extend this acknowledgement to all Aboriginal Peoples throughout Australia acknowledging their continuing culture and connection to land, sea, sky and community.

## Disclaimer

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**Please Note:** further information resources and evidence examples were up-to-date at time of publishing (March, 2021), and may be subject to change at any time.

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## DEFINITIONS

**Consent:** There are five characteristics of consent, it must be voluntary, informed, specific, current and the Participant must be deemed to have capacity.

**Dignity of Risk:** supporting an individual's right to participate in life experiences that could pose a risk to their safety, including making a choice that could result in a negative consequence. We all have the right to make mistakes, and this is often how we learn and develop as individuals. Dignity of Risk is a process that if implemented correctly, may result in improved independence, health, social participation and interaction, autonomy and self-worth (Everyday Practice 2020).

In the context of mental health, this means that the client provides permission for a specific treatment to occur based on their understanding of the nature of the procedure, the risks involved, the consequences of withholding permission and their knowledge of available alternative.  
(Department of Health 2010).

**Formal Support Network:** This network includes the Participant's medical professionals, psychologists, social workers and support workers, as well as any other paid supports they have in their life to support their Recovery.

**Informal Support Network:** This network includes the Participant's family, friends, informal carers and chosen community.

**Leadership Team:** We use 'leadership team' and consider it to include the heads of each department of your organisation, who report to the CEO, but you might use something different – management team, executive team etc.

**Outcomes:** Each module of the NDIS Practice Standards and Quality Indicators include a series of high-level, participant-focused outcomes.

**Participant:** A person with a disability that receives services and supports from your organisation, which are funded through an NDIS Plan – you might use the term consumer or client within your organisation.

**Provider:** An organisation that provides services and supports to people with a disability under the National Disability Insurance Scheme (NDIS 2013).

**Psychosocial Disability:** Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery (NDIA 2020).

**Quality Indicator:** Each outcome is further broken down into a series of indicators that NDIS providers use to demonstrate conformity with the outcomes. Auditors will use these indicators to assess a provider's compliance.

**Recovery:** A deeply personal and unique experience of being able to live a good life as defined by the individual, with or without symptoms. It is a process of developing meaning and purpose to live a satisfying, hopeful and contributing life beyond the impact of mental health challenges (Department of Health 2010).

**Recovery-Oriented Practice:** From the perspective of the individuals who have experienced mental health challenges, recovery means gaining and retaining hope, understanding ones' abilities and limitations, engaging in an active life, personal autonomy, social identity, meaning and purpose, and a positive sense of self. Recovery-Oriented mental health practice principles are in place to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers, these principles are as follows (Department of Health 2010):

- Uniqueness of the individual
- Attitudes and rights
- Partnership and communication
- Real choices
- Dignity and respect
- Evaluating recovery

Recovery-Oriented Practice maximises self-determination and self-management of mental health and wellbeing and involves person-first, person-centred, strengths-based and evidence-informed treatment, rehabilitation and support.

**Restrictive Practice:** Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with a disability (NDIS 2013). There are five types of restrictive practice:

**Seclusion:** The sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

**Chemical Restraint:** The use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

**Physical Restraint:** The use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

**Mechanical Restraint:** The use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.

**Environmental Restraint:** Involves restricting a person's free access to all parts of their environment, including items or activities (Department of Communities 2020).

**Size, Scale and Scope:** This term is used throughout the NDIS, generally prefaced by relevant and proportionate. Size refers to the number of staff you have, and the number of participants you support. Scale refers to the number of service delivery locations you have, and where these are located (i.e. metro, regional, rural and/or remote). Scope refers to the types of services and supports you provide in line with your NDIS registration groups, and their associated level of risk and complexity.

**Supported Decision-Making:** A practical way for Participants to make sure they are at the centre of making their own decisions, and are heard by those around them. Support is provided by someone the Participant trusts, in their informal or formal support network. Supported Decision-Making may also help the Participant build their skills in decision making and develop the confidence to decide more for themselves (Family and Community Services).

**Trauma-Informed Practice:** An approach that recognises and acknowledges trauma and its prevalence, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery. Trauma-Informed Practice is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and interpersonal violence and the prevalence of these experiences in persons who receive mental health services (MHS). Trauma Informed Practice is founded on five core principles – safety, trustworthiness, choice, collaboration and empowerment as well as respect for diversity.

## ACRONYMS

ACSQHC	Australian Commission on Safety and Quality in Health Care
AQA	Approved Quality Auditor
ATSI	Aboriginal and Torres Strait Islander
CaLD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer (or Executive Officer or Managing Director)
HR	Human Resources
JDF	Job Description Framework
KPI	Key Performance Indicator
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning people
NDIA	National Disability Insurance Agency (Administrators of the NDIS)
NDIS	National Disability Insurance Scheme
NDIS Commission	NDIS Quality and Safeguards Commission
NSMHS	National Standards for Mental Health Services
NSQHS	National Safety and Quality Health Service (Standards)
PPE	Personal Protective Equipment
SIL	Supported Independent Living
SDA	Specialist Disability Accommodation
WAAMH	Western Australian Association for Mental Health

# THE WAAMH NDIS QUALITY AND SAFEGUARDING COMMISSION SECTOR READINESS PROJECT

WAAMH was funded by the Department of Communities to deliver a project to support the capacity building of Western Australian psychosocial disability service providers to operate in compliance with the NDIS QSC requirements. Western Australia came under the jurisdiction of the NDIS Quality & Safeguards Commission (QSC) on December 1, 2020. This aligned WA with the other states and territories in a nationally consistent approach to the provision of quality and safe disability services in Australia. All service providers who wish to deliver NDIS supports must comply with the requirements put in place by the NDIS Commission.

## Why did we create a Workbook?

WAAMH undertook a consultation process with registered NDIS service providers operating in the psychosocial disability sector. During this process we repeatedly heard that there was a need for a resource specific for psychosocial disability service providers, to build their capacity to be able to achieve compliance with the NDIS Commission requirements. Part of this was being able to present adequate evidence when audited against the NDIS Practice Standards and Quality Indicators, that is applicable and familiar to what psychosocial providers already know or have in place.

We have developed this workbook to make the process easier and more relatable to existing knowledge. It has been developed employing the principles (and language) of Recovery-Oriented, Trauma-Informed Care. We hope that by using this approach, this workbook is a useable resource that relates to the day-to-day operations of service delivery.

## Rationale for Mapping

During the consultation process it was found that numerous providers of psychosocial supports were mental health providers and were often already accredited against the NSMHS. This means that these providers already have a large pool of evidence of quality that can be drawn on to meet the NDIS Practice Standards. The inclusion of the mapping of the NDIS Practice Standards to the NSMHS serves as a guide to where providers can find evidence that meets the NDIS Practice Standards and Quality Indicators if the NSMHS are already being met.

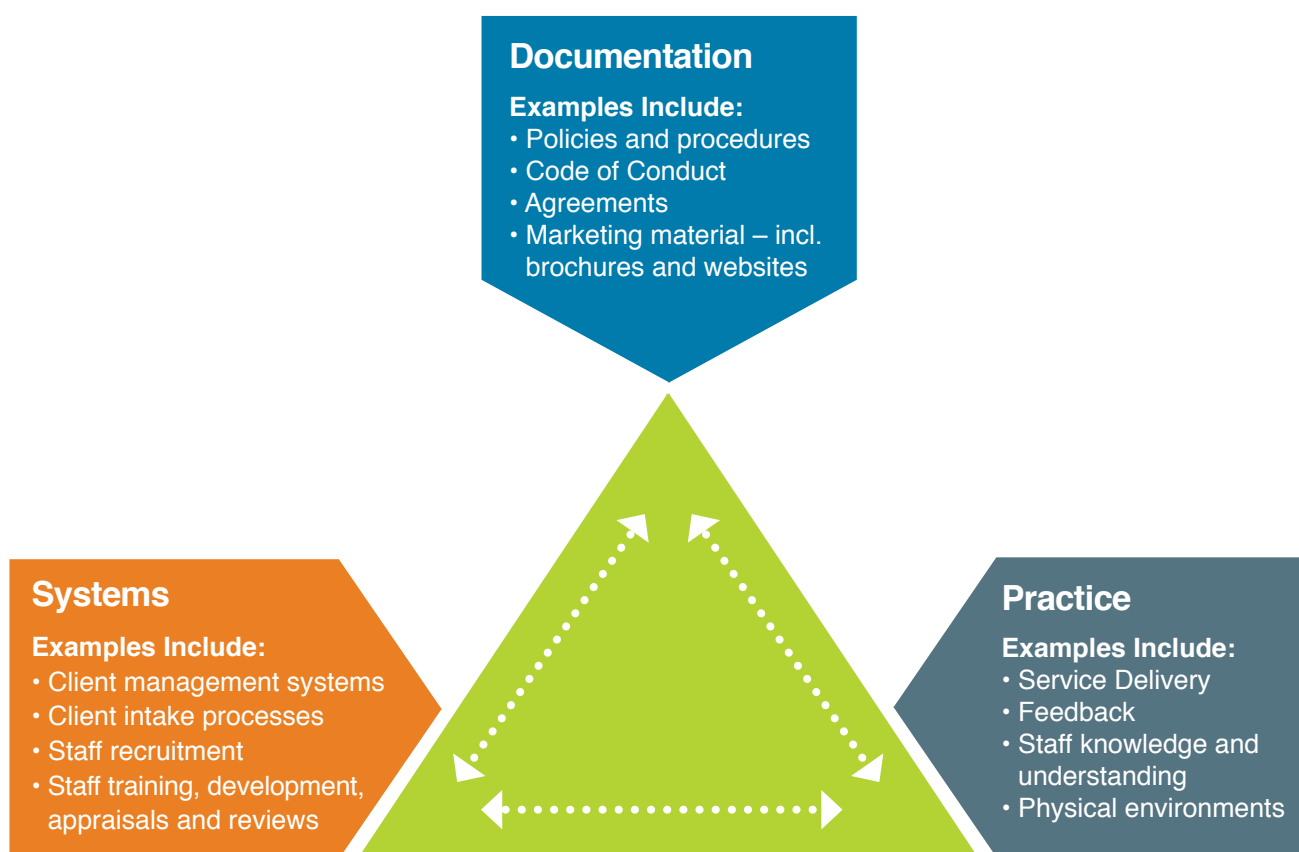
Whilst the mapping between the NDIS Practice Standards and NSMHS has been included, those who aren't familiar with the NSMHS can still benefit from using this Readiness Workbook to prepare for their NDIS registration renewal. A summary table showing how the two standards match up has been incorporated into the Appendix.



## Rationale for Evidence and Implementation into Everyday Practice

The Evidence and Implementation into Everyday Practice sections under each quality indicator provide information about how your organisation can satisfy an Approved Quality Auditor (AQA) that you comply with each specific indicator, when it comes to your NDIS Audit. These lists of evidence and examples are not exhaustive; however, they will provide guidance on the types of things you could provide as evidence or demonstrate through day-to-day operations at your organisation. It is important to note that not all listed examples will be relevant to all providers, so ensure you have what is relevant to the size, scale and scope of your organisation.

The way that your documented evidence and everyday practice interact is explained through the following diagram, it is important to remember they do not exist in silos, they are heavily intertwined:



Whilst legislation has been incorporated under Further Information throughout the workbook, you will find a list of the some of the key documents that may relate to your service delivery in the Appendix. Ensure you understand your obligations under these legislative instruments, and refer to them in your policy and procedure.

As we know your time is precious, we have also included NDIS Legislation Checklists in the Appendix for your Incident Management and Complaints Management Systems, to ensure they comply with outlined requirements.



## Key Documents

- [National Standards for Mental Health Services](#)
- [NDIS Quality Indicators & Practice Standards](#)
- [NDIS Code of Conduct](#)
- [NDIS Quality and Safeguards Commission Legislation and Rules](#)

## Resources that informed the Workbooks development

- [MHCC Recovery Oriented Guide](#)
- [NSMHS Implementation guidelines for Non-government Community services](#)
- [Mental Health Outcomes: Indicators and Examples of Evidence](#)
- [A national framework for recovery-oriented mental health services](#)
- [Map of the NSQHS Standards \(second edition\) with the NSMHS](#)
- [User Guide for Health Services Providing Care for People with Mental Health Issues](#)
- [NSQHS Accreditation Workbook](#)

# HOW TO USE THE READINESS WORKBOOK GUIDE

1.1.2

## 1.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Communication with each participant about the provision of supports is **responsive** to their needs **provided** in the language, mode of communication and terms that the participant is most likely to understand.

This is the indicator exactly as written in the [NDIS Practice Standards and Quality Indicators](#).

The verbs that are in bold are things you need to be doing to demonstrate your compliance.

### INTERPRETATION

An alternative interpretation of what the indicator is saying, in plain language.

Your organisation communicates in a way that meets the communication needs of the Participant. This may include plain language/easy read resources, interpreting or translating services, as well as other age, literacy or cultural considerations. In addition, it is important to ensure Participants understand the meaning or message you are trying to convey when communicating.

### MAPPING TO NSMHS

**Primary Standards:**  
1.4, 1.7

**Other relevant Standards:**  
4.5, 4.6, 6.3, 9.3

These are the [NSMHS](#) that we have mapped to this NDIS Indicator. You might find evidence used in your NSMHS audit, that will also demonstrate compliance here.

### EVIDENCE EXAMPLES

- ☐ During the intake process, communication needs are identified, including Supported Decision Making. This information is included in Service Delivery Agreements, and Participant Information.
- ☐ A documented Service Delivery Agreement that outlines what services/supports look like, and the parameters around what is provided.
- ☐ Print resources about your organisation and the supports available and accessible to Participants with different communication needs.
- ☐ Advice that written information is available in alternative formats is included on all information, resources and documentation.

These are some examples of organisational evidence you can use to demonstrate your compliance with this indicator. Make sure your evidence is proportionate to the size, scale and scope of your organisation.

**Please note** this is not an exhaustive list. Tick the boxes if you already have this evidence.

*"Service delivery at our organisation is implemented in line with recovery-oriented principles and trauma informed practice. Our organisation empowers Participants, by protecting their legal and human rights whilst facilitating choice and control."*

*"Please be advised that this document can be made available in a different language or format if required."*

These boxes provide helpful hints. It could be example wording, or what the evidence might look like within the psychosocial disability context.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff can confirm that they know how to access alternative communication services and translating services.
- ☐ Relationships are maintained with organisations that can assist in promptly meeting Participants communication needs, to assist in developing easy to understand English formatted documents. Accessibility functions are used to ensure documents are accessible.
- ☐ Participants can confirm the availability and accessibility of communication supports.

This section provides helpful hints about how to evidence the indicator in your day-to-day service delivery, or what it might look like in practice. If this is done at your organisation, it will have supporting documentation.

**Please note** this is not an exhaustive list.

#### SELF-ASSESSMENT (what you already have e.g. policy/procedure/practice)

- Participants preferred language, format and mode of communication is captured as part of the Intake Process.
- Types of supports are outlined in the Service Delivery Policy.
- Advice on alternative information formats included on all documentation.

#### GAPS IDENTIFIED (what you might be missing)

- Staff aren't trained in how to access interpreting and translating services should it be required.
- Development of main policy/procedure/marketing documents in easy read formatting.

#### READINESS ACTION PLAN

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

- Develop and deliver training to staff on how to access interpreting translating services.
- Research of and engagement with organisation who can development easy read resources.

#### FURTHER INFORMATION

- Translating and Interpreting Service
- Hemingway App – tool to assist
- HelpingMinds [What is the NDIS](#) an alternative format
- [Build An Introduction to PBS video](#) alternative format
- [Web Content Accessibility Guidelines](#) (WCAG)
- [Australian Style Manual](#) – guidelines on writing, editing or publishing content
- [Guide to making content accessible](#)

In this section, you will find links to resources, information and sample documents that will provide further guidance about how to meet the relevant indicator.

**Please note** any sample documents are provided here as a guide only. You can use these examples to inform creation of your own documentation.

In this box, write down what evidence you already have to meet this indicator, including any relevant documentation, as well as what you do in day-to-day-business.

In this box, write down what you might be missing in current policy, procedure and/or practice.

What are you doing but don't have policy/procedure around? What might you be missing completely?

This box is where you write down what needs to be done for your organisation to fully address this indicator and meet the standard. Anything written here can be put into your quality improvement plan.

## WHICH MODULES DO I NEED TO COMPLETE?

Depending on what registration groups you are registered to provide under the NDIS will determine which modules you have to comply with and therefore the audit pathway you must undergo. Both Verification and Certification audit pathways are structured around a 3-year audit cycle, with a mid-term surveillance audit at 18 months. The Core Module consists of four divisions, which all must be complied with, unless specifically stated otherwise. These modules are:

- Rights and responsibilities,
- Governance and operational management,
- Provision of supports, and
- Support provision environment

The following table shows the NDIS Practice Standard module/s which your organisation will need to comply with, depending on your Registration class/groups.

Class of Supports/Registration Group	NDIS Practice Standard Modules
Assistance in coordinating or managing life stages, transitions and supports Assistance to access and maintain employment or higher education Assistance with daily life tasks in a group or shared living arrangement Assistance with daily personal activities Development of daily care and life skills Group and centre based activities Participation in community, social and civic activities Specialised supported employment	Core Module
High intensity daily personal activities	Core Module High Intensity Daily Personal Activities Module
Specialist positive behaviour support	Core Module Specialist Behaviour Support Module
Individual or Partnership (only) Early intervention supports for early childhood and any other verification registration	Core Module: Freedom from violence, abuse, neglect, exploitation or discrimination Outcome only Early childhood supports Module
Early intervention supports for early childhood	Core Module Early childhood supports Module

Class of Supports/Registration Group	NDIS Practice Standard Modules
Specialist disability accommodation only	Specialist Disability Accommodation Module
Specialist disability accommodation and one or more other registration classes/groups	Core Module Specialist Disability Accommodation Module
Specialised support coordination	Core Module Specialist Support Co-ordination Module
Assistance animals Assistive equipment for recreation Accommodation/tenancy assistance Assistive products for personal care and safety Assistive products in household tasks Assistance with travel/transport arrangements Communication and information equipment Community nursing care Customised prosthetics Exercise physiology and personal training Hearing equipment Hearing Services Home modifications Household tasks Innovative community participation Interpreting and translation Management of funding for supports in participant plans Personal mobility equipment Specialised hearing services Specialised driver training Therapeutic supports Vehicle modifications Vision equipment	Verification Module

**Please Note:** Providers using restrictive practices in the delivery of any NDIS supports and services must also meet the:

Implementing Behaviour Support Plans Module

## KEY TYPES OF EVIDENCE

**Policy and Procedure Documents** – a policy is a documented statement, consistent with organisational objectives, that formalises an approach to a task or concept. A procedure is documented instructions and recommended steps to be taken for the completion of a task or specific process. A Policy and Procedure may exist for a single indicator, include several indicators, or address an entire outcome. The number of policy and procedure documents your organisation has, and the amount of detail in each document will depend on the size, scale and scope of your organisation. Several sample policy and procedure documents have been included here in the 'Further Information' section, but these are to be **used as a guide only**.

**Forms** – forms are templates used to gather certain types of information. This could range from gathering staff or participant information, collecting feedback from stakeholders, or obtaining Participant consent, for example.

**Registers** – registers can be used to hold lots of key information in a central location. Registers to be used for evidence against could include a risk management register, incident and accident register, feedback and complaints register, staff training register and quality improvement register, to name a few. These registers could be as simple as an excel spreadsheet, or more complex and be housed within a software program – this will depend on how your organisation operates.

**Service Agreements** – a service agreement is a document that is agreed to and signed by two (or more) parties (i.e. your organisation and a Participant) which outlines the roles and responsibilities of all parties, and lays the ground work for expectations about what a Participant will or will not receive whilst being supported by your organisation.

**Participant Information Pack** – a Participant information pack is ideally handed out when a Participant first begins being supported by your organisation. It gives them all the vital information they need about receiving supports, including things such as cancellation policies, how to provide feedback and complaints, how their rights will be upheld and how they will be protected from violence, abuse, neglect and exploitation. There is a great [factsheet](#) to guide what you must inform participants about.

Some example Participant information packs can be found below:

- Example One – [Possibility](#)
- Example Two – [NDIS Commission](#)

## A WORD ON CONSENT....

All Participants should be deemed to have capacity to provide their own consent. A family member, carer, advocate, guardian, nominee, or other suitable individual may need to be involved in decision making and obtaining of consent, where a Participant does not have this capacity. Your organisation should support the Participant to make their own decisions as much as possible but facilitate the involvement of others where supported- or substituted-decision making is required. Extra consideration may need to be taken depending on Participant age and maturity.

Sometimes, Participants may not have this capacity, or their capacity may change over time and they require a substitute decision maker. Given the ever-changing nature of psychosocial disability, capacity should be reassessed each time consent is required. Where this is the case, this substitute decision maker relationship should be documented, and still involve the Participant in the decision-making process as much as possible.

For more information about deeming an individual's capacity to consent, please see some of the below resources:

- Mental Health Foundation (UK) – [Mental Capacity](#)
- Office of the Public Advocate (Vic) – [Assessing whether a person has decision making capacity](#)
- Office of the Chief Psychiatrist (WA) – [Capacity and the Mental Health Act 2014](#)
- [Mental Health Act 2014 \(WA\)](#)
- Sample Procedure – [Adults with Impaired Decision Making Capacity](#)

## WHAT IS NEXT?

Once you have completed this Readiness Workbook, you have done considerable work in preparing your organisation for complying with the NDIS Quality and Safeguards Commission requirements. Here are some steps to guide you in what to do next:

1. Use the information gathering in Box 1 (self-assessment) to aid in completion of your Self-Assessment through the NDIS Commission portal. This Self-Assessment forms part of the initial registration or re-registration process you will need to undertake. It involves providing a written explanation of everything your organisation is doing to meet practice standards, both documented evidence, systems in place and what you do in everyday practice.
2. Ensure you start to address anything identified in Box 2 (gap analysis). If you implement an action plan to address specific gaps identified, this can be used as evidence for your audit that you are working towards best practice and meeting this indicator. Depending on the area for development, you may want to include this on your Risk Register.
3. Start implementing your quality improvement activities identified in Box 3. Each of these activities can be included in your Readiness Action Plan, ensuring they are allocated to a specific staff member/s for completion, and include a due date. This is where you can demonstrate to your Auditor you are embedding continuous quality improvement, and they will want to see progress against or completion of these actions at your mid-term surveillance audit.

Once you are prepared to meet your NDIS registered provider requirements, you might want to expand your Readiness Action Plan to become a continuous quality improvement plan which could be applicable across your entire organisation.

If you are a registered provider requiring any assistance completing the workbook, or understanding what to do next, please contact the project team at [Ready4QSC@waamh.org.au](mailto:Ready4QSC@waamh.org.au)



# STANDARD

MAPPING

INDICATOR

INTERPRETATION

EVIDENCE EXAMPLES

IMPLEMENTATION INTO EVERYDAY PRACTICE

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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# CORE MODULE: RIGHTS & RESPONSIBILITIES

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

**This Division of the Core Module sets out the rights of Participants and the responsibilities of providers that deliver supports and services to them.**

## RIGHTS & RESPONSIBILITIES

**These NDIS Practice Standards set out the rights of Participants and the responsibilities of providers that deliver supports and services to them.**

### **How does Core Module – Division 1: Rights and Responsibilities line up with the NSMHS?**

NDIS indicators under the Person-Centred Supports; Privacy and Dignity; Independence and Informed Choice outcomes are covered by NSMHS Standard 1: Rights and Responsibilities, other evidence may be located under Standards 6, 7 and 10.

NDIS indicators under the Individual Values and Beliefs outcome are covered by NSMHS Standard 4: Diversity Responsiveness, other evidence may be located under Standards 7 and 10.

NDIS indicators under the Violence, Abuse, Neglect, Exploitation and Discrimination outcome are covered by NSMHS Standard 2: Safety, other evidence may be located under Standards 1, 6 and 10.

## 1.1 PERSON – CENTRED SUPPORTS

### OUTCOME:

Each participant accesses supports that promote, uphold and respect 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.

### 1.1.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's legal and human rights are **understood** and **incorporated** into everyday practice.

### INTERPRETATION

Your organisation ensures that Participant's legal and human rights are known and understood by staff and Participants. Service delivery upholds, promotes and protects these rights. Supports are delivered in line with current legislation and other regulatory requirements. Including the UN Convention on the Rights of Persons with Disability, the NDIS Practice Standards & Quality Indicators and NDIS Code of Conduct, as well as Commonwealth, Territory and State legislation.

#### MAPPING TO NSMHS

##### Primary Standards:

1.2, 1.4

##### Other relevant Standards:

1.3, 1.7, 1.9, 1.10

### EVIDENCE EXAMPLES

- ☐ A Documented Statement of Participant Rights is provided to Participants and displayed on your website and at service delivery sites. Staff should also discuss this Statement with Participants to ensure their understanding
- ☐ A Participant Information Pack which includes the Statement of Participant Rights
- ☐ Service Agreements include an outline of how Participants' rights are upheld in practice at the organisation
- ☐ Documented commitment to uphold the principles of the NDIS Code of Conduct
- ☐ Identification and application of relevant legislation/regulations in policy, procedure and processes

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training on legal and human rights are included in orientation and induction and recorded in the staff training register
- ☐ Staff can describe how they incorporate respect for legal and human rights into service delivery
- ☐ An acknowledgement of understanding and commitment to upholding the Code of Conduct is signed by all staff members and periodically reviewed
- ☐ Supervision and support of staff ensures they uphold, protect and promote legal and human rights in daily practice, including additional training as required
- ☐ Board members can confirm there is a schedule of policy review that ensures policy remains compliant with relevant legislation, regulations, and best practice. Staff can confirm policy changes are communicated and embedded in practice

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Achieving Great Person-Centred Care Factsheet](#)
- [UN Convention on the Rights of Persons with Disabilities](#)
- [Disability Services Act 1986](#)
- [Mental Health Act 2014](#)
- [Privacy Act 1988](#)
- [Australian Human Rights Commission](#)
- [Australian Charter of Healthcare Rights](#)
- [Carers Recognition Act 2010](#)

## 1.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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**.

### INTERPRETATION

Your organisation communicates in a language and format that meets the communication needs of the Participant. This may include plain language/easy read resources, interpreting or translating services, as well as other age, literacy or cultural considerations. In addition, it is important to ensure Participants understand the meaning or message you are trying to convey when communicating.

#### MAPPING TO NSMHS

##### Primary Standards:

1.4, 1.7

##### Other relevant Standards:

4.5, 4.6, 6.3, 9.3

### EVIDENCE EXAMPLES

- ☐ During the intake process, Participants language and communication needs are identified and documented, including Supported Decision-Making requirements. This information is included in Support Plans, Service Agreements, and Participant records
- ☐ A documented Service Delivery Policy includes an outline of what services/supports look like at your organisation, and the parameters around what is/is not provided
- ☐ Print resources about your organisation's provision of supports are available and accessible to Participants with different communication needs
- ☐ Advice that written information is available in alternative formats is included on all information, resources and documentation

*"Service delivery at our organisation is implemented in line with recovery-oriented principles and trauma informed practice. Our organisation empowers Participants, by protecting their legal and human rights whilst facilitating choice and control."*

*"Please be advised that this document can be made available in a different language or format if required."*

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff can confirm that they know how to access alternative resources, including interpreting and translating services
- ☐ Relationships are maintained with organisations that provide interpreting and translating services, to assist in promptly meeting Participants communication needs. This could include organisations that develop easy English formatted documents. Accessibility functions are embedded onto your website
- ☐ Participants can confirm the availability and accessibility of resources in different formats

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Translating and Interpreting Service (TIS): [TIS National](#) – Certified NDIS Service
- [Hemingway App](#) – tool to assist you in writing in plain language
- HelpingMinds [What is the NDIS? Animation](#) – an example of communicating a message and information in an alternative format
- Bild [An Introduction to PBS video](#) – an example of communicating a message and information in an alternative format
- [Web Content Accessibility Guidelines \(WCAG\)](#)
- [Australian Style Manual](#) – guidelines on writing, editing or publishing content
- [Guide to making content accessible](#)



### 1.1.3. QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **supported** to engage with their family, friends and chosen community as **directed** by the participant.

#### INTERPRETATION

With Participant consent and guidance, their informal support network are engaged in their support and recovery journey. Organisational processes recognise, maintain and reconnect Participants with their informal support networks while maintaining a Participant-centred approach.

#### MAPPING TO NSMHS

##### Primary Standards:

1.11, 4.3

##### Other relevant Standards:

1.12, 3.2, 7.1, 7.16, 10.4.3

#### EVIDENCE EXAMPLES

- ☐ During the intake process, information about key people in a Participants' informal support network is collected, recorded and regularly reviewed (i.e. during NDIS Plan reviews)
- ☐ Documented organisational policy and procedures outline how formal and informal support networks are incorporated into service delivery. Inclusion (with Participant consent) is facilitated and documented in support planning, delivery and exit
- ☐ A Carers Rights and Responsibilities Statement is provided to families and carers, displayed on websites and at service delivery locations

In the mental health and psychosocial disability sector, a collaborative informal support network surrounding Participants are recognised as vital to their Recovery.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ongoing training and support for staff on the collaborative involvement of the Participants informal support networks
- ☐ Staff confirm knowledge and understanding of how to include a Participant's informal support network and can demonstrate this in everyday service delivery
- ☐ With Participant consent inclusion of informal support networks are documented in Participant and Support Plans. This is regularly reviewed and routinely communicated with all those involved in the Participants supports
- ☐ With Participants' consent, there is communication with informal networks about supports and recovery
- ☐ Members of the informal network confirm awareness of their rights and responsibilities and that their inclusion is considered by the provider

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Carer Recognition Act 2010](#)
- [A Practical Guide for Working with Carers of People with a Mental Illness](#)
- [Mental Health Carers Australia – Carer Inclusive Practice](#)
- [Mental Health Statement of Rights and Responsibilities of Carers and Support Persons](#)
- Your organisation could also consider the role of a nominee in the Participants life – for more information, see the [NDIS Nominee Operational Guidelines](#)
- It is important to note that not all carers will identify, or describe themselves, as carers, or want to be referred to as carers, but supporting them in their role is just as important. For support for families and carers, see the [Carer Gateway](#).

## 1.2 INDIVIDUAL VALUES AND BELIEFS

### OUTCOME:

Each participant accesses supports that respect their culture, diversity, values and beliefs.

### 1.2.1 QUALITY INDICATOR TO BE DEMONSTRATED:

At the direction of the participant, the culture, diversity, values and beliefs of that participant are **identified** and sensitively **responded** to.

#### INTERPRETATION

Your organisation takes the time to identify, understand and consider the uniqueness of Participants culture, diversity, values and beliefs and then demonstrate respectful inclusion of these factors into service provision.

#### MAPPING TO NSMHS

##### Primary Standards:

4.1, 7.5

##### Other relevant Standards:

4.2, 4.6

#### EVIDENCE EXAMPLES

- ☐ Documented policies and procedures that include your organisational approach to identification of, respect for, and responsiveness to, Participant culture and diversity
- ☐ Information about a Participant's culture, diversity, background, values and beliefs is collected, recorded and incorporated into supports at their direction. This may include whether they identify as Aboriginal and/or Torres Strait Islander, their country of birth, their primary language spoken at home, gender, and whether they identify as LGBTIQ+
- ☐ Preferences about how Participants would like their needs responded to are documented in Participant records, embedded into service delivery, and regularly reviewed
- ☐ Acknowledgement of Country statements displayed at service delivery sites and included in appropriate events, meetings etc.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training includes understanding how individual Participant needs and preferences might differ in relation to cultural diversity, values and beliefs and how they might appropriately respond to these. Some examples may include:
  - Cultural Competency/Awareness and Sensitivity
  - CultureReady – Culturally Responsive Service Delivery to equip NDIS providers
  - LGBTIQ+ – Opening Closets training. Delivered by Living Proud in WA
- ☐ Staff supervision, mentoring and reflective practice ensures responsiveness to culture, diversity, values and beliefs
- ☐ Organisational partnerships with providers who have the skills and knowledge to respond to the cultural and diverse needs of your Participants
- ☐ Foster the break-down of cultural barriers, and prevent discrimination, through the development of an inclusive workplace. This may include employment of staff with diverse backgrounds

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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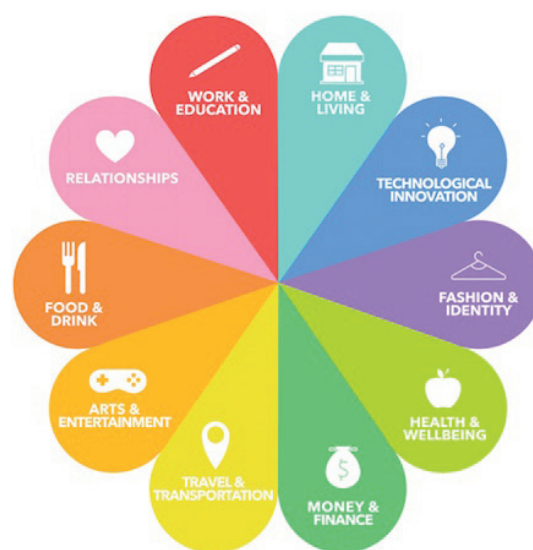
### READINESS ACTION PLAN

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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### FURTHER INFORMATION

- [Reconciliation Australia – Acknowledgement of Country](#)
- [Framework for Mental Health in Multicultural Australia](#)
- [Embrace Multicultural Mental Health – Cultural Competence Online Training](#)
- [The Fifth National Mental Health and Suicide Prevention Plan](#) identifies a number of populations that have specific mental health needs, these include Aboriginal and Torres Strait Islander peoples, LGBTIQ+, rural and remote Australians, migrants, refugees and people from culturally and linguistically (CALD) backgrounds.
- Cultural Mapping (examples right) could be incorporated into your service delivery, to identify the Participants culture, diversity, values and beliefs relating to their life, and service provision
- [Aboriginal Cultural Capability Toolkit](#)
- [Aboriginal and Torres Strait Islander Cultural Capability Framework](#)



**Above:** The Lab – Cultural Mapping<sup>1</sup>

<sup>1</sup> [The Lab – Cultural Mapping](#)

## 1.2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's right to practice their culture, values and beliefs while accessing supports is **supported**.

### INTERPRETATION

Your organisation actively supports, promotes and upholds Participants right to practice their culture, diversity, values and beliefs during service delivery.

### MAPPING TO NSMHS

#### Primary Standards:

4.5, 10.1.5

#### Other relevant Standards:

4.3, 4.4, 4.6, 7.5

### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights includes the right to practice culture, diversity, values and beliefs during service delivery
- ☐ Participant Information Pack includes information about how your organisation considers Participant needs and practices relating to culture and diversity
- ☐ Staff training includes how to support the diverse needs of Participants, being respectful and preventing discrimination
- ☐ Documentation in Participant records outlines how these practices are supported i.e. scheduling around cultural and/or religious practices
- ☐ Participant feedback about support they have received to practice their culture, diversity, values and beliefs

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation employs staff with diverse backgrounds, including those with lived experience of mental illness/psychosocial disability, and matches these staff with Participants appropriately
- ☐ Staff supervision and mentoring ensures ongoing responsiveness to culture, diversity, values and beliefs
- ☐ Staff can demonstrate how to facilitate interpreting and translating services

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Supporting CaLD people – Head to Health](#)
- [ATSI peoples Hub – Reimagine Today](#)
- [Multicultural Hub – Reimagine Today](#)
- [LGBTIQ+ Communities Hub – Reimagine Today](#)
- [Working with Clients from Culturally Diverse Backgrounds](#)

## 1.3 PRIVACY AND DIGNITY

### OUTCOME:

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

### 1.3.1. QUALITY INDICATOR TO BE DEMONSTRATED:

Consistent processes and practices are in place that **respect** and **protect** the personal privacy and dignity of each participant.

#### INTERPRETATION

Your organisation has implemented policies and procedures that ensure the privacy and dignity of each Participant is always respected and protected. This is evidenced in documentation and demonstrated in everyday service delivery.

#### EVIDENCE EXAMPLES

- ☐ Documented Privacy and Confidentiality Policy and Procedure with reference to the relevant Commonwealth, state and territory legislation. Staff can demonstrate knowledge of, and explain how, policy is enacted in service delivery
- ☐ Confidentiality Agreement signed by all staff
- ☐ Participant Information Pack includes a Statement of Participant Rights about their right to privacy and dignity
- ☐ Participants confirm relevant consent forms are used
- ☐ Signed Consent Forms are present in Participant's records
- ☐ Participants can describe how the organisation has upheld their right to privacy and dignity

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training about how the privacy and dignity of Participants is upheld in line with policy and procedure
- ☐ Staff are supported by supervision and reflective practice to understand and demonstrate expectations of organisational behaviour outlined in policy, procedure and the Code of Conduct
- ☐ Security measures are in place to protect personal and sensitive Participant information. For example, content should be password protected when using information management systems

#### MAPPING TO NSMHS

##### Primary Standards:

1.1, 1.8

##### Other relevant Standards:

10.1.2

**Privacy:** The Participants right to have control over how their personal and sensitive information is collected, stored and used.

**Dignity:** Valuing the knowledge, abilities and experiences that Participants possess, supporting them to use this to live a life they want.



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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Privacy Act 1988
- Disability Discrimination Act 1992
- Australian Privacy Principles
- Not-for-Profit Law – Information on Privacy

## 1.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **advised** of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.

### INTERPRETATION

Your organisation communicates information around confidentiality in a language and format that meets the communication needs and preferences of Participants. This may include plain language/ easy read resources, interpretation or translation, or other age, literacy and cultural considerations. In addition, you must ensure that Participants understand the meaning of messages you are trying to convey when communicating with them.

#### MAPPING TO NSMHS

##### Primary Standards:

1.8

### EVIDENCE EXAMPLES

- ☐ Documented Privacy and Confidentiality Policy and Procedure includes reference to relevant Commonwealth, state and territory legislation. Staff can demonstrate knowledge of policy and procedure and embed this into service delivery
- ☐ Documented organisational statement explains the availability of written information in alternative formats, including privacy and confidentiality information
- ☐ Participant Information Pack includes a Statement of Participant Rights, and information about when confidentiality may need to be breached e.g. when the safety of the Participant or others is at risk
- ☐ Staff training on the incorporation of privacy and confidentiality principles put into practice including when confidentiality may be breached

*"Please be advised that this document can be made available in a different language or format if required."*

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Intake processes include identification of Participants language and communication preferences
- ☐ Staff understand and demonstrate how to facilitate interpreting and translating services and how to access information in alternative formats
- ☐ Staff give Participants opportunities to ask questions about the information that has been communicated
- ☐ Participants are provided with information about how to lodge a complaint or give feedback

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Privacy for Health Service Providers](#)
- [Australian Privacy Principles Poster](#)
- [NDIS Privacy Easy Read](#)

### 1.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant **understands** and **agrees** to what personal information will be collected and why, including recorded material in audio and/or visual format.

#### INTERPRETATION

Participants understand what information your organisation is collecting and why. Procedures are in place to determine and document how consent for information collection is obtained.

#### EVIDENCE EXAMPLES

- ☐ Documented Consent Form and supporting policy and procedure
- ☐ Documented Privacy and Confidentiality Policy and Procedure which includes your organisational approach to deciding if a Participant has capacity to consent
- ☐ Documented Statement of Participant Rights states that personal information is not collected without consent and that can be withdrawn at any time
- ☐ Participant Information Pack describes when consent is needed, how and why information is collected
- ☐ Staff training includes how to establish whether a Participant has capacity at the time that consent is being sought

#### MAPPING TO NSMHS

##### Primary Standards:

1.3

##### Other relevant Standards:

1.13, 7.7, 7.8, 7.9, 7.10

Participant's capacity to consent can change throughout their Recovery journey. It is a good idea to reassess or review capacity, each time consent is required.

It is important to note that Participants have the right to withdraw consent at any time.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Information is obtained during the intake process about a Participants capacity to consent and make informed choices on their own. This is also the time to identify if there is a substitute-decision maker involved

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Mental Health Act 2014
- Office of the Chief Psychiatrist WA – Capacity and the Mental Health Act 2014
- Informed Consent means that a Participant:
  - Is provided with appropriate and adequate information;
  - Is capable of understanding the nature of the information and the consequences of a decision made in relation to this information; and
  - Can freely make decisions without unfair pressure or influence from others.<sup>2</sup>

<sup>2</sup> NSMHS Implementation Guidelines – Informed Consent

## 1.4 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.

### 1.4.1 QUALITY INDICATOR TO 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.

### INTERPRETATION

One of the fundamental principles of the NDIS is choice and control.<sup>3</sup> Your organisation demonstrates support for Participants right to choice and control and to make their own decisions. This may involve the facilitation of Supported Decision-Making, whilst maintaining the principles of person-centred supports and Recovery-Oriented practice. Decision-making processes consider the Participants communication needs and preferences.

#### MAPPING TO NSMHS

##### Primary Standards:

1.10

##### Other relevant Standards:

1.3, 3.1, 10.1.6, 10.1.8

### EVIDENCE EXAMPLES

- ☐ Documented policy and/or procedure on decision making and facilitation of Participant choice and control, includes processes your organisation undertakes to assist Participants when making decisions, for example, use of a Supported Decision-Making tool
- ☐ Participant Information Pack contains information about how the Participant takes part in decision-making
- ☐ Staff training register includes evidence of professional development in this area

Given the episodic nature of psychosocial disability, this decision-making process may look different throughout the Participants Recovery journey.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training is provided around the facilitation of choice and control
- ☐ Staff undertake the Supported Decision Making Practice Framework training, a series of online modules about supporting people through the decision making process
- ☐ Staff understand and demonstrate how to facilitate interpretation and translation services and access information in different formats
- ☐ Participants can describe experiences with your organisation in decision-making and choice

<sup>3</sup> NDIS Quality and Safeguards Framework

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [People with Disability and Supported Decision-Making and the NDIS](#)
- [Recovery and Supported Decision Making](#)
- [People Making Choices](#) – supporting the needs and preference of people with psychosocial disability
- [Options for Supported Decision-Making: Enhance the Recovery of people experiencing Severe Mental Health Problems](#)
- Office of the Public Advocate Victoria – [Guide to NDIS Decision-Making](#)
- ACSQHC Shared Decision Making [Videos](#) and Supportive Resources
- [WaiS Supported Decision Making Resources](#)
- [Mental Health Advocacy Service](#)



## 1.4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation supports Participants to make informed choices when there are potential risks involved. Your organisation empowers Participants to have opportunities for positive risk-taking and learning. Open discussions should be facilitated to understand why the Participant wants to undertake the potentially risky activity, and the positives and negatives of doing so.

#### MAPPING TO NSMHS

##### Primary Standards:

1.10

##### Other relevant Standards:

1.3

### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights outlines Participant's right to positive risk-taking
- ☐ Participant Information Pack describes how your organisation supports the Participant's dignity of risk while maintaining duty of care
- ☐ Documented policy and procedure are in place about supported decision making, Participant choice and dignity of risk
- ☐ Notes documenting discussions about options, risks and benefits of treatments or activities demonstrating facilitation of informed decision-making are kept on Participant's records
- ☐ A standardised template to facilitate discussion around decision-making is used

We all have the right to make mistakes, and this is often how we learn and develop as individuals. Inhibiting dignity of risk for people living with psychosocial disability denies them the opportunity for Recovery and growth and can impact on their quality of life. If implemented correctly, dignity of risk may result in improved independence, health, social participation and interaction, autonomy and self-worth.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff employ Recovery-Oriented Principles, including supporting dignity of risk, when working with Participants to undertake positive Risk-Taking Behaviour
- ☐ Your organisational service delivery is guided by Participant determined Recovery goals and Support Plans that could involve risk-taking and making mistakes
- ☐ Staff facilitate Supported Decision-Making when assisting Participants to analyse the benefits and risks of a decision. Staff maintain a person-centred approach and with Participant consent, include the informal support network
- ☐ Staff education and training on supporting dignity of risk while maintaining duty of care

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Everyday Practice – What this looks like for Providers – [Factsheet: Dignity of Risk vs. Duty of Care and the NDIS](#)

### 1.4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant's autonomy is **respected**, including their right to intimacy and sexual expression.

#### INTERPRETATION

Your organisation ensures Participants autonomy and independence is supported, including decisions about relationships and sexual expression. This may involve helping identify and respecting Participant wants and needs in relationships, intimacy and sexual expression.

#### MAPPING TO NSMHS

##### Primary Standards:

1.7

#### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights includes the Participant's right to intimacy, personal relationships and sexual expression that is in line with their personal values and interests
- ☐ Participant Information Pack includes a Statement of Participant Rights, and an explanation of how your organisation supports a Participant's autonomy
- ☐ Staff education and training on autonomy and Participant's independence, particularly in relation to intimacy and sexual expression
- ☐ Documentation showing how Participant autonomy is respected, and Supported Decision-Making is facilitated in relation to intimacy and sexual expression is kept on Participant's records

**Autonomy:** A Participant's ability to act on their own values and interests and have independence on their own thoughts and actions. E.g. Participants can act on their own wants and needs when determining what their supports look like.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Assist Participants to identify their needs and goals in relation to intimacy, relationships and sexual expression, and support them with positive risk taking in pursuit of these needs and wants
- ☐ Actively inform Participants of their rights to autonomy, independence and choice and how your organisation will uphold these rights

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**  
(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Head to Health – [Sexuality and Intersex People](#)
- Reimagine – [LGBTIQ+ Communities Hub](#)
- [National LGBTI Health Alliance](#)

## 1.4.4 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation provides adequate support so Participants can understand and make informed decisions, and provide avenues to seek advice and support about making a decision. Decision-making processes, and review of options, is an individual process and is not time-bound. Your organisation ensures Participants are never denied the right to control through coercion.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.11, 10.4.5

### EVIDENCE EXAMPLES

- ☐ Participant Information Pack includes information about decision-making and Participant options to seek advice when considering and reviewing support provisions
- ☐ Documented information provided to Participants about where they can go for additional advice and/or support, for example, a list of advocacy service contacts or a flyer outlining how they can involve their informal support network to assist with decision-making
- ☐ Documentation in Participant records outlines the different options provided/available to Participants, including how the decision was made and, if there were others involved, who they were and the role that they played in Supported Decision-Making
- ☐ Participant feedback about their experiences of decision making, including options, availability of advice and, the time allowed to make a decision

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Participants are actively involved in determining their Recovery goals and designing Support Plans, this may also include the support of others
- ☐ Options presented to Participants are unbiased, and free from any conflict of interest
- ☐ Your organisation facilitates access to additional decision making support for Participants

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Healthtalk Australia – [Mental Health & Supported Decision Making](#)
- Mental Health Australia – [Supported Decision Making, Psychosocial Disability & NDIS](#)

## 1.4.5 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation ensures Participants understand the role of, and their right to access, an advocate. Include advocates in service delivery at the Participants direction. An advocate may be a Participant nominated family member, carer, friend or guardian, or an independent advocate.

### MAPPING TO NSMHS

#### Primary Standards:

1.15

#### Other relevant Standards:

1.11, 3.4

### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights highlights the Participants right to have an advocate present
- ☐ Provide and display information about the role of an advocate and how these services can be accessed by Participants and their informal support network
- ☐ Participant Information Pack includes information about the role of an advocate, how advocacy services can be accessed, and how your organisation supports and facilitates this process
- ☐ Participant records document instances when a Participant has accessed and had an advocate present, and includes Participant feedback relating to the advocates involvement

Your organisation may suggest an independent advocate who specialises or has experience in psychosocial disability.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff support the inclusion of an advocate
- ☐ Memoranda of Understanding (MOU), or other collaboration initiatives, are in place with advocacy services. It is also important to provide independent options to avoid any conflict of interest
- ☐ Employment of a peer support worker or volunteer who assists with Participant advocacy
- ☐ Staff assist Participants to understand the role of an advocate

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Mental Health Advocacy Service](#)
- [Mental Health Law Centre](#)
- [CoMHW](#) – Consumer Advocacy Service
- [HelpingMinds](#) – Mental Health Carer Advocacy and Support
- [Multicultural Futures](#) – Mental Health Advocacy for individual from a CaLD background
- [COPMI](#) – Children of Parents with a Mental Illness



## 1.5 VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION

### OUTCOME:

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

### 1.5.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Policies, procedures and practices are in place which **actively prevent** violence, abuse, neglect, exploitation or discrimination.

#### INTERPRETATION

Policies, procedures and practices are documented and implemented to embed your organisational approach to the prevention of violence, abuse, neglect, exploitation and discrimination. This approach is built on the upholding of human rights, Participant empowerment, safeguarding, and promotes a zero-tolerance approach.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1

##### Other relevant Standards:

2.9, 2.10

#### EVIDENCE EXAMPLES

- ☐ Documented Policy and Procedure clearly outlining organisational approach and steps on how violence, abuse, neglect, exploitation and discrimination are actively prevented
- ☐ Documented Environmental Risk Assessments conducted at service delivery sites
- ☐ Documented Participant Risk Assessments (and Safety Plans where applicable)
- ☐ Documented quality improvement activities that have originated from previous allegations or incidents involving violence, abuse, neglect, exploitation and discrimination
- ☐ Participant Information Pack outlines everyone has a role in minimising and eliminating violence, abuse, neglect, exploitation and discrimination; and the importance of reporting incidents

Prevention of discrimination could be done through mental health promotion and education, to reduce stigma currently surrounding mental illness and psychosocial disability.

## IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ NDIS Code of Conduct compliance activities, for example, all workers complete the NDIS Worker Orientation Module
- ☐ Adoption, embedding and continuous improvement of an organisational approach on the prevention of violence, abuse, neglect, exploitation, and discrimination
- ☐ Staff education and training on the prevention of violence, abuse, neglect, exploitation and discrimination, for example, de-escalation training
- ☐ Staff supervision to ensure they are actively preventing incidents of violence, abuse, neglect, exploitation and discrimination from occurring

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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## READINESS ACTION PLAN

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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## FURTHER INFORMATION

- NDS Zero Tolerance Framework – Preventing Abuse
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- QLD Government Resources – Preventing & Responding to Abuse, Neglect and Exploitation

## 1.5.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation ensures Participants are given information and resources about what an advocate is, and how they can involve advocates in their service delivery. Participants are informed, and understand, that you can support them to facilitate this access when allegations of violence, abuse, neglect, exploitation, or discrimination are made.

#### MAPPING TO NSMHS

##### Primary Standards:

1.15

##### Other relevant Standards:

1.11, 2.1

### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights highlights the Participants right to access an advocate
- ☐ Participant Information Pack describes an advocate's role, the right to access one, and provides information about how your organisation supports and facilitates engaging an advocate
- ☐ Participant records document the provision of information about advocacy services, particularly when there has been an allegation or incident of violence, abuse, neglect, exploitation or discrimination
- ☐ Resources about the role of an advocate and how these services can be accessed by Participants, and their informal support network, are provided and displayed in service delivery locations
- ☐ Participant feedback about their experience throughout these processes

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Memoranda of Understanding (MOU), or other collaboration initiatives, with advocacy services, potentially those who specialise in psychosocial disability and/or have experience in incidents involving violence, abuse, neglect, exploitation and discrimination
- ☐ Staff support and facilitate the inclusion of an advocate
- ☐ With Participant consent, incident reporting may include the involvement of an advocate

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)
- [Mental Health Advocacy Service](#)
- [Mental Health Law Centre](#)
- [CoMHW](#) – Consumer Advocacy Service
- [HelpingMinds](#) – Mental Health Carer Advocacy and Support
- [Multicultural Futures](#) – Mental Health Advocacy for individuals from a CaLD background
- [COPMI](#) – Children of Parents with a Mental Illness

### 1.5.3 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

#### INTERPRETATION

Organisational policies, procedures and processes are in place to appropriately respond to and act upon allegations and incidents of violence, abuse, neglect, exploitation or discrimination including procedures on how to best support and assist Participants through this process. Documentation and processes include guidance around recording, reviewing and investigating any allegations or incidents, and what action your organisation is taking to prevent recurrence.

#### MAPPING TO NSMHS

##### Primary Standards:

1.16

##### Other relevant Standards:

2.1, 2.10, 4.6, 10.1.5

#### EVIDENCE EXAMPLES

- ☐ Documented Incident Report Form, Incident Management Policy, Procedure and Register. Policy outlines how incidents are reported internally, as well as when and how to report incidents externally, for example, to the NDIS Commission
- ☐ Documentation of previous investigations into alleged or actual incidents
- ☐ Participant records include documented details of actual or alleged incidents that they were involved in, any steps taken, the resulting outcome, and how your organisation facilitated support for that Participant
- ☐ Staff meeting minutes show incidents are discussed, reviewed, any learnings or outcomes inform continuous quality improvement processes
- ☐ Participant feedback about their experiences throughout this process of review and investigation, for example, did it remain person-centred?

Any investigations maintain a collaborative, person-centred approach, being mindful of trauma-informed practice.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training on procedures and responses to incidents
- ☐ Incidents involving restrictive practice are managed in accordance with Positive Behaviour Support Guidelines, and follow-up actions are undertaken in line with the NDIS Commission requirements
- ☐ Embedding of a continuous quality improvement culture, where allegations and incidents are learned from, and actions taken to prevent them from occurring again
- ☐ Engagement with an Employee Assistance Program (EAP) that supports staff through these processes

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Commission – Incident Management & Reportable Incidents – a wide range of factsheets, information for providers, workers and Participants, and videos on incident management
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDS – Zero Tolerance Framework



# CORE MODULE: GOVERNANCE & OPERATIONAL MANAGEMENT

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

**This Division sets out the governance and operational management requirements for registered NDIS Providers.**

## GOVERNANCE & OPERATIONAL MANAGEMENT

**These NDIS Practice Standards set out the governance and operational management responsibilities for NDIS Providers.**

### **How does Core Module 2: Governance and Operational Management line up with the NSMHS?**

NDIS Indicators under the Governance and Operational Management Division are mostly covered under the NSMHS Standard 8: Governance, Leadership and Management. Additional evidence may be found under NSMHS Standard 1, 2, 3, 6 and 7. There are some NDIS Indicators under this Division that do not map to the NSMHS.



## 2.1 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.

### 2.1.1 QUALITY INDICATOR TO 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.

### INTERPRETATION

Participants actively contribute to organisational planning, governance decision-making and policy and procedure development. Your organisation demonstrates how you support and listen to Participants, taking into consideration their opinions and ideas, specifically around service delivery and Participant rights.

#### MAPPING TO NSMHS

##### Primary Standards:

7.14, 8.3

##### Other relevant Standards:

3.3, 3.7

### EVIDENCE EXAMPLES

- ☐ Policy and/or Procedure documents on Participant partnership and involvement in your organisation
- ☐ Documented examples of Participant feedback/ideas that have been implemented to instigate change
- ☐ Documented Meeting Agendas and Minutes to demonstrate Participant involvement
- ☐ Feedback from Participants about their experiences in the development and review of organisational policy and procedure
- ☐ Staff training register documents training provided to Board members, staff and/or Participants to ensure Participant involvement is effective

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation may consider creating a Participants co-design group to support review of policy, procedure, and other documentation that is relevant to Participants

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [You Matter: A guideline to support engagement with consumers, carers, communities and clinicians in health](#)
- Mental Health Australia – [Co-Design in Mental Health Policy](#)
- [WACOSS – Lived Experience Engagement Framework](#)

## 2.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation has identified its financial, legislative, regulatory and contractual responsibilities. You have a definitive organisational structure in place to meet these responsibilities. Each individual's roles and level of authority are clear, including responsibilities in relation to the quality and safeguarding of Participants.

#### MAPPING TO NSMHS

##### Primary Standards:

8.4, 8.11

##### Other relevant Standards:

8.9, 8.10, 10.4.5

### EVIDENCE EXAMPLES

- ☐ Documented Organisational Structure that is regularly reviewed to ensure effectiveness
- ☐ Board Constitution that includes Board structure and committees
- ☐ Committee Terms of Reference that outlines roles and responsibilities
- ☐ Documented monitoring strategies to track progress on how the organisation and Board are meeting financial, legislation, regulatory and contractual responsibilities
- ☐ Regular Board evaluation and review to ensure responsibilities are being met, and changes are made where necessary

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure that the governing bodies financial, legislative, regulatory, contractual and quality and safeguarding responsibilities are identified. Processes and procedures are implemented and regularly reviewed to ensure these responsibilities are met
- ☐ Operational staff understand and report on their responsibilities in meeting these obligations, in line with policy and procedure
- ☐ Your organisational structure may include a Board/Committee of Management, Leadership team, and functional area committees or working groups (for example, finance, audit, risk and governance committees)
- ☐ Meeting agenda and minutes with standard agenda items on quality and safeguarding in relation to Participants

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Quality and Safety of NDIS Services Governance Tool](#)
- Australian Institute of Company Directors – [Board Charter and Role of The Board](#)
- Australian Institute of Company Directors – [Board Committees](#)
- [Governance Structure and Charter](#)
- [NDIS Toolkit for Directors](#)

## 2.1.3 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your Board identifies the knowledge and skills needed to effectively govern the organisation. Should any gaps be identified, training is sought to appropriately address these gaps and facilitate effective governance.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

##### Other relevant Standards:

3.3

### EVIDENCE EXAMPLES

- ☐ Documented Board member profiles outlining current skills, knowledge and qualifications
- ☐ Board recruitment process documents – for example, an application or expression of interest form
- ☐ Documentation showing how training gaps and opportunities have been identified, for example, this could be included within meeting minutes
- ☐ Staff training register is documented and includes Board members
- ☐ Certificates of Completion from training undertaken

If Board members have little to no experience in mental illness or psychosocial disability, you may wish to provide them with training in this area to better enable them to meet the needs of this group.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Use a Board of Directors Skills Matrix to ensure your Board includes a range of individuals, with varied experience and expertise. Consider including a lived experience consumer and/or carer representative
- ☐ Identify and document what skills and areas of knowledge are required to ensure the Board can continue to govern effectively, and meet the needs of the organisation as it evolves
- ☐ Consider the skills that may be required by Board members to execute the strategic plan. Considerations may include the time taken for individuals to have an effective contribution, and succession planning for organisational longevity

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Australian Institute of Company Directors – [Assessing Board Composition](#)
- Australian Institute of Company Directors – [Guide for Preparing a Board Skills Matrix](#)
- [Fundamentals for Boards resource](#) – operating under the NDIS
- ECCV – [Good Governance for an NDIS Environment](#)
- [Building the Right Board](#) – incl. sample skills matrix

## 2.1.4 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

When developing the strategic and/or business plan/s, your Board and Leadership team fully understand and incorporate relevant legislation, organisational risks, and adherence to the NDIS Code of Conduct and Practice Standards. These documents should also include strategies to meet Participant and staff needs in line with these requirements.

#### MAPPING TO NSMHS

##### Primary Standards:

2.9, 2.12, 3.1, 8.3

##### Other relevant Standards:

4.3, 5.2, 6.17, 8.10

### EVIDENCE EXAMPLES

- ☐ Strategic/Business and/or Operational Plan/s documents
- ☐ Documents that demonstrate compliance with these requirements – for example, an organisational risk register, and policy and procedure incorporating legislative responsibilities
- ☐ Board meeting agenda and minutes that shows discussion of the organisational legislative requirements, risks and NDIS registered provider responsibilities
- ☐ Documented Leadership team meeting agenda and minutes that show discussion of how the strategic and operational plans are implemented on an ongoing basis
- ☐ Previous audit reports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Identify all legislative requirements, organisational risks and other responsibilities related to operating under the NDIS. This may include referring to the Terms of Business, the Practice Standards, the Code of Conduct, and applicable legislation and rules
- ☐ Describe how you will meet these obligations in your actionable items in strategic and operational plans
- ☐ Ensure staff can describe their roles and responsibilities under the Strategic and/or Operational Plans, which should be outlined in their JDFs
- ☐ Participants and staff are involved in the development, monitoring and review of the Strategic Plan

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Developing a Strategic Plan](#) – organisational resource
- [Registered Provider requirements](#) under the NDIS Quality and Safeguards Commission
- [NDIS \(Provider Registration and Practice Standards\) Rules 2018](#)
- [NDIS \(Registered Provider Notice of Changes and Events\) Guidelines 2019](#)
- [NDIS Provider Toolkit](#) – Self-Assessment for Organisational Capability
- NDIS Provider – [Legal Requirements](#)



## 2.1.5 QUALITY INDICATOR TO BE DEMONSTRATED:

The **performance** of management, including responses to individual issues, is **monitored** by the governing body to drive continuous improvement in management practices.

### INTERPRETATION

The Board overseeing your organisation provides optimal leadership and takes responsibility for an organisational culture that values continuous quality improvement. This should include managing the performance and the role that the CEO and Leadership team have in continuous quality improvement.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.7, 8.11

### EVIDENCE EXAMPLES

- ☐ Leadership team JDFs include KPIs relating to continuous quality improvement
- ☐ Staff performance reviews are conducted at least annually, guided by policy and procedure
- ☐ Documented Board and Leadership team meeting agendas and minutes include discussion of performance, KPIs and continuous quality improvement. Any feedback or changes are communicated back down through the organisation in accordance with the organisational structure
- ☐ Quality Improvement Register documents changes in management practices

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Performance management policy and procedure outlines the requirement of action plan implementation that specifies steps, personnel responsibilities, reporting requirements and timeframes for resolution, where required
- ☐ Foster a culture of continuous quality improvement into your organisation

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Australian Institute of Company Directors – [Improving Board Effectiveness](#)
- Australian Institute of Company Directors – [Board Evaluation and Director Appraisal](#)
- [Questions for Directors](#) – ensuring your organisation is meeting the necessary levels of quality assurance

## 2.1.6 QUALITY INDICATOR TO BE DEMONSTRATED:

The provider is **managed** by a suitably qualified and/or experienced persons with clearly **defined responsibility, authority and accountability** for the provision of supports.

### INTERPRETATION

Members of the Leadership team have the appropriate skills and knowledge to fulfill their roles and responsibilities. They are also responsible and accountable for the service delivery standard of the staff who report to them.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
7.16, 8.6, 8.7

### EVIDENCE EXAMPLES

- ☐ Leadership team JDFs which clearly define responsibility, authority and accountability
- ☐ Staff performance reviews are undertaken as guided by policy and procedure
- ☐ Monitoring and review of the Leadership team roles, responsibility, and performance outcomes are documented and reported to the CEO and the Board
- ☐ Separation of authority and accountability of the Leadership team roles are captured in the documented organisational structure
- ☐ Delegations and/or Escalations policy documents outline authority and accountability responsibilities

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ When recruiting for a member of the Leadership team, clearly identify what qualifications and experience your organisation requires from the individual in this position. Consider what they can contribute to your organisation based on their skills and experience, your organisational service delivery and the organisational values

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Online Tool to help you [construct an organisational structure diagram](#)
- [Information on Internal Controls for Not-for-profit organisations](#)
- [Good Governance Guide](#) – separation of authority between Board and management

## 2.1.7 QUALITY INDICATOR TO BE DEMONSTRATED:

There is a **documented system** of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.

### INTERPRETATION

Your organisation clearly outlines and documents escalation and delegation pathways, to ensure all roles and responsibilities continue to be fulfilled by an appropriately qualified person should the usual staff member be unavailable.

### MAPPING TO NSMHS

#### Primary Standards:

2.8

#### Other relevant Standards:

2.9

### EVIDENCE EXAMPLES

- ☐ Staff JDFs include descriptions of responsibilities around delegation and authority
- ☐ Key responsibilities and separation of authority are defined in the organisational structure
- ☐ Delegations and/or Escalations Policy outlines authority and accountability in situations of staff absence/unavailability
- ☐ Staff can confirm they understand who to report or refer to in the absence of their usual line manager, in line with delegations and escalations procedures and in response to specific situations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Communication is open, honest and transparent and ensures staff understand their responsibility and authority if the usual position holder is absent
- ☐ Staff are educated to understand and use delegation and/or escalation pathways, monitoring of situations is completed to ensure appropriate pathways are utilised by staff

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Governance Structure Charter – delegations of authority information on pages 9-11. This should be used as a guide only.
- Governance Toolkit – Resource 7: Template Functions and Delegations matrix (page 55)
- Internal and External Escalation Guideline – this is a guide only.

## 2.1.8 QUALITY INDICATOR TO BE DEMONSTRATED:

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

### INTERPRETATION

Any perceived or actual conflicts of interest (COI) are identified, documented, and managed to maintain a high level of service quality and safeguarding for all Participants. The documentation and management requirements of COI's are supported by policy and procedure.

### MAPPING TO NSMHS

**Primary Standards:**  
8.10

### EVIDENCE EXAMPLES

- ☐ COI Disclosure Form
- ☐ Documented COI Policy, Procedure and Register
- ☐ Your organisational Code of Conduct outlines responsibilities in relation to COIs, in line with the NDIS Code of Conduct
- ☐ Evidence of communication with a Participant where a COI is disclosed, if applicable
- ☐ Staff education and training on what a conflict of interest is, how to report one, and how they are actively managed by the organisation

**Conflict of Interest:** occurs when an individual or provider is in a position to exploit their own professional or official capacity for personal or corporate benefit. This includes any financial and/or corporate interest or personal relationship the provider may have with other entities. Conflicts of Interest may be actual, potential or perceived.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Foster a culture of transparency by encouraging staff to be open and honest about COI's, allowing proactive organisational management
- ☐ Reporting pathways are developed and communicated to Participants, allowing them to inform your organisation of a COI. This may include alternative pathways, other than through their primary support worker

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- TSP for all – Conflict of Interest Policy, Procedure, Declaration Form and Register Templates (under Tools and Templates)
- NDIS and Conflict of Interest – Sample Policy
- NDIS Code of Conduct



## 2.2 RISK MANAGEMENT

### OUTCOME:

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

### 2.2.1 QUALITY INDICATOR TO 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**.

### INTERPRETATION

Your organisation has identified risks that may affect your business operations, service provision, Participants and staff. Risks are analysed and prioritised according to potential consequences and their likelihood of occurrence. Strategies for management and mitigation of these risks are implemented.

### MAPPING TO NSMHS

**Primary Standards:**  
2.9, 2.11, 8.10

**Other relevant Standards:**  
1.8, 2.3, 2.4, 2.6, 2.10, 2.13

### EVIDENCE EXAMPLES

- ☐ Risk and/or Hazard Identification Form
- ☐ Documented Risk Management Policy and/or Procedure which includes a risk management framework and matrix
- ☐ Risk Register document that includes for each risk, a risk rating, potential management or mitigation strategies, and review dates for reassessment
- ☐ Implemented Participant Risk Assessment and Safety Plans
- ☐ Documented Environmental Risk Assessments for all service delivery locations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Identify all risks associated with Participants, staff and to the organisation itself and plan strategies to be implemented to manage and mitigate these risks. These elements should be documented and become core components of your risk register
- ☐ Regular reviews of service delivery sites are conducted for any potential risks/hazards
- ☐ Ensure your organisation has adequate Insurance protection in place

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- FACS NSW – [Risk and Safety Procedures](#) – starting point in developing your own organisational procedure on identifying, analysing, prioritising and treating risks
- [Sample Mental Health Risk Assessment](#)
- [Home Visit Checklist](#) – this is quite a complex checklist, but you could use it as a starting point to develop one that aligns with your organisation
- [Home Visiting Risk Assessment Tool](#)
- [Hazard Identification and Risk Assessment for Challenging Behaviour Toolkit](#)

## 2.2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation effectively manages risks, supported by a documented risk management system, relative to the complexity of your organisation and the supports you provide. The risk management system details routine data collection used to monitor and manage risk and inform prevention strategies. Your organisation ensures all staff are aware of identified risks, and how to identify, report and actively manage new risks.

#### MAPPING TO NSMHS

##### Primary Standards:

2.13, 8.10

##### Other relevant Standards:

2.3, 2.11, 10.3.3

### EVIDENCE EXAMPLES

- ☐ Risk Management Policy and/or Procedure documents that include a risk management framework and matrix
- ☐ Documented and actively managed Risk Register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program
- ☐ Implemented Participant Safety Plans, where development has been informed by a completed Participant Risk Assessment
- ☐ Documented Business Continuity Plan and/or Emergency Management Plan
- ☐ Documented evidence of risk management simulations, for example, evacuations drills or mental health emergency drills

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Regular review and update of the Risk Register to demonstrate active management. Risks with a higher likelihood of occurrence should be reviewed more regularly
- ☐ Establish a committee, group or key individuals who oversee organisational risks, for example, a Risk Committee as part of the Board structure, and members of the Leadership team overseeing risks on a day-to-day level
- ☐ Staff understand that every individual has a role in managing, minimising and eliminating risk, and undertake this responsibility in their service provision

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS \(Risk Management\) Rules 2013](#)
- [Guidance on how to manage business Risk](#)
- [Risk Management for Community Service Organisations](#)
- [Risk Management](#)

## 2.2.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Support delivery is **linked** to a risk management system which includes:

- Incident Management
- Work, Health and Safety
- Financial Management
- Governance
- Complaints Management
- Human Resource Management
- Information Management

### INTERPRETATION

Your organisational risk management system is designed to support the delivery of services, incorporating all operational areas, as well as corporate and governance functionalities.

#### MAPPING TO NSMHS

##### Primary Standards:

8.10

##### Other relevant Standards:

1.9, 1.11, 2.3, 2.8, 2.9, 6.15, 10.4.5

### EVIDENCE EXAMPLES

- ☐ Risk Management Policy and/or Procedure documents that include a risk management framework and matrix
- ☐ Risk Register that documents risks arising in each of the areas mentioned above, as well as anything else relevant to your organisation
- ☐ Policy and/or Procedure documents outlining risk management processes within the above areas may include, but are not limited to:
  - Incident Report Form, Incident Management Policy, Procedure and Register
  - Feedback and Complaints Form, Policy, Procedure and Register
  - Policy and Procedure relating to Work, Health and Safety
  - Policy and Procedure relating to Human Resources
  - Policy and Procedure relation to the safeguarding of Participant information

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your Risk Register could be structured around the organisational area listed above with categories relevant to your service delivery added, where applicable. This may assist when identifying key themes/trends of where risks are occurring and instigate activities to undertake continuous improvement for future risk prevention
- ☐ Discuss and document risk as a standing agenda item at Leadership team meetings, to demonstrate active risk maintenance and management

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [OHS Management System Audit – Risk Management Resource](#)
- [Risk Management and Controls for Disability Services](#)
- [Sample Risk Register](#)

## 2.3 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.

### 2.3.1 QUALITY INDICATOR TO 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.

### INTERPRETATION

Your organisation has a quality management system that is actively managed, scheduled for review and updated on a regular basis. This includes information on how your organisation meets its legislative requirements, as well as the requirements under the NDIS Practice Standards, to continually improve service delivery.

#### MAPPING TO NSMHS

##### Primary Standards:

8.11

##### Other relevant Standards:

3.1

### EVIDENCE EXAMPLES

- ☐ Quality Improvement Activity Form
- ☐ Continuous Quality Improvement Policy and/or Procedure documents
- ☐ Documented Quality Management System or Register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program
- ☐ Evidence of mechanisms for monitoring compliance against legislation and the NDIS Practice Standards – for example, a policy and procedure register which includes scheduled review dates; previous audit and accreditation reports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Work on embedding a continuous quality improvement culture at your organisation, this may help the ongoing improvement of quality and safe service delivery
- ☐ Make the process for suggesting quality improvement activities as simple as possible – for example, on the organisational intranet or through a phone app or dedicated email inbox, this may increase the likelihood of individuals making a suggestion
- ☐ Include a standardised section on policy and procedure about legislation, regulations and rules that are applicable to your organisation, in the context of that policy or procedure – for example, organisational Privacy Policy includes the Privacy Act 1988

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Quality Management Resource](#)
- Mental Health Commission – [Quality Management Framework](#) – Information for Community Managed Organisations
- Mental Health Commission – [Mental Health Outcomes](#) – Indicators and Evidence



## 2.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation designs and implements an internal audit schedule, undertaking regular internal audits across all areas. Results and findings should be documented and contribute to continuous quality improvement, where applicable. The extent of this audit should be relative to the complexity of your organisation and the services you deliver.

#### MAPPING TO NSMHS

##### Primary Standards:

8.11

##### Other relevant Standards:

2.12, 2.13

### EVIDENCE EXAMPLES

- ☐ Documented Internal Audit Schedule
- ☐ Form used to collect evidence and data whilst undertaking the internal audit
- ☐ Internal Audit Policy and/or Procedure documents that outline the steps and intended outcomes from undertaking the internal audits
- ☐ Documented report and/or outcomes of previous internal audits undertaken, including what was changed or improved as a result
- ☐ Documented Policy Register that includes review dates of policy and procedure

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ The frequency with which items are reviewed as part of the internal audit schedule should be determined by their associated level of risk, this may be annually for elements with a higher risk and every three years for elements of lower risk
- ☐ Outcomes and findings from your internal audits should be documented and embedded into your continuous quality improvement system

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Internal Audit Factsheet](#)
- [Quality Management Guide](#) – includes templates to assist in undertaking your internal audit
- [Sample Internal Audit Policy](#)
- [Sample Internal Audit Schedule](#) (Page 295)

## 2.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

The provider's quality management system **supports** continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.

### INTERPRETATION

Your organisation adopts a continuous quality improvement culture across all areas, especially within service provision. This quality improvement culture means that the day-to-day operations of your organisation are constantly developed and are informed by outcomes, risk related data, best practice evidence, and feedback from Participants and staff.

#### MAPPING TO NSMHS

##### Primary Standards:

8.11

### EVIDENCE EXAMPLES

- ☐ Quality Improvement Form, Policy and/or Procedure, and actively managed register
- ☐ Risk Management Policy and/or Procedure, and actively managed register
- ☐ Incident Management Policy and/or Procedure and actively managed register
- ☐ Feedback and Complaints Form, Policy and/or Procedure and actively managed register
- ☐ Documented research and embedding of evidence-based practices relevant to your organisational service delivery
- ☐ Documented evidence of quality improvement activities that have come from risks, incidents, feedback and complaints, as well as from research into evidence-based practice

In the mental health sector this is likely to be based on Recovery-oriented and Trauma informed principles and practices.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Quality improvement should be embedded in everyday practice and this may be demonstrated through a standardised meeting agenda item. Auditors will want to see how this is managed over time, to become a continuous process rather than only reviewed periodical, purely for compliance purposes
- ☐ Ensure processes for reporting feedback, complaints, incidents and quality improvement ideas are easy and accessible for everyone. This may increase the likelihood of individuals to contribute, generating more sources of information for quality improvement activities
- ☐ Keep up to date with research and evidence-based practices relevant to your area of service provision, for example, subscriptions to email updates from relevant information sources

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Quality Management System for Disability Service Providers – including tools and templates
- Quality Improvement Resource Toolkit – incl. tools and templates
- Sample Quality Improvement Register

## 2.4 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.

### 2.4.1 QUALITY INDICATOR TO 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.

More information around consent can be found at the front of this Readiness Workbook.

### INTERPRETATION

Your organisation has a clear policy and procedure around obtaining Participant consent to collect, use, store and disclose their personal and sensitive information. This process includes explaining why this information is collected, who has access to it, who it might be shared with, as well as situations in which it might be shared without first obtaining their consent.

#### MAPPING TO NSMHS

**Primary Standards:**  
8.9

**Other relevant Standards:**  
1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

- ☐ Provision of a Participant Information Pack – providing information about how and when consent must be obtained, what information is collected, how it is stored, and who has access to it
- ☐ Documented Intake Assessment forms include information about the Participants decision-making capacity, and whether they have a substitute decision-maker, or require additional supports when making decisions
- ☐ Consent Form, Policy and/or Procedure documents
- ☐ Documented Privacy and Confidentiality Policy and Procedure
- ☐ Information and Records Management Policy and/or Procedure documents

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Keep in mind that every individual is deemed to have the capacity to be able to consent in the first instance, unless a substitute decision-maker is already in place, such as a guardian or public advocate
- ☐ Training recorded in the Staff Training Register includes procedures around obtaining consent, evaluating capacity to consent, and when a substitute decision maker may be required and how to facilitate this process
- ☐ Develop a standardised organisational procedure to determine the capacity of a Participant to provide consent, ongoing monitoring of staff conducting this assessment of capacity should occur

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Everyday Practice Resource Hub – [Privacy, Consent and Record Keeping](#)
- [Capacity and Informed Consent](#)
- [Mental Health Act 2014 \(WA\)](#)
- [NDIS Consent Forms](#)

## 2.4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation has clear procedures to make sure Participants know how their personal information is stored and used within your organisation. Participants must know how they can access their information, correct it if required, and how previously provided consent can be amended or withdrawn.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights includes that consent can be withdrawn or amended at any time and how Participants can access and/or correct their information
- ☐ Provision of a Participant Information Pack – providing information about what details are stored and used within the organisation, and the Statement of Participant Rights
- ☐ Policy and/or Procedure documents about Participant access to, amendment, and correction of their personal information
- ☐ Consent Forms are signed, and include a section on withdrawal of consent
- ☐ Documented Consent Policy and/or Procedure outlining how consent can be withdrawn

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Provide information in different formats, that can be communicated in alternative ways, depending on the Participants communication needs, capacity and mental state at the time
- ☐ Facilitate Participant access to services that assist with power of attorney, advanced care directives, and advocates, where required
- ☐ Facilitate the involvement of the informal support network to enable processes of substitute decision-making or shared decision-making, where required and with the consent of the Participant

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Freedom of Information Act 1992](#)
- Australian Privacy Principles – [Information on Consent](#)
- [Consent to the handling of Personal Information](#)
- [Collection of Personal Information](#)
- [Use and Disclosure of Personal Information](#)



## 2.4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisational information management system securely records Participant information, is easy to navigate and accessible for staff. Information held is relevant to the complexity of your organisation, is regularly updated and maintained to ensure its ongoing accuracy.

### MAPPING TO NSMHS

#### Primary Standards:

8.9

#### Other relevant Standards:

1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

- ☐ Participant Information Management System storing all Participant information
- ☐ Information and Records Management Policy and/or Procedure documents – outlining processes that ensure ongoing maintenance and accuracy of the information it holds
- ☐ Other ICT Policy and/or Procedure as required to support information management systems

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure that all Participant personal and service-related information is kept updated within the information management system
- ☐ Efficiency within the system is maintained by storing only relevant information
- ☐ Ensure information is clearly labelled. You may consider developing a naming template for organisational records for each Participant – i.e. DD.MM.YYYY – Last Name – First Name – Document Title
- ☐ If your information management system is online/digital, ensure you have adequate virus and software protection, to prevent any loss of information or data leaks

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Disability Support Guide – [importance of record keeping and Information management for NDIS providers](#)
- [NDIS Operational Guideline: Recording, disclosing and using information](#)
- [FAQs: Reliable Record Keeping](#)
- [Article on the importance of keeping case notes for NDIS Participants](#)

## 2.4.4 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Clear, documented policy and procedure guides all aspects of document storage, management, use and disposal at your organisation.

#### MAPPING TO NSMHS

##### Primary Standards:

6.14, 6.15

##### Other relevant Standards:

1.14, 1.3, 7.7, 7.9, 10.6.4

### EVIDENCE EXAMPLES

- ☐ Documented Information Management Policy and/or Procedures including guidelines around archiving and retention in line with legislative requirements
- ☐ Participant Information Management System that houses all documentation
- ☐ ICT Policy and/or Procedures for digitally stored documentation including guidelines around access, security and retrieval
- ☐ Adequate virus protection on all software and hardware equipment
- ☐ Regular back-up of all digital information – consider implementing an automated system that periodically backs-up information, such as cloud storage

### IMPLEMENTATION INTO EVERYDAY PRACTICE

You may want to consider answering the following questions when reviewing these processes:

- ☐ **Storage** – where is Participant information stored, and in what format?
- ☐ **Use** – who can use the Participant information stored, and what can they use it for?
- ☐ **Access** – how is information accessed? Who can access what information? Does there need to be different levels of access for different staff?
- ☐ **Transfer** – how is Participant information transferred or communicated internally, and externally, with Participant consent, to ensure it remains confidential?
- ☐ **Security** – is the information password protected? Are there different levels of access required for security reasons? Is adequate virus protection in place?
- ☐ **Retrieval** – does the information management system get backed up regularly? Can this backed up information be easily accessed and restored?
- ☐ **Retention** – how long does your organisation hold personal and sensitive information?
- ☐ **Destruction/Disposal** – after the required retention period, how are hard and soft copy records destroyed to ensure their information can no longer be accessed or read?

Information retrieval should be included in your Business Continuity Plan.

Guidance may be found in legislation and regulations governing your organisation, for example, the NDIS Rules stipulate that complaints and incident information must be kept for 7 years.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Information Handling Operational Guideline](#)
- [Australian Privacy Principles](#)
- [Disability Support Guide](#) – the importance of record keeping and information management for NDIS Providers

## 2.5 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.

### 2.5.1 QUALITY INDICATOR TO 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 NDIS (Complaints Management and Resolution) Rules 2018.

### INTERPRETATION

In compliance with the relevant NDIS Rules, your complaints system actively receives, manages and resolves feedback and complaints submitted in a timely manner. Organisational policies and procedures must incorporate the principles of procedural fairness and natural justice, which are embedded into everyday practice, relevant to the complexity of your organisation.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
1.16

### EVIDENCE EXAMPLES

- ☐ Feedback and/or Complaints Form (or alternative tools for information collection)
- ☐ Documented Feedback and Complaints Policy and Procedure outline how complaints can be made internal and external to the organisation
- ☐ Documented Feedback and Complaints Register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program
- ☐ Escalation Pathways for managing feedback and complaints
- ☐ Evidence of feedback and complaints management, including reporting and outcomes of investigations that have employed procedural fairness and natural justice

Principles of procedural fairness and natural justice refer to a fair and proper procedure being used by an individual when making a decision, which includes being free from bias, in order to reach a reasonable, independent and correct decision.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure that feedback and complaints are acted upon and changes implemented, where applicable, as part of your continuous quality improvement
- ☐ Delegated staff member/s who has the responsibility to maintain the system, and handle feedback and complaints with procedural fairness and natural justice
- ☐ Sort feedback and complaints into categories or themes within your complaints management system (service delivery, staff, service locations etc.) to identify areas of concern so they can be addressed appropriately
- ☐ Foster a continuous quality improvement culture by supporting staff to address complaints or feedback in their own practice

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Effective Complaint Handling Guidelines for NDIS Providers](#)
- [NDIS Complaints Management and Resolution Guidance](#)
- [Commonwealth Ombudsman](#)
- [HaDSCO Guidelines for Handling Complaints about Mental Health Services](#)
- [Human Rights Commission – Good Practice Guidelines for Internal Complaint Processes](#)
- [NDIS \(Procedural Fairness\) Guidelines 2018](#)

## 2.5.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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

### INTERPRETATION

Participants are informed about feedback and complaint processes, internal and external to your organisation. Your organisation has procedures in place to facilitate the adequate support of Participants should they wish to provide feedback and/or complain. In addition, you support Participants to access an independent advocate where requested.

#### MAPPING TO NSMHS

##### Primary Standards:

1.16, 3.2

### EVIDENCE EXAMPLES

- ☐ Feedback and/or Complaints Form, Policy, Procedure and Register documents
- ☐ Documented evidence of complaints that have been investigated and resolved
- ☐ Documented Statement of Participant Rights outlining their right to make a complaint or give feedback both internally and externally, as well as their right to access an advocate or other supports to help them to do this
- ☐ Provision of a Participant Information Pack including information about the pathways available to Participants to give feedback and/or make complaints internal and external to the organisation
- ☐ Information published and communicated about how to provide feedback and make complaints to or about your organisation, internally and externally

External complaints can be made directly to the NDIS Commission by NDIS Participants or their support network.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop and facilitate an organisational culture where providing feedback and complaints is encouraged. For example, this could be something similar to whistle-blower protection, but appropriate to and aligned with your organisation
- ☐ Staff are trained to facilitate support for Participants to provide feedback, make a complaint or access an advocate
- ☐ Provide multiple avenues for Participants to give feedback
- ☐ Participants can confirm they understand, feel comfortable and are supported to provide feedback and complain, internally and externally

---

**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Everyday Practice Resource Hub – Complaints Information](#) – including information on advocacy
- [How to Make a Complaint – NDIS QSC Factsheet](#)
- [How we deal with Complaints – NDIS QSC Factsheet](#)
- [Person-Centred Complaints Resolution Guide](#)



## 2.5.3 QUALITY INDICATOR TO BE DEMONSTRATED:

**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.

### INTERPRETATION

Ensure that your organisational feedback and complaints processes are regularly reviewed, and the perspectives of Participants sought and documented to inform system improvements. During this review process, any updates are identified and implemented, in line with the continuous quality improvement processes at your organisation.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.16, 3.1, 8.11

### EVIDENCE EXAMPLES

- ☐ Documented Policy Register includes dates and reasons for changes or review of Feedback and Complaints Forms, Policy, Procedure and Register
- ☐ Documented Participant feedback relating to the accessibility of the feedback and complaints system
- ☐ Quality Improvement Register that includes activities instigated by the review of this system, documentation and its associated processes
- ☐ Quality improvement activities that have been instigated by outcomes of complaints and feedback provided by Participants and their support network

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Regularly seek feedback from Participants, both formally and informally. Ensure this is documented and communicated through the appropriate channels within your organisation
- ☐ Celebrate positive feedback and good news stories at staff meetings and through internal (and external) communications
- ☐ Discuss feedback and complaints at team meetings as a standing agenda item to foster a culture of transparency and ongoing quality improvement

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WA Department of Health Complaint Management Resources](#) – including a Self-Audit Tool
- [HaDSCO WA Mental Health Complaints Guidelines](#) – includes templates & resources
- Ombudsman WA – [Effective Complaint Handling](#)

## 2.5.4 QUALITY INDICATOR TO BE DEMONSTRATED:

All workers are **aware of, trained in, and comply with** the required procedures in relation to complaints handling.

### INTERPRETATION

Organisational staff receive adequate training and supervision to ensure they have the skills, knowledge and support necessary to successfully handle complaints, and adhere to the requirements outlined in the complaints management system.

#### MAPPING TO NSMHS

##### Other relevant Standards:

1.16

### EVIDENCE EXAMPLES

- ☐ Training Register that documents staff training on feedback and complaints processes
- ☐ Feedback and Complaints Form, Policy, Procedure, and Register
- ☐ Staff JDFs that outlines their roles in complaints handling and management
- ☐ Staff feedback and supervision is documented and demonstrates their understanding of complaints handling procedures

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Embed training on feedback and complaints handling procedures into your organisational orientation and induction process, so staff are aware of expectations from the very beginning of their employment
- ☐ Training for staff should include how to support Participants to provide feedback and complaints, both internally and externally
- ☐ Staff supervision and mentoring to monitor ongoing compliance with organisational feedback and complaints procedures
- ☐ Provide refresher information sessions periodically at staff meetings. Make the discussion of feedback and complaints a standardised agenda item for ongoing learning and group development

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Effective Complaint Handling Guidelines for NDIS Providers](#)
- Commonwealth Ombudsman – [Better Practice Guide to Complaint Handling](#)

## 2.6 INCIDENT MANAGEMENT

### OUTCOME:

Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learnt from.

### 2.6.1 QUALITY INDICATOR TO 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 NDIS (Incident Management and Reportable Incidents) Rules 2018.

### INTERPRETATION

Your organisation has an incident management system in place, that is maintained in compliance with the requirements under the NDIS Rules. This includes procedures in relation to the acknowledgement, response, management and learnings associated with each incident.

#### MAPPING TO NSMHS

##### Primary Standards:

8.8

##### Other relevant Standards:

7.12, 8.10

### EVIDENCE EXAMPLES

- ☐ Incident/Accident Report Form
- ☐ Documented Incident Management Policy and Procedure, developed in line with, and including reference to, the requirements of the NDIS Commission, legislation and rules, including roles and responsibilities in relation to NDIS Reportable Incidents
- ☐ Incident and Accident Register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your incident management system should be utilised and kept updated, any incidents and associated outcomes could instigate quality improvement activities to continuously improve service delivery
- ☐ Delegated staff member/s maintain the incident management system and manage incidents processes – this should be outlined in JDFs, and documented in the organisational structure

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Incident Management – [Guidance for Registered Providers](#)
- NDIS Incident Management – [Reportable Incidents](#)
- [WA Health – Incident Management System](#)
- [SA Health – Incident Management Resources](#)
- MHCC – [Sample Emergency Response and Critical Incident Policy](#)

## 2.6.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **provided** with information on incident management, including how incidents involving the participant have been managed.

### INTERPRETATION

Participants are provided with accessible information on incident management at your organisation. Participants are kept informed of any incident management processes that may involve them.

#### MAPPING TO NSMHS

##### Primary Standards:

8.8

##### Other relevant Standards:

7.12, 8.10

### EVIDENCE EXAMPLES

- ☐ Documented Incident Management Policy, Procedure and Register
- ☐ Participant Information Pack includes information on how incidents are managed, their potential involvement in this process, and how they can report an incident
- ☐ Incident investigations and outcomes are documented, and include reference to the involvement of the Participant/s
- ☐ Participant feedback is obtained about their understanding of how incidents are managed, and their involvement in this process, where necessary

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation may choose to develop and embed an Open Disclosure Program – this may help your organisation maintain a participant-centred approach in facilitating incident management, investigation and resolution
- ☐ Ensure that incident management information is communicated in a mode or language that the participant is most likely to understand

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Open Disclosure
- Incident Management and Open Disclosure Diagram
- Sample Incident Management Policy – specific section on client incidents



## 2.6.3 QUALITY INDICATOR TO BE DEMONSTRATED:

**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.

### INTERPRETATION

Your organisational incident management systems are regularly reviewed, with the perspectives of Participants and staff sought and documented, during this process. Relevant updates or improvements are identified and implemented, in line with the continuous quality improvement processes at your organisation. This could include root cause analysis, and review of investigation processes, handling of incidents and analysis of associated outcomes.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.8

### EVIDENCE EXAMPLES

- ☐ Documented Incident and Accident Register
- ☐ Documented evidence of completed incident investigation and analysis
- ☐ Documented Continuous Quality Improvement Register includes activities that have been instigated by incident reviews
- ☐ Feedback by different stakeholders on the incident management system – including accessibility for Participants and staff
- ☐ Documented Policy Register includes scheduled review date of Incident Management Forms, Policy, Procedure and Register

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation may undertake root cause analysis training to better understand why an incident occurred and what can be done to prevent it occurring in the future
- ☐ Discuss incidents and associated outcomes at staff meetings, to facilitate learning and development, and prevent future incidents occurring

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Investigations Workbook](#) – step-by-step guide to investigating incidents
- NDIS Factsheet – [Incident Reporting, Management & Prevention](#)
- NDIS Factsheet – [Benefits of effective Incident Management](#)
- SA Health – [Root Cause Analysis Resources](#)

## 2.6.4 QUALITY INDICATOR TO BE DEMONSTRATED:

All workers are **aware of, trained in, and comply with** the required procedures in relation to incident management.

### INTERPRETATION

Your organisation must ensure that staff receive adequate training and supervision to ensure they have the skills, knowledge and support necessary to successfully manage incidents. Staff must be aware of, and follow, the guidelines of your internal organisational processes, and understand the circumstances in which an incident must be reported externally.

### EVIDENCE EXAMPLES

- ☐ Incident Management Form, Policy, Procedure and Register documents
- ☐ Documented organisational structure includes roles of those involved in incident management and reporting, both internally and externally
- ☐ Documented Escalation Pathways for incident reporting include delegated staff to escalate incidents externally, where applicable – including knowledge of where and how external reporting is completed

### MAPPING TO NSMHS

**Other relevant Standards:**  
2.10, 8.8, 8.10

External reporting to the NDIS Commission must be made for Reportable Incidents. This must be done within specified time frames, as guided by NDIS Legislation and Rules.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training on internal incident management and escalation procedures is included in induction processes. Staff periodically undertake refresher incident management training. All training is documented in the staff training register
- ☐ Staff supervision and monitoring is completed to ensure staff are complying with incident management policy and procedures
- ☐ Discussion and reflection of incident management is included in staff meetings for ongoing education and upskilling – these shared learning experiences may prevent incidents from occurring in the future

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Rules – Incident Management & Reportable Incidents](#)
- [Everyday Practice Resource Hub – Incident Management](#)
- [Reportable Incidents – Resources for NDIS Workers](#)

## 2.7 HUMAN RESOURCE MANAGEMENT

### OUTCOME:

Each participant's support 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-centred support.

### 2.7.1 QUALITY INDICATOR TO 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.

#### INTERPRETATION

Identify, understand and document what skills, knowledge and expertise are required for each role within your organisation. This includes a clear outline of the responsibilities, limitations, reporting lines and organisational expectations of each role, including KPIs where applicable.

#### MAPPING TO NSMHS

##### Other relevant Standards:

8.6

#### EVIDENCE EXAMPLES

- ☐ Documented JDF for each role within your organisation
- ☐ HR policies and/or procedure documents – for example, relating to workforce planning and development, recruitment and selection, induction and orientation, probation and performance reviews as well as monitoring and supervision
- ☐ Staff records of current qualifications, resumes, and areas of expertise
- ☐ Staff training register that is documented and actively managed
- ☐ Feedback from Participants about the skills and knowledge of the staff supporting them

The NDIS requires the delivery of person-centred supports, and within the mental health/ psychosocial disability sector, support workers ideally have skills in Recovery-Oriented and Trauma Informed practice.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop a standardised JDF template, the structure and some of the content may be the same across the organisation. It can then be altered depending on the requirements of each specific role
- ☐ Review staff JDFs at the time of their performance (and/or probation) review, to make sure it still aligns with the skills and knowledge requirements of the role they undertake
- ☐ Consider seeking feedback from Participants about what skills and knowledge they would like in their service delivery staff, and use this information in future recruitment and workforce development – this may help you define what is unique to psychosocial disability support provision, and better meet the needs of this Participant group

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Job Description Framework Template](#)
- [Principles of Recovery Oriented Practice](#)
- MHCC – [Recovery Oriented Language Guide](#)
- Blue Knot Foundation – [Trauma Informed Practice Guidelines](#)
- MHCC – [Trauma Informed Care and Practice](#) – Training, Publications and Resources
- NDS – [Trauma Informed Support](#) – Educational Films and Facilitators Guide
- ACSQHC – [Patient-Centred Care Paper](#)

## 2.7.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Records of worker pre-employment checks, qualifications and experience are **maintained**.

### INTERPRETATION

Pre-employment checks for all new staff members are completed by your organisation. Documented records are kept and maintained to help ensure worker screening checks, qualifications and registrations are valid at all times.

### EVIDENCE EXAMPLES

- ☐ HR policy and procedure documents detailing organisational pre-employment checks. For example, reference checking and telephone screening before face-to-face interviews
- ☐ HR qualifications and experience register includes requirements and renewal dates of any Continuing Professional Development staff are required to undertake to maintain their qualifications or registrations
- ☐ HR Records of pre-employment checks and screening for each staff member kept on file
- ☐ Records within the NDIS National Worker Screening Database are maintained for all staff in risk-assessed roles

### MAPPING TO NSMHS

**Other relevant Standards:**  
8.6

The NDIS Work Screening Database commenced on February 1st 2021. This database helps providers ensure that staff in risk-assessed roles have the appropriate clearances to meet the requirements of the NDIS Practice Standards.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop a standardised pre-employment process and associated checklist which may help to streamline the recruitment process
- ☐ Ensure qualifications and experience required for each role is identified and included in job advertisements and JDFs

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Worker Screening Requirements](#)
- [NDIS Worker Screening Rules](#)
- [NDIS Worker Screening Act 2020 \(WA\)](#)
- [NDIS Worker Screening Quick Reference Guides](#)
- [WA Department of Communities information on Worker Screening](#)



## 2.7.3 QUALITY INDICATOR TO BE DEMONSTRATED:

An orientation and induction process is in place that is **completed** by workers including completion of the mandatory NDIS worker orientation program.

### INTERPRETATION

All staff undertake an organisational orientation and induction process when commencing employment. As part of this induction process, they complete the NDIS worker orientation module, 'Quality, Safety, and You' that outlines what is expected of them in line with the NDIS Code of Conduct.

### MAPPING TO NSMHS

#### Primary Standards:

8.7

#### Other relevant Standards:

1.5

### EVIDENCE EXAMPLES

- ☐ Documented HR Orientation and Induction Policy and/or Procedure regarding orientation and induction
- ☐ Staff Training Register includes completion of orientation, induction and the NDIS Worker Orientation Module
- ☐ Certificates of completion of the NDIS Worker Orientation Module kept on file
- ☐ Code of Conduct – internal to your organisation and/or acknowledgement of understanding and adherence to the NDIS Code of Conduct
- ☐ Feedback from staff about their experiences of the orientation and induction program – incorporate any suggestions into your continuous quality improvement system

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop a timetable for the orientation and induction period to ensure staff have time to complete all the components of your organisational orientation and induction program
  - Include allocated time for completion of the NDIS Worker Orientation Module for staff who deliver NDIS supports and services
- ☐ Provide new staff with a checklist to help track their orientation and induction task progress. Attach any evidence and/or certificates to the checklist, and have it signed off by their line manager before completing their probationary period and review

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Worker Orientation Module – 'Quality, Safety and You'
- NDIS Induction Module – Training module for individuals brand new to disability services
- NDIS Code of Conduct – Guidance for Workers

## 2.7.4 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation has processes in place to identify training, education and upskilling for staff to ensure they can meet the needs of participants and comply with the requirements under the NDIS Practice Standards and Rules. Any training undertaken is evaluated, and recorded in the staff training register, this may include, but is not limited to training on:

- NDIS Worker Orientation Module
- Complaints Management
- Incident Management
- Risk Management
- Participant Rights
- Positive Behaviour Support

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.6

### EVIDENCE EXAMPLES

- ☐ Staff Performance Reviews (and Probation Reviews) occur periodically and include identification and discussion of training and education needs
- ☐ Performance Review template includes a section on training and education needs
- ☐ Staff Training Register includes mandatory organisational training
- ☐ Feedback/Evaluation Form for staff to complete after training
- ☐ Documented Staff Training and Development Policy and/or Procedure

Your organisation may also want to include mandatory mental health, Recovery-Oriented practice and Trauma-Informed care for staff supporting Participants with psychosocial disability. This could also include Mental Health First Aid.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ After your organisation has identified the skills and knowledge required for each role within your organisation, you may have a clearer understanding of what training and education staff require to properly undertake their role
- ☐ Formulate a Training and Development Plan for each staff member in order to support and implement their continuing professional development. This may produce positive outcomes for the staff member, the Participants they are supporting as well as the organisation as a whole

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Training Feedback Form Checklist](#) – online version
- [Sample Training Registers and Plans](#) – download the samples and tailor them to meet your organisational needs
- [Factsheet: Training and Developing your staff](#)

## 2.7.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Timely supervision, support and resources are **available** to workers relevant to the scope and complexity of supports delivered.

### INTERPRETATION

Supervision and mentoring are in place at your organisation, as well as adequate support and resources made available and accessible to all staff to enable them to provide safe and high-quality services to Participants.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

##### Other relevant Standards:

3.6

### EVIDENCE EXAMPLES

- ☐ Policy and/or procedure outlining how supervision and support of staff is provided
- ☐ Documented records of supervision and mentoring sessions conducted with staff, that include notes on what was discussed
- ☐ Buddy shifts occurring to induct new staff members to service provision, or to provide additional support to existing staff where required
- ☐ Provision of educational resources to staff relating to their role and consistent with evidence-based research
- ☐ Feedback from staff on the quality and availability of supervision, support and resources

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation could engage with an Employee Assistance Program (EAP) provider, to facilitate external support to staff on work related matters
- ☐ Develop a template to be used during supervision and mentoring sessions. This could include sections such as goals, achievements, areas for development (with associated action plans and specific time frames), topics for discussion and problems faced
- ☐ Brainstorm with staff how this supervision, support and resource provision should operate – i.e. should resources be on an intranet, or contained within a central accessible folder

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [A Person-Centred Approach to Supervision Factsheet](#)
- EAPAA – [Information on an Employee Assistance Program](#) and finding a service provider
- MHC WA – [Resources for Mental Health Workers](#)
- MHC WA – [Resources on the NDIS and Mental Health](#)

## 2.7.6 QUALITY INDICATOR TO BE DEMONSTRATED:

The performance of workers is **managed, developed and documented**, including through providing feedback and development opportunities.

### INTERPRETATION

As part of your HR management systems, staff understand what is required and expected of them in their role, and this performance is monitored and managed by the appropriate individual/s. Staff are provided with feedback on their performance and supported by the organisation to further develop their skill set. Feedback on staff performance and professional development is documented.

#### MAPPING TO NSMHS

##### Primary Standards:

8.7

### EVIDENCE EXAMPLES

- ☐ Documented Staff Training Register
- ☐ Probationary periods upon commencement of employment for example, after 3 or 6 months depending on the role, are implemented and include a formal review of staff member performance at the end of this period. This should be documented on a Probation Review template
- ☐ Periodic Performance Reviews conducted for all staff at least annually. This should be documented on a Performance Review template
- ☐ HR policy and/or procedure documents around management of staff performance and behaviour, including professional development plans
- ☐ Documentation of staff supervision, mentoring and reflective practice

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure all staff undertake the NDIS Commission – Worker Orientation Module 'Quality, Safety and You'
- ☐ Training, development and upskilling opportunities are identified and documented
- ☐ Where staff performance deviates from what is required and expected of them, action plans are formulated to correct this variation
- ☐ Gather staff feedback on the performance management and development process to ensure it is continuously improved

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample Performance Improvement Plan](#)
- [NDIS Workforce Capability Framework](#)
- Fairwork – [Managing Underperformance](#)
- [Workers with Mental Illness: A Practical Guide for Managers](#)



## 2.8 CONTINUITY OF SUPPORTS

### OUTCOME:

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

### 2.8.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Day-to-day operations are **managed** in an efficient and effective way to avoid disruption and ensure continuity of supports.

### INTERPRETATION

Your organisation has well developed processes in place to ensure there is no interruption of Participant service provision. Plans are in place for all foreseeable risks in this area such as when staff replacement is required.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.3

### EVIDENCE EXAMPLES

- ☐ Provision of a Participant Information Pack outlines processes in place ensuring continuity of supports
- ☐ Procedures outlining the processes in place to ensure there is no interruption of service – how this looks and operates in practice will depend on your Participants, staff and type of supports provided by your organisation
- ☐ Feedback from Participants about the continuity management of their supports

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Continuity of supports is underpinned by communication – ensure your organisation has clear communication pathways and guidelines for staff to follow to ensure this process runs smoothly
- ☐ Implement standardised operating procedures for day-to-day operations, including guidelines for what to do when disruptions may occur
  - Brainstorm example/potential situations that could arise and appropriate processes to be implemented, enabling supports to continue

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**  
(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Scenario Planning Template and Business Continuity Management Plan Template

## 2.8.2 QUALITY INDICATOR TO BE DEMONSTRATED:

In the event of worker absence or vacancy, a suitably qualified and/or experienced person **performs** the role.

### INTERPRETATION

Your organisation has processes in place to ensure that if a staff member is unavailable, someone with the appropriate skills and knowledge is available or recruited to perform the role. This may involve having staff available to replace others at short notice.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.5

### EVIDENCE EXAMPLES

- ☐ HR Policy and/or Procedure documents outlining recruitment, selection, replacement and leave arrangements
- ☐ Policy and/or Procedure documents about matching staff skills to Participant needs, and how staff are replaced due to turnover or unavailability
- ☐ Staff qualifications, skills and experience register
- ☐ Staff schedules and/or Staff availability audit
- ☐ Feedback from Participants about their experiences with a replacement staff member when another is absent, or about a new staff member

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Depending on your organisational size, you may employ a scheduling officer and/or utilise scheduling software, to ensure services can continue for Participants should a staff member be absent or unavailable. This can be used to facilitate continuity of supports
- ☐ Have two or more staff members supporting a Participant at any one time, so that if one staff member is unavailable, the Participant is familiar and more comfortable with the replacement individual who fills in for them

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

---

**FURTHER INFORMATION**

- [Sample template for staff scheduling](#)
- [Sample Leave management policy](#)

## 2.8.3 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Participants are included in their support planning process, involving identification and documentation of their needs and preferences. Consistently meeting the expressed needs of a Participant is facilitated by thorough documentation in Participant records and good handover practices. Participant needs and preferences are regularly reviewed.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.9

### EVIDENCE EXAMPLES

- ☐ Intake Assessment Forms include gathering information about needs and preferences of Participants whilst receiving services from your organisation
- ☐ Documented Participant Support Plans with evidence of the inclusion the Participant needs and preferences
- ☐ Staff are part of a robust handover process whereby Participant needs, preferences and Support Plans are provided and discussed, this is documented in the Participant record
- ☐ Participant feedback on whether their needs and preferences were/are being met, and/or whether service provision met/meets their expectations

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation could develop a one-pager 'About Me' outlining key information about Participants that staff can refer back to. This could include sections such as:
  - Name
  - Address/Contact Phone
  - Diagnosis/Present Issues
  - Members of Support Network
  - Goals (in line with those in the NDIS Plan)
  - Actions (includes who can support the Participant, and time frame around completion)
  - DOB/Age
  - Next of Kin – Name, Relationship and Contact Details
  - Triggers
  - Safeguarding
- ☐ Collaborate with the Participant and their support network on developing SMART Goals
  - S – Specific
  - M – Measurable
  - A – Attainable
  - R – Relevant
  - T – Time Based

Ensure goals and supports are continuously Recovery-Oriented and Trauma Informed.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Support Plan Template](#) – this one is quite complex, but you could develop your own template, extracting the relevant sections from this example
- [Individual Plan Template](#) – a simpler example in comparison to the one above
- [Goal Directed Person-Centred Care Planning Toolkit](#)
- National Practice Standards for the Mental Health Workforce – [Standard 6: Individual Planning](#)

## 2.8.4 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

### INTERPRETATION

Your organisation ensures that it undertakes its responsibilities as committed to within the Participant Service Agreement, by delivering the outlined supports for the specified duration. These services are delivered in accordance with the complexity of supports your organisation provides.

#### MAPPING TO NSMHS

##### Primary Standards:

8.1

### EVIDENCE EXAMPLES

- ☐ Documented Service Agreement
- ☐ Service Delivery Policy
- ☐ Documented Participant Support Plan
- ☐ Participant feedback to understand if supports are consistent with what was agreed to, and if they are being delivered without interruption
- ☐ Documented Business Continuity Plan including if/how supports can continue based on potential circumstances that could occur

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Depending on the size of your organisation, and the complexity of Participant supports, you may want to develop a schedule of supports, which timetables when the Participant has supports, and who is providing them
- ☐ Planning of Participant supports at the commencement of their NDIS Plan will ensure there is adequate funding accessible throughout the duration of the Service Agreement, keeping in mind support needs may fluctuate during this time

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- CentroAssist Article on the [Top 5 Tips for Scheduling-Based Strategies](#)
- [NDIS Service Agreements Information](#)
- DSC Article – [Everything you need to know about Service Agreements](#)
- NDS – [Practical Guide to Service Agreements](#)



## 2.8.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Where changes or interruptions are unavoidable, alternative arrangements are **explained and agreed** with the participant.

### INTERPRETATION

Maintaining a person-centred approach, your organisation communicates clearly with Participants when disruptions to their service provision occur. Collaboratively, alternative arrangements are formulated and implemented with the Participants consent.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
8.1

### EVIDENCE EXAMPLES

- ☐ Documented Service Delivery Policy and/or Procedure documents include processes in the event of changes or unavoidable interruptions to facilitate service continuity
- ☐ Documented Service Agreement
- ☐ Provision of a Participant Information Pack that includes details about organisational responses and procedures in relation to changes or interruptions to services
- ☐ When changes or interruptions occur, they are documented in the Participant record, including the explanation and agreement from the Participant
- ☐ Participant feedback about situations where changes and interruptions have occurred

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ You may want to have more than one staff member providing services to a Participant, so there are options for alternative arrangements that the Participant is familiar with
- ☐ Undertake organisational planning, and implement associated procedures, to ensure responsiveness and reactivity to respond to changes or interruptions – try and be proactive, as opposed to reactive. This could be included in your Business Continuity Plan or within a Service Delivery Policy

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

---

**FURTHER INFORMATION**

- Resources to assist in developing business continuity plans

## 2.8.6 QUALITY INDICATOR TO BE DEMONSTRATED:

Where applicable, disaster **preparedness** and **planning** measures are in place to enable **continuation** of critical supports before, during and after a disaster.

### INTERPRETATION

Risk analysis has been undertaken to identify potential disasters that could impact the delivery of supports. Plans have been formulated to appropriately respond and manage during these times to ensure continuity of supports for Participants both during and after a disaster.

### MAPPING TO NSMHS

**Other relevant Standards:**  
8.9

### EVIDENCE EXAMPLES

- ☐ Documented Business Continuity Plan
- ☐ Documented Emergency Evacuation plans for all service delivery locations that are displayed in high visibility areas and explained to visitors
- ☐ Documented, and actively managed Risk Register that includes identified potential disasters and strategies to mitigate and manage these, where possible
- ☐ Emergency simulations (for example, fire drills) are documented and include any findings and/or outcomes

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ You may have developed such a Business Continuity plan in response to COVID-19, this could be used as a basis for the development of your disaster management plans
- ☐ Ensure you have adequate business insurances in place

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Business Continuity and Disaster Management Planning Template](#)
- [Planning for Business Continuity in Times of Disaster](#)
- [Developing a Business Continuity Plan](#) – this document is a guide in response to COVID-19, but the same process can be applied for more general planning



# CORE MODULE: PROVISION OF SUPPORTS

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

**This division sets out the responsibilities for NDIS Providers when providing supports to Participants.**

## PROVISION OF SUPPORTS

**These NDIS Practice Standards set out the responsibilities for NDIS Providers when providing supports to Participants.**

### **How does Core Module - Division 3: Provision of Supports line up with the NSMHS?**

NDIS Indicators under Division 3 of the Core Module: Provision of Supports, are covered mostly by NSMHS Standard 10: Delivery of Care, with additional evidence located under Standards 1, 2 and 3. There are some NDIS indicators within this Division which do not map to the NSMHS.

## 3.1 ACCESS TO SUPPORTS

### OUTCOME:

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

### 3.1.1 QUALITY INDICATORS TO 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.

#### INTERPRETATION

Your organisation has clear, documented information on the services you provide, what the criteria are to access these services and any costs involved. This information is communicated in a format, mode and language that Participants prefer to maximise understanding.

#### MAPPING TO NSMHS

##### Primary Standards:

1.4, 1.7 10.3.1, 10.3.4, 10.5.3

##### Other relevant Standards:

10.2.2, 10.3, 10.5

#### EVIDENCE EXAMPLES

- ☐ Documented Access/Eligibility Policy outlines who your services are most suited to, the NDIS registration groups you provide and how Participants can access your services, if they meet the eligibility requirements
- ☐ Pricing of the supports and services you provide is documented and made publicly available
- ☐ Documented and signed Service Agreement for each Participant
- ☐ Feedback from Participants about their understanding of the services available and any access or entry criteria, which is provided in their preferred mode and language of communication

*"ABC mainly supports individuals with psychosocial disability and mental health challenges.*

*We provide support under NDIS Registration groups X, Y and Z.*

*If you're still not sure if ABC is right for you, contact us today and for a confidential discussion."*

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Word your Access/Eligibility Policy in a way that doesn't exclude potential Participants. Encourage contact with your organisation, as you might be able to support them, or provide them with a warm referral to a better suited service
- ☐ Develop partnerships with other service providers to facilitate a warm referral process for Participants who would be more appropriately supported by another provider
- ☐ You may wish to publish information about eligibility, intake processes and pricing of supports on your website and in organisational brochures

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Price Guide and Support Catalogue](#)
- [NDIS Eligibility](#) – an example of how you can communicate eligibility criteria



## 3.1.2 QUALITY INDICATORS TO BE DEMONSTRATED:

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**.

### INTERPRETATION

Your organisation is responsive to the requirements of Participants by making service delivery environment adjustments to support their needs and preferences. Any adjustments are monitored to make sure they are continually suitable and meet their intended purpose.

#### MAPPING TO NSMHS

##### Primary Standards:

10.5.2

##### Other relevant Standards:

1.17, 4.1, 10.1.9, 10.5.6

### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights including the right for reasonable adjustments to be made
- ☐ Provision of a Participant Information Pack that includes information about adjustments that can cater for their diverse needs surrounding health, privacy, dignity, quality of life and independence
- ☐ Documented Intake Assessment identifying Participant needs and preferences
- ☐ The Participant record documents information on the implementation and monitoring of these adjustments
- ☐ Feedback from Participants about what adjustments were made, monitoring of the adjustments, and how they impacted on delivery of supports by your organisation

Service delivery for Participants with psychosocial disability should be adjusted to meet where Participants are at in their Recovery journey and in line with their recovery goals.

This will look different for each Participant.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Review the physical layout of your service delivery locations periodically, considering if they facilitate easy access, are safe for all who use them and maintain privacy. Make any reasonable adjustments where appropriate, which can be a quality improvement activity
- ☐ Seek Participant input on how your service delivery locations could be changed to better meet their needs – consider the impact of sound (quiet waiting areas, music), visual appeal (colour, artwork, plants) safety (furniture, size of rooms, exits) and comfort (welcoming environment, seating arrangements)

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**  
(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [100 Ways to support Recovery](#)
- [Suicide Prevention and Recovery Guide – A Resource for mental health professionals](#)
- [Supporting Personal Recovery](#)
- [Supporting Quality of Life](#)

### 3.1.3 QUALITY INDICATORS TO BE DEMONSTRATED:

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 on the basis of a dignity of risk choice that has been made by the participant.

#### INTERPRETATION

Participants are supported by your organisation to understand when their services and/or supports may be stopped or withdrawn. Participants have the right to make their own decisions, and supports should not be withdrawn or denied based purely on the risks associated with the decision made.

#### EVIDENCE EXAMPLES

- ☐ Documented Service Agreement
- ☐ Documented Service Delivery Policy includes information about withdrawal or stopping of supports, and the circumstances under which this can and can't happen
- ☐ Participant Information Pack includes information about when supports can be withdrawn
- ☐ Policy and/or procedure documents about Supported Decision Making, Participant choice and dignity of risk
- ☐ Feedback from Participants on your organisation's facilitation of dignity of risk, and their understanding of when supports may be stopped or withdrawn

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

'Dignity of risk' refers to the concept of affording a person the right (or dignity) to take reasonable risks, and that the impeding of this right can suffocate personal growth, self-esteem and the overall quality of life (Ibrahim & Davis 2013).

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training around facilitating Participants right to dignity of risk whilst maintaining their duty of care
- ☐ Acknowledge Participants' experiences, and recognise they are experts in their own lives – work alongside the Participants to understand their dignity of risk choice
- ☐ Consider a stepped approach to withdrawal of services such as a warning or traffic light system, this allows Participants to exercise choice and control within defined parameters dependent on the nature and severity of the situation

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Everyday Practice - What this looks like for Providers – [Factsheet: Dignity of Risk vs. Duty of Care and the NDIS](#)
- [Sample Service Delivery Policy](#) – to be used as a guide only, incorporates the use of person-centred, participant choice, Trauma-Informed and Recovery-Oriented principles

## 3.2 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.

### 3.2.1 QUALITY INDICATORS TO 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.

### INTERPRETATION

Procedures are in place for your organisation to obtain Participant consent. Collaboration with the Participant and their support network is undertaken to properly assess the Participant's needs, preferences, support requirements, strengths and goals. This collaborative approach is used to inform the development of a Support Plan to assist their Recovery journey.

#### MAPPING TO NSMHS

##### Primary Standards:

1.10, 10.1.6, 10.4.8

##### Other relevant Standards:

1.11, 1.12, 3.1, 7.12, 10.5.11

### EVIDENCE EXAMPLES

- ☐ Documented Intake Assessment including information about needs, preferences, goals, support requirements, strengths and areas for development
- ☐ Documented Support Plan for each Participant that includes goals and actions in line with those outlined in their NDIS Plan
- ☐ Documented Risk Assessment (and Safety Plan, where applicable)
- ☐ Consent Form signed by each Participant
- ☐ Documented identification of, and collaboration with, key people in the Participant's life and support network, to ensure they are included in the development of the Support Plan

Psychosocial Disability Participants being involved in their support planning is fundamental to the Recovery-Oriented approach.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation could employ Supported Decision-Making tools and strategies to help facilitate this collaboration and support plan development
- ☐ Collaboration with the Participant and their support network should be ongoing, and the Support Plan continually updated to appropriately reflect the Participant's situation, ensure that any collaboration and changes to the Support Plan are documented in the Participant record

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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### **READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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### **FURTHER INFORMATION**

- Empowerment Circle – to assist Participants to identify what's important to them, and how they can be more empowered in the different areas of their life
- Intake process and tools information
- Sample Intake and Assessment Form – this is a guide only, and can be used to inform your organisational development of an intake and assessment tool
- Strengths-based Intake Assessment – this is a guide only
- Neami National – Intake Assessment and Service navigation information
- Principles of Effective Assessment
- Guidelines for Conducting an Assessment
- Analysing Information from the Assessment

## 3.2.2 QUALITY INDICATORS TO BE DEMONSTRATED:

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**.

### INTERPRETATION

An appropriate Risk Assessment is completed and documented for each Participant and used to inform their Support Plan. Where risks are identified, appropriate strategies to mitigate and manage these risks are planned and applied.

### MAPPING TO NSMHS

#### Primary Standards:

2.11

#### Other relevant Standards:

2.12

### EVIDENCE EXAMPLES

- ☐ Participant Risk Assessments are documented and stored within their records
- ☐ Documented Safety Plan includes management and mitigation strategies for any identified risks
- ☐ Documented Support Plan is informed by any identified risks, to ensure Participant goals can still be reached taking these into consideration
- ☐ Participant records document the completion of a Risk Assessment and use of the Safety Plan
- ☐ Feedback from Participants about their involvement in completing their Risk Assessment and the use of their Safety Plan

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure staff understand Participant risk information, and have the skills to implement Risk Management and Safety Plans during service delivery
- ☐ Should a Participant have service providers supporting them in addition to your organisation, with consent of the Participant the completed risk assessment and Support Plan can be completed in collaboration with the other service providers, and/or shared to ensure adequate support of the Participant

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Example Mental Health Risk Assessment – this could be adapted to suit your organisation and the type of Participants you support
- Electronic Mental Health Risk Assessment Form – and an alternative electronic form
- Sample Wellness Plan – use of the traffic light system – this wellness plan could be useful when there is co-occurring mental health and substance use issues



### 3.2.3 QUALITY INDICATORS TO BE DEMONSTRATED:

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**.

#### INTERPRETATION

Where a Participant has risk management strategies and a Safety Plan in place, it is reviewed periodically by your organisation to ensure it remains suitable and appropriately addresses any risks. Any changes are made where required.

#### MAPPING TO NSMHS

##### Primary Standards:

10.4.6

##### Other relevant Standards:

10.4.5

#### EVIDENCE EXAMPLES

- ☐ Documented Risk Management Policy and Procedure
- ☐ Documented Participant Risk Assessment
- ☐ Documented Safety Plan that includes management/mitigation strategies for any identified risks
- ☐ Participant records document that reviews of the risk management strategies and Safety Plan are undertaken, and any variations are made in line with the changing needs, requirements and/or circumstances of that Participant
- ☐ Feedback from Participants about the risk management review process, their involvement and the appropriateness of the strategies implemented

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop a schedule that includes review dates for each Participants' Risk Assessment and Safety Plan, to ensure every Participant's is reviewed at least annually – this review should occur more frequently should circumstances change. Adherence to this schedule of review dates could be analysed through an internal audit.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Assessment and Management of Risk – Guidelines and helpful questions to ask
- Assessment and Review Information
- Suicide Risk Assessment
- Suicide Risk Assessment and Management Protocols – Community Mental Health Services

### 3.2.4 QUALITY INDICATORS TO BE DEMONSTRATED:

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.

#### INTERPRETATION

In collaboration with the Participant and their support network, your organisation has procedures in place to ensure Participant Support Plans are reviewed at least every 12 months and/or when the Participant's needs or circumstances change. At these Support Plan reviews, actions undertaken towards achievement of goals are evaluated at a frequency relevant to their associated risk and the Participant's needs and preferences.

#### MAPPING TO NSMHS

##### Primary Standards:

10.4.6

##### Other relevant Standards:

3.2, 10.4.5

Support Plan reviews should assess the progress towards the Participants Recovery goals.

#### EVIDENCE EXAMPLES

- ☐ Documented Support Plan
- ☐ Documented schedule that includes review dates for each Participant's Support Plan to ensure they occur at least annually. This could happen more frequently should the Participant's circumstances change in the interim
- ☐ Participant records include documentation about how the Support Plan is implemented and service delivery tailored to reach Participant goals – detailed notes will make this review process easier
- ☐ Participant records document that reviews of the support plan are undertaken, and any changes are made in line with the changing needs and requirements of that Participant
- ☐ Feedback from Participants about their involvement in the Support Plan review process, including their views on their progress towards achieving their goals

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Whilst a review of the Support Plan is required at least annually, as per the above indicator, your organisation may wish to do a briefer review more often, to better meet the changing needs and circumstances of Participants – this frequency could be guided by the choice of the Participant
- ☐ Outcomes and goals should be established within the S.M.A.R.T (Specific, Measurable, Attainable, Relevant, Time-based) framework, to ensure they can be reached with achievable actions, and align with the goals documented in the Participants NDIS Plan
- ☐ The Support Plan should also outline any other individuals within the support network who may assist the Participant in reaching these goals and outcomes

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Plan Review Toolkit](#) – this is a guide only
- [Plan Review Guide](#) – this is a guide only, providing a more workbook type document
- [Monitoring and Reviewing Individual Plans](#)

## 3.2.5 QUALITY INDICATORS TO BE DEMONSTRATED:

Where progress is different from expected outcomes and goals, work is done with the participant to **change and update** the support plan.

### INTERPRETATION

Procedures are in place at your organisation to identify when Participant goals or outcomes differ from what was outlined in their Support Plan. If identified, collaborative work is undertaken with the Participant and their support network to alter the Support Plan to ensure goals and outcomes better match their current needs, circumstances and stage of their Recovery journey.

#### MAPPING TO NSMHS

##### Other relevant Standards:

3.2, 10.4.5, 10.4.6

### EVIDENCE EXAMPLES

- ☐ Documented Support Plan
- ☐ Policy and/or Procedure documents that guide staff to recognise when Participant progress differs from expected goals and outcome
- ☐ Participant records that document reviews of the Support Plan were undertaken when goals differ from what was originally identified, and the Support Plan is changed to align more closely with what the Participant hopes to achieve
- ☐ Feedback from Participants about the Support Plan review process and their involvement
- ☐ Feedback from staff about how they identified progress that was different from expected outcomes, and how they responded to change the Support Plan in collaboration with the Participant

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Regular check-ins with the Participant, their support network and the staff supporting the Participant will allow for the early identification of changes in progress against goals
- ☐ Identify some key changes in circumstances for staff to look out for, to help them identify when the Support Plan needs to be changed and/or updated

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Monitoring and Reviewing the Support Plan – questions to consider
- The Importance of Good Record Keeping – this will aid in easier identification of when outcomes and goals are different from what is expected
- A person-centred approach to case review

### 3.2.6 QUALITY INDICATORS TO BE DEMONSTRATED:

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.

#### INTERPRETATION

With Participant consent, the Support Plan is shared with the Participant's support network, and other providers or government agencies. This enables others to further support the Participant to reach their goals and outcomes in collaboration with your organisation.

#### MAPPING TO NSMHS

##### Primary Standards:

1.11, 9.3

##### Other relevant Standards:

1.12, 7.11

#### EVIDENCE EXAMPLES

- ☐ Consent Forms signed by the Participant
- ☐ Documented Support Plan
- ☐ Documented Statement of Participant Rights that includes their right to involve others in their Recovery journey and share information with these individuals/providers/agencies
- ☐ Documented within Participant record (and on Consent Forms) is who they wish to share Support Plan information with and how much/what information is shared
- ☐ Participant feedback around the communication of their Support Plan to others and the involvement of others in helping achieve the Participant's Recovery goals

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Where a Participant has several members in their support network, multiple service providers and other government agencies involved in their care, you may consider having regular meetings with all involved parties to ensure everyone is collaboratively working towards the achievement of the Participant's goals
- ☐ Ensure all interactions with other individuals in the Participant's support network are documented within the Participant's record to evidence collaboration and ongoing communication

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Mapping a Support Network – identifying who is involved in a Participant's life and how they are involved
- Create a Social Support Network – online interactive resource
- Wellbeing Networks and Asset Mapping – tools for Recovery-Oriented Practice



## 3.3 SERVICE AGREEMENTS WITH PARTICIPANTS

### OUTCOME:

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

### 3.3.1 QUALITY INDICATORS TO 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.

### INTERPRETATION

Your organisation collaboratively establishes a Service Agreement with each Participant, that is personally tailored to their individual circumstances, needs and preferences. Each Service Agreement outlines the specific supports to be delivered by your organisation, what the Participant can expect to receive, and any conditions attached to supports (incl. reasons why they are attached).

#### MAPPING TO NSMHS

#### Primary Standards:

10.5.11

### EVIDENCE EXAMPLES

- ☐ Documented Service Agreement
- ☐ Documented within the Participant record is information regarding Participant collaboration in development and understanding of their Service Agreement
- ☐ Participant feedback on their collaborative involvement in the development of their Service Agreement with your organisation, and their understanding of the terms within it

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop a standardised Service Agreement template you can use throughout your organisation, that can be tailored to each Participant's circumstances and supports
- ☐ Staff facilitate the inclusion of the support network in this process, with Participant consent

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [NDIS Making a Service Agreement Information](#)
- TSP for All – [Services Agreements in the NDIS](#) - under Online Training Modules
- TSP for All – [NDIS Service Agreement Template](#) – under Tools & Templates
- [NDIS Price Guide and Support Catalogue](#)
- ACC: [A guide to competition and consumer law](#): for businesses selling to and supplying consumers with disability

## 3.3.2 QUALITY INDICATORS TO BE DEMONSTRATED:

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**.

### INTERPRETATION

Each Participant is supported by your organisation to understand the Service Agreement they are entering into. This agreement and associated information are communicated in the Participant's preferred mode, language and format.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
1.4, 10.5.7, 10.5.15

### EVIDENCE EXAMPLES

- ☐ Documented Intake Assessment that captures the Participant's preferences, including preferred language, format and mode of communication
- ☐ Documented Statement of Participant Rights including their right to the involvement of a person to provide support for understanding of their Service Agreement, and their right to access an advocate, where required
- ☐ Documented Service Agreement
- ☐ Feedback from Participants about support from your organisation to understand the Service Agreement, and that the information was communicated in a way they understood
- ☐ Example of a Service Agreement being provided in an alternative mode, language and/or format in response to Participant needs

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Participants are given sufficient time to understand their Service Agreement, access any required supports and ask any questions they may have
- ☐ Supported Decision-Making strategies are employed where required
- ☐ Your organisation may consider developing an Easy Read version of the Service Agreement, to further aid Participants understanding of the information
- ☐ Staff can appropriately support Participants to understand what is included in their Service Agreement
- ☐ Staff understand the procedures to engage an interpreter or translator where required

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- NDIS Checklist - Things to think about when making a service agreement
- Factsheet – Practices to Improve Supported Decision-Making in Mental Health Services
- WAIS – Easy Read Service Agreement
- Guidelines for Supported-Decision Making in Mental Health

### 3.3.3 QUALITY INDICATORS TO BE DEMONSTRATED:

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.

#### INTERPRETATION

Your organisation maintains a documented and signed Service Agreement with each Participant, and then provides them with a signed copy. Where providing the written copy is not practical, or the Participant does not wish to have a copy, the circumstances surrounding this are documented within Participant records, including the reasons why.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

#### EVIDENCE EXAMPLES

- ☐ Documented and signed Service Agreement
- ☐ Provision of a Participant Information Pack including information about the Service Agreement, and that they will be provided with a signed copy
- ☐ Participant records document a signed copy was provided to the Participant, or the reasons outlining why this wasn't done
- ☐ Participant feedback regarding the receipt of their service agreement

*"Participant (Name) was provided with a hard copy of their signed and dated Service Agreement on DD/MM/YYYY. A soft copy file is held on file at ABC Org."*

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Develop a Service Agreement with the Participant, obtain signatures and provide them with a copy before service delivery commences. This will help to ensure everyone is understanding of their roles and responsibilities from the very beginning, including what will and won't be facilitated
- ☐ Conduct regular internal audits to make sure all Participants receive a copy of their signed Service Agreement, or record they haven't received a copy and the reasons why – use a standardised template to conduct the audit, and include it within your internal audit schedule

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Sample Agreement Form – incl. sections on fees, cancellation policy, confidentiality and access
- NDS Practical Guide to Making a Service Agreement

### 3.3.4 QUALITY INDICATORS TO BE DEMONSTRATED:

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:

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

*Please note: this indicator may not be relevant to all providers.*

#### INTERPRETATION

If your organisation delivers supported independent living (SIL) support within a specialist disability accommodation (SDA) setting, a documented Service Agreement is in place between your organisation, the SDA provider and each Participant. This documents each party's roles and responsibilities as part of the agreement. In the context of supported accommodation, this includes processes to identify and manage concerns, sources of conflict, change of circumstances and challenging behaviours and a Participant's needs and preferences are considered when filling vacancies.

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

#### EVIDENCE EXAMPLES

- ☐ Policy and Procedure documents surrounding SIL and SDA interaction and management that include processes to address abovementioned factors
- ☐ Documented Service Agreements that involve the SIL and SDA providers, as well as the Participant, where applicable
- ☐ Provision of a Participant Information Pack including information about the interaction between service providers, whilst maintaining a person-centred approach
- ☐ Participant and other stakeholder feedback about the interaction and management of SIL and SDA supports

## IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Meetings involving all relevant parties could be facilitated periodically, to ensure everyone is meeting their required roles and responsibilities and to allow any concerns to be raised and actioned appropriately
- ☐ Consider the creation and distribution of a supports schedule, to clearly understand who is providing what services to the Participant, and those that are of shared responsibility. This could also be provided to the Participant and their support network
- ☐ Facilitate regular SIL/SDA tenant group meetings to promote group cohesion and proactively address concerns, involving Participants in decision making, where appropriate
- ☐ Use a formal stepped system, such as a warning or traffic light system, to alert Participants to potential threats to their tenancy, with opportunities to address behaviours of concerns

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## SELF-ASSESSMENT (what you already have e.g. policy/procedure/practice)

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## GAPS IDENTIFIED (what you might be missing)

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## READINESS ACTION PLAN

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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## FURTHER INFORMATION

- [NDIS Information on SIL, SDA and Independent Living Options \(ILO\)](#)
- [Sample Tenancy SDA Agreement](#) – this is a guide only
- [Sample SIL Agreement](#) – this is a guide only
- Summer Foundation – [Separating Housing and Support Services Toolkit](#) – Disability Accommodation Collaboration Agreement
- [Specialist Disability Accommodation Handbook](#)



## 3.4 RESPONSIVE SUPPORT PROVISION

### OUTCOME:

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

### 3.4.1 QUALITY INDICATORS TO 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.

#### INTERPRETATION

Participant supports are provided in line with identified needs, preferences and goals detailed in their Support Plan. Service delivery for Participants is also based on the least intrusive option, and in-line with current evidence-informed practices.

#### MAPPING TO NSMHS

##### Primary Standards:

10.5.5

##### Other relevant Standards:

1.9

#### EVIDENCE EXAMPLES

- ☐ Documented Intake Assessment including identification of Participant needs, preferences and outcomes in line with the NDIS Plan
- ☐ Documented Support Plan for each Participant including other mainstream and community services
- ☐ Documented Statement of Participant Rights
- ☐ Provision of a Participant Information Pack includes information about what support provision looks like at your organisation
- ☐ Participant feedback surrounding level and quality of supports, if they meet the Participant's needs and assist in achievement of Participant goals

Psychosocial Disability Service Providers may keep up to date with evidence-informed practices in areas such as Recovery-Oriented practice, Trauma-Informed care, person centred care, positive behaviour support and restrictive practice.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ongoing review and staff discussions should be undertaken around what current evidence-based practices are, and how they implemented through service delivery at your organisation – this could be documented in staff meeting minutes or evidenced through staff training and professional development
- ☐ Participant needs should be taken into account when determining the least intrusive options in which services can be provided. This should include how Recovery goals can be achieved through their NDIS Plan, helping the Participant to access mainstream community services such as sporting and recreational clubs, transport, education facilities and community centres, rather than relying too heavily only on specialist mental health services and programs
- ☐ Referral date and commencement of service delivery should be documented, and where there may be long wait times, demonstrate referral of the Participant to an alternative organisation

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Principles of Recovery-Oriented Mental Health Practice](#)
- Mind Australia – [Approach to Recovery-Oriented Practice](#)
- [National Framework for Recovery-Oriented Mental Health Services](#)
- MHCC [Trauma-Informed Care and Practice Toolkit](#)
- NDS [Trauma-Informed Support Films and Facilitators Guide](#)
- [Challenging Behaviour Toolkit](#) – Clinical Guidelines and Additional resources

## 3.4.2 QUALITY INDICATORS TO BE DEMONSTRATED:

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.

### INTERPRETATION

With consent and agreement, your organisation collaborates with the Participant, and with their direction, creates and maintains partnerships with other providers to share information, and deliver optimal supports for Participants to meet their needs and preferences.

#### MAPPING TO NSMHS

##### Other relevant Standards:

9.5, 10.1.9

### EVIDENCE EXAMPLES

- ☐ Documented Consent Form signed by each Participant includes who they wish to share information with and what information they are willing to share
- ☐ Documented Service Agreement signed by both parties
- ☐ Documented in the Participant record are notes surrounding the collaboration and linkages created and maintained with other providers to optimise supports for the Participant
- ☐ Documented Provider partnerships, MOUs or other agreements
- ☐ Participant feedback regarding the collaboration and involvement of other providers to assist them to meet their needs and achieve their goals

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Guided by the Participant's goals, needs and preferences, collaborative partnerships are formed with other providers to extend person-centred service delivery that assists the Participant to achieve their goals – the Support Plan clearly documents others involved and what the role they play in assisting the Participant

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Community Door article and resources on [Collaboration](#)
- Not-for-Profit law – [Information on MOU's](#) including sample template
- Not-for-Profit law – [Information on Joint Ventures and Partnerships](#)
- [How to Write an MOU](#) – including sample template

### 3.4.3 QUALITY INDICATORS TO BE DEMONSTRATED:

Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.

#### INTERPRETATION

Participant needs and preferences are identified and considered when allocating staff to support them, supporting their right to choice and control. This includes Participant requests regarding staff gender, especially when delivering personal care services.

#### MAPPING TO NSMHS

##### Primary Standards:

1.17

##### Other relevant Standards:

1.10, 1.11, 1.12, 10.5.5

#### EVIDENCE EXAMPLES

- ☐ Documented Statement of Participant Rights including their right to be involved in selecting staff to deliver their supports
- ☐ Documented policy and/or procedure about Supported Decision Making, Participant choice and dignity of risk including selecting their own staff
- ☐ Documented Intake Assessment capturing Participant needs and preferences including preferred gender of staff member, where applicable
- ☐ Documented in the Participant record is information about how they were involved in choosing their workers, and reviews of how this match of staff member to Participant is going
- ☐ Participant feedback on the accessibility of their preferred staff member

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Employ a range of different staff to ensure you can meet the diverse needs of your Participants e.g., staff of different genders, with different cultural backgrounds and with an array of skills, languages, knowledge and experience
- ☐ Try and have at least two different staff members supporting each participant, regardless of the types of supports they receive – therefore if their usual support staff member is away or absent, someone they are already familiar with can take their place
- ☐ Periodically review Participant and staff connection to ensure any concerns can be raised and resolved within a timely manner

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Information on matching staff and Participants](#) – includes downloadable resource and interactive tool to identify what Participants might need and want from their support staff
- [Person-Centred Matching Support Tool](#)

### 3.4.4 QUALITY INDICATORS TO BE DEMONSTRATED:

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.

#### INTERPRETATION

All staff are appropriately trained and supported to understand Participant's needs and preferences and competently deliver the relevant supports. This is particularly important when Participants require daily supports or have specific needs that require monitoring.

#### EVIDENCE EXAMPLES

- ☐ Documented Staff Training Register including training undertaken in response to Participants' specific needs
- ☐ Documented staff JDFs
- ☐ Documented register that records staff qualifications and experience
- ☐ Documented Participant records that demonstrate their involvement in educating staff to understand how they can be best supported
- ☐ Feedback from Participants and their support network about how their specific needs and preferences have been met, especially when they require monitoring and/or daily support

#### MAPPING TO NSMHS

##### Other relevant Standards:

8.6, 8.7

Service Delivery within the psychosocial disability sector is ideally person-centred, Recovery-Oriented and Trauma Informed, and provided in response to the individual needs of each Participant.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ An example of specific Participant needs that require monitoring and/or daily support could be with the implementation of positive behaviour support and use and monitoring of restrictive practice – collaboration should occur with the registered Behaviour Support Practitioner to facilitate the training of implementing staff/providers to ensure these practices can be appropriately used in line with Participant needs
- ☐ Documented staff performance reviews are completed including whether performance aligns with their JDFs, in particular around meeting specific Participant needs
- ☐ Staff are monitored and supervised to ensure their performance is of an adequate level, with performance management plans implemented where required

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Mapping my World interactive tool – such a tool will enable your organisation to identify with participants where they require daily or specific types of supports, once identified you can ensure these needs are met and the Participant is adequately supported
- Mapping Needs tool – another interactive resource that can be used as a guide



## 3.5 TRANSITIONS TO OR FROM THE PROVIDER

### OUTCOME:

Each participant experiences a planned and coordinated transition to or from the provider.

### 3.5.1 QUALITY INDICATORS TO 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**.

### INTERPRETATION

Procedures are in place to facilitate a collaborative transition for Participants to or from your organisation. This transition is effectively managed, thoroughly documented and communicated with all those involved to maintain a person-centred approach.

### MAPPING TO NSMHS

#### Other relevant Standards:

6.12, 10.4.5, 10.5.9, 10.6.3, 10.6.7

### EVIDENCE EXAMPLES

- ☐ Policy and procedure documents outlining how transitions to or from your organisation occur including facilitation of collaboration with the Participant and their support network
- ☐ Documented Referral Form for incoming Participants
- ☐ Documented Transition Plan for Participants
- ☐ Documentation in the Participant record includes information surrounding exit interviews and/or facilitation of transition from your organisation, this includes information that the Participant was informed about how they could re-enter your organisation
- ☐ Provision of a Participant Information Pack including information about transitioning to or from your organisation and about re-entering your organisation
- ☐ Feedback from Participants about the services received from your organisation, and the quality of transition arrangements

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation could develop a standardised Transition Plan template – this could be tailored to each Participant but includes information such as their goals and desired outcomes, progress made with your organisation, things that keep them well, any triggers and safeguarding mechanisms as well as key people in the Participants support network
- ☐ Collaboration to facilitate the transition of a Participant should also involve their support network to enable the early identification of potential relapse
- ☐ Provision of brochures or information sheets that include information about alternative support services Participants and their support network can utilise whilst receiving supports from your organisation, or after they have exited
- ☐ Conduct internal audits to ensure that transitions are documented – utilise a standardised audit template and include this in your internal audit schedule

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Planning for Exit information
- Client Exit Summary Form – this is a long version but could guide the creation of a template for your organisation
- Sample Exit and Re-entry policy
- Sample Entry and Exit policy and procedure

## 3.5.2 QUALITY INDICATORS TO BE DEMONSTRATED:

Risks associated with each transition to or from the provider are **identified, documented and responded to**.

### INTERPRETATION

Any risks associated with a Participant transitioning to or from your organisation are identified, with management and mitigation strategies to respond to these risks put in place, documented and monitored.

### MAPPING TO NSMHS

**Other relevant Standards:**  
2.11

### EVIDENCE EXAMPLES

- ☐ Policy and procedure documents outlining how transitions to or from your organisation occur
- ☐ Documented Participant Risk Assessment – with the Participants consent, this could be provided to the organisation that the Participant is transitioning to
- ☐ Documented Transition Plan for Participants, where appropriate
- ☐ Documented Transition Risk Assessment including management and mitigation strategies to address any identified risks
- ☐ Provision of a Participant Information Pack including information about transitioning to or from your organisation

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Where the Participant is transitioning from your organisation, identify if there are adequate supports in place to support them after service delivery finishes. This should include the capacity of the carer/s to provide support for the Participant

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Sample Wellness Plan – to be used to prevent the Participant from becoming unwell and managing identified risks when transitioning from your organisation

### 3.5.3 QUALITY INDICATORS TO BE DEMONSTRATED:

Processes for transitioning to or from the provider are **developed, applied, reviewed and communicated**.

#### INTERPRETATION

Through policy and procedure, your organisation has developed processes for Participants transitioning to or from your organisation. This includes how these processes are implemented and communicated as well as the frequency of their review.

#### MAPPING TO NSMHS

##### Other relevant Standards:

10.3.1, 10.6.4

#### EVIDENCE EXAMPLES

- ☐ Policy and/or procedure documents outlining transition processes to or from your organisation
- ☐ Documented Policy Register includes dates for scheduled reviews
- ☐ Documented Referral Form that can be used by third parties
- ☐ Documented Transition Plan for Participants
- ☐ Participant feedback on their experiences during the transition to or from your organisation

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Your organisation should have procedures in place to appropriately identify Participants who can't be adequately supported by your organisation (this could be informed by your Eligibility Policy), and have relationships in place with other organisations who you can refer these Participants to
- ☐ Your eligibility policy could be made publicly available (i.e. published on your website) so third parties can understand who your organisation supports and whether or not their Participant referral is appropriate

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**  
(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Department of Health – [information on exit and re-entry](#)
- [Sample Service Access and Exit Policy](#)
- [Sample Service Exit and Re-entry Policy](#)



# CORE MODULE: SUPPORT PROVISION ENVIRONMENT

## NDIS PRACTICE STANDARDS & QUALITY INDICATORS

**This Division sets out the environment in which supports are provided to participants.**

## SUPPORT PROVISION ENVIRONMENT

**These NDIS Practice Standards set out the environment in which supports are provided to participants.**

### **How does Core Module - Division 4: Support Provision Environment line up with the NSMHS?**

All NDIS Indicators under the Support Provision Environment Division map partially or completely to NSMHS Standard 2: Safety, with additional evidence to meet these indicators being found under Standard 10: Delivery of Care.



## 4.1 SAFE ENVIRONMENT

### OUTCOME:

Each participant accesses supports in a safe environment that is appropriate to their needs.

### 4.1.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant can easily **identify** workers engaged to **provide** the agreed supports.

### INTERPRETATION

Participants can identify and understand who key staff are, that deliver their agreed supports.

### MAPPING TO NSMHS

**Other relevant Standards:**  
10.3.8

### EVIDENCE EXAMPLES

- ☐ Documented Support Plan includes names of key staff involved in the Participant's service delivery
- ☐ Participant feedback or interviews confirms they can identify their workers
- ☐ Provision of a Participant Information Pack including a section at the beginning detailing the names and contact details of a Participant's key staff

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff always wear photo identification cards or name tags during service delivery
- ☐ Before service delivery occurs for the first time, Participants could be provided with a photograph of the staff member so the Participant can recognise them
- ☐ A photo board of all Staff could be made available in your Reception area

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Sample Staff Identification Procedure

## 4.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Where supports are **provided** in the participant's home, **work is undertaken** with the participant to **ensure** a safe support delivery environment.

### INTERPRETATION

Procedures are in place to make sure that, when staff are delivering services in a Participant's home, collaboration occurs to ensure potential risks are identified, managed and the environment for support delivery is safe.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1, 2.12, 2.13

### EVIDENCE EXAMPLES

- ☐ Documented policies and procedures outlining organisational processes surrounding work health and safety including, safety and risks when working alone; undertaking outreach supports and staff support if an incident or adverse event occurs
- ☐ Documented Risk Assessment of external environments including, assessment of the physical environment and other factors influencing the Participants home environment
- ☐ Strategies put in place to manage or mitigate any identified risks are documented in Participant records
- ☐ Communications between support workers about risks that have been identified are documented
- ☐ Staff and Participant feedback on the safety of the support delivery environment

This could include whether other people might be present during supports (children and/or adults), if any pets are at the house, accessible entry and exit points as a few examples.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ideally, standardised Risk Assessment of the Participant's support environment are incorporated into the intake process and help inform the individualised Support Plan – a new Risk Assessment is completed should the support environment change i.e., the Participant moves to a new house
- ☐ Staff are trained and understand how to appropriately identify risks and manage threats to safety in the support delivery environment – this is completed at induction and then periodical refreshers are undertaken, with all training recorded in your Staff Training Register

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Sample Procedure – [Safe Practice Home Visits](#)
- [Lone Working and Outreach Services Policy](#) – this is a guide only
- [Lone Working Risk Assessment Template](#)

## 4.1.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Where relevant, work is undertaken with other providers and services to **identify and treat** risks, **ensure** safe environments, and **prevent and manage** injuries.

### INTERPRETATION

Policy and procedure to identify risks and employ risk mitigation and management strategies are in place, in collaboration with other service providers who support the Participant. In addition, collaboration with other service providers is undertaken to ensure the environment is safe, and actively prevent and manage injuries.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1, 2.11, 2.13

### EVIDENCE EXAMPLES

- ☐ Documented Risk Management Policy, Procedure and Register
- ☐ Documented policy and procedure outlining organisational processes about work health and safety, including how collaboration is undertaken with other service providers
- ☐ Documented Incident Report Form, and Incident Management Policy, Procedure and Register
- ☐ Documented Risk Assessment
- ☐ Documented strategies that have been put in place to manage or mitigate identified risks including each providers role in implementation

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ The Participant Intake Assessment and Support Plan could capture the details of other providers working with the Participant, with Participant consent to share this information
- ☐ Ensure Participant consent is obtained before the sharing of information about risks and safety planning
- ☐ Facilitate training of staff to manage challenging behaviours and prevent injury (e.g. de-escalation skills)
- ☐ The terms of your memorandum of understanding, partnerships or agreements with other providers could include requirements of risk identification and management, assurance of a safe environment and active prevention and management of injuries

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Suicide Risk Assessment and Management Protocols – Community Mental Health Service](#)
- [MOU Factsheet](#)
- [Safewards Victoria](#) – reducing conflict and containment and increasing safety
- [MOU Information and Template](#)
- [Neami National Consumer Risk Assessment Guidelines](#)

## 4.2 PARTICIPANT MONEY AND PROPERTY

### OUTCOME:

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

### 4.2.1 QUALITY INDICATOR TO 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**. Participants' money or other property is only **used** with the consent of the participant and for the **purposes intended** by the participant.

### INTERPRETATION

Clear policy and procedure guide the management, protection and accountability for Participant money and property and make sure it is only accessed with consent and used in line with Participant wishes. Once developed, this policy and procedure are applied throughout the organisation, communicated to both staff and Participants, and reviewed on a regular basis.

### EVIDENCE EXAMPLES

- ☐ Documented policy and procedure outlining processes that guide staff involvement in management of Participant money and property
- ☐ Provision of a Participant Information Pack including information about provider access to and use of Participant money and property
- ☐ Documented Professional Boundaries Policy for staff to adhere to
- ☐ Documented Code of Conduct
- ☐ Documented in the Participant record is information about how money or property is to be used, how consent was obtained, and how this use was in line with Participant intended purposes

### MAPPING TO NSMHS

#### Primary Standards:

2.1

Misuse of a Participants money is considered financial abuse and/or neglect, and is a reportable incident under the NDIS Commission. See the [Reportable Incidents Guidance](#) published by the NDIS Commission for more information.

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ The Service Agreement with Participants could outline roles and responsibilities in relation to the access and use of Participant money and property
- ☐ Staff can use a Supported Decision-Making tool to aid Participant's in choosing how to spend their money or use their property
- ☐ Staff and participants are aware of gifting policy including limits to the value of gifts and associated reporting requirements

---

**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- An article on [Respecting Client Money and Property](#)
- Sample [Participant Money and Property Policy and Procedure](#)
- Sample [Protection of Participant Belongings, Money and Household Items Procedure](#)
- [Supported Decision-Making Toolkit](#)



## 4.2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

If required, each participant is **supported to access** and spend their own money as the participant determines.

### INTERPRETATION

To maintain person-centred supports and facilitate choice and control, staff support Participants to access and spend their own money how they wish to, in line with their needs and preferences.

### EVIDENCE EXAMPLES

- ☐ Policy and Procedure documents outlining processes to guide staff involvement in management of Participant money and property
- ☐ Provision of a Participant Information Pack includes information about the Participants right to access and spend their own money
- ☐ Policy and/or procedure documents about Supported Decision Making, Participant choice and dignity of risk
- ☐ Documented in Participant records is information about how a Participant is supported to access and spend their own money, and how this use is in line with Participant intended purposes
- ☐ Feedback from Participants about their experiences when wanting to access and spend their own money

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ If Participants have difficulty managing their money, including how and where they spend it, consider involving other supports in their service delivery, such as financial counselling
- ☐ Decision-making tools can be used to collaboratively assist Participants to access and spend their own money

#### MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

Preventing a Participant from accessing and spending their own money as they wish may be considered a restrictive practice. See the [NDIS Commission webpage](#) for more information.

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [WAIIS Supported Decision Making tools and resources](#)
- [Supported Decision Making Toolkit](#)
- [A guide to money management for people with disabilities](#)
- [Financial Companion Guide](#) to empower people with a disability

### 4.2.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Participants are not given financial advice or information other than that which would **reasonably be required** under the participant's plan.

#### INTERPRETATION

Services delivered are in line with your organisational registration groups, and your roles and responsibilities as outlined in the Service Agreement and staff JDF's. This precludes giving financial advice, unless qualified, registered and engaged specifically by the Participant to do so.

#### MAPPING TO NSMHS

##### Primary Standards:

2.1

#### EVIDENCE EXAMPLES

- ☐ Documented Service Delivery Policy includes the scope of supports delivered by your organisation under your NDIS registration groups
- ☐ Documented Service Agreement
- ☐ Records of staff qualifications and registrations are documented and copies stored by your organisation
- ☐ Documented Professional Boundaries Policy written in line with the Code of Conduct, to which staff adherence is monitored
- ☐ Documented organisational Code of Conduct, or acknowledgement and adherence to the NDIS Code of Conduct

Financial advice should only ever be given by a qualified professional – i.e., a financial adviser or accountant. Financial advice may be provided under registration groups such as Plan Management.

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure your staff have a clear understanding of the scope of supports and services you deliver, this should be guided by what is documented in their JDF, your NDIS registration groups, your Code of Conduct, Service Delivery Policy and documented Professional Boundaries

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Sample [Professional Boundaries Policy and Procedure](#)
- [Factsheet on Maintaining Personal and Professional Boundaries](#)

## 4.3 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.

### 4.3.1 QUALITY INDICATOR TO 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.

*Please note: this indicator may not be relevant to all providers.*

### INTERPRETATION

Relevant information about the administration of each Participant's medication is collected and recorded in Participant records and regularly reviewed. These records include accurate and relevant information to enable correct Participant identification and easy identification of the medication and dosage required to facilitate safe administration of medication.

#### MAPPING TO NSMHS

**Primary Standards:**  
2.4, 10.5.6

### EVIDENCE EXAMPLES

- ☐ Documented Medication Management Policy and Procedure
- ☐ Participant records document all personal identification and medication information
- ☐ Participant record contains documentation of medication history, and administration of medication
- ☐ Staff and Participant feedback on safe and correct medication administration

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Document all contact with the prescribing medical practitioner and ensure periodic review of medications for Participants
- ☐ Participant records are kept up to date to ensure current medication is recorded and is administered safely – if in doubt, consult with the overseeing medical practitioner
- ☐ Ensure medication is stored according to policy, procedure and medication requirements
- ☐ Record incidents involving medication in line with organisational incident management processes
- ☐ There is evidence in your quality improvement register that incidents are used as opportunities to improve and strive for best practice
- ☐ Conduct internal audits to ensure that all the correct medication and dosage information is contained within Participant records. Develop a template to record audit details and ensure it is included within your Internal Audit Schedule

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample Medication Management Policy/Procedure](#)
- [Medication Procedures Tools and Templates](#)
- ACSQHC - [Sample Medication Management Plan](#)
- WA Health – [Medicines Handling Policy](#)

## 4.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

*Please note: this indicator may not be relevant to all providers.*

### INTERPRETATION

Staff responsible for safe administration of Participant medication are adequately trained and supported to understand the intended effects and potential side effects of the medication. Staff are trained to respond appropriately in the event of an incident involving medication, including first responder steps as well as ongoing management processes, including follow up documentation.

#### MAPPING TO NSMHS

##### Primary Standards:

2.4, 10.5.6

### EVIDENCE EXAMPLES

- ☐ Documented Medication Management Policy and Procedure
- ☐ Staff JDFs include responsibilities surrounding medication management, where applicable
- ☐ Documented Staff Training Register including training around specific medications and incident management processes
- ☐ Documented Incident Report Form, and Incident Management Policy, Procedure and Register
- ☐ Participant records contain documented information about previous administration of medication, where applicable

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Adequate support, training and supervision of staff are essential in ensuring understanding of effects and side effects, safe administration and procedural compliance in medication administration
- ☐ Staff responsible for incident management and reporting are accountable and understand their obligations for reporting medication incidents externally, including to the NDIS Commission, where appropriate and in line with the Reportable Incidents definition
- ☐ A Participant's Medication Plan records any side effects of medications, and the ongoing administration of medications. This can be shared with the prescribing practitioner during regular medication reviews

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Learning Guide for Disability Support Workers – Get ready to assist clients with medication](#)
- [NPS MedicineWise](#)
- [Restrictive Practice – Chemical Restraint Guidance Factsheet](#)



### 4.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

All medications are **stored safely and securely**, can be **easily identified and differentiated**, and are only accessed by appropriately trained workers.

*Please note: this indicator may not be relevant to all providers.*

#### INTERPRETATION

Medications held by your organisation are stored in a safe and secure manner and can only be accessed by appropriately trained staff. Medications are clearly labelled, enabling easier identification and differentiation.

#### MAPPING TO NSMHS

##### Primary Standards:

10.5.6

##### Other relevant Standards:

2.4

#### EVIDENCE EXAMPLES

- ☐ Documented Medication Management Policy and Procedure include processes about safe and secure storage, identification and differentiation of medications
- ☐ Locks or keypads on medication storage cabinets – where appropriately trained staff are the only ones with keys or codes
- ☐ Documented Participant records include information on medication administration

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Periodically internal audits could ensure that all medications are clearly labelled, easily identified and stored safely and securely by staff – this could be incorporated into your Internal Audit Schedule
- ☐ Supervision and monitoring of staff ensures that medications are only accessed by appropriately trained staff, and stored safely and securely
- ☐ Consider implementing a labelling system that allows for easy differentiation of medications

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Sample medication storage policy](#)
- [ACSQHC Safe and Secure Storage and Distribution of medicines](#)
- [Supply, Storage and Safe Disposal of Medicines – Sample Policy](#) – this is quite a long version, but can be used to inform the policy and procedure development at your organisation

## 4.4 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.

### 4.4.1 QUALITY INDICATOR TO 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.

### INTERPRETATION

Waste management policy and procedures are in place that comply with requirements and regulations stipulated by the local health district and any relevant legislation. This includes processes that ensure safe and appropriate storage and correct disposal of waste, including infectious and hazardous substances.

#### MAPPING TO NSMHS

**Primary Standards:**  
2.7

### EVIDENCE EXAMPLES

- ☐ Documented Waste Management Policy and Procedure includes references to, and incorporation of, information outlined in regulations and legislation
- ☐ Documented Staff Training Register includes training on safe storage and disposing of waste
- ☐ Information regarding waste management and infection control requirements is made available to staff, Participants and visitors
- ☐ Staff feedback around their understanding of and compliance with policy and procedure surrounding waste management

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training is provided to ensure staff understand and apply the required practice to appropriately handle waste – further training may need to be provided if relevant to a particular Participant
- ☐ Ensure easy access to waste containers for sharps, out of date or unused medication, infectious or hazardous materials
- ☐ Incident review and assessment where waste, infectious or hazardous substances are involved will aid in the continuous quality improvement process, and prevent similar incidents from reoccurring
- ☐ Subscribe to regulation and/or legislation changes to ensure policies and procedures is updated in line with this, these updates should be documented in your Policy Register

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

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**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- Occupational Health and Safety Act 1984

## 4.4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

All incidents involving infectious material, body substances or hazardous substances are **reported, recorded, investigated and reviewed**.

### INTERPRETATION

Your organisation has a policy and procedure in place to ensure that, when an incident involves infectious material, body substances or fluids, and/or hazardous substances, this incident is reported, documented, examined and reviewed.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
2.7

### EVIDENCE EXAMPLES

- ☐ Incident Accident Report Form
- ☐ Documented Incident Management Policy, Procedure and activity managed Register
- ☐ Documented Waste Management Policy and Procedure
- ☐ Meeting agenda and minutes that include the discussion and review of any incidents that have occurred for shared learning experiences
- ☐ Staff can describe what they do in the event of an incident involving infectious material, body substances or hazardous substances. Staff can convey their understanding of procedures surrounding incident management involving waste, including reporting through to review

### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ All incidents are properly reviewed, which may instigate quality improvement activities to support the continuous quality improvement culture at your organisation
- ☐ Staff are provided with appropriate PPE and equipment to properly manage these types of incidents
- ☐ Audits can be conducted to ensure the entire incident investigation process is properly undertaken by staff and documented; these can be recorded in your Internal Audit Schedule
- ☐ Remember to keep all incident reports and records on file for 7 years, as per the NDIS Rules, which also stipulate the required information to be collected with an Incident Report Form

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Tips for investigating workplace incidents](#)
- [Managing exposures to blood and body fluids or substances information](#)
- [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline](#)
- [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#)

### 4.4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

#### INTERPRETATION

Your organisation has documented policy and procedure that describe the emergency plan to be implemented in the event of an incident involving clinical waste or hazardous material. If the plan is implemented your organisation keeps records of the evaluation of the effectiveness of the plan and the inclusion of any necessary revisions.

#### MAPPING TO NSMHS

**Other relevant Standards:**  
2.7

#### EVIDENCE EXAMPLES

- ☐ Documented Emergency Plan to respond to waste management issues and/or accidents
- ☐ Waste Management Policy and Procedure documents
- ☐ Documented Incident Management Policy, Procedure and Register
- ☐ Documented implementation of the Emergency Plan, and records of any changes or revisions that were made in response to legislation or upon review
- ☐ Staff feedback on the implementation and use of the Emergency Plan, where applicable

#### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Where your Emergency Plan has been utilised, changes could be incorporated into your Quality Improvement Register
- ☐ Contained within the Emergency Plan is key contacts or coordinators to manage the implementation of the plan – staff should have clear understanding of who these individuals are

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

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**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- WA Health – COVID-19 Advance for Community Care Workers
- Management and Operational Plan for people with disability – whilst the plan outlined in Part 2 is quite extensive, it could give you some starting points when developing your organisational version
- Contingency Planning and Emergency Response to healthcare waste spills – Resource developed by the World Health organisation
- Sample Policy – Hazardous Material/Waste Emergency Contingency Plan – this is a guide only



#### 4.4.4. QUALITY INDICATOR TO BE DEMONSTRATED:

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.

##### INTERPRETATION

Adequate training and education are provided to staff to ensure appropriate and safe practices when managing incidents involving waste, bodily and hazardous substances. This includes the appropriate use and disposal of any personal protective equipment or handling tools.

##### MAPPING TO NSMHS

**Other relevant Standards:**  
2.7

##### EVIDENCE EXAMPLES

- ☐ Staff Training Register includes waste management training, the correct use of PPE and safe handling of sharps
- ☐ Documented staff JDFs outlining roles and responsibilities around waste management
- ☐ Staff are provided with, and have access to, the appropriate PPE required where waste and hazardous substances may be present
- ☐ Completed Incident Report Forms document the procedures employed to ensure safe and appropriate handling of waste, including if there was the use of PPE

##### IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ In response to COVID-19, you may wish to implement a mandatory hand hygiene training program
- ☐ Monitoring and supervision of staff will ensure that waste handling and management tasks are undertaken correctly and any PPE is used and disposed of properly

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**SELF-ASSESSMENT** (what you already have e.g. policy/procedure/practice)

---

**GAPS IDENTIFIED** (what you might be missing)

---

**READINESS ACTION PLAN**

(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

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**FURTHER INFORMATION**

- [Hand Hygiene Australia](#)
- [Factsheet on the Correct use of PPE](#)
- [Safework Australia – Personal Protective Equipment Information](#)



# APPENDICES

## APPENDIX 1

### MAPPING NDIS PRACTICE STANDARDS TO NSMHS

Match
  Partial Match
  No Match

NDIS	NSMHS Primary	NSMHS Secondary
1.1.1	1.2, 1.4	1.3, 1.7, 1.9, 1.10
1.1.2	1.4, 1.7	4.5, 4.6, 6.3, 9.3
1.1.3	1.11, 4.3	1.12, 3.2, 7.1, 7.16, 10.4.3
1.2.1	4.1, 7.5	4.2, 4.6
1.2.2	4.5, 10.1.5	4.3, 4.4, 4.6, 7.5
1.3.1	1.1, 1.8	10.1.2
1.3.2	1.8	
1.3.3	1.3	1.13, 7.7, 7.8, 7.9, 7.10
1.4.1	1.10	1.3, 3.1, 10.1.6, 10.1.8
1.4.2	1.10	1.3
1.4.3	1.7	
1.4.4		1.11, 10.4.5
1.4.5	1.15	1.11, 3.4
1.5.1	2.1	2.9, 2.10
1.5.2	1.15	1.11, 2.1
1.5.3	1.16	2.1, 2.10, 4.6, 10.1.5

NDIS	NSMHS Primary	NSMHS Secondary
2.1.1	7.14, 8.3	3.3, 3.7
2.1.2	8.4, 8.11	8.9, 8.10, 10.4.5
2.1.3	8.7	3.3
2.1.4	2.9, 2.12, 3.1, 8.3	4.3, 5.2, 6.17, 8.10
2.1.5		8.7, 8.11
2.1.6		7.16, 8.6, 8.7
2.1.7	2.8	2.9
2.1.8		8.10
2.2.1	2.9, 2.11, 8.10	1.8, 2.3, 2.4, 2.6, 2.10, 2.13
2.2.2	2.13, 8.10	2.3, 2.11, 10.3.3
2.2.3	8.10	1.9, 1.11, 2.3, 2.8, 2.9, 6.15, 10.4.5
2.3.1	8.11	3.1
2.3.2	8.11	2.12, 2.13
2.3.3	8.11	

Match
  Partial Match
  No Match

NDIS	NSMHS Primary	NSMHS Secondary
2.4.1	8.9	1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4
2.4.2		1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4
2.4.3	8.9	1.14, 1.3, 6.15, 7.7, 7.9, 10.6.4
2.4.4	6.14, 6.15	1.14, 1.3, 7.7, 7.9, 10.6.4
2.5.1		1.16
2.5.2	1.16, 3.2	
2.5.3		1.16, 3.1, 8.11
2.5.4		1.16
2.6.1	8.8	7.12, 8.10
2.6.2	8.8	7.12, 8.10
2.6.3		8.8
2.6.4		2.10, 8.8, 8.10
2.7.1		8.6
2.7.2		8.6
2.7.3	8.7	1.5
2.7.4		8.7
2.7.5	8.7	3.6
2.7.6	8.7	
2.8.1		8.3
2.8.2		8.5
2.8.3		8.9
2.8.4	8.1	
2.8.5		8.1
2.8.6		8.9

Match
  Partial Match
  No Match

NDIS	NSMHS Primary	NSMHS Secondary
3.1.1	1.4, 1.7, 10.3.1, 10.3.4, 10.5.3	10.2.2, 10.3, 10.5
3.1.2	10.5.2	1.17, 4.1, 10.1.9, 10.5.6
3.1.3		
3.2.1	1.10, 10.1.6, 10.4.8	1.11, 1.12, 3.1, 7.12, 10.5.11
3.2.2	2.11	2.12
3.2.3	10.4.6	10.4.5
3.2.4	10.4.6	3.2, 10.4.5
3.2.5		3.2, 10.4.5, 10.4.6
3.2.6	1.11, 9.3	1.12, 7.11
3.3.1	10.5.11	
3.3.2		1.4, 10.5.7, 10.5.15
3.3.3		
3.3.4		
3.4.1	10.5.5	1.9
3.4.2		9.5, 10.1.9
3.4.3	1.17	1.10, 1.11, 1.12, 10.5.5
3.4.4	8.6, 8.7	
3.5.1		6.12, 10.4.5, 10.5.9, 10.6.3, 10.6.7
3.5.2		2.11
3.5.3		10.3.1, 10.6.4

NDIS	NSMHS Primary	NSMHS Secondary
4.1.1		10.3.8
4.1.2	2.1, 2.12, 2.13	
4.1.3	2.1, 2.11, 2.13	
4.2.1	2.1	
4.2.2		
4.2.3	2.1	
4.3.1	2.4, 10.5.6	
4.3.2	2.4, 10.5.6	
4.3.3	10.5.6	2.4
4.4.1	2.7	
4.4.2		2.7
4.4.3		2.7
4.4.4		2.7

## APPENDIX 2

# INCIDENT MANAGEMENT SYSTEM CHECKLIST FOR NDIS PROVIDERS

**Your incident management system is maintained and is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of your organisation. Your incident management system should have written policy and procedure which address:**

- ☐ Identifying, assessing, managing, and resolving actual and alleged incidents
- ☐ How incidents are identified (i.e., by staff or Participants), recorded, and reported
- ☐ How incidents are acknowledged, responded to, well-managed and learned from
- ☐ Who incidents must be reported to; including the responsible person for reporting incidents to the NDIS Commission (if the incident is reportable)
- ☐ Guidance about reporting to the police, emergency services, guardians, family, carers and internal escalation pathways should also be documented
- ☐ A post-incident assessment, including procedures to support relevant personnel to undertake these
- ☐ When an incident investigation is required to establish the cause/s, its impact and anything that may have contributed to the incident occurring, as well as the type of investigation undertaken
- ☐ When corrective action is required, and the nature of this corrective action

**Each Participant is provided with information on incident management, including how incidents involving the Participant have been managed. Each Participant is safeguarded by the provider's incident management system. Your procedure includes:**

- ☐ How you will provide support and assistance to Participants affected by an incident to ensure their health, safety and wellbeing (incl. information about access to advocates)
- ☐ How Participants affected by an incident will be involved in its management and resolution

**The system complies with the requirements under the NDIS (Incident Management and Reportable Incidents) Rules 2018. Your fully documented, accessible incident management system must:**

- ☐ Follow the principles of procedural fairness
- ☐ Include documentation of each incident – with the following details, as a minimum, to be recorded in relation to each actual or alleged incident that occurs:
  - ☐ A description of the incident, including the impact on, or harm caused to, any person with disability affected by the incident
  - ☐ Whether the incident is a reportable incident as defined by the NDIS Commission
  - ☐ The time, date and place at which the incident occurred OR the time and date the incident was first identified
  - ☐ The names and contact details of the persons involved in the incident and any witnesses
  - ☐ Details of any assessment undertaken
  - ☐ Any actions taken in response to the incident, including actions taken to support or assist Participants affected by the incident
  - ☐ Any consultations undertaken with the Participant affected by the incident
  - ☐ Whether Participants affected by the incident have been provided with any reports or findings regarding the incident, where applicable
  - ☐ If an investigation is undertaken in relation to the incident—the details and outcomes of the investigation
  - ☐ The name and contact details of the person making the record of the incident
- ☐ Ensure records are kept for 7 years from the day that notification is given

**All staff are trained in, understand and comply with the required procedures in relation to incident management. This includes:**

- ☐ The roles and responsibilities of any staff in identifying, managing, and resolving incidents and in preventing incidents from occurring
- ☐ Incident management policy and procedure
- ☐ Monitoring of staff to ensure ongoing adherence with incident management policy and procedure



**Demonstrated continuous improvement in incident management through regular review. Your incident management system must:**

- ☐ Require all incidents to be assessed in relation to the following, with the assessment considering the views of the Participant affected by the incident:
  - ☐ Whether the incident could have been prevented, and if so, how?
  - ☐ How well the incident was managed and resolved
  - ☐ What, if any, corrective action needs to be undertaken to prevent further similar incidents, or to minimise their impact
  - ☐ What, if any, regulatory action needs to be undertaken to minimise the impact of an incident, and
  - ☐ Whether other persons or bodies need to be notified of the incident, (i.e., the NDIA, the NDIS Commission, Mental Health Commission, Office of the Chief Psychiatrist etc.)
- ☐ Have periodic review to ensure its effectiveness, including review of policy and procedure; review of the causes, handling and outcomes of incidents; seeking and incorporation of feedback from Participants and staff

**Additional Information – when corrective action should be taken.**

Corrective action aims to address identified systemic issues and drive improvements in the quality of the supports registered NDIS providers deliver. It also means registered NDIS providers can improve their system to prevent incidents from occurring and minimise their impact on Participants should they occur. A registered NDIS provider's incident management system must specify when corrective action should be taken in response to an incident and the nature of such action.

For example, it is expected that a registered NDIS provider would take corrective action in the following circumstances:

- ☐ Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by a registered NDIS provider or staff member
- ☐ Where there is an ongoing risk to people with disability
- ☐ Where action by the registered NDIS provider may prevent or minimise the risk of a reoccurrence

**Examples of corrective actions include:**

- ☐ Re-training or further training of staff
- ☐ Disciplinary action for the staff involved in the incident including ongoing performance reviews, imposing a probationary period, or termination of employment
- ☐ Practice improvements including developing or enhancing policies and procedures
- ☐ Changes to the environment in which supports or services are provided
- ☐ Changes to the way in which supports or services are provided

## APPENDIX 3

# COMPLAINTS MANAGEMENT SYSTEM CHECKLIST

**Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed. Your complaints management system should have policy and procedure which addresses:**

- ☐ Each Participant having knowledge of, and being able to utilise the complaints management and resolution system if they need to
- ☐ Enabling any person to make a complaint to your organisation (incl. an anonymous complaint) about the supports or services provided
- ☐ Guidance on how a complaint about the registered NDIS provider or a staff member can be made to the provider and/or made directly to the NDIS Commission
- ☐ Providing an easy and accessible process for making and resolving complaints
- ☐ Ensuring appropriate support and assistance are provided to any person who wishes to make, or has made, a complaint

**Your complaints management and resolution system are maintained, and is relevant and proportionate to the size, scale, scope and complexity of supports delivered by your organisation. The system complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018. Your fully documented, accessible complaints management system should:**

- ☐ Follow the principles of procedural fairness and natural justice
- ☐ Acknowledge the receipt of all complaints
- ☐ Ensure complaints are assessed and resolved in a fair, efficient and timely manner
- ☐ Take appropriate action in relation to issues raised in complaints
- ☐ Ensure reasonable steps are taken to ensure that any person who makes a complaint to the provider, and each person with disability affected by an issue raised in such a complaint, is advised how that complaint or issue may be raised with the NDIS Commission
- ☐ Provide appropriate support and assistance to any person who wishes to make a complaint to the NDIS Commission,
- ☐ Take reasonable steps to ensure that a person who makes a complaint, or a Participant affected by an issue raised in a complaint, is not adversely affected because of making the complaint
- ☐ Keep information provided in a complaint confidential and only disclosed if required by law or in the appropriate circumstances
- ☐ Require a complaint to be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws
- ☐ Provide that appropriate records of complaints received by provider are kept for 7 years from the day that the complaint is made, and include the following where appropriate:
  - ☐ Information about the complaint
  - ☐ Any action taken to resolve complaint
  - ☐ The outcome of any action taken

**Your system outlines procedures to ensure that persons making a complaint:**

- ☐ Are provided with information on how to give feedback or make a complaint, both to the provider and through external avenues
- ☐ Can do so in a supportive environment, and understand their right to access an independent advocate
- ☐ Are appropriately involved in the resolution of the complaint
- ☐ Are kept informed of the progress of the complaint, including any action taken, the reasons for any decisions made and options for review of decisions in relation to the complaint

**Continuous improvement in your complaints and feedback management are demonstrated through regular review. The complaints management system must:**

- ☐ Provide for the collection of statistical and other information relating to complaints to enable:
  - ☐ Review of issues raised in complaints
- ☐ Identify and address systemic issues raised through the complaints management and resolution process
- ☐ Report information relating to complaints to the NDIS Commission, if requested
- ☐ Have periodic review to ensure its effectiveness, including review of policy and procedure as well as seeking and incorporation of staff and Participant feedback on the complaints management system

**All staff at your organisation are trained in, understand and comply with the required procedures in relation to complaints handling. This includes:**

- ☐ The roles and responsibilities of any staff in relation to the receipt, management and resolution of complaints made to your organisation
- ☐ How to support Participants to make a complaint, internally and externally
- ☐ The use of, and ongoing compliance with, the complaints management system

### **Additional Information – Complaints made to the NDIS Commission**

- A person may make a complaint to the NDIS Commission in relation to an issue arising out of, or in connection with, the provision of supports or services provided by an NDIS provider
- A complaint may be made orally, in writing or by any other means which is appropriate in the circumstances; and may be made anonymously
- The NDIS Commissioner must acknowledge receipt of all complaints (unless made anonymously, or where no contact details are provided)
- The NDIS Commissioner must take reasonable steps to ensure that appropriate support and assistance is provided to any person who wishes to make a complaint (incl. information about accessing an independent advocate)
- The complainant may ask the NDIS Commissioner to keep the identity of the complainant, the identity of a person identified in the complaint and any other details included in the complaint confidential
- The NDIS Commissioner must, in relation to each issue raised in the complaint, decide to:
  - Take no further action, or defer acting, OR
  - Give assistance and advice to the complainant, a person with disability affected by the issue and the NDIS provider to which the issue relates, OR
  - Undertake a resolution process
- Before deciding, the NDIS Commissioner may do one or more of the following:
  - Review documents provided to the NDIS Commissioner
  - Visit the location at which the supports or services are provided
  - Discuss the issues raised in the complaint with the complainant, a person affected by an issue raised in the complaint, the NDIS provider or any other person
  - Work with the complainant, a person affected by the complaint, the NDIS provider or any staff to provide advice and assistance; and where possible and appropriate, assist the persons involved in the complaint to come to a mutually agreed resolution
  - Request information relating to the issues raised in the complaint from any person
  - Take any other action that the NDIS Commissioner considers is appropriate in the circumstances.
- In dealing with the complaint, the NDIS Commissioner must seek to resolve the complaint as quickly, and with as little formality, as a proper consideration of the issues raised in the complaint allows

## APPENDIX 4

# LEGISLATION, RULES AND REGULATIONS

- United Nations Convention on The Rights of Persons with Disabilities
- NDIS Quality and Safeguarding Framework
- NDIS Act 2013 (Cth)
- NDIS (Code of Conduct) Rules 2018 (Cth)
- NDIS (Complaints Management and Resolution) Rules 2018 (Cth)
- NDIS (Procedural Fairness) Rules 2018 (Cth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)
- NDIS (Restrictive Practice and Behaviour Support) Rules 2018 (Cth)
- NDIS (Practice Standards – Worker Screening) Rules 2018 (Cth)
- NDIS (Registered NDIS Provider Notice of Changes and Events) Guidelines 2019 (Cth)
- NDIS Code of Conduct
- Privacy Act 1988 (Cth)
- Freedom of Information Act 1992 (WA)
- Disability Discrimination Act 1992 (Cth)
- Disability Services Act 1986 (Cth) / Disability Services Act 1993 (WA)
- Equal Opportunity Act 1984 (WA)
- Occupational Health and Safety Act 1984 (WA)
- Health Services Act 2016 (WA)
- Mental Health Act 2014 (WA)
- Carers Recognition Act 2010 (Cth) / Carers Recognition Act 2004 (WA)
- Alcohol and Other Drugs Act 1974 (WA)
- Children and Community Services Act 2004 (WA)
- Authorisation of Restrictive Practices (WA)
- NDIS (Worker Screening) Act 2020 (WA)

The NDIS have published an NDIS Rules Summary Information Table to give a brief understanding of what each legislative instrument covers.

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