Welcome to the Safeguarding Safety Toolbox

To NDIS Service Providers,

This toolbox was developed in recognition that safeguarding and safety planning can be confused. The two terms are different, however the slippage from one to the other is entirely understandable due to factors such as the terms nuances, challenging practice questions that arise and the lack of clarity in information available. Please read the following purpose and content statement for more information about how the toolbox responds to these and other factors.

We hope that Safeguarding Safety Toolbox will help to navigate safeguarding and safety planning in the NDIS psycho-social context.

From,

The WAAMH NDIS Quality and Safeguards Sector Readiness Project Team, October 2023.

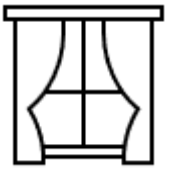
Safeguarding Safety Toolbox: Purpose

The primary purpose of this toolbox is to help translate the complexity of these two terms - safeguarding and safety planning into a cohesive and digestible piece of work that is relevant for all in the sector.

Each tool serves a specific purpose and can be accessed independently – and they make a complete work when used in collaboration with the other sector readiness tools. The Safeguarding Safety tools are limited pages, with the aim being accessible via visual Tool Keys (see following page).

In acknowledgement of the need to support service providers in their journey of understanding, there are additional resources in the Support section that may be of assistance.

Safeguarding Safety Toolbox: Tool Keys



"Looking to the Other Side"

This Tool explores the differences between safeguarding and safety planning.

"Putting It Together"

This Tool explores the similarities between safeguarding and safety planning.

"Zooming In"

This Tool provides examples of how the NDIS Quality and Safeguarding Practice Standards align with safeguarding, and explores considerations about safeguarding for service providers.

"Support"

This Tool encourages you to grapple with the implications of safeguarding, as well as providing further resources and reading materials.

Safeguarding Safety Toolbox: Content Statement

Exploring the concept of safeguarding raises challenging, and often, provocative questions for practitioners. Your willingness to access this toolbox has indicated that you are curious about this and seek the best outcomes for your clients and practice.

That said, there is an intensity to be reflective in practice work that can be confronting; it requires a level of vulnerability and openness.

This toolbox is designed to be paced at your own speed, to utilise self-compassion, and use the support tools as you need.

Additional supports are provided for reflection with other practitioners in this space.

Consensually accessing the wealth of knowledge from people with lived experience and consulting with participants about how and when they feel safe, can also be immensely beneficial.

Content Warning: This toolbox shares themes of suicidality, non-suicidal self-injury/harm, and abuse/neglect.

If you require urgent support regarding these themes, Lifeline can be contacted on 13 11 14.

Safeguarding Safety Toolbox: Differences

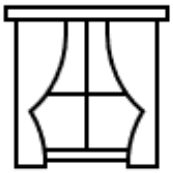
	Safeguarding	Safety Planning
	Developed by the service provider	**Developed by the participant** (with consensual support)
	Focused on protecting participant Human Rights	**Focused on particpant health and wellbeing**
	Concerned with external/ environmental factors	**Concerned with external safety and inner regulation**

Safeguarding - WHY?

WAAMH
Western Australian Association for Mental Health

Safeguarding Safety Toolbox:
Example 1 - *Safeguarding*

POTENTIAL RISK	SAFEGUARDING STRATEGY	PERSON RESPONSIBLE	INVOLVED SERVICES	REVIEW DATE
Marge has experienced sexual assault historically and is triggered by males.	Female support staff whenever possible. If not possible, forewarning Marge. Refer Marge to SARC for counselling.	Scheduling Manager Case Worker	SARC (Sexual Assault Resource Centre)	10/06/2024
Marge identifies as queer and is therefore at greater risk of discrimination on the grounds of sexuality.	All staff provided diversity and sexuality training. Marge educated on her rights to make a complaint if she experiences discrimination.	Manager Learning and Development Case Worker	Minus 18 Resources for training	15/07/2024
Marge finds assertive communication challenging, and is reluctant to give feedback for fear of getting "in trouble"	Provide anonymous feedback options for Marge. Build Marge's capacity i.e.- assertive communication and education on her right to share feedback and access to independent advocate.	General Manager Case Worker	Advocates WA CCI Assertiveness Module	29/07/2024
Marge is immune-compromised and at risk of serious health complications if infected with COVID.	Ensure all staff receive hand hygiene and infection control training before working with Marge.	General Manager	Health Department Resources	03/08/2024



Safeguarding Safety Toolbox: Example 2 - *Safety Plan*

Getting through right now	•Listen to my playlist with headphones •Box breathing strategy •Use positive self talk - "This too shall pass" •Write or scream my feelings
Making my situation safer	•Limited medication in the house •Remove box-cutter (leave with a support person) •Balance of social and alone time •Visual access to this plan (wall, wallet and with a friend)
Lifting/calming my mood	•Use Calm Harm App •Make album of photos on phone •Write myself a supportive letter •Create Happy and Calm playlists •Put on comfy clothes
Distractions	•Light candles and incense •No judgement drawing •Watch funny Youtube videos or a show •Go for a walk •Tune into my senses (see, hear, smell, taste, feel)
My support people	•Counsellor Ph: _____ •Psychiatrist Ph: _____ •GP Ph: _____ •Parents Ph: _____ •Best Friend Ph: _____
Who to contact when feeling highly distressed/at-risk of harm	•Best Friend •Parents •Lifeline 13 11 14 •Suicide Callback Service 1300 659 467
Emergency and professional support	•000 •MHERL 1300 555 788 •GP •Psychiatrist •Counsellor

Safeguarding Safety Toolbox: Similarities

Both focus on participant safety.

Safeguarding

The providers practice is focused on what they can do to increase participant safety.

The participant informs the provider what helps to increase their safety and what support they need to do this*

Safety Planning

Both concerned with external factors.

Through trauma informed practice and comprehensive staff training, the provider creates a safe environment for participants (including psychological safety).

The participant creates a sense of safety within their environment (e.g.- space is clean and as much as possible orientated to their preferences) with the support (as needed) of provider. *

* Sometimes a participant's active role and capacity in safety planning can be limited – this requires providers to find creative strategies to support the client in collaborating in developing their safety plan. This may require specific psychosocial participant training and/or supervision to find what suits the individual best.

Safeguarding Safety Toolbox: Similarities

Safeguarding

Safety Planning

Both aim to increase health and empowerment.

Staff hired by the provider are respectful, build participant capacity. Supporting participants towards empowerment by listening, actioning feedback, and engaging.

The participant educates the provider in how to best support their health and well-being. The participant is informed of their right to complain or give feedback.*

Both are person-centred practices.

The provider uses a trauma-informed lens in interactions with the participant; placing their unique needs at the centre of the work.

The participant leads the development of the safety plan and contributes to, and takes ownership of, their own safety.*

* Sometimes a participant's active role and capacity in safety planning can be limited – this requires providers to find creative strategies to support the client in collaborating in developing their safety plan. This may require specific psychosocial participant training and/or supervision to find what suits the individual best.

Safeguarding in the NDIS - Done Right

Safeguarding is directly related to the NDIS Core Module **Practice Standards and Quality Indicators**, and therefore auditing requirements. The purpose of safeguarding is to keep participants safe, both physically and psychologically, particularly from our practices as workers.

In this Safeguarding in the NDIS Tool, you will find a list of the practice standards, each accompanied by the relevant quality indicators, explaining the relevance of safeguarding to the practice standard. Additionally, you will see an example for each of effective safeguarding, and an example of unsafe practice, as related to that standard.

This is a lengthier document than the other tools and can be referenced when needing to ensure providers are meeting the NDIS Practice Standards and Quality Indicators. Feel free to browse, pick a specific indicator and investigate it, or read the whole thing, as best suits your practice. *Plus refer to other Sector Readiness Tools such as the Continuous Improvement Register which is reflected in this Tool with the Standard colour coding.*

Below shows how this is laid out in this Tool:

NDIS Practice Standard →

**(a) etc refers to multiple pages in this Tool under this Standard. Not visible in NDIS Standards & Quality Indicators.*

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.2 Risk Management (a)	• 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.	• Nick's support workers have noticed he is consuming more alcohol than usual and is engaging in self-harm. • Using their risk assessment matrix.	• Octavia has tested postive for COVID. • When she communcates this result to her support worker and organisation, they continue to

↑ **NDIS Quality Indicator.**

**Indicators have been re-worded for accessibilty. Please refer to the above hyperlink above for full wording.*

↑ **Effective Safeguarding E.g.**

← **Unsafe Practice E.g.**

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Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.1 Person-centred Supports	• Each participant's legal and human rights are understood and incorporated into everyday practice. • Support provision communication with participants is responsive to their needs and in language and methods that are most likely to be understood. • Each participant is supported to engage with their support network and chosen community (as directed by the participant).	• Jo is given an easy-to-read pamphlet on her human rights, including the right to complain, and it is explained verbally by her support worker. • Jo understands her human rights and therefore has greater natural safeguards as she is more likely to stand up for herself.	• Eric is discouraged by his support worker from socialising with his community due to their reputation for being "troublemakers". • Eric's human right to engage with his community has been eroded. Although the support worker may think they have kept Eric safer, he is disempowered.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.2 Individual Values and Beliefs	• At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to. • While accessing supports, each participant's right to practice their culture, values and beliefs is supported.	• John is supported by his support worker to attend Mosque on Fridays, even though his support worker does not follow the Muslim faith. • John is being kept safe by having his values and beliefs respected. By supporting him to engage with his community, he will develop stronger natural safeguards.	• Zee's support coordinator consistently refers to them as "she" and "her", despite Zee identifying as non-binary. • Zee feels unseen and is at greater risk of self harm due to their identity not being respected.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.3 Privacy and Dignity	• Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant. • Each participant is advised of confidentiality policies in language and methods that are most likely to be understood. • Each participant understands and consents to what personal information will be collected and why, including recorded material in audio and/or visual format.	• Before signing a service agreement, Jamima's Psychosocial Recovery Coach explains how her information will be stored, and why it is necessary, and the limitations of privacy (e.g.- mandatory reporting). • Jamima is safer because she has an understanding of how her private information is being used, has a sense of ownership over the information and is aware of the potential limitations.	• Burt's support worker complains to Burt about their other clients, often mentioning their names and suburb. • Burt feels unsafe, due to concerns of what would stop his support worker from telling other clients about him and where he lives.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.4 Independence and Informed Choice (a)	• Each participant is supported in active decision-making and individual choice including information sharing in language and methods that are most likely to be understood. • 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.	• Jerry accesses support workers and occupational therapy (OT) from the same organisation. When he tells his OT that he thinks his support worker may be acting unethically, they listen, believe and support him to find and register with an advocate, to explore the matter further. • Jerry is safe because his concerns are being heard and his right to an advocate respected.	• Lina discloses to her support worker that she thinks she may be a Lesbian, and the support worker responds that this is not God's way, and she must be mistaken. • Lina is not safe, because she is unable to explore her sexuality and all aspects of her identity without judgement.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.4 Independence and Informed Choice (b)	• Each participant's autonomy is respected, including their right to intimacy and sexual expression. • Each participant has sufficient time to consider and review their options and seek advice if required. This can occur at any stage of support provision, including assessment, planning, provision, review, and exit. • Each participant's right to access an advocate of their choosing (including an independent advocate) and have them present, is supported.	• Matthew is bisexual, and his support worker takes him to Pride events, even though the support worker is heterosexual. • Matthew is safe because he can celebrate who he is and be involved with his community.	• Jennifer is unsure of information sharing during the assessment stage with her service provider. • She expresses that she wants to consult with her parents. The service provider insists that Jennifer is making the right decision and doesn't need to consult her parents first; that she can talk with them afterwards. • Jennifer is not feeling safe, because her right to seek advice has been denied.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.5 Violence, Abuse, Neglect, Exploitation and Discrimination (a)	• Policies, procedures, and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination. • Each participant is provided with information and support about the use of and access to, an advocate (including an independent advocate), where allegations of violence, abuse, neglect, exploitation or discrimination have been made.	• Jacob tells one of his support workers that another support worker from the same organisation took photos of him whilst he was undressed. • The support worker listened to Jacob's story, and then, following organisational procedure, informed management.	• Jessica tells her speech therapist that her support workers neglect her. • The speech therapist is unsure what to do as there are no policies and procedures in place to prevent and guide response to allegations/disclosures of abuse or neglect. • Jessica is at risk of experiencing further neglect because of this lack of policy and procedures.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
1.5 Violence, Abuse, Neglect, Exploitation and Discrimination (b)	• Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon. • Any participant affected by the above, is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable). • Action is taken to prevent similar incidents occurring again.	• The information shared by Jacob to his support worker ensures an investigation could be conducted. • From this investigation, the support worker informed Jacob that the accused support worker will not work with him again. • Jacob is safe because the allegations are taken seriously, and further potential harm is mitigated.	• Alfonzo expresses that he has been discriminated against by his occupational therapist. • The service provider rejects the claims and ceases all services. • Alfonzo is at risk of reduced help-seeking in the future. • He is unsafe because he is left without services and has not had his experiences validated or investigated.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.1 Governance and Operational Management (a)	• Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation. • Participants have opportunity to input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights. • A defined structure is implemented by the governing body to meet financial, legislative, regulatory and contractual responsibilities. Plus, monitor and respond to associated quality and safeguarding support provision.	• Mina is supported by workers from Aus Care Agency. A support worker asks Mina if she would like to be part of a reference group for the agency's policy and procedure redesign. • Mina accepts. Mina is safe because she is able to express what is important to her as a consumer and is able to participate fully in her civic duties.	• Marco is supported by X Care Agency. X Care's CEO does not have adequate knowledge of safeguarding legislation. • The CEO is unwilling to undertake training to address this. • Marco is unsafe because the organisation responsible for his care is not up to date with their legislated duties.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.1 Governance and Operational Management (b)	• The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by all members to address any gaps. • The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS, participants'/ workers' needs and the wider organisational environment.	• India gives feedback to her service provider that she feels the Board do not have sufficient knowledge about psychosocial disability to govern an organisation that provides services to such clients. • The Board invest in training to learn more about psychosocial disability. • India is safe because her voice is heard and the board now have adequate knowledge in this area.	• Norton's support worker organisation underpays its employees and provides little to no support to staff. • This leads to a high staff turnover, limited uniformity of, and high level of gaps in, support provision.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.1 Governance and Operational Management (c)	• The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices. • The provider is managed by a suitably qualified and/ or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.	• Sam's support coordinator mentions her husband is a gardener, and Sam requests he undertake the gardening required for Sam. • Sam's support coordinator talks to Sam about conflict of interest, and documents the conflict according to the organisation's policy. • Sam understands the risks, and agrees to go ahead. This keeps Sam safe and respects her wishes.	• Due to a lack of support continuity, inadequate worker support and fair wages, results in not only Norton being unsafe but other participants as well.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.2 Risk Management (a)	• All risks are identified, analysed, prioritised and treated i.e.- to the organisation, to participants, financial and occupational work health and safety, and associated support provision. • A documented risk management system that effectively manages identified risks is in place. • This system is relevant/ proportionate to the size and scale of the provider and the scope and complexity of supports provided.	• Nick's support workers have noticed he is consuming more alcohol than usual and is engaging in self-harm. • Using their risk assessment matrix, they can assess Nick's present safety level and the appropriate procedure to increase his safety.	• Octavia has tested positive for COVID. • When she communcates this result to her support worker and the organisation, they continue to support her without implementing any contingencies.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.2 Risk Management (b)	• The risk management system covers each of the following: – incident management; – complaints management and resolution; – financial management; – governance and operational management; – human resource management; – information management; – work health and safety; and – emergency/disaster management.	• Nick was assessed as high risk of suicide. • Through following the organisational policy and procedure, his support worker contacted his Community Mental Health nurse and psychosocial recovery coach to have a meeting with Nick to discuss strategies to keep Nick safe.	• Due to workers not having a risk management plan to respond to positive COVID results, Octavia and her support workers, are at greater risk of becoming unwell.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.2 Risk Management (c)	• Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks. • Supports and services are provided in a way that is consistent with the risk management system. • Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.	• Nick is safer for this risk assessment, because risks have been identified and responded to, and Nick is participating in his own safety planning.	• Nancy's allied therapy organisation has no work health and safety risk management system. • Nancy's therapist trips over some equipment that was left out and has to take months off work to recover. • Nancy is unsafe, because she is left without support during this time.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.3 Quality Management (a)	• A quality management system is maintained that is relevant/ 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.	• Midge gives feedback to their psychosocial recovery coach that the service agreement is difficult to understand. • In response to this feedback, Midge's coach logs this in the continuous improvement log and a plan is put in place to develop easy-to-read service agreements.	• Barbara's therapy organisation does not undertake internal audits of quality. • Barbara feels uncomfortable and unsure speaking up with her concerns.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.3 Quality Management (b)	• The provider's quality management system has an internal audits program relevant/proportionate to the size and scale of the provider and the scope and complexity of supports delivered. • The provider's quality management system supports and uses: – continuous improvement; – outcomes; – risk related data; – evidence-informed practice; and – participant and workers feedback.	• Midge and other participants are safer, because they will have a greater understanding of what they are signing up to, and their rights and responsibilities.	• As Barbara was not consulted as part of quality management, the organisation is not aware of them. • Barbara is at risk because her voice is unheard, and she feels unsafe.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.4 Information Management (a)	• Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties. • This consent is informed including the purpose of collection, use of information and limitations of abuse/ assualt/neglect/discrimination disclosure. • Specific focus on circumstances where disclosed information is shared, including what could be provided without their consent if required or authorised by law.	• Benji is informed by his psychosocial recovery coach how his information will be recorded, and when it will be disclosed to a third party.	• Sarah's support worker agency does not use computer anti-virus software, or particularly secure connections. • As a result of this lack of online security, the agency is hacked.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.4 Information Management (b)	• Each participant is informed of how their information is stored and used. Plus, when and how each participant can access or correct their information, withdraw or amend their prior consent. • An information management system is maintained that is relevant/proportionate to the size and scale of the organisation. • This system records each participant's information in an accurate and timely manner.	• Benji asks if he can access his information, as he is a firm believer in "nothing about me without me". • Benji is provided with this knowledge and feels empowered (and therefore safer) knowing he has access to his personal information if he needs it.	• With the agencies online security compromised, Sarah is blackmailed with information about her self-harm and drug use, by a third party. • Sarah is unsafe because the information management system was not secure.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.4 Information Management (c)	• Documents are stored with processes for: – appropriate use; – access; – transfer; – storage; – security; – retrieval; – retention; and – destruction/disposal. • All the above, relevant/ proportionate to the scope and complexity of supports delivered.	• During service intake, Rhonda is informaed of and consents to, third party information sharing. • When Rhonda moves house, her support coordinator immediately updates her file and informs other services of the new address. • This consensual information sharing keeps Rhonda safe.	• Vince changed support worker providers a year ago. • The original provider threw his physical files into a normal bin, not a shredding bin. • Vince is at risk because his information is not secure and anybody could find his personal details.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.5 Feedback and Complaints Management (a)	• A complaints management and resolution system is maintained that is relevant/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, complying with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.	• Bradley is unimpressed when his support worker repeatedly leaves their shift early. • He calls the service provider, and his complaint is received openly and taken seriously.	• Andrew tells his support worker that he doesn't appreciate them spending time on their phone whilst they are meant to be supporting him. • The support worker reacts defensively and does not record this feedback in case notes or handover to the service provider.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.5 Feedback and Complaints Management (b)	• 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.	• The support worker consequently starts staying the full agreed length of their shifts. • Bradley is safe because he is not being taken advantage of (by having funds used but services not fully delivered) and because he feels heard.	• Andrew is unsafe, because he is being inadequately supported. • Specific example of this is staff have not been trained in how to respond to complaints appropriately. • Andrew feels unheard and unable to stand up for himself.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.5 Feedback and Complaints Management (c)	• Services demonstrate continuous improvement in complaints and feedback management by: – regular review of complaint and feedback policies and procedures; – seeking of participant views on the accessibility of the complaints management and resolution system; and – incorporation of feedback throughout the provider's organisation. • All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.	• Jaz informs her service provider she would like to make a complaint, but is unsure of how to communicate this. • The service provider refers Jaz to an advocate, who supports her. • Jaz is safe, because her voice is heard because she is supported in how to communicate her complaint.	• Stan is the 8th person to be accidentally locked outside his SIL house by staff in a matter of months. • Feedback from previous participants' who have experienced this too, was not formulated into a continuous improvement plan. • This results in a high risk of not only Stan but other occupants, being locked out. • Consequently, Stan and others are unsafe.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.6 Incident Management (a)	• An incident management system is maintained that is relevant/proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. • The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.	• Fortnightly meetings of psychosocial recovery coaches are held to review any incidents that have been reported. • This includes the person who supports Richard.	• Tash discloses being physically assaulted by her boyfriend. • When she tells her support worker, they are not sure if this is considered an incident, and chooses to not document it.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.6 Incident Management (b)	• 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.	• After Richard overdoses on medication, the team brainstorm ideas to prevent this from happening again, therefore keeping Richard safer.	• Due to the disclosure not being appropriately responded to, Tash is unsafe and no preventative measures are taken to address her safety.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.6 Incident Management (c)	• All workers are aware of, trained in, and comply with the required procedures in relation to incident management.	• Sally is provided with information about incident management whilst accessing support. • When she experiences an incident of not being picked up by her allocated support worker after an appointment, she knows who to call and what will happen to ensure she is picked up. • This keeps Sally safe.	• Bob has punched multiple support workers over the last few months. • Due to each incident being treated as an individual event, the provider has not put appropriate measures in place to prevent this from occurring again. • Bob is at risk of having unauthorised restrictive practices used on him, leaving him and his support workers unsafe.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.7 Human Resources Management (a)	• The skills and knowledge required of each position within a service are identified and documented including responsibilities, scope and limitations of each position. • Records of worker pre-employment checks, qualifications and experience are maintained. • An orientation/induction process is in place and is completed by workers including completion of the mandatory NDIS worker orientation program.	• Alice tells her psychosocial recovery coach that she misuses alcohol and other drugs (AOD). • As the recovery coach has completed the organisation's AOD training, they respond with compassion and a recovery approach i.e.- using motivational interviewing and appropriate referrals.	• Mark's psychosocial recovery coach does not receive supervision or appropriate support from management. • When Mark experiences a crisis, the psychosocial recovery coach is unsure how to best support Mark, and doesn't feel comfortable asking their team leader.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.7 Human Resources Management (b)	• 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 suitable training opportunities including mandatory training under the NDIS Practice Standards and other National Disability Insurance Scheme rules.	• Alice is safer because she is supported non-judgementally and connected with a suitable service.	• Mark is at risk during this current crisis, and things could escalate, resulting in Mark being unsafe.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.7 Human Resources Management (c)	• Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered. • The performance of workers is managed, developed and documented, including through providing feedback and development opportunities. • Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.	• Nick's support worker commands him rather than respectfully asking. Nick feels frustrated when this happens. • Nick feels more comfortable speaking with the worker's manager, he gives this feedback. • The manager meets with the support worker to find suitable training to develop his communication skills.	• Dagon's support worker also works in an Aged Care facility. • When there is an outbreak of COVID in this facility, Dagon's support worker and everyone he works with are at increased risk (including Dagon).

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.7 Human Resources Management (d)	• Plans are in place to identify, source and induct a workforce in the event that disruptions occur in an emergency or disaster. • Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants. • Each worker's records are kept up to date including contact details and secondary employment (if any).	• Nick is safer and supported better from this action.	• Due to there being no records of Secondary Employment at the service provider allocated to Dagon, nobody realises the risk. • Dagon (and others) are unsafe as a result.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.8 Continuity of Supports (a)	• Day-to-day operations are managed efficiently and effectively to avoid disruption and ensure continuity of supports. • In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role. • Supports are planned with each participant to meet their specific needs and preferences. • This information is documented and provided to workers prior to commencing participant service provision to ensure the participant's experience is consistent with their expressed preferences.	• Melanie's support worker preference is a female who has an understanding of bipolar disorder and mindfulness strategies • These preferences are recorded by the service provider. • When Melanie's usual support worker is sick, a suitable replacement is found. By respecting her wishes and having processes in place, Melanie is experiencing support continuity.	• Emma's occupational therapist (OT) gets a new job, and Emma is assigned a new OT. • The organisation had not recorded Emma's individual needs and preferences; she is assigned someone who is inappropriate for her. • Emma feels unsafe with the new OT, but is scared to speak up in case she loses services altogether.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.8 Continuity of Supports (b)	• Arrangements are in place to ensure participant support provision is without interruption through period of their service agreement. • Arrangements are relevant/ proportionate to the scope and complexity of supports delivered by the provider. • When changes/interruptions are unavoidable, alternative arrangements for the continuity of supports are: – explained to and agreed with by participants; and – appropriately delivered to meet their needs, preferences and goals.	• Phoenix's support coordinator provides them with a Hospital Passport. • Phoenix completes this (with access to support where needed) and maintains a copy for themselves. • When they need to make a visit to the emergency room, they give it to staff there. • Phoenix is kept safe because their needs are communicated.	• Havannah's new support worker is not informed that she is triggered by the smell of perfume. • The worker wears perfume and Havannah has a panic attack. • Havannah was harmed due to the this lack of documentation/worker communication.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.9 Emergency and Disaster Management (a)	• Measures are in place to ensure support continuity critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster. • Including planning for: – preparing for/responding to the emergency or disaster; – making required changes to participant supports; – adapting/rapidly responding, to changes to participant supports and any other interruptions; – communicating changes to participants and relevant stakeholders.	• Anthony's home is evacuated due to nearby bush fires. • His support workers follow their emergency management plan to ensure support continues and Anthony's wellbeing is considered. • This keeps Anthony safe (physically and emotionally).	• When Chloe's house is affected by floods, her psychosocial recovery coach says they can't provide services until after the cleanup has been undertaken by the government. • The organisation has no emergency management plan. • This leaves Chloe without supports and puts her safety (physically and emotionally) at risk.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.9 Emergency and Disaster Management (b)	• The governing body develops emergency and disaster management plans (the plans), consults with participants and their support networks and puts the plans in place. • The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster. • Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.	• Jillian's service provider regularly tests their emergency and disaster management plans. • Staff participate in practice runs (planned and unexpected) to ensure everyone is aware of and follows the plans. • When a disaster occurs, Jillian is kept safe because all staff are trained in how to respond.	• Jake's service provider has an emergency and disaster plan, but it is unrealistic and poorly explained. • When a fire evacuation in the locality of the service and the CEO is not available to oversee the plan, the organisation's service provision becomes chaotic. • This creates a lack of safety for Jake, other participants and staff.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
2.9 Emergency and Disaster Management (c)	• The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster. • The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews and any associated findings. • The governing body communicates the plans to workers, participants and their support networks. • Each worker is trained in the implementation of the plans.	• Illness causes most of the organisation's staff to be off work for two weeks. • Barry is informed by the manager and referred to a different service in the interim. • Barry's physical health plus the continuity of support is ensured. • Barry knows what is happening, so he feels safer.	• Denise's rural allied health team keep all their documentation in paper form only. • After fires destroy their office, they have none of Denise's notes or reports. • Denise's continuity of support access is compromised. She will need to re-do all intake and asessement information plus communicate support preferences. • This is unsafe practice due to the above impact on Denise.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.1 Access to Supports (a)	• Available supports, and any access/eligibility criteria (including any associated costs) are clearly defined and documented. • This information is communicated to each participant in language and methods that are most likely to be understood. • Reasonable adjustments to the support delivery environment are made and monitored to ensure it is suitable for service provision.	• Norma has a psychosocial disability and is vision impaired • Her Supported Independent Living (SIL) provider makes the required modifications to the home, so it is safe for her.	• Darcy is unaware that he will have to partially pay out-of-pocket for his upcoming short-term accommodation trip. • This puts considerable strain on his budget, and he regrets signing up. • Communicating this impact is compromised due to concerns about losing support access. • Darcy is unsafe as a result.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.1 Access to Supports (b)	• Reasonable adjustments to the support delivery environment ensure each participant's health, privacy, dignity, quality of life and independence is supported. • Each participant is supported to understand under what circumstances supports can be withdrawn. • Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant.	• Alex asks her support worker to attend a doctor's visit with her. • When the doctor says they need to conduct a physical examination, Alex's support worker offers to leave the room to ensure Alex's privacy. • Alex is relieved by this, and her safety is secure because her dignity and privacy have been respected.	• Phillip confides to his support worker that he tried methamphetamines on the weekend. • The service has a zero tolerance policy when it comes to drug taking, and so services are ceased. • This policy information was not communicated to Phillip at intake. • With the support ending (lack of service transparency/a dignity of risk decision), Phillip is unsupported and therefore unsafe.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (a)	• With each participant's consent, work is undertaken with the participant and their support network to conduct a thorough assessment to to inform the development of a support plan. • Appropriate information and service 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.	• Lukas is referred to HelpU Support Service. • During intake and assessment, Lukas works collaboratively with his allocated worker to develop a support plan. • A copy of this is integrated into a Hospital Passport with the help of his psychosocial recovery coach.	• The organisation Gemma is accessing support from does not enforce regular review of support plan. • She has been using this service for two years. • Her support has not updated her plan or goals in this time.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (b)	• In collaboration with each participant: – risk assessments are regularly undertaken; – documented in their support plans; – appropriate strategies are planned;and – implemented strategies respond to known risks to the participant.	• When Lucas needs to attend the emergency department, he takes his Hospital Passport, which explains his disability and his needs. • Due to having his Hospital Passport embedded into his support plan and accessible to him, his experience in the hospital is a smoother one, and he feels safer.	• Gemma feels frustrated, as the goals from 2 years ago are no longer relevant to her. • She is not sure how to tell the service provider that her aims have changed. • Gemma is unsafe, because the plans are not accurate or reviewed. • Due to this her support plans are not effective or collaborative and is at risk of disengagement.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (c)	• Risk assessments include the following: – consideration of the degree to which participants rely on the provider's services to meet their daily living needs; and – the extent to which the health and safety of participants would be affected if those services were disrupted.	• Leah has been accessing support from X service since 12 years old. • Her psychosocial disability includes Autism, anxiety and depression. • Due to difficulties communicating her needs, her risk assessment is high in multiple areas. • Now 18 years old, she wants to live independently but requires daily support.	• During the development of his support plan, Seth communicates he does not consent to his support plan being shared with his parents. • Specifically, he does not want them to know he is self-harming.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (d)	• Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required. • Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances.	• SIL accomodation is identified as a best next step. • Leah has a history of self-harming when feeling overwhelmed. • She has worked to develop healthier coping strategies. • When accepted to SIL, she passes this information on to her support worker. • This is intergrated into her support plan, with a monthly review agreement for the first three months.	• Seth is told by his psychosocial recovery coach that he needs to tell them. • When Seth refuses, the recovery coach shares the support plan anyway. • This leads to an argument between Seth and his parents, and putting Seth at risk.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (e)	• Assessment in meeting desired outcomes and goals occurs frequently. • The frequency is relevant and proportionate to risks, the participant's functionality and the participant's wishes. • Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.	• Leah's SIL support worker needs to take unexpected leave. • Change is a known trigger for Leah and this was recorded in intake plus the support plan. • Prior to taking leave, Leah and her support worker meet to the review and ensure the support plan meets the present unexpected change/circumstances. • Leah's risk is lowered and she is safe.	• Seth no longer trusts his support worker and disengages with the service. • Seth does not feel safe to engage with another service to continue accessing the psychosocial support he needs. • The relationship with his parents is compromised. • Seth is unsafe as he has no familial or external support anymore.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (f)	• Each participant's support plan is: – provided to them in the language, mode of communication and terms they are most likely to understand; and – readily accessible by them and by workers providing supports to them. • Each participant's support plan is shared, where appropriate and with their consent, to their support network, other providers and relevant government agencies.	• Harry works collaboratively with his support coordinator to develop a comprehensive support plan. • His support plan is shared with his allied health team and support workers. • This means everyone is working towards the same goals and in the same way, so Harry is kept safe.	• Tracy is given a copy of her support plan by her new support worker, plus told this information was shared with her GP and parents. • She was not included in creating this or recall giving consent to share information with third parties. • Tracy does not feel safe accessing support through this service.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (g)	• Each participant's support plan includes arrangements for proactive preventative health measures, including: – access recommended vaccinations; – dental check-ups; – comprehensive health assessments; and – allied health services.	• Gil began accessing support from X service in early 2020. • The intake assessment was transparent around the need for all usual psychosocial preventative supports and measures. • Gil was able to identify during this process that she had not had a dental exam for over twelve months. • An appointment was scheduled to address this. Plus, transport and support arranged.	• Aylssa lives in a rural town 200kms from the closest city. A service provides home visits monthly. • During a visit, she lets the worker know she needs to get her annual 'well womens' check up but that the surgery in town is now closed. • The worker says that is not in the support plan so does nothing about it. • Alyssa felt like her health needs were minimised.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.2 Support Planning (h)	• Each participant's support plan: – anticipates and incorporates emergencies and disaster responses to individual, provider and community; – responses ensure collective safety, health and wellbeing; and – responses are understood by each worker supporting them.	• Prior to the COVID pandemic, there was no policy and procedures in place for service response to, or measures accounted for, in support plans. • Post the service ammending the policies, Gil (as well as other participants accessing the service) was scheduled in for a support plan review. • The plans now included the need for COVID vaccinations, boosters and testing if symptomatic.	• When the pandemic started, Alyssa's home visits stopped. The service said they could offer phone or video conference support. • Internet and phone connection was inconsistent in her town. She wanted to say something but felt anxious speaking up after the last time. • Alyssa's health is at risk as a result.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.3 Service Agreements with Participants (a)	• Participant collaboration occurs to develop a service agreement which: – establishes expectations; – explains the supports to be delivered; – specifies any conditions attached to the delivery of supports; and – includes why these conditions are attached.	• After Eileen has signed her service agreement, she is given a copy. • Later, when having concerns about the service agreement, her support worker is able to review her copy with her and explain the points of concern. • Eileen is safe because she is empowered by knowledge and has access to the documentation.	• Jaqui speaks English as a second language and does not really understand her service agreement when she signs it. • She does not feel comfortable or able to communicate clearly this postion. Or offered a translator as support. • Jaqui is at risk. She has not been provided with a version of the service agreement she understands. Or have confidence that services will meet her needs or expectations.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.3 Service Agreements with Participants (b)	• Each participant is supported to understand their service agreement and conditions in the language, mode of communication and terms they are most likely to understand. • Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. • When 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.	• During intake assessment at her new contracted service, Colleen is given a service agreement. • Colleen's service agreement outlines that she is responsible for giving feedback if she is unsatisfied with services. • This transparency gives Colleen confidence to share her views.	• Alfred attends his SIL intake assessment alone. This is the first he is going to independently as a step towards managing his own daily care without family support. • Alfred has questions about the service but finds the support workers' use of acronyms and jargon, confusing and intimidating. • His questions go unasked nor asked if he has any questions.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.3 Service Agreements with Participants (c)	• Each participant is supported to understand their service agreement and conditions in the language, mode of communication and terms they are most likely to understand. • Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. • When 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.	• When Marco signs his service agreement for SIL, he is informed of how vacancies will be filled in the home. • When a vacancy comes up, he feels safe in the knowledge of how his new housemate will be discovered.	• Alfred's SIL and Specialist Disability Accommodation (SDA) service agreement does not outline under circumstances when his tenancy could be terminated. • He is shocked when, after some concerning behaviour, he is given notice, as he thought this was his forever home. • Alfred is at risk of homelessness due to inadequate communication in the service agreement.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.3 Service Agreements with Participants (d)	• Specialist disability accommodation dwellings that provide SIL support, document arrangements in place with each participant and other relative providers. • At a minimum, the arrangements should outline the parties responsibilities and their roles for the following matters: – How a participant's concerns about the dwelling will be communicated and addressed; – How potential conflicts involving participant(s) will be managed; *(see following page)*	• On intake with Fergus' new psychosocial recovery coach, together they create a comprehensive plan detailing who supports them, how, where and when. • A copy is sent to all relevant stakeholders. Plus, Fergus is given one. • This transparency increases Fergus' sense of safety and security around accessing support.	• Rita says she does not require a copy of her service agreement. • A few months later, the service communicates they are unable to support her in a particular area she has requested. • The support worker says this was communicated during intake and in the service agreement.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.3 Service Agreements with Participants (e)	– How changes to participant circumstances and/or support needs will be agreed and communicated; – In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account; and – How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant. • Service agreements set out detailing support arrangements in the event of an emergency or disaster.	• Jarra experiences fluctuations in her condition. • When meeting with the service provider, she is encouraged to discuss the changes in her needs and the service provider accommodates her requirements. • Jarra feels heard, supported and valued which helps her to feel safer.	• Rita does not recall this being shared or saying she did not want a copy of the agreement. • There is no record of this decision of not taking a copy on her file. • She takes this as evidence they are trying to take advantage. • Rita's trust in the service is compromised and this compounds an exisiting negative belief re: help-seeking.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.4 Responsive Support Provision (a)	• Support provision is: – based on the least intrusive options; – in accordance with contemporary evidence-informed practices; and – meet participant needs and help achieve desired outcomes. • Links are developed and maintained by the provider for each participant (with their consent or direction and as agreed in their service agreement).	• Marian receives daily support from an organisation. • All staff are trained on Marian's physical and mental health challenges and respond appropriately to Marian. • This keeps Marian safe.	• Rick requires psychotherapy, but Rick's support worker is not sure how to make a referral. • Rick's support worker tries to act as a psychologist to Rick, even though they are not trained. • Rick is at risk of psychological harm from this out-of-scope practice.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.4 Responsive Support Provision (b)	• Support provision collaboration occurs with other providers, including health care and allied health providers, to share information, manage risks and meet participants needs. • Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports. • Workers are appropriately trained and understand the participant's needs and preferences.	• Sam has complex support needs relative to psychosocial and physical disabilities. • With dual diagnosis training, Sam's allocated support coordinator identifies and responds accordingly to these needs. • Referrals to services are made with a request for morning appointments, home visits and/or transport. • Sam feels heard and supported.	• Edward says he wants a female support worker to reduce the risk of a traumatic trigger. • Signing the consent to share information form, he thinks this will all be passed on for intake with the SIL support worker. The corrordinator is not clear about this process; and doesn't. • Edward is allocated a male worker and is constantly worried about his spot in SIL. He does not feel safe.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.5 Transitions to and from a Provider (a)	• A planned transition to or from the provider is facilitated in collaboration with each participant. • The transition is documented, communicated, and effectively managed. • Risks associated with each transition are identified, documented and responded to.	• Nancy is moving to a new area. • She decides to change psychosocial recovery coach providers. • In collaboration with her, Nancy's old worker compiles a report for Nancy's new psychosocial recovery coach. • The report includes Nancy's needs and progress towards goals, and funds expenditure.	• When Mack is admitted to hospital, his support workers immediately cease all support. • The service provider begins the paperwork to transition Mack into the hospitals care. • The discontinuation of service provision or the transfer itself, is not communicated to Mack.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
3.5 Transitions to and from a Provider (b)	• Documentation and plans include risks to the participant associated with temporary transitions such as a health care risk requiring hospitalisation. • Processes for transitioning to or from the provider (including temporary transitions referred to above) are developed, applied, reviewed and communicated.	• Additionally, background information is provided relating to high risk behaviours such as self-harm. • All required documentation is sent through to her new recovery coach. Plus, she has copies for herself. • Nancy feels included, informed and supported in this transition process.	• The hospital receives the paperwork but nobody checks in with Mack. • After discharge, he gets in touch with the service provider to arrange reinstating supports. There is a delay as the paperwork has not been returned from the hospital. • Mack is unsafe; he is left unsupported for several weeks, due to a miscommunication between the service provider and the hospital.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.1 Safe Environment (a)	• Each participant can easily identify the services and workers that provide their supports. • Work is undertaken with each participant, and others, to ensure a safe support delivery environment for them (including their home). • Where relevant, work is undertaken with other providers (including health care and allied health providers and other providers) to identify and manage risks to participants and to correctly interpret their needs and preferences.	• Janis is immunocompromised. • Janis' support workers participate in the required training to ensure hers and their own safety. • Workers are trained in hand hygiene, respiratory hygiene and cough etiquette, and all use appropriate PPE when in contact with Janis. • This helps mitigate the risk of infection for Janis.	• William is diagnosed with Post Traumatic Stress Disorder (PTSD). • William's support worker is not trained in trauma-informed care. • When he has a flashback, his support worker is unsure how to respond.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.1 Safe Environment (b)	• Each participant can easily identify the services and workers that provide their supports. • Work is undertaken with each participant, and others, to ensure a safe support delivery environment for them (including their home). • Where relevant, work is undertaken with other providers (including health care and allied health providers and other providers) to identify and manage risks to participants and to correctly interpret their needs and preferences.	• Magenta has a complex health history. • Her psychosocial recovery coach ensures all relevant details are documented including third party consent to share information. • Specific attention is made to ensure that all required support workers/ services knows about her family history of heart disease.	• Additionally, the worker who conducted his intake assessment did not detail the specifics for the PTSD. • This puts William at risk of escalation and/ or further emotional distress because the worker does not respond in an appropriate or timely manner to William.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.1 Safe Environment (c)	• Arrangements are in place to assist workers to understand participants communication needs and the manner in which they express emerging health concerns. • To avoid delays in treatments for participants: – protocols are in place for workers about how to respond to participant's medical emergencies; and – each relevant worker is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).	• When Magenta mentions she's been having chest pains, the psychosocial recovery coach immediately refers Magenta to the emergency department. • She also ensures that Magenta has documentation detailing the family health history. • This process increases Magenta's safety.	• Dylan has a fall at his SIL house, and is bleeding profusely. • The support worker isn't sure what to do, because the other worker is out in the community with other participants, and they don't want to leave Dylan's housemate unattended. • Not having an escalation plan puts Dylan at risk.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.1 Safe Environment (d)	• Systems for escalation are established for each participant in urgent health situations. • Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants. • Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.	• There is signage around the service indicating times and responsibility for cleaning rooms. • When Cindy visits the group activity hall, she feels safe in the knowledge that it is cleaned regularly, especially the frequently touched surfaces.	• Quinn communicates predominantly through non-verbal signs. • His new support worker has not received hand-over or training to understand the sign for "pain". • Quinn becomes frustrated by the lack or response to his deteriorating physical health, and is at risk.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.1 Safe Environment (e)	• Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette. • Each worker who provides supports directly to participants is trained, and has refresher training, in the use of Personal protective equipment (PPE). • PPE is available to each worker, and each participant, who requires it.	• There is another COVID outbreak in the SIL where Skye lives. • All of the staff are aware of the procedure to respond in this situation. • All staff are wearing and dispensing masks and hand sanitiser to residents. • This reduces the risk to Skye and others.	• Clara's support worker tests positive for COVID. • When Clara arrives for her appointment, her worker informs her of the result but assures her that the symptoms are not severe, plus they both have had COVID before so no masks are needed. • This disregards the health and safety of Clara and others she may have contact with.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.2 Participant Money and Property	• 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. • Each participant is supported to access and spend their own money as the participant determines. Workers access is consensual and support provisional only. • Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.	• Hayley has questions for her psychosocial recovery coach about finances. • The recovery coach refers her to a financial counsellor to answer her questions. • This keeps Hayley safe as she is receiving information from a trained professional, not workers opinions.	• Tanesha's support worker refuses to take her to the shops to buy cigarettes, because they believe cigarettes are unhealthy and want the best for Tanesha. • Tanesha is at risk because her human rights (the right to choice and control of how she spends her money) is not being respected.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.3 Management of Medication	• Records clearly identify the participant, their medication and dosage required to safely administer the medication. • All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication. • All medications are stored safely and securely, easily identifiable and are only accessed by appropriately trained workers.	• When Lisa starts a new medication, her psychosocial recovery coach encourages her to meet with the pharmacist for a home medicine review. • This review will check for any interactions and educate Lisa on how to store her medications. • This helps support Lisa's safety.	• Yang's usual support worker is unavailable, so the agency send a different person who is not trained in dispensing medication. • The worker accidentally gives Yang his night time medication in the morning, and a hospital trip ensues. • Yang is unsafe, because the worker was not trained to dispense medication.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.4 Mealtime Management (a)	• Providers identify each participant requiring mealtime management. • Individual mealtime management assessment by appropriately qualified health practitioners, includes: – undertaking comprehensive assessments of their nutrition and swallowing; – assessing seating and positioning requirements for eating and drinking; – reviewing assessments and plans annually or more frequently if needs change or difficulty is observed.	• After years on anti-psychotic medication, Marge notices she sometimes chokes on her food and mentions this to her psychosocial recovery coach. • They refer her to a speech therapist who assesses/ supports Marge with swallowing strategies. • Marge is now at lower risk of choking and is safer.	• Jodie has been allocated a new support worker. • The new support worker was not informed Jodie is on a texture-modified diet. • This is not regarded in the meal preparation for Jodie which she has difficulty swallowing. • This puts Jodie at risk of choking.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.4 Mealtime Management (b)	• With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans. • Each worker responsible for providing mealtime management to participants understands the individual needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.	• Mick is diagnosed with high cholesterol, and initially resents the low-salt food recommended by staff in his SIL house. • They arrange for a visit from a dietician, who educates Mick about healthy and delicious alternatives.	• Manu's support worker brings a peanut butter sandwich for lunch. • Distracted by a phone call, the sandwich is left on the kitchen bench. • Not realising that Manu has a peanut allergy (due to lack of documentation), this puts Manu at risk of anaphylaxis.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.4 Mealtime Management (c)	• Each worker responsible for providing mealtime management is trained in preparing and providing safe and enjoyable meals while proactively managing emerging and chronic health risks. Including when/how to seek help when required. • Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers.	• Mick has now had the opportunity to learn about enjoyable but healthier meal options. • A such, he makes informed decisions about his meals. • Mick is safe because his preferences are being acknowledged, and he is making informed choices.	• Victor requires thickened fluids. • Victor's support workers aren't sure how to make up the thickening mix, so just give him what they have available with regular water. • Victor is at risk of choking because of this.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.4 Mealtime Management (d)	• Effective planning occurs to develop menus with each participant requiring mealtime management to support them to: – be provided with nutritious meals that are enjoyable, reflect their preferences, their informed choice and any recommendations by a qualified health practitioner; –respond to chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight); and – proactively manage associated risks.	• Joe required soft textured food. • Although he shares his home with Tim and Davey, who eat regular food, his support workers support him to label his food clearly so it does not get mixed up. • This ensures that Joe feels safe around the mealtime management plan.	• Layla has a history of eating disorders. • Layla has difficulty eating the foods she is required to for maintaining her weight and nutritional needs. • As Layla presents with other complex psycho-social needs that are more obvious for the workers to respond to i.e.- panic attacks through to physically violent, the mealtime managment plan is forgotten. • Layla's health is at risk.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.4 Mealtime Management (e)	• Procedures are in place for workers to prepare and provide the correct texture-modified foods and fluids in accordance with mealtime management plans for suitable participants. • Participants meals requiring mealtime management are stored safely, in accordance with health standards, easily identifiable and can be differentiated from meals not to be provided to particular participants.	• Each staff meeting, the service Jordee receives support from, reviews one policy/procedure. • This meeting reviews Mealtime Management. • All staff read, review and discuss the policy and associated procedures. • Jordee and other participants' safety is increased as a result.	• Delilah has started accessing support from CU service. • Her mealtime managment plan includes soft-textured food. • Delilah's food was mislabelled and she received the wrong meal. • Her safety is compromised due to a high choking risk with the incorrect textured food.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.5 Management of Waste (a)	• Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE). • Each policy, procedure and practice complies with current legislation and local health district requirements. • All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.	• Paul has a fall prior to his support appointment and scrapes his knee. • His support worker helps him to clean the blood and apply bandages. • The support worker then disposes of the clinical waste, helping to keep Paul safe.	• Lyndon is immunocompromised. • His support workers are not trained in PPE and wear their masks incorrectly (nostrils visible). • Lyndon is at risk of these support workers becoming infected from other people they are offering support to, and passing it on to him.

Safeguarding in the NDIS - Done Right

	Quality Indicators: How is Safeguarding relevant?	Effective Safeguarding Example	Unsafe Practice Example
4.5 Management of Waste (b)	• 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. • Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.	• When an incident occurs at Casey's SIL residence, involving bleach cleaner burns. The incident is reported, recorded, investigated and reviewed. • Measures are put in place to prevent the incident from occurring again, and this keeps Casey safer.	• There is a high turn over of staff at CU Service. • Orientation is often overlooked. • Liz's support workers don't know what to do when a hazardous chemical is spilled on the floor because the emergency plan was unclear. • This puts Liz and others at risk.

Safeguarding Safety Toolbox - Service Provider Considerations

If you're an NDIS service provider who's ready to embark on a safeguarding journey with your participants, here are some questions and accompanying information to consider:

What harm could my organisation, its workers, or our systems present to participants?

It is worth remembering that harm is not solely caused by bad people doing bad things, but also by people who have made incorrect assumptions about a participant's best interests, combined with entrenched systems.

Changes on this level require a trauma informed lens, and scope for consideration of the unique perspective and situation of each participant.

How can we minimise and mitigate this potential harm?

Once you've identified potential risks, there is an ethical obligation to act to prevent or reduce the impact of the negative events that could transpire.

Answering this question requires creativity and an openness to a new way of doing things. Ensuring staff have access to training and supervision is important. Plus, processes such as thorough staff screening and regular performance management.

How can I/my service support participant human rights better?

"[T]he purpose ... is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity." *(Click for full access to UN Convention-Rights of People with Disability)*

Two aspects to consider:

1. How can your organisation uphold the human rights of participants?

E.g- diversity training or explicit human rights training.

2. How can your organisation support participants in such a way that they feel empowered to have their own voice?

E.g- educating clients on their rights, including the right to complain and to access advocacy services.

How can we support participant dignity of risk better?

This answer relates to staff having a solid understanding of implementing supported decision making and supporting participants to know their options and respect their choices.

The counter approach is one of a 'rescuer' – professionals using their own values as a guide to 'fix' a participant and their life.

These actions impinge on the participant's right to make their own decisions, even if they're percieved as not 'good' ones.

Participant's decision ownership is referred to as the *'dignity of risk' and is a human right.*

**Click to view the Emi Goulding video - this shares an understanding how dignity of risk intersects with duty of care.*

Safeguarding Safety Toolbox - A Supports Statement

Whether you have used this Toolbox from beginning to end or tailored your access, the tools distinguish between safeguarding and safety planning. Plus, has provided prompts for exploration of your own role in safeguarding participants in the NDIS context.

This may have required you to dismantle your thinking, challenge your understanding of dignity of risk (and duty of care) as well as recognise the vital part you play in supporting human rights (including the right to make mistakes, learn, and grow).

Connection and relationships are an important part of this growth and change.

Below are places to go for further information as well as tips for connecting with the sector.

**All information is current at time of creation (November, 2023).*

Safeguarding Safety Toolbox: Information and Supports

More Safeguarding Information

- Introduction to Supported Decision Making
- Safeguarding: A Guide for Charities
- Safeguarding People Living with Disability from Abuse
- NDIS Review: NDIS Participant Safeguarding – Proposals Paper

Sector Connections

- NDIS Communities of Practice
- LinkedIn – NDIS Forum for Professionals
- Positive Behaviour Support – Community of Practice (Rise Network)