



WELCOME POLICY PACK
FOR
NEW PARTICIPANTS

FEB 2024

A MESSAGE FROM THE MANAGING DIRECTORS

Dear Participant,

Welcome to Enablely.

Thank you for trusting us to provide to your supported care services.

As a Partner of registered NDIS Service Provider, one of our obligations is to inform all new clients of a number of our policies including:

- Conflicts of Interest Policy
- Legal Rights and Person-Centred Policy
- Critical Incidents
- Access to Services
- Participant Records
- Participant Feedback
- Participant Rights and Service Charter
- Participant Advocacy and Support
- Service Exit Policy
- Permission to Share Information

As such, you will find enclosed a copy of our policies for your reference.

I welcome the opportunity to discuss with you any concerns or clarifications that you may have with our policies.

Best regards,

Managing Director

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Conflicts of Interest

POLICY STATEMENT

Enablely is committed to ensuring that actions and decisions taken at all levels are informed, objective and fair.

A conflict of interest Feb affect the way a person acts, decisions they make or the way they vote on group decisions.

This policy requires that the Managing Director and staff of the Company to:

- 1) Act impartially and without prejudice.
- 2) Declares any potential or actual conflict of interest.
- 3) Do not accept gifts or benefits that would influence a decision.

This will include situations in which:

- 4) Close personal friends or family members are involved, such as decisions about employment, discipline or dismissal, service allocation or awarding of contracts.
- 5) An individual or their close friends or family members Feb make a financial gain or gain some other form of advantage.
- 6) An individual is involved with another organisation or offers services that are in a competitive relationship with our company and therefore Feb have access to commercially sensitive information, plans or financial information.
- 7) An individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue.

PROCEDURES

Registration of known Conflicts of Interest

A register of conflicts of interest will be kept and all management and staff will be asked to declare:

- 1) Potential or actual conflicts of interest that exist when a person joins the company.
- 2) Conflicts of interest that arise during their involvement with the company.

The register will be maintained by the Managing Director.

All potential and actual conflicts will be recorded in the register, showing:

- 1) The name of individual.
- 2) Their position or role in the company.
- 3) The nature of the interest they hold.
- 4) The date of record.
- 5) Any incidents that arise where the interest comes into conflict with the interests of the Company, the date of the incident and a summary of how it was managed.

Identification and Declaration of Conflicts of Interest

In addition to an initial declaration of any potential conflicts of interest at the beginning of their involvement with Enablely, management and staff are required to declare any potential or actual conflicts of interest they are aware of by:

- 1) At the beginning of any meeting or decision-making process informing those present when a conflict becomes apparent.
- 2) Outside of a meeting informing the Managing Director when a conflict becomes apparent.

Management of Conflicts of Interest

Where a conflict of interest is declared or identified:

Management:

- 1) The Managing Director will assess whether a conflict exists.
- 2) If the matter is not resolved prior to a meeting, the Managing Director will decide on the action to be taken by the individual.
- 3) They Feb be asked to:
 - Contribute to the discussion but abstain from voting or taking part in a decision on the matter.
 - Observe but not take part in the discussion or decision making.
 - Leave the meeting during discussion and decision on the matter.
- 4) Senior Executive Team with a significant and ongoing conflict of interest Feb be asked to:
 - Take leave of absence from the Management position for the period over which the matter will be discussed and decided.
 - Resign from the Management position.
- 5) The declaration of conflict of interest will be recorded in the minutes of the Management meeting along with the action taken.

Staff Members:

- 1) The conflict will be assessed by the staff member's immediate supervisor, or by the most senior staff person including the Managing Director.
- 2) If a conflict of interest exists or there is a perception that a conflict exists, the staff member Feb be asked to:
 - Contribute to the discussion but abstain from voting or taking part in a decision on the matter.
 - Observe but not take part in the discussion or decision making.
 - Leave the meeting during discussion and decision on the matter.

Staff Involvement in External Activities

The Company encourages and supports staff members becoming involved in community activities, additional employment or volunteer work in their personal lives. However, it is possible that staff members Feb undertake volunteer or professional roles outside of the Company that give rise to a conflict of interest or a perception of conflict (e.g. Staff undertaking consultancy work for other company's or government agencies).

As a result, the Company requests that all staff members declare their involvement in external activities related to the work of Enablely when they are employed and discuss and plan with the Managing Director how any potential conflicts of interest can be managed.

Staff members taking on other (new) work outside of the Company will be required to inform the Managing Directors.

Contractors

All contractors and external consultants being engaged by the Company will be required to declare that no conflict of interest exists.

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Legal Rights and Person Centred Policy

POLICY STATEMENT

Enablely believes that all people are free and equal in dignity and rights and is committed to working in alignment with:

- 1) The NDIS Quality and Safeguards Commission – Rights of Participants.
- 2) The United Nations Universal Declaration of Human Rights.
- 3) The United Nations Convention on the Rights of the Child.

The Company recognizes that some Participants are more vulnerable to direct and indirect discrimination, exclusion from services and access to information.

Enablely ensures that all Participants and their family / carer who interact with its services:

- 1) Are treated with respect.
- 2) Do not encounter discrimination.
- 3) Experience a safe and secure environment.
- 4) Have their privacy maintained.
- 5) Are provided with clear and accessible information about services, including any fees.
- 6) Are encouraged to contribute to decision-making around services and issues that affect them.
- 7) Are able to be represented by an advocate if needed.
- 8) Can safely identify concerns about the quality of service provided and have their concerns dealt with fairly and effectively.
- 9) Understand that their autonomy is respected including their right to intimacy and sexual expression.
- 10) Receive a Person Centred approach to the delivery of Services provided. The Person Centred principles adopted by Enablely includes:
 - Participant is at the Centre
 - Focus on the Outcomes
 - Inclusion of Others to Assist
 - Personal Priorities and Strengths
 - Shared Commitment
 - Respects Culture
 - Continuous Process
 - Regular Review and Continuous Improvement
 - One Person - One Plan

Definitions

Discrimination:	Actions, decisions or behaviors that disadvantage a person based on a protected attribute.
Protected Attribute:	A person's gender or gender identity, age, Aboriginal or Torres Strait Islander heritage, cultural background, physical or intellectual abilities, country of birth, religious beliefs, sexuality, pregnancy and breastfeeding, marital or domestic status, parental status or family or carer responsibilities, union membership, medical record, or physical appearance (including height, weight, size or other body characteristics).
Human rights-based approach:	A recognition that all people have certain inalienable rights and that service delivery seeks to support people to achieve these rights, rather than being a charitable act to help vulnerable people. A human rights-based approach empowers people to know and claim their rights by giving them greater opportunities to participate in shaping the decisions that affect them and requires accountability of individuals and institutions.
Person-centered approach:	An approach that acknowledges that working equitably with people requires an equal partnership where individuals are supported to have a say in decisions that directly affect them. A person-centered approach supports human rights by promoting participation and minimizing opportunities for discrimination and exclusion by ensuring individuals are listened to and supported based on their strength, abilities, aspirations and preferences.

PROCEDURE

Policy Compliance

This policy applies to all Enablely Staff members.

Policy Implementation Responsibilities

It is the responsibility of the Managing Director to:

- 1) Ensure that all Staff members are informed, understand and demonstrate a human rights-based approach to service delivery.
- 2) All Staff members will be informed of this policy during their initial induction with the Company.
- 3) Ongoing training will be provided by the Managing Director or suitability qualified person during staff meetings.
- 4) Assume a leadership role in observing and promoting behaviors and practice needed to support human rights.
- 5) Ensure that discrimination on the basis of a protected attribute does not occur at the Company.

It is the responsibility of Staff members to:

- 1) Treat all people they work with in a fair and respectful way;

- 2) Not discriminate or support others to discriminate against Participants and their family / carer due to protected attributes.
- 3) Take active steps to understand the Company's Human Rights Based and Person Centered approaches to the delivery of services in a way that upholds these principles.
- 4) Maintain the privacy and confidentiality in accordance with the Company's Privacy Policy.
- 5) Ensure that Participants and their family / carer are aware of this Policy.

Relevant Legislation

- 1) National Disability Insurance Scheme Act 2013
- 2) Sex Discrimination Act 1984
- 3) Racial Discrimination Act 1975
- 4) Racial Hatred Act 1995
- 5) Disability Discrimination Act 1992
- 6) Age Discrimination Act 2004
- 7) Charter of Human Rights and Responsibilities Act 2006
- 8) Fair Work Act 2009
- 9) Work Health and Safety Act 2011
- 10) Australian Human Rights Commission Act 1986
- 11) Privacy Act 1988

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Incidents

POLICY STATEMENT

Enablely has a duty of care for the safety and wellbeing of all staff and participants and will provide an effective and coordinated response to critical incidents affecting staff and participants.

Enablely will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

DEFINITION

An incident can be defined into 3 categories:

- 1) Minor.
- 2) Critical.
- 3) Reportable.

A minor incident is an accident or near-miss that has acceptable consequences but interrupts the completion of an activity and no one is physically harmed in any way and which was resolved through employee or Supervisor mediation.

All minor incidents are to be recorded and managed on the appropriate Accident - Incident form and Register.

A critical incident is any event or series of events that is sudden, traumatic, overwhelming, threatening or protracted. It can cause extreme stress, fear or injury.

Critical incidents can include, but are not limited to:

- 1) Serious injury, illness, or death.
- 2) Severe verbal or psychological aggression.
- 3) Physical assault.
- 4) Staff witnessing a serious accident or incidence of violence.
- 5) A natural disaster e.g. earthquake, flood, windstorm, hailstorm, or extremes of temperature.
- 6) Fire, bomb-threat, explosion, gas or chemical hazard.
- 7) Social issues e.g. sexual assault, drug use, alcohol abuse, domestic or family violence.

Critical incidents that must be recorded and managed are:

- 8) Incidents that have, or could have, caused harm to staff and / or a person with a disability receiving supports or services.
- 9) Acts by a person with disability that happen in connection with the provision of supports or services and that have caused serious harm, or a risk of serious harm to another person.
- 10) Reportable incidents that are alleged to have occurred in connection with the provision of supports or services.

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PROCEDURES

Enablely has an obligation to the NDIS in relation to incident management systems and reportable incidents as detailed in the NDIS (Incident Management and Reportable Incidents) Rules 2018.

A reportable incident Feb include the following:

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

Designated Officer

The Managing Director will assign a Designated Officer (staff member) for any critical incident.

Assessing the Situation

The Designated Officer will assess the situation and consider any apparent risks to their own safety.

Immediate Steps

- 1) Ensure the safety of staff members and participants, including activate evacuation procedures if required.
- 2) Ensure the provision of first aid if required.
- 3) Contact security and emergency services if necessary and if not already done.
- 4) Provided there is no threat to personal safety in doing so, the Designated Officer is to take steps to minimise further damage or injury. This Feb involve organising willing bystanders to provide support.

Reporting

1) If Enablely becomes aware that a reportable incident has occurred in connection with the provision of supports or services, then Enablely Designated Officer must notify the Commissioner of the following information within 24 hours:

- The name and contact details of Enablely.
- A description of the reportable incident.
- A description of the impact on, or harm caused to, the person with disability.
- The immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of persons with disability affected by the incident and whether the incident has been reported to police or any other body.
- The name and contact details of the person making the notification.
- If known, the time, date and place at which the reportable incident occurred.
- The names and contact details of the persons involved in the reportable incident
- Any other information required by the Commissioner.

If, within 24 hours after the provider became aware that the incident occurred, insufficient information is available to comply with all of the above, Enablely must:

- Provide the information mentioned in points (i – v) within the 24 hour period.
- Provide the remaining information required within 5 business days.

Enablely must notify the Commissioner of the following information within 5 business days after the provider became aware that the incident occurred:

- The names and contact details of any witnesses to the reportable incident.
- Any further actions proposed to be taken in response to the reportable incident.

- 2) Enablely will notify the Commissioner within 5 business days if it becomes aware that a reportable incident has occurred in connection with the provision of supports or services of a reportable incident that is not covered under the Reportable Incident description detailed in this policy.
- 3) The Designated Officer will ensure compliance with all other requirements as detailed in the NDIS (Incident Management and Reportable Incidents) Rules 2018.

De-Brief and Follow Up

- 1) The Designated Officer will organise ongoing response/follow up (including staff and / or participant briefing, counselling, review and reporting).
- 2) Debriefing by trained staff or external professionals should be conducted within three to seven days of the critical incident.
- 3) The Designated Officer will organise counselling and critical incident stress management on a one-off or continuing basis as necessary for affected staff members and / or participants.
- 4) The Designated Officer will prepare improvement plans prevent future related critical incidents.

Training

The Managing Director will provide continuous training for all Staff members during their initial induction and at the monthly Staff meetings.

De-brief and Follow Up

The designated officer will organise ongoing response/follow up (including staff and / or participant briefing, counselling, review and reporting).

- 1) Debriefing by trained staff or external professionals should be conducted within three to seven days of the critical incident.
- 2) The designated officer will organise counselling and critical incident stress management on a one-off or continuing basis as necessary for affected staff members and / or participants.
- 3) The designated officer will prepare advice for the Company's senior officers outlining steps required to prevent future related critical incidents.

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7.3	Access to Services
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POLICY STATEMENT

Enablely is committed to maximising access to the company's services for everyone within the agreed target client group and to ensuring equity of access across eligible service users.

Enablely will work within its available resources while endeavouring to optimise access for clients to the services provided.

Enablely will:

- 1) Identify and address barriers to access for potential clients in the target group/s.
- 2) Use service planning to maximise accessibility for potential clients in the target group/s, ensuring that all services, facilities and premises are designed to maximise physical and cultural accessibility for service users.
- 3) Use proactive information strategies for potential service user groups to increase their knowledge of and understanding about the company and the services offered.
- 4) Regularly review how accessible services are and use this information to improve access wherever possible.

PROCEDURES

Services

Enablely provides the following services:

- 1) 0104 Assist Personal Activities High
- 2) 0107 Assist-Personal Activities
- 3) 0108 Assist-Travel/Transport
- 4) 0117 Development-Life Skills
- 5) 0120 Household Tasks
- 6) 0125 Participate Community
- 7) 0114 Community Nursing

Identifying Barriers to Access

In order to identify barriers to accessing Enablely services, the company will:

- 1) Compare the profile of service users with local population data and past service records on an annual basis to identify and groups who are underrepresented.

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- 2) Review relevant literature and practice experience.
- 3) Consult with clients, their families, other agencies and staff.
- 4) Seek advice from relevant community groups or members.

The Managing Director will be responsible for coordinating this process and reviewing the research outcomes as part of the annual planning process.

Ensuring Physical Access

Enablely will ensure the following:

- 1) Where possible locate the premises where there are transport facilities available.
- 2) Its premises and facilities are physically accessible to people with limited mobility or disability.
- 3) Its opening hours provide access to the full range of service users.
- 4) Services are provided in as flexible manner as possible to meet the needs of individuals.
- 5) It maintains effective messaging systems for clients to contact the organisation.
- 6) Client areas are kept clean, comfortable and welcoming.

Continuity of Services

Enablely is committed to providing support to Participants without interruption throughout the period of their Service Agreement. This is supported through a range of policies and procedures.

Enablely will maintain and uphold a sustainable workforce and the continuity of the services provided as a whole.

Enablely has identified processes where a staff member's normal working hours Feb require adjustment to ensure continuity of care, as well as how to handle staff absences, shortages and vacancies. This is supported through the ongoing training and development processes of the Company.

The Plan Management policy identifies how Enablely conducts reviews of Support Plans and ensures continuity of care through identification of any change in the Participants needs.

To support Participants whose needs Feb have changed, Enablely ensures Participant Risk Assessments are kept up to date.

In the event a Participant needs are no longer best supported by Enablely, the Service Exit Policy has been developed to ensure that the Participant is transferred to another more suited service provider.

The Service Exit Policy also outlines how staff are to work collaboratively with all stakeholders involved in a Participants service transition and how this will be documented in their Exit Plan.

Enablely also ensures continuity of care to participants by complying with its Risk Management Model and Practices, as outlined in the Risk Management Plan.

In the event that Enablely is unable to continue to provide services due to a disaster, Enablely will assist the participant and their family / carer to locate and secure another service provider to the satisfaction and requirements of the Participant and their family / carer.

Promotion of Services

The Managing Director will be responsible for developing and reviewing a service promotion and information strategy.

Enablely will produce information about its services in a range of formats suitable for the full range of people who Feb need to access them.

Monitoring Access Strategies

The Managing Director will be responsible for reviewing the effectiveness of all access strategies as part of annual service evaluations.

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7.5

Participant Records

POLICY STATEMENT

Enablely is committed to collecting, keeping and disposing of participant records in ways that protect privacy and ensure confidentiality is maintained.

This policy will operate in conjunction with the Company's Privacy Policy.

Enablely conforms to the Federal Privacy Act (1988) and the Australian Privacy Principles which govern the collection, use and storage of personal information.

Specifically, Enablely will:

- 1) Collect and keep information about participants only when it is relevant and necessary to the provision of the service.
- 2) Ensure data about each participant is up to date, accurate and secure, whether stored in hard copy or electronically, in accordance with privacy legislation.
- 3) Take account of any relevant cultural or religious sensitivity of people using services in the way information about them is collected, stored and used.
- 4) Store participants' records for the required length of time.
- 5) Transfer or dispose of participant records correctly.
- 6) Give participants an option to remain anonymous or use a pseudonym unless an exemption under the Privacy Act applies.
- 7) Provide information to participants about how their personal information is managed

Information about clients Feb only be made available to other parties with the consent of the client, except in the following circumstances:

- 8) Legislation requires information to be released.
- 9) A person or the business is subpoenaed to provide information for court proceedings.
- 10) There is an overriding public interest, for example, a Participant tells a staff member in secret that a regular visitor sexually assaults a number of Participants; although the Participant should be consulted about disclosing the information, it is clearly important that the information be acted upon.

When Enablely collects keeps and uses identifiable data about a participant, the following procedures will be implemented to guarantee the privacy of the participant, ensure that records are appropriate, accurate and secure.

PROCEDURES

Collecting Identifiable Data

The organisation collects and records the following information about individual participants:

- 1) Individual Support Plans Information.

- 2) Service Agreement Information.
- 3) Medication Information.
- 4) Risk Assessment Plan.
- 5) Q&A Evaluation information.

This information is collected for the purpose of:

- 6) Service monitoring, evaluation and reporting (de-identified information only is used for this purpose).
- 7) Meeting the reporting requirements of NDIS.
- 8) Monitoring and management of service to individuals (case files).
- 9) Meeting the legal requirements of NDIS.

The Managing Director will review the scope of information collected once every 6 months to ensure that only relevant information is being recorded.

At the point where a participant is seeking to receive a service from Enablely, the Managing Director will request the following information from the participant:

- 10) Individual Support Plans Information.
- 11) Service Agreement Information.
- 12) Medication Information.
- 13) Risk Assessment Plan.

When information is being sought from participants, the staff member seeking the information will request the person's consent to provide the information and inform them of:

- 14) The reason for requesting the information.
- 15) How the information will be recorded and stored.
- 16) What other information will be recorded during the provision of service.
- 17) How their privacy will be protected.
- 18) Their rights to view or access information about them.

The staff member will ask the participant if they have any concerns or specific requests about the way their personal information will be recorded or managed.

If identifiable information about a participant will be shared with another agency, the staff member will obtain the participant's consent for this and record the date of the verbal consent/obtain the participant's signature on a consent form.

Storage and use of Identifiable Data

Information collected about individual participants is stored in the following ways:

- 1) Data is entered and stored, in hard copy, electronic forms and soft copy.
- 2) All information systems are kept secure and private.

The Managing Director and nominated Staff members are authorised to access:

- 3) NDIS Participant Costing Quotations.
- 4) Q&A Evaluation Information.

Staff Feb have access to the list below of participant information on the authorisation of the Managing Director:

- 5) Individual Support Plans Information.
- 6) Service Agreement Information.
- 7) Medication Information.
- 8) Risk Assessment Plan.
- 9) Q&A Evaluation information.
- 10) Person Centred Plan Information.

Participants Feb request access to their files.

Access by a participant to their file requires the authorisation of the Managing Director and will be arranged by the Office Manager once approved.

A request for access by a participant must be considered and dealt with within 1 week.

Maintaining and Verifying Participant Records

The Managing Director is responsible for reviewing and updating participant records on a 6 monthly basis.

A file will be created for each participant and used to record:

- 1) Individual Support Plans Information.
- 2) Service Agreement Information.
- 3) Medication Information.
- 4) Risk Assessment Plan.
- 5) Q&A Evaluation information.
- 6) Person Centred Plan Information.

In recording personal information about participants, the Managing Director will ensure that:

- 7) That all employees are properly educated, understand and follow the policy purpose.
- 8) Ensuring proper storage of documents.

File Management

The Managing Director is responsible for managing the filing of participant records, maintaining the register of participant records and managing the archiving and disposal of participant records.

A register of participant records will be kept in a secure locked cabinet. The register will cover all hardcopy and electronic files, day books, diaries, staff notes and all computer data systems where information about participants is stored.

For each type of record, the register will document:

- 1) The type of information recorded.
- 2) Where the records or data are stored.
- 3) Who is responsible for entering and maintaining the record.
- 4) What security measures are in place.
- 5) When and how the information is updated.
- 6) How this particular set of records are disposed of (frequency or time period and method).

Record Disposal

Participant records are kept for 7 years from the last point of service provision.

Records of participants who have left the service are archived after 5 years.

Records of participants who have left the service are disposed of by deleting documents that are no longer necessary for the proper functioning of the service using the shredder, whilst retaining old copies in archive for the required 7 years for historical data or if requested by another agency.

Requests for Access - Client Records

All clients have the right to access their records and advise the organisation about inaccuracies.

Clients are able to access their records by requesting this directly with the Managing Director.

Requests for information about clients from outside agencies or individuals will be referred to the Managing Director.

Before any information is released, the Managing Director will contact the client concerned to obtain consent.

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7.6

Participant Feedback

POLICY STATEMENT

Enablely actively seeks the input of participants and stakeholders and encourages them to provide feedback, both positive and negative, as a source of ideas for improving services and activities.

The Company will:

- 1) Foster a service culture that encourages open and honest communication.
- 2) Inform participants about the standard of service they can expect.
- 3) Protect the right of participants and stakeholders to provide feedback and to make complaints about service delivery.
- 4) Encourage and make it easy for people to provide feedback.
- 5) Provide anonymity to people providing feedback or making a complaint.
- 6) Record and analyse information arising from feedback and use it to improve services.

PROCEDURES

Encouraging Participant and Stakeholder Feedback

The Senior Executive Team will be responsible for ensuring that participants and stakeholders are informed of what they can expect from the service and how they can provide feedback.

Information will be provided to participants and stakeholders through our feedback policy.

All staff working with participants and stakeholders are responsible for ensuring they are familiar with the procedures for participants and stakeholders to provide feedback, and for:

- 1) Accepting and reporting informal feedback.
- 2) Offering participants an opportunity to provide formal feedback when appropriate.

Initiating and Collecting Participant and Stakeholder Feedback

Feedback can be provided by individual participants and stakeholders, on their initiative or in response to requests from the organisation.

The Senior Executive Team will be responsible for receiving and making a record of feedback.

The Senior Executive Team will be responsible for reviewing feedback records once a month and identifying any action required.

Complaints can be made in writing, by telephone, by email or in person.

All staff will encourage Participants and their carers to make a written complaint regardless of the degree of Complaint and if Participant or their carer declines, then the staff member must ensure the complaint or concern is documented on a "Feedback Form".

All Feedback Forms are referred to the Senior Executive Team for an informal resolution if possible.

Using Feedback for Service Improvement

The Senior Executive Team will be responsible for maintaining and managing a Register of Complaints.

The Senior Executive Team will be committed to:

- 1) The continuous improvement of the business by the 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 this feedback throughout the organisation.
- 2) Providing opportunities 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.

The Senior Executive Team will be responsible for preparing a report on the outcome from the complaint, strategies developed from the complaint fed into Feedback Register to identify systematic improvement across the Company and are then implemented and reviewed within 30 days.

Results from participant and stakeholder feedback will be reviewed by the Senior Executive Team and used to:

- 1) Inform service planning by including a review of participant and stakeholder feedback in all service planning, monitoring and evaluation activities.
- 2) Inform decision making by including a report on participant and stakeholder feedback as a standard item on staff and management meeting agendas.

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7.8

Participants Rights and Service Charter

POLICY STATEMENT

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

- 1) Age Discrimination Act 2004.
- 2) Australian Human Rights Commission Act 1986.
- 3) Disability Discrimination Act 1992.
- 4) Racial Discrimination Act 1975.
- 5) Sex Discrimination Act 1984.

Enablely understands and supports the principles of fairness and human rights in all aspects of service delivery. It will ensure that services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect or exploitation.

PROCEDURES

Enablely will:

- 1) Provide easily understood and accessible information to all participants at service commencement about what the organisation does, how participants can contact the Company, participant's rights, the service standards participants can expect and opportunities to provide feedback or make a complaint.
- 2) Ensure participants have access to a fair and transparent system for making complaints and for reporting any breach of their rights.
- 3) Support participants to exercise choice and participate in service delivery and direction.
- 4) Involve participants in the development of policies and procedures that impact on their service.

Enablely Participant Service Charter outlines these rights and responsibilities in a way that is accessible and easily understood by participants.

Enablely provides high quality support services to adults and children encompasses:

- 8) 0104 Assist Personal Activities High
- 9) 0107 Assist-Personal Activities
- 10) 0108 Assist-Travel/Transport
- 11) 0117 Development-Life Skills
- 12) 0120 Household Tasks
- 13) 0125 Participate Community

All participants living in NSW can access this service.

Our organisation can be contacted by emailing info@enablely.com.au or +61 402 367 223.

Enablely have fully trained professional staff on duty 5 days a week, to provide participants with therapy services to the highest standard of care and support.

Enablely understands and supports the principles of fairness and human rights in all aspects of service delivery. It will ensure that services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect or exploitation.

Enablely is committed to providing a safe and person centred outcome for both Participants and staff. Enablely further acknowledges that feedback and monitoring across all areas of service delivery including: Work Health Safety (WHS), staff appraisal, incident reporting, complaints management and industry review is essential and a major factor in identifying areas for improvement and enabling quality service to be delivered.

Complaints can be made in writing, by telephone, by email or in person. Complaints must be freely expressed by all Participants without fear of reduction or withdrawal of service or any other recrimination or repercussion. Support offered to Participants to participate in decision making and choice and Feb include:

- Staff support as necessary
- Encouragement of carer and/or advocate involvement

Support will also be provided in the least restrictive way to encourage independence in decision making and choice.

Enablely will actively encourage involvement by Participants in all aspects of its operation. Participants will be encouraged to participate in decisions, which would impact on service delivery.

Enablely will reflect individual needs, preferences, skills and interests and will be respectful of cultural and/or religious values and expectations and be responsive to changing needs of each individual.

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7.14

Providing Participant Advocacy and Support

POLICY STATEMENT

Enablely is committed to the principles of respecting and protecting the legal and human rights of individuals and their right to services.

Enablely supports the right of participants to use an advocate of their choice to negotiate on their behalf.

This Feb be in relation to assessment, reviews, complaints or any other communication between the participant and Enablely.

Enablely will work co-operatively with any advocate nominated by a participant and treat them with respect.

Enablely is also committed to providing participants with advocacy and support when it is requested.

PROCEDURES

When customers first use Enablely they are informed of the role of advocates, their rights to use advocates, advocacy services and how to contact and involve advocacy agencies.

Supporting Advocacy

The Managing Director will be responsible for ensuring:

- 1) All staff receives training in the use of advocates.
- 2) Ensure services/programs maintain printed material on relevant advocacy and advocacy services.
- 3) Maintain local advocacy resource/contact lists.

Providing Participants with Information

The Managing Director will ensure participants and potential advocates are informed via appropriate formats (including verbally and in writing) about their right to use an advocate and the role of an advocate when the participant is:

- 1) Assessed and re-assessed for services.
- 2) Oriented to the service or program.
- 3) Refused service.

Or if:

- 4) They want to make a complaint about the service.
- 5) A staff member believes an advocate Feb be beneficial to the participant.

The Managing Director and staff are required to ensure that participants are aware of their rights to use an advocate in relation to the service, including having their advocate present for all assessments, meetings and communication between themselves and the organisation.

If the participant is unsure whether they want to nominate a person as an advocate, they are to be provided with information (in an appropriate format) on various specialist advocacy organisations that they are able to assist them.

If they would like to contact any of these organisations the Managing Director will be able to assist them to make contact.

It is the responsibility of the Managing Director at the time of first contact with the participant to discuss any communication issues or requirements.

If a participant has an advocate it is the Managing Director responsibility to discuss and document any specific communication issues or protocols to be used between the service and the participant's advocate.

The name and contact details of the advocate are to be included in the participant's personal record.

Staff will not disclose any information about the participant to an advocate, when the participant is not present, unless the participant has provided their permission to do so.

Working with Advocates (when a participant has nominated an advocate)

Where a participant has identified or nominated an advocate the Managing Director must:

- 1) Record the advocate details in the participant's personal record.
- 2) Ensure the participant is aware of their advocacy rights including the right to have an advocate present for all assessments, meetings and communication between themselves and the Company.
- 3) Ensure the advocate knows they have been nominated as an advocate and agrees to this.
- 4) Ensure any identified advocate is present at assessments and meetings.
- 5) Communicate and work co-operatively with the advocate.
- 6) Communicate comprehensively with a participant's advocate and involve them in the care and service planning.
- 7) Ensure that the participant knows they have the right to change their advocate at any time. Any changes should be documented with written confirmation from the participant.

If an authorised representative is acting on behalf of a participant, the organisation will require proof of representative authority.

Authorised representatives include:

- 8) Guardians.
- 9) Attorneys under enduring powers of attorney.
- 10) Agents under the Medical Treatment Act 1988.
- 11) Administrators under the Guardianship and Administration Act 1986.
- 12) A person otherwise empowered by the consumers to act or make decisions in their best interests.

Proof of representative authority will be sighted and a copy of that document placed in the participant's file.

Proof of authority includes Guardianship or Administration order or Enduring/ Medical Power of Attorney.

Providing Advocacy and Support

Where a participant does not have an identified or nominated advocate and they request assistance from the organisation the request will be considered by the Managing Director.

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Service Exit Policy

POLICY STATEMENT

This policy and procedure outline the Enablely transparent and equitable service exit procedures including temporary transitions, which are designed to uphold the rights of people with disability and support them to transition to other supports where required.

It applies to all potential and existing Participants, their family members, carers and other supporters and meets relevant legislation, regulations and standards.

Participants have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service.

Exit procedures including temporary transitions are fair, transparent, follow due process, uphold the rights of Participants and protect the safety and integrity of Enablely staff, Participants, programs and services.

Participant transitions including temporary transitions from Enablely are planned and coordinated and undertaken in collaboration with Participants.

Transition arrangements including temporary transitions are documented, communicated and effectively managed.

Processes for transitioning to or from Enablely are developed, applied, reviewed and communicated.

Risks associated with each transition including temporary transitions to or from Enablely are identified, documented and responded to.

PROCEDURES

1) General

Should a Participant, their supporters or Enablely wish to end the service provision before the dates set out in the Service Agreement, they must give the other party the notice period as detailed in the Service Agreement.

The Senior Executive Team are responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge and ability to meet the requirements.

As per Enablely Staff Recruitment and Staff Induction Policies, all staff must undergo an induction, which includes training in Enablely service exit processes.

To ensure Participants or their representatives or families understand how to transition from Enablely, information will be included in the Enablely Welcome Pack.

To ensure Participants understand this information, staff must provide information to them and their supporters or families in ways that suit their individual communication needs.

All Participants exiting the services of Enablely including temporary transitions will be offered an Exit Interview, where the Senior Executive Team will explain the reason for the Participant's service termination (if applicable), obtain feedback about where Enablely can improve its processes and communicate the steps to re-accessing the service should the Participant wish to.

2) **Service Termination**

As part of Enablely entry processes, Participants will be informed of their rights and responsibilities.

Where a Participant or family is informed that services will be terminated by Enablely, information regarding the reason for the termination of services will be provided and explained to them.

These reasons must also be included in the Participant's Exit Plan if required (see below).

Enablely will only terminate a Participant's services when:

- They are unwilling over a period of time to work towards agreed goals.
- Other people using the service, staff or the Participant is at risk of harm.
- Financial requirements are not being met.
- Severe incompatibility with other Participants using the service is displayed.
- Dramatic health or behaviour changes require significantly increased levels of care or a service model not provided by Enablely.

The service exit must only be actioned after discussion and consultation with the Participant, their supporters and other important stakeholders and strategies have been implemented to meet irreconcilable differences.

Participants must be offered support to access interpreters or advocates to assist them through this process if necessary.

3) **Participant Requested Termination**

Participants have the right to terminate their service provision and any time and this decision will not prejudice their future access to the service.

Upon termination, the participant or family will be sent a letter informing them of their rights to future service provision and information regarding advocacy services if required.

4) **Appeal**

Participants who have their services terminated by Enablely have the right to appeal.

Appeals should be directed in writing to the Managing Director and a final decision will be made by the Managing Director.

Participants who successfully appeal will be supported to continue accessing the services of Enablely.

Participants who are not successful in their appeal will be provided advice in writing to this effect.

If a Participant, their family members, carers and other supporters are unhappy with the outcome of their appeal, they will be directed to the Feedback and Complaints processes.

5) **Exit Transition Planning including Temporary Transitions**

Where relevant, the Senior Executive Team must work collaboratively with Participants, their family members, carers and other supporters to identify alternative services that could best meet the Participants needs.

With the Participant, their family members, carers and other supporter's consent, Enablely will provide relevant information to new service providers to support the Participant's seamless transition to them.

Where required, Enablely staff will introduce the Participant to or meet with staff of alternative providers to facilitate a smooth transition for the Participant.

Prior to exiting, Participants their family members, carers and other supporters will be provided guidance and support to:

- Investigate other options or models of support from Enablely, if appropriate.
- Explore the consequences of their decision to exit the service (if relevant).
- Consider re-engagement of the service in the future should their needs or circumstances change.

An Exit Plan must be agreed with the Participant their family members, carers and other supporters and any other stakeholders. The Plan must contain identified timeframes outlining actions and those responsible to implement the actions. In addition, risks associated with the transition must be identified, documented and responded to.

Enablely will also ensure a copy of the Participant's most recent Risk Assessment are provided to new service providers (with the Participants consent of this information sharing documented in their Exit Plan).

In addition, a risk assessment must be completed with any new service providers to ensure any risks of the transition process are captured within the Exit Plan, along with actions that will be taken to reduce those risks.

A copy of the Exit Plan must be provided to the Participant. A copy must also be kept on the Participant's file. Where this is not practicable or the Participant chooses not to have an Exit Plan, staff must include a case note on the Participant's file explaining the reasons why the Participant did not receive a copy of their plan.

6) Service Re-entry including Temporary Transitions

Participants who have chosen to cease using the services of Enablely have the right to re-access services within a 3-month period of exiting, without having to follow formal access processes, provided the necessary service resources are available.

After this period, a new intake assessment must be undertaken if they wish to re-enter the service.

7) Files and Documentation

Upon a Participants exit from Enablely, all documentation and information developed and implemented by Enablely remains the property of Enablely.

Any documentation provided by other service providers and included in the Participants file that has been used to facilitate the Participants support must be returned to the Participant or their representative or family.

All information in relation to the Participant will be retained, secured and stored in accordance with Records Policy.

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PERMISSION TO SHARE INFORMATION

Enablely needs permission before they can ask for or share information about the participant.

Enablely will seek the written consent from the participant before sharing personal information. This written consent is part of Form 2 – Client Intake Form that will be required to be completed by the participant.

The participant or the participant's carer can change their mind about providing this consent any of this at any time by contacting the Managing Director at Enablely.