



Early Childhood Supports Section 2 (SA)

Policy area: Early Childhood Supports

Applicable to: Sirian Star Enterprises Pty Ltd

Version: 1

Date approved: 12 June 2026

Approved by: Renae Gunn, Operations Manager

Next review date: 12 June 2027

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Work Health Safety and Environmental Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure the health, safety, and wellbeing of staff, participants, and all individuals involved in Sirian Star Enterprises Pty Ltd's operations. We are committed to proactively identifying and managing risks associated with our work and support activities. This includes allocating the necessary resources and processes to eliminate or minimise health and safety risks to the greatest extent possible.

Sirian Star Enterprises Pty Ltd is dedicated to ensuring that the safety, dignity of risk, and wellbeing of participants are integrated into all our work health and safety practices. We are also committed to participant safeguarding, ensuring risks affecting both participants and workers are identified, reported, and managed according to NDIS requirements.

2.0 Scope

The policy applies to all staff, and their advocates or families involved in Sirian Star Enterprises Pty Ltd's operations.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to promoting and maintaining the highest standards of health, safety, and wellbeing for all individuals within the workplace, including staff, participants, and others. Our approach to Work Health and Safety (WHS) aims to provide a safe and healthy environment for everyone involved.

All work health and safety practices at Sirian Star Enterprises Pty Ltd align with the NDIS Code of Conduct, ensuring that participants' dignity, choice, and control are respected while managing risks to their safety and wellbeing. Our WHS risk management procedures are in line with NDIS safeguarding duties, ensuring that participants are protected from harm, while also supporting their autonomy and decision-making.

Sirian Star Enterprises Pty Ltd will comply with all relevant NDIS regulations, including the Incident Management and Reportable Incidents Rules, to ensure the protection and safety of workers, participants, and others involved in our services.

The organisation will provide the necessary resources to meet the legal and regulatory requirements related to workplace health and safety. Sirian Star Enterprises Pty Ltd will regularly review and update our practices to foster continuous improvement, ensuring that our workplaces remain safe, healthy, and free from risks.

3.1 Statement of injury management and return to work

Sirian Star Enterprises Pty Ltd is committed to:

- establishing and reviewing the return-to-work program that is consistent with the injury management program to ensure injured workers return to work in a timely and safe manner
- managing all claims and the return to work of employees injured in the workplace
- establishing individualised injury management plans according to legislative requirements, as outlined in the policy and procedures
- consulting with employees and other stakeholders on health and safety issues
- complying with relevant work health and safety legislation and regulations and other associated legislation
- providing and maintaining equipment and appropriate personal protective equipment for the safety of our employees
- providing employees with information, training and supervision, as necessary, to enable them to work in a safe manner and without risks to health
- documenting, investigating and reviewing incidents
- displaying, documenting and distributing this Work Health Safety and Environmental Management Policy and Procedure and all other associated documentation in the workplace, including the return-to-work program
- maintaining the required insurance cover
- appointing a designated person to manage all claims for workers' compensation, occupational rehabilitation and return-to-work programs
- outlining the roles and responsibilities of all relevant parties in the return-to-work process
- regularly reviewing workers' compensation claims.

3.2 Environmental management

Management will endeavour to minimise our environmental impact in the following areas:

- reduction of waste generated
- unnecessary energy consumption.

Sirian Star Enterprises Pty Ltd will actively take part in the following:

- identifying waste streams and options for effective waste management
- reviewing purchasing behaviour, e.g. buying recycled materials; reducing waste; using less harmful/volatile chemicals

- improving storage, e.g. reducing the quantity of waste and spills, reducing odours by keeping containers closed
- conserving energy, e.g. installing eco-friendly lights, turning lights off when not needed, purchasing energy-efficient emergency equipment and using greener fuel sources
- conserving water, e.g. installing water-saving accessories, repairing leaks
- preserving waterways, e.g. marking and protecting storm-water drains
- creating an emergency plan and spill response
- improving education and awareness
- notifying relevant authorities in the event of a major environmental impact.

3.3 Incident management

Incident management is integral to the Sirian Star Enterprises Pty Ltd's planning processes. All stakeholders are encouraged to raise any concerns regarding risk, incidents or safety. Support delivery issues, and their contributing factors, are identified and utilised as Sirian Star Enterprises Pty Ltd's performance measures:

- Sirian Star Enterprises Pty Ltd management is ultimately accountable for incident management throughout our service and support provision. Participants and/or their representatives must be informed of incidents impacting them, with support provided as required.
- Our organisation reinforces our accountability by using governance structures, including policy, performance management and delegations, and defines the acceptable level of risk for the organisation.

The Senior Care Coordinator is responsible for:

- overseeing the incident management system, including monitoring, reviewing and reporting on its effectiveness
- managing, reviewing and implementing the contingency disaster plan, including establishing and maintaining all service agreements
- implementing incident management processes
- advising results and analysis of incident investigations
- evaluating and documenting actual and potential risks with a formal risk assessment
- ensuring all staff within Sirian Star Enterprises Pty Ltd have a responsibility to identify and minimise risks in service delivery.

Figure 1. Incident management process



3.3.1 Responding and reporting obligations

- Sirian Star Enterprises Pty Ltd has a responsive risk management hazard, incident and accident reporting system.
- All incidents of any nature are a matter of concern and, as such, should be recorded using incident and hazard reports.
- All notifiable incidents are reported to state WorkCover authorities, the Coroner (if required) and the NDIS Commission through the portal as per regulatory requirements.
- Details of incidents will be documented through the incident management system.

NDIS Reportable Incidents will be managed in accordance with the NDIS (Incident Management and Reportable Incidents) Rules 2018. All reportable incidents, including serious injuries, abuse, neglect, and unauthorised restrictive practices, must be reported to the NDIS Commission within required timeframes (generally within 24 hours for critical incidents).

External Reporting Options

If any staff member, participant, advocate, or family member is not satisfied with how an incident, risk, or hazard has been managed internally, or if they are concerned about participant safety, they can report concerns externally to ensure independent oversight. External reporting options include:

- NDIS Quality and Safeguards Commission - for concerns related to participant safety, dignity of risk, or reportable incidents (1800 035 544 or www.ndiscommission.gov.au).
- Safe Work Australia / State Work Health and Safety Regulator - for workplace safety concerns or unresolved WHS risks
- Other relevant regulators (e.g., Public Guardian, Human Rights Commission) if applicable to the situation.
- Sirian Star Enterprises Pty Ltd will provide support and information to any person who wishes to access external reporting.

3.3.2 Documentation

- All information is gathered regarding privacy and confidentiality, recorded comprehensively and stored securely.
- The incident report is for the use of the Senior Care Coordinator and Operations Manager only, as it will contain identifying information. The minimum information required includes a description of the event, damage, injuries, reporting requirements, parties/persons involved and recommendations. Reportable Incidents documentation will be held for seven (7) years. Where children are involved, records will be kept as per state requirements.
- When discussing the incident findings and recommendations in a meeting, care must be taken not to minute any identifying information.

3.3.3 Evaluation and feedback

- Staff involved in the incident will be advised of the findings and recommendations of the investigation.
- Information will be reported through the meeting system.
- Sirian Star Enterprises Pty Ltd may trend incidents, accidents and critical events.
- Reviews of policy, procedure and equipment may occur because of an incident or accident.

3.3.4 Support for stakeholders

- Any staff member, participant or visitor involved in or affected by an incident is offered support.

3.4 Manual handling

- Sirian Star Enterprises Pty Ltd has a Manual Handling Policy and Procedure, and all staff are instructed in this procedure at induction and as required.
- Maintenance of the participants' independence by encouraging mobility is a priority.
- The manual handling needs of participants are assessed and documented on entry to Sirian Star Enterprises Pty Ltd.
- Manual handling is a component of the education and training program.
- Staff members have instructions on the correct manual handling and lifting techniques.
- All staff members are assessed on their manual handling techniques regularly during induction.
- All manual handling injuries and incidents are reviewed, risk assessments are conducted, and strategies are implemented to control risks.
- Risk identification, assessment and control are carried out in consultation with staff.
- Incidents, accidents and hazards identified from manual handling activities are reported through the communication meeting and other associated meetings, as deemed by management as required.

- Appropriate equipment is provided so manual handling activities can be safely executed.
- According to infection control guidelines, personal manual handling equipment such as 'slide sheets'.
- The Senior Care Coordinator will ensure that the general layout of the workplace is conducive to the safe handling of participants and the safe use of equipment.

3.5 Infection Control

All infection control measures will comply with the NDIS Commission infection control guidelines, including management of communicable diseases (e.g., COVID-19, influenza).

Sirian Star Enterprises Pty Ltd will follow and inform staff of any health orders (e.g. use of PPE – gloves and masks). Staff must train in how infectious agents spread, including

- breathing in airborne germs – coughs or sneezes release airborne pathogens, which are then inhaled by others
- touching contaminated objects or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects if their hands are dirty
- skin-to-skin contact – the transfer of some pathogens can occur through touch or by sharing personal items, clothing or objects
- contact with body fluids – pathogens in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions or through the mucus membranes of the mouth and eyes (better health)

Staff must follow infection control guidelines set out in our practice guides and policies. Infection control measures will include protecting participants, particularly those with complex health needs, by ensuring that staff follow NDIS guidelines for infection prevention and take participant-specific risks into account in planning and service delivery.

3.6 Work health and safety consultation

Sirian Star Enterprises Pty Ltd will establish and maintain systems for work health and safety consultation to enable staff to contribute to the decision-making process regarding matters that affect their health, safety and welfare at work. The intended outcomes of this policy include:

- prevention of risk of injury to workers and others
- consultation with workers regarding the risk management process
- reduction of social and financial costs of work health and safety hazards
- establishment and maintenance of safe systems of work
- regulatory compliance maintenance
- prompt consultation on work health and safety matters, taking into consideration the level of risk involved in any specific issue

- training is updated according to current work health and safety regulatory requirements and made available to staff.

Work health and safety (WHS) consultations will consider participants' rights and needs, including environmental safety and infection control. Participants and their representatives will be involved in discussions on WHS risks and emergency planning.

The Board of Directors and Management Team will review serious incidents, WHS risks, and trends in incidents and hazards quarterly as part of their governance role. This ensures that the organisation's duty of care under the NDIS Practice Standards and WHS legislation is upheld, and that systemic risks are identified and addressed

3.6.1 Nature of consultation

The purpose of the work health and safety consultation with staff is to:

- share health and safety information
- provide a reasonable opportunity to:
 - express their views
 - raise work health and safety issues
 - contribute to the decision-making process
- consider the opinions of staff members
- promptly inform staff of any future outcomes.

Participants and their representatives will be included in WHS consultations where their environment, care, or safety may be impacted, to ensure participant voice is incorporated in safety planning and risk management.

3.6.2 When a consultation is required

Consultation is required when:

- identifying and assessing risks to health and safety
- deciding ways to eliminate or minimise those risks
- deciding on the adequacy of facilities for worker welfare
- proposing changes that may affect the health and safety of workers.

3.6.3 Work health and safety resolution

- Staff are to be consulted on proposed changes to the work environment, equipment, policies, protocols and procedures that may affect their health and safety.
- Information on hazards, work health and safety activities, and achievements will be disseminated to staff through staff meetings, memos, etc.
- A staff member may approach the Senior Care Coordinator to bring forward issues in the workplace.
- The Senior Care Coordinator will attempt to resolve the issue locally.
- Sirian Star Enterprises Pty Ltd will always make a reasonable effort to achieve a timely, final and effective resolution of work health and safety matters.

Work-related problems, concerns or complaints concerning work health and safety will be managed following our Human Resource Management Policy and Procedure.

Only after reasonable efforts have been made to resolve the issue can the parties seek the assistance of an appropriate workplace health and safety inspector. This right arises whether all or only one party has made reasonable efforts to resolve the work health and safety issue; a party's unwillingness to resolve the issue would not prevent an inspector from being called in.

The inspector's role is to assist in resolving the issue, which could involve the inspector providing advice or recommendations or exercising any of their compliance powers, e.g. issuing a notice.

Even if an inspector has been requested to assist in resolving a work health and safety issue, a worker's rights to cease unsafe work remain under the Work Health and Safety Act 2011 model.

When an issue is resolved, the issue's details and resolution will be written and recorded to all parties' satisfaction as soon as reasonably practicable:

- Worker/s affected by the issue will be informed of the agreement's details between the parties.
- A copy of the issues' resolution agreement may be forwarded by any of the parties involved or Sirian Star Enterprises Pty Ltd that represents the party.

3.7 Workplace incidents

Sirian Star Enterprises Pty Ltd will:

- hold current workers' compensation insurance policy that covers all workers
- notify a worker of any workplace incidents, as per legislative requirements
- make suitable duties available to injured workers
- maintain a record of wages according to regulatory requirements
- maintain a register of workplace-related injuries and illnesses
- forward any workers' compensation payments to injured workers
- avoid dismissing an injured worker because of their injury within six months of the injury or illness occurring and the injured worker's incapacity to work
- maintain a register of acceptable modified duties
- prepare an offer of modified duties in writing and provide these to the injured worker and healthcare practitioner
- educate staff about the causes of the injury and subsequent risk
- keep associated records as required. All WHS and incident-related records will be maintained for at least 7 years, and longer when required.
- ensure all staff are aware of responsibilities and rights concerning return to work through training and education

- manage disputes according to regulatory requirements.

3.7.1 Notification of injuries

- The Senior Care Coordinator and Operations Manager will be notified of all injuries as soon as possible.
- All injuries are to be recorded.
- The workers' compensation agent will notify of any injuries within 48 hours.
- Workers will be notified immediately of any serious incidents involving a fatality or a serious injury or illness.

3.7.2 Recovery

- The Senior Care Coordinator and Operations Manager will ensure that the injured worker receives appropriate first aid and medical treatment as soon as possible.
- The injured worker must nominate a treating doctor responsible for the medical management of the injury and plan a return to work.

3.7.3 Return to work

The Operations Manager will:

- arrange a suitable person to explain the return to work process and the injury management plan to the injured worker
- ensure the injured worker's right to the confidentiality of medical information
- ensure no information will be used to discriminate against the injured worker
- provide mechanisms to communicate across cultures, including ethnicity, gender and age
- ensure all return-to-work plans are completed within the legal time frames
- prepare the return to work plans based on the advice of the staff member's own treating health practitioner/doctor and the workplace rehabilitation provider
- follow the relevant legislation and the agreed consultation procedures
- create availability of suitable work where possible when a staff member's injury does not allow a return to immediate pre-injury duties (these suitable duties shall be made available temporarily)
- maintain contact and communication with an injured staff member during the period of incapacity and absence from work
- ensure the confidentiality of the injured staff member's information and records.

Before returning to work, staff may be required to undergo re-assessment of their NDIS Worker Screening clearance if the incident or injury could impact their ability to safely support participants.

3.8 Work health and safety management program

The work health and safety management program consists of a set of activities, policies and procedures that are updated, as required, which relate to all aspects of work health and safety, including:

- work health and safety training and education
- work design, workplace design and standard/safe work procedures
- emergency procedures
- provision of work health and safety equipment, services and facilities
- workplace inspections and evaluations
- reporting, recording and reviewing incidents, accidents, injuries and illnesses
- hazard identification activities
- equipment assessment procedures and practices
- participant risk assessment procedures and practices
- staff risk assessment procedures and practices
- provide information on work health and safety to staff, participants and their families
- implement safe manual handling procedures and safe work procedures.

All WHS management programs will be consistent with NDIS Practice Standards (Provider Governance and Operational Management) and will incorporate participant-specific risk management.

3.9 Education/training

Every staff member will receive emergency training at least annually. Education/training will always be conducted by appropriately authorised and skilled personnel. Within seven days of commencing employment, each new employee will be provided instructions regarding the following:

- Identify and minimise hazards in/around a participant's home and workplace
- procedures to be followed in an emergency.

Mandatory annual training includes WHS, infection control, incident management, participant safeguarding, and NDIS Code of Conduct.

3.10 Hazard identification and risk management

Management actively encourages reporting hazards and promotes a positive and timely response; staff and contractors are informed of hazard identification mechanisms. On identification and reporting of a hazard, staff members and subcontractors will:

- take immediate action to minimise the hazard(s), where possible
- report immediately to the person in charge when the action is beyond role limitations, and the hazard poses a high risk
- record the hazard according to the organisation's hazard reporting requirements.

Hazard identification and risk management will also address participant-specific risks, including risks arising from environmental factors, infection control breaches, and worker conduct. All hazards impacting participants will be managed under both WHS legislation and NDIS safeguarding requirements.

Identified hazards are reported and reviewed using Sirian Star Enterprises Pty Ltd's continuous improvement and risk management processes (see the Risk Management Policy and Procedure and the Continuous Improvement Policy and Procedure).

3.11 Risk management

Sirian Star Enterprises Pty Ltd considers risk management fundamental to good management practice. Effective risk management will contribute to the achievement of Sirian Star Enterprises Pty Ltd's strategic and operational objectives and goals. Risk management must be an integral part of Sirian Star Enterprises Pty Ltd's decision-making and must be incorporated within the strategic and operational planning processes, at all levels, across Sirian Star Enterprises Pty Ltd.

Sirian Star Enterprises Pty Ltd will maintain strategic and operational risk management plans. Management is committed to ensuring all staff are provided with adequate guidance and training on risk management principles and their responsibilities to implement risk management effectively.

Sirian Star Enterprises Pty Ltd will regularly review and monitor the implementation and effectiveness of the risk management process, including developing an appropriate risk management culture across our organisation.

4.0 Definitions

Term	Definition
Bullying	Bullying is “unreasonable and inappropriate workplace behaviour that may intimidate, offend, degrade, insult or humiliate an employee (or another person), in front of others, including physical or psychological behaviours.”
Clinical risk management	Clinical risk management is an approach to improving the quality of care that emphasises identifying circumstances that put participants at risk of harm and then acting to prevent, control or accept those risks. The aim is to improve the quality of care for participants and reduce risks for care providers.

Term	Definition
Dangerous goods	Those substances that give rise to an immediate physical effect, such as fire, explosion, and vapour release, are defined under Work Health Safety legislation.
Dangerous incident	<p>A dangerous incident means an incident in a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from immediate or imminent exposure to:</p> <ul style="list-style-type: none"> (a) an uncontrolled escape, spillage or leakage of a substance (b) an uncontrolled implosion, explosion or fire (c) an uncontrolled escape of gas or steam (d) an uncontrolled escape of a pressurised substance (e) electric shock (f) the fall or release from a height of any plant, substance or thing (g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use following the regulations (h) the collapse or partial collapse of a structure (i) the collapse or failure of an excavation or of any shoring supporting an excavation (j) the inrush of water, mud or gas in workings in an underground excavation or tunnel (k) the interruption of the main system of ventilation in an underground excavation or tunnel (l) any other event prescribed by the regulations but does not include an incident of a prescribed kind.
Due diligence	<p>Where a PCBU (person conducting a business or undertaking) has a health and safety duty, an officer of the PCBU is required to exercise 'due diligence to ensure the PCBU meets that duty.</p> <p>Due diligence means taking a reasonable step to:</p> <ul style="list-style-type: none"> • gain and update knowledge of WHS matters • understand the nature of the business, undertaking's operations and the general hazards and risks involved

Term	Definition
	<ul style="list-style-type: none"> ● ensure the PCBU has appropriate resources for eliminating/minimising risks and that these resources are used ● ensure the PCBU has processes for receiving, reviewing and responding to information about incidents, hazards and risks ● ensure the PCBU implements processes for complying with their duties, such as: <ul style="list-style-type: none"> ○ consultation ○ provision of training and instruction ○ reporting of notifiable incidents.
Environment	Components of the earth, including: <ul style="list-style-type: none"> ● land, air and water ● any layer of the atmosphere ● any organic or inorganic matter and any living organism ● human-made or modified structures and areas and includes interacting natural ecosystems.
Hazard	Hazards are something with the potential to cause injury, illness or disease.
Hazardous substances	Those substances can cause detrimental health effects, such as damage to the respiratory tract, skin, and eyes (including carcinogens) and are defined as such under WHS legislation.
Health and Safety Representative (HSR)	Members of a workgroup elect the HSR person within the PCBU or across several businesses (e.g. multiple workplaces) to represent that workgroup during consultation on work health and safety issues.
Health and Safety Committee (HSC)	A PCBU must establish an HSC requested by the HSR or a minimum of 5 or more workers at the workplace or the PCBUs own initiative. The HSR can be a member of the HSC if they consent.
Incident	Incidents can be either an event or a near miss, including care complications, accidents, and side effects. A common feature is that incidents are potentially harmful.
Notifiable incident	A notifiable incident is defined as: <ul style="list-style-type: none"> ● death of a person ● serious injury or illness of a person ● dangerous incident

Term	Definition
	<ul style="list-style-type: none"> ● abuse or neglect of a person ● unlawful sexual or physical contact or assault of a person ● sexual misconduct committed against, or in the presence of, a person. ● unauthorised use of a restrictive practice concerning a person.
Person conducting a business or undertaking (PCBU)	A person or entity that conducts the business or undertaking alone or with others, whether or not the business or undertaking is conducted for profit or gain.
Officer of the PCBU	A person who makes or participates in decisions that affect the business or undertaking's whole or a substantial part.
Personal protective equipment (PPE)	Personal protective equipment (PPE) is defined as safety clothing or equipment for specified circumstances or areas where the nature of the work involved or the conditions under which people work requires wearing or using for personal protection to minimise risk.
Reasonably practicable	Taking all steps, a duty holder reasonably considered the cost of eliminating or minimising the risk and whether this cost far exceeds the level of risk reduction.
Risk	The chance of something happening that will impact the services Sirian Star Enterprises Pty Ltd provides is measured in terms of likelihood and consequences.
Risk analysis (Incident)	Analysing the seriousness of the event's consequences and its likelihood or frequency of occurring again provides a Category Code (CAT), generating a numerical rating that guides appropriate action.
Risk identification	Data sources that assist identification of risk include Coroners' reports, clinical indicators, variance analysis, incident reporting, complaints and other feedback.
Risk register	All levels of Sirian Star Enterprises Pty Ltd are responsible for continually monitoring the strategic risk profile. A risk register identifies major risks for Sirian Star Enterprises Pty Ltd, indicating if existing controls or management systems are in place to manage that risk.

Term	Definition
Risk treatment	Risk can be avoided, controlled, retained or eliminated. Two major approaches to control risk are reducing risk before it arises (in essence, proactive system design, e.g. Work Health Safety Risk Management Site for Safe Work Method Statement, equipment maintenance) or reducing the risk after the problem arises (countermeasures or barriers such as increased training).
Safety Data Sheet (SDS)	Information containing data regarding the properties and effects must be provided by the manufacturer, supplier or importer of the hazardous substance/dangerous goods. SDS must be current – within five years of the issue date and meet specific legislated format requirements.
Serious injury or illness	<p>Serious injury or illness of a person means an injury or illness requiring the person to have:</p> <p>(a) immediate treatment as an in-patient in a hospital</p> <p>(b) immediate treatment for:</p> <ul style="list-style-type: none"> (i) the amputation of any part of his or her body (ii) a serious head injury (iii) a serious eye injury (iv) a serious burn (v) the separation of his or her skin from an underlying tissue (vi) a spinal injury (vii) the loss of a bodily function (viii) serious lacerations <p>(c) medical treatment within 48-hours of exposure to a substance and any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.</p>
Worker	Anyone who is carrying out work, in any capacity, for a PCBU, including direct employees, contractors and subcontractors and their employees, labour-hire employees engaged in working in the business or undertaking, outworkers, apprentices, trainees and students on work experience and volunteers.
Work group	A workgroup is the people represented by the HSR, such as a specific department, shift (e.g. day/night shift), location or type of worker. Workgroups are determined by negotiation between the PCBU and workers (and their representatives if required).

Term	Definition
Work health and safety	The main objective of the model Work Health and Safety Act is to 'provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces.
Workplace	A workplace is where work is carried out for a business or undertaking, including where a worker goes or is likely to be while at work.

5.0 Related documents

- Complaints and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Compliments and Feedback Register
- Contingency Emergency and Disaster Plan
- Emergency Plan – Waste Disposal
- Emergency Plan
- Hazard Report Form
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Report
- Incident Register
- Personal Emergency Preparation Plan
- Return to work program documents
- Staff Training Record
- Staff Training Plan
- Risk Management Policy and Procedure

6.0 References

- NDIS (Quality and Safeguards Commission) 2018
- Safe Work Australia National Code of Practice
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Code of Conduct
- NDIS Worker Screening Rules 2018
- NDIS COVID-19 Provider Guidelines

Complaints and Feedback Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that all complaints and feedback received by Sirian Star Enterprises Pty Ltd are welcomed, addressed respectfully, and used to drive continuous improvement in the quality of our services. We are committed to creating a process where participants and stakeholders can express concerns, make complaints, or provide feedback in an environment that is safe, transparent, and free from retaliation or discrimination.

This policy promotes a culture of open communication and procedural fairness, aiming to resolve issues in a timely and positive manner. It ensures that all complaints are handled promptly, empowers individuals to voice their concerns, and fosters confidence in our services and processes. Through the use of feedback, we seek to identify opportunities for service enhancement and build stronger trust with those we support.

2.0 Scope

The policy applies to all staff involved in receiving, handling, and resolving complaints and feedback at Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to creating a positive complaints culture that values the voices of participants and stakeholders. All complaints, whether verbal, written, or anonymous, are taken seriously and viewed as opportunities to improve services.

Complaints that involve allegations of abuse, neglect, violence, exploitation, or discrimination will be treated as safeguarding matters and managed in accordance with the NDIS (Incident Management and Reportable Incidents) Rules 2018. These matters will be escalated immediately, with appropriate safeguarding actions taken.

Participants have the right to complain without needing to label their concerns as a formal complaint. Every concern—no matter how small—will be acknowledged and handled with care. Complaints may be submitted via a Complaint and Feedback Form, including in Easy Read format where required.

The complaint process will ensure:

- Participants are informed of their right to complain upon entry to services
- Complaints are managed confidentially and without bias

- Staff support the individual throughout the process
- Participants are involved in decisions about the resolution of their complaint
- Meetings are held in accessible venues for individuals with mobility or support needs

All staff involved in complaints handling must hold a valid NDIS Worker Screening clearance and be trained in complaint resolution and safeguarding principles.

Where a complaint is raised, the Complaints Manager will:

- Keep the complainant informed of actions taken and decisions made
- Explain the reasons behind decisions
- Offer options for review where appropriate
- Involve the complainant or their advocate in the resolution process
- Record all actions and outcomes accurately

Procedural fairness and natural justice will be applied in all decision-making. This includes:

- Informing individuals if their rights or interests may be affected
- Providing notice of any matters being considered
- Offering an opportunity to respond
- Making decisions based on clear, unbiased reasoning

Anonymous complaints are accepted and treated with equal importance. While it may limit feedback to the complainant, we will always act on the content of the concern.

Sirian Star Enterprises Pty Ltd will:

- Promote and support access to the NDIS Commission complaints process
- Ensure information about complaints is available in accessible formats
- Protect individuals from any form of reprisal or discrimination
- Provide support to those needing assistance to make a complaint
- Train all staff on their obligations under this policy
- Include complaint handling in participant welcome materials
- Ensure that feedback and complaints contribute to service improvements

Complaints and feedback will be reviewed as part of our continuous improvement cycle and formally audited on an annual basis. The insights gained from this process will inform service planning, delivery, and review, ensuring that participant voices continue to shape quality outcomes.

4.0 Definitions

Term	Definition
Complaint	Expressing dissatisfaction with a NDIS support or service, including previous complaint handling, for which a response or resolution is explicitly or implicitly expected.
Resolution	The official decision to solve or end a problem or contentious matter. A resolution includes finding a way to improve a difficult situation.

Role	Role requirements
Operations Manager	<p>The role of the Operations Manager is to:</p> <ul style="list-style-type: none"> ● manage the complaint process ● manage reviews and make recommendations for continuous improvement using the information gained from the issue of the complaint ● stand independently from the management to allow participants and staff members to be able to make a complaint about the management of the organisation ● provide feedback and advice as required ● review the complainant's needs to ensure that their mode of communication is managed (e.g. Easy Read, large print, translated documents, etc.) ● collaborate with the complainant and their advocate ● keep all parties informed during all stages of the complaint management process ● seek a resolution that benefits all parties, if feasible ● handle all appeals related to the outcome of the complaint ● complete all necessary reports and documents, including providing information to complainants and management ● record all information in the Complaints, Compliments and Feedback Register

Role	Role requirements
	<ul style="list-style-type: none"> review the Complaints, Compliments and Feedback Register at monthly management meetings.

5.0 Procedure

5.1 Complaint process

Complaints and suggestions can be made by:

- using the Complaints and Feedback Form or the Anonymous Complaints and Feedback Form
- contacting a member of staff, verbally or in writing, our staff must offer to document the complaint on behalf of the participant if required and refer the matter to the Operations Manager
- contacting the Operations Manager, verbally or in writing
- responding to questionnaires and surveys
- downloading the Complaints and Feedback Form or the Anonymous Complaints and Feedback Form from the website
- the participant's representative making a complaint on their behalf
- sending an email to our contact email
- accepting TTY written messages using the [National Relay Service](#)
- attending meetings/care conferences
- contacting external complaint agencies, e.g. NDIS Quality and Safeguards Commission
- communicating orally, in writing, or by any other relevant means.

Contacts for making a complaint are listed below:

Operations Manager	Renaë Gunn
Email address	Renaë@sirianstar.com.au
Phone Number	0403 283 872
Postal Address	633 Blamey Road, Yarroweyah VIC 3644

Complaints may be made by:

- staff
- participants
- public
- advocates
- family members

- carers
- anonymous person/s.

Results are recorded in the Complaints, Compliments and Feedback Register, allowing input into our continuous improvement processes. The Continuous Improvement Register will record improvements established after finalising the complaint management process.

If a complaint is about:

- **Support or services:** The Complaints Manager will deal with the complaint.
- **Staff member/s:** The Complaints Manager will deal with the complaint
- **CEO/Manager:** An external person or body may be approached, e.g. NDIS Quality and Safeguards Commission.

All staff, participants, family and advocates, visiting health professionals, and visitors are informed of our complaints process via:

- participant welcome information
- initial access to supports
- staff orientation, induction and training
- Meetings, reviews and assessments
- participant agreements
- contractor agreements.

Staff members who raise complaints in good faith, or assist in resolving complaints, will be protected from retaliation or adverse treatment.

5.2 Complaint management process

The investigation must adhere to impartiality, privacy, confidentiality, transparency and timeliness. Complaints will not be discussed with anyone who does not have responsibility for resolving the issue. Sirian Star Enterprises Pty Ltd must consider any cultural and linguistic needs of a participant and provide the relevant support mechanism, such as an interpreter or similar.

Complainants are provided with access to our Complaints and Feedback form. These may be accessed via staff or management. The Complaints Manager will review the individual's needs and assist them using the best means to suit them. The variance between individuals requires a personal approach but may include the following:

- offering an advocate
- providing text telephone (TTY) service to people with a hearing impairment
- ensuring the meeting site is wheelchair accessible

- offering independent assistance to read and write to formulate and lodge a complaint
- seek information from the complainant to determine any special requirements (e.g. access or communication).

The resolution outcomes from a complaint will recognise that people who make a complaint are generally seeking one, or more, of the following outcomes:

- Acknowledgement:
 - genuinely listening without interruption
 - empathising
 - ensuring the complainant feels comfortable (e.g. being aware that staff may be defensive and consider how this is perceived)
 - acknowledgement of the effect of the situation on the individual
 - resolving to a good outcome
 - notifying regularly and promptly on steps undertaken.
- Answers:
 - clear explanations relevant to the issue are provided ONLY once all the facts are known.
- Actions (Action Plan):
 - what will be done?
 - who will do it?
 - action plan completion date
 - how progress will be communicated to all parties involved
 - oversight of actions.
- Apology:
 - consider the form of the apology and the managerial level of response
 - consider timeliness, sincerity
 - be specific and direct
 - accept responsibility if appropriate and provide information on the cause and impacts
 - explain without excuses
 - provide a summary of agreed key actions to move forward and resolve the issue.

Complaints that involve allegations of abuse, neglect, violence, or exploitation will be immediately escalated to incident management processes as required under the NDIS (Incident Management and Reportable Incidents) Rules 2018 and reported to the NDIS Commission as appropriate.

5.2.1 Non-investigation complaint process

All complaints, where possible, will be managed directly and quickly at the point of service unless the complaint requires investigation (see the procedure outlined below). The non-investigation complaint process is as follows:

1. Issue reviewed by the Complaints Manager.
2. The complainant will be consulted and discussed to determine the actions required to resolve the issue. During this process, Sirian Star Enterprises Pty Ltd will offer the complainant support from an independent advocate to reduce stress and anxiety.
3. All available options will be discussed with the complainant and their advocate.
4. Where possible, a collaborative decision is finalised (i.e. acknowledgement, answer, action or apology).
5. The complainant is informed of the decision and the reasons for the outcome.
6. The complainant can review the decision if they are unhappy with the resolution, implementing the complaint investigation process.
7. If a complainant seeks a review, a review of the decisions may be resolved quickly by the Complaints Manager completing the above points (2 to 5) again.

5.2.2 Complaint Investigation Process

Step 1. Acknowledge

1. Acknowledge all complaints quickly, within one working day, where possible.

Step 2. Review of the complaint

1. Before any consultative meeting, inform the complainant that their advocate or support person can be present throughout the process.
2. Offer to locate an independent advocate for the participant, if required.
3. Involve the complainant and their advocate using a consultative process to ensure their voice, views and preferred outcomes are heard and discussed.
4. Determine the type of outcome that the complainant seeks (i.e. acknowledgement, answers, actions or apology). Information will be used to ensure that the complainant's feedback and requirements are at the core of the complaint investigation and management process.
5. Inform the complainant of the following:
 - their right to an advocate and interpreter
 - the stages of the complaint management and decision-making process
 - mechanisms implemented to protect the complainant's privacy
 - their right to complain to the NDIS Quality and Safeguards Commission at anytime

- actual progress and outcomes of the investigation.
6. Determine the type of complaint (i.e. service, support or process).
 7. Notify the complainant and their advocate at each investigation stage and seek feedback.
 8. If a consultative meeting is required, it will be held in a safe environment determined by the complainant and at a time relevant to the participant. The complainant is a recipient of disability services under the NDIS; the participant's record will be checked for a preferred contact for complaints. The participant will also be asked if they would like to nominate a staff member from Sirian Star Enterprises Pty Ltd who handles complaints.

Step 3. Assessing the complaint

1. When assessing a complaint, the Complaints Manager must prioritise the complaint and determine a resolution pathway (where required).
2. After the pathway is established, the complaint will be investigated.
3. Feedback from the complainant or their advocate must be used as part of this process (e.g. consultation meeting data).

Step 4. Investigation and decision making

1. When the complaint is lodged, the Complaints Manager should determine if it is practicable to find an immediate resolution (see 5.2.1 Non-investigation complaints process).
2. During the investigation and decision-making process, the Complaints Manager will:
 - keep the complainant informed about each stage of the investigation process
 - consult with the complainant to gather information about the underlying issue/s
 - analyse antecedents and underlying issues when determining a decision
 - review and approve all written reports and documents before them being sent out to all parties
 - respond to the complainant with a clear decision and any next actions (if any)
 - inform the complainant that they have the right to reject the outcome
 - inform the complainant of their right to make a complaint directly to the NDIS Commission by:
 - i) phoning 1800 035 544 (free call from landlines) or TTY 133 677 (interpreters can be arranged).
 - using a National Relay Service and asking for 1800 035 544.
 - completing an online complaint contact form.

Step 5. After the decision

1. After investigation and a satisfactory response have been documented, the Complaints Manager will:
 - inform the complainant and their advocate of the decision, including the reason for the decision, and they will provide options for how the complainant can review the decision
 - ensure that the complaint investigation is satisfactorily completed
 - determine if the complainant is satisfied with the outcome
 - follow-up and consult with the complainant/s about any concerns
 - close out the complaint.

Complaints will be acknowledged within one (1) business day and resolved within 21 days wherever possible. If additional time is required due to the complexity of the complaint, the complainant will be informed of progress and revised timeframes regularly.

5.3 Review and improvement

Sirian Star Enterprises Pty Ltd takes a systematic approach to incorporate a review of all issues raised by a complaint to identify and address any possible systemic issues and determine any continuous improvement actions identified during the complaints process.

The review and improvement process includes the following:

- ascertaining preventative actions and continuous improvement
- considering if any systemic issues require addressing
- recording the information regarding the complaint in the Complaints, Compliments and Feedback Register
- recording the details of the improvement stemming from a complaint in the Continuous Improvement Register (if required)
- training staff in any new systems or actions
- adjusting policies and procedures
- monitoring the complaint resolution according to the Internal Audit Schedule – Module 3
- providing feedback to the complainant personally to inform them of the outcomes and influences of their issue raised within our organisation.

Complaints and feedback outcomes will be reviewed in the context of Sirian Star Enterprises Pty Ltd's risk management processes to identify and mitigate any organisational risks, in alignment with the Risk Management Policy and Procedure.

5.4 Documentation

All employees are provided training regarding the complaints process during orientation and given the Staff Handbook, which includes information on the complaints process (see 5.6 Staff Training).

The complaints process is available for participants, families, carers and advocates via the information provided in our Participant Handbook and through the provision of Easy Read documents (as required).

Documentation of the complaint process is as follows:

- All complaints will be recorded in the Complaints, Compliments and Feedback Register, and information in the register will include the following:
 - complaint details
 - identified issues
 - actions are undertaken to resolve the complaint
 - the outcome of the complaint.
- All documents, including the Complaint and Feedback Forms, are uploaded into the computer system.
- Copies of any information provided to the complainant are stored in their relevant file.
- All documents are confidential, and access is only permitted to employees relevant to the complaint. The Complaints Manager determines who is relevant.
- A copy of all complaint documents will be retained in the file for seven years from the record date. If the documents relate to a participant under 18 years, the documents will be retained until the participant turns 25.
- Statistical and other information will be collected to:
 - review issues raised
 - identify and address systemic issues
 - report information to the Commissioner if the NDIS Quality and Safeguards Commission requests.
- A policy review will occur if there are legislative changes or when determined by a regular or annual internal audit review.

All complaint documentation will be maintained in accordance with the Privacy Act 1988 (Commonwealth), Australian Privacy Principles (APPs), and NDIS Practice Standards to protect participant privacy and confidentiality.

5.5 Unresolved complaints

Unresolved complaints will be referred to the Complaints Manager for investigation and resolution. Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the complainant (with the complainant's permission).

If a complainant remains dissatisfied with the outcome, an independent review will be offered, involving a senior leader not previously involved in the complaint or an external mediator, where appropriate.

When complaints cannot be resolved internally, the complainant may be referred to the following:

NDIS Quality and Safeguards Commission

Phone: 1800 035 544 (free call from landlines) or TTY 133 677

National Relay Service and ask for 1800 035 544.

Interpreters can be arranged.

An NDIS Complaint Contact Form can be completed online at business.gov.au

5.6 Staff orientation and training

The staff orientation process includes training all employees on the complaints and feedback, including the NDIS Commission requirements. Our in-house training includes:

- NDIS reporting requirements and contacts details
- providing information regarding Sirian Star Enterprises Pty Ltd's complaint and feedback process and procedures (e.g. forms to complete and how to assist participants wishing to make a complaint)
- identifying our Complaints Manager
- encouraging employees to have a positive attitude towards complainants and a commitment to resolving all complaints
- creating an understanding of how feedback and complaints inform and guide our continuous improvement cycle
- understanding timeframes for reporting and resolving complaints.

Additional training will occur when practices and policies are changed due to a complaint or if staff are still unsure how to handle a complaint upon commencing work at Sirian Star Enterprises Pty Ltd.

6.0 Related documents

- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Process Checklist
- Complaints, Compliments and Feedback Register
- Reportable Incident, Accident and Emergency Policy and Procedure
- Participant Handbook
- Staff Handbook
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Risk Management Policy and Procedure
- Service Agreement

7.0 References

- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Act 2013 (Commonwealth)
- NDIS (Procedural Fairness) Guidelines 2018
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Commonwealth)
- NDIS Code of Conduct (2018)

Risk Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that Sirian Star Enterprises Pty Ltd adopts a proactive, consistent, and effective approach to identifying and managing risks across all areas of its operations, including both participant-specific and organisational risks. Effective risk management is essential for creating a safe, supportive environment for participants, staff, visitors, and stakeholders, while promoting informed decision-making, quality service delivery, and organisational integrity.

This policy also aims to:

- Foster a culture where risk awareness and prevention are integrated into everyday practices
- Incorporate risk management principles into planning, governance, and service delivery
- Support continuous improvement and organisational learning
- Encourage staff to view risk management as a positive, proactive process rather than a reactive measure

2.0 Scope

The policy applies to all staff involved in identifying, managing, and mitigating risks within Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to maintaining a structured, transparent, and consistent approach to risk management that ensures participant safety, promotes service quality, and supports responsible governance. Our risk management practices align with the NDIS Practice Standards, including:

- Provider Governance and Operational Management
- Risk Management
- Provision of Supports

Risks will be addressed proactively and systematically, with a particular focus on safeguarding participants from harm, including risks related to abuse, neglect, exploitation, and unsafe service environments. Risk management will always balance duty of care with the dignity of risk, empowering participants to be involved in decisions about their own safety and wellbeing.

Sirian Star Enterprises Pty Ltd will manage risks associated with:

- Inadequate governance structures or unclear roles
- Insufficient policies, systems, or management plans
- Unsafe equipment, facilities, or physical environments
- Gaps in child safeguarding or participant consent processes
- Failure to respond to participant input or feedback
- Financial mismanagement or lack of sustainability
- Lack of appropriate insurance coverage
- Infrequent or ineffective monitoring and evaluation

To address these and other risks, Sirian Star Enterprises Pty Ltd will:

- Maintain current and appropriate risk registers and mitigation plans
- Regularly assess and review organisational risks and controls
- Promote awareness and accountability through staff training
- Investigate incidents and near misses to inform continuous improvement
- Ensure staff involved in service delivery hold a valid NDIS Worker Screening clearance as a key safeguarding measure

All staff, regardless of role, share responsibility for managing risks and upholding safe, ethical, and effective practice across the organisation.

4.0 Definition

Term	Definition
Risk	<p>The possibility of something occurring that will impact the service's objectives. Often risks involve constraints, failures, obstacles and losses that may arise in the future.</p> <p>Risk is measured in terms of consequences and if the risk will have a positive or negative impact.</p>

5.0 Procedure

5.1 Identification

Figure 1. Risk identification process



Our organisation implements processes to manage risk, such as:

- analysing hazard data
- conducting risk assessments, including participant, environmental and equipment assessments
- review of health orders and current practice requirements
- reviewing incident/accident information
- seeking staff, participant, family and visitor feedback/complaints
- maintenance of log items
- ongoing review of all policies and procedures
- seeking input from staff during staff meetings
- seeking input from participants
- incorporating appropriate strategies identified during planning days, e.g. strategic and operational planning sessions
- incorporating new information obtained via education and training into the business
- conducting risk reviews against standards – NDIS, Child Safe
- conducting financial audits
- conducting internal and external audits.

Risk assessments will be conducted in partnership with participants, families, and advocates, respecting their right to choice, dignity of risk, and self-determination. Identified risks will be documented in the support plan and reviewed regularly, especially when circumstances or service needs change.

Participants, families, and advocates will actively contribute to identifying service-related risks. Feedback from advocacy groups, complaints agencies, and the NDIS Commission will also inform risk management.

5.2 Planning

Sirian Star Enterprises Pty Ltd has established and maintained a Risk Management Plan Register. The plan identifies and addresses the following:

- **Risks to Sirian Star Enterprises Pty Ltd** - Including loss of funding, inability to deliver funded outcomes within budget, embezzlement of funds, lack of suitably qualified staff, extended staff illness, damage to reputation and relationships, changes in compliance requirements and eligibility, decisions by the Operations Manager and loss of data due to natural disasters.
- **Risks to staff** - Including lack of suitably qualified staff, extended staff illness, staff member injury due to WHS risks, changes in training and education compliance requirements, and impacts of natural disasters and infection.
- **Risks to participants** - Including environmental, natural disasters, falls, transport, burns, choking, complex health needs, staff working in a participant's home, changes in the performance of activities, interruptions to service delivery and exit plans (transitioning services to another service provider).

The Risk Management Plan Register includes the following:

- details of the risk
- the date the risk was identified
- risk rating and the possible consequence/s of the risk
- actions required to eliminate, mitigate or control the risk
- review dates, new controls and changes to existing controls.

The Operations Manager reviews the Risk Management Plan Register every two (2) months, or more frequently as required, in response to information received via work health and safety reviews, audits and continuous improvement systems.

Figure 2: Risk management process



5.3 Managing risks

Risks related to participant safety, abuse, neglect, or other incidents will be addressed following the NDIS (Incident Management and Reportable Incidents) Rules 2018, ensuring incidents are reported and managed in line with NDIS regulatory timeframes and requirements.

5.3.1 Controls

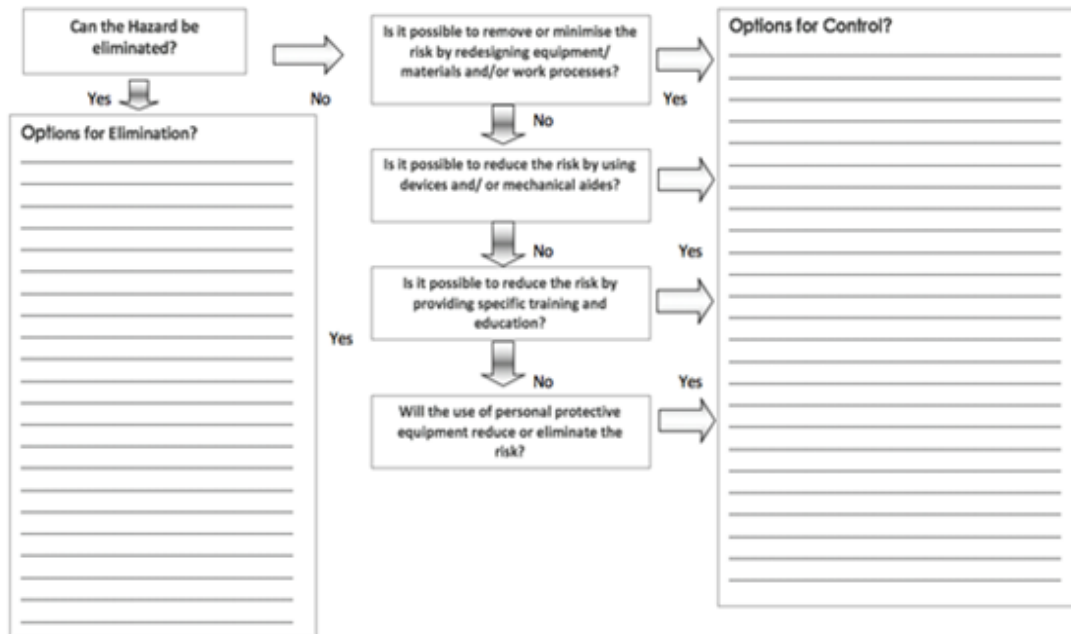
Controls are strategies used to manage risk. Identified risks are balanced against the cost and inconvenience of the control to the organisation before implementation. Controls used by Sirian Star Enterprises Pty Ltd to manage risks include:

- implementation of a Strategic Plan
- implementation of a Risk Management Plan
- implementation of Contingency Emergency and Disaster Plans for participants
- implementation and review of participant risk assessment within support plans
- thorough staff orientation, education and training
- implementation of new processes identified during a risk assessment
- effective internal and external information systems, including meetings and memos
- strict adherence to policies, procedures and work instructions by all staff
- the utilisation of position descriptions
- staff supervision and reviews
- establishing participant support plans that identify risks and record strategies
- participant reviews of support and environment
- ongoing capital maintenance and setting appropriate equipment budgets and plans
- maintaining all current registrations and insurance.

Risk matrix

CONSEQUENCE					
LIKELIHOOD	Insignificant (1) Participant – potential injury Staff – lost time or illness of < 5 days Visitors – no treatment or refused treatment Services – minimal disruption Financial – loss of <5K Environmental – fire alarm from faulty equipment	Minor (2) Participant – first aid attention by RN Staff – lost time or illness of 5-10 days Visitors – first aid attention by RN Services – disruption to some users Financial – loss of < \$10K &> 5K Environmental – small fire from faulty equipment	Moderate(3) Participant – medical attention by GP required Staff – lost time for > 11 days or restricted duties Visitors – medical intervention by GP Services – disruption to all users Financial – loss of > \$10K but < \$50K Environmental – fire contained in a room	Major (4) Participant – permanent loss of function or disfigurement; absconding resident; sexual assault Staff – permanent loss of function or disfigurement; sexual assault Visitor – as for staff Service – major loss of service Financial – financial loss of > \$50K &< \$100K Environmental – fire that grows larger than one room	Extreme (5) Participant – death or hospitalisation Staff – death or hospitalisation Visitors – death or hospitalisation Services – complete loss of service Financial – financial loss > \$100K Environmental – fire requiring evacuation (5)
Rare (1) – Unlikely to reoccur – may occur in exceptional circumstances	Low (1)	Low (1)	Low (1)	Low (1)	Low (1)
Unlikely (2) – possibly could reoccur at some time in 2 – 5 years	Low (1)	Low (1)	Low (1)	Medium (2)	Medium (2)
Possible (3) – possibly will reoccur, might occur at some time (may happen every 1 – 2 years)	Low (1)	Low (1)	Medium (2)	Medium (2)	Medium (2)
Likely (4) – will probably occur in most circumstances (several times a year)	Low (1)	Medium (2)	Medium (2)	High (3)	High (3)
Highly Likely (5) – is expected to occur again either immediately or within a short period of time (Likely to occur most weeks or months)	Low (1)	Medium (2)	Medium (2)	High (3)	Extreme (4)

Risk Control Process is used to remove or minimise associated risks.



5.3.2 Improvement Committee

Members of the improvement committee are representatives of our workforce. The committee functions to identify risks by reviewing information (see '5.0 Procedure' and '5.1 Identification'). The committee meets every quarter.

Separate from the committee review, all risks will be reviewed independently by Sirian Star Enterprises Pty Ltd's **{Manager Position}**.

Where risks are ongoing, they will be included in the Risk Management Plan Register and Continuous Improvement Plan Register. It is the **{Manager Position}**'s role to ensure all actions required to manage identified risks are undertaken within the nominated time frames.

5.3.3 Hazard identification

Where a hazard or potential hazard is identified,

1. staff must complete in detail a Hazard Report Form
2. provide the Hazard Report Form on the same working day to the **{Manager Position}**
3. **{Manager Position}** reviews, analyses, identifies the risk level and creates a plan of action to deal with the hazard.

When consequences of hazards are assessed as high or extreme:

1. a staff member must contact Sirian Star Enterprises Pty Ltd
2. inform the Senior Care Coordinator immediately or as soon as it is safe to do so
3. the Senior Care Coordinator takes steps to address extreme or high hazards **immediately**.

The documentation of the hazard includes:

1. The staff member completing Step 1 Report the Hazard and Step 2 Assess the Risk Note: the staff member does not have to complete Step 2 if they do not feel they can.
2. Senior Care Coordinator and Operations Manager review and analyse Hazard Report Form
3. Complete the Control the Hazard section in detail
4. Add information to the Continuous Improvement Plan Register, as required

Participants and their representatives will be included in hazard identification and management where the risks relate to their services or wellbeing. All Hazard Report Forms are provided to the Sirian Star Enterprises Pty Ltd Improvement Committee for review.

5.3.4 Monitoring

Risk management processes and systems are audited regularly as part of the audit program. Management must review registers and plans – risk, incident, complaints and feedback, and continuous improvement. Data gained from monitoring registers and plans will lead to knowledge of risks in the organisation and formulation of plans to reduce or eliminate risks for all parties – staff, participants and the organisation.

5.3.5 Reporting

Sirian Star Enterprises Pty Ltd will use the data from the risk management process to inform decisions and plans to improve practices continuously. The analysis will assist in changes in services, policies and procedures. The analysis will include, but is not limited to:

- complaints and feedback
- financial risk
- staffing issues
- participant satisfaction
- risks to participants and staff
- amendments to legal or compliance requirements
- training and education.

Sirian Star Enterprises Pty Ltd will review our risks management systems through:

- seeking feedback from participants, families, networks and staff
- risk assessment of participants at intake and at least annually.
- annual practice and strategy review of each participant
- Management meetings where the following topics are discussed, analysed and acted upon:
 - incident management register
 - Complaints, Compliments and Feedback Register – review feedback, resolutions and outcomes
 - operational and governance management
 - human resource management
 - information systems – participant, staff, networks, technology and distribution of information
 - work health and safety – safe practices
 - emergency and disaster management – using input from participant's plans, and situational changes (including prevention and control of infections and outbreaks)
 - financial management such as cash flow, compliance, contracts, insurance
 - safe environments – children and young people, adults

All identified risks, incidents, and hazards will be linked to the Continuous Improvement Plan Register to ensure a systemic organisational response, with lessons learned informing future service delivery and governance practices. All risks resulting in a reportable incident will be reported to the NDIS Commission as required, including incidents involving safeguarding failures.

The management will review risk management outcomes, trends, and systemic risks quarterly, including risks impacting participants, staff, and service operations. This review will ensure the organisation's risk management processes align with NDIS Practice Standards, and that all identified risks are addressed with appropriate corrective actions. Governance oversight will ensure accountability and continuous service improvement.

All risks that result in incidents, including reportable incidents, will be linked to the Incident Register, Risk Management Plan Register, and Continuous Improvement Plan Register, ensuring a coordinated response, action tracking, and regulatory compliance.

External Reporting and Safeguarding Mechanisms

In addition to internal risk management and incident processes, if participants, staff, or other stakeholders believe risks or incidents have not been adequately resolved, or if there are urgent safeguarding concerns, the following external bodies may be contacted:

- **NDIS Quality and Safeguards Commission** — for participant safeguarding, complaints, and provider concerns (Ph: 1800 035 544, www.ndiscommission.gov.au).

- **Ombudsman (Commonwealth and State)** — for unresolved service complaints or broader concerns about service quality.
- **State Work Health and Safety Authority** — for serious workplace health and safety risks.
- Sirian Star Enterprises Pty Ltd will support participants and others to access external reporting pathways as needed.

5.4 Consequence Rating Table

Insignificant	Minor	Moderate	Major	Extreme
The participant				
Less than first aid injury or a brief emotional disturbance	First aid injury or emotional disturbance impacting more than two days but does not require treatment.	Substantial injury resulting in medical treatment. Temporary impairment or development/exacerbation of mental illness requiring treatment Some cases of abuse/ neglect of the person	Significant injury causing permanent impairment. Severe, long-lasting or significant exacerbation of mental illness requiring long-term treatment. Significant faults were allowing significant abuse/neglect of people receiving support.	Avoidable death of a person. Systemic faults allowing widespread abuse or neglect of a participant.

Support Workers and others				
Nil or minor first aid injury or a brief emotional disturbance	First aid injury or psychological injury impacting more than two days but does not require treatment.	Substantial injury resulting in medical treatment. Temporary impairment or development or exacerbation of psychological injury requiring treatment.	Significant injury causing permanent impairment. Severe, long-lasting, or significant exacerbation of mental illness requiring long-term treatment.	Preventable fatality

6.0 Related documents

- Governing Body Meeting Agenda and Minutes
- Emergency Plan
- Emergency Plan – Waste Disposal
- Contingency Emergency and Disaster Plan
- Complaints and Feedback Policy and Procedure
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Internal Audit Schedule - Module 3
- Hazard Report Form
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan Register
- Personal Emergency Preparation Plan
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Maintenance of current registrations and insurances

7.0 References

- NDIS Code of Conduct (2018)
- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Worker Screening Rules 2018

Reportable Incident, Accident and Emergency Policy and Procedure

1.0 Purpose

The purpose of this policy is to outline how Sirian Star Enterprises Pty Ltd identifies, manages, investigates, and responds to incidents, accidents, and emergencies to ensure the ongoing safety and wellbeing of all participants. This includes acts, omissions, events, or circumstances that occur in connection with the delivery of services and that may cause or have the potential to cause harm.

The policy promotes a trauma-informed and participant-centred approach to incident management that upholds dignity, transparency, safety, and choice. It supports the inclusion of participants in incident resolution processes and ensures that appropriate supports and advocacy are made available to them.

This policy also acknowledges that information relating to children and young people, or matters involving risk of harm, is addressed in more detail in Sirian Star Enterprises Pty Ltd's Working with Children Policy and Procedure.

2.0 Scope

The policy applies to all staff involved in identifying, managing, investigating, and responding to incidents, accidents, and emergencies at Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to maintaining an incident management system that supports early reporting, transparent documentation, and timely resolution of all incidents related to the delivery of NDIS services. This includes incidents that may result in harm to participants, children, or others in the care environment.

Our procedures align with the NDIS Practice Standards, NDIS Code of Conduct, and the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Incident reports may be made by participants, families, staff, or members of the public. All reports must be taken seriously, managed promptly, and recorded in accordance with this policy.

Participants will be:

- Offered access to independent advocacy

- Involved in the investigation and resolution process
- Provided with information in accessible formats (e.g. Easy Read)
- Supported to exercise choice and control during all incident management actions
- Treated with dignity, respect, and cultural sensitivity

The aims of Sirian Star Enterprises Pty Ltd's incident management system include:

- Preventing future incidents through proactive planning, staff training, and participant-centred responses
- Ensuring immediate and effective management of all incidents, accidents, and emergencies
- Maintaining a clear and consistent process for identifying, recording, and reviewing incidents
- Promoting accountability through defined staff responsibilities and transparent communication
- Ensuring responses are proportionate to the impact of the incident and its risk to participants
- Identifying systemic risks through root cause analysis and integrating findings into quality improvement processes

The Operations Manager is responsible for overseeing all aspects of incident management, including:

- Ensuring procedural fairness and impartiality
- Avoiding any real or perceived conflict of interest
- Coordinating investigations and reporting processes in line with organisational procedures and NDIS requirements

When a formal investigation is required, the appointed investigator must:

- Possess the appropriate authority and experience
- Be independent and free from conflicts of interest
- Collect relevant evidence objectively and document all findings accurately
- Follow the principles of procedural fairness, including informing affected parties, offering opportunities to respond, and making unbiased decisions

All access to participant records will be strictly limited to staff with a direct business need. Records must be protected to ensure privacy, dignity, and compliance with data protection principles.

Incidents involving abuse, neglect, violence, exploitation, or discrimination will be escalated immediately and reported to the NDIS Commission if classified as a Reportable Incident. Responses will prioritise participant safety and safeguarding measures as required by the Commission.

4.0 Definitions

Term	Definition
Incident	<p>Acts, omissions, events or circumstances connected with providing support or services to a person with a disability have, or could have, caused harm to the participant.</p> <p>Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person.</p> <p>Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.</p>
Reportable incident	<p>A reportable incident includes incidents or allegations of the following:</p> <ul style="list-style-type: none"> • The death of a person with a disability. • Serious injury of a person with a disability. • Abuse or neglect of a person with a disability. • Unlawful sexual or physical contact with, or assault of, a person with a disability. • Sexual misconduct is committed against, or in the presence of, a person with disability, including grooming for sexual activity. • Unauthorised use of restrictive practice use (however described) of a state or territory concerning the person, or if it is used according to that authorisation but not following a behaviour support plan for the person with a disability. <p>Under Section 16 of the Rules</p> <ul style="list-style-type: none"> • unlawful physical contact with a participant is not a reportable incident if the contact with, and impact on, the participant is negligible, • the use of a restrictive practice to a participant where the use is not authorised (however described) of a

Term	Definition
	<p>State or Territory is not a reportable incident if the user is under a behaviour support plan for the person and the State or Territory in which the practice is used does not have an authorisation process concerning the use of the practice, and</p> <ul style="list-style-type: none"> the use of a restrictive practice to a participant where the use is authorised (however described) of a State or Territory is a reportable incident if the use is not under a behaviour support plan for the person
'In connection with'	<p>It covers incidents that:</p> <ul style="list-style-type: none"> may have occurred during the course of supports or services being provided. arise out of the provision, alteration or withdrawal of supports or services; and/or It may not have occurred during the provision of supports but is connected because it arose from the provision of supports or services. <p>Reportable incidents could occur in a variety of settings. Still, as long as there is a connection with the service delivery by a registered NDIS provider, they must be notified to the Commission.</p> <p>Examples of the location of these incidents include:</p> <ul style="list-style-type: none"> In the private home of a participant In a residential care setting In supported accommodation In the premises of the registered NDIS provider (for example, the rooms where therapy services are provided) In the community where the registered NDIS provider is supporting the participant to access the community
Incident management system	<p>Incorporates all items listed below:</p> <ul style="list-style-type: none"> Acts, omissions, events or circumstances that connect with providing support or services to a person with a

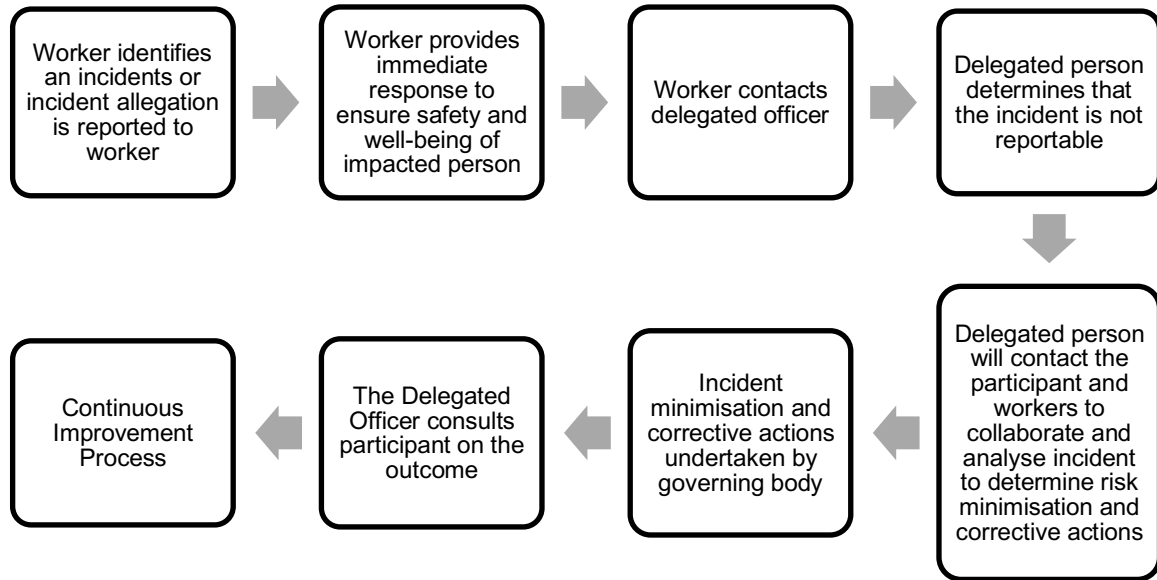
Term	Definition
	<p>disability; and could have caused harm to the person with a disability.</p> <ul style="list-style-type: none"> • Incidents consist of acts by a person with disability that occur in connection with providing support or services to the person with a disability and have caused serious harm or a risk of serious harm to another person. • Reportable incidents allegedly occurred to provide support or services to a person with a disability.
Harm	<p>Harm is the resulting impact of the act, omission, event or circumstance that occurs and can include physical, emotional or psychological impacts such as physical injuries, emotional impacts such as fear or poor self-esteem, and psychological impacts such as depression or impacts on a person’s learning and development</p>
Serious Harm	<p>Serious harm means that the harm is not minor or trivial. It involves a substantial physical, emotional or psychological impact on the impacted person, such as a serious injury, or serious emotional or psychological distress</p>
Serious Injury	<p>An injury requiring hospital admission, emergency medical treatment, fractures, head injuries, severe burns, or other injuries that pose a significant risk to the person's life or wellbeing.</p>

5.0 Procedure

All staff have a duty under the NDIS Code of Conduct to act with integrity, honesty, and transparency when reporting and managing incidents, and to take all reasonable steps to prevent harm to participants. Throughout the incident management process, all information will be treated confidentially, and participant privacy will be protected, except where disclosure is required by law, including to police, NDIS Commission, or child protection authorities.

5.1 Incident management procedure

Figure 1: General Incident Management (non-reportable)



Non-reportable incidents are those that do not meet the NDIS definition of a reportable incident but still involve risks or harm that require follow-up and management. These include minor injuries, property damage, or incidents that result in emotional distress but do not require hospitalisation or police intervention.

All non-reportable incidents must be acknowledged within 1 business day, investigated within 3 business days, and resolved within 14 business days, unless a longer timeframe is necessary due to complexity. Regular updates will be provided to participants and stakeholders if additional time is required.

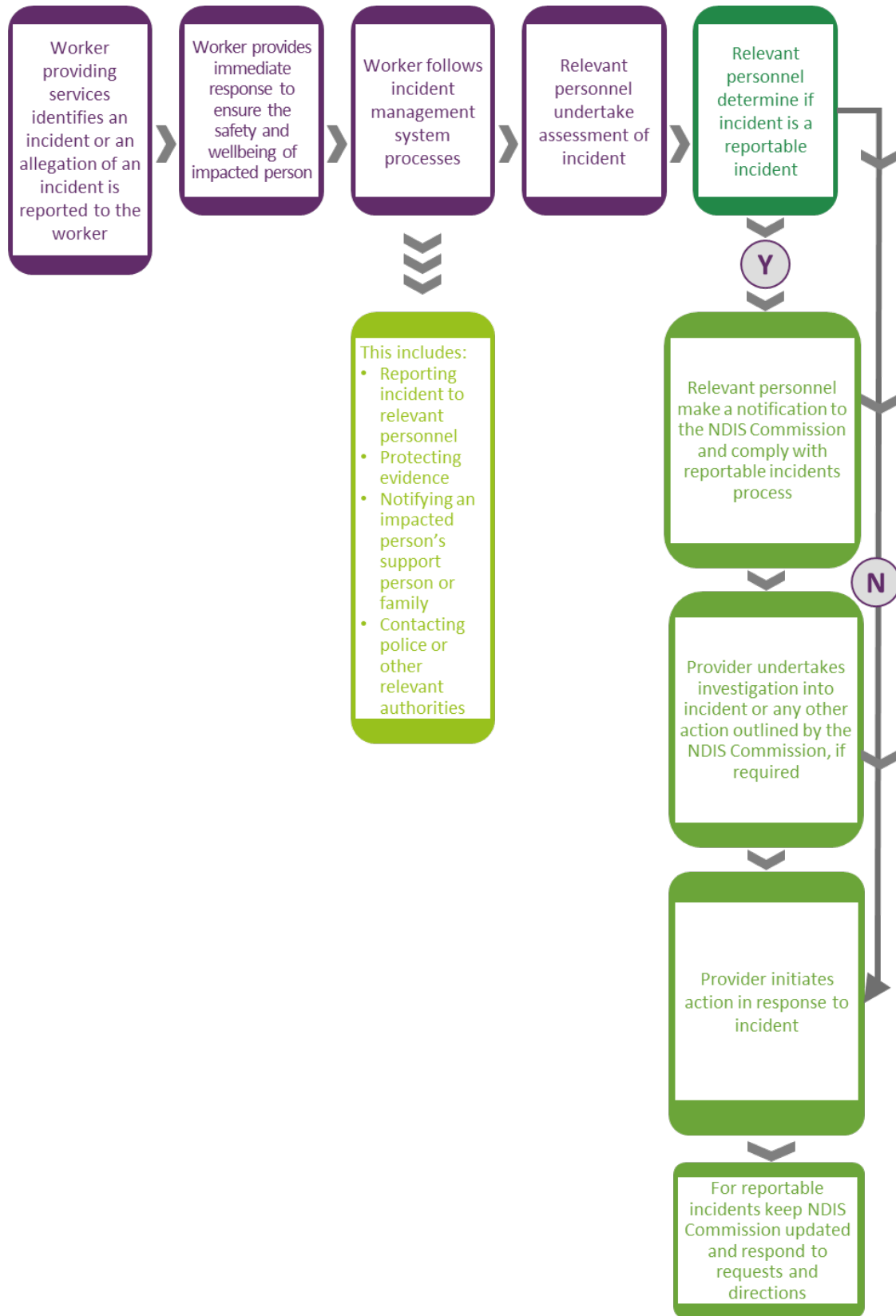
Participants, families, and advocates will be kept informed throughout the incident investigation, including updates on progress, actions taken, and final outcomes. Collaborative resolution will be prioritised.

Where an incident leads to a participant or stakeholder complaint, the matter will also be managed in line with the Complaints and Feedback Policy and Procedure, ensuring procedural fairness and advocacy support.

All participants and staff involved in serious incidents will be offered debriefing and psychological support, including referrals to external Employee Assistance Programs (EAP) or specialist trauma support where required.

Staff must immediately report any incident or concern regarding the safety or wellbeing of participants to the Senior Care Coordinator regardless of whether the staff member is directly involved or has witnessed the incident. This is a mandatory responsibility under NDIS incident management obligations.

Figure 2: Reportable Incident Management Procedure (from NDIS Incident Management Systems)



Sirian Star Enterprises Pty Ltd will establish a procedure that identifies, manages and resolves incidents as follows:

Step 1 Participant safety and support

When there is an ongoing danger to the participant

- Ensure the impacted participant is safe from harm
- Contact Police if there is a risk of immediate harm which requires their assistance
- Contact the ambulance if someone is injured
- Notify the designated officer and the NDIS Commission if required

Senior Care Coordinator	Sue Irving
Email address	Sue@sirianstar.com.au
Phone Number	0436 023 509

Step 2. Inform of incident

1. The worker is to report the incident to the Senior Care Coordinator. (child-related incident - the worker, as a mandatory reporter, must report to the state statutory reporting body. Refer to Working with Children Policy and Procedure for the process)
2. The worker completes an Incident Report that identifies and records details relating to the incident, i.e. people, place, time and date.
3. The worker will inform the designated officer (see Step 1)

Step 3. Investigation

1. The Senior Care Coordinator will determine, from the information provided, if the incident is classified as a reportable incident by the NDIS Quality and Safeguards Commissioner or a different type of incident:
 - A reportable incident must comply with the reportable incident reporting process, including the child and young person’s mandatory reporting requirements (refer to 5.3 Reportable Incident and Working with Children Policy and Procedure)
 - Sirian Star Enterprises Pty Ltd will comply with the National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018.
 - A general incident is an accident with non-reportable injuries.
2. The Operations Manager will review the details of the incident:
 - People involved.
 - Location.

- Circumstances.
 - The outcome, e.g. injury.
3. The Operations Manager or Senior Care Coordinator informs the participant's guardian, family or carer with details of the incident and how the organisation is managing the process. They will provide a contact person and establish a communication link for transparency and consultation.
 4. The Operations Manager will investigate the incident/accident following the process outlined in the Incident Investigation Form to determine the required information:
 - Primary reasons for the event.
 - Underlying reasons for the event.
 - Immediate actions are required to fix the cause of the event.
 - Preventative actions are required for the future.
 - Note: do not investigate children and young persons' suspicion of real or potential harm and follow state authority requirements and 5.3 Reportable Incidents and Working with Children Policy and Procedure)
 5. Any information learned from incidents/accidents will be forwarded to management for review and incorporated into our continuous improvement cycle to prevent the same incident/accident from recurring.
 - The analysis and investigation of each incident will vary based on the seriousness.

Step 4. Support participant

1. The Senior Care Coordinator ensures that the affected participant is supported and assisted:
 - informing them that they have access to an advocate; if the participant does not have an advocate, the Senior Care Coordinator can help access an independent advocate
 - reviewing their health status to assist and support
 - assessing the environment to ensure their safety and prevent any recurrence
 - ensuring their well-being and assisting in developing the participant's confidence and competence so they do not lose any function/s
 - provide support to their family or others, if relevant to the participant.
2. The Operations Manager or their delegate will review the incident with the participant and collaborate with the person/s involved to manage and resolve the incident.

Step 5. Analyse incident

1. As part of our continuous improvement process, the information gained from an incident is used to amend or implement new practices through:
 - establishing the incident cause/s, effects and any contributing operational issues occurring and the nature of the investigation

- creating an appropriate corrective action plan to adjust practices according to the required action.
2. The Operations Manager or their delegate will undertake an appropriate analytical process to:
- determine the cause of the incident
 - ascertain if the incident was an operational issue
 - consider the participant's perspective, including:
 - whether the incident was preventable
 - how the incident was managed and reviewed
 - determining any remedial action required to minimise future impacts and prevent a recurrence.
 - identify why the incident occurred, e.g. environmental factors, participant health, and age factors that may influence
 - ascertain if current strategies or processes require review and improvement.
 - devise new strategies or procedures, if required
 - plan staff training for any new strategies
 - implement new strategies
 - evaluate the success of new strategies.

All Incident Investigation Forms, including the Final Report, must be closed out by the Operations Manager or their delegate and one other Sirian Star Enterprises Pty Ltd staff member and recorded on the Incident Register.

Step 6. Incident/accident minimisation and corrective action

1. Sirian Star Enterprises Pty Ltd will risk-assess all participants in conjunction with our Risk Management Policy and Procedure.
2. During staff orientation and ongoing training sessions, incidents, emergency minimisation, mandatory reporting and procedures are taught.
3. Risks will be identified, and control mechanisms will be agreed upon with participants.
4. Sirian Star Enterprises Pty Ltd will consult with participants, and relevant stakeholders, to design specific risk control mechanisms to reduce risk to participants and their environment.
5. The effectiveness of mechanisms will be evaluated via the:
 - participant review processes, including support plan review
 - participant feedback
 - case conferencing.
6. Internal and external risk audits.
7. Reviews of policies and procedures.

Corrective actions

Upon completing the incident analysis procedure, any corrective action will be implemented. Each corrective action identified will be evaluated to ascertain the action's effectiveness, as per our Continuous Improvement Policy and Procedure, i.e. Plan, Do, Check, Act.

Step 7 Informing participants

Sirian Star Enterprises Pty Ltd will inform participants or their advocate of the incident outcome/s, either in writing or verbally, dependent on the participant and the situation. Collaborative practice will ensure the participant and their advocate are involved in the incident's management and resolution.

If a participant, family member, advocate, or staff member disagrees with the outcome of an incident investigation, they may request an internal review by a senior manager not previously involved. If still dissatisfied, they may escalate the matter to the NDIS Quality and Safeguards Commission for external review.

5.2 Staff training

Sirian Star Enterprises Pty Ltd recognises the importance of prevention to ensure our staff and participants' safety. Our orientation process includes training in risk and safety practices, including manual handling, infection control, mandatory reporting, safe environments, and risk and hazard reduction.

Upon commencing employment with Sirian Star Enterprises Pty Ltd, all staff are trained in organisational incident management processes, including how to report an incident and who to report an incident to the Senior Care Coordinator. All staff are given full access to our organisational policies and procedures to provide guidance. A Staff Incident Reference Card is provided to all staff as a guide.

All staff will complete annual refresher training on incident management, safeguarding, and the NDIS Code of Conduct. This will include practical scenarios and updates on NDIS reportable incident requirements. Staff training records will be maintained in personnel files and reviewed as part of regular audits.

Staff involved in incidents will be offered debriefing and psychological support, including access to Employee Assistance Programs (EAP) and external trauma support services where required, to ensure their wellbeing and capacity to continue safe practice.

5.3 Reportable incidents

For any reportable incident that has occurred in connection with the provision of supports, staff must report any reportable incident immediately when it becomes evident, including the following:

- may have occurred during supports or services being provided.
- arise out of the provision, alteration or withdrawal of supports or services; and/or
- may not have occurred during the provision of supports but is connected because it arose from the provision of supports or services.

Reportable incidents could occur in a variety of settings. When there is a connection between our service provision and what happened to the participant, we must notify the Commission.

The Operations Manager is responsible for reporting all reportable incidents to the NDIS Quality and Safeguards Commission. Reportable incidents are serious incidents or allegations that harm any NDIS participant.

As a registered provider, Sirian Star Enterprises Pty Ltd is required to report serious incidents (including allegations) arising from the organisation's service provision to the NDIS Quality and Safeguards Commission. Reportable incidents involving NDIS participants include:

- the death of a person with a disability
- serious injury of a person with a disability
- abuse or neglect of a person with a disability (including children and young people's suspicion of real or potential harm)
- unlawful sexual or physical contact with, or assault of, a person with a disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the negligent person)
- sexual misconduct committed against, or in the presence of, a person with a disability, including grooming the person for sexual activity
- the use of a restrictive practice to a participant, other than where the restrictive practice use follows an authorisation (however described) of a state or territory concerning the person or a behaviour support plan.
- Any other matter that significantly compromises the participant's safety, dignity, or human rights.

Where an incident leads to a participant or stakeholder complaint, the matter will also be managed in line with the Complaints and Feedback Policy and Procedure, ensuring procedural fairness and advocacy support.

5.3.1 Reporting roles

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
 - Authority to review reports before submission to the NDIS Commission.
 - Views previous reportable incidents submitted by their organisation.

2. Authorised Reportable Incident Notifier responsibilities:
 - Supports the Authorised Reportable Incident Approver to collate and report the required information.
 - Creates new reportable incident notifications to be saved as a draft for review and submission by the authorised Approver.
3. Mandatory reporters – children and young people
 - Staff identifying or having suspicion of real or potential risks of harm must report via the state legislative process
 - Provide information as per the Working with Children Policy and Procedure
4. Senior Care Coordinator or Operations Manager will:
 - notify and seek guidance from the Police or emergency service and provide details:
 - i. Participant name
 - ii. Description of the reportable incident
 - iii. The urgency of the situation
 - iv. Location
 - v. Current status at the location
 - vi. Any other requested details
 - notify to participant's guardian, family or carer
 - i. type of incident
 - ii. the current situation, including the participant's health and welfare
 - iii. how the situation is being managed
 - iv. seek their guidance in how they wish the situation to be managed
 - v. provide organisation contact details

All staff members are responsible for immediately reporting any concern, suspicion, or knowledge of a potential reportable incident to the Senior Care Coordinator, Operations Manager or designated senior officer. This obligation is mandatory under NDIS (Incident Management and Reportable Incidents) Rules 2018. Failure to report may result in disciplinary action and must be referred to safeguarding authorities where appropriate.

In situations where the Operations Manager or Senior Care Coordinator is involved in the alleged incident or there is a potential conflict of interest, incidents must be escalated directly to senior management or an external authorised officer for independent review.

5.3.3.1 Timeframes for notifying the NDIS Commission about reportable incidents

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

Reportable incident	Require timeframe
death of a person with disability	24 hours
serious injury of a person with disability	24 hours
abuse or neglect of a person with disability	24 hours
unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
the use of restrictive practice concerning a person with disability if the use is not following a required state or territory authorisation and/or not under a behaviour support plan.	Five business days

5.3.2 Reportable incident procedure

The Operations Manager and Senior Care Coordinator will review the information and contact the police immediately to inform them of any suspected abuse.

The Approver submits reportable incidents via the NDIS Commission Portal's My Reportable Incidents page. <https://www.ndiscommission.gov.au/providers/ndis-commission-portal>:

Incidents requiring 24-hour notification to the NDIS Commission must be reported using the **Immediate Notification Form**, within 24 hours of our organisation becoming aware of the incident.

- Approved Reportable Incident Notifier will create for approval.
- Approved Reportable Incident Approver will approve the report and submit it.

Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance.

The following information to be included:

- our organisation's name and contact details and those of the person making the notification.
- a description of the reportable incident.
- a description of the impact on, or harm caused to the participant.

- immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of the participant, and whether the incident has been reported to police or any other body.
- the participant's NDIS participant number and their name, age, date of birth and address.
- the time, date and place at which the incident occurred, if known.
- names and contact details of other people involved in the reportable incident.
- location of the participant and alleged perpetrator, if known.
- explanation of when and how harm, risk of harm, abuse or neglect was discovered and by whom; and
- any other information required by the Commissioner.

Note: A registered provider is not required to obtain or notify the Commissioner of certain information if obtaining the information would, or could reasonably be expected to prejudice the conduct of a criminal investigation, or expose a participant to a risk of harm (s 22 NDIS (Incident Management and Reportable Incidents) Rules 2018 for details).

If, within 24 hours after our organisation becomes aware the incident has occurred, we do not have the information required in the last four bullet points in point 2 above, we will provide this information within 5 business days (s 20(2) and (3) NDIS (Incident Management and Reportable Incidents) Rules 2018).

Incidents requiring notification within five business days must be reported using the **5-Day Notification Form**, completed within that timeframe from when the organisation becomes aware of the incident. This provides additional information, such as names of witnesses, actions taken since the Immediate Notification and proposed further actions to be taken in response to the reportable incident:

- Approved Reportable Incident Notifier will create a form for approval.
- Approved Reportable Incident Approver will approve and submit the form.

Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance.

Note: We will complete a 5-day Notification form in the event we become aware of an unauthorised restrictive practice.

Final Report will be submitted on the due date if requested by the NDIS Commission:

- Approved Reportable Incident Notifier will create a report for approval.
- Approved Reportable Incident Approver will approve the report and submit it.

Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance.

Assessment of the incident by the Operations Manager or their delegate, will involve:

- assessing the incident's impact on the NDIS participant
- analysing and identifying if the incident could have been prevented
- reviewing the management of the incident
- determining what, if any, changes are required to prevent further similar events from occurring
- providing a Medical Purpose Form, if relevant and completed by the medical practitioner
- recording all incidents and responsive actions taken.

Emergency/Unauthorised Restrictive Practices

Where a restrictive practice is used in an emergency to prevent harm to the participant or others, this must be reported as an unauthorised restrictive practice. The use must be reported to the NDIS Commission within 5 business days, and the participant's Behaviour Support Plan must be reviewed and updated to reflect this need, ensuring alignment with safeguarding requirements.

5.4 Continuous Improvement

We are committed to proactively identifying and mitigating risks to prevent incidents. This includes regular participant risk assessments, environmental checks, and staff debriefings to identify early warning signs and take preventative actions.

Incident and reportable incident data will be systematically reviewed at management and governance meetings to identify trends, systemic risks, and lessons learned. These reviews will inform continuous improvement plans and policy revisions to enhance participant safety, quality of care, and organisational safeguarding. All lessons learned will be incorporated into staff training and organisational practice reviews.

5.5 Documentation

- All reportable incident reports and registers must be maintained for seven (7) years.
- All records will be securely stored and accessible only to authorised personnel, in accordance with the Privacy Act 1988 (Commonwealth) and the Australian Privacy Principles.
- Information will be stored in a safe and secure location (see Information Management Policy and Procedure)
- All risk reduction plan outcomes are documented and monitored (see Risk Management Policy and Procedure)
- Our governing body's documents reflect any incident's effectiveness or ineffective learning.
- Records relating to the worker who is the subject of the allegation should be kept on a file that is separate from their personnel file to ensure no privacy or confidentiality requirements are breached
- Assessment information or investigation data, if one is conducted, are copied to their respective personnel or participant files for future reference in the following situations

- supporting a person with disability (including where they are the impacted person or the subject of the allegation) or
- management of the worker,
- All documents relating to a specific incident must be kept together and readily accessible
- This policy is to be reviewed annually or when legislation changes occur.
- All participants, families and advocates are informed of this policy.
- All staff are trained in the procedures outlined in this policy.
- Training details are recorded in each employee's personnel file.

5.5.1 Correspondence records management

All correspondence and records related to incident management will be stored securely and handled in accordance with privacy, confidentiality, and data protection laws, including the NDIS Practice Standards and the Privacy Act 1988 (Commonwealth). Access will be limited to those with a direct role in managing and resolving the incident.

Correspondence relating to an incident's assessment or potential investigation should also be documented and retained, including the following:

- For correspondence between Sirian Star Enterprises Pty Ltd, the participant or their family:
 - All correspondence following any incident should be retained
 - Any statements made by the impacted person to deny or correct remarks, statements or claims should be recorded
 - Date all statements and enter the dates mailed or delivered to the participant
 - If there has been a reply from the participant or their representative, attach to the record and date
 - If there is no reply or response from the participant, this should also be recorded
- For correspondence from the subject of the allegation following the incident:
 - All correspondence should be retained
 - Any statements made by the subject of the allegation to deny or correct remarks, statements or claims made by the impacted person should be recorded
 - Date all statements
- For records of correspondence between Sirian Star Enterprises Pty Ltd, participants or advocates
 - Meetings between our organisation and the participant should be recorded with the date, items discussed and names of those present
 - Paper and electronic correspondence should be dated and copies filed

- Oral discussion notes, including telephone discussions (date, time, people involved), should be dated and filed

6.0 Related documents

- [5-day form \(NDIS form\)](#)
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- [Immediate Notification Form \(NDIS form\)](#)
- Participant Handbook
- Participant Orientation Checklist
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Management Plan Register
- Risk Management Policy and Procedure
- Staff Incident Reference Card
- Support Plan Review Report
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review

7.0 References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

Reportable deaths (coroner)

Reportable deaths (coroner) - South Australia

Usually, a police officer or doctor will notify South Australia's State Coroner of any death that may be a reportable death.

A death must be reported to the State Coroner where it has occurred:

- unexpectedly, unusually or by a violent, unnatural or unknown cause
- on a flight or voyage to South Australia
- while in custody
- during or as a result or within 24 hours of certain surgical or invasive medical procedures, including the giving of an anaesthetic to perform a procedure
- within 24 hours of being discharged from a hospital or having sought emergency treatment at a hospital
- while the deceased was a 'protected' person
- while the deceased was under a custody or guardianship order under the Children and Young People (Safety) Act 2017
- while the deceased was a patient in an approved treatment centre under the Mental Health Act 2009
- while the deceased was a resident of a licensed supported residential facility under the Supported Residential Facilities Act 1992
- while the deceased was in a hospital or other facility being treated for drug addiction
- during, as a result, or within 24 hours of medical treatment to which consent had been given under Part 5 of the Guardianship and Administration Act 1993
- when a cause of death was not certified by a doctor.

Procedure

Any participant death must be immediately reported to the Operations Manager and senior management regardless of certainty about reportability. All deaths are to be treated as potentially reportable until confirmed otherwise. The Operations Manager and senior management will determine immediate next steps, including NDIS and coroner notifications, and coordinate with all authorities.

If a participant death occurs that is reportable under the Coroners Act 2003 (SA), the following steps must be followed:

- Notify South Australian Police (SAPOL) immediately.

- In the event of a participant death that is sudden, suspicious, or potentially unnatural, staff must secure and preserve the scene until authorities (e.g., SAPOL, Coroner) arrive and provide instructions. Staff should not disturb potential evidence unless necessary to preserve life. This is critical for compliance with coronial processes and participant safeguarding.
- As a NDIS Provider, several categories may affect our participants. As requested, our organisation will supply relevant information to the State Coroner for their coronial investigations.
- All details of the incident will be recorded in an Incident Investigation Form. The Operations Manager and senior management will ensure that staff complete any documentation required by the Coroner and the complete and accurate information.
- The Operations Manager or their delegate will be the point of contact for all discussions with the family and relevant stakeholders.
- All conversations will be documented for future use.
- Information will be supplied to the participant's family about the State Coroner's processes using the link on their website: [Information for families](#)
- In addition to notifying the South Australian State Coroner, Sirian Star Enterprises Pty Ltd must notify the NDIS Quality and Safeguards Commission within 24 hours if a participant has died in connection with the provision of NDIS supports or services, in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018.
- The Operations Manager is responsible for ensuring this notification is completed in the NDIS Commission Portal.
- All reportable deaths must be logged in the Incident Register.
- An Incident Report and Incident Investigation Form must be completed.
- If unsure whether a participant's death is reportable to the NDIS Commission, the Operations Manager must seek clarification from the NDIS Commission immediately.

Participant, Family and Carer Support

Following a reportable death, Sirian Star Enterprises Pty Ltd will ensure that the participant's family, carers, and relevant others are offered appropriate support, including:

- Trauma-informed and culturally sensitive care and referrals to specialist counselling services, where appropriate.
- Access to advocacy services if required.
- Providing plain language and culturally appropriate information about the coronial process, including links to the State Coroner's "Information for Families".
- Ensuring families are informed of the NDIS Commission's involvement, if applicable.

All records relating to participant deaths will be securely stored in line with Sirian Star Enterprises Pty Ltd's Privacy and Dignity Policy and Procedure and Privacy Act 1988 (Commonwealth). Access will be restricted to authorised personnel, and data will be retained in accordance with legal requirements.

References

- Coroners Act 2003 (SA)
- Courts Administration Authority of South Australia Children and Young People (Safety) Act 2017 (SA)
- Mental Health Act 2009 (SA)
- Supported Residential Facilities Act 1992 (SA)
- Guardianship and Administration Act 1993 (SA)
- Information for families
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)

Human Resource Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to establish a clear and consistent framework for managing human resources at Sirian Star Enterprises Pty Ltd, ensuring a safe, equitable, and supportive workplace that enhances staff capacity and facilitates high-quality services for NDIS participants. This policy supports the creation of a professional environment where staff are appropriately recruited, supervised, trained, and developed in alignment with best practice workforce principles.

2.0 Scope

This policy applies to all staff involved in any aspect of service delivery, recruitment, supervision, training, and corporate governance within Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to maintaining a workforce that is skilled, capable, and aligned with the values of person-centred and rights-based service delivery. Our human resource practices are designed to ensure compliance with the NDIS Practice Standards, the NDIS Code of Conduct, the NDIS Workforce Capability Framework, the NDIS Worker Screening Rules, and the Fair Work Act 2009.

All employment and staffing practices at Sirian Star Enterprises Pty Ltd aim to:

- Recruit and retain staff with the qualifications, competence, and values required for their roles
- Ensure all staff hold a valid NDIS Worker Screening Check and have completed the NDIS Worker Orientation Module prior to commencement
- Provide clear and current position descriptions aligned with the NDIS Workforce Capability Framework
- Support ongoing capability development through supervision, feedback, annual performance reviews, and targeted training
- Promote cultural safety and safeguarding awareness, ensuring staff can support diverse participants including Aboriginal and Torres Strait Islander people, people from CALD backgrounds, and those with complex needs
- Maintain appropriate staff-to-participant ratios to meet individual support needs
- Address performance concerns or misconduct promptly and fairly
- Create a culture of accountability, respect, and continuous improvement

- Uphold principles of equal employment opportunity, workplace flexibility, and professional development in accordance with the Fair Work Act 2009
- Assess and ensure the suitability of all key personnel under the NDIS Suitability Assessment Framework
- Review and respond to workforce needs during emergencies and disasters, supporting workforce continuity and participant safeguarding

All staff must understand their role in identifying, reporting, and responding to safeguarding concerns. This includes abuse, neglect, exploitation, and any breaches of participant rights.

Workforce emergency planning and continuity of care will be embedded in disaster preparedness strategies. Staff identified with relevant capabilities will assist in emergency response planning, infection control measures, and service delivery adjustments during crises. Training will be provided to support these functions.

Referee checks will verify applicants' suitability to work with vulnerable people. Staff are expected to abide by the NDIS Code of Conduct and Sirian Star Enterprises Pty Ltd's own Code of Conduct at all times, promoting dignity, autonomy, privacy, and respect for all participants.

We commit to transparent communication regarding any changes to work hours or rosters, ensuring staff are consulted and their perspectives considered.

All records relating to human resources will be managed confidentially and in line with privacy obligations.

4.0 Procedure

4.1 Process for filling a vacant position

4.1.1 Review the position

1. Clarify the role and the need for the position.
2. Develop or review the position description.
3. Review the position against the requirements for the relevant registration group.
4. Review Recruitment and Selection Guide for Providers
5. Develop essential and desirable selection criteria as per the position description.
6. Determine how each selection criteria is assessed (e.g. written application and interview).

4.1.2 Advertise the position

1. Positions are advertised internally and externally.

4.1.3 Interview applicants

1. The Operations Manager and/or Senior Care Coordinator conducts the interviews and uses the appropriate interview form.
2. All applicants will be asked the same questions. The questions will explore the applicant's relevant skills and experience to perform the required duties.
3. Interview questions may include:
 - a. Relevant experiences
 - b. Behaviour management questions, if relevant to the position
 - c. Time management
 - d. How to work with participants
 - e. Qualifications
4. When interviews are completed, the preferred applicant will be selected.
5. Recruitment decisions and reasons for decisions made are documented.
6. Pre-employment/reference checks take place.
7. The successful applicant will be notified, and unsuccessful applicants will provide feedback.
8. An offer of employment will be made to the successful applicant, conditional on pre-employment checks:
 - a. reference checks (at least two referees and qualification checks if the position is a risk-assessed role)
 - b. mandatory worker screening (i.e. worker screening and working with children check as per state requirements)
 - c. registration check (as applicable to the role)
 - d. insurances (as applicable to the role)
 - e. licences (as applicable to the role)
 - f. NDIS Worker Orientation Program Certificate
9. Once appropriate checks are completed and satisfactory, an offer of employment will be sent to the applicant for signing before commencing employment. This document will include a probationary period.

4.2 Procedure for a new employee

1. The Operations Manager will complete an orientation procedure with all new employees that include:
 - a. Codes of Practice
 - b. NDIS Rules and Practice Standards (such as NDIS principles – human rights, celebrating diversity and respecting the voice of those with lived experience)
 - c. Cultural safety and diversity awareness
 - d. Risk management strategies and procedures – all areas, i.e. environment, work role, working with participants of different age ranges

- e. Incident management procedures
 - f. Safeguarding roles and reporting under the NDIS Incident Management and Reportable Incidents Rules 2018
 - g. Complaint management procedures
 - h. Emergency and Disaster practices
 - i. Infection prevention and control training
 - j. Workplace task procedures
 - k. Documentation procedures
 - l. Participant's rights, including United Nations Rights
 - m. Reporting violence, abuse, neglect, discrimination and exploitation
 - n. Professional development
2. A Worker Orientation Checklist will be completed by the new employee and signed off by the Operations Manager.
 3. All forms and documents signed by the employee are filed in a personnel file with copies provided to the employee, as appropriate.

4.3 New Staff Supervision

- New staff members are inducted into their roles and supervised appropriately.
- New senior staff members are monitored by the Senior Care Coordinator.
- New staff are allocated a supervisor who will support and train them in our practices.
- The orientation process will vary according to the experience of the new staff member but is usually for a minimum of two (2) shifts.
- Supervisors must discuss the new staff member's progress, knowledge and skills with the Operations Manager and Senior Care Coordinator to confirm that they are ready to work unsupported.
- Supervision will include regular safeguarding check-ins, including reflection on participant wellbeing and staff ability to manage safeguarding risks in line with participant plans.

4.4 Position descriptions

- All employees have a position description specifying their roles and responsibilities.
- Position descriptions are reviewed and updated regularly.
- Before commencing employment and if there is a position description change, a copy of the position description is provided to the staff member
- Position descriptions are used as part of performance management and will be reviewed and adjusted due to changes in work practices, as required
- Position descriptions for staff working directly with participants refer to the NDIS Workforce Capability Framework and Child Safe Standards
- Position descriptions are used as part of the Risk Assessed Role determination.

4.5 Code of Conduct and Privacy and Confidentiality Agreement

All staff must comply with the Code of Conduct, which encapsulates the respectful, safe, and professional delivery of support to our participants, representatives, community, and other stakeholders.

Employees must sign a Code of Conduct Agreement and a Privacy and Confidentiality Agreement on employment commencement. Disciplinary action will be taken if employees do not abide by these agreements.

4.6 Staff information

Sirian Star Enterprises Pty Ltd's policies and procedures contain critical information that all staff must know to complete their roles safely and effectively. Staff are informed on how we will use their information per Information Management Policy and Procedure.

New employees are provided the time to read all policies and procedures and are reminded during staff meetings and through communication with the Senior Care Coordinator and Operations Manager to do so. A Staff Handbook is only provided to all new employees as a reference guide.

4.7 Staff uniform and clothing repair

All staff representing Sirian Star Enterprises Pty Ltd are required to wear our uniform or other provided form of identification (e.g. name tags) so participants easily identify themselves as belonging to our organisation. Staff uniforms must be clean and neat before commencing work. As per the award, we will provide reasonable costs associated with repairing or replacing a staff member's clothing if the item is soiled or damaged beyond repair whilst performing, except for normal wear and tear.

4.8 Recordkeeping

An employee personnel file is maintained and may include the following:

- employment application
- criminal record check
- working with children check
- worker screening record
- professional registrations
- a signed offer of employment
- photocopy of driver's licence, car registration and insurance (wherever applicable)
- signed Code of Conduct Agreement
- signed Privacy and Confidentiality Agreement
- training offered
- training provided
- mandatory training attendance record

- evaluation of training events
- annual refresher training (Child Protection), as required
- mandatory NDIS worker screening check
- mandatory NDIS Worker Orientation Certificate
- COVID 19 Infection control training
- Annual infection control training.

All employees are entitled to view their file at a suitable time; this can be arranged directly with the Operations Manager.

Sirian Star Enterprises Pty Ltd must never employ a person as a staff member unless satisfied that all regulatory checks are current and in place.

The following details must be kept current for each worker:

- Contact details
- Details of any secondary employment (if any)

4.9 Staff supervision and support

Supervision and support are essential to making our employees feel supported in their work and ensuring they perform satisfactorily. Sirian Star Enterprises Pty Ltd will supervise work performance issues at our office/s, in participants' homes and the community. Participants will be contacted to determine if the worker is fulfilling their role professionally and safely. Additionally, supervision sessions allow a follow-up on development issues noted in an employee's development and performance reviews.

All employees are provided with Sirian Star Enterprises Pty Ltd's contact details upon employment. The Operations Manager is available to be contacted over the phone by the employee. Alternatively, the Senior Care Coordinator is available to meet with an employee if they require time to discuss any issues or concerns.

Employee supervision relates to monitoring employee work practices against the expectations, needs, and support services identified in the Service Agreement and our policies and procedures. The supervision requirements are determined by the employee's role and current work knowledge and skills. The observation timeframe can vary from fortnightly, monthly, quarterly, half-yearly, or annually per our Worker Supervision Roster.

Our organisation will use a variety of data-gathering methods, including but not limited to the following:

- observing using a Worker Supervision Observation Checklist:
- contacting and gaining feedback from participant
- asking the staff member to complete the Self-Assessment Tool for Potential Workers

- speaking with our supervisors
- speaking with relevant providers who work with our participants
- undertaking performance reviews

A staff member's annual competency assessment, education and training, and performance appraisal provide other avenues for our organisation to provide staff support and supervision. All staff can attend meetings and care conferences to ensure they are aware of participant support changes and to take the opportunity to provide input and feedback.

Roles that involve supporting participants at high safeguarding risk (e.g., complex needs, high behaviours of concern, or working alone) will undergo additional workforce risk assessments and tailored safeguarding plans to ensure participant and staff safety.

Sirian Star Enterprises Pty Ltd recognises the potential for vicarious trauma and emotional stress in disability support roles. Staff will be offered regular opportunities to discuss wellbeing, debrief after serious incidents, and access to external Employee Assistance Programs (EAP) or counselling support if required.

Refer to Mental Health Policy and Procedure for how we support our staff.

4.10 Performance development reviews

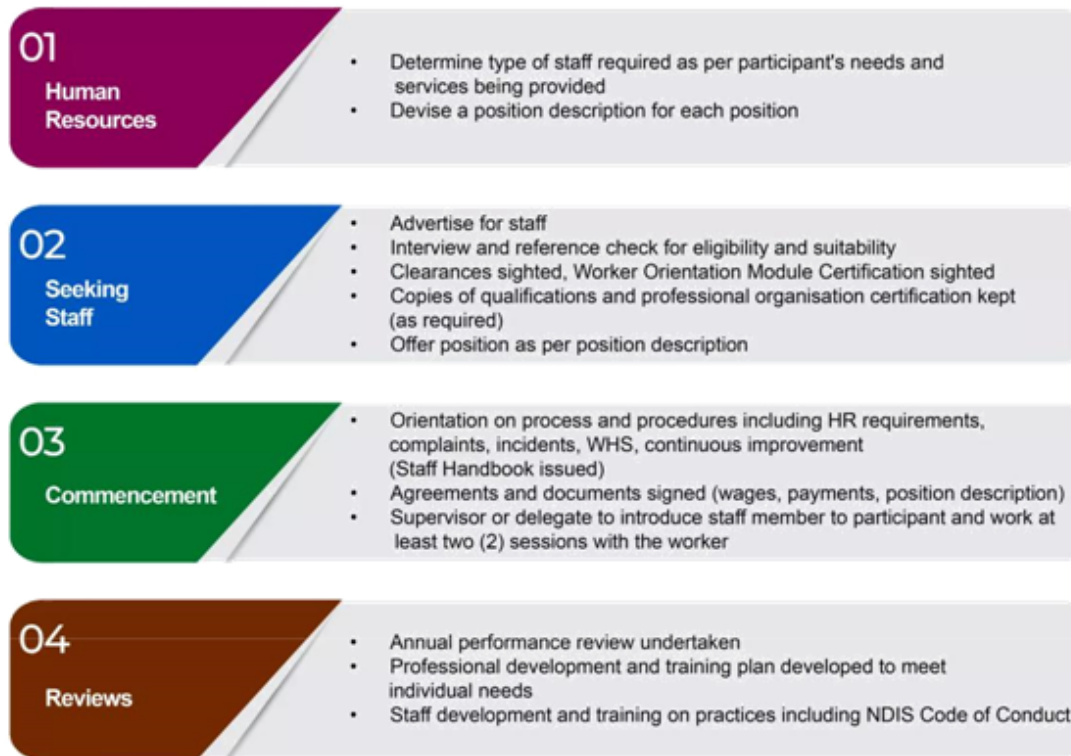
- Sirian Star Enterprises Pty Ltd is committed to supporting staff to improve their efficiency and effectiveness. All staff members are expected to perform their duties to their best and show a high personal commitment to always providing quality and professional service.
- Performance development reviews are conducted annually in consultation with individual staff members.
- Performance development reviews are based on the position description and an agreed work plan.
- The staff may be provided with a [Self-Assessment Tool for Potential Workers](#) as a point of reflection against the Workforce Capability Framework
- Annual performance reviews will be aligned to the NDIS Workforce Capability Framework, reflecting staff capability to deliver safe, person-centred, and trauma-informed care.

The aims of the review are to:

- conduct an honest and confidential discussion regarding work performance and the workplace between the staff member and the Operations Manager and Senior Care Coordinator
- discuss job performance in the context of a position description
- discuss work problems and develop appropriate solutions

- discuss and support mental health concerns such as physical and mental fatigue (see Mental Health Policy and Procedure)
- discuss possible ways of improving work performance, including identifying training and development needs or changes to work practice.

Diagram 1. Staff recruitment and management process



4.11 Staff education and training

Our organisation will set and meet high-quality service standards that promote lifelong learning and development and supports career development for workers in disability and the wider care sector.

Staff will undertake mandatory NDIS Worker Orientation and any updated NDIS Commission-mandated training as required, ensuring ongoing alignment with current NDIS expectations and participant safeguarding obligations.

Staff training plans will include ongoing safeguarding training tailored to individual participant needs with risk prevention strategies to ensure participant safety and staff capability. Sirian Star Enterprises Pty Ltd provides appropriate training and development opportunities for all staff; this includes:

- establishing what high-quality standards look like for the staff member
- promoting learning opportunities relevant to the position
- establishing processes to measure and adjust services

- training staff in outcome from continuous improvement
- updating staff skills due to the changing nature of their work
- providing staff with clear practice guidelines on what is required
- using our performance reviews to determine additional training requirements
- identifying training needs through annual performance development reviews and ongoing staff and management input
- identifying training in skills and capabilities identified in the Workforce Capability Framework
- providing appropriate training to meet identified needs
- providing mandatory training as per state requirements (e.g. Child Protection)
- providing training opportunities for all staff
- providing refresher infection prevention and control training for staff working directly with participants, at least annually or more frequently as required
- evaluating training to ensure it meets the needs of the staff member and assists in improving our operations and services
- completing a training needs analysis
- devising appropriate training plans to meet staff performance requirements.

4.12 Staff development opportunities

Sirian Star Enterprises Pty Ltd creates staff development opportunities as follows:

- Staff attendance (for up to three (3) days per year) at workshops, seminars and conferences.
- Flexible working hours so staff can participate in accredited study courses at recognised educational institutions.
- Provision of learning resources for staff education, e.g. videos and research literature.
- During annual performance reviews and supervision sessions, each staff member will discuss training needs upon recruitment.

4.13 Staff performance dispute procedure

All performance management and misconduct investigations will follow principles of procedural fairness, including ensuring that staff are informed of the allegations, given a fair opportunity to respond, and supported through the process.

Outlined below is the procedure used to deal with a staff performance dispute not involving misconduct. Misconduct is an action by a staff member that results in instant dismissal.

4.13.1 Verbal warning

The staff member is quickly informed of any complaint concerning their work performance and is provided with an opportunity to discuss the complaint.

In consultation with the employee, the Operations Manager and/or Senior Care Coordinator will outline how the employee must improve their performance. Any assistance needed by the employee to improve their performance is identified and provided wherever possible.

A date to review the employee's performance will be set, considering adequate time to resolve the issue and reduce risk to the organisation.

4.13.2 First written warning

Further discussion will occur if the employee's performance remains unsatisfactory at the second review. This review will include the employee, a representative of their choice (optional), and the Operations Manager and/or Senior Care Coordinator.

The complaint against the employee and plans for improvement will be put in writing and will clearly state that a lack of development by a given date will result in a final written warning being issued. A copy of the first written warning will be provided to the employee.

4.13.3 Final written warning

Further discussion will be conducted if the employee's performance has not improved at the given date. This review will include the employee, a representative of their choice and the Operations Manager and/or Senior Care Coordinator.

The complaint against the employee and plans for improvement are recorded in writing, clearly stating that a lack of growth by a given date will result in termination of employment. A copy of the final written warning will be provided to the employee.

4.13.4 Termination of employment

If the problem persists, the staff member's employment may be terminated after the date set in the final written warning. The Operations Manager must approve the termination.

If the termination is not approved, an alternative process for managing the performance issue will be developed. Detailed notes of performance dispute management are recorded and kept in the employee's personnel file.

4.14 Staff grievance procedure

Staff must report any suspicion of abuse, neglect, violence, or exploitation involving participants. Failure to report such incidents will be considered a breach of the NDIS Code of Conduct and subject to disciplinary action.

If a staff member has a grievance related to their employment or concerning another staff member, the following processes apply:

4.14.1 Discussion

Staff have the right to raise concerns regarding participant safety, misconduct, or organisational issues without fear of reprisal. Complaints can be raised internally or with the NDIS Quality and Safeguards Commission.

The staff member may approach the Operations Manager and/or Senior Care Coordinator to discuss the issue and seek advice. The consultation will be confidential. The staff member may write the matter to their supervisor and request that the issue is raised with management. A decision on the issue and a discussion with the staff member will occur within seven (7) business days.

If the staff member considers that the discussion has not addressed their concerns adequately, they can seek external advice (e.g. union representative or another independent body).

4.14.2 Misconduct

Misconduct includes severe breaches of our policies and procedures or unacceptable behaviour that warrants the immediate dismissal of a staff member. Examples of misconduct include:

- theft of property or funds from our organisation
- wilful damage of property belonging to our organisation
- intoxication through alcohol or other substances during working hours
- verbal or physical harassment or discrimination of any other staff member or participant
- disclosure of confidential information regarding the organisation to any other party without prior permission
- disclosure of participant information other than information that is necessary to assist participants and to ensure their safety
- conducting a private business from our premises or using the organisation's resources for private business without permission
- falsification of any records belonging to the organisation
- failure to comply with the organisation's Code of Conduct.

4.14.3 Seek advice

The Operations Manager and/or Senior Care Coordinator must be informed immediately following receipt of an allegation of misconduct. The Operations Manager and/or Senior Care Coordinator will

obtain external professional advice if necessary. The staff member should consider seeking advice from their union or another independent body.

4.14.4 Suspension of duties

A staff member is informed of any misconduct allegation as soon as possible. The staff member may be suspended, with full pay, pending an investigation of the claim. The staff member will provide a letter outlining the time, date and alleged misconduct.

4.15 Leave

4.15.1 Application for leave

Any staff member taking leave must complete a Leave Application Form. If the application form is not completed, payment will not be made for leave taken.

The application must be completed and approved before annual, long service, or unpaid leave.

4.15.2 Sick leave

A doctor's certificate is required for more than two consecutive days of sick leave. When sick leave is required, the Operations Manager and/or Senior Care Coordinator should be informed as soon as possible and, at a minimum, at least two hours before the staff member's usual start time. A Leave Application Form must be completed immediately upon the employee's return to work after sick leave.

The Continuity of Support Policy and Procedure will be implemented to support participants during staff absences.

4.15.3 Personal/carer's leave and compassionate leave

Personal/carer's leave and compassionate leave are defined in the relevant award (this only applies if staff are under an award). To qualify for personal leave, an individual's reason for leave must meet the definition of personal/carer's leave and compassionate leave within the award. Personal leave is used when the staff member is unfit for work due to their health and safety. Mental health is not defined in the National Employment Standards as a reason for leave, but our organisation wishes to support our staff and may view it as personal leave.

A Leave Application Form must be completed immediately after a staff member returns to work. When leave is required, staff should inform the Senior Care Coordinator at least two hours before the usual start time of the staff member.

4.15.4 Domestic violence leave

Domestic violence leave is applicable from the first day of employment and does not accrue. This unpaid leave is for five days per year.

A Leave Application Form must be completed immediately after a staff member returns to work. The Operations Manager may seek clarification if attending a court date.

4.15.5 Recording annual leave

Our accounting system software tracks annual leave taken and owing to staff.

4.15.6 Timesheets

Each staff member is required to maintain up-to-date timesheets. Timesheets must be submitted to the Senior Care Coordinator as per the work agreement. The Senior Care Coordinator or their delegate will check timesheets against the roster hours to determine accuracy before forwarding them to the administration office for payment.

4.16 Workers compensation

When a staff member suffers an injury or suffers from a disease, and work is a substantial contributing factor to that illness or injury, Sirian Star Enterprises Pty Ltd ensures that financial benefits and other assistance are provided, as required by the relevant state legislation and regulations.

4.17 Employee exit procedure

When an employee leaves Sirian Star Enterprises Pty Ltd, the following procedure applies:

1. The Operations Manager and/or Senior Care Coordinator conducts the exit interview, and the employee is asked to provide useful feedback.
2. The exit interview is documented.
3. Completed documentation is viewed as relevant and used, if appropriate, to be integrated into the organisation's continuous improvement process.

5.0 Related documents

- Leave Application Form
- Code of Conduct Agreement
- Complaints and Feedback Form
- Human Resource Management Policy and Procedure
- Letter of Offer – Full Time
- Letter of Offer – Part Time
- Employment Check Register
- Personnel File Contents Checklist
- Worker Performance Management Review
- Privacy and Confidentiality Agreement
- Staff Handbook
- Worker Supervision Observation Checklist
- Worker Orientation Checklist
- Worker Supervision Roster
- Training Needs Analysis
- Staff Training Record
- Staff Training Plan
- Warning Letter

6.0 References

- Disability Discrimination Act 1992 (Commonwealth)
- Australian Human Rights Commission Act 1986 (Commonwealth)
- Fair Work Act 2009 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Safety, Rehabilitation and Compensation Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Workplace Gender Equality Act 2012 (Commonwealth)
- NDIS (Practice Standards - Worker Screening) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021

Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

Important note: Information regarding our organisation reporting harm or risk of harm against children refer to the Working with Children Policy and Procedure.

1.0 Purpose

The purpose of this policy is to safeguard participants from all forms of violence, harm, abuse, neglect, exploitation and discrimination, and to ensure a safe, respectful and inclusive environment for all people receiving support.

Sirian Star Enterprises Pty Ltd aims to provide supports and services that are trauma-informed, culturally safe, and responsive to the diverse needs and experiences of participants. We are committed to early identification of risk and to ensuring staff have clear, confident guidance when responding to concerns or disclosures of harm.

The policy is designed to promote prevention, ensure timely action when risks arise, and uphold the rights of participants to dignity, safety, choice and control, especially where vulnerability due to disability, age or circumstance increases the likelihood of harm.

2.0 Scope

The policy applies to all staff involved in delivering services or interacting with participants, including children, young people, and adults with disabilities.

3.0 Definitions

Term	Definition
Safeguarding	Actions and practices that ensure people with disability are safe from harm, abuse, exploitation, neglect, and violence while respecting their dignity and rights
Dignity of Risk	The right of individuals to make their own choices and take risks that may involve failure or harm, as part of living an independent and fulfilling life
Abuse and neglect	Any behaviour outside the norms of conduct entails a substantial risk of causing physical or emotional harm to a person. Such

Term	Definition
	behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse).
Discrimination	Discrimination is treating or proposing to treat someone unfavourably because of a personal characteristic protected by the law, including bullying someone because of a protected characteristic.
Exploitation	Exploitation is the action or fact of mistreating someone to benefit from their work or the action of making use of and benefiting from resources.
Violence	Violent behaviour by a person towards another can include abusive behaviour that is physical, sexual, intimidating and forceful.
Harm	Harm will be taken to be a reference to physical harm or psychological harm (whether caused by any act or omission) and includes such harm caused by sexual, physical, mental or emotional abuse or neglect

3.1 Types of abuse

Term	Signs and symptoms	Causes
Physical harm	Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss or poor physical well-being	Hitting, slapping, pushing, punching or burning entails an incident that is non-accidental, resulting in pain or injury.
Psychological/ emotional harm	Loss of interest in self-care, helplessness, withdrawal, apathy, insomnia, fearfulness, reluctance to communicate openly, choosing not to maintain eye contact, paranoia and confusion.	Intimidation, humiliation, harassment, threatening, sleep deprivation, withholding affection, or not allowing them to maintain their decision-making powers leads to a repeated pattern.

Term	Signs and symptoms	Causes
<p>Sexual abuse</p>	<p>knowing more about sexual activities than other children their age, playing sexually, masturbating more than what's typical for their age and stage of development, refusing to undress for activities or wear additional layers of clothing, having bruising, bleeding, swelling, tears or cuts on their genitals or anus, having unusual vaginal odour or discharge, having itching or pain in the genital area, difficulty going to the toilet, walking or sitting, having a sexually transmitted disease or urinary tract infection, having torn, stained or bloody clothing, especially underwear, being afraid of being alone with a particular person or going to a particular place, becoming withdrawn, unusually reactive or begins displaying high-risk behaviours (including substance misuse), being frequently depressed, feel suicidal or attempt suicide, creating stories, poems or artwork about abuse, Having problems sleeping or starts having nightmares, Starting to wet the bed or soil themselves.</p>	<p>The involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, are unable to give informed consent to and that violate social taboos of family roles</p>
<p>Neglect</p>	<p>Neglect is poor hygiene or personal care, unkempt</p>	<p>Neglect is the intentional failure to provide basic life necessities.</p>

Term	Signs and symptoms	Causes
	<p>appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing or lack of food.</p>	
<p>Domestic and family abuse</p>	<p>Any controlling, bullying, threatening or violent behaviour between people in a relationship, including emotional, physical, sexual, financial or psychological abuse.</p>	<p>Many experts believe in psychopathology. Witnessing abuse as the norm, or being abused, destroys the child's ability to trust others and undermines their ability to control emotion.</p>
<p>Financial harm</p>	<p>Unexplained money loss, lack of money to pay for essentials such as rent, bills and food, Inability to access or check bank accounts and bank balance, changes or deterioration in standards of living, e.g. not having items or things they would usually have,</p> <p>Unusual or inappropriate purchases in bank statements, Isolation and withdrawal from friends and family, Lack of things you'd expect someone to be able to afford, e.g. TV, grooming items, clothing</p>	<p>Financial abuse is when someone takes away access to money, manipulates their financial decisions, or uses their money without consent.</p> <p>It occurs when someone uses money or things relating to money to hurt, scare or control someone.</p>
<p>Grooming</p>	<p>Being very secretive about how they're spending their time, including when online, having money or new things like clothes and mobile phones that they can't or won't explain, depression and or anxiety,</p>	<p>Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.</p>

Term	Signs and symptoms	Causes
	underage drinking or drug taking	

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to preventing and responding to all forms of violence, abuse, neglect, exploitation and discrimination. This includes promoting a culture where harm is never tolerated, participants' rights are respected, and concerns are taken seriously and acted upon promptly.

All actions under this policy are guided by the NDIS Practice Standards, the NDIS Code of Conduct, the NDIS Quality and Safeguarding Framework, and the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Sirian Star Enterprises Pty Ltd adopts a zero-tolerance approach and will:

- Take preventative, proactive and inclusive measures to identify and reduce risks of harm
- Respond to all disclosures, signs or suspicions of abuse with urgency, compassion, and adherence to mandatory reporting obligations
- Ensure all staff receive ongoing training in participant safeguarding, trauma-informed care, culturally responsive practice, and professional boundaries
- Support participants to express concerns, understand their rights, and access advocacy, complaint and protective pathways
- Prioritise safety over convenience, and dignity over risk aversion
- Immediately report serious concerns to emergency services (Police on 000), and to relevant state-based child protection or adult safeguarding authorities
- Treat harm, abuse and neglect as reportable incidents under the Reportable Incident, Accident and Emergency Policy and Procedure
- Share information lawfully and ethically to ensure participant safety, in line with privacy and confidentiality obligations
- Work with families, carers and advocates in a respectful and inclusive way that places participant safety and wishes at the centre

Common risks for participants may include, but are not limited to:

- Domestic and family violence
- Physical, sexual or emotional abuse
- Neglect of basic needs
- Exploitation (including financial or labour-related)
- Discrimination based on disability, culture, gender identity or other attributes

Where participants choose to disclose past or current abuse, our staff will respond with belief, support, and trauma-informed care. All actions will be documented and reviewed as part of our commitment to continuous improvement.

4.1 Statement of commitment to safety

Sirian Star Enterprises Pty Ltd is committed to the safety and well-being of all participants. This commitment is the primary focus of our support and decision-making. Sirian Star Enterprises Pty Ltd is committed to providing a safe environment where participants are safe and their voices are heard and included in decisions that affect their lives. Attention is paid to the cultural safety of participants from culturally or linguistically diverse backgrounds.

All staff members are responsible for understanding the critical and specific role they play, individually and collectively, to ensure the well-being and safety of all participants, and young people are at the forefront of all they do and every decision they make.

4.2 Safe Code of Conduct

Sirian Star Enterprises Pty Ltd is committed to the safety and well-being of participants. Our business recognises the importance of, and responsibility for, ensuring our environment is a safe, supportive and enriching environment that respects and fosters the dignity and self-esteem of all people, enabling them to thrive.

The Safe Code of Conduct protects our employees and participants and reduces abuse or harm opportunities. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, disability legislation, policies and procedures, and professional standards and codes of ethics that apply to all staff.

All staff must comply with their obligation to report any incident of abuse, neglect, violence, exploitation, and discrimination immediately.

Sirian Star Enterprises Pty Ltd management supports implementing and monitoring the Code of Conduct. We will plan, implement and monitor arrangements to provide inclusive and safe environments.

All staff, volunteers, and other community members involved in participant-related work must comply with the Code of Conduct by observing appropriate and acceptable behaviour (see '4.3 Acceptable behaviours' below). The Code of Conduct applies in all situations, including planned activities, digital technology, and social media.

4.3 Acceptable behaviours

Staff or any other persons involved with participant-related work are responsible for supporting and promoting the safety of participants by:

- upholding Sirian Star Enterprises Pty Ltd's Statement of Commitment for the participant's safety
- treating the participant, their family and advocates with respect within the environment and during outside activities as part of everyday social and community activities
- listening and responding to the participant's views and concerns, particularly if:
 - they are reporting that they or another person have been abused; or
 - that they are worried about their safety or the safety of another participant
- promoting cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander people through interactions with their community leaders and members
- promoting the cultural safety, participation and empowerment of people with culturally or linguistically diverse backgrounds through engagement with the community accessing the service
- promoting the safety, participation and empowerment of people with disabilities
- reporting any allegations of harm, risk of harm and abuse or personal safety concerns to management, who must contact the relevant state authority (for children, see Working with Children Policy and Procedure)
- understanding and complying with all reporting or disclosure obligations (including mandatory state reporting) as they relate to protecting the participant from harm or abuse
- maintaining the right to live in a safe environment by promoting and informing the participants of their rights
- ensuring participants are safe and protected from harm as quickly as possible once harm, risk of harm or abuse is suspected
- identifying themselves to the participant upon entering the premises and showing any required identification.

4.4 Unacceptable behaviours

As front-line workers, volunteers and community members involved in participant-related work, our staff will not:

- ignore or disregard any concerns, suspicions or disclosures of abuse
- develop a relationship with any participant that could be viewed as favouritism or grooming behaviour, e.g. offering gifts
- exhibit behaviours, or engage in activities with participants that can be interpreted as abusive, harmful and unjustifiable in an educational, therapeutic or service delivery context
- ignore behaviours by other adults toward young participants when they are overly familiar or inappropriate

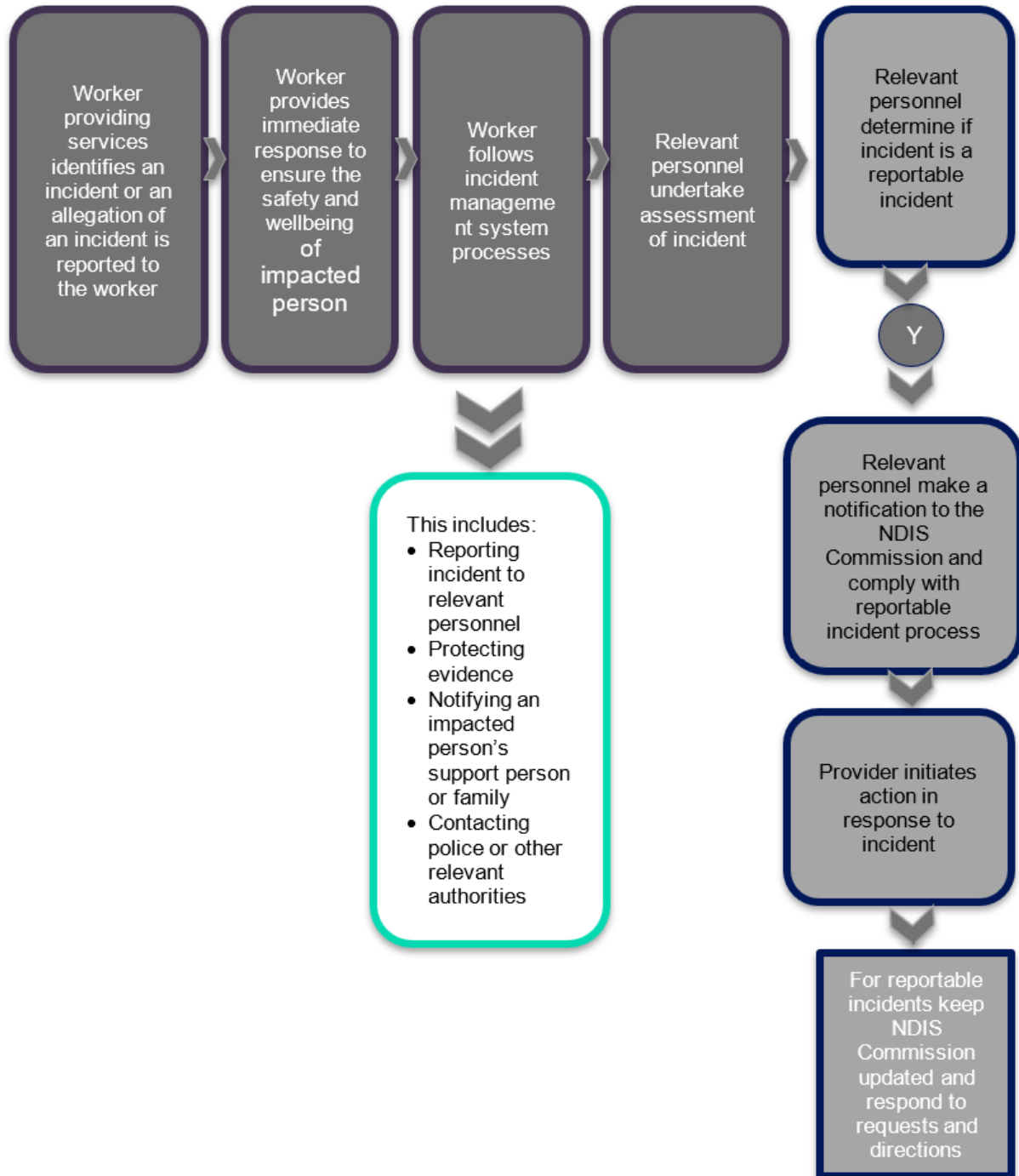
- discuss the content of an intimate nature or use sexual innuendo with participants, except where it occurs relevantly in the context of parental/advocate guidance or a therapeutic setting
- treat a participant unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality or ethnicity
- communicate directly with an underage participant through personal or private contact channels, e.g. social media, email, instant messaging or texting, except where that communication is reasonable in all the circumstances related to work or activities, safety concerns or other urgent matters.

4.5 Screening, supervising, training and human resource practices to reduce risk

Our staff will be required to undertake disability worker checks, relevant police, working with children checks and the mandatory NDIS Worker Orientation Module. All records will be maintained in their personnel file.

5.0 Procedure

Figure 1 Steps in Incident Management (Incident Management Systems – detailed guidance for NDIS Providers June 2019. Please note: any harm or reasonable suspicion of harm, abuse or neglect to children must be reported to the state authorities (see Working with Children Policy and Procedure)



5.1 Strategies to identify and reduce or remove the risk of harm

Sirian Star Enterprises Pty Ltd recognise that creating a safe organisation begins with a clear understanding of the potential risks to the participant and staff in our organisation’s setting. Sirian Star Enterprises Pty Ltd will identify possible issues and problems and plan to reduce or remove these risks. Risk identification will include consideration of cultural, linguistic, and trauma-informed needs of participants, including Aboriginal and Torres Strait Islander participants, CALD backgrounds, and people with complex needs.

To reduce the likelihood of harm, Sirian Star Enterprises Pty Ltd will consider, define and act against its organisational risks. These strategies include:

- considering the organisation, activities and services provided to participants
- reviewing and planning how to make all activities as safe as possible
- developing a safety plan for participants who require additional supports
- supporting participants with disabilities to understand plans and safety procedures using appropriate communication methods
- informing participants that they have the right to live in a safe environment
- acting proactively to reduce the likelihood of any risks.

5.2 Reporting violence, abuse, neglect, exploitation and discrimination

A report must be made if:

- a participant shows a change in behaviour or mood, which may indicate they are being abused
- someone is observed behaving toward a participant in a way that makes others feel uncomfortable
- a participant advises another person is abusing them
- a person advises that they are abusing another participant
- a participant or visitor informs that they have observed abusive or harmful acts
- a participant advises that they feel discriminated against, e.g. language and actions
- a participant presents as unkempt or seeking food
- there is evidence of unexplained bruising or similar
- an action or inaction is witnessed that may be considered abusive, harmful or at risk of harm
- when an individual, for any reason, believes a participant is being abused.

Any person making a report of harm, abuse, or neglect is protected from retaliation under Sirian Star Enterprises Pty Ltd's Whistleblower Protection Policy. Reports can be made anonymously if preferred. Staff have a duty of care to report concerns under NDIS obligations.

Failure to report an abusive, harmful or risk of harm situation may result in a criminal offence. Reporting procedure below relates to the following:

- abuse or neglect of a person with a disability (including harm and risk of harm for those under 18s)
- unlawful sexual or physical contact with, or assault of, a person with a disability
- sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming for sexual activity
- Unauthorised use of restrictive practices to a person with a disability.

5.3 Assault identification and response

Step 1. Identified potential or real risk of harm to a participant

- Inform management of the identified or actual risk of violence, abuse, neglect, exploitation and discrimination.
- If a real risk has occurred, Sirian Star Enterprises Pty Ltd will follow the reporting procedure listed below in 5.4 How to report (for more information, refer to the Reportable Incident, Accident and Emergency Policy and Procedure listed below).
- Steps 2 to 4 (below) will be followed as part of our prevention strategies if a real risk has not occurred.

Step 2. Response to a potential or real risk of harm to a participant

- Delegated management officer will contact the police or governing state body, or in case of emergency, we will call 000 (follow the reportable incident process listed below)
- Support the participant by offering to contact relevant support persons (e.g. family member or advocate)
- If the risk of harm has not occurred, then management should review the Incident Report and determine prevention strategies

Step 3. Documentation

- Reporting staff member to complete the Incident Report.
- The Senior Care Coordinator will complete the Incident Investigation Form and the Incident Investigation Form Final Report (as required).

Step 4. Follow up

- The Operations Manager and/or Senior Care Coordinator will check on the participant after the event to ensure they receive any required support.
- Sirian Star Enterprises Pty Ltd will review our incident management system to identify if any additional preventative measures could be introduced to improve organisational practices.
- Sirian Star Enterprises Pty Ltd will train our staff as required to prevent harm to the participant.

5.4 Reporting roles

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
 - the authority to review reports before submission to the NDIS Commission.

- submits new reportable incidents
 - views previous reportable incidents submitted by their organisation.
2. Authorised Reportable Incidents Notifier responsibilities:
 - supports the Authorised Reportable Incident Approver to collate and report the required information
 - creates new reportable incident notifications to be saved as a draft for review and submission by the Authorised Reportable Incident Approver.
 3. Mandated notifier responsibilities for children (see Working with Children Policy and Procedure)

5.5 How to report

The Operations Manager and/or Senior Care Coordinator will review the information and contact the police immediately to inform them of the suspected abuse.

For Module 2A implementing providers, unauthorised use of a restrictive practice constitutes a reportable incident. The provider must notify the NDIS Commission within five business days of becoming aware of the use.

Reportable incidents are submitted via the NDIS Commission Portal - [My Reportable Incidents](#) page as follows:

1. Complete an Immediate Notification Form and submit it within 24 hours:
 - Approved Reportable Incident Notifier will create for approval.
 - Approved Reportable Incident Approver will approve and submit.

Note: Approved Reportable Incident Notifier may create and submit as required by the circumstance of the incident. The participant's valid NDIS Number must be entered.

2. The 5-day Form is to be completed within five days of key stakeholders being informed of an incident:
 - Approved Reportable Incident Notifier will create a form for approval.
 - Approved Reportable Incident Approver will approve and submit.

Note: Approved Reportable Incident Notifier may create and submit as required by the circumstance of the incident.

3. A final report will be submitted if requested by the NDIS Commission.
 - Approved Reportable Incident Notifier will create for approval.
 - Approved Reportable Incident Approver will approve and submit.

Note: Approved Reportable Incident Notifier may create and submit as required by the circumstance of the incident.

5.5.1 Timeframes for notifying the NDIS Commission about reportable incidents

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

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

5.6 Details to provide

The Operations Manager and/or Senior Care Coordinator will give the following information to the authorities:

- participant's name, age, date of birth and address
- description of injury, harm, risk of harm, abuse and neglect (outline current and previous)
- participant's current situation
- location of the participant and alleged perpetrator, if known
- explanation of when and how harm, risk of harm or abuse was discovered and by whom.

Note: NDIS forms must be submitted to the NDIS Commission. The required police contact will also use the above information if investigating an incident.

5.7 Investigating allegation or incident

An investigation is guided by relevant authorities such as the Police, NDIS and state reporting body for children (refer to Working with Children Policy and Procedure) to ensure that the internal investigation does not inadvertently affect the outcome of their investigation.

The Operations Manager and/or Senior Care Coordinator undertakes a review of the allegation or incident by:

- gathering data from the relevant person/s
- analysing the situation to determine what occurred, how it occurred, and the parties involved
- determining the effect on the participant/s
- consulting with relevant stakeholders; never seek information that may guide the participant, as this requires a specialist. Appropriate authorities will conduct any questioning once the incident is reported
- informing the participant or their family that they have access to a support advocate
- reviewing the outcome against practices
- undertaking action to prevent the incident from being repeated.

5.8 Support the participant

Reported allegations or incidents require the Operations Manager and/or Senior Care Coordinator to gather all the relevant information and make a report to the relevant authority, such as the police or via each state's reporting process.

Support will be provided to the participant relevant to the allegation or incident. The participant will be provided with an appropriate advocate if required.

5.9 Documentation

- Record all allegations and incidents in the Incident Register.
- Complete the Incident Report and Incident Investigation Form
- Complete the Incident Investigation Form, if required.
- All reports are to be included in the participant's file.
- Complete the Immediate Notification Form and 5-Day Form, and NDIS Report, as required.
- Maintain records for seven years.

6.0 Related documents

- Code of Conduct Agreement
- Incident Investigation Form
- Incident Report
- Incident Register
- Progress File Notes
- Risk Assessment Form
- Risk Management Plan Register
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Reportable Incident, Accident and Emergency Policy and Procedure
- Working with Children Policy and Procedure
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- The National Framework for Protecting Australia's Children
- United Nations Convention on the Rights of the Child 1989
- NDIS Code of Conduct (2018)
- NDIS Quality and Safeguarding Framework
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- Australia's Disability Strategy 2021–2031

Working with Children Policy and Procedure - South Australia

1.0 Purpose

The purpose of this policy is to ensure that children and young people under the age of eighteen are safe, respected, and protected from harm while receiving supports through Sirian Star Enterprises Pty Ltd. This policy outlines the standards, roles, and responsibilities for maintaining child-safe practices and ensuring that our environments are protective, inclusive, and respectful of children's rights.

2.0 Scope

This policy applies to all staff and third-party providers who engage with or may have contact with children or young people through Sirian Star Enterprises Pty Ltd's services.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to providing a safe, inclusive, and protective environment for all children and young people accessing our services. We will uphold the highest standards of child protection and actively embed child-safe practices in our operations.

This policy aligns with the NDIS Practice Standards, NDIS Code of Conduct, and National Principles for Child Safe Organisations. It also reflects legislative obligations under the Children and Young People (Safety) Act 2017 (SA), the Child Safety (Prohibited Persons) Act 2016 (SA), and the NDIS (Practice Standards – Worker Screening) Rules 2018.

Sirian Star Enterprises Pty Ltd will:

- Appoint a Child Safety Contact Officer, held by the Operations Manager and/or Senior Care Coordinator or delegate, to oversee compliance, respond to concerns, and support staff in implementing child-safe practices.
- Require all staff working in risk-assessed roles to complete a NDIS Worker Screening Check and provide evidence of a current, valid Working With Children Check issued by the South Australian Department of Human Services.
- Verify and record screening results in the NDIS Worker Screening Database and maintain accurate records in each personnel file.
- Ensure that staff understand and comply with mandatory reporting obligations, reporting any suspicion of abuse, neglect, or harm to the appropriate authorities without delay.
- Provide children and young people with access to appropriate support services, such as:

- **Kids Helpline:** 1800 55 1800
- **Child Wise:** www.childwise.org.au
- **Bravehearts:** www.bravehearts.org.au
- **eSafety Commissioner:** www.esafety.gov.au
- Support and encourage any individual to report concerns regarding a child's safety, and ensure they can do so without fear of retaliation.
- Promote early intervention and prevention strategies by embedding child safety in recruitment, induction, ongoing training, and daily practice.
- Follow our internal Statement of Commitment to guide staff and carers in recognising and fulfilling their role in safeguarding children and young people in care.

Sirian Star Enterprises Pty Ltd upholds the rights of children to feel safe, be heard, and participate in decisions affecting their lives. Child safety is everyone's responsibility, and we expect all workers to act with vigilance, care, and professionalism at all times.

4.0 Procedure

4.1 When to report a reasonable belief of harm or risk of harm

Risk assessments will consider NDIS-specific child safeguarding risks, including online grooming, unsupervised access, and third-party provider risks.

For any child and young person at immediate and real risk, staff must call 000 Police immediately and then inform management. The individual's safety must be at the forefront of all actions.

It is important to always search for the cause of a change in a participant's behaviour or unexplained physical symptoms. When a participant shows one or more of the possible signs of harm, risk of harm or abuse, it must be reported immediately, even though this does not automatically mean harm or abuse has occurred.

All abuse, neglect, or harm involving a NDIS participant under 18 must also be reported to the NDIS Commission as a Reportable Incident within 24 hours of awareness, in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Possible signs of harm or risk of harm are when:

- a participant shows a change in behaviour or mood that may indicate they are being harmed or abused
- someone is seen behaving inappropriately toward a participant
- a participant tells staff another person is harming or abusing them
- a person tells staff they are abusing a participant

- a participant or visitor advises staff that they have observed abusive or harmful acts
- someone observes an action or inaction towards the participant that may be considered abusive or harming
- a person suspects or believes a participant is being harmed or abused.

The staff member will report to the South Australian Government's Department of Child Protection on 13 14 78. Failure to report an abusive, harmful or at risk of harm situation may result in a criminal offence.

4.2 How to report

The staff member with a reasonable belief of harm or risk of harm will use the online child protection reporting system to report a less serious concern(s):

Department of Child Protection

Website:

<https://www.childprotection.sa.gov.au/report-suspected-harm/process-for-mandated-reporters>

The staff member will use their professional understanding and knowledge of child protection to determine when to contact the required reporting body. The Operations Manager and/or Senior Care Coordinator will undertake the following:

- At the time it is determined there is a risk of harm, they will report a suspected case of child harm, abuse or neglect via a phone call to:
 - Child Abuse Report Line (CARL) - Phone: 13 14 78
 - if at immediate risk, report to South Australia Police (SAPOL) on 000.
 - In cases involving Aboriginal children and young people, support is provided by Yaitya Tirramangkotti - an Aboriginal team, via the CARL number.
- All serious concerns are reported via the Child Abuse Report Line, not the website's online reporting system.

The individual who identifies the harm or risk of harm is the person who has made the report to CARL/SAPOL and is required to report internally, so Operations Manager and/or Senior Care Coordinator can report to the NDIS as abuse and neglect are identified as reportable incidents.

In all cases, the relevant authority (Department for Child Protection/SA Police) will guide us on how to proceed after a notification.

Once a report is made to CARL or SAPOL, the Operations Manager and/or Senior Care Coordinator is also responsible for reporting to the NDIS Commission within required timeframes. This includes completing the NDIS Reportable Incident Form through the MyNDIS portal.

4.3 Details to provide

The staff member will provide the following information to the Child Abuse Report Line:

- child's name, age, date of birth and address
- description of injury, harm, risk of harm, abuse or neglect (outline current and previous)
- child's current situation
- location of the child, parent or caregiver and alleged perpetrator
- when and how the staff member found out about the harm, risk of harm or abuse.

4.4 Child identification details and context

Sirian Star Enterprises Pty Ltd will need to provide enough detail to identify the child or young person and give context to your report, including:

- child's full name
- date of birth or age
- current address
- contact number
- school/kindergarten/childcare centre
- ethnicity, i.e. cultural background, aboriginal kinship group, non-English speaking
- who are the parents; do they all live in the same house; are there siblings in the house?
- alleged perpetrator's name, age, address, relationship to the child, and current whereabouts
- current whereabouts of the child of concern
- details of when the next expected contact with the alleged perpetrator will occur
- If in place, family court orders, apprehended violence orders, and domestic violence orders.

4.5 Supporting a child, young person, family and staff

Our management will put support strategies in place for the child, young person and their family. Strategies will vary according to the situation, and staff will be informed, trained, and supported in implementing strategies.

Strategies may include:

- Informing the child/young person/family that they are believed. One of the most helpful things you can do following disclosure of harm or risk of harm is to believe the child or young person.
- Reassuring the child or young person that they have done the right thing by telling someone about the harm and that they are not in trouble. Give them age-appropriate information

regarding what will happen next, ensuring that the adults take care of things (contact the Kids Helpline or Youth Helpline). Be careful not to make promises you can't keep, such as not telling anyone else.

- Acting protectively
- Taking immediate steps to ensure the child or young person's safety and the safety of other children or young people who may be exposed to harm or abuse.
- Providing adequate support to meet the needs of the individual circumstances, e.g. cultural support and advocacy support.
- Provide staff with debriefing and other supports to ensure their health and well-being are supported.

4.6 Defining child maltreatment, harm, abuse and neglect

Child maltreatment is the abuse and neglect that occurs to children under 18. It includes all types of physical and emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power

4.6.1 Physical harm or risk of harm

- Signs and symptoms: Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss or poor physical well-being.
- Causes: Hitting, slapping, pushing, punching or burning, which involves an incident that is non-accidental, resulting in pain or injury.

4.6.2 Psychological and emotional harm or risk of harm

- Signs and symptoms: Loss of interest in self-care, helplessness, withdrawal, apathy, insomnia, fearfulness, reluctance to communicate openly, choosing not to maintain eye contact, paranoia and confusion.
- Causes: Intimidation, humiliation, harassment, threatening behaviour, sleep deprivation, withholding affection, and not allowing a person to maintain their decision-making powers which lead to a pattern when repeated over time.

4.6.3 Sexual abuse

- Signs and symptoms: knowing more about sexual activities than other children their age, playing sexually, masturbating more than what's typical for their age and stage of development, refusing to undress for activities or wear additional layers of clothing, having bruising, bleeding, swelling, tears or cuts on their genitals or anus, having unusual vaginal odour or discharge, having itching or pain in the genital area, difficulty going to the toilet, walking or sitting, having a sexually transmitted disease or urinary tract infection, having

torn, stained or bloody clothing, especially underwear, being afraid of being alone with a particular person or going to a particular place, becoming withdrawn, unusually reactive or begins displaying high-risk behaviours (including substance misuse), being frequently depressed, feel suicidal or attempt suicide, creating stories, poems or artwork about abuse, Having problems sleeping or starts having nightmares, Starting to wet the bed or soil themselves.

- Causes: the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and violate social taboos of family roles.

4.6.4 Neglect

- Signs and symptoms: Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing, and lack of food.
- Cause: Intentional failure to provide basic life necessities.

4.6.5 Social harm or risk of harm

- Signs and symptoms: Sadness and grief due to people not visiting, anxiety after a specific person's visit, withdrawal, low self-esteem, appearing ashamed, passivity, and listlessness.
- Causes: Prevention of contact with friends or family, preventing access to social activities.

4.6.6 Grooming

- Signs and symptoms: Being very secretive about how they're spending their time, including when online, having money or new things like clothes and mobile phones that they can't or won't explain, depression and or anxiety, underage drinking or drug taking
- Causes: Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit, harm and abuse them.

4.6.7 Exposure to Family Violence

- Signs and symptoms: Aggression, anxiety, regressive behaviours, hypervigilance, poor sleep, or clinginess.
- Cause: Witnessing or being exposed to domestic or family violence between caregivers or household members.

5.0 Policy Review and Feedback

This policy and procedure will be reviewed at least every two years by the Operations Manager (or their delegate) or in response to legislative triggers or mandatory reportable matters. Reviews will incorporate staff, participants, and other stakeholder feedback where relevant.

6.0 Related documents

- Code of Conduct Agreement
- Child and Young People Handbook
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Report
- Incident Register
- Risk Assessment Form
- Risk Management Plan Register
- Reportable Incident, Accident and Emergency Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Risk-assessed Role Register
- Risk-assessed Role – Employee Register
- [Child Safety Statement of Commitment](#)
- [NDIS Reportable Incident Form](#)

7.0 References

- Children and Young People (Safety) Act 2017 (SA)
- NDIS (Practice Standards - Worker Screening) Rules 2018
- NDIS (Quality and Safeguards) Commission 2018
- The National Framework for Protecting Australia's Children
- [The National Principles for Child Safe Organisations](#)
- United Nations Convention on the Rights of the Child 1989
- Children and Young People (Oversight and Advocacy Bodies) Act 2016 (SA)
- NDIS Code of Conduct Rules 2018

Child Safe Environment Policy and Procedure - South Australia

1.0 Purpose

The purpose of this policy is to ensure that children and young people under the age of eighteen are safe, respected, and supported in environments free from harm, abuse, neglect, exploitation, and discrimination. Sirian Star Enterprises Pty Ltd aims to uphold the rights of every child to feel protected and empowered, while providing services that foster participation, confidence, and well-being. This policy outlines how our organisation will implement child-safe practices, support positive engagement with children and young people, and create a culture of awareness, prevention, and accountability.

2.0 Scope

This policy applies to all staff engaged by Sirian Star Enterprises Pty Ltd who provide supports to or interact with children and young people in any service setting.

3.0 Definitions

Term	Definitions
Child or young person	persons under 18 years of age.
Complainant	a person who makes a complaint
Harm	Section 17 of the Safety Act defines 'harm' as physical or psychological harm (whether caused by any act or omission), including harm caused by sexual, physical, mental or emotional abuse or neglect.
National Police Check	<p>a summary of an individual's offender history in Australia and a record of their criminal history relating to convictions, finding of guilt or pending court proceedings. They are available from South Australia Police (SAPOL) or organisations accredited by the Australian Criminal Intelligence Commission.</p> <p>It is an organisational decision if a National Police Certificate (NPC) is required for workers or volunteers. However, the organisation can no longer use the NPC to assess if a person is suitable to work or volunteer with children in South</p>

Term	Definitions
	Australia; this must be determined by a valid, not prohibited Working with Children Check
Working with Children Check	By law, people working or volunteering with children in South Australia must have a valid, not prohibited, Working with Children Check. A Working with Children Check assesses whether a person poses an unacceptable risk to children. As part of the process, the Screening Unit will look at criminal history, child protection information and other information.
NDIS Worker Screening Check	<p>It is an assessment of whether a person</p> <ul style="list-style-type: none"> ● who works, or seeks to work, with people with a disability poses a risk to them. ● is cleared or excluded from working in certain roles with people with disability. <p>The NDIS Worker Screening Check is conducted by the SA Worker Screening Unit and decides whether a person is cleared or excluded.</p> <p>Registered NDIS providers must only engage workers who have been cleared in certain risk-assessed roles. (Risk-assessed roles are determined to be a role with more than incidental contact with a participant and child NDIS Rules 2018).</p>

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to creating and maintaining a child-safe environment that protects children and young people from all forms of harm. Our practices are guided by the Children and Young People (Safety) Act 2017 (SA), the Child Safety (Prohibited Persons) Act 2016 (SA), and the National Principles for Child Safe Organisations, and are aligned with the NDIS Practice Standards and the NDIS Code of Conduct.

All staff, contractors, and volunteers must:

- Hold current, valid Working with Children Checks and NDIS Worker Screening Checks, verified before commencement in a risk-assessed role.
- Undertake induction and ongoing training in child protection, including mandatory reporting obligations under South Australian law.

- Comply with this policy, all related procedures, and the Code of Conduct.
- Immediately report any suspected harm or risk of harm to children and young people to the Child Abuse Report Line (CARL), and cooperate fully in follow-up processes.
- Engage with children and young people respectfully and supportively, ensuring they feel safe, heard, and able to raise concerns or complaints without fear.

Sirian Star Enterprises Pty Ltd has appointed the **{Manager Position}** (or delegate) as the designated Child Safety Contact Officer, responsible for:

- Overseeing child protection implementation, training, and compliance.
- Managing screening records and ensuring all checks are current and verified.
- Supporting staff in upholding child-safe practices and responding to concerns.
- Leading reviews of this policy every two years and lodging compliance statements as required.

Children and young people supported by Sirian Star Enterprises Pty Ltd will:

- Be provided with age-appropriate information about their rights, including how to make a complaint or raise safety concerns.
- Be encouraged to participate in support planning and service feedback through face-to-face meetings, surveys, and accessible communication formats.
- Have individual support plans tailored to their safety and development needs, with regular reviews and adjustments to support skill-building, independence, and participation.

Families and carers will be included in safeguarding processes and provided with handbooks and resources that explain our commitment to child safety and the expectations placed on all involved.

Sirian Star Enterprises Pty Ltd maintains a zero-tolerance approach to child abuse and neglect. All reportable incidents involving children will be managed in accordance with the NDIS (Incident Management and Reportable Incidents) Rules 2018, and all notifications will comply with Section 30(3) of the Children and Young People (Safety) Act 2017 (SA).

This policy is supported by and linked to the following documents:

- Working with Children Check Policy and Procedure
- • Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Risk Management Policy and Procedure
- Complaints and Feedback Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Aboriginal and Torres Strait Islander Policy and Procedure
- Human Resource Management Policy and Procedure

4.1 Risk Assessment

Sirian Star Enterprises Pty Ltd acknowledges that prevention is the best protection from harm or risk of harm and recognises their duty of care obligations to implement prevention strategies. Each child or young person has completed an Individual Risk Profile and Home Safety Checklist. This information allows us to create a Support plan designed to provide support and care for the child or young person, including physical safety and the child or young person's well-being. Risk Profiles and Safety Plans will be reviewed at least annually or earlier following an incident, complaint, or disclosure involving the child or young person.

Identified risks may include:

- Our culture is not child-safe focussed
- The organisation's current code of conduct is not role-related, targeted to our organisation, or is not circulated to or understood by staff and volunteers
- Children/young people do not feel included
- Children/young people and their families are not supported to report concerns, complaints and feedback
- Children/young people are physically touched by staff/volunteers to correct techniques (physiotherapy, occupational therapy)
- Children/young people have access to an unsafe online environment
- Organisational staff (including employees and volunteers) harm children/young people
- Third-party contractors (while delivering services for the organisation) harm children/young people
- Children/young people are not supported when harm occurs
- Recruitment of a 'prohibited person' within the organisation or contracting with a third party that does not have a Not Prohibited Working with Children Check (WWCC) or a child-safe environments compliance statement (see Appendix A)
- Allowing a person to work with children or young people while the WWCC is being processed
- Organisational staff (including employees and volunteers) do not understand their obligations to report harm and risk of harm to the Child Abuse Report Line and SA Police if a child/young person is at immediate risk or requires an internal reporting process before meeting legal obligations to report to CARL
- Use of power to hurt, scare or control children/young people
- Not allowing children/young people to participate in spiritual or religious practices that are important to them
- Children/young people are provided with unsupervised services
- The organisation holds overnight and offsite activities with children/young people Child safe environments compliance statement is not lodged with the Department of Human Services
- Taking images of children and young people

- Supervision of children and young people
- Physical environment
- Online communications between staff/volunteers and children/young people
- Protecting privacy and confidentiality
- Procedures for dealing with situations where a member is being investigated for or is charged with a serious criminal offence

Risk minimisation actions

- Child-focused Code of Conduct is in place that sets the behavioural standards expected, including what happens when a breach occurs, is circulated to staff and volunteers and is displayed in public places
- Meet the requirements of the Children and Young People (Safety) Act 2017 (which mandates child-safe environments) and the Child Safety (Prohibited Persons) Act 2016 (which mandates Working with Children Checks)
- Strategies are in place to make sure that child safety (through the National Principles for Child Safe Organisations) is embedded across the organisation
- The organisation uses inclusive, developmentally- appropriate language and resources to help children/young people to feel valued, respected and included
- Strategies to embed a child-safe organisational culture are reviewed and updated regularly
- The Child Safe Environments Policy is reviewed at least once every five years. When this happens, a new child-safe environments compliance statement is lodged with the Department of Human Services.
- Support through training and supervision is provided to organisational staff (including employees and volunteers) through
 - Quarterly reviews
 - Seeking feedback from supervisors
 - Induction training - understanding of harm and risk of harm and how to report effectively
 - regular supervision meetings are conducted to review practice and update where appropriate, and training is provided that increases
- Working with Children Checks (WWCC) ensures that people working with children and young people are assessed as not posing an unacceptable risk to children and young people. Those at an unacceptable risk ('Prohibited' WWCC) cannot work with children and young people.
- Recruitment processes, including undertaking referee checks to ensure the suitability of persons before they are employed/volunteer with our organisation, are completed
- When taking images of children and young people, must have the consent of the child or young person and parent/guardian consent required

- Complaints processes are in place and promoted to children, young people and their families to make sure that they feel safe reporting to the organisation
- Cyber safety and social media guidelines are in place and provided to all staff and volunteers
- Appropriate supervision is provided for all online activities
- Children and young people are to be supervised by parents/guardians at all times
- Our child-safe environments policies and procedures (including Code of Conduct) are made available to staff, volunteers, children, young people and their families by <insert options here – could include welcome/induction packs, website, Facebook>
- Children, young people and their families are encouraged to participate in our organisation and provide feedback through surveys, questionnaires, and feedback opportunities during sessions
- If children and young people are harmed, we support them and their families by <insert options here – could include following your organisation's reporting and responding to harm/risk of harm procedure which sets out the process for reporting to CARL and connecting those impacted with appropriate support services)
- Staff, volunteers and contractors undertake training to understand their obligations to report harm and risk of harm (see 4.2 below)
- All staff, volunteers, and contractors must read the National Principles for Child Safe Organisations, Code of Conduct, and the mandatory reporting guidance relevant to their state or territory, and undertake child safe e-learning modules in the first week of working with the organisation (see 4.2 below).
- Where physical contact is required, this is undertaken safely by explaining why contact is required and what will happen and asking the child/young person for their permission (or their family if this is more appropriate) before proceeding
- Staff, volunteers and contractors working with children and young people with disability must hold a valid Not Prohibited Working with Children Check (WWCC) even if they are working with children and young people less than seven days a year

According to our internal reviews of policies and procedures, this policy must be reviewed every two years.

Staff should guide children and young people who require assistance to Kids Helpline on 1800 55 1800 and Youth Helpline on 1300 13 17 19 for support, as required.

4.2 Staff requirements, support and training

All mandated notifiers must complete 'Safe Environments: Through Their Eyes' training in accordance with South Australian child protection requirements. Staff in risk-assessed roles are required to complete SMART online training as part of their induction and every three years thereafter, as part of our organisation's commitment to trauma-informed practice and child safeguarding.

The legislative requirement is that staff engaged in a risk-assessed role must have the required South Australian clearance checks. We will meet the requirements of the Child Safety (Prohibited Persons) Act 2016 and ensure that staff and volunteers have a valid, 'not prohibited' Working with Children Check issued by the Screening Unit of the Department of Human Services.

All staff must undergo an interview before a job offer is made. This interview will include the following:

- overview experience working with children and young people
- behaviour management techniques, e.g. questions such as:
 - Tell me about when you had to manage a child or young person with behavioural problems
 - How would you respond if a child or young person yelled at you?
 - What if they started to throw items?

Screening post-interview of the suitable candidate is essential, and this process includes at least two (2) reference checks and qualification checks. All hired staff will have buddying to two (2) shifts, be allocated a supervisor and have a probationary period.

During their onboarding process, all staff and volunteers are trained in child and young person safety and must undertake annual training to ensure they are current with standards and requirements. Staff must read and agree to comply with the Code of Conduct (see Appendix C). We will use the Mandatory Reporter Guide as part of the training. Our staff annual performance review will review current knowledge of standards and reporting. This information will be used to create relevant training against SA requirements. All information will be recorded in the person's Staff Training Record; note contractors will have this form to record their training to ensure compliance.

Staff will be trained in the following:

- The real or potential risk of harm indicators
- Mandatory reporting obligations
- Internal requirements for informing management
- Completing Incident Investigation so management can review the information
- Not asking leading questions
- Code of Conduct
- Commitment to the safety of children and young people
- Record keeping and information sharing
- Job description

Our mandated notifiers to attend a 'Safe Environments: Through Their Eyes' training course. Management meetings will include child and young person's safety on their agenda. Staff, contractors, and volunteers must:

- read and understand the Mandatory Notification Information Booklet (see: https://dhs.sa.gov.au/data/assets/pdf_file/0003/103179/CSE-Mandatory-notification-information-booklet.PDF)
- complete the online SMART (Strategies for Managing Abuse Related Trauma) training (see: <https://professionals.childhood.org.au/prosody/2015/07/smart-online>)
- view the resources Keeping our kids safe developed by SNAICC at <https://www.snaicc.org.au/policy-and-research/child-safety-and-well-being/keeping-our-kids-safe/>
- be provided with professional development opportunities to build knowledge and skills regarding the well-being and development of children and young people
- regularly complete the specific training, e.g. every three years (mandatory reporting, Keeping our kids safe)

All staff have quarterly supervision and support meetings or visits, allowing us to determine the current knowledge and skills of the worker, therefore, allowing us to create additional support and guidance as required. Staff reporting any risk of harm will undertake a debriefing session, and this session will determine additional support required, e.g. professional support.

Before employment, staff must undergo the Working with Children Check and NDIS worker screening process. Results are recorded in their personnel file. Employees performing within a child or young person-related role have been determined as risk-assessed and require NDIS Worker Screening via the SA Worker Screening Unit (WSU). The employee must apply to the Department of Human Services Screening Unit, provide the relevant application information and pay the fee.

It is then the responsibility of the Operations Manager and/or Senior Care Coordinator to verify all risk-assessed roles and maintain appropriate records using the Contractor Risk Assessed Check Form, Risk Assessed Role Register and the Risk-Assessed Role – Employee Register. Staff cannot work with children and young people unless their worker's screening has been verified.

Staff, volunteers, contractors, or other relevant parties must comply with child-safe standards, legislation, and regulations. If a person breaches these compliance requirements, the Operations Manager and/or Senior Care Coordinator will advise the Screening Unit regarding this person, including any serious criminal offence, child protection information, or disciplinary or misconduct

information. The informing method will vary according to the current issue but will usually be via phoning the Screening Unit.

5.0 Procedure

5.1 Communication

We have developed a Child and Young Person Handbook and Staff handbook that informs children, young people, and staff about their rights and their right to participate in decisions affecting them. We will always take input seriously, as per National Principle 2.

During the initial intake, development of a support plan and reviews, our team informs and involves families in promoting the safety of the child or young person. We work with the child or young person's community to ensure information is provided and they are involved in their safety and well-being (National Principle 3).

To comply with Chapter 8 (Section 114(5)) of the Children and Young People (Safety) Act 2017), children, young people, their families, networks, staff, and contractors can request a copy of the organisation's child-safe environments policies and procedures. We will make this information available on our website for easy access. To request a copy:

1. Email admin@sirianstar.com.au
2. Telephone 1300 141 482
3. Operations Manager and/or Senior Care Coordinator or their delegate will forward the policy within two working days

5.2 Listening to children and young people (National Principle 2)

Our organisation will

- communicating using age and developmentally-appropriate language)
- feedback and concerns can be reported by children, young people and their families or carers by:
 - Email admin@sirianstar.com.au
 - Telephone 1300 141 482
 - Anonymously self-addressed envelope provided at intake
 - Staff or contractors who will record and inform management
- Design consultation methods suited to our clientele and that consider the child or young person's age, developmental level and cultural backgrounds
- using a survey (hard copy or online)

- invite formal or informal feedback from children and young people about their experiences with us
- invite children and young people to be represented on a board or committee or organise a youth committee or focus group

5.3 When to report a real or potential risk of harm situation

For any child and young person at immediate and real risk, staff must call 000 Police immediately and inform management. The individual's safety must be at the forefront of all actions.

Staff must be informed of their obligations, including legislation provisions Criminal Law Consolidation Act (Section 64A and 65):

- failure to report child sexual abuse may lead to a maximum of 3 years imprisonment
- failure to protect a child from sexual abuse may lead to 15 years imprisonment

It is important to always search for the cause of a change in a child or young person's behaviour or unexplained physical symptoms. If a child or young person shows one or more possible signs of harm or risk of harm, it must be reported immediately, even though this does not automatically mean harm has occurred.

Possible signs of harm or risk of harm are when:

- a child or young person shows a change in behaviour or mood that may indicate they are at risk of real or potential harm
- someone is seen behaving inappropriately towards a child or young person
- a child or young person tells staff another person is abusing them
- a person tells staff they are abusing a child or young person
- a child, young person or visitor advises staff that they have observed abusive or harmful acts
- someone observes an action or inaction towards the child or young person that may be considered abusive
- a person suspects or has reason to believe a child or young person is at risk of real or potential harm.

The person (reporter) who formed the suspicion or belief of harm must report to the South Australian Government's Department of Child Protection. Failure to report an abusive, harmful or at risk of harm situation may result in a criminal offence.

5.4 How to report

The reporter will use the online child or young person protection reporting system to report a less serious concern(s):

Department of Child Protection

Website: <https://www.childprotection.sa.gov.au/reporting-child-abuse/report-child-abuse-or-neglect>

The staff member will use their professional understanding and knowledge of child and young person protection to determine when to contact the required reporting body. The reporter will undertake the following:

- At the time it is determined there is a risk of harm, they will report a suspected case of a child or young person's harm or risk of harm via a phone call to the following:
 - Child Harm or risk of harm Report Line (CARL) - Phone: 13 14 78
 - if at immediate risk, report to South Australia Police (SAPOL) on 000.
 - In cases involving Aboriginal children and young people, support is provided by Yaitya Tiramangkotti - an Aboriginal team, via the CARL number.
- All serious concerns are reported via the Child Abuse Report Line, not the website's online reporting system.

The individual who identifies the harm or risk of harm is the person who makes the report to CARL/SAPOL and afterwards is required to report internally, so Operations Manager and/or Senior Care Coordinator can determine if further support is required for the child or the family.

In all cases, the relevant authority (Department for Child Protection/SA Police) will guide us on how to proceed after a notification.

5.5 Details to provide

The staff member will provide the following information to the Child Abuse Report Line:

- Child or young person's name, age, date of birth and address
- description of injury, harm or risk of harm (outline current and previous)
- child or young person's current situation
- location of the child, young person, parent or caregiver and alleged perpetrator
- when and how the manager found out about the harm or risk of harm.

5.6 Child identification details and context

Sirian Star Enterprises Pty Ltd will need to provide enough detail to identify the child or young person and give context to your report, including:

- child or young person's full name
- date of birth or age
- current address
- contact number
- school/kindergarten/childcare centre

- ethnicity, i.e. cultural background, aboriginal kinship group, non-English speaking
- who are the parents; do they all live in the same house; are there siblings in the house?
- alleged perpetrator's name, age, address, relationship to the child or young person, and current whereabouts
- current whereabouts of the child or young person of concern
- details of when the next expected contact with the alleged perpetrator will occur
- If in place, family court orders, apprehended violence orders, and domestic violence orders.

5.7 Supporting a child, young person, family and staff

Our management will put support strategies in place for the child, young person and their family. Strategies will vary according to the situation, and staff will be informed, trained, and supported in implementing strategies.

Strategies may include:

- Inform the child/young person/family that they are believed. One of the most helpful things you can do following disclosure of harm or risk of harm is to believe the child or young person.
- Reassure the child or young person that they have done the right thing by telling someone about the harm and that they are not in trouble. Provide them with age-appropriate information regarding what will happen next, ensuring that the adults take care of things (contact the Kids Helpline or Youth Helpline). Be careful not to make promises you can't keep, such as not telling anyone else.
- Act protectively
- Take immediate steps to ensure the child or young person's safety and the safety of other children or young people who may be exposed to harm, risk of harm or abuse.
- Provide adequate support to meet the needs of the individual circumstances, e.g. cultural support and advocacy support.
- Provide staff with debriefing and other supports to ensure that their health and well-being are supported.

5.8 Defining child maltreatment, harm or risk of harm and neglect

Child maltreatment is the abuse and neglect that occurs to children under 18. It includes all types of physical and emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

5.8.1 Physical harm or risk of harm

- Signs and symptoms: Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss or poor physical well-being.

- Causes: Hitting, slapping, pushing, punching or burning, which involves an incident that is non-accidental, resulting in pain or injury.

5.8.2 Psychological and emotional harm or risk of harm

- Signs and symptoms: Loss of interest in self-care, helplessness, withdrawal, apathy, insomnia, fearfulness, reluctance to communicate openly, choosing not to maintain eye contact, paranoia and confusion.
- Causes: Intimidation, humiliation, harassment, threatening behaviour, sleep deprivation, withholding affection, and not allowing a person to maintain their decision-making powers which lead to a pattern when repeated over time.

5.8.3 Sexual abuse

- Signs and symptoms: knowing more about sexual activities than other children their age, playing sexually, masturbating more than what's typical for their age and stage of development, refusing to undress for activities or wear additional layers of clothing, having bruising, bleeding, swelling, tears or cuts on their genitals or anus, having unusual vaginal odour or discharge, having itching or pain in the genital area, difficulty going to the toilet, walking or sitting, having a sexually transmitted disease or urinary tract infection, having torn, stained or bloody clothing, especially underwear, being afraid of being alone with a particular person or going to a particular place, becoming withdrawn, unusually reactive or begins displaying high-risk behaviours (including substance misuse), being frequently depressed, feel suicidal or attempt suicide, creating stories, poems or artwork about abuse, Having problems sleeping or starts having nightmares, Starting to wet the bed or soil themselves.
- Causes: the involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, are unable to give informed consent to and that violate social taboos of family roles

5.8.4 Neglect

- Signs and symptoms: Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing, and lack of food.
- Cause: Intentional failure to provide basic life necessities.

5.8.5 Social harm or risk of harm

- Signs and symptoms: Sadness and grief due to people not visiting, anxiety after a specific person's visit, withdrawal, low self-esteem, appearing ashamed, passivity, and listlessness.
- Causes: Prevention of contact with friends or family, preventing access to social activities.

5.8.6 Grooming

- Signs and symptoms: Being very secretive about how they're spending their time, including when online, having money or new things like clothes and mobile phones that they can't or won't explain, depression and or anxiety, underage drinking or drug taking
- Causes: Grooming is when someone builds a relationship, trust and emotional connection with a child or young person, their family or with other workers in an organisation so they can manipulate, exploit and abuse them

5.9 Complaints and Feedback

This section is not used when there is a reasonable belief that a child or young person has been harmed or is at risk of harm (refer to 4.3 above). Any complaint about staff, volunteers or contractors that identifies and is found to be real may lead to disciplinary measures and their employment being ceased. Any validated complaint related to child protection will lead to the termination of employment.

Complaints and suggestions can be made by:

- using the Complaints and Feedback Form or the Anonymous Complaints and Feedback Form
- contacting a member of staff, verbally or in writing, our staff must offer to document the complaint on behalf of the participant if required and refer the matter to the Operations Manager and/or Senior Care Coordinator
- contacting the Complaints Manager, verbally or in writing
- responding to questionnaires and surveys
- sending an email to our contact email
- attending meetings/care conferences
- contacting external complaint agencies, e.g. NDIS Quality and Safeguards Commission, Department of Child Protection
- communicating orally, in writing, or by any other relevant means.

Contacts for making a complaint are listed below:

Operations Manager	Renae Gunn
Email address	Renae@sirianstar.com.au
Phone Number	0403 283 872
Postal Address	633 Blamey Road, Yarroweyah, VIC, 3644

Complaints may be made by:

- staff
- participants (adults, children, and young people)

- public
- advocates
- family members
- carers
- anonymous person/s.

Results are recorded in the Complaints Compliments and Feedback Register, allowing input into our continuous improvement processes. The Continuous Improvement Register will record improvements established after finalising the complaint management process.

If a complaint is about:

- **Support or services:** The Complaints Manager will deal with the complaint.
- **Staff member/s:** The Complaints Manager will deal with the complaint
- **CEO/Manager:** An external person or body may be approached, e.g. NDIS Quality and Safeguards Commission.

All staff, participants, family and advocates, visiting health professionals, and visitors are informed of our complaints process via:

- participant welcome information
- initial access to supports
- staff orientation, induction and training
- Meetings, reviews and assessments
- participant agreements
- contractor agreements.

If a complaint or allegation involves abuse, neglect, exploitation, or any other NDIS Reportable Incident, the complaint process must be paused, and the NDIS (Incident Management and Reportable Incidents) Rules 2018 must be followed. Immediate reporting to the NDIS Commission is mandatory within 24 hours.

5.9.1 Complaint management process

The investigation must adhere to impartiality, privacy, confidentiality, transparency and timeliness. Complaints will not be discussed with anyone who does not have responsibility for resolving the issue. Sirian Star Enterprises Pty Ltd must consider any cultural and linguistic needs of a participant and provide the relevant support mechanism, such as an interpreter or similar.

Complainants are provided with access to our Complaints and Feedback form. These may be accessed via staff or management. The Complaints Manager will review the individual's needs and

assist them using the best means to suit them. The variance between individuals requires a personal approach but may include the following:

- offering an advocate
- providing text telephone (TTY) service to people with a hearing impairment
- ensuring the meeting site is wheelchair accessible
- offering independent assistance to read and write to formulate and lodge a complaint
- seek information from the complainant to determine any special requirements (e.g. access or communication).

The resolution outcomes from a complaint will recognise that people who make a complaint are generally seeking one, or more, of the following outcomes:

- Acknowledgement:
 - genuinely listening without interruption
 - empathising
 - ensuring the complainant feels comfortable (e.g. being aware that staff may be defensive and consider how this is perceived)
 - acknowledgement of the effect of the situation on the individual
 - resolving to a good outcome
 - notifying regularly and promptly on steps undertaken.
- Answers:
 - clear explanations relevant to the issue are provided ONLY once all the facts are known.
- Actions (Action Plan):
 - what will be done?
 - who will do it?
 - action plan completion date
 - how progress will be communicated to all parties involved
 - oversight of actions.
- Apology:
 - consider the form of the apology and the managerial level of response
 - consider timeliness, sincerity
 - be specific and direct
 - accept responsibility if appropriate and provide information on the cause and impacts
 - explain without excuses
 - provide a summary of key actions to move forward and resolve the issue.

6.0 Policy Review and Feedback

This policy and procedure will be reviewed at least every two (2) years by the Operations Manager or in response to legislative triggers. Reviews will incorporate staff, participants, and other stakeholder feedback where relevant

Worker’s Acknowledgment

I understand that it is a condition of my employment that I comply with the terms and conditions detailed in this Policy.

I have read this Policy and agree to comply with its terms and conditions.

Name:	
Role/Position Title:	
Signature:	
Date:	

7.0 Related documents

- Child and Young People Handbook
- Staff Handbook
- Code of Conduct Agreement
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Report
- Incident Register
- Risk Assessment Form
- Risk Management Plan Register
- Reportable Incident, Accident and Emergency Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Human Resource Management Policy and Procedure
- Risk Management Policy and Procedure
- Working with Children Check Policy and Procedure
- Complaints and Feedback Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

8.0 References

- Children and Young People (Safety) Act 2017 (SA)
- Child Safety (Prohibited Persons) Act 2016 (SA)
- NDIS (Practice Standards - Worker Screening) Rules 2018
- NDIS (Quality and Safeguards) Commission 2018
- The National Framework for Protecting Australia's Children
- United Nations Convention on the Rights of the Child 1989

Appendix A Commitment to the safety of children and young people

Sirian Star Enterprises Pty Ltd is committed to the safety and well-being of all children and young people who will be the primary focus of our care and decision-making. We have zero tolerance for children and young people being at harm or risk of harm

We are committed to providing a child-safe environment where children and young people feel safe and their voices are heard about decisions that affect their lives. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and linguistically diverse backgrounds and the safety of children with a disability.

All people working for or with us are responsible for understanding the important and specific role they play individually and collectively to ensure that the well-being and safety of all children and young people are at the forefront of all they do and every decision they make.

In our planning and practices, we will

- Children and young people's safety and protection are our priority
- Children and young people are valued, respected and encouraged to participate. Their voice is essential to providing appropriate and safe support.
- Take a preventative, proactive and participatory approach to child safety.
- Value and empower children to participate in decisions that affect their lives.
- Foster a culture of openness that supports all persons to disclose harm or risks of harm to children safely
- Respect diversity in cultures and child-rearing practices while keeping child safety paramount.
- All children and young people are embraced regardless of their abilities, sex, gender, or social-economic or cultural background and equity is upheld
- Engage only the most suitable people to work with children and have high-quality staff, supervision and professional development.
- Ensure children and young people know who to talk with if they are worried or are feeling unsafe and that they are comfortable and encouraged to raise such issues.
- Assist children and young people in building skills that will assist them in participating in society
- Focus and take action on the protection of children and young people at risk of harm
- Value the input from children, young people and their families in our policies and practices.
- Report suspected harm or risk of harm, neglect or mistreatment promptly to the appropriate authorities.
- Share information appropriately and lawfully with other organisations where the safety and well-being of children are at risk; and

Child and Young Person's Handbooks and accessible display areas include information about services that can assist children and young people

- Kids Helpline on 1800 55 1800
- Youth Helpline on 1300 13 17 19)

Appendix B National Principles for Child Safe Organisations

Principle 1. Child Safety is embedded in organisational leadership, governance and culture

- Commitment to Safety (see Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure).
- Staff are trained in the following:
 - child safety
 - codes of conduct
 - behavioural standards when interacting with children
 - reporting obligations and record keeping.
- Risk Management Plans are undertaken for each child.
- Comply with NDIS Code of Conduct and Sirian Star Enterprises Pty Ltd's Code of Conduct.

Principle 2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

- Children can express their views and are provided with opportunities to participate in decisions that affect their lives:
 - upon commencement with our organisation
 - on an ongoing basis – regularly asked for their thoughts and ideas
 - at the review of their plan.
- The importance of friendships is recognised, and support from peers is encouraged, helping children feel safe and less isolated:
 - work with the child and the family to determine how best to assist with these linkages.
- Children can access abuse prevention programs and information:
 - provide links to relevant organisations, e.g. Kids Helpline
 - age-appropriate information that describes how adults should behave is provided.
- Staff are attuned to signs of harm and facilitate child-friendly ways for children to communicate and raise their concerns:
 - staff trained to work with each child
 - knowledge and skills are assessed to determine training to ensure skills and knowledge are evident.

Principle 3. Families and communities are informed and involved in promoting child safety and well-being

- All levels of the organisation must encourage families to take an active role in keeping children safe.

- Families and community members are encouraged to provide feedback on how the organisation keeps children safe, and this information is acted upon where necessary:
 - complaint and feedback forms
 - meetings about children.

Principle 4. Equity is upheld, and diverse needs are respected in policy and practice

- The **{Manager Position}** and our staff understand barriers that prevent children from disclosing abuse or adults.
- The **{Manager Position}** and our staff identify and respect the diverse needs, abilities and backgrounds of children and understand the value of treating them fairly:
 - review each child's cultural needs at intake
 - provide relevant, culturally sensitive, age-appropriate activities
- All staff are given information about the factors that increase a child's vulnerability to harm:
 - staff are trained and provided with information.
- The **{Manager Position}** ensures that our workforce reflects our participants' diversity, where possible.
- The **{Manager Position}** and staff adapt activities and services to ensure all children feel included:
 - a Risk Management Plan completed for each child
 - strategy planning takes place with the child and their family.

Principle 5. People working with children are suitable and supported to reflect child safety and well-being values in practice

- Sirian Star Enterprises Pty Ltd understands that recruitment does not rely solely on a WWCC, so we provide ongoing training opportunities for all staff:
 - induction
 - annual training.
- The **{Manager Position}** or delegate responsible for staff recruitment is aware of child-safe recruitment practices.
- Staff recruitment includes job advertisements identifying that our organisation values child safety.
- Our recruitment processes involve a range of interview questions to establish staff suitability. Background and reference checks are carried out and recorded. (see Human Resource Management Policy and Procedure and NDIS Worker Screening and Risk-assessed Roles Policy and Procedure).
- Supervision includes regular reviews to check whether staff follow Codes of Conduct and other Sirian Star Enterprises Pty Ltd child-safe policies.
- The **{Manager Position}** is responsible for monitoring all aspects of supervision and undertaking, at a minimum, quarterly supervision.

Principle 6. Processes to respond to complaints and concerns are child-focused

- The **{Manager Position}** creates a culture where complaints are taken seriously. All adults take responsibility for children's safety through our induction process and training staff in our culture.
- **{Manager Position}** clearly explains that breaches of Codes of Conduct will result in disciplinary action at induction and ongoing as part of our training requirements.
- Staff are provided support and information on what and how to report, including external bodies.
- Accessible processes enable children, staff and others to make complaints. Procedures describe likely timeframes, review processes and potential outcomes of complaints.
- Complaints are handled confidentially (see Complaints and Feedback Policy and Procedure)
- Processes are reviewed at regular intervals, and after complaints are made
- Documents are confidential, where required.

Principle 7. Staff and volunteers are equipped with knowledge, skills and awareness to keep children and young people safe through continual education and training

- The **{Manager Position}** provides ongoing education and training opportunities for all staff, including:
 - knowledge, skills and confidence to prevent and identify abuse
 - how to respond to complaints and escalate appropriately
 - if higher risks are identified, additional training is provided, e.g. behaviour management.
- The **{Manager Position}** is our child safety officer responsible for training.
- Training is regularly reviewed in response to emerging best practices.

Principle 8. Physical and online environments promote safety and well-being while minimising the opportunity for children and young people to be harmed

- The **{Manager Position}** sets expectations about behavioural standards for staff interacting with children in physical and online environments.
- Risk assessments identify areas where staff can interact with children unsupervised, including one-off events and overnight accommodation.
- Physical environments are altered to increase natural sight lines while respecting a child's right to privacy.
- Higher-risk areas (e.g. cars, boarding facilities and offsite locations) are managed using specific safety measures (e.g. spot checks).
- Children are provided information about online safety and regularly encouraged to tell staff about negative experiences.

- Children and young people will be supported to access age-appropriate digital safety education. Parents and families will be given information on risks such as online grooming, cyberbullying, and safe device usage. Staff will follow the organisation's digital and social media guidelines at all times.
- Staff and parents are provided information about risks in the online environment (e.g. online grooming, cyberbullying and sexting).

Principle 9. Implementation of national child safe principles is regularly reviewed and improved

- The **{Manager Position}** maintains a culture of continuous improvement to ensure that policies and procedures are implemented and routinely reviewed, even though staffing may change (see Continuous Improvement Policy).
- **{Manager Position}** knows the value of continuous monitoring, open conversations and exploring new ways to keep children safe.
- Child-safe policies and practices are reviewed annually.
- Staff refer to the Standards when creating, reviewing or evaluating child-safe policies and procedures.
- Critical incidents are used to identify the root cause of the problem, identify risks to children's safety, and make improvements (see Incident Investigation Form)
- Children are supported to provide feedback, which is acted upon as required.

Principles 10 Policies and procedures document how the organisation is safe for children and young people

- The **{Manager Position}** will ensure that policies and procedures are reviewed and compliant.
- Sirian Star Enterprises Pty Ltd acknowledges that we will be accountable for our policies and procedures.
- Staff are trained and knowledgeable about organisation procedures, especially how they relate to child safety

Appendix C Code of Conduct

I will

- Comply with the NDIS Code of Conduct and ensure my behaviour aligns with the rights, dignity, and safety of every child or young person.
- Act following our child and young persons' safety and well-being policies and procedures.
- Behave respectfully, courteously, and ethically towards children, young people, families, and other staff.
- Listen and respond to the views and concerns of children and young people, particularly if they communicate (verbally or non-verbally) that they do not feel safe or well.
- Promote the human rights, safety and well-being of all children and young people in the service.
- Demonstrate appropriate personal and professional boundaries.
- Consider and respect the diverse backgrounds and needs of children and young people.
- Create an environment that promotes and enables children and young people's participation and is welcoming, culturally safe and inclusive for all children, young people and their families.
- Involve children and young people in making decisions about activities, policies and processes that concern them.
- Contribute, where appropriate, to policies, discussions, learning and reviews about child and young person's safety and well-being.
- Identify and mitigate risks to children and young person's safety and well-being as required by our risk assessment and management policy or process.
- Respond to any concerns or complaints of the child or young person's harm or abuse promptly and in line with our services policy and procedure for receiving and responding to complaints.
- Report all suspected or disclosed child and young person harm or abuse required by Children & Young People (Safety) Act 2017 and our policy and internal and external reporting procedure.
- Comply with our protocols for communicating with children.
- Comply with Children & Young People (Safety) Act 2017 and these policies and procedures on record keeping and information sharing.
- Adhering to our Child Safe Environment Policy at all times and taking all reasonable steps to ensure the safety and protection of children and young people
- treating everyone (this includes staff, volunteers, students, children, young people and parents), including those of different races, ethnicity, gender, gender identity, sexual orientation, age, social classes, physical abilities or attributes and religious beliefs with respect and honesty and ensure equity is upheld
- being a positive role model to children and young people in all your conduct with them
- setting clear boundaries about appropriate behaviour between yourself and the children and

young people in your organisation – boundaries help everyone to understand their roles

- listening and responding appropriately to the views and concerns of children and young people
- ensuring another adult is always present or insight when conducting one-to-one coaching, instruction or other activity
- being alert to children and young people who are or may be at risk of harm and reporting this quickly to the Child Abuse Report Line (13 14 78)
- responding quickly, fairly and transparently to any serious complaints made by a child, young person or their parent/guardian
- encouraging children and young people to 'have a say' on issues that are important to them

I will not

- Engage in any unlawful activity with or concerning a child and young person.
- Engage in any activity that is likely to physically, sexually or emotionally harm a child or young person.
- engage in rough physical games
- develop any 'special' relationships with children and young people that could be seen as favouritism, such as the offering of gifts or special treatment
- do things of a personal nature that a child or young person can do for themselves, such as toileting or changing clothes
- discriminate against any child or young person because of age, gender, cultural background, religion, vulnerability or sexuality.
- Be alone with a child or young person unnecessarily.
- Arrange personal contact, including online contact, with children and young people I am working with for a purpose unrelated to our activities.
- Disclose personal or sensitive information about a child or young person, including images of a child or young person, unless the child, young person and their parent or legal guardian consent or unless I am required to do so by our policy and procedure on reporting.
- Use inappropriate language in the presence of children or young people, or show or provide children and young people with access to inappropriate images or material
- Work with children and young people while under the influence of alcohol or prohibited drugs.
- Ignore or disregard any suspected or disclosed child or young person's harm or abuse.

If I notice or consider any person has breached this Code of Conduct, then I will

- Act to prioritise the best interests of children and young people.
- Take action promptly to ensure that children and young people are safe.
- Promptly report any concerns to my manager or another manager or leader in Sirian Star Enterprises Pty Ltd.

- Follow policies and procedures for receiving and responding to complaints and concerns.
- Comply with SA requirements if relevant and with policy and procedure on internal and external reporting

I have read the Child Safe Environments Statement, Child Safety Standards, and this Code of Conduct and agree to abide by these requirements during my employment. I understand that breaches of this Code of Conduct may lead to disciplinary action or termination of my employment.

Name	
Position	
Date	

Adapted from Child Safety Organisations National Principles

Appendix A Commitment to the safety of children and young people

Sirian Star Enterprises Pty Ltd is committed to the safety and well-being of all children and young people who will be the primary focus of our care and decision-making. We have zero tolerance for children and young people being at harm or risk of harm

We are committed to providing a child-safe environment where children and young people feel safe and their voices are heard about decisions that affect their lives. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and linguistically diverse backgrounds and the safety of children with a disability.

All people working for or with us are responsible for understanding the important and specific role they play individually and collectively to ensure that the well-being and safety of all children and young people are at the forefront of all they do and every decision they make.

In our planning and practices, we will

- Children and young people's safety and protection are our priority
- Children and young people are valued, respected and encouraged to participate. Their voice is essential to providing appropriate and safe support.
- Take a preventative, proactive and participatory approach to child safety.
- Value and empower children to participate in decisions that affect their lives.
- Foster a culture of openness that supports all persons to disclose harm or risks of harm to children safely
- Respect diversity in cultures and child-rearing practices while keeping child safety paramount.
- All children and young people are embraced regardless of their abilities, sex, gender, or social-economic or cultural background and equity is upheld
- Engage only the most suitable people to work with children and have high-quality staff, supervision and professional development.
- Ensure children and young people know who to talk with if they are worried or are feeling unsafe and that they are comfortable and encouraged to raise such issues.
- Assist children and young people in building skills that will assist them in participating in society
- Focus and take action on the protection of children and young people at risk of harm
- Value the input from children, young people and their families in our policies and practices.
- Report suspected harm or risk of harm, neglect or mistreatment promptly to the appropriate authorities.
- Share information appropriately and lawfully with other organisations where the safety and well-being of children are at risk; and

Child and Young Person's Handbooks and accessible display areas include information about services that can assist children and young people

- Kids Helpline on 1800 55 1800
- Youth Helpline on 1300 13 17 19)

Appendix B National Principles for Child Safe Organisations

Principle 1. Child Safety is embedded in organisational leadership, governance and culture

- Commitment to Safety (see Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure).
- Staff are trained in the following:
 - child safety
 - codes of conduct
 - behavioural standards when interacting with children
 - reporting obligations and record keeping.
- Risk Management Plans are undertaken for each child.
- Comply with NDIS Code of Conduct and Sirian Star Enterprises Pty Ltd's Code of Conduct.

Principle 2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

- Children can express their views and are provided with opportunities to participate in decisions that affect their lives:
 - upon commencement with our organisation
 - on an ongoing basis – regularly asked for their thoughts and ideas
 - at the review of their plan.
- The importance of friendships is recognised, and support from peers is encouraged, helping children feel safe and less isolated:
 - work with the child and the family to determine how best to assist with these linkages.
- Children can access abuse prevention programs and information:
 - provide links to relevant organisations, e.g. Kids Helpline
 - age-appropriate information that describes how adults should behave is provided.
- Staff are attuned to signs of harm and facilitate child-friendly ways for children to communicate and raise their concerns:
 - staff trained to work with each child
 - knowledge and skills are assessed to determine training to ensure skills and knowledge are evident.

Principle 3. Families and communities are informed and involved in promoting child safety and well-being

- All levels of the organisation must encourage families to take an active role in keeping children safe.

- Families and community members are encouraged to provide feedback on how the organisation keeps children safe, and this information is acted upon where necessary:
 - complaint and feedback forms
 - meetings about children.

Principle 4. Equity is upheld, and diverse needs are respected in policy and practice

- The **{\$Manager Position}** and our staff understand barriers that prevent children from disclosing abuse or adults.
- The **{\$Manager Position}** and our staff identify and respect the diverse needs, abilities and backgrounds of children and understand the value of treating them fairly:
 - review each child's cultural needs at intake
 - provide relevant, culturally sensitive, age-appropriate activities
- All staff are given information about the factors that increase a child's vulnerability to harm:
 - staff are trained and provided with information.
- The **{\$Manager Position}** ensures that our workforce reflects our participants' diversity, where possible.
- The **{\$Manager Position}** and staff adapt activities and services to ensure all children feel included:
 - a Risk Management Plan completed for each child
 - strategy planning takes place with the child and their family.

Principle 5. People working with children are suitable and supported to reflect child safety and well-being values in practice

- Sirian Star Enterprises Pty Ltd understands that recruitment does not rely solely on a WWCC, so we provide ongoing training opportunities for all staff:
 - induction
 - annual training.
- The **{\$Manager Position}** or delegate responsible for staff recruitment is aware of child-safe recruitment practices.
- Staff recruitment includes job advertisements identifying that our organisation values child safety.
- Our recruitment processes involve a range of interview questions to establish staff suitability. Background and reference checks are carried out and recorded. (see Human Resource Management Policy and Procedure and NDIS Worker Screening and Risk-assessed Roles Policy and Procedure).
- Supervision includes regular reviews to check whether staff follow Codes of Conduct and other Sirian Star Enterprises Pty Ltd child-safe policies.

- The **{Manager Position}** is responsible for monitoring all aspects of supervision and undertaking, at a minimum, quarterly supervision.

Principle 6. Processes to respond to complaints and concerns are child-focused

- The **{Manager Position}** creates a culture where complaints are taken seriously. All adults take responsibility for children's safety through our induction process and training staff in our culture.
- **{Manager Position}** clearly explains that breaches of Codes of Conduct will result in disciplinary action at induction and ongoing as part of our training requirements.
- Staff are provided support and information on what and how to report, including external bodies.
- Accessible processes enable children, staff and others to make complaints. Procedures describe likely timeframes, review processes and potential outcomes of complaints.
- Complaints are handled confidentially (see Complaints and Feedback Policy and Procedure)
- Processes are reviewed at regular intervals, and after complaints are made
- Documents are confidential, where required.

Principle 7. Staff and volunteers are equipped with knowledge, skills and awareness to keep children and young people safe through continual education and training

- The **{Manager Position}** provides ongoing education and training opportunities for all staff, including:
 - knowledge, skills and confidence to prevent and identify abuse
 - how to respond to complaints and escalate appropriately
 - if higher risks are identified, additional training is provided, e.g. behaviour management.
- The **{Manager Position}** is our child safety officer responsible for training.
- Training is regularly reviewed in response to emerging best practices.

Principle 8. Physical and online environments promote safety and well-being while minimising the opportunity for children and young people to be harmed

- The **{Manager Position}** sets expectations about behavioural standards for staff interacting with children in physical and online environments.
- Risk assessments identify areas where staff can interact with children unsupervised, including one-off events and overnight accommodation.
- Physical environments are altered to increase natural sight lines while respecting a child's right to privacy.
- Higher-risk areas (e.g. cars, boarding facilities and offsite locations) are managed using specific safety measures (e.g. spot checks).

- Children are provided information about online safety and regularly encouraged to tell staff about negative experiences.
- Children and young people will be supported to access age-appropriate digital safety education. Parents and families will be given information on risks such as online grooming, cyberbullying, and safe device usage. Staff will follow the organisation's digital and social media guidelines at all times.
- Staff and parents are provided information about risks in the online environment (e.g. online grooming, cyberbullying and sexting).

Principle 9. Implementation of national child safe principles is regularly reviewed and improved

- The **{Manager Position}** maintains a culture of continuous improvement to ensure that policies and procedures are implemented and routinely reviewed, even though staffing may change (see Continuous Improvement Policy).
- **{Manager Position}** knows the value of continuous monitoring, open conversations and exploring new ways to keep children safe.
- Child-safe policies and practices are reviewed annually.
- Staff refer to the Standards when creating, reviewing or evaluating child-safe policies and procedures.
- Critical incidents are used to identify the root cause of the problem, identify risks to children's safety, and make improvements (see Incident Investigation Form)
- Children are supported to provide feedback, which is acted upon as required.

Principles 10 Policies and procedures document how the organisation is safe for children and young people

- The **{Manager Position}** will ensure that policies and procedures are reviewed and compliant.
- Sirian Star Enterprises Pty Ltd acknowledges that we will be accountable for our policies and procedures.
- Staff are trained and knowledgeable about organisation procedures, especially how they relate to child safety

Appendix C Code of Conduct

I will

- Comply with the NDIS Code of Conduct and ensure my behaviour aligns with the rights, dignity, and safety of every child or young person.
- Act following our child and young persons' safety and well-being policies and procedures.
- Behave respectfully, courteously, and ethically towards children, young people, families, and other staff.
- Listen and respond to the views and concerns of children and young people, particularly if they communicate (verbally or non-verbally) that they do not feel safe or well.
- Promote the human rights, safety and well-being of all children and young people in the service.
- Demonstrate appropriate personal and professional boundaries.
- Consider and respect the diverse backgrounds and needs of children and young people.
- Create an environment that promotes and enables children and young people's participation and is welcoming, culturally safe and inclusive for all children, young people and their families.
- Involve children and young people in making decisions about activities, policies and processes that concern them.
- Contribute, where appropriate, to policies, discussions, learning and reviews about child and young person's safety and well-being.
- Identify and mitigate risks to children and young person's safety and well-being as required by our risk assessment and management policy or process.
- Respond to any concerns or complaints of the child or young person's harm or abuse promptly and in line with our services policy and procedure for receiving and responding to complaints.
- Report all suspected or disclosed child and young person harm or abuse required by Children & Young People (Safety) Act 2017 and our policy and internal and external reporting procedure.
- Comply with our protocols for communicating with children.
- Comply with Children & Young People (Safety) Act 2017 and these policies and procedures on record keeping and information sharing.
- Adhering to our Child Safe Environment Policy at all times and taking all reasonable steps to ensure the safety and protection of children and young people
- treating everyone (this includes staff, volunteers, students, children, young people and parents), including those of different races, ethnicity, gender, gender identity, sexual orientation, age, social classes, physical abilities or attributes and religious beliefs with respect and honesty and ensure equity is upheld
- being a positive role model to children and young people in all your conduct with them
- setting clear boundaries about appropriate behaviour between yourself and the children and

young people in your organisation – boundaries help everyone to understand their roles

- listening and responding appropriately to the views and concerns of children and young people
- ensuring another adult is always present or insight when conducting one-to-one coaching, instruction or other activity
- being alert to children and young people who are or may be at risk of harm and reporting this quickly to the Child Abuse Report Line (13 14 78)
- responding quickly, fairly and transparently to any serious complaints made by a child, young person or their parent/guardian
- encouraging children and young people to 'have a say' on issues that are important to them

I will not

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- Engage in any activity that is likely to physically, sexually or emotionally harm a child or young person.
- engage in rough physical games
- develop any 'special' relationships with children and young people that could be seen as favouritism, such as the offering of gifts or special treatment
- do things of a personal nature that a child or young person can do for themselves, such as toileting or changing clothes
- discriminate against any child or young person because of age, gender, cultural background, religion, vulnerability or sexuality.
- Be alone with a child or young person unnecessarily.
- Arrange personal contact, including online contact, with children and young people I am working with for a purpose unrelated to our activities.
- Disclose personal or sensitive information about a child or young person, including images of a child or young person, unless the child, young person and their parent or legal guardian consent or unless I am required to do so by our policy and procedure on reporting.
- Use inappropriate language in the presence of children or young people, or show or provide children and young people with access to inappropriate images or material
- Work with children and young people while under the influence of alcohol or prohibited drugs.
- Ignore or disregard any suspected or disclosed child or young person's harm or abuse.

If I notice or consider any person has breached this Code of Conduct, then I will

- Act to prioritise the best interests of children and young people.
- Take action promptly to ensure that children and young people are safe.
- Promptly report any concerns to my manager or another manager or leader in Sirian Star Enterprises Pty Ltd.

- Follow policies and procedures for receiving and responding to complaints and concerns.
- Comply with SA requirements if relevant and with policy and procedure on internal and external reporting

I have read the Child Safe Environments Statement, Child Safety Standards, and this Code of Conduct and agree to abide by these requirements during my employment. I understand that breaches of this Code of Conduct may lead to disciplinary action or termination of my employment.

Name	
Position	
Date	

Adapted from Child Safety Organisations National Principles

Children and Young People Complaints and Feedback Policy and Procedure - South Australia

1.0 Purpose

The purpose of this policy is to ensure that children and young people receiving supports from Sirian Star Enterprises Pty Ltd feel safe, heard, and empowered to provide feedback or raise concerns in an environment that respects their rights, voice, and experiences. This policy aims to create a complaints culture where all feedback is seen as an opportunity for service improvement and is addressed in a manner that is inclusive, culturally safe, and accessible to all children, young people, families, and carers.

Sirian Star Enterprises Pty Ltd is committed to building trust by listening to the perspectives of children and young people and supporting them to speak up without fear. Complaints and feedback are essential to upholding a child-safe environment and achieving quality improvement across all services and supports.

2.0 Scope

The policy applies to all staff, contractors, volunteers, children, young people, families, carers and advocates involved with Sirian Star Enterprises Pty Ltd. It guides how complaints and feedback from children and young people are received, responded to, and used to improve services.

3.0 Definitions

Term	Definition
Complaint	A complaint should be interpreted broadly. It can include expressions of dissatisfaction about an organisation related to one or more of the follow its services or dealings with individuals. Allegations about the conduct of its staff, volunteers or other individuals engaged by the organisation. Another child or young person at the organisation or the handling of a prior concern

Complainant	The person who makes the complaint – child, young person, family member, advocate, staff member, volunteer, contractor or other stakeholders
Role	Role requirements
Complaints Manager	<p>The role of the Complaints Manager is to:</p> <ul style="list-style-type: none"> • manage the complaint process • manage reviews and make recommendations for continuous improvement using the information gained from the issue of the complaint • stand independently from the management to allow participants and staff members to be able to make a complaint about the management of the organisation • provide feedback and advice as required • review the complainant's needs to ensure that their mode of communication is managed (e.g. Easy Read, large print, translated documents, etc.) • collaborate with the complainant and their advocate • keep all parties informed during all stages of the complaint management process • handle all appeals related to the outcome of the complaint • complete all necessary reports and documents, including providing information to complainants and management • record all information in the Complaints Compliments and Feedback Register • review the Complaints Compliments and Feedback Register at monthly management meetings.

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to ensuring that all children and young people can express their concerns, complaints, or feedback freely and safely. Our organisation will maintain a child-focused complaints process that is accessible, inclusive, and responsive. This policy is guided by the Children

and Young People (Safety) Act 2017 (SA), NDIS (Complaints Management and Resolution) Rules 2018, and the NDIS Practice Standards, as well as the National Principles for Child Safe Organisations.

Sirian Star Enterprises Pty Ltd will:

- Appoint a designated Complaints Manager responsible for coordinating complaint handling, ensuring accessibility for all parties, and recording all outcomes in the Complaints Register and Continuous Improvement Register.
- Accept and respond to all feedback, regardless of whether it is submitted formally or informally, and treat it as valuable for service improvement.
- Provide child-appropriate resources to support understanding and engagement, such as the Child and Young People Handbook (Easy Read format), and include complaint guidance in participant and staff handbooks.
- Ensure complaints that involve reportable incidents are managed in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018, and referred to appropriate authorities, such as the Department for Child Protection (DCP), where required.
- Respond to concerns using the principles of procedural fairness, including informing the individual of any issues raised, offering an opportunity to respond, and ensuring impartiality and transparency in the decision-making process.
- Treat all information with confidentiality and ensure protection from retribution or discrimination for complainants.
- Respect the child or young person's right to participate in the process, and actively involve families, carers or advocates where appropriate.
- Offer support to individuals who need help to make a complaint, including interpreters or advocacy services, and promote understanding of external complaint options, such as the NDIS Commission or Department of Human Services.

Staff will:

- Be trained on the complaints procedure and children's rights as part of induction and ongoing professional development.
- Recognise and respond to all complaints promptly, respectfully, and without bias.
- Help children and young people feel safe to speak up, and listen to their concerns with sensitivity and empathy.
- Use feedback to identify service improvements and refer issues to the Continuous Improvement cycle.
- Work with children and their families to find suitable solutions, keep them informed of progress, and explain the outcome of any complaint made.

This policy reflects our organisational commitment to continuous improvement, accountability, and child safety, and will be audited annually.

5.0 Procedure

5.1 Complaint management process

5.1.1 Complaint training and information sharing

We aim to prevent the necessity for complaints; prevention strategies to reduce the complaints include:

- training staff and volunteers in the different ways children and young people express concerns or distress and disclose harm
- establishing and training staff in our Code of Conduct
- ensuring staff and volunteers understand:
 - the Code of Conduct,
 - children and young people's expressions of distress,
 - knowledge of suspicions of real or potential harm,
 - how to assist children and young people in making complaints using the Complaint Handling Guide: Upholding the rights of children and young people
 - complaints process and outcomes
 - potential outcomes of any breach of the policy or Code of Conduct
- providing information about our services:
 - Easy-read formats for children and young people – Child and Young People Handbook
 - Participant Handbook to family or community members
 - Staff Handbook and training for staff

5.1.2 Complaint management process overview

The process and investigation must adhere to impartiality, privacy, confidentiality, transparency and timeliness. Complaints will not be discussed with anyone who does not have responsibility for resolving the issue. Sirian Star Enterprises Pty Ltd must consider any cultural and linguistic needs of a participant and provide the relevant support mechanism, such as an interpreter or similar.

Complainants are provided access to our Complaints and Feedback form, which may be accessed via our website, staff or management. The Complaints Manager will review the individual's needs and assist them using the best means to suit them. Children first are the centre of all actions relating to complaints or grievances.

The variance between individuals requires a personal approach but may include the following:

- offering an advocate
- providing text telephone (TTY) service to people with a hearing impairment
- ensuring the meeting site is wheelchair accessible
- offering independent assistance to read and write to formulate and lodge a complaint

- seek information from the complainant to determine any special requirements (e.g. access or communication).

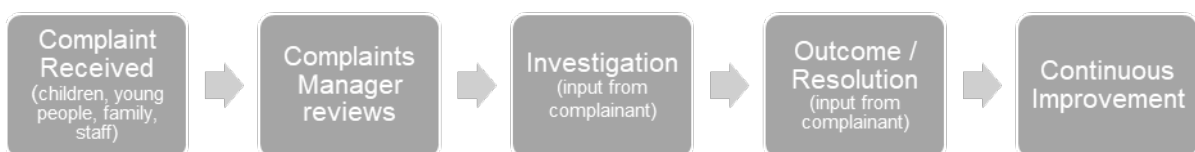
5.1.3 Resolution Overview

The resolution outcomes from a complaint will recognise that people who make a complaint are generally seeking one, or more, of the following outcomes:

- Acknowledgement:
 - genuinely listening without interruption
 - empathising
 - ensuring the complainant feels comfortable (e.g. being aware that staff may be defensive and consider how this is perceived)
 - acknowledgement of the effect of the situation on the individual
 - resolving to a good outcome
 - notifying regularly and promptly on steps undertaken.
- Answers:
 - clear explanations relevant to the issue, provided ONLY once all the facts are known.
- Actions (Action Plan):
 - what will be done?
 - who will do it?
 - action plan completion date
 - how progress will be communicated to all parties involved
 - oversight of actions.
- Apology:
 - consider the form of the apology and the managerial level of response
 - consider timeliness, sincerity
 - be specific and direct
 - accept responsibility if appropriate and provide information on the cause and impacts
 - explain without excuses
 - provide a summary of key actions to move forward and resolve the issue.

5.2 Complaint process

Figure 1 Complaint Process Overview



Complaints and suggestions can be made by:

- using the Complaints and Feedback Form or the Anonymous Complaints and Feedback Form
- contacting a member of staff, verbally or in writing, our staff must offer to document the complaint on behalf of the participant if required and refer the matter to the Complaints Manager, verbally or in writing
- responding to questionnaires and surveys
- sending an email to our contact email
- attending meetings/care conferences
- contacting external complaint agencies, see 5.5 Unresolved Complaints
- communicating orally, in writing, or by any other relevant means.

Complaints may be made by:

- staff
- children and young people
- participants
- public
- advocates
- family members
- carers
- anonymous person/s.

The Complaints Manager records results in the Complaints Compliments and Feedback Register, allowing input into our continuous improvement processes. The Continuous Improvement Register will record improvements established after the finalisation of the complaint management process.

If a complaint is about:

- Support or services: The Complaints Manager will deal with the complaint.
- Staff member/s: The Complaints Manager will deal with the complaint
- CEO/Manager: An external and independent person or body will be approached to manage.

Conflict of interest may occur if a complaint relates to senior management and the board (where one exists). To manage the real or perceived conflicts, we will:

- identify a real, perceived or potential conflict of interest
- follow the Complaints management process
- notify a senior manager or board member if a complaint is filed against them (unless there has been a confidentiality request)
- provide the individual with an opportunity to respond per the complaints management process.

All staff, children, young people, family and advocates, visiting health professionals, and visitors are informed of our complaints process via:

- welcome information – Child and Young People Handbook, Participant Handbook
- initial access to support meetings
- staff orientation, induction and training
- meetings, reviews and assessments
- participant agreements
- staff agreements
- contractor agreements.

5.2.1 Non-investigation complaint process

All complaints, where possible, will be managed directly and quickly at the point of service unless the complaint requires investigation (see the procedure outlined below). The non-investigation complaint process is as follows:

1. Issue reviewed by the Complaints Manager.
2. The complainant will be consulted, and the issue will be discussed to determine the actions required to resolve the issue. Sirian Star Enterprises Pty Ltd will offer complainant support from an independent advocate to reduce stress and anxiety during this process.
3. All available options will be discussed with the complainant and their advocate.
4. Where possible, a collaborative decision is finalised (i.e. acknowledgement, answer, action or apology).
5. The complainant is informed of the decision and the reasons for the outcome.
6. The complainant can seek to review the decision if they are unhappy with the resolution; this may lead to implementing the complaint investigation process.
7. If a complainant seeks a review, a review of the decisions may be resolved quickly by the Complaints Manager repeating the above points (2 to 5).

5.2.2 Verbal complaint was given to a frontline worker

If a frontline worker receives a verbal complaint, they must:

- contact the Complaints Manager at the first opportunity and before the end of their shift
- complete a Complaints and Feedback Form within 24 hrs on behalf of the complainant
- forward the completed Complaints and Feedback Form to the Complaints Manager immediately after completing the form.

The following complaint investigation process is then undertaken.

5.2.3 Complaint investigation process

Step 1. Acknowledge

1. Acknowledge all complaints quickly, within one working day, where possible.

Step 2. Review of the complaint

1. Sirian Star Enterprises Pty Ltd will offer the complainant support from an independent advocate to reduce stress and anxiety at the beginning and throughout the process.
2. We will ensure that the child or young person is treated respectfully, courteously and sensitively to promote their safety (staff are appropriately trained and will refer to the Complaint Handling Guide Upholding the Rights of Children and Young People for guidance).
3. Involve the complainant and their advocate using a consultative process to ensure their voice, views and preferred outcomes are heard and discussed.
4. Determine the outcome the complainant seeks (i.e. acknowledgement, answers, actions or apology). Information will be used to ensure that the complainant's feedback and requirements are at the core of the complaint investigation and management process.
5. Inform the complainant of the following:
 - their right to an advocate and interpreter
 - the stages of the complaint management and decision-making process
 - mechanisms implemented to protect the complainant's privacy
 - their right to complain refer to 5.5. Unresolved Complaints at anytime
 - actual progress and outcomes of the investigation.
6. Determine the type of complaint (i.e. service, support or process).
7. Notify the complainant and their advocate at each investigation stage and seek feedback.
8. If a consultative meeting is required, it will be held conveniently and in a safe environment, as determined by the complainant. The child or young person's record will be checked for a preferred contact for complaints. The child or young person will also be asked if they would like to nominate a staff member from Sirian Star Enterprises Pty Ltd who handles complaints to support them.
9. If the complainant is not satisfied with the reportable allegation response from the Complaints Manager and head of our organisation, then refer to 5.5 Unresolved Complaints.

Note: Service provision complaints are referred to the NDIS Commission.

Step 3. Assessing the complaint

1. When assessing a complaint, the Complaints Manager must prioritise the complaint and determine a resolution pathway (where required).
2. After the pathway is established, the complaint will be investigated.

3. Feedback from the complainant or their advocate must be used as part of this process (e.g. consultation meeting data).
4. When the complaint involves allegations of abuse, neglect or criminal conduct, the Complaints Manager will follow the Working with Children Policy and Procedure and the Reportable Incident, Accident and Emergency Policy and Procedure.
5. If the complaint is referred to the police or the Child Abuse Report Line (CARL) by the mandated notifier, then Sirian Star Enterprises Pty Ltd will not take any further action concerning the complaint until clearance is provided from these agencies.

Step 4. Investigation and decision making

1. When the complaint is lodged, the Complaints Manager should determine if it is practicable to find an immediate resolution (see 5.2.1 Non-investigation complaints process).
2. During the investigation and decision-making process, the Complaints Manager will:
 - keep the complainant informed about each stage of the investigation process only if cleared by the police and CARL
 - consult with the complainant to gather information about the underlying issue/s
 - analyse antecedents and underlying issues when determining a decision
 - review and approve all written reports and documents before they are sent out to all parties
 - respond to the complainant with a clear decision and any next actions (if any)
 - inform the complainant that they have the right to reject the outcome.

Step 5. After the decision

1. After the investigation and a satisfactory response have been documented, the Complaints Manager will:
 - inform the complainant and their advocate of the decision, including the reason for the decision, and they will provide options for how the complainant can review the decision
 - ensure that the complaint investigation is satisfactorily completed
 - determine if the complainant is satisfied with the outcome
 - follow-up and consult with the complainant/s about any concerns
 - close out the complaint.

5.2.4 Internal appeals

All internal appeal reviews are conducted by a delegated officer who was not involved in the original handling of the complaint. When conducting the internal appeal review, the following will be considered:

- the process adopted during the original complaint handling and whether it was fair and adequate to address all issues raised
- the basis for the decision/outcome made, including all available evidence to support the outcome, and whether the decision/outcome was properly explained to the complainant (including a child or young person if directly involved) or the complaint's subject.

The delegated officer may:

- uphold the original decision
- change the decision
- refer the matter to the Complaints Manager for further investigation of issues raised or for exploring alternative dispute resolution options.

5.3 Review and improvement

Sirian Star Enterprises Pty Ltd takes a systematic approach to incorporate a review of all issues raised by a complaint to identify and address any possible systemic issues and determine any continuous improvement actions identified during the complaints process. Management reviews the Complaints Register and Continuous Improvement Register during their meeting to ascertain changes required to policies and procedures to improve practices and ensure a child-first approach to our system.

The review and improvement process includes the following:

- ascertaining preventative actions and continuous improvement
- considering if any systemic issues require addressing
- recording the information regarding the complaint in the Complaints Compliments and Feedback Register
- recording the details of the improvement stemming from a complaint in the Continuous Improvement Register (if required)
- training staff in any new systems or actions
- adjusting policies and procedures
- monitoring the complaint resolution according to the internal audit schedule
- providing feedback to the complainant personally to inform them of the outcomes and influences of their issue raised within our organisation.

5.4 Documentation

All staff are provided training regarding the complaints process during orientation and ongoing training sessions, including Complaint Handling Guide: Upholding the rights of children and young people.

The complaints process is available for children, young people, families, carers and advocates via the information provided in relevant handbooks – Child and Young People, Participant and Staff and through the provision of Easy Read documents (as required).

Documentation of the complaint process is as follows:

- All complaints will be recorded in the Complaints Compliments and Feedback Register. Information in the register will include the following:
 - complaint details
 - identified issues
 - actions are undertaken to resolve the complaint
 - the outcome of the complaint.
- All documents, including the Complaint and Feedback Forms, are uploaded into the computer system.
- Copies of any information provided to the complainant are stored in their relevant file.
- All documents are confidential, and access is only permitted to employees relevant to the complaint. The Complaints Manager determines who is relevant.
- A copy of all complaint documents will be retained in the file for seven years from the record date.
- Statistical and other information will be collected to:
 - review issues raised
 - identify and address systemic issues
- A policy review will occur if legislative changes are determined by a regular or annual internal audit review.

In accordance with NDIS requirements, all complaints, feedback and associated records must be retained for a minimum of 7 years and stored securely in the complaints register.

5.5 Unresolved complaints

Unresolved complaints will be referred to the Complaints Manager for investigation and resolution. Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the complainant (with the complainant's permission).

When complaints cannot be resolved internally, the complainant may be referred to the following:

- **Health and Community Services Complaints Commissioner**
 - Phone 1800 232 007
 - [Health and Community Services Complaints Commissioner website](#)
- **The Public Advocate**
 - Phone 8342 8200
 - [The Public Advocate website](#)
- **Department for Child Protection (DCP)**
 - Phone: 13 14 78 (Child Abuse Report Line)
 - [Department for Child Protection](#)

- **NDIS Quality and Safeguards Commission**

- Phone: 1800 035 544 (free call from landlines) or TTY 133 677
- National Relay Service and ask for 1800 035 544.
- Interpreters can be arranged.
- An NDIS Complaint Contact Form can be completed online at business.gov.au

Where applicable, complaints may also be escalated to the relevant State or Territory Children's Commissioner, Ombudsman, or Child Protection Authority, particularly where child safeguarding concerns are involved.

5.6 Staff orientation and training

The staff orientation process includes training all employees in complaints and feedback. Our training includes:

- Complaints Handling Guide: Upholding the rights of children and young people
- reporting requirements and contacts details – mandatory notifiers
- providing information regarding Sirian Star Enterprises Pty Ltd's complaint and feedback process and procedures (e.g. forms to complete and how to assist participants wishing to make a complaint)
- identifying our Complaints Manager
- accessing complaint information to share with children, young people, families and stakeholders
- support techniques when working with children, young people and families
- encouraging staff to have a positive attitude towards complainants and a commitment to resolving all complaints
- creating an understanding of how feedback and complaints inform and guide our continuous improvement cycle
- understanding timeframes for reporting and resolving complaints.

Additional training will occur when practices and policies are changed due to a complaint or if staff are still unsure how to handle a complaint upon commencing work at Sirian Star Enterprises Pty Ltd.

6.0 Related documents

- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Process Checklist
- Complaints Compliments and Feedback Register
- Continuous Improvement Register
- Continuous Improvement Plan
- Participant Handbook
- Child and Young People Handbook
- Staff Handbook
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Risk Management Policy and Procedure
- Service Agreement

7.0 References

- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Act 2013 (Commonwealth)
- NDIS (Procedural Fairness) Guidelines 2018
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Complaint Handling Guide: Upholding the rights of children and young people
- National Principles for Child Safe Organisation
- Children and Young People (Safety) Act 2017 (SA)
- Child and Young Person (Safety) Regulations 2017 (SA)
- Child Safe Environments Policy Guidelines (SA Department of Human Services)

NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that all staff performing risk-assessed roles within Sirian Star Enterprises Pty Ltd meet the NDIS worker screening requirements, and that all workers who support or interact with participants uphold the highest standards of safety and suitability. Worker screening is one of the key safeguards to help protect people with disability from harm.

This policy outlines how risk-assessed roles are identified, how worker screening is verified and recorded, and the responsibilities of both management and workers in maintaining ongoing compliance with screening requirements. The policy also reinforces our commitment to providing a safe and high-quality service environment for all participants.

2.0 Scope

The policy applies to all staff Sirian Star Enterprises Pty Ltd performing duties in a risk-assessed role.

3.0 Definitions

Term	Definition
A risk-assessed role	<p>A key personnel role (person or an entity) as defined in s11A of the National Disability Insurance Scheme Act 2013 (e.g. a CEO or a Board Member) as:</p> <ul style="list-style-type: none"> • a role for which the regular duties include the direct delivery of specified supports or specified services to a person with a disability • a role for which the regular duties are likely to require ‘more than incidental contact with people with disability, which includes: <ul style="list-style-type: none"> o physically touching a participant o building a rapport with a participant is an integral and ordinary part of the performance of normal duties

Term	Definition
	<ul style="list-style-type: none"> o Contact multiple participants as part of the direct delivery of a specialist disability support or service or in a specialist disability accommodation setting.
Contractor	<p>When the NDIS provider engages another organisation or individual to perform work on their premises (or otherwise) as part of their support and services provision. The organisation or individual is considered a contractor with the registered NDIS provider.</p>
Exceptions/exemptions	<p>A registered NDIS provider may engage a person in a risk-assessed role, who does not have a NDIS Worker Screening clearance, only if the registered NDIS provider is subject to the transitional and unique arrangements and the registered NDIS provider is complying with those arrangements.</p> <p>A registered NDIS provider can also allow secondary school students on a formal work experience placement to engage in risk-assessed roles without having a NDIS Worker Screening clearance or an acceptable check under the transitional and special arrangements, provided the students are directly supervised by another worker who has a NDIS Worker Screening clearance or acceptable check under the transitional and special arrangements.</p>
Worker Screening Check	<p>The WSC is an assessment of whether a person who works, or seeks to work, with participants poses a risk.</p> <p>The worker screening check assessment determines whether a person is cleared or excluded from working in specific roles with participants.</p>
Worker Screening Unit (WSU)	<p>The Worker Screening Unit conducts the NDIS Worker Screening Check in the state or territory where a person applies.</p> <p>The Worker Screening Unit also decides whether a person is cleared or excluded.</p> <p>Registered NDIS providers must only engage workers who have been cleared in specific risk-assessed roles.</p>

Term	Definition
Key Personnel	Key personnel are individuals who hold key decision-making roles within the registered provider, such as directors, CEOs, or Board members.
National NDIS Worker Screening Database	<p>The National NDIS Worker Screening Database:</p> <ul style="list-style-type: none"> ● holds a register of cleared and excluded workers ● supports ongoing national monitoring of the criminal history records of workers with NDIS Worker Screening clearances ● means NDIS providers across the country can use a single online portal to verify their workers' Worker Screening Check applications and review the NDIS Worker Screening clearances of prospective workers without needing to contact individual state and territory Worker Screening Units ● helps NDIS providers with record-keeping requirements.

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to meeting its obligations under the [National Disability Insurance Scheme \(Practice Standards – Worker Screening\) Rules 2018](#), the NDIS Practice Standards and Quality Indicators 2021, and applicable state or territory worker screening legislation.

All roles considered risk-assessed are identified and documented by the **{\$Manager Position}**, who is also responsible for verifying worker screening clearances through the National Worker Screening Database (NWSD). This verification must occur prior to the individual commencing in a risk-assessed role.

A risk-assessed role is one that includes the direct delivery of NDIS supports or services to participants, or involves more than incidental contact with participants, including physical contact, face-to-face engagement, or access to personal and confidential information.

All individuals performing in a risk-assessed role must hold a current and valid NDIS Worker Screening Check, obtained through the relevant state or territory Worker Screening Unit (WSU). Applications must be submitted by the worker and linked to Sirian Star Enterprises Pty Ltd. The **{\$Manager Position}** or their delegate will record and manage this information in the following registers and forms:

- Contractor Risk Assessed Check Form
- Risk Assessed Role Register

- Risk Assessed Role – Employee Register

Sirian Star Enterprises Pty Ltd will not allow any person to commence or continue in a risk-assessed role unless they hold a valid clearance. Where an individual receives an adverse screening outcome (e.g., interim bar, suspension, or exclusion), they will be immediately removed from the role and prohibited from further engagement until resolved.

All workers are required to comply with the NDIS Code of Conduct, which includes acting with integrity, respect, and promoting safe, inclusive, and quality services. Ongoing training and supervision will support staff to meet their responsibilities under this policy.

The following table lists the NDIS registration groups that may have risk-assessed roles.

Table 1. Supports and services that may have risk-assessed roles as described by the NDIS

Descriptor
Assistance to access and maintain employment or higher education
High-intensity daily personal activities
Assistance in coordinating or managing life stages, transitions and supports
Assistance with daily personal activities
Assistance with travel/transport arrangements, but only if the services concern specialised transport to school/educational facility/employment/community (does not include public services, i.e. taxi, bus and train)
Specialist positive behaviour support
Community nursing care
Assistance with daily life tasks in a group or shared living arrangement
Innovative community participation
Development of daily living and life skills
Early intervention supports for early childhood
Specialised hearing services
Interpreting and translating
Participation in community, social and civic activities
Exercise physiology and personal training
Management of funding for supports in participant plans

Descriptor
Therapeutic supports
Specialised driver training
Specialised support coordination
Specialised supported employment
Hearing services
Customised prosthetics
Group and centre-based activities

Only employees who work in risk-assessed roles require worker screening clearances. Sirian Star Enterprises Pty Ltd is not required to verify that employees, who do not work in risk-assessed roles, have a NDIS worker screening clearance.

5.0 Procedure

5.1 Risk-assessed role

The **{Manager Position}** will determine whether the regular duties of a role involve more than incidental contact with a participant; this may include:

- physical contact
- face-to-face contact
- oral communication
- written communication
- electronic communication.

The **{Manager Position}** will review every role within Sirian Star Enterprises Pty Ltd and identify and record all risk-assessed roles in the Risk Assessed Role Register. Staff identified as working in a risk-assessed role will undergo the appropriate worker screening checks, and all clearance check details are recorded in the Risk Assessed Role – Employee Register.

Risk-assessed roles will be reviewed:

- As part of regular organisational reviews,
- Whenever there are significant role or duty changes,
- Following any incident that raises concerns about role-based risks.

Contractors engaged for risk-assessed roles must provide evidence of current worker screening checks and be monitored for compliance through the Contractor Risk Assessed Check Form. Roles determined as not risk-assessed are not required to hold worker screening clearances.

5.1.1 Documenting a risk-assessed role

The **{Manager Position}** will complete the Risk Assessed Role Register for each risk-assessed role and will document the following:

- risk assessed role title
- description of the role
- type of risk-assessed role (as contained in the NDIS (Practice Standards - Worker Screening) Rules 2018)
- date risk assessed role determined
- employees who are role assessed
- the name and title of the person who made the assessment.

5.1.2 New reclassification of risk-assessed role

When a new risk-assessed role is identified (or a current role is reclassified as a risk-assessed role following a review), the Risk Assessed Role Register must be updated within 20 business days of the identification (or review) of the risk-assessed role.

5.1.3 Worker risk assessed role checks

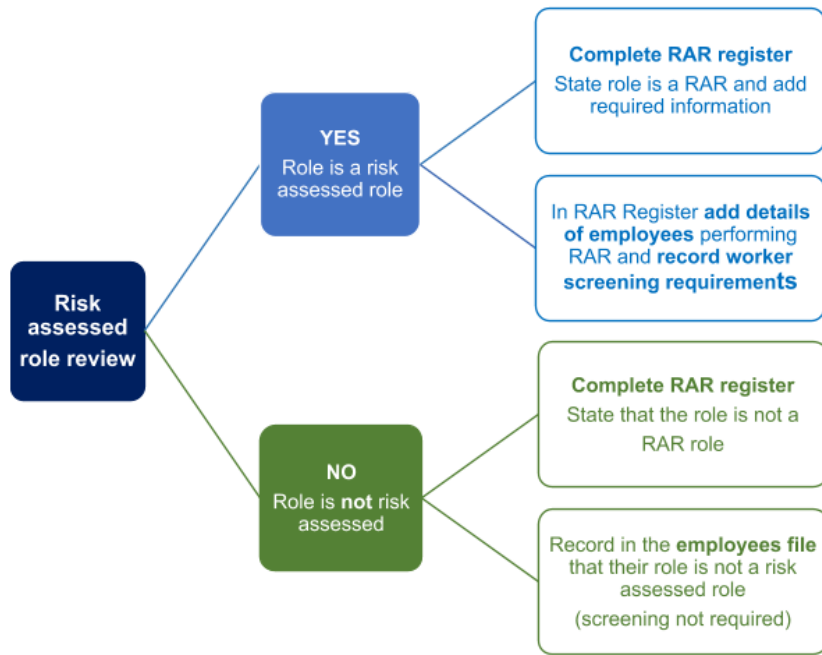
No worker will commence work in a risk-assessed role until their NDIS Worker Screening Check clearance is verified, recorded, and confirmed as current and valid.

The **{Manager Position}** or their authorised delegate will document all relevant details in the Risk Assessed Role – Employee Register for each employee in a risk-assessed role. Information documented includes:

- the full name, date of birth and address of the employee
- the risk-assessed role or roles in which the employee engages
- if the worker may engage in a risk-assessed role without a NDIS worker screening clearance:
 - the basis on which they may do so (refer to sections below regarding the exemptions to the requirement for a worker to have a NDIS Worker Screening clearance)
 - the start and end date of the period in which the exemption that allows them to work in a risk-engaged role applies
- the name of the staff member who supervises the worker during this period
- the worker's NDIS Worker Screening Check application reference number

- the worker’s NDIS Worker Screening Check the outcome expiry date
- whether the worker’s NDIS Worker Screening Check is subject to any decision which affects that Sirian Star Enterprises Pty Ltd may not allow the worker to engage in a risk-assessed role, and the nature of any such decision (i.e. interim bar, suspension, exclusion)
- records relating to an interim bar, a suspension, an exclusion, or any action taken by the provider concerning these kinds of decisions concerning any worker
- allegations of misconduct against a worker with a check and the registered NDIS provider's action in response to that allegation.

Table 1. Internal review process



5.1.4 Engaging contractors

All contractors and subcontractors engaged to perform work in a risk-assessed role must hold a valid NDIS Worker Screening Check clearance before the commencement of services.

When engaging contractors, Sirian Star Enterprises Pty Ltd will work with the contractor to ensure those contractor workers (including individual contractors) have the required worker screening checks and clearances.

When working with contractors, the **{Manager Position}** or their delegate will complete a Contractor Risk Assessed Check Form.

5.2 NDIS Worker Screening

All workers employed in a risk-assessed role must apply for a NDIS Worker Screening Check with the state’s Worker Screening Unit. The Worker Screening Unit manages the application process and collects the required fee.

The **{Manager Position}** or a delegated staff member must verify each worker’s screening status via the NDIS Commission Portal, which is linked to the National Worker Screening Database (NWSD).

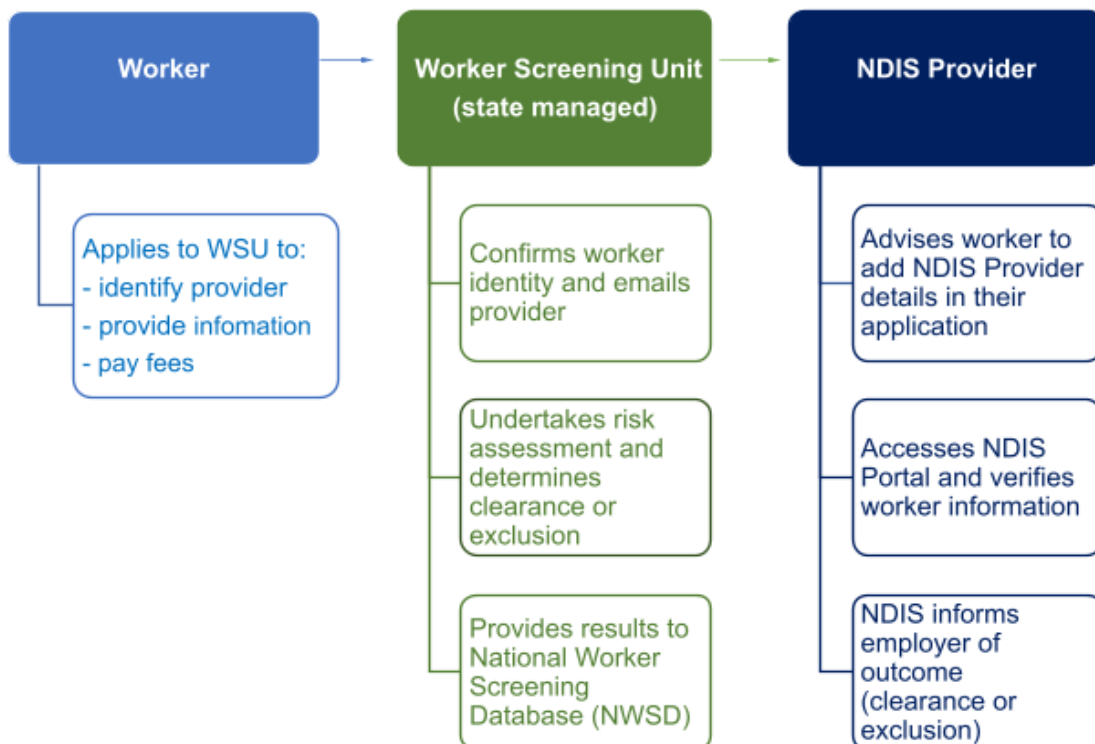
The NWSD will notify Sirian Star Enterprises Pty Ltd of the outcome of the screening (clearance or exclusion). Workers must not commence in a risk-assessed role until their clearance is verified and recorded.

If the NWSD issues a worker exclusion, or notifies of any adverse decision or change in clearance status, the **{Manager Position}** must immediately:

- Withdraw the worker from all risk-assessed duties, and
- Update the Risk-assessed Role - Employee Register accordingly.

All clearances, dates, renewal periods, and risk-assessed status must be recorded and monitored by Sirian Star Enterprises Pty Ltd in compliance with the NDIS (Practice Standards – Worker Screening) Rules 2018.

Diagram 2. Risk-Assessed Role - NDIS Worker Screening Process



In addition to undergoing a NDIS Worker Screening Check and a National Police Check, staff who engage in child-related work or support participants under the age of 18 may also be required to obtain a Working with Children Check (or equivalent), as mandated by their relevant state or territory legislation.

Sirian Star Enterprises Pty Ltd will ensure compliance with all applicable state-based Working with Children Check laws and verify the status of each check prior to a worker commencing in a child-related risk-assessed role.

For more information regarding worker screening, refer to Appendix 1. Worker Screening Unit or Appendix 2. NDIS Worker Screening Application Overview.

5.3 Risk management

As a registered NDIS provider, Sirian Star Enterprises Pty Ltd is required to develop, implement and maintain risk management strategies to ensure our participants' safety. Risk management strategies for risk-assessed roles will be recorded in our Risk Management Plan.

Risk management processes for risk-assessed roles are part of Sirian Star Enterprises Pty Ltd's broader safeguarding and incident prevention strategies.

Any concerns, including adverse screening outcomes or allegations against workers in risk-assessed roles, will be managed following the NDIS Incident Management and Reportable Incidents Rules 2018.

Sirian Star Enterprises Pty Ltd's Risk Management Plan Register will:

1. Identify the risks relating to:
 - non-supervision of a worker during the delivery of services or supports
 - safety of our participants
 - a participant is injured or not receiving the necessary support they need.
2. Outline actions to be taken by our organisation to address risks, which may include the **{Manager Position}**:
 - identifying if the employee has any current worker screening clearances
 - allocating an appropriate supervisor to the employee to monitor their work until worker screening clearances are received
 - check references and seek additional information about employees in risk-assessed roles to confirm they understand and perform safe work practices.

5.4 Document records

Sirian Star Enterprises Pty Ltd will keep all documents up to date. Records will be kept for seven years from the date they were made. Records will be stored by Sirian Star Enterprises Pty Ltd on a secure, password-protected server in an organised, accessible and legible manner.

Information relating to workers engaged in a risk-assessed role will be kept in an easily accessible manner to the NDIS Commission or a quality auditor. Information will include workers engaged on any day over the previous seven years.

6.0 Related documents

- Risk Assessed Role Register
- Risk Assessed Role – Employee Register
- Contractor Risk Assessed Check Form
- Personnel File Contents Checklist
- Risk Management Plan Register
- Human Resource Management Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Code of Conduct (2018)
- NDIS Quality and Safeguarding Framework
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018

Appendix 1: State Worker Screening Units

1.0 State worker screening units

For information about how to apply for a Worker Screening Check, visit the link:

State	State Worker Screening Unit (Web Link)
South Australia	<u>Department of Human Services</u>

2.0 Conclusion of Transitional Worker Screening Arrangements

The transitional arrangements for worker screening under the NDIS (Practice Standards – Worker Screening) Rules 2018 have concluded, with end dates varying by state and territory. All workers engaged in risk-assessed roles are now required to hold a verified NDIS Worker Screening Clearance prior to commencing work. Alternative state-based clearances (e.g., Working With Children Checks, Blue Cards, Yellow Cards) are no longer accepted as substitutes for a NDIS clearance.

Sirian Star Enterprises Pty Ltd adheres to a strict 'No Clearance, No Start' policy in alignment with NDIS Commission requirements.

Appendix 2 NDIS Worker Screening Application Overview

South Australia
<p>The applicant must start NDIS checks.</p> <p>A Working with Children check may be required if working with children under 18 years.</p>
<p>Screening Unit checks are done online</p> <p>NDIS worker checks must be started by the person and then verified by their NDIS employer (NDIS provider or self-managed participant) through the employer NDIS Commission portal.</p>
<p>Before you start</p> <p>Once the applicant initiates their NDIS Worker Check application, they will receive an email from the SA Government's online services (Account Security - forms.sa.gov.au). This email will prompt them to set up a password to access their account. The application must be completed and submitted within 28 days, or it will be deleted and must be restarted.</p> <ul style="list-style-type: none"> ● The email will be called: Setup your account at forms.sa.gov.au. ● This email will tell the applicant to change their password. They can then begin their application. ● They must complete and apply within 28 days, or the application will be deleted, and they will need to start the application again.
<p>What is needed to complete an application?</p> <ul style="list-style-type: none"> ● Information about the applicant's full legal name and any names they may have, including previous names, maiden name, names that have been legally changed, aliases and informal names (like nicknames). ● Current address and ten (10) years of address history. ● If verifying their identity online (100-point check, an applicant will need an Australian driver's licence or permit, plus one of these: <ul style="list-style-type: none"> ○ Australian birth certificate or extract ○ Australian citizenship certificate ○ Australian passport. ● Note the three options for verification: <ul style="list-style-type: none"> ○ Online using original scanned identity documents. ○ Verified by a permitted verifier (usually a provider). ○ Postal application with certified hard copies of ID.
<p>Proof of identity</p>

South Australia

Individuals applying for a check must provide 100 points of identification in line with DHS SA Screening Unit requirements to prove their identity. This requirement also applies to sole traders, contractors and self-employed people. There are three ways to provide 100 points of identification:

1. Provide an Australian driver's licence, a current Australian passport, an Australian birth certificate or an Australian citizenship certificate.
2. A permitted verifier from the provider starting a check application online can provide information for the 100-point identification check on behalf of an individual.
3. If one of the options above is not possible, the worker or the employee can:
 - print a copy of a fully paid online check application
 - show original identity documents to an independent permitted verifier
 - mailed the completed application and signed copies of identity documents to the Screening Unit.

100-point identification check documents

The combination of identity documents must include the individual:

- full name
- date of birth
- photograph
- relevant documents from either Category A or Category B below.

When an individual does not have a photographic identity document, they must submit a passport-style photograph that has been certified by an individual listed in Schedule 2 of the Statutory Declarations Regulations 1993.

Category A – each document is worth 70 points

Only one document from this category is accepted:

- Birth certificate (not an extract)
- Australian passport (current or expired within the previous two years but not cancelled)
- Australian citizenship certificate
- International passport (current or expired within the previous two years but not cancelled)
- Other identity documents with the same characteristics as a passport, e.g. diplomatic/refugee (photo or signature)

Category B – the first document is worth 40 points. Each additional document is worth 25 points

- Current driver's licence or permit (government-issued).
- Working with children/teachers' registration cards.
- Aviation security identification card/maritime security identification card.

South Australia

- Public employee photo ID card (government-issued).
- Department of Veterans' Affairs card.
- Centrelink pensioner concession card or health care card.
- Current tertiary education institution photo ID.
- Reference from a medical practitioner (who has known the individual for at least 12 months).

Category C – each document is worth 25 points

- Birth certificate extract.
- Foreign/international driver's licence.
- Proof of age card (government-issued).
- Medicare card/private health care card.
- Council rates notice.
- Property lease/rental agreement.
- Property insurance papers.
- Australian Tax Office assessment.
- Superannuation statement.
- Seniors card.
- Electoral roll registration.
- Motor vehicle registration or insurance documents.
- Professional or trade association card.
- If relied upon, the following documents must be from different organisations:
 - Utility bills (telephone, gas, electricity, water)
 - Credit/debit card
 - Bank statement/passbook.

Once the applicant submits their application, their NDIS employer (provider or self-managed participant) must verify the application through the NDIS Commission's Worker Screening Database (NWSD). This step is mandatory for the screening unit to process the application.

Workers must not commence in a risk-assessed role until their NDIS Worker Check has been verified and cleared through the NWSD. This complies with the No Clearance, No Start requirements under the NDIS Worker Screening Rules.