



SIRIAN STAR

— Guiding souls to a better life —



HOOVES OF HOPE

— HEAL. GROW. THRIVE. —

— PARTNERS IN PURPOSE —

HEALING HEARTS • EMPOWERING LIVES • BUILDING BRIGHTER FUTURES

Provision of Supports (SA)

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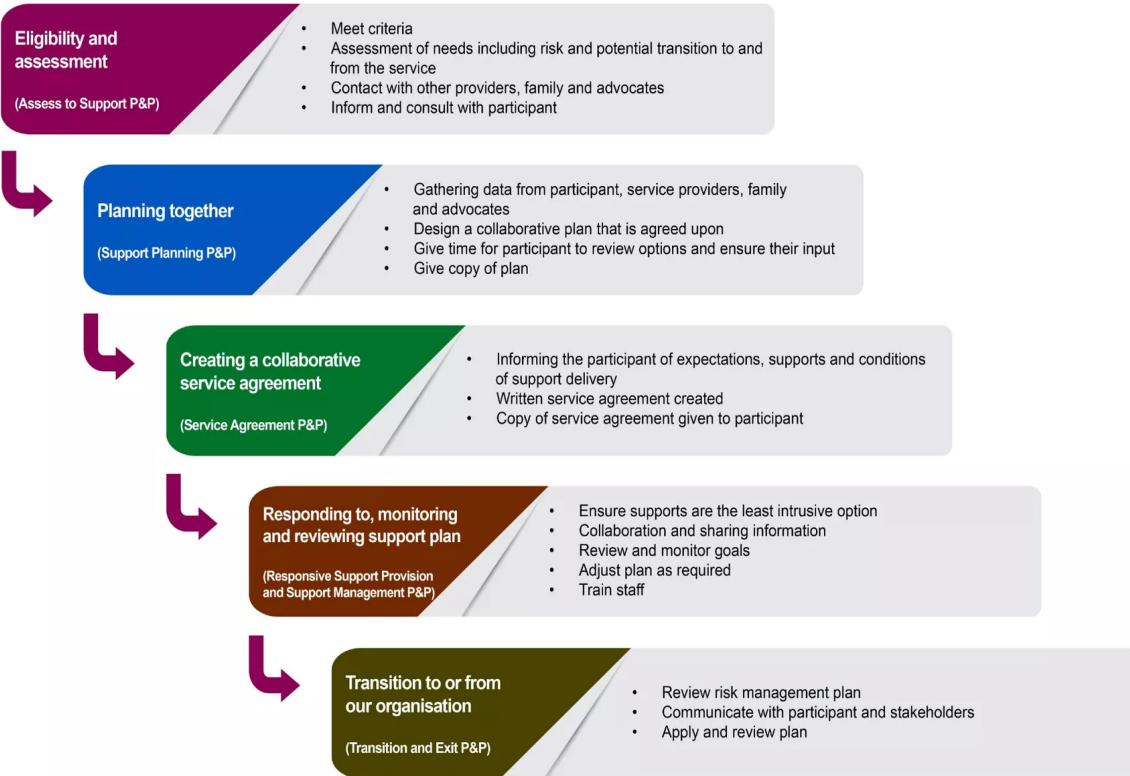
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Section 3: Provision of Supports

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Provision of Supports



3.1 Access to Supports

Access to Supports Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported to access appropriate services in a fair, transparent, and inclusive manner. It reflects Sirian Star Enterprises Pty Ltd 's commitment to participant choice, autonomy, and meaningful engagement in decisions that affect their lives.

Our approach respects the dignity of risk, encourages individual expression, and promotes independence. We aim to ensure that all participants have access to accurate information about service access, assessment processes, and support planning, with opportunities to involve independent advocates where required. Participants are actively included in the development of supports that reflect their needs, preferences, and goals.

2.0 Scope

The policy applies to all staff involved in assessing, coordinating, and delivering supports. It covers all participants, including those from diverse cultural backgrounds, those with complex support needs, and those requiring advocacy or decision-making support.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to providing access to supports in accordance with the NDIS Practice Standards (Rights and Responsibilities, Provision of Supports, and Service Access), the NDIS Code of Conduct, the Privacy Act 1988 (Cth), and the Australian Privacy Principles.

Participants will be informed of their rights to privacy, safety, dignity, advocacy, and complaints, and will be supported to understand and exercise these rights. All entry and eligibility information will be clearly communicated before any assessment or commencement of services.

The Senior Care Coordinator or delegate must collect relevant information to determine whether participant needs can be met by Sirian Star Enterprises Pty Ltd. Where services cannot be provided due to resource constraints, the Service Care Coordinator will:

- Identify any limitations or gaps in service delivery
- Explore interim or alternative arrangements, such as subcontracting or referral to another provider

- Ensure staff communicate all options to the participant respectfully and without delay

Participants will be involved in the assessment process, and any assessments will consider cultural, communication, and accessibility needs. Reasonable adjustments will be made to promote equitable participation.

Support planning must reflect the participant's goals and expressed preferences. Participants have the right to make informed decisions, even when such decisions involve dignity of risk. Supports will not be withdrawn or denied solely on the basis of a dignity of risk choice made by the participant, unless there is an unacceptable risk of harm. Where such risk exists, a collaborative approach will be taken with the participant to review risks and identify alternatives that respect their autonomy.

In such cases, a collaborative approach will be used to review risks, involving the participant, their support network, and other providers to plan a safe and respectful transition.

Sirian Star Enterprises Pty Ltd provides accessible materials, including Easy Read documents, and ensures interpreter services are available during assessments to promote meaningful understanding and engagement. Assessment data will inform the development of a personalised support plan.

4.0 Procedure

4.1 Access to supports

The Senior Care Coordinator will inform the participant of the eligibility criteria to access our support services and associated costs for each service. Eligibility criteria for our NDIS services require the participant to currently hold a NDIS plan that lists access to our registration groups. We will review their NDIS plan to determine if synergy exists between the plan registration groups and our registration.

When the Director identifies a gap or an issue with support services, the new or existing participant will be provided with options determined by the current situation (see 3.0 Policy).

The Senior Care Coordinator will determine if the participant requires our Easy Read documents, which outline details on the participant's rights, their voice in the development of their service agreement, how to make a complaint and how we will maintain their privacy. An interpreter will be provided if required by the participant.

Assessment will ensure that our organisation can supply the participant's services as required.

We will take all reasonable steps to ensure participants can access and understand our service information, including by providing Easy Read materials, interpreters, or other communication supports.

Where a participant requires support with decision-making, we will ensure access to advocacy services or a trusted representative to assist them.

4.2 Reasonable adjustment

In line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and NDIS Practice Standards, Sirian Star Enterprises Pty Ltd makes reasonable adjustments to support equal access to services. These adjustments are aimed at respecting participants' dignity, privacy, and choice, and supporting their full participation in community life.

The NDIA devises a NDIS plan to address the participant's reasonable and necessary supports.

During the Sirian Star Enterprises Pty Ltd 's assessment process to develop a Participant Support Plan, the Senior Care Coordinator, or their delegate, will consult with the participant, their family, or advocate to make reasonable adjustments to the participant's support delivery environment. The reasonable adjustments are made to determine that the service provided is fit-for-purpose and that the change will support the participant's health, privacy, dignity, quality of life and independence. Any modifications must be discussed and negotiated with all parties and recorded in the service agreement.

4.3 Withdrawal of services

Sirian Star Enterprises Pty Ltd will not withdraw or deny support based solely on the dignity of risk made by the participant. Our organisation may withdraw support if:

- the participant fails to meet their requirements under their service agreement term
- the participant fails to comply with our policies and procedures
- the participant fails to communicate and provide information about changes to support needs
- workplace health and safety considerations are ignored
- communication has broken down between the Sirian Star Enterprises Pty Ltd and the participant, family or advocate
- payment for support or expenses has not been received as per the Service Agreement

If service withdrawal is considered, we will provide participants with information about their rights to make a complaint, including how to contact the NDIS Quality and Safeguards Commission. Participants will also be offered access to independent advocacy services to assist them during this process.

Under the National Disability Insurance Scheme Terms of Business for Registered Providers, withdrawal or termination of services must be fourteen (14) days.

Sirian Star Enterprises Pty Ltd will always work in the participant's best interest to achieve a safe transition to a new provider of services (see the Transition or Exit Policy and Procedure).

Upon termination of the service agreement by either party, Sirian Star Enterprises Pty Ltd will take steps to ensure:

- cancellation of the service has been reported to the National Disability Insurance Agency services that have been provided under the terms of the service agreement have been claimed
- alternative support solutions are in place for the participant's safety and well-being

During the withdrawal process, our organisation will follow the Transition and Exit Policy and Procedure requirements and ensure that:

- risks are reviewed to ensure the safety of the participant
- supports relevant to the participant are provided (such as the continuation of support services until transfer is arranged, an advocate, and new provider communication)
- clear withdrawal reasons are detailed
- communication strategies are developed with the new provider
- information is shared with the participant's consent

4.4 Assessment principles

- Assessment tools used are validated or considered 'best practice'
- The assessor understands and applies the principles of flexibility, validity and relevance to the assessment process

The assessment process promotes independence, including the following principles:

- determining the participant's abilities and difficulties
- setting expectations to create a balance between the participant's abilities and their need for support
- acknowledging the participant's support needs and ability to foster independence and goals in the service agreement

Assessments will be conducted using person-centred, trauma-informed, and culturally safe approaches that respect the participant's experiences, background, and preferences.

4.5 Undertaking assessments

Assessment interview time is negotiated with the participant, family and advocate. The designated staff members are to:

- invite the participant's representative/advocate to be present, if required or desired
- identify any special needs (e.g. provision of an interpreter or information in the participant's first language will be sourced)
- inform the participant of their rights, privacy, reporting mechanisms, communication methods, information management and access to their information,

- provide Easy Read documents, if required
- Contact the Senior Care Coordinator to arrange an interpreter.

Consent will be obtained and all information collected will be securely stored and our Information Management Policy. Participants will be informed of their right to refuse or withdraw consent at any time.

During the assessment process, the staff member will inform the participant of their rights and responsibilities regarding:

- collection and use of personal information
- risk assessment processes and strategy development
- privacy and confidentiality considerations
- opt-out options from data collection
- complaints and feedback process
- incident management process
- advocacy options
- how to voice their opinions to management
- information-sharing requirements of the organisation

The assessment addresses the participant's health, privacy, dignity, risks, quality of life and independence needs. Information is recorded in the participant's records for future reflection. The Senior Care Coordinator reviews all completed assessments.

4.6 Responsibility for assessments

Assessments will only be conducted by trained professionals with relevant qualifications and understanding of NDIS requirements, participant safeguarding, and cultural safety. The Senior Care Coordinator will determine and delegate this responsibility.

Delegated staff must:

- review the intake form
- arrange for a risk assessment of individual and environment
- gain consent to speak to other professionals, family or carers
- seek input and feedback from the participant
- actively listen to participants and record their input
- work with the participant to determine goals, interests, needs and activities

4.7 Recording assessment information

The assessment is documented in a participant's file and management system. The interview and write-up times must be recorded against the participant in the management system.

Record data such as the Participant Intake Form, Participant Intake Checklist, Participant Information Consent Form, Individual Risk Assessment and Safe Environment Checklist - Home

5.0 Related documents

- Risk Assessment Form
- Individual Risk Assessment Profile
- Participant Information in Easy English
- Participant Intake Form
- Participant Intake Checklist
- Safe Environment Risk Assessment
- Support Plan
- Easy Read - Planning With You
- Participant Information Consent Form
- Safe Environment Checklist - Home
- Complaints and Feedback Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Transition or Exit Policy and Procedure
- Advocacy Support Policy and Procedure

6.0 References

- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Equal Opportunity (Commonwealth Authorities) Act 1987
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

3.2 Support Planning

Support Planning and Service Agreement Collaboration Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are involved in the planning, coordination, and agreement of supports that align with their individual goals, preferences, and circumstances. Sirian Star Enterprises Pty Ltd seeks to empower participants to exercise choice and control, and to promote active collaboration with families, advocates, support networks, and service providers.

Support planning and service agreement processes are guided by each participant's voice, preferences, and support needs. Our organisation recognises the value of shared decision-making and the importance of respectful and inclusive partnerships to support quality outcomes.

2.0 Scope

The policy applies to all staff involved in developing or implementing participant support plans and service agreements at Sirian Star Enterprises Pty Ltd. It includes staff working directly with participants, as well as those supporting collaboration with families, advocates, and other providers.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to upholding the NDIS Practice Standards, NDIS Code of Conduct, and the Privacy Act 1988 (Cth) when engaging in collaborative support planning and service agreement processes. This includes respecting participant rights, ensuring informed consent, and supporting participants to access advocacy and make decisions that align with their goals and preferences.

Support planning places the participant at the centre. Staff are expected to build respectful and trusting relationships with participants, encourage their active participation, and ensure their goals and values are reflected in the service agreement. Supports must be culturally responsive, accessible, and tailored to individual needs, with appropriate safeguards in place where risks are identified.

Collaboration may involve:

- Engaging with family, advocates, or other providers to develop coordinated support strategies
- Participating in multidisciplinary planning and reviews
- Supporting transitions, including entry and exit from services
- Facilitating shared understanding between services and networks

- Developing goals, support plans, and service agreements in partnership with the participant

The Senior Care Coordinator is responsible for overseeing collaboration protocols and ensuring communication with other providers is maintained to support continuity and quality of care.

Information and knowledge will be shared appropriately between all relevant parties, with the participant's consent, to uphold consistent and high-quality service delivery. Staff must respect privacy, adhere to ethical responsibilities, and ensure that all collaborative actions are aligned with the participant's best interests.

4.0 Procedure

4.1 Keyworker

Participants and families may need assistance locating the right person to work with the participant. To do this, our team will undertake the following process:

1. Discuss the participant's requirements with the participant, family and advocate.
2. Gain formal written consent to share and gather information with other providers.
3. Contact other service providers working with the participant to collaborate and determine the criteria.
4. Identify at least one (1) key support worker to contact participants, family and advocate, and the other providers.
5. Inform the participant, family, and advocate of the identified person for their approval.
6. Collaborate with the participants, family and advocate to identify continuity of care backup support
7. Record the process undertaken and the results in the participant's service agreement.
8. Cultural, language, and accessibility needs will be considered when selecting a keyworker to ensure participants are supported appropriately.

4.2 Supporting participants

Support planning will be person-centred, culturally safe, and trauma-informed. Where participants require assistance in decision-making, staff will offer support and refer to independent advocates if needed. Informed consent will be obtained for all decisions affecting the participant's plan, including information sharing.

Staff creating the support plan must understand the participant and their requirements and undertake the following:

- Work with the participant to make sense of my NDIS plan, and understand how I can use it and how it links to other services or plans in my life

- Build an understanding of participants' capabilities and support them to maintain and build their capacity and resilience to achieve my goals
- Support the participant to be creative and think outside the box to find and negotiate solutions that meet my goals
- Provide information and tailored opportunities for the participant to explore and expand their vision for their future and what it means to have a good life
- Share current best practices to support the participant in making connections and find information about support options
- Alert the participants to real or potential conflicts of interest when planning and selecting supports, and work with them to make informed choices
- Encourage the participant's specialised and mainstream service providers to recognise and challenge prejudice or lack of vision in service offerings and attitudes
- Involve participants in understanding and designing safeguards to keep them safe while supporting their right to take risks and build independence
- Seek input into our corporate governance to ensure our policies and practices reflect the needs of our participants and community
- Work with participants to develop a way to respond to emergencies, crises and foreseeable life event

4.3 Risk Management

All participants must have the following risk documents completed and recorded in their files:

- Individual Risk Profile,
- Safe Environment Checklist - Home and
- Personal Emergency Preparation Plan
- Support Plan

Participants will be actively involved in identifying potential risks and designing risk mitigation strategies that respect their right to dignity of risk and independence. All risk management practices will align with NDIS Practice Standards for Risk Management and Incident Management.

The above forms must be reviewed annually to safely encapsulate the participant's needs, preferences, and goals. Note: The Personal Emergency Preparation Plan must be trialled, adjusted (as required) and recorded.

Staff undertaking risk assessments must be approved by the Senior Care Coordinator. The risk assessment includes:

- Consideration of the degree to which the participant relies on our services to meet their daily needs
- The extent to which the participant's health and safety are affected due to disruption

4.4 Collaborating with other providers

The Senior Care Coordinator or their delegate will make initial contact with other providers after obtaining consent from the participant, their family and the advocate. Various methods will be used to maintain contact, e.g. email, phone and networking. All records of contact are kept in the participant Service Agreement.

Participants will have the right to choose which providers they collaborate with, and their consent will be obtained before any collaboration occurs. Advocacy supports will be offered where participants need assistance to engage in collaborative processes.

4.5 Transition and exit

The participant's needs, interests or aspirations may change during the delivery of their supports. These changes may lead to a need to transition to or exit from their current service. If this occurs, with the consent of the participant, we will contact the relevant service provider to:

- collaborate with providers and the participant to develop a plan of action
- request or send documents relevant to the participant
- confirms current supports, practices and needs to enable the participant to transfer or exit smoothly
- identify risks and develop a risk management plan
- develop a transition/exit process for the participant and confirm details with the participant
- work with the participant during the process
- review the effectiveness of the transition upon completion
- document the process in the participant support plan

Risks associated with each transition to or from Sirian Star Enterprises Pty Ltd are identified, documented and outlined in our Transition or Exit Policy and Procedure and Risk Management Policy and Procedure.

4.6 Capacity building

The participant's capacity-building process is designed to improve and retain their skills and knowledge to maintain and improve their functionality.

To build and support the participant's functional capacity, Sirian Star Enterprises Pty Ltd will collaborate with:

- a participant, their family, and advocate to affirm, challenge and support

- other providers to develop the participant's skills further and to improve practice and relationships.

Capacity-building approaches will be culturally safe, person-centred, and trauma-informed, respecting each participant's background, strengths, and choices.

4.7 Participant outcomes

Collaboration with a participant, their family, and their advocate is the basis for ensuring functional outcomes focused on the participant's needs, priorities, and skills. This process includes:

- listening to every person
- analysing the information from each person
- determine relevant participant outcomes
- consult with all parties to reach an agreement on outcomes
- record the information in the support plan
- set a review date to ascertain if the participant reached the outcome required
- detail collaborates in the service agreement

4.8 Support planning

During the assessment and support planning process, collaboration is undertaken with a participant, their family or advocate to:

- complete a risk assessment (see 4.3 Risk Management)
- document a risk assessment
- plan appropriate strategies to manage/treat known risks
- create an emergency plan
- train staff in strategy implementation
- implement appropriate strategies to manage/treat known risks
- conduct an annual review, or earlier, according to the participant's changing needs/circumstances

Participant outcomes will be co-designed with the participant and their chosen representatives, respecting their right to dignity of risk. Informed consent will be sought for all aspects of goal setting and support planning.

4.8.1 Support Plan document

Staff completing the support plan must identify the participant's communication needs. This information will determine how they will present and inform the participant about their support plan. Staff must explain and provide the support plan in a mode of communication that suits the participant.

4.9 Service agreements

Sirian Star Enterprises Pty Ltd will collaborate with the participant to develop a service agreement that establishes the following:

- expectations of both parties
- supports to be delivered
- conditions associated with the delivery of supports, including details of why particular conditions are attached

With the consent or direction from the participant, Sirian Star Enterprises Pty Ltd collaborates in the development of the support plan with other providers to:

- develop links
- maintain links
- share information
- meet the needs of a participant

Service Agreements will be collaboratively developed, negotiated, and reviewed with the participant and provided in a format that is accessible to them (e.g., Easy Read). Participants will be informed of their right to request changes or terminate the agreement.

5.0 Related documents

- Continuity of Care Backup Support Form
- Participant Information Consent Form
- Safe Environment Risk Assessment
- Personal Emergency Preparation Plan
- Privacy and Confidentiality Agreement
- Risk Management Policy and Procedure
- Service Agreement
- Support Plan
- Easy Read - Planning With You
- Transition or Exit Policy and Procedure
- Advocacy Support Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Participant Safeguarding Policy
- Reportable Incident, Accident and Emergency Policy and Procedure

6.0 References

- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

Support Planning Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that every participant receives support that is responsive, inclusive, and centred on their unique preferences, aspirations, and strengths. It guides the development of support plans that promote individual choice and control, enable participants to explore opportunities safely with dignity of risk, and reflect their values and goals.

Support planning at Sirian Star Enterprises Pty Ltd is a collaborative process that empowers participants to lead decisions about the supports they receive. It aims to ensure consistency, clarity, and alignment between participant needs and service delivery, with a strong focus on communication, transparency, and continuous improvement.

2.0 Scope

The policy applies to all staff involved in developing, reviewing, or implementing support plans for participants at Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to implementing support planning practices that comply with the NDIS Practice Standards and Quality Indicators 2021, the NDIS Code of Conduct, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Our approach reflects the principles of dignity of risk, informed choice, inclusion, and person-centred care.

Support plans will be developed in partnership with participants, their families, and other support networks. Plans will document individual goals, functional strengths, preferences, and reasonable and necessary supports, including those funded under a NDIS plan. The support plan will also outline staffing requirements, frequency, and duration of services, as linked to the participant's registration group.

All participants will have access to support in a communication format that suits their needs, including visual aids, interpreters, or supported decision-making as appropriate. Where necessary, participants will be offered access to an independent advocate or substitute decision-maker to ensure their rights are upheld.

Support planning will involve ongoing communication with the participant and will be reviewed as needed to reflect changes in their goals, health, or circumstances. Staff must ensure that plans are accessible to the participant and their support team and that any changes are clearly communicated.

Each participant's support plan will be communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies. This ensures a coordinated approach to service delivery and that all parties involved in a participant's care are informed of their needs, goals, and agreed supports. The participant's consent must be obtained and documented before their support plan is shared with any third party, and they retain the right to withdraw or limit consent at any time. Where a participant does not have capacity to provide consent, this will be managed in accordance with their substitute decision-making arrangements.

All staff involved in support planning must be suitably qualified, trained, and hold current worker screening in accordance with the NDIS (Practice Standards – Worker Screening) Rules 2018.

3.1 Support planning principles

- Support planning will be person-centred, culturally safe, and trauma-informed, ensuring participants' identities, experiences, and values are respected. Where participants require support to make decisions, advocacy and supported decision-making options will be offered. Support planning will incorporate strategies for preventing abuse, neglect, and exploitation, and reflect our commitment to participant safeguarding and rights under the UNCRPD.
- The support planning process is consultative, where the participant, family, friends, carer or advocate work together to identify strengths, needs and life goals, focusing on choice and decision-making.
- The participant's preferences, values and lifestyle choices should be supported (wherever possible).
- Support plans should promote the valued role of people with disabilities that is of their choosing.
- Sirian Star Enterprises Pty Ltd promotes functional and social independence and quality of life.
- Support plans will contain goals.
- Agreed service choices should reflect the participant's personal goals.
- Support plans should be creative, flexible and not restricted to set patterns or methods of service delivery.
- The plan's activities and supports must include the participant's chosen communities and maintain connections with their community to allow active participation.
- If a participant identifies as Aboriginal or Torres Strait Islander, their community will be contacted to engage and support services.
- The support plan is reviewed regularly (at least annually) and amended to respond to participants' needs and preferences.
- The support plan should be strength-based, seeking to maximise independence and build on the participant's existing networks.
- The support plan should be provided to the participant in their first language or Easy Read, where appropriate or requested.
- Staff working with a participant must have access to and understand the support plan and Personal Emergency Preparation Plan.

- Continuity of care backup support is identified in consultation with the participant.
- Support plan must include preventative health measures, including vaccinations, dental check-ups, comprehensive health assessments and allied health services
- The participant or their advocate may request a review of the support plan.
- The staff developing the support plan will have the necessary skills and competence to undertake this function.
- The support plan be linked to the Personal Emergency Preparation Plan
- A participant with a disability will be facilitated to assist in the comprehension of their NDIS Plan, including:
 - understanding and self-directing their NDIS Plan
 - understanding the supports in their NDIS Plan
 - understanding funded support budgets
 - purchasing general funded supports
 - purchasing stated funded supports
 - managing and paying for their supports
 - choosing their providers
 - making agreements with their preferred providers

4.0 Procedure

4.1 Support plan development

4.1.1 Planning

- Explain the support plan development process for the participant.
- Arrange a meeting time with the participant and, if applicable, their advocate or family.
- Develop the support plan with as much input, choice and decision-making from the participant as they want. Document the reasons for the decisions made (should a participant choose to have minimal input into their support plan).
- Staff creating the support plan must understand the participant and their requirements and undertake the following:
 - Work with the participant to make sense of their NDIS plan and understand how to use it and how it links to other services or plans in my life.
 - Build an understanding of participants' capabilities and support them to maintain and build their capacity and resilience to achieve my goals.
 - Support the participant to be creative and think outside the box to find and negotiate solutions that meet my goals.
 - Provide information and tailored opportunities for the participant to explore and expand their vision for their future and what it means to have a good life.
 - Share current best practices to support the participant in making connections and find information about support options.

- Alert the participants to real or potential conflicts of interest when planning and selecting supports and work with them to make informed choices.
- Encourage the participant's specialised and mainstream service providers to recognise and challenge prejudice or lack of vision in service offerings and attitudes.
- Involve participants in understanding and designing safeguards to keep them safe while supporting their right to take risks and build independence.
- Work with participants to develop an agreed way to respond to emergencies, crises and foreseeable life events.
- Be proactive in supporting preventative health measures, including vaccinations, dental check-ups, comprehensive health assessments and allied health services.
- Support and build participants' capacity and confidence.
- Negotiate with support and service providers, make transitions or adjust my plan, if relevant to their role, and inform the supervisor otherwise.
- Encourage the participant to navigate complexity, resolve issues and maintain continuity and integration of supports, refer to the supervisor as required.
- Create opportunities for the participants to practice and develop their capacity to manage and direct their supports.
- Support participants to coordinate different and often disconnected services and support into an integrated experience.
- Identify breakdowns in support arrangements and work with participants and other service providers to adapt in response.
- Identify emergencies and disasters by linking to the Personal Emergency Preparation Plan.
- Before meeting with the participant, review the following:
 - Participant Intake Form
 - participant assessment information
 - referral documents
 - other relevant notes or data will assist in understanding the participant as an individual

4.1.2 Providing information to the participant

- Emphasise to the participant why they must identify their personal goals and aspirations.
- Use the appropriate support plan as a prompt to assist the participant in identifying areas where Sirian Star Enterprises Pty Ltd services may help them realise their goals.
- Outline the prompts on the plan, including a discussion of the participant's physical, emotional, spiritual, cultural, community, social and financial needs.
- Provide the participant with a clear understanding of their choices and service options available to make informed decisions about their choices and priorities.
- Explain to the participant any information-sharing requirements with other parties.
- Provide the participant with examples and suggestions of how Sirian Star Enterprises Pty Ltd services may be able to help them achieve their goals.

- Provided information in accessible formats suited to the participant's communication needs (e.g. Easy Read).

4.1.3 Facilitating the development of participant-centred goals

- Work with the participant and their advocate/s to identify their personal goals.
- Ask the participant to identify the types of help or assistance most important to them.
- Help the participant recognise their strengths and capabilities.
- Transform the participant's goals into SMART (i.e. Specific, Measurable, Attainable, Realistic and Timely) goals, e.g.
 - Simple goal: To be able to collect the mail.
 - SMART goal: To walk to the letterbox, without assistance, every day to collect the mail.
- Set a time frame for each goal, so progress can be measured, e.g. walk to the letterbox without assistance to collect the mail and achieve this by November 30.
- Use the participant's expressed goals, priorities, and agreed-upon actions in developing their support plan.
- Goal development will incorporate participants' right to dignity of risk. Where risks are identified, staff will work with participants and their chosen supporters to develop proactive strategies to manage or mitigate these risks, ensuring participant safety and autonomy are balanced.

Consideration will also be given to the following:

- financial resource capacities and any limitations of Sirian Star Enterprises Pty Ltd services or specific programs to be utilised
- capacities, expertise and appropriateness of current Sirian Star Enterprises Pty Ltd staff to provide services
- availability of specialised subcontracted staff or services, if applicable
- other services or individuals who will provide services as designated by the participant
- volunteer supports available
- determining (with the participant) how each goal will be measured so progress can be recorded
- identifying (with the participant) any potential barriers to achieving their goals and then developing strategies to alleviate those barriers
- working with the participant to prioritise their goals if many goals are identified. Each goal lists actions, responsibilities, frequency and duration of services to be coordinated or supplied on behalf of the participant. Document all the information in the support plan
- identifying and documenting a support plan, all stakeholders (e.g. participant, family, advocate/s, community engagement links and other services or agencies) will undertake to assist the participant in achieving each goal

4.2 Support plan delivery and review

- Negotiate specific days for services/supports and document them in the participant support plan.

- Where possible, agree upon time ranges to build flexibility into the service roster, e.g. start time between 1:00 pm and 1:30 pm and provision of one (1) hour of domestic assistance.
- If not finalised, negotiate service fees and record these in the participant's service agreement and the support plan.
- Ask the participant to sign the support plan to acknowledge their agreement.
- Ensure access to support plan by both the participant and their worker.
- Agree on the criteria to evaluate the effectiveness of Sirian Star Enterprises Pty Ltd service responses and document this in the support plan.
- Ensure that all involved stakeholders have copies of the agreed support plan.
- Explain to the participant that the Senior Care Coordinator will monitor the progress of the support plan.
- Explain that support plans will be reviewed at least annually or sooner if requested by the participant or if their circumstances change. Participants will be actively involved in all reviews and updates.
- Explain to the participant that they are part of the review process (see Responsive Support Provision and Support Planning Policy and Procedure).

5.0 Related documents

- Home Risk Assessment Form
- Individual Risk Assessment Profile & Support Plan
- Participant Intake Form
- Participant Intake Checklist
- Participant Information Consent form
- Personal Emergency Preparation Plan
- Service Agreement
- Easy Read - Planning With You
- Support Plan Review Report
- Advocacy Support Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Participant Safeguarding Policy
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

6.0 References

- NDIS - [Developing your first NDIS Plan](#)
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Workforce Capability Framework
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- National Disability Insurance Scheme Act 2013 (Commonwealth)

- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

3.3 Service Agreement with Participant

Service Agreement with Participant Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that all participants are actively engaged in developing a clear, collaborative, and person-centred service agreement that reflects their needs, goals, and preferences. Service agreements provide a shared understanding between Sirian Star Enterprises Pty Ltd and the participant about what supports will be delivered, when, how, and by whom.

This process strengthens trust and transparency and ensures that participants are supported to make informed choices and participate in shaping the services they receive. Service agreements also assist in setting expectations and outlining responsibilities, promoting positive and respectful relationships between all parties.

2.0 Scope

The policy applies to all staff responsible for establishing, reviewing, or managing service agreements at Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to working in accordance with the NDIS Practice Standards, NDIS Code of Conduct, and the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) to ensure service agreements are inclusive, accessible, and tailored to each participant's goals and support requirements.

Service agreements are developed with the active involvement of the participant, using their preferred language, communication style, or support methods. This may include the use of interpreters, Easy Read documents, assistive technology, or the involvement of advocates or representatives. Where appropriate, agreements will also include emergency and disaster planning.

The service agreement will outline:

- The supports and services to be delivered
- The duration and frequency of supports
- The responsibilities of both Sirian Star Enterprises Pty Ltd and the participant
- Conditions or limitations that apply to the service
- Procedures for changes, reviews, and feedback

Participants are supported to understand their rights throughout the process, including the right to ask questions, seek clarification, raise concerns, or request advocacy. The Senior Care Coordinator, or their delegate, is responsible for facilitating the agreement process and ensuring documentation is current, accurate, and stored securely in line with the Privacy Act 1988.

Collaboration with other providers or stakeholders must be done only with the participant's consent. Any information shared will follow strict privacy and consent protocols as outlined in our Privacy and Information Management Policy and Procedure.

4.0 Procedure

Sirian Star Enterprises Pty Ltd undertakes the following procedure to develop a service agreement with each participant:

1. Collaborate with the family, advocate or representative to ensure that the service agreement meets the requirements and links to needs, interests and aspirations.
2. Use appropriate communication methods to explore, explain and determine what is provided within the agreement.
3. Keep appropriate records explaining the process undertaken, including consent/direction to collaborate with other providers and to share information to enable the team to meet the participant's requirements.
4. Obtain and document the participant's consent for any information sharing, ensuring compliance with privacy and safeguarding obligations.
5. Develop emergency and disaster planning in a person-centred manner, in collaboration with the participant, and document it within the service agreement and Personal Emergency Preparation Plan.
6. Include in the service agreement the participant's right to exercise dignity of risk, while collaboratively identifying and mitigating any associated risks.
7. Provide the participant with a copy of their service agreement. When the participant wishes not to keep a copy of the agreement, the circumstance under which the participant did not receive a copy must be documented and kept on the participant's file. Having the participant note that a copy was not required on the agreement is good practice.
8. Inform participants that the service agreement can be reviewed and revised as their goals or circumstances change and outline their right to terminate the agreement by giving notice as specified in the agreement.
9. The Service Agreement must outline the party or parties responsible and their roles, where applicable, for the following issues:
 - a. How will the participant communicate their concerns about a dwelling?
 - b. How will potential conflicts involving participant(s) be managed?
 - c. As agreed, changes to participant circumstances or support needs will be disclosed.
 - d. How vacancies are filled in shared living and how each participant has the right.
 - e. Are their needs, preferences and situation being considered?

- f. How behaviours of concern are managed may put tenancy at risk if relevant to the participant?
- g. management of emergencies and disasters

5.0 Related documents

- Code of Conduct Agreement
- Participant Information in Easy English
- Personal Emergency Preparation Plan
- Service Agreement
- Support Plan
- Easy Read - Planning With You
- Advocacy Support Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Participant Safeguarding Policy
- Risk Management Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- [Participant Rights and Responsibilities Statement](#)

6.0 References

- NDIS Practice Standards and Quality Indicators 2021
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Privacy Act 1988 (Commonwealth)

3.4 Responsive Support Provision

Responsive Support Provision and Support Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that each participant receives high-quality, responsive support that reflects their goals, needs, and preferences. Supports must be timely, person-centred, and aligned with the principles of dignity of risk, safeguarding, and informed choice.

Sirian Star Enterprises Pty Ltd aims to deliver coordinated services that empower participants, build independence, and support meaningful participation. Through thoughtful support design and management, we help participants to identify their priorities, set goals, and access the right resources to achieve them.

2.0 Scope

The policy applies to all staff involved in planning, coordinating, delivering, or reviewing participant supports at Sirian Star Enterprises Pty Ltd.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to delivering person-centred support in accordance with the NDIS Practice Standards, NDIS Code of Conduct, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). We ensure that all supports are planned and provided in a way that upholds the participant's rights, choices, privacy, and safety.

Support management must be collaborative, with participants actively involved in decision-making. Where needed, we will engage family members, carers, representatives, or advocates to ensure plans reflect the participant's will and preferences. Plans will also include practical strategies, goals, and risk considerations, and be reviewed regularly to remain current and effective.

Support services will:

- Respect the participant's right to exercise choice and control
- Promote dignity of risk while maintaining safeguards
- Reflect contemporary, evidence-informed practices
- Be informed by the participant's goals, culture, and communication needs
- Be adjusted as needed to reflect changes in the participant's life

The Senior Care Coordinator or delegate is responsible for ensuring support workers are appropriately trained and matched to the participant's needs. The allocation process includes reviewing the worker's relevant qualifications, skills, and experience.

Consent will be obtained before sharing participant information with other providers. Feedback, complaints, and advocacy options will be made available and accessible at all times.

This policy will guide the delivery and management of responsive, high-quality support across all levels of the organisation.

4.0 Procedure

4.1 Support management principles

Support management will adopt trauma-informed, culturally safe, and rights-based practices, ensuring participants' autonomy, dignity, and safety. Participants will be informed of their right to raise complaints and incidents and will be supported to access advocacy. All supports will be developed collaboratively, ensuring transparency and accountability.

Support management includes screening, comprehensive assessment, support planning and support plan implementation, monitoring, review and case closure. Staff must keep up to date with best practices, collaborate, and develop strengths-based techniques to build and develop the participant. The participant's support members must be kept informed as per their requirements.

4.1.1 Consulting with participants

Staff must be aware of the power imbalance between the participant and our organisation; therefore, our staff must communicate and inform them about all aspects of their support. Our staff who are working with the participant in the development of their plan are required to:

- ask the participant about what they need and learn about their other supports to understand how they interact with each other
- be alert to participants' general state of health and challenge assumptions that could result in their health needs not being identified or adequately addressed
- explain clinical information and terminology, and prepare reports in ways that participants and others in the support team can understand
- support others in the participant's support team to understand their support plan, how it supports goals and to check their capacity to implement it
- find ways to allow the participant to contribute to the coaching and supervision of their supports
- identify and discuss with participants the specific health or allied health support that could be appropriate to achieve goals combined with other plans and supports
- assist the participant in understanding and co-design health and allied health supports

- provide the participant with current information and be open to new approaches during service provision
- provide opportunities to practice and build my capacity to make informed choices
- seek opportunities to build health and allied health supports that fit day-to-day routines and preferences and are least restrictive or intrusive
- consider participant's circumstances, networks and the support context when identifying options and designing my supports
- involve participants in understanding and designing health and allied health-related safeguards to keep them safe while supporting their right to take risks and build independence
- consult about developing an agreed way to respond to health and allied health-related emergencies and crises
- support participants to communicate with their team about what to do to manage health and allied health-related problems and respond to a crisis

Participants will be supported to exercise choice and control through supported decision-making processes and offered independent advocacy if needed. Consultations will ensure participants are aware of their right to dignity of risk, and staff will work collaboratively to balance autonomy with appropriate safeguards.

4.1.2 Creating a support plan

The Senior Care Coordinator or their delegate will:

- verify that consent was received for assessment and services and is recorded in the participant's file
- review the participant's referral information and confirm eligibility and suitability for a Sirian Star Enterprises Pty Ltd service
- contact the participant and arrange a suitable time for a comprehensive assessment
- arrange interpreters, advocates, guardians, or other service providers, with the participant's consent, to attend the assessment
- determine, if possible, whether a clinical assessment of the participant's health condition is required and arrange for the appropriate staff to attend the assessment, i.e. registered nurse or allied health professional
- ensure representatives identified by the participant (e.g. family, advocate and carers) are contacted and, if necessary, participate in the assessment
- assess as per the organisation's appropriate policies and procedures and base the assessment on the participant's needs and situation
- contact the referrer and any existing providers, within five (5) days after a comprehensive assessment, for further information that may be required
- arrange additional specialised assessments, if indicated
- collaborate with the participant and their supports (refer to 4.1.1 Consulting with participants)

- match available resources (i.e. staff to the needs of the participant)
- work across service boundaries to ensure that participants with complex care needs are provided access to a full range of required support services such as allied health, health and social support services
- provide a single point of contact for participants who require a complex range of services or require intensive levels of support
- ensure Sirian Star Enterprises Pty Ltd 's service is screened for eligibility and suitability as per the applicable program guidelines and our Access to Supports Policy and Procedure
- investigate potential options for sourcing support, including the availability of Sirian Star Enterprises Pty Ltd staff/resources and the use of brokerage resources
- arrange, if necessary, a case conference with relevant services and individuals to discuss the participant's situation
- ensure outcomes from support management are documented within the support plan
- inform the participant that their coordinator will continually review and assess their services for effectiveness
- provide the support plan, where appropriate, to the participant's general practitioner or representative, with the participant's consent
- develop a support plan that includes a plan of action that meets the participant's needs, requirements and aspirations and includes:
 - participant information, e.g. personal and health details, cultural and spiritual requirements, sexual identification, Aboriginal and Torres Strait Islander, etc.
 - participant goals
 - advocate details
 - interpreter requirements
 - consent forms
 - active engagement planning
 - strategies to develop, sustain and strengthen independent life skills
 - integrated health therapeutic and other supports are part of the natural routine
 - medical information, including conditions, doctors, medications, use and management
 - risks to participant and staff (include management of the risk if required)
 - emergency and disaster plan - Personal Emergency Preparation Plan
 - any financial budget requirements (if applicable)
 - details of the participant's involvement in any planning and decision-making process
- provide a copy of the support plan to the participant to review and agree to the provided strategies and service.
- monitor the support plan's relevance through regular contact with the participant and other representatives and service providers involved in the participant's well-being (refer to 4.1.1 Reviewing the support plan)

The support review is essential in providing focused and relevant supports, occurring at various points in the support continuum, depending on the needs of the participant or family, urgency and complexity of the family's needs, and changes in family circumstances.

Support plan reviews may be held to:

- determine if the current roles and responsibilities of our staff and organisation are meeting the needs of the participant
- assess if the frontline workers are meeting the participant's goals
- review the purpose, intent, and direction of the intervention
- evaluate the service currently being supplied against the participant's strengths, needs, goals and aspirations
- consider previous assessments and determine if any more are required
- reassess the participant using the relevant assessment tool
- re-evaluate using evidence gathered during work with the participant
- review the current risks and Personal Emergency Preparation Plan
- examine the status of the support plan
- make decisions relevant to the participant; ensure all parties are informed
- review goals and actions
- offer the opportunity to have input into policies and practices
- schedule a case conference with the participant and all relevant stakeholders to ensure their active involvement and to discuss any changes in service
- plan towards transfer or closure, if relevant
- record any changes to a support plan in the participant's notes or file
- assess the need to change the service agreement

4.1.3 Reviewing the support plan

Consulting with the participant is an essential element of the support plan review. During the review process, staff will:

- work with the participants to identify meaningful outcome measures and support them in monitoring their progress against their goals and expectations
- support participants to review their crisis management and safeguarding arrangements and request adjustments as needed (e.g. Personal Emergency Preparation Plan)
- support the participant to navigate NDIS supports and report to the NDIA on implementation, as required
- support in identifying opportunities for increased independence and reduced reliance on service systems at the participant's pace
- support participants to make sure their views and interests are heard in formal and informal review processes
- ascertain the current risk levels and adjust plans and strategies to suit the current status

- Support participants to find and access channels they are comfortable with to raise concerns, complaints and incidents when they arise

Participants have the right to request a review of their support plan at any time. Support plans will be reviewed collaboratively, respecting participants' preferences and evolving needs. Participants will be supported to engage advocates in reviews and will be informed of their right to terminate or change providers.

4.2 Exiting the service

When the participant's needs begin to exceed program resources, or should the participant change to another service provider, the Senior Care Coordinator will:

- refer to the transition and exit notes in the Participant Support Plan
- follow the guidance of the Transition or Exit Policy and Procedure
- inform the participant of any potential risk of transferring or exiting
- negotiate participant handover arrangements with the new service provider
- advise participants of risks related to leaving the service

5.0 Related documents

- Risk Assessment Form
- Risk Management Plan Register
- Individual Risk Profile Assessment
- Service Agreement
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Plan
- Easy Read - Planning With You
- Support Plan Review Report
- Support Plan Progress Report
- Access to Supports Policy and Procedure
- Consent Policy and Procedure
- Transition or Exit Policy and Procedure
- Advocacy Support Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Participant Safeguarding Policy
- Reportable Incident, Accident and Emergency Policy and Procedure
- [Participant Rights and Responsibilities Statement](#)

6.0 References

- NDIS Practice Standards and Quality Indicators 2021
- NDIS Workforce Capability Framework
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018

Lifestyle Risk Factors Policy and Procedure

1.0 Purpose

The purpose of this policy is to guide how Sirian Star Enterprises Pty Ltd supports participants to make informed decisions about their health and lifestyle. It acknowledges each participant's right to exercise choice and control over their lifestyle, while promoting wellbeing and safety through informed planning and collaborative support.

This policy supports participants to reduce lifestyle-related health risks by identifying personal goals, promoting healthier habits, and ensuring their preferences are respected. Our approach is focused on education, empowerment, and respectful partnership with participants, families, carers and health professionals.

2.0 Scope

The policy applies to all staff involved in planning, delivering or reviewing supports that may impact a participant's health, wellbeing, or daily lifestyle.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to providing person-centred support that aligns with the NDIS Practice Standards, the NDIS Code of Conduct, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). All participants will be encouraged and supported to make informed decisions about their health, wellbeing, and lifestyle, including nutrition, physical activity, sleep, stress, smoking, and social connection.

Staff will acknowledge and respect the participant's dignity of risk while ensuring risk assessments are carried out where required. Where lifestyle choices may lead to a risk of harm (e.g. unsafe weight loss, substance misuse, social isolation), these concerns will be documented and escalated as per our incident management procedures.

Support planning must consider a participant's lifestyle risk factors and include goals to promote wellbeing, such as healthier food choices, increased physical activity, social inclusion, or smoking cessation. Staff will encourage participants to explore activities that improve quality of life and connection to community.

All health and lifestyle-related information will be handled confidentially in line with the Privacy Act 1988 (Commonwealth) and only shared with the participant's consent or where required by law.

Staff must be appropriately trained in areas related to positive lifestyle change, including nutrition, physical activity, stress management, and safe community participation. Management is responsible for ensuring training is current and supports the promotion of health literacy for participants.

This policy links to the following NDIS Practice Standards:

- Support Planning: Plans must reflect participant needs, strengths, goals, and be reviewed regularly.
- Independence and Informed Choice: Participants are supported to exercise choice and control.
- Access to Supports: Supports must be appropriate and reflect participant preferences.
- Incident Management: Health-related risks are managed through our incident response system.
- Information Management: Participant information is current, secure, and accessible.
- Human Resource Management: Supports are delivered by staff who are trained, qualified, and competent in promoting safe and healthy lifestyle strategies.

4.0 Procedure

Informed consent must be obtained before engaging in discussions or planning around sensitive lifestyle issues.

Participants' right to dignity of risk will be respected while collaborative risk management strategies are developed to safeguard their well-being.

Lifestyle discussions will be person-centred, culturally safe, and trauma-informed, taking into account the participant's background, identity, and personal experiences.

Participants will be informed of their right to independent advocacy and complaints mechanisms, including access to the NDIS Quality and Safeguards Commission, if they have concerns about how lifestyle risks are managed.

Regular reviews of lifestyle support strategies will be conducted in collaboration with the participant and documented in their support plan.

Lifestyle risks can be addressed by eating healthy food, increasing exercise, reducing stress, and connecting. For instance,

- reducing the amount of takeaway food eaten,
- choosing food and drinks low in added sugar,
- increasing movement throughout the day and
- becoming involved in a community activity that will create a connection with others.

Participants may not have had the opportunity to access or control their living environments, such as food, daily activities, exercise and community participation.

Lifestyle changes happen through:

- raising awareness,
 - provision of information about how everyday activities can affect health
 - raising health awareness and giving ideas on how to make lifestyle changes that will address risks such as obesity, high blood pressure and stress management
- setting goals for change,
 - Setting small achievable goals for change, such as walking short distances and not taking sugar in coffee or tea, will gradually build to bigger goals
- Learning with peer support to increase connections, such as
 - friends, physical training with a group
 - joining a community garden
 - water aerobics or participating in a walkathon or fun run
 - joining an art class, music or dancing lessons
- changes to the living environment and learning the new skills that may be needed.
 - making changes to the environment that can support goals
 - changes can be small such as having healthy food choices, planning, shopping and cooking healthy meals
- encouraging physical activity, including
 - encouraging positive ideas of physical activity and self-esteem
 - increasing movement through normal daily activities is a way to feel more positive about our bodies and movement
 - increasing physical activity improves health and influences other lifestyle risks such as nutrition, stress, and smoking; positive outcomes are lower blood pressure, improvement of self-esteem and mental health

4.1 Supporting participants

Participants will be empowered to make informed choices about their lifestyle, including accepting or declining specific health advice, in line with their right to dignity of risk.

Where significant health risks are identified, staff will engage the participant in collaborative risk management discussions and, if necessary, involve advocates or health professionals.

Consent will be obtained and documented before initiating any health or lifestyle-related support.

Lifestyle support actions will be monitored and reviewed regularly, ensuring alignment with the participant's evolving goals and needs.

Sirian Star Enterprises Pty Ltd will monitor participants' health, safety and well-being, support participants to maintain their health and access appropriate health services. Our organisation will support participants to be empowered to live a healthy lifestyle and understand why it is important.

Below are means that we may support participants in the following ways:

- incorporate health promotion and ways to live a healthy lifestyle into support planning
- link actions for a healthy lifestyle to the participant's annual comprehensive assessment
- provide support to make informed decisions regarding their lifestyle support to:
 - understand any risks arising from their present lifestyle
 - understand how they can improve their lifestyle to match their own health goals
 - talk to their GP about their health and what lifestyle changes are needed to optimise their health
- facilitate choice in lifestyle changes and understanding of their health, using accessible tools and resources
- engage the participant with encouragement and highlight their achievements so that they are motivated to develop a healthy lifestyle
- provide information about healthy lifestyles and different ideas to improve health, such as walking instead of driving, learning to cook a new healthy dish or taking up an exercise class
- suggest and support access to new activities or choices that link to the participant's goals and dreams and how a healthy lifestyle may help them achieve this goal
- provide information about and support access to new interests and community activities in the local area, such as a community garden, amateur theatre, starting a walking group, cooking lessons or arts and crafts
- support the participant to make changes to their living environment that will support their goals, increase incidental exercise around the house, keep healthy food choices in the cupboard, and walk to places when possible
- support to access both information or professional assistance such as dietitians or exercise physiologists where the person's lifestyle choices are inconsistent with their health goals

4.2 Referrals to other professionals

Lifestyle changes can involve changes across different aspects of a participant's life. A multi-disciplinary approach can assist the participant in developing new skills or identifying a support need, such as identifying an appropriate level and type of exercise or learning how to cook.

The professionals assisting in lifestyle change include dietitians, physiotherapists, occupational therapists, exercise physiologists, counsellors and NDIS behaviour support practitioners.

4.3 Training and development

As part of our training program, staff may receive training and skills in areas such as:

- healthy lifestyles, nutrition and menu planning and exercise
- positive communication skills to engage with participants and empower change

4.4 Sirian Star Enterprises Pty Ltd obligations

As part of our obligations to the NDIS Code of Conduct, staff must provide NDIS supports or services to participants to:

- act with respect for individual rights to freedom of expression, self-determination and decision-making following applicable laws and conventions
- provide supports and services safely and competently with care and skill
- raise complaints or access advocacy if they feel pressured about lifestyle choices
- promptly take steps to raise and act on matters that may impact the quality and safety of supports provided

Our organisation will comply and demonstrate compliance with the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#) related to delivering safe, quality support and services and managing risks associated with the supports you provide to participants.

4.5 Resources

Below are some resources to assist staff in providing information to participants.

- Five-booklet toolkit developed by Inclusion Melbourne to assist people with a disability make choices about their life; [my choice tool kit](#)
- [Healthy eating for adults](#) Australian Government Department of Health brochure
- Australian Dietary Guidelines website links to a range of information and resources [eat for health](#)
- [Physical activity and exercise guidelines for all Australians, Australian Government Department of Health](#), include tips and ideas for fitting more activity into your day-to-day life.
- Link for information, initiatives and resources for healthy lifestyles [Preventative Health, Australian Government Department of Health](#)
- [Council for Intellectual Disability Health Fact sheets](#), including healthy lifestyles
- [Healthy Mind e tool for people with intellectual disability](#) Blackdog Institute
- First Nations People, a resource for planning, dreams, goals and lifestyle. First Peoples Disability Network Australia [our way planning resources](#)

5.0 Related Documents

- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Plan
- Easy Read - Planning With You
- Individual Risk Profile Assessment
- Safe Environment Risk Assessment
- Support Planning Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Access to Supports Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Human Resource Management Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Advocacy Support Policy and Procedure
- Participant Safeguarding Policy

6.0 References

- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Lifestyle risk factors Practice Alert July 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Privacy Act 1988 (Commonwealth)

Comprehensive Health Assessment Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported to maintain their overall health and wellbeing through regular, person-centred health assessments. These assessments are designed to identify and address health needs early, reduce risk of illness, and support participants to access the services and resources they need.

Sirian Star Enterprises Pty Ltd is committed to supporting participants to make informed decisions about their health while respecting their choices, preferences, and right to live with dignity. Comprehensive health assessments form a key part of our approach to proactive, preventative support planning.

2.0 Scope

The policy applies to all staff involved in coordinating, supporting, or facilitating comprehensive health assessments for participants.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to supporting participants to access timely, competent and appropriate healthcare in line with the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#), the NDIS Practice Standards, the NDIS Code of Conduct, and the UNCRPD.

Participants will be included in all decisions related to their health. Comprehensive health assessments will be undertaken collaboratively and respectfully, with participants, their carers, and support networks involved throughout the process. Where needed, participants will be supported to access advocacy to help them understand options and express their preferences.

All assessments will be based on informed consent, and information will be shared only with the participant's permission. Staff will respect participants' right to refuse assessments or treatment, and discussions around dignity of risk and safety will be held with care.

Information collected as part of any health assessment will be managed in accordance with the Privacy Act 1988 (Commonwealth), ensuring confidentiality and appropriate access for participants and support workers.

This policy aligns with the following NDIS Practice Standards:

- **Support Planning:** Support plans reflect participant needs and health-related goals and are regularly reviewed in line with health status.

- **Access to Supports:** Participants are connected to appropriate health services and resources that align with their individual goals and needs.
- **Responsive Support Provision:** Participants are provided with support that is timely and tailored to changes in their health.
- **Incident Management:** Health-related incidents are identified, responded to appropriately, and contribute to continuous quality improvement.
- **Information Management:** Health information is accurate, current, and stored securely, with appropriate access provided to participants and staff.

4.0 Procedure

4.1 Risks of health problems for people with disability

Participants are at risk of poor health and conditions that are not yet diagnosed and are at an increased risk of potentially avoidable deaths. Many people were experiencing multiple health problems at the time of death, including epilepsy and poor nutritional, oral and mental health.

Risks are more likely for participants due to a combination of the following:

- Some participants may be unable to communicate when they feel unwell or experience pain and may communicate in ways that are specific to them and not well understood by others
- A person's symptoms or behaviours are attributed to their disability, and as a result, they do not receive appropriate health assessments or treatments
- A mix of individual, medical, communication and social problems due to disability, health conditions that run in the family, poor nutrition, inappropriate accommodation, harm, abuse and neglect, homelessness, inadequate preventative health care or treatment
- Lifestyle factors include obesity, physical inactivity, isolation, smoking, and alcohol intake

Where health risks are identified that may present immediate or ongoing harm, staff must report these through the NDIS Incident Management system, in line with our Reportable Incident, Accident and Emergency Policy and Procedure. Participants will be offered support, and safeguarding measures will be developed collaboratively.

4.2 Addressing health risks

Health risks can be addressed through the following interventions. Before arranging health assessments or interventions, informed consent will be obtained, and participants will be offered independent advocacy where they require support to make healthcare decisions.

If a participant refuses a recommended health intervention, staff will document the decision and assess associated risks, ensuring the participant's wishes are respected while addressing safeguarding responsibilities.

4.2.1 Identify symptoms early

Staff must be informed of and know how to communicate with each participant to develop trust, informing staff when unwell. Early identification of changes in a participant's health and well-being means that the participant can access medical services earlier and prevent illness from progressing. It is important to know the participant's usual health to observe changes. Obvious changes would include:

- unexpected weight loss or gain,
- a sudden change in eating habits,
- sudden breathlessness,
- a drop in activity due to fatigue,
- expressions of pain and apparent sudden changes in behaviour

4.2.2 Promptly visit a general practitioner (GP)

Staff must promptly inform Senior Care Coordinator of any changes in their usual health so the participant can access a GP when unwell.

4.2.3 Undertake a regular comprehensive health assessment resulting in a healthcare plan

A comprehensive health assessment involves the participant and GP discussing and reviewing the participant's medical history, current health problems, medications and lifestyle risks. Regular comprehensive health assessments have been shown to prevent illness and maintain the health and well-being of participants. These outcomes result from identifying unmet health needs, preventing disease, engaging in regular health care and improving communication with the GP.

The GP will recommend what the participant requires for good health and well-being based on health information and physical examination. The GP will also recommend and refer the participant for appropriate preventative health care, such as regular screening for serious conditions. For example:

- skin cancer checks.
- breast or bowel cancer screening.

The participant, GP and Sirian Star Enterprises Pty Ltd can then develop a healthcare plan based on the recommendations from the comprehensive health assessment.

4.2.4 Be proactive with chronic illness

Both the medical practitioner and the participant can proactively manage chronic illness by:

- monitoring symptoms that might indicate a change in health status,
- making changes to lifestyle if needed, attending regular medical appointments, and
- managing chronic illness and disease, for example, regular blood tests for diabetes, blood pressure monitoring and medication reviews

Sirian Star Enterprises Pty Ltd will work with all parties to assist the participant in attending medical appointments and support them in any processes required to be proactive.

4.3 Supporting participants

Sirian Star Enterprises Pty Ltd will monitor participants' health, safety and well-being, support participants in maintaining their health and accessing appropriate health services and support the participant in accessing annual comprehensive health assessments.

4.3.1 Support participants in understanding their own health needs and making informed health decisions

Organisation will:

- talk to participants about their health and develop a healthcare plan
- support participant's understanding of health through the provision of accessible health information; see the resource section below for ideas and tools
- facilitate informed decision-making regarding health care using the participant's preferred communication methods. Where appropriate, involve the participant's family, independent support person or guardian in the decision-making process

Participants will be supported to make informed choices about their healthcare using accessible information and preferred communication methods. Advocacy will be offered to support decision-making as needed. Staff will ensure participants consent to each step of their healthcare planning.

4.3.2. Support participants in communicating with healthcare providers

- If required, work with a speech pathologist to create or expand a personal communication system for the participant to have a way of saying when they are unwell, including:
 - words/signs/symbols that describe pain, nausea and fever, anxiety, and emotional distress.
- Determine the level of support the participant requires to make and attend a medical appointment with the GP or have blood tests, scans or other procedures.
- Support participants to build a relationship with their GP through regular contact.

- Assist the participant in using their preferred communication method with the GP or healthcare provider during appointments.

Participants will have the right to choose who attends medical appointments. Staff will ensure confidentiality and consent regarding information sharing. Supported decision-making will be facilitated when needed.

4.3.3 Support participants to access healthcare

Sirian Star Enterprises Pty Ltd will:

- encourage the participant to let you know if they do not feel well using their preferred communication methods
- have a good understanding of the participant's health and potential symptoms to watch out for; this includes when there are changed behaviours or function
- support the participant to attend the GP if they are unwell
- support participants with chronic illness to understand their symptoms, treatment plans, recommended lifestyle changes, and regularly visit their GP
- Refer to [Practice Alert: Transitions of care between disability services and hospitals](#) to assist hospitalisation

4.3.4 Support participants to access preventative healthcare

Sirian Star Enterprises Pty Ltd will:

- support the participant to follow their healthcare plan
- undertake preventative healthcare such as regular medical and dental check-ups in between annual comprehensive health assessments
- Refer to [The Practice Alert: Lifestyle Risk Factors](#) to improve health outcomes

Preventative care discussions will be guided by participants' choices, and consent will be required before implementing strategies. Where participants decline preventative care, this will be documented, and a dignity of risk discussion held. Advocacy support will be offered to assist in decision-making.

4.3.5 Plan and support participant's health appointments

Sirian Star Enterprises Pty Ltd will

- support the participant to make a GP appointment or, with consent, make the appointment on their behalf and
- arrange transport, telehealth facilities, and parking if required. Workers should familiarise themselves with the health facility/GP office to support the participant's access to appointments,

- consider if it will be a difficult day for the participant, if there are likely to be long waiting times, they will experience fatigue, and how is that best managed?
- communicate with the GP about the participant's triggers for distress, communication aids or physical access requirements
- Time the health assessment on a day when it is likely less busy in the general practice. Talk to the general practice and make a time that works for both the participant and the GP

4.3.6 Maintain participant health and medical information

Sirian Star Enterprises Pty Ltd will:

- ensure relevant support staff have access to important health information, including current health problems, medications, allergies, adverse effects from medications, and reports from medical specialists and allied health professionals
- ensure that a record of each visit to a health professional is kept in the participant's file, and this is made available each time the participant sees a health professional
- ensure that any healthcare recommendations are documented and actioned following appointments with healthcare professionals
- implement regular and timely reviews undertaken on participant medical and health records and in time for comprehensive health assessments (at least annually or more regularly due to changes in health)
- before a comprehensive health assessment (at least annually), a full review of participant records should be undertaken to identify concerns, risks, or any information about potentially undiagnosed symptoms that may not have been followed up
- maintain participants' health records in line with privacy and confidentiality requirements

Health information will be maintained in line with the Privacy Act 1988 (Commonwealth). Access and updates to health information will be shared only with the participant's consent. Participants can review their health information upon request.

5.0 Related Documents

- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Plan
- Easy Read - Planning With You
- Individual Risk Profile Assessment
- Medication Plan and Consent Form
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Advocacy Support Policy and Procedure
- Participant Safeguarding Policy
- Consent Policy and Procedure
- Complaints and Feedback Policy and Procedure

6.0 References

- NDIS Practice Alert [Comprehensive health assessment \(July 2021\)](#)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018
- Privacy Act 1988 (Commonwealth)

Cardiovascular Policy and Procedure

1.0 Purpose

The purpose of this policy is to support participants in maintaining and improving their cardiovascular health through informed decision-making, respectful collaboration, and person-centred planning. Sirian Star Enterprises Pty Ltd is dedicated to helping participants make healthy lifestyle choices while upholding their autonomy, rights, and dignity of risk.

This policy provides guidance for recognising cardiovascular risk factors, encouraging preventative care, and promoting participant engagement in monitoring and maintaining their health. It ensures participants are supported to access appropriate health services and information, with input from their families, carers, or advocates when required.

2.0 Scope

The policy applies to all staff involved in supporting participants with their health and wellbeing at Sirian Star Enterprises Pty Ltd. It includes staff responsible for developing support plans and providing services that relate to cardiovascular health.

3.0 Definition

Cardiovascular Disease	Symptoms
<ul style="list-style-type: none"> ● Coronary heart disease (e.g. heart attack) ● Cerebrovascular disease (e.g. strokes) ● Peripheral arterial disease (blood clots in the arms or legs) ● Rheumatic heart disease (damaged heart valves due to rheumatic infection) ● Congenital heart disease ● Deep vein thrombosis ● Pulmonary embolism (clots blocking the blood vessels leading to the lungs) 	<ul style="list-style-type: none"> ● pain or tightness in the arms, neck, jaw, shoulders or back ● pain, tightness or fluttering feeling in the chest ● shortness of breath ● nausea or vomiting ● fatigue ● sweating ● dizziness ● unusual heartbeat (either too fast or too slow) ● fainting ● palpitations ● indigestion or heartburn ● trouble speaking and understanding or confusion

Cardiovascular Disease	Symptoms
	<ul style="list-style-type: none"> ● paralysis or numbness of the face, arm or leg ● trouble with seeing in one or both eyes ● headache, which is sudden and severe ● trouble walking

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to improving cardiovascular health outcomes for participants by supporting preventative strategies, timely access to health services, and person-centred planning. This commitment aligns with the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#), NDIS Practice Standards, the NDIS Code of Conduct, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

All cardiovascular health supports must be tailored to the participant's goals, preferences, and informed choices. Where risks are identified, appropriate safeguards and risk management strategies will be implemented while upholding dignity of risk and choice.

Staff will:

- Encourage annual health assessments
- Promote healthy eating, regular exercise, and reduced smoking and alcohol intake
- Provide information in accessible formats and involve advocates where needed
- Respect participant decisions, documenting all refusals or deviations from medical guidance
- Uphold confidentiality and data privacy under the Privacy Act 1988 (Commonwealth)

Training will be provided to ensure staff understand cardiovascular health risks and can deliver competent, appropriate support in this area.

This policy supports compliance with the following NDIS Practice Standards:

- **Access to supports** – participants receive supports that are timely, appropriate, and aligned with their needs and preferences.
- **Support planning** – support plans reflect participant health goals, strengths, risks, and are regularly reviewed.
- **Responsive support provision** – supports respond to changing needs and are informed by participant input.
- **Independence and informed choice** – participants are supported to make decisions about their health and lifestyle.
- **Risk management** – health-related risks are identified, assessed, and mitigated where possible.

- **Incident management** – any health-related incident is managed in line with incident reporting obligations.
- **Safe environment** – supports are delivered in an environment that promotes wellbeing and safety.
- **Human resource management** – staff are qualified, trained, and understand cardiovascular risk management.
- **Information management** – participant health information is accurate, secure, current, and accessible only to authorised personnel.

5.0 Procedure

5.1 Reducing lifestyle and health risk

Staff should be informed of lifestyle risks to allow them to support the participant.

- smoking
- unhealthy diet
- being inactive (very low to no exercise)
- unhealthy weight (overweight or obese)
- high alcohol consumption.

Other co-morbidities can exacerbate the likelihood of cardiovascular diseases, such as:

- high blood pressure
- high cholesterol
- diabetes
- mental health issues
- obesity.

Lifestyle risk discussions will occur only with informed consent, and participants will be offered advocacy where necessary. Where significant health risks are identified and participants choose not to engage in preventive strategies, staff must document these risks, offer further support, and escalate through incident management procedures if there are safeguarding concerns.

People with disability are more likely to be at a higher risk of cardiovascular disease than the general population, particularly at an earlier age, so it is important to address lifestyle risk factors to minimise the likelihood of morbidity or mortality. Several lifestyle modifications can decrease a participant's risk factors for developing cardiovascular disease, including:

- **Smoking cessation through a clear action plan developed with the person.** Support in making a clear action plan in consultation with the person.

- **Developing a heart-healthy diet** low in unhealthy fats, salt and added sugar, and rich in whole grains, fibre, vitamins, antioxidants and healthy fats, may include following a nutrition or meal plan and updating it if necessary.
- **Maintaining good exercise.** If ambulant, 30 minutes a day is recommended. If not ambulant, modified physical therapy.
- **Maintaining a healthy weight.** Being within a healthy weight range can drastically reduce the risk of cardiovascular disease compared to overweight people. Encourage healthy eating and exercise to gain and keep a healthy weight.
- **Reducing alcohol consumption** to no more than two standard alcoholic drinks a day and no more than four on any occasion.

5.2 Supporting participants

Participants will be supported to make informed choices about accessing cardiovascular healthcare. Advocacy will be offered when participants require help to understand and make decisions.

It is important that participants regularly see health professionals such as a GP and that any risk factors are managed or followed up by a specialist. We will support participants in maintaining good cardiovascular health through the following activities:

- Address additional barriers participants might face to accessing treatment, including
 - communication difficulties
 - ask the participant if they require their advocate or relevant stakeholder to support them
 - offer a worker to support them (refer to Advocacy Support Policy and Procedure)
 - fears around certain medical tests such as blood tests or ECGs
 - explain the process for the test
 - ask the participant if they require their advocate or relevant stakeholder to support them
 - offer a worker to support them (refer to Advocacy Support Policy and Procedure)
- Annual monitoring for cardiovascular risks through Comprehensive Health Assessments. Participants with one or more cardiovascular disease risk factors may require frequent monitoring.

Where a participant refuses essential cardiovascular care and this refusal presents a risk to health and safety, staff must follow the NDIS Incident Management and Safeguarding processes, ensuring the participant is protected while respecting their rights.

If staff identify unmanaged cardiovascular risks or refusals of critical healthcare that may endanger life or well-being, these issues must be reported via the Incident Management System. Staff will work with the participant, healthcare providers, and advocates to develop an appropriate risk management plan and ensure participant safety while respecting autonomy.

5.2.1 Healthy Lifestyle

- Support participants to maintain physical activity. If participants are ambulant, a minimum of 30 minutes a day is recommended. Participants with mobility limitations should be referred to a physiotherapist or occupational therapist to develop a suitable exercise routine.
- Good nutrition and weight control. Assist in following a nutrition or meal plan and updating it as necessary. Participants can be supported to access a dietician to develop a mealtime plan that supports good nutrition and healthy weight.
- Participants can also be supported to maintain consistent sleep routines. Sleep apnea can aggravate blood pressure and cardiovascular disease. Further advice can be sought from a GP or NDIS behaviour support practitioner about setting up healthy sleep routines.

Refer to Lifestyle Risk Factor Policy and Procedure for more information.

5.3. Comprehensive health assessments

Participants often have a higher risk of cardiovascular disease because early symptoms of poor cardiovascular health can be missed. Completing a regular comprehensive health assessment for people with disability improves the detection of health needs, enables active management, and significantly reduces health risks and poor health outcomes. Refer to Comprehensive Health Assessment Policy and Procedure.

Comprehensive cardiovascular health assessments will only be undertaken with informed consent. If a participant declines an assessment, staff will document this, discuss alternative ways to monitor health, and complete a risk assessment if refusal poses a significant health risk. Advocacy support will be offered.

5.4 Training

Senior Care Coordinator will provide staff training will be trained to promote awareness of:

- why and how people with disability are vulnerable to cardiovascular disease.
- signs and symptoms of cardiovascular disease and the need to seek immediate medical assistance when they occur (irrespective of whether the person has seen a doctor recently or not).

Training for staff will include recognising cardiovascular risks, supporting informed decision-making, upholding dignity of risk, engaging advocates, and managing health-related incidents or safeguarding issues.

6.0 Related Documents

- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Plan
- Easy Read - Planning With You
- Medication Plan and Consent Form
- Access to Supports Policy and Procedure
- Support planning Policy and Procedure.
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Lifestyle Factor Policy and Procedures
- Comprehensive Health Assessment Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS Practice Alert Comprehensive health assessment (July 2021)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- Australian Government Department of Health 2020
- <https://www.heartfoundation.org.au/>
- The Heart Foundation
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Privacy Act 1988 (Commonwealth)

Prevention of Respiratory Infections Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that all participants are supported to reduce the risks associated with respiratory infections. Sirian Star Enterprises Pty Ltd aims to deliver high-quality, safe, and person-centred support that protects participant wellbeing, promotes informed decision-making, and enables individuals to make choices that reflect their rights and dignity.

This policy guides staff in supporting participants to maintain respiratory health and reduce preventable illness through proactive planning, health promotion, early intervention, and collaboration with healthcare professionals and support networks.

2.0 Scope

The policy applies to all staff delivering services on behalf of Sirian Star Enterprises Pty Ltd. It includes any team members involved in providing direct support, managing incidents, or planning participant care where respiratory health risks may be present.

3.0 Definition

Term	Definition
Respiratory infections	<ul style="list-style-type: none"> ● usually short-term (acute). They are caused by infectious agents such as bacteria or viruses. Common types of respiratory infections can include: <ul style="list-style-type: none"> ○ the common cold, ○ influenza (the flu), ○ bronchitis, ○ sinusitis and ○ pneumonia
Respiratory diseases	<ul style="list-style-type: none"> ● usually long-lasting (chronic), non-infectious, and include conditions such as: <ul style="list-style-type: none"> ○ asthma. ○ chronic obstructive pulmonary disease (COPD). ○ bronchiectasis or ○ lung cancer
Aspiration pneumonia	<p>The scoping review of deaths of Australians using disability services found that aspiration pneumonia is the most common cause of respiratory death for people with disability, accounting for just under half of all respiratory deaths.</p>

Term	Definition
	<p>Aspiration means inhaling things other than air into the lungs, and this can include things like saliva, food or stomach contents. Difficulties with swallowing (dysphagia) are a common cause of aspiration. People at higher risk include epilepsy, other respiratory diseases, medicines that impact swallowing, and those with intellectual disabilities.</p> <p>(See Medication Management (Swallowing Difficulty) Policy and Procedure, Mealtime Management Policy and Procedure)</p>
Influenza (the flu)	<p>People with disability, especially those living in shared accommodation settings, are at greater risk of experiencing serious complications such as hospitalisation associated with influenza.</p> <p>Influenza is a common seasonal respiratory virus with transmission typically peaking during mid to late winter each year. The influenza virus spreads through human-to-human contact or droplets (sneezing, coughing or talking). Symptoms include fever, cough, sore throat, aching muscles and joints, and runny nose.</p>

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to supporting participants in maintaining respiratory health and reducing preventable illness. This includes compliance with the NDIS Practice Standards, the [NDIS Code of Conduct](#), the Privacy Act 1988 (Commonwealth), and the [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#).

All supports relating to respiratory health will respect the participant's right to dignity of risk. Informed consent will be obtained for any health-related intervention, and participants will be offered access to independent advocacy and supported decision-making where needed.

Preventative measures include:

- Encouraging regular physical activity
- Supporting correct posture or positioning
- Promoting access to vaccinations, medication reviews, and general health checks

Staff must monitor and record changes in physical or behavioural signs that may indicate respiratory issues. Any concerns must be escalated to a supervisor without delay. Supervisors must notify the Senior Care Coordinator, who will coordinate an appropriate medical response.

All workers must follow the NDIS Code of Conduct and:

- Deliver supports safely, skilfully, and competently
- Respond promptly to any issue that may impact participant health or safety

Sirian Star Enterprises Pty Ltd will implement risk management plans and ensure all incidents are documented and responded to through internal incident reporting systems.

This policy is aligned with the following NDIS Practice Standards:

- **Access to supports** – Participants can access timely and appropriate respiratory-related supports.
- **Support planning** – Support plans reflect health needs and include respiratory care strategies where relevant.
- **Responsive support provision** – Supports adapt as needed based on the participant's health status and changing needs.
- **Human resource management** – Staff delivering supports are trained, screened, and competent in their roles.
- **Incident management** – Any respiratory-related incidents are reported, addressed, and used to inform future improvements.
- **Risk management** – Respiratory risks are identified and managed using appropriate safeguards and planning.
- **Safe environment** – Supports are delivered in environments that reduce infection risk and meet participant needs.
- **Independence and informed choice** – Participants are empowered to make health decisions while being protected by clear safeguards.
- **Information management** – Participant records are kept confidential, current, and accessible to relevant staff and the participant.

Where relevant, this policy also supports compliance with High-intensity Daily Personal Activities standards including:

- Tracheostomy management
- Ventilator use
- Severe dysphagia and enteral feeding

5.0 Procedure

5.1 Respiratory infection risk

Respiratory infections affect the quality of life and result in severe illness and preventable death. Staff are trained and understand that participants' respiratory infections, such as:

- influenza
- pneumonia
- bronchopneumonia

Participants are also more likely to have respiratory diseases exacerbated by respiratory infections and increase the risk of respiratory infection. These include:

- asthma
- chronic obstructive pulmonary disease
- pneumonitis (non-infectious inflammation of the lung tissue)

When the support plan is devised, the plan must include any medical treatments, diseases and risks. Participants with a predisposition to respiratory infection must be identified in the plan shared with all workers. This process will allow staff to quickly respond if they see any health changes.

Where participants are identified as being at heightened risk, a collaborative risk management plan will be developed with the participant and their representative. Where participants decline interventions, this will be documented, if needed, escalated as per the Incident Management Policy. Advocacy will be offered to support decision-making.

5.1.1 Identified physical risk factors

These factors include:

- Participants with a physical disability (including people with mobility limitations)
- People with dysphagia or anyone requiring support for eating, drinking, and swallowing
- People with epilepsy

Some of these risks are associated with physical factors that affect a person's ability to breathe, swallow or cough. When these functions are affected, there is an increased risk of respiratory issues.

5.1.2 Multiple health conditions

Participants are more likely to have other health conditions that increase the risk of respiratory infections, such as:

- Dysphagia
- Dental problems
- Gastro-oesophageal reflux disease (GORD)
- Epilepsy
- Obstructive sleep apnoea
- Asthma
- COPD

5.1.3 Other factors

- Psychotropic medication and polypharmacy can increase the risk of swallowing difficulties
- Communication challenges that impact the person's ability to articulate symptoms when unwell
- Smoking
- Residing in shared accommodation where there is an increased risk of infection transmission

5.2 Supporting Participants

Participants will be supported to make informed decisions regarding respiratory infection prevention and management. Where a participant declines health interventions, staff will document the decision, complete a risk assessment, and escalate concerns via incident management processes if needed to safeguard the participant. Staff will also offer advocacy or supported decision-making support when complex choices are involved.

Participants are also less likely to have accessed preventative health assessments and treatments that reduce the risk of respiratory infections, such as regular oral health care, nutrition and exercise, influenza and pneumococcal vaccinations and proactive management of chronic diseases.

5.2.1 Prevention strategies

Standard precautions for preventing infection and disease are through procedures such as:

- consistent hand and respiratory hygiene (e.g. covering mouth and nose with a tissue when coughing or sneezing), and
- encouraging healthy cough etiquette with workers and participants.

The risk of respiratory infections can be reduced by:

- ensuring that staff and volunteers comply with current COVID-19 vaccination requirements [Coronavirus \(COVID-19\) – Vaccine information | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/coronavirus-covid-19-vaccine-information)
- considering ways to increase vaccination among workers, such as information and education programs or arranging workplace vaccinations
- reinforcing staff hygiene practices, especially hand hygiene and respiratory/cough etiquette, in addition to vaccination
- implementing and reinforcing policies addressing good hygiene practices and infection control to reduce disease transmission (See Infection Management Policy and Procedure)

5.2.2 Comprehensive health assessments

Regular comprehensive health assessment improves the detection of health needs, enables active management, and significantly reduces health risks and poor health outcomes. The annual review of the support plan will ensure a comprehensive health assessment, as required.

Comprehensive health assessments of participants include reviewing factors that may increase the risk of respiratory infections. (see Comprehensive Health Assessment Policy and Procedure). Comprehensive health assessments will only be conducted with participant consent, and results will be shared following privacy principles. Participants who decline assessments will have their decision respected, with risk management strategies documented and reviewed, including consideration of advocacy involvement.

Sirian Star Enterprises Pty Ltd and our staff can support participants in proactively talking to their doctor about developing healthcare plans to manage respiratory infection risks.

5.3 Training

Our staff will be provided with additional education and training to promote awareness of respiratory infection.

Training will include:

- Signs and symptoms of respiratory infection
- Trauma-informed and culturally safe communication
- Supported decision-making and advocacy processes
- Incident and safeguarding procedures when participants are identified at risk
- Upholding dignity of risk and participant choice in health management

5.3.1 Signs and symptoms of respiratory infections

Staff are trained in the following information. When there are signs that a participant may have a respiratory infection, they must be supported to access medical assessment and advice to ensure that they receive timely treatment and that severe illness can be prevented.

Symptoms that may be a sign of respiratory infection include:

- difficulty breathing, noisy breathing or wheezing
- persistent cough
- coughing while eating or drinking
- lingering chest pain
- coughing up mucus or blood
- runny nose
- fever
- unexplained weight loss
- sleep difficulties

Changes in behaviour may also indicate a respiratory issue, such as:

- becoming more quiet and withdrawn (mood changes)
- being more active and aggressive
- in children, not gaining weight, developmental milestones plateauing or relapsing
- unexplained weight loss in adults
- changes in eating or drinking patterns as a result of feeling unwell (for example, loss of appetite or a sore throat)
- sleep difficulties (e.g. breathing problems or sounding 'gurgly' while lying flat, or suddenly waking up in the middle of the night)

5.3.2 Response

- Dysphagia: the importance of safe feeding techniques and precisely following all mealtime recommendations regarding feeding, food consistency and supervision while eating. (More detailed information about dysphagia is available in [Practice Alert: Dysphagia, safe swallowing and mealtime management](#)).
- Participant emergency plan. Staff must:
 - know, understand and respond as per the participant's plan
 - inform supervisor or Senior Care Coordinator immediately, if there is any risk of harm to the participant
- Staff must be trained in the importance of a quick response given that there is a short window between the infection developing and severe illness.
- If respiratory infection risks present imminent danger and are refused treatment, staff must escalate the issue to incident management and safeguarding teams immediately. Participants

will be offered advocacy to assist with healthcare decisions, and this will be documented in alignment with participant rights.

6.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure.
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Lifestyle Risk Factors Policy and Procedure
- Comprehensive Health Assessment Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure

7.0 References

- [NDIS Practice Alert](#)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Privacy Act 1988 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

Participants

[Viruses and staying healthy | Council for Intellectual Disability \(cid.org.au\)](#)

[My Health Matters folder | Council for Intellectual Disability \(cid.org.au\)](#)

Respiratory infections

[Respiratory system | healthdirect](#)

[Respiratory tract infections \(RTIs\) – nose, throat & lungs \(nps.org.au\)](#)

[Flu \(influenza\) | healthdirect](#)

[10 tips to fight the flu | healthdirect](#)

Respiratory Diseases

[Asthma action plans - National Asthma Council Australia](#)

[Lung Foundation Australia](#) - Includes information, resources and support services about respiratory diseases (COPD, Bronchiectasis, asthma, lung cancer) and support services.

Vaccinations

[Influenza \(flu\) immunisation service | Australian Government Department of Health](#)

[Vaccines & immunisation \(nps.org.au\)](#)

[The flu jab, explained - NPS MedicineWise](#)

[How to get an immunisation history statement - Services Australia](#)

Pain Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants experiencing pain are supported with sensitivity, respect, and responsiveness. Pain can significantly impact a person's health and quality of life, and this policy guides staff to identify, respond to, and support the management of pain in a way that upholds the participant's dignity, rights, and preferences.

Sirian Star Enterprises Pty Ltd aims to deliver pain management that is person-centred, timely, and collaborative. All staff must understand their responsibilities in identifying signs of pain and ensuring participants receive appropriate support through clinical or behavioural pathways, as required.

2.0 Scope

The policy applies to all staff involved in participant support at Sirian Star Enterprises Pty Ltd. It includes anyone responsible for monitoring participant wellbeing, developing support plans, or responding to changes in a participant's condition.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to ensuring that all participants experiencing pain are supported in a manner that is respectful, safe, and aligned with the NDIS Practice Standards, the [NDIS Code of Conduct](#), and the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#).

Staff must actively observe, record, and report signs of pain, whether physical, behavioural, or verbal. If a participant expresses discomfort or displays signs of pain, the staff member must notify their supervisor, and the Senior Care Coordinator will arrange medical review or further assessment. Pain may result from various sources including injury, illness, oral health issues, or psychological factors. Staff should refer to the Oral Health Policy and Procedure where relevant.

Pain management plans will be developed collaboratively with the participant, their health professionals, and advocates. Plans may include non-pharmacological and pharmacological strategies, and all decisions must be guided by informed consent. Participants retain the right to decline treatment, and if this results in unmanaged pain or risk to wellbeing, it must be escalated using the organisation's Incident Management and Safeguarding system.

All information related to pain management will be stored securely and treated in accordance with the Privacy Act 1988 (Commonwealth).

Staff must comply with the NDIS Code of Conduct by:

- Providing supports safely and competently
- Responding promptly to concerns affecting participant health or safety
- Respecting participant autonomy and upholding their rights

This policy is linked to the following NDIS Practice Standards:

- **Access to supports** – Ensures participants receive timely and appropriate pain-related supports
- **Human resource management** – Requires competent, qualified staff to deliver person-centred care
- **Incident management** – Provides systems for responding to unmanaged pain or health deterioration
- **Independence and informed choice** – Respects participant decisions regarding pain treatment
- **Information management** – Maintains accurate, confidential health records
- **Responsive support provision** – Delivers timely, competent interventions
- **Risk management** – Identifies and mitigates health-related risks
- **Safe environment** – Promotes settings that reduce pain triggers or discomfort
- **Support planning** – Incorporates pain management into regular planning and review processes

4.0 Procedure

At intake, the participant's current pain management plan is recorded. Strategies will be designed using this pain management plan to allow staff to implement the requirements.

Staff will observe and record the participant's pain. When the pain increases or the pain management is not working, or upon the participant's request, the worker will inform their supervisor, so Senior Care Coordinator can contact the participant and their relevant people to seek additional support.

If a participant chooses to decline a recommended pain management approach, this will be documented, and a risk assessment will be developed. Where necessary, an incident report will be lodged if unmanaged pain leads to safety, health, or behavioural risks. Participants will be offered advocacy or supported decision-making support when developing or reviewing pain management plans.

4.1 Supporting Participants

Participants are also less likely to have accessed preventative health assessments and treatments that reduce pain, such as regular oral health care and pain management assessments.

Participants will be actively involved in making decisions about their pain management and supports will respect their individual preferences and rights to dignity of risk. Where pain is unmanaged or refused and leads to risk, staff will follow incident management and safeguarding procedures to ensure participant safety. Advocacy support will be offered to assist participants in understanding and directing their pain management.

4.1.1 Comprehensive health assessments

Regular comprehensive health assessment improves the detection of health needs, enables active management, and significantly reduces health risks and poor health outcomes. The annual review of the support plan will ensure a comprehensive health assessment, as required.

Comprehensive health assessments of participants include reviewing factors that may increase the risk of increased pain. (see Comprehensive Health Assessment Policy and Procedure).

Comprehensive health assessments, including pain assessments, will only be undertaken with informed consent. If a participant declines an assessment, their choice will be respected and documented, and a risk management plan will be collaboratively developed to ensure ongoing monitoring and safety.

Sirian Star Enterprises Pty Ltd and our staff can support participants in proactively talking to their doctor about developing pain management plans.

5.0 Staff Training

All staff will receive training on:

- Recognising and responding to signs of pain, including for non-verbal participants.
- Safeguarding and incident management where unmanaged pain may result in harm.
- Supporting informed choice and dignity of risk in pain management.
- Advocacy and supported decision-making to assist participants in directing their care.
- Privacy and confidentiality when managing sensitive health and pain data.

6.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure.
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Lifestyle Risk Factors Policy and Procedure
- Comprehensive Health Assessment Policy and Procedure
- Oral Health Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS Practice Alert <https://www.ndiscommission.gov.au/document/3311> Pain Management
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Privacy Act 1988 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

Oral Health Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported to maintain good oral health as part of their overall wellbeing. Oral health is essential to quality of life, comfort, communication, and nutrition. Participants may face barriers to maintaining oral hygiene, including lack of access to dental care, physical or cognitive challenges, or past experiences.

This policy guides staff to assist participants in preventing oral health issues and addressing concerns early. It ensures support is delivered in a person-centred and respectful manner, where participants' preferences, rights, and dignity are upheld.

2.0 Scope

The policy applies to all staff who support participants at Sirian Star Enterprises Pty Ltd, including those involved in direct care, planning, and monitoring of oral health and hygiene. It applies across all service settings and participant groups.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to supporting participants in maintaining optimal oral health through safe, person-centred, and responsive supports, in line with the [NDIS Practice Standards](#), NDIS Code of Conduct, and safeguarding principles. All staff must monitor oral health risks and ensure timely intervention when concerns arise.

Oral care plans will be developed collaboratively with participants, incorporating informed consent and respecting each person's right to choice and control. Where oral health conditions pose a significant risk to health or wellbeing, concerns must be escalated using the organisation's Incident Management and Safeguarding systems. All personal health information will be handled in accordance with the Privacy Act 1988 (Commonwealth).

Oral health practices may include:

- Daily brushing with fluoride toothpaste and flossing
- Encouraging regular dental visits
- Supporting hydration and good nutrition
- Reducing intake of sugar, alcohol, and tobacco
- Monitoring for signs of gum inflammation, pain, or dental decay

Staff are required to observe and document any indicators of oral discomfort or deterioration. Concerns must be reported to a supervisor and forwarded to the Senior Care Coordinator for assessment and possible referral.

Participants will be provided with accessible resources, including Easy Read materials, and supported to access dental care services. Advocacy and supported decision-making will be offered where required to ensure informed health choices.

All staff must follow the NDIS Code of Conduct by:

- Acting with respect for individual rights, including decision-making and autonomy
- Delivering safe and competent services
- Raising and responding to any matters affecting participant health and safety

This policy aligns with the NDIS Practice Standards, including:

- **Support planning** – Ensuring oral health is reflected in personalised plans, regularly reviewed
- **Access to supports** – Facilitating timely and appropriate dental care
- **Independence and informed choice** – Empowering participants to make oral health decisions
- **Incident management** – Reporting and responding to risks linked to oral health conditions
- **Information management** – Maintaining accurate and confidential health records
- **Human resource management** – Ensuring staff have the skills to support oral health needs

4.0 Procedure

4.1 Supporting participants

Participants will be supported to make informed choices about their oral health care. If a participant declines oral health interventions, this will be documented. Where refusal or barriers to oral care may cause harm (e.g., untreated pain or infections), an incident report must be lodged. Advocacy will be offered to support participants in understanding and making choices about their care.

Relevant staff must monitor participants' health, safety and well-being, support participants to maintain their health and access appropriate health services, including oral health services. Participants are supported to take care of their oral health, improve their oral health care knowledge, and access dental services.

4.1.1 Plan access to oral health care

Staff are required to:

- talk with the participant about their mouth and ask if they have any worries or pain

- ensure that the participant's support planning includes caring for their oral health, for instance, brushing their teeth twice daily and having regular dental checkups
- assist the participant in forming a partnership with their dentist and participating in a person-centred planning process with the dentist
- develop a knowledge base about the participant and work with a NDIS behaviour support practitioner to determine if adaptive sensory processes are needed to facilitate a successful dental visit
- be aware that a change or increase in a participant's behaviours of concern may result from dental pain
- use accessible tools and resources, such as social stories, to prepare and plan a visit to the dentist

Staff will ensure that participants' consent is obtained prior to any dental appointment or treatment, and participants will be offered choice of dental provider, including culturally safe and disability-aware practitioners. Where a participant declines essential dental care, a risk management plan will be developed with their involvement and documented in their support plan.

4.1.2 Visit, the dentist supports

- the participant in accessing dental care for regular (at least 12 monthly) checkups.
- to facilitate informed decision-making regarding oral health care and treatment using the participant's preferred communication methods. Involve the participant's family, independent support person or guardian in the decision-making process where appropriate.
- involve the participant's family and informal support to assist the participant in attending a visit to the dentist; where appropriate,
- support the participant before, during and after a visit to the dentist, including assisting them to communicate with the dentist and following up on the dentist's recommendations after the visit
- use available tools and resources to understand more about good oral health care, how to assist someone brushes their teeth, eligibility for public dental health care, what information the dentist needs and what happens at the dentist visit.
- ensure that any information is provided to the participant in accessible formats, including Easy English and Easy Read, where required.

4.1.2 Follow up on oral health care

- after a dentist visit, support the participant to follow up with the following:
 - recommended care or changes to daily brushing routines
 - referrals to specialist dental, medical or allied health professionals
- Ensure participants access regular (at least 12-monthly) dental checkups and that records include any changes or need for dental health assessments. Recommendations are communicated to all relevant staff, and follow-up actions are undertaken.

- Ensure the dentist's recommendations are documented in the participant's oral health care plan, support plans and other relevant documents.

Participants will be supported to understand and consent to any dental care, using communication methods appropriate to their needs. Where necessary, advocacy will be offered to support access to care and decision-making. If oral health issues result in pain, infections, or refusal of care presents risks, staff must escalate these via the Incident Management system to ensure appropriate safeguarding.

4.1.3 Assist daily oral care

- encourage, educate and motivate participants to look after their teeth and gums.
- ensure participants have the items they need to care for their teeth, such as a toothbrush; dental flossing aids; fluoride toothpaste; and any other items recommended by the dentist
- ask the participant what help they need to brush their teeth and rinse after eating a meal
- ensure arrangements are in place to support person-centred participation and decision-making in oral health care activities for the regular care of teeth, including the type of food eaten, twice-daily brushing with fluoride toothpaste, flossing and rinsing.

Daily oral care will be delivered in a person-centred, respectful manner, with adjustments for participants' sensory, physical, and emotional needs. If participants decline care, their right to refuse will be respected and this will be documented.

4.1.4 Referrals to other professionals

Consider and act on whether the participant needs any of the following referrals:

- a **speech pathology** when gagging when brushing teeth, unable to clear food after eating and chewing, difficulty eating certain foods, swallowing problems, weak or absent cough or drooling.
- an **occupational therapist** to assist participants with handling a toothbrush, flossing, using dental cleaning aids recommended by the dentist, and supporting learning oral hygiene skills.
- a **NDIS behaviour support practitioner** may assist the participant with strategies to manage anxiety and plan reasonable adjustments for a successful dental visit.

Referrals may also include mental health practitioners if oral health impacts eating, social interaction, or quality of life. Where unresolved oral health issues pose risks, incidents must be reported under the Incident Management system, and a safeguarding response will be activated.

4.1.5 Training and development

Sirian Star Enterprises Pty Ltd will review our training program to increase staff training and skills in areas such as:

- knowing where and how to access dental services provided through local health districts and how to access emergency dental services in the local area.

- knowing whether there are specialist dentists who are skilled in working with people with disability.
- training in oral health care and development of oral health literacy
- how to support tooth brushing, flossing and rinsing food from the mouth after eating, especially for participants on soft foods. For instance, encouraging regular drinks of water throughout the day.
- working with a dental practitioner to develop an oral health plan for a participant that includes risks or problems; dental work they have had before; support needed to brush teeth; the participant's dentist, whether they need a specialist dentist.
- training on ways to support reluctant participants to engage in oral health care and services, including training in positive behaviour support, supported decision-making or motivational interviewing techniques.

Training will include supported decision-making, advocacy referral processes, consent, dignity of risk in oral care, and privacy of participant health records. Staff will be trained to respect participant autonomy and to respond appropriately when care is declined.

5.0 Resources

5.1 Preparing and supporting participants to visit the dentist

- The Australian Dental Association and Designlab Inclusion Melbourne have developed a [series of videos about going to the dentist, teeth brushing and oral care](#) for people with intellectual disabilities. There are also oral health planning forms for the dentist and participant.
- [Your Dental Health Guide for people with disability](#) was developed by the Australian Dental Association Western Australia and Inclusion Melbourne. This resource includes practical information for dentists, participants, their families, guardians and NDIS providers.
- [Maggie goes to the dentist](#) is an example of a social story that can be customised to assist a participant prepare for a dental visit.
- [Going to the dentist](#) is a guide for families and carers of people with Autism, WA Health.
- IDEAS [Dentists and Disability](#) website have oral health information and resources for people with disability.
- The [Australian Dental Association](#) also has a range of oral health resources available to the general community.

5.2 General Information

- [VicHealth Every smile](#) has tools, resources and ideas to improve the oral health of people in supported accommodation services.
- [Dental Practice Education Research Unit, Adelaide University](#), has information sheets for Dentists and Carers.
- [Health Direct](#) has a guide to accessing oral health services in Australia.

- (Resources above are from the NDIS Oral health practice alert)

6.0 Related Documents

- Easy Read – Oral Health
- Participant Information in Easy English
- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support planning Policy and Procedure.
- Independence and Informed Choice Decision-Making Policy and Procedure
- Access to Supports Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Human Resource Management Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure
- Dignity of Risk and Choice Policy

7.0 References

- [NDIS Practice alert: Oral Health](#)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Privacy Act 1988 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

Supported Independent Living (SIL) Policy and Procedure

1.0 Purpose

The purpose of this policy is to guide the delivery of Supported Independent Living (SIL) services that promote participant independence, uphold dignity, and enable informed choice. SIL services at Sirian Star Enterprises Pty Ltd are designed to support individuals in building daily living skills and participating actively in decisions about their care and environment.

This policy ensures participants are provided with tailored, consistent, and respectful support that aligns with their goals, while also supporting staff to deliver safe, high-quality SIL services that reflect person-centred practice and collaborative planning. Participants will be involved in decision-making and supported to access advocacy where needed.

2.0 Scope

The policy applies to all staff delivering Supported Independent Living services at Sirian Star Enterprises Pty Ltd. It includes those supporting participants in shared or individual living arrangements and those involved in planning, monitoring, or reviewing SIL supports.

Table 1. Supported Independent Living inclusions and exclusions

Supported Independent Living includes:	Supported Independent Living excludes:
<ul style="list-style-type: none"> ● Support with supervision, safety and security. ● Assistance with personal care tasks. ● Assistance with capacity-building tasks (meal prep, cooking, cleaning, routine development, etc.). ● Behaviour support and social skill development. ● Administration of medication. ● Support for medical appointments. ● Community access - not routine or regular (e.g. support to complete personal tasks). ● Support to get to/from community access activities (where this is the participant's preference). 	<ul style="list-style-type: none"> ● Cost of groceries. ● Rent, board or lodging costs. ● Utilities (e.g. gas, electricity, water, telephone, internet). ● Household budgeting/bill-paying activities. ● Expenses related to holidays, including travel costs. ● Personal care supports while the participant is in the hospital. ● SDA-related costs (e.g. property maintenance costs, repairs, vacancy costs). ● Ongoing costs and supports for vacancies (built into the price limit). ● Regular community access.

Supported Independent Living includes:	Supported Independent Living excludes:
	<ul style="list-style-type: none"> ● Specific funding for staff to attend training for the participant's support needs (built into the price limit). ● Shadow shifts. ● Organisational management costs. ● Allied health staff, including those employed by SIL providers. ● Vehicle costs. ● Temporary Transformation Payment (TTP) pricing. ● Justice-related supports. ● Community supervision orders. ● Nursing, medical care and other health-related supports. ● Items covered in other sections of the NDIS price guide (e.g. transport costs, assistive technology, personal care while in the workplace, plan management, financial intermediary supports, clinical or allied health services).

3.0 Definitions

Term	Definition
Supported Independent Living (SIL)	Help with or supervise daily tasks in a shared living environment, focusing on developing each participant's skills to live independently. It is paid personal supports and is most commonly used in shared living arrangements.
Roster of care	The supports a participant should receive from Sirian Star Enterprises Pty Ltd. It assists the NDIA in deciding what funding to include in a participant's plan.
Submission guidelines	Provides overview and guidance regarding the requirements and considerations for completing a submission template.
Participant profile	Participants' details, goals, needs, and the supports they may require.
Property profile	Describes the property the participant will be living in, including details of other tenants.
Participant outcomes	States the desired outcomes of participant capacity-building activities within the home that the NDIS funding is to be used to achieve.

Term	Definition
Dignity of Risk	The right of participants to take reasonable risks that support choice and control in their lives, balanced against the duty of care of staff to ensure safety and wellbeing.
Declaration of Submission	Confirms that the participant or their nominee was developing the proposed supports. The NDIA cannot process incomplete declarations.
Submission exclusions	Items excluded from the Supported Independent Living Submission are necessary to show as they provide a complete view of the overall services and support the participant receives. These items may be funded elsewhere under the NDIS (e.g. transport) or not funded (e.g. rent).
Attachments	Information is required as part of the submission.

3.1 Staff member work shifts

Shift type	Description
Monday - Friday (6.00 am - 8.00 pm)	<p>Weekday hours where the participant requires supported independent living support (excluding participant sleeping time and crossover afternoon/evening shifts).</p> <p>During these hours, the weekday daytime rate applies.</p>
Monday - Friday (8.00 pm - 12.00 am)	<p>Weekday evening hours between 8.00 pm and 12.00 am, where the participant requires SIL support (including crossover afternoon/evening shift starting before 8.00 pm and excluding participant sleeping time).</p> <p>During these hours, the weekday evening rate applies.</p>
Saturday and Sunday	<p>Includes hours on Saturday or Sunday where:</p> <ul style="list-style-type: none"> • a participant is awake and requires SIL support • active overnight shift hours. <p>During these hours, Saturday or Sunday rates apply.</p> <p>Note: Active overnight shift hours are included as these shifts are paid at the Saturday/Sunday rates.</p> <p>Sleepover shifts are captured under 'Sleepovers'.</p>
Sleepovers	Calculated as the number of nights per week when a participant requires sleepover support, including weekends.
Active overnight shift (Monday to Friday)	The number of hours per week between Monday and Friday where active overnight shifts are required (excludes active overnight shifts required on weekends).

Shift type	Description
Public holiday	The number of public holidays per year where a participant requires SIL support.
Irregular support	The number of days a participant requires unplanned irregular SIL support per year. The maximum number of irregular supports included in a participant's plan varies depending on the participant's level of support needs.

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to delivering Supported Independent Living in accordance with the NDIS Practice Standards, NDIS Code of Conduct, and the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018. All supports must be person-centred, responsive, and developed in consultation with participants and their support networks.

SIL services must respect participant rights and support each person to live as independently as possible. Staff will promote choice, control, and dignity of risk in daily routines. Where risks are identified, appropriate safeguards will be implemented, and all incidents managed through the Incident Management and Reportable Incidents systems.

The use of restrictive practices is not permitted unless authorised through a Behaviour Support Plan that complies with NDIS (Restrictive Practices and Behaviour Support) Rules 2018. Positive behaviour support must be embedded into all relevant support planning.

The Senior Care Coordinator must ensure the following actions are undertaken:

- Review the Safe Environment Checklist – Home for each SIL location.
- Assess each participant's Individual Risk Assessment Profile and goals.
- Develop a cleaning and maintenance schedule for the property.
- Prepare and submit a Roster of Care (RoC) in line with NDIA requirements.
- Ensure annual review of support plans for each participant.

SIL staff must be trained in each participant's support plan, including communication methods, cultural needs, and personal care requirements. They must also ensure the environment is safe, suitable, and aligned with the participant's level of independence. All staff must hold current NDIS Worker Screening clearance and complete relevant induction and refresher training.

Sirian Star Enterprises Pty Ltd will support participants to:

- Develop skills for independent living
- Access and maintain appropriate housing
- Engage in meaningful activities within their home and community
- Build relationships and maintain routines that support wellbeing

All practices must reflect a commitment to participant safety, respect, inclusion, and empowerment.

5.0 Procedure

5.1 Overview

Participants will be actively involved in choosing their co-tenants and the staff supporting them, where possible, to ensure compatibility and participant comfort in shared living arrangements. Staff must support participants to understand their options and provide informed consent for all support arrangements, including Roster of Care submissions. Advocacy services will be offered to assist participants in exercising choice and control.

Sirian Star Enterprises Pty Ltd will develop a Roster of Care (RoC) using the Assistance with Daily Living price limits so the NDIA can decide the type of supports to be included in a participant's plan.

Sirian Star Enterprises Pty Ltd is required to submit the RoC to the NDIA for consideration.

5.1.1 Location

All sites must be kept hygienic and safe with strong infection control measures. Staff must follow health and hygiene procedures (e.g. handwashing and infection control) to ensure the environment is safe for the participant.

As part of our management of the location, Sirian Star Enterprises Pty Ltd must:

1. Undertake a safe environment review of the site.
2. Identify any issues as per the Safe Environment Checklist - Home.
3. Create a Risk Management Plan to eliminate or reduce identified risks and record it in the Risk Management Plan Register.
4. Implement the Risk Management Plan.
5. Train Sirian Star Enterprises Pty Ltd staff as per requirements.
6. Conduct an annual safety review, including fire and evacuation processes.
7. Undertake site visits every three months to ensure the environment is well maintained and meets Sirian Star Enterprises Pty Ltd service standards.

5.1.2 Participant

1. Collaborate with the participant and their nominee to complete the ROC SIL toolkit requirements and provide a copy to the participant.
2. Ensure that the participant has the SIL registration group in their support plan and has the appropriate funds to cover the required service (see Service Agreement with Participant Policy and Procedure).
3. Undertaken an Individual Risk Assessment Profile and developed a Support Plan per the Support Planning and Service Agreement Collaboration Policy and Procedure, the Access to Supports Policy and Procedure and the Responsive Support Provision and Support Management Policy and Procedure.
4. Participants and staff are matched as per the support plan.
5. Ensure that the rostering of staff meets the participant's requirements.
6. Review staff for the quality of their support and determine if they meet the participant's needs.

5.1.3 Staffing

Staff working in SIL settings must undergo comprehensive training in person-centred active support, dignity of risk, safeguarding, restrictive practice reduction, and positive behaviour support, tailored to each participant's needs. Staff matching will be conducted in consultation with participants, taking into account their preferences, cultural and linguistic needs, and shared living compatibility.

1. Match Sirian Star Enterprises Pty Ltd staff per the participant's requirements.
2. Training occurs in all aspects of supports for the individual participant.
3. Performance management is undertaken annually (or as required) to determine if staff are meeting the needs of supported independent living and our participants.
4. Two buddy shifts are undertaken to provide feedback by a supervisor to ensure staff are supported in their roles.

5.2 Medication access and storage

All medication practices must comply with the NDIS Practice Standards and Incident Management Rules, including reporting medication errors, omissions, or near misses as incidents. Where medication storage practices involve restrictions (e.g., locked cabinets), authorisation under Restrictive Practices Rules and participant consent is required. Staff must be trained in safe medication administration, documentation, and incident reporting.

5.2.1 Self-medicating participant – on site

1. Participants will complete a Self-Medication Assessment Form, which will be kept on the participant's record.
2. Senior Care Coordinator will assess risks regarding participants' self-administering medicines and determine their competency.
3. The participant will complete a Risk Indemnity Form relating to self-medication (If approved).
4. Senior Care Coordinator will review the participant's capacity for self-medication every three months.
5. If approved to self-medicate, a predetermined locked cabinet in the participant's room or kitchen will be used to store their medication safely and securely.
6. Only the participant and their support workers are provided key access.
7. A Medication Storage Key Register will record individuals provided with key access details.

5.2.2 Self-medicating participant – in participant's home

1. Participants will complete a Self-Medication Assessment Form on the participant record.
2. Senior Care Coordinator will assess risks regarding participants' self-administering medicines and determine their competency.
3. If approved to self-medicate, the participant will complete a Risk Indemnity Form relating to self-medication.
4. Senior Care Coordinator will review the participant's capacity for self-medication every three months.
5. If approved to self-medicate, the location of medication will be noted in the Safe Environment Checklist - Home by the support worker.
6. Senior Care Coordinator will recommend to the participant that all medication be stored in a locked cabinet.
7. Assist in arranging a locked cabinet in the participant's home if required.
8. Only the participant and their support workers will be provided key access if medication is stored in a locked cabinet.
9. A Medication Storage Key Register will record individuals provided with key access details.

5.2.3 Provider medicating participants – on site

1. All medication will be stored in a predetermined locked cabinet in the participant's room or kitchen. The locked cabinet will be used to store medication safely and securely.
2. Staff approved to provide a participant's medication will be included in their support plan.
3. Only support workers who have approval are provided key access.
4. A Medication Storage Key Register will record individuals' key access details.
5. Support workers will track medication management using the Medication Chart, as required.

5.3 Roster of care procedure

Sirian Star Enterprises Pty Ltd acknowledges that while participants are funded for SIL individually based on their support needs and goals, the RoC Tool considers the support needs of all the residents in shared living arrangements (as a result, the supports for both NDIS and non-NDIS participants who share supports must be captured in the submission).

The Senior Care Coordinator or their delegated officer will complete the Roster Of Care Submission Tool, which details the staffing mix and level of shared supports (through the ratio of supports) and the participant's individual needs.

Before submitting the Roster of Care, participants and/or their appointed nominees or advocates must review and agree to its contents. Documentation of participant input, consent, and receipt of the final version will be maintained in the participant's record.

Together the RoC Tool, the RoC Template and any supporting documentation are sent for assessment and review to the NDIS via the following email address: SIL@ndis.gov.au

The RoC Tool combines a Roster of Care and Hourly Breakdown spreadsheets into one spreadsheet called Hourly Breakdown and automates the calculation of weekly summaries; this should, in turn:

- reduce duplicate information provided to the National Disability Insurance Agency.
- improve the accuracy of information shared between the National Disability Insurance Agency and providers.

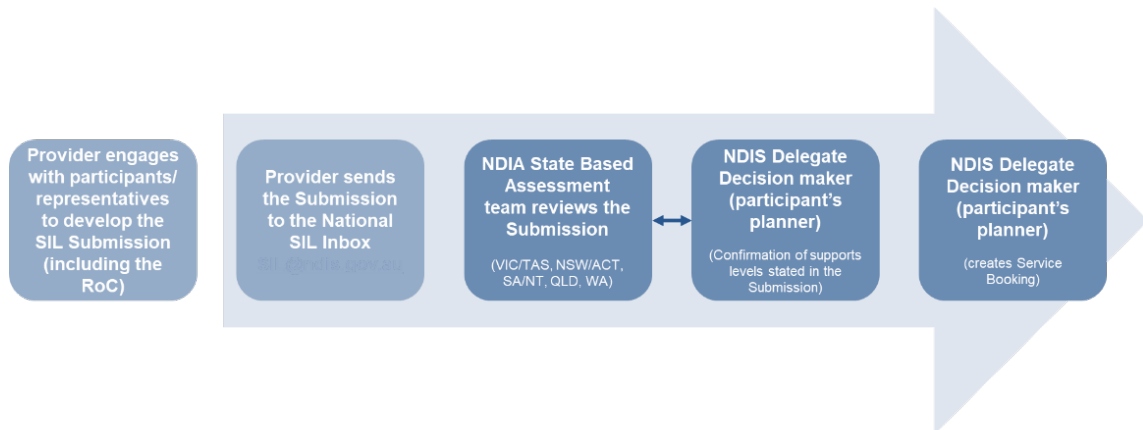
5.3.1 SIL submission process

Senior Care Coordinator will review (at least annually) and follow the [NDIS Operational Guidelines for Supported Independent Living](#). The delegated officer will undertake the following:

1. Confirm with the participant or their nominee (through the declaration section in the SIL RoC Template document) that they have been involved in developing the RoC with Sirian Star Enterprises Pty Ltd and have been provided a copy before it is submitted to the NDIA.
2. Send the submission (SIL RoC Tool and Template) on behalf of the participant to SIL@ndis.gov.au

Unless the participant has a change in circumstance, the same RoC as the previous plan will generally be used. If there has been a change of circumstance, Sirian Star Enterprises Pty Ltd will submit evidence to support this and then repeat the above process to develop a new RoC.

Diagram 1. SIL submission process



5.4 Documentation

Sirian Star Enterprises Pty Ltd will maintain accurate and clear documents and consult with all parties.

Copies of all RoC-supported independent living documents will be maintained and kept in the participant's file for future reference.

5.5 Safeguarding and Incident Management in SIL

All staff must monitor and act on safeguarding risks in SIL settings. Any concerns regarding neglect, abuse, exploitation, poor living conditions, or compatibility issues must be escalated through the Incident Management system.

Incidents that meet the Reportable Incidents threshold (e.g., serious injury, abuse, neglect) will be reported to the NDIS Commission. Participant rights to advocacy, complaint-making, and access to safe environments are paramount, and staff will support participants to access these protections. The Safe Environment Checklist - Home and Risk Assessments must be regularly reviewed and updated where risks are identified.

6.0 Related documents

- Complaints and Feedback Form
- Service Agreement
- Safe Environment Checklist - Home
- Support Plan
- Individual Risk Assessment Profile
- Risk Assessment Forms
- Risk Management Plan Register
- [SIL Roster of Care Submission Template](#)
- [SIL Roster of Care Submission Tool](#)
- Staff Training Plan
- Staff Training Record
- Annual Organisational Training Register and Review
- Training Attendance Register – In-house
- Annual Participant Survey
- Service Agreement with Participant Policy and Procedure
- Support Planning and Service Agreement Collaboration Policy and Procedure
- Access to Supports Policy and Procedure
- Responsive Support Provision and Support Management Policy and Procedure
- Advocacy Support Policy and Procedure
- Participant Safeguarding Policy
- Reportable Incident, Accident and Emergency Policy and Procedure
- Consent Policy and Procedure

7.0 References

- NDIS - [Supported Independent Living Operational Guidelines](#)
- NDIS Practice Standards and Quality Indicators 2021
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

Support Coordination Policy and Procedure

1.0 Purpose

The purpose of this policy is to guide the delivery of support coordination services that empower participants to understand, implement, and maximise the benefits of their NDIS plans. Support coordination at Sirian Star Enterprises Pty Ltd focuses on building each participant's ability to manage their supports, strengthen decision-making skills, and increase independence in daily life and community participation.

Through respectful, person-centred practices, Sirian Star Enterprises Pty Ltd aims to ensure that participants are connected with the right supports, that their needs and goals are prioritised, and that they are confident and informed in navigating the NDIS and broader service systems.

2.0 Scope

The policy applies to all staff involved in providing Level 1 and Level 2 Support Coordination services at Sirian Star Enterprises Pty Ltd. This includes working with participants with complex needs, restrictive practices, or behaviour support plans, and extends to short-term or crisis coordination, transitional support, and capacity building across service environments.

3.0 Definitions

Definition	Description
Support connection– Level 1	This support is to build your ability to connect with informal, community and funded supports enabling you to get the most out of your plan and achieve your goals.
Support coordination – Level 2	This support will assist you to build the skills you need to understand, implement and use your plan. A support coordinator will work with you to ensure a mix of supports are used to increase your capacity to maintain relationships, manage service delivery tasks, live more independently and be included in your community.
<p>Specialist support coordination – Level 3</p> <p>Note: This is Module 4 and not relevant to this policy</p>	<p>This is a higher level of support coordination. It is for people whose situations are more complex and who need specialist support. A specialist support coordinator will assist you to manage challenges in your support environment and ensuring consistent delivery of service.</p> <p>A specialist support coordinator will be funded where there are additional high or complex needs in your situation and will be a qualified and experienced practitioner such as an occupational therapist, psychologist or social worker.</p> <p>Specialist support coordinators will support you to manage challenges in your support environment which may include health, education, or justice services. Specialist support coordination aims to reduce barriers to implementing or using your NDIS plan.</p> <p>Note: Sirian Star Enterprises Pty Ltd currently provides Level 1 and 2 Support Coordination. While Specialist Support Coordination is defined here for clarity, it is not provided under this policy.</p>
Self-managed	Self-managed is when a participant personally manages their NDIS funding. Self-management provides the participant flexibility and choice to select and purchase the supports they need to meet their plan goals.
NDIA managed	The National Disability Insurance Agency (NDIA) manages the participant's book-keeping and records of their spending.
Plan managed	The participant's plan is managed by a plan manager (funded in the plan) who must be a NDIS registered provider.

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to delivering support coordination in line with the NDIS Practice Standards, NDIS Code of Conduct, and National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018. All services must be delivered in a manner that respects participant choice and control, promotes dignity of risk, and provides access to advocacy and safeguarding measures.

Support coordinators will collaborate with participants to:

- Understand and implement the funded supports in their NDIS plan
- Link with informal, mainstream, community, and funded services
- Build skills in plan management, decision-making, and service navigation
- Broker supports and ensures that services align with participant goals and budget
- Promote independence, inclusion, and long-term capacity building

Support coordination will also include:

- Monitoring the effectiveness of supports and providing feedback as needed
- Supporting participants through transitions and life planning
- Identifying and addressing barriers to service access and continuity
- Assisting with tenancy obligations, daily living plans, and safety arrangements

All concerns, complaints, or incidents will be reported in line with the Incident Management Policy and in accordance with NDIS (Incident Management and Reportable Incidents) Rules 2018. Support coordinators are responsible for identifying risks and safeguarding issues and must act on any matters affecting the safety and quality of participant supports.

Where required, staff will support participants to access independent advocacy, positive behaviour support, or substitute decision-making pathways. Consent must always be obtained before sharing participant information or engaging additional providers.

Support coordination must remain impartial, and participants will be informed of their right to change providers at any time. Sirian Star Enterprises Pty Ltd will ensure all participants are provided with accessible information, including Easy Read documents, and supported to engage in the planning, monitoring, and review of their services.

4.1 Conflict of interest

Sirian Star Enterprises Pty Ltd will manage conflicts of interest in line with the NDIS Practice Standards, including documenting disclosures, maintaining separation of functions, and implementing participant-

led choice and control in provider selection. Support coordinators will not refer only to in-house services and will offer a wide range of options.

Sirian Star Enterprises Pty Ltd provides support coordination, as well as other supports to participants. Participants are informed of other services available to provide necessary supports, together with the supports offered by Sirian Star Enterprises Pty Ltd, to allow our participants and families to exercise their choice and control in the supports received.

Participants and families are informed of any relevant conflicts with other providers who may have a relationship with Sirian Star Enterprises Pty Ltd, where this is relevant.

4.2 Organisational expectations

- Contact the participant as soon as possible after the handover with the planner, ideally within two (2) days and meet with the participant within the next five (5) days.
- Understand the role of the mainstream service system.
- Understand the National Disability Insurance Scheme (NDIS) legislation and rules, including provisions relating to reasonable and necessary supports.
- Understand the most current NDIS Pricing Arrangements and Price Limits and apply them when negotiating supports. Keep up to date with NDIA Support Coordination Guidance and ensure alignment with the NDIS Participant Service Charter"
- Be a registered provider.
- Manage any perceived or real conflict of interest in accordance with the National Disability Insurance Agency's (NDIA) terms of business.
- Provide the NDIA with reports on specific goals, outcomes and success indicators within the agreed reporting frequency.

4.3 Participant aims

- Maximise the value for money the participant receives from their supports.
- Genuinely allow participants to exercise their choice and control.
- Implement and reach objectives in the support plan.
- Allow participants to have increased capacity to manage and direct their supports.
- Provide participants with increased opportunities to explore and connect with the community and alternative support options.
- Better coordinate multiple supports and services.
- Strengthen the capacity of their informal support network.
- Broker supports and services in line with their wishes and budget
- Monitor plan budgets.
- Provide them with control over the services and budget to make relevant decisions.
- Build the participant's capacity and capability to understand their plan.
- Effectively navigate and use the NDIS participant portal 'Myplace'.

5.0 Procedure

5.1 Procedure intake of support coordination participants

1. Receive enquiry (via phone, email, or NDIA) and complete Participant Intake Form.
2. When an enquiry or referral is received from NDIA, acceptance of this is to be confirmed via return email.
3. Make an appointment with the participant within five days of receipt of contact.

5.2 Provision of support coordination

1. A participant and their family attend an initial appointment during which their NDIS Plan and their personal goals are reviewed.
2. The assigned support coordinator provides information to the participant and their family about appropriate providers to support their needs.
3. A plan is developed to support the provision of support coordination in accordance with this policy (see 5.3 and 5.4).
4. Follow up, and review appointments are booked.

5.3 Support making decisions

Senior Care Coordinator will support the participant in making decisions by:

- separating the decision-making process into different parts
- explaining each different part of the decision-making process clearly
- showing different but relevant options for the participant's consideration

5.4 Goal setting

To assist participants in achieving their goals, our support coordinator will:

1. assess several providers, including mainstream, community and informal options available
2. select preferred options or providers
3. negotiate services to be provided and fees, develop a service agreement and create service bookings with the preferred providers
4. negotiate services and prices as part of any quotable supports
5. arrange assessments (if required) to determine the nature and type of funding necessary (e.g. the type of complex home modifications required)
6. decide the budget for each support type and advise any relevant plan manager of the breakdown of funds

5.5 Exiting of support coordination participants

1. When a participant or their family requests to exit our service, they will be required to follow the terms of cessation as outlined in their Service Agreement.
2. In general, written confirmation and a cancellation period of up to four weeks are required.
3. The Senior Care Coordinator will ask the participant and their family to provide feedback to ascertain the reason for the change if this is appropriate.
4. Necessary system adjustments and handover/transition processes will be undertaken in the transition of the participant and their family to another provider as per our Transition and Exit Policy and Procedure.
5. The participant's support coordinator will finalise all activities and follow up on any outstanding requests.

5.6 Specialist activities

On some occasions, we may undertake some specialist activities - Level 2 Support Coordination, including:

- assisting the participant get ready for their support plan review by helping them:
 - assess whether they achieved their goals and received value for money
 - identify solutions to any problems experienced in implementing the plan
 - consider new goals and objectives to work towards
- helping participants decide on required actions to take to achieve goals in relation to exploring housing options and life transition planning

5.7 Activities not provided

Our staff will optimise the flexibility in the core supports to implement the plan and will not make any judgements about the adequacy of the support plan.

For most participants, the need for support coordination is expected to decrease as capacity is increased. For this reason, our service is not funded to provide:

- participant transport
- plan administration
- plan management
- support rostering
- advocacy
- disability supports

Where participants require advocacy, plan management or disability supports, they will be referred to appropriate NDIS-registered providers. Support coordinators will assist with connecting to these services as required.

5.8 Changing support coordinators

Participants can choose to change support coordination providers at any time, if they follow the notice periods in their service agreement.

As part of the handover process, our support coordinator will prepare a Support Coordination Handover Report which:

- outlines how a participant is going with:
 - pursuing their goals
 - using their plan
 - building skills and independence
 - strengthening their community and economic participation through connection with broader systems of support
- share any relevant reports from service providers with the participant's permission
- identify any barriers, risks or issues, including any strategies to address them
- provides clear evidence on future support needs, including recommendations

The report must include an agreed and confirmed date when the current support coordinator's services will end. This will ensure services continue to be delivered and a smooth handover occurs.

The support coordinator should then [end the service booking](#) so that the participant can create their service agreement and booking with the new support coordinator.

Where a participant is plan-managing their support coordination services, the support coordinator should also notify the participant's plan manager.

5.9 Role of the support coordinators

A support coordinator will assist participants in negotiating with providers regarding the services they can offer the participant and how much the supports will cost. Support coordinators ensure that service agreements and service bookings are completed. They also develop the participant's ability to exercise choice and control and to coordinate supports and access the local community.

Support coordinators can assist a participant in planning to prepare for their plan review. They can also assist a participant to 'optimise' their plan by ensuring that they are receiving the most out of their funded supports.

Specialist support coordinators support participants to manage challenges in their support environment which may include health, education, or justice services. Specialist support coordination aims to reduce any barriers a participant faces when implementing or using their NDIS plan.

5.9.1 Level 1 – Support Connection

Support Connection is a short-term intervention designed to build a participant's ability to connect with informal, community, and funded supports. The primary role of a Level 1 Support Coordinator is to assist the participant to understand and begin using their NDIS plan.

Responsibilities include:

- Assisting participants to understand the types of supports funded in their plan and how to use them.
- Linking participants with informal, community, mainstream, and NDIS-funded supports.
- Providing basic guidance on accessing the NDIS participant portal (Myplace).
- Supporting the participant to establish initial service agreements and service bookings with providers.
- Assisting participants in identifying and contacting appropriate providers for their needs.
- Encouraging participants to make informed decisions and exercise choice and control.
- Ensuring participants are aware of their rights, including the right to access advocacy or make a complaint.
- Providing a basic review of how participants are tracking against their plan goals.

5.9.2 Level 2 – Support Coordination

Support Coordination (Level 2) is a more comprehensive support function. It aims to build participants' capacity and resilience to manage their supports independently in the long term.

Responsibilities include:

- Working creatively and resourcefully with participants to optimise the use of their NDIS supports.
- Supporting participants to understand, navigate and implement all aspects of their plan, including complex budgets or multiple support categories.
- Establishing and maintaining service agreements and bookings.
- Identifying, connecting and negotiating with suitable providers that align with participants' preferences, cultural needs, and support goals.
- Monitoring the effectiveness of supports, services and funding usage to ensure they are helping the participant achieve their goals.
- Supporting participants with change of circumstances, critical incidents, or significant life transitions (e.g. moving house, changing providers).

- Strengthening the participant's ability to coordinate their own supports in future.
- Supporting preparation for NDIS plan reviews, including gathering evidence, progress reports, and feedback from stakeholders.
- Liaising with informal supports, mainstream services (health, education, housing), and other relevant professionals.
- Ensuring safeguarding and escalation of concerns or complaints as per the NDIS Code of Conduct and Incident Management Rules.
- Encouraging and facilitating access to independent advocacy, as needed.

5.9.3 Reviewing Support Implementation and Supporting Plan Review Processes

To comply with the NDIS Practice Standards (Support Planning and Responsive Support Provision), support coordinators must:

1. Regularly monitor and review the implementation and effectiveness of the participant's supports, including:
 - Checking the effectiveness of current supports every 3 months, or more frequently if participant needs change.
 - Gathering feedback from the participant, their family/nominee, service providers, and informal supports.
 - Documenting progress toward goals using measurable outcomes and qualitative feedback.
 - Identifying any emerging risks, service gaps, or changes in participant needs.
2. Support the participant to understand when their plan may need to be reviewed and assist them to request a formal plan review from the NDIA, by:
 - Providing relevant information and evidence about the participant's progress and support effectiveness.
 - Liaising with the NDIA, plan manager, or Local Area Coordinator as required.

6.0 Relevant documents

- Participant Intake Form
- Service Agreement
- Support Plan
- Support Plan Reviews
- Support Coordination Handover Report
- Support Coordination Plan Implementation Report
- Transition or Exit Policy and Procedure
- Conflict of Interest Policy and Procedure

- Service Agreement with Participant Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Advocacy Support Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure

7.0 References

- NDIS Pricing Arrangements and Price Limits
- NDIS Act 2013
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Terms of Business for Registered Providers – Current Version (as updated on NDIS website)
- Privacy Act 1988 (Commonwealth)
- [NDIS Support Coordination: Information for Providers](#)
- [NDIS Working as a Provider](#)
- United Nations Convention on the Rights of Persons with Disabilities
- Privacy Act (1988)
- Work Health and Safety Act 2011 (Commonwealth)

Daily Personal Activities (Sole Carer) Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants living in their own homes receive respectful, consistent, and high-quality daily personal care tailored to their individual needs, preferences, and goals. It outlines how Sirian Star Enterprises Pty Ltd supports participants to maintain independence, dignity, and choice in the delivery of personal care tasks.

Our approach focuses on supporting autonomy, fostering participant involvement in daily routines, and enabling safe decision-making in line with their values and lifestyle. Staff are guided to work collaboratively with participants and their support networks to deliver care that is responsive, culturally safe, and empowering.

2.0 Scope

The policy applies to all staff providing daily personal activities support, including those delivering high-intensity and complex care. Staff must hold current NDIS Worker Screening clearance, complete relevant training, and follow all requirements for supporting advocacy, complaint processes, and participant decision-making.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to delivering daily personal care supports in accordance with the NDIS Practice Standards, the NDIS Code of Conduct, and the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018. All care is delivered in a way that respects the participant's privacy, dignity, preferences, and right to take reasonable risks.

Personal care includes tasks such as hygiene support, toileting, dressing, eating and drinking, mobility, and attending appointments. Care must be tailored to the participant's individual routines, needs, and cultural or communication preferences. Staff will ensure participants are involved in determining the timing, method, and nature of supports.

During onboarding and planning, staff must engage with the participant and their representatives to develop a support plan and service agreement that:

- Maximises participant independence
- Reflects their goals and preferences
- Aligns with their age, needs, and circumstances
- Minimises intrusiveness while safeguarding wellbeing

Participant preferences will also inform:

- The selection and continuity of care workers
- Specific support activities requested
- Scheduling and flexibility of supports, including overnight if needed

Where safety concerns arise or restrictive practices are considered necessary, they must be documented in a Behaviour Support Plan (where relevant) and authorised in accordance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. All incidents or near misses must be recorded and managed as per the Reportable Incident, Accident and Emergency Policy and Procedure.

4.0 Procedure

For participants who live in their own homes and request a sole carer, Sirian Star Enterprises Pty Ltd will undertake the following steps:

Step 1. Design daily personal activities

- Detail and record all activities required as per the service agreement.
- Gather details on how the participant wants activities undertaken (e.g. how they like to be showered, what time of day, etc.).
- Determine hours and timeframes for each activity.
- Ensure that all identified daily personal activities respect the participant's cultural, gender, and identity preferences. Use communication aids, interpreters, or advocacy services to enable participant voice and choice in support design.

Step 2. Identify preferred carer/s (initial consultation)

- Listen to the participant to determine requirements (e.g. male/female, language preferences, cultural requirements, etc.).
- Identify the skills that the carer/s requires.
- Review current care workers to determine possible matches.
- If no matches in our current workforce, then the Senior Care Coordinator will locate appropriate care workers.
- The Senior Care Coordinator will locate at least two to three carers for each participant.

Participants will be supported to make informed choices about carers through accessible information, advocacy, and supported decision-making, where needed. Where possible, participants will be involved in trial interactions with selected carers to assess compatibility before final assignment. Participants have the right to refuse or request a change of carer without reprisal.

Step 3. Complete the Safe Environment Checklist - Home and Individual Risk Assessment Profile

- The Senior Care Coordinator will delegate a staff member to visit the home environment to determine the safety of the environment for both the participant and staff. The Safe Environment Checklist - Home will be completed during this visit.
- The participant's support plan documents all information gained from the visit.
- The Individual Risk Assessment Profile will be completed with the participant. Information will be used to develop appropriate risk strategies in the support plan.
- The Senior Care Coordinator will develop, finalise and detail support plan strategies and objectives in collaboration with the participant, their family or advocate.

Participants will be actively involved in developing risk assessments and strategies, with a focus on balancing safety and dignity of risk. Participants (and advocates where required) will review and consent to risk management plans impacting their personal autonomy or home life.

Step 4. Staff training

- Staff selected by the participant will be trained in all aspects of their care.
- The Senior Care Coordinator or their delegate will train the staff.
- A buddy system (of at least two shifts) is implemented to ensure staff are fully trained in all aspects of the role to meet the participant's requirements.

Staff will complete mandatory training in safeguarding, participant rights, dignity of risk, restrictive practices (authorised vs. unauthorised), incident and complaints management, and privacy/confidentiality before commencing direct care.

Step 5. Supervision

- The Senior Care Coordinator will determine an appropriate supervisor.
- The supervisor will visit the participant's home environment every two months.
- The supervisor will complete the Participant's Home Monitoring Visit Report during these visits.
- The supervisor will meet with management to report their findings after each home visit. The meeting will identify risks or issues and inform the continuous improvement required (e.g. additional training, staff change, etc.).

For participants at higher risk, additional unannounced supervisory visits may be implemented to monitor safety and support quality. Supervision outcomes will inform ongoing staff development, support plan adjustments, and continuous improvement processes.

Step 6. Participant feedback

- The Senior Care Coordinator will seek the participant's feedback regarding the performance of the staff at least every two months.

- The participant may provide feedback verbally, via email/letter, or through the Complaints and Feedback Form or complete the Annual Participant Survey.

Participants will be provided with accessible information about advocacy services and complaints processes. Staff will ensure participants know they can raise concerns confidentially and can escalate complaints directly to the NDIS Quality and Safeguards Commission if needed.

5.0 Related documents

- Support Plan
- Service Agreement
- Participant Home Monitoring Visit Report
- Annual Participant Survey
- Individual Risk Assessment Profile
- Risk Management Plan Register
- Safe Environment Checklist - Home
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Staff Training Record
- Staff Training Plan
- Complaints and Feedback Form
- Advocacy Support Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Dignity of Risk and Participant Autonomy Policy
- Consent Policy and Procedure

6.0 References

- NDIS Charter of Rights
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS (Quality Indicators) Guidelines 2018
- NDIS Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities
- NDIS (Incident Management and Reportable Incidents) Rules 2018

Assist Travel and Transport Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants are supported with safe, comfortable, and appropriate travel and transport options that align with their individual needs, preferences, and NDIS goals. Sirian Star Enterprises Pty Ltd is committed to promoting participant independence, inclusion, and access to everyday activities by coordinating or providing transport that considers safety, accessibility, and wellbeing.

Transport supports may include assistance with travel to appointments, education, employment, community activities, and other daily living tasks that help participants maintain active and connected lives.

2.0 Scope

The policy applies to all staff, contractors, and volunteers involved in delivering or arranging transport supports for participants

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to providing and coordinating transport in accordance with the NDIS Practice Standards – Risk Management and Safe Environment. Transport supports will be provided in a manner that upholds participant rights, dignity, and informed choice. Participants will be supported to decide how and by whom they are transported and can withdraw consent for transport arrangements at any time without impact on their access to other services.

All transport services will be assessed for safety, suitability, and participant comfort. Where vehicle use is involved, staff and contractors must hold a valid driver's licence, comply with road safety laws, and ensure vehicles used for transport are insured, roadworthy, and appropriate for the participant's needs.

Risk assessments will be conducted where required, especially for participants with higher support needs, and all incidents must be reported and managed according to the Incident Management Policy and Procedure.

3.1 Transport policy principles

All vehicles used for the transportation of participants, whether owned by Sirian Star Enterprises Pty Ltd or Sirian Star Enterprises Pty Ltd staff, will be:

- roadworthy
- currently registered

- properly insured
- clean and safe

All staff transporting participants will have a current and valid driver's licence appropriate for the vehicle used to transport the participant/s. All staff providing transport must have current NDIS Worker Screening clearance and must have completed all mandatory training, including WHS, incident reporting, infection control, and manual handling. This will be monitored via the Employment Check Register.

Sirian Star Enterprises Pty Ltd will maintain information regarding all Sirian Star Enterprises Pty Ltd employee's motor vehicles used to transport participants, including:

- driver's licence renewal date
- vehicle registration expiry date
- third party property or comprehensive insurance expiry date.
- Sirian Star Enterprises Pty Ltd will maintain a system to ensure the above remains current for each employee

All vehicles must comply with Australian Design Rules (ADRs) for vehicle safety, and staff must comply with road rules, fatigue management laws, and drug/alcohol policies while transporting participants.

4.0 Procedure

4.1 Assessment and planning of transportation needs

Participant transport preferences, cultural needs, and communication styles will be documented in their Support Plan. Consent for transport must be obtained during intake and reviewed annually.

- Discuss options with the participant for each activity involving transportation. The primary considerations for transport options should be:
 - the specific goal of the activity
 - participant safety and comfort
 - participant's ability to travel
 - skills required of staff to accompany the participant (if any)
 - available resources.
- Transport options may include, but are not limited to:
 - Sirian Star Enterprises Pty Ltd transportation in our vehicles
 - staff provided transportation in the staff member's private motor vehicle
 - use of community-based transport, e.g. council buses, community services buses sponsored by local clubs or transportation from other community groups or services
 - public transport including buses, trains or ferries
 - transport sponsored by local hospitals or health services

- taxis
- Eligible participants should be encouraged to apply for a disability parking permit or the subsidised taxi scheme.
- If a participant needs to use a wheelchair, a wheelchair taxi will be used unless they can be safely transferred and assisted outside of the vehicle used at the destination.
- Undertake a risk assessment for the transportation service event to ensure the participant can be safely transported, which includes an assessment of:
 - the participant's capacity to enter and exit the vehicle
 - parking conditions at the pickup and drop off points
 - risks at the destination
 - weather conditions
 - the participant's overall health, including any behaviour that could potentially cause risk to themselves, other participants, staff or volunteers

All identified risks must be recorded in the Transport Assessment Form and the participant's Individual Risk Assessment Profile. Strategies must be implemented, reviewed and documented in the participant's Support Plan.

Where risks have been identified, strategies to reduce risks to acceptable levels will be placed in the participant's support plan.

4.2 Transporting participants in motor vehicles

Participants (or their nominee) must provide documented consent to be transported in a staff member's private vehicle. Vehicles used must have comprehensive insurance, and the provider must retain a copy of the policy.

- The \$[Manager Position] will need to obtain a quote for the travel service, which must be approved by the participant or guardian.
- If the National Disability Insurance Scheme manages the participant's plan, the quote will need to be approved by the NDIS.
- Use participant transfer aids as indicated from the participant's risk assessment.
- Ensure the participant uses seat belt restraints.
- Ensure that vehicle doors are closed properly.
- When required, use door safety locks to ensure doors can only be opened by the driver or from the outside.
- If leaving participants at an agreed destination, ensure the participant is safely inside the premises before leaving.
- Ensure there is no smoking by the participant or staff member whilst in a vehicle.

- In the event of an incident, accident or emergency, our staff member will call emergency services on 000 if they can (i.e. conscious and physically able).
- All vehicles are equipped with first aid kits.
- Appropriate personal protective equipment will be worn by the staff member to protect themselves and the participant.

Where restrictive practices are used during transport (e.g. specialised harnesses), these must be authorised under relevant state restrictive practices legislation and documented in a Behaviour Support Plan.

4.3 Transporting participants on a bus

- Sirian Star Enterprises Pty Ltd will undertake a risk assessment using the Transport Assessment Form for the transportation service event/s, to ensure the participant can be safely transported.
- When a staff member and volunteer/s are present during any activity, our staff member always holds the primary responsibility of duty of care for the participant.
- Ensure that Sirian Star Enterprises Pty Ltd staff and volunteers participating in the trip are well prepared for the activity by having all relevant information regarding each participant's individual needs.
- Seating will be allocated to individual participants according to their needs and to maximise all passengers' safety and comfort.
- Appropriate transfer aids identified in the risk assessment will be used for the participant.
- Participants will wear a seatbelt restraint (if the bus is fitted with these) unless the participant has a letter from their general practitioner stating that they do not have to wear a seat belt.
- Staff are responsible for having the following items when transporting participants:
 - water
 - charged mobile phone
 - first aid kit
- Ensure the relevant staff member always has a copy of the Reportable Incident, Accident and Emergency Policy and Procedure together with a list of emergency contact numbers and Sirian Star Enterprises Pty Ltd contact phone numbers when transporting participants.
- Keep an Attendance Checklist on the bus and check the list to ensure everyone is accounted for after every stop.
- If an accident, incident or emergency occurs during transportation, Sirian Star Enterprises Pty Ltd staff are to follow the appropriate procedure as outlined in the Reportable Incident, Accident and Emergency Policy and Procedure.
- All vehicles will be equipped with first aid kits
- If participants are carrying medication during transport, it must be stored securely and transported in line with the Medication Management Policy and Procedure.

- When transporting participants with high support needs, staff must be trained in emergency response specific to the participant (e.g. epilepsy, behaviour support strategies, allergies). Training records must be current.
- A list of participants' emergency contacts, allergies, medical conditions, and communication methods must be available to staff on each trip, stored securely and accessed only as needed.

5.0 Related documents

- Attendance Checklist
- Employment Check Register
- Transport Assessment Form
- Human Resource Management Policy and Procedure
- Reportable Incident, Accident, and Emergency Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Risk Management Policy and Procedure and
- Work Health and Safety Policy and Procedure
- Medication Management Policy and Procedure
- Infection Control and COVID-Safe Transport Protocols
- Participant Consent and Authorisation Form
- NDIS Worker Screening Policy and Procedure

6.0 References

- NDIS Act 2013
- NDIS Practice Standards and Quality Indicators 2021
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- NDIS (Practice Standards - Worker Screening) Rules 2018
- Work Health and Safety Act 2011
- Disability Standards for Accessible Public Transport 2002 (Commonwealth)
- National Road Rules – Australian Road Rules 2012

3.5 Transition to or from the Provider

Transition or Exit Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants experience a well-planned and supported transition into or exit from Sirian Star Enterprises Pty Ltd 's services. Transitions and exits will be tailored to each participant's needs and preferences, delivered in a respectful, collaborative, and person-centred way. The aim is to support continuity of care, uphold dignity and choice, and minimise disruption, distress, or risk during any change in service.

2.0 Scope

The policy applies to all staff involved in supporting participant transitions or exits from Sirian Star Enterprises Pty Ltd 's services.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to managing transitions and exits in line with the NDIS Practice Standards, Code of Conduct, and Human Rights principles. All participants will be informed of their rights and options throughout the transition or exit process using accessible and appropriate communication methods.

Participant transition or exit planning must be collaborative and documented in the service agreement and support plan. Where a participant transitions between providers or exits services, Sirian Star Enterprises Pty Ltd will work with the participant, their representatives, and any new provider to ensure continuity of support and safeguarding of wellbeing.

All transitions and exits must follow these principles:

- Participant choice, autonomy, and consent are central.
- Risk assessments are conducted and documented.
- Any restrictive practices in place must be authorised and continued safely, in line with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.
- Participants must be informed of their right to access independent advocacy and complaint mechanisms.
- Staff must follow incident reporting procedures when transitions involve elevated risk, including risk of neglect or abuse.

Transitions may include voluntary exits, transfers to other providers, change of location, goal completion, or loss of eligibility. For temporary exits such as hospital admission or respite, staff must refer to the Transition of Care Between Different Environments Policy and Procedure and complete a Transition and Exit Plan.

4.0 Definition

Term	Definition
Transition	Transition requires the preparation for and support of the participant to enter or exit the service. Or referral from another service or to another service or program where appropriate.
Exit (or discharge)	The process through which participants transition out of our organisation. The exit process occurs when they have reached their goals outlined in the participant's support plan. Some participants may have a period of transition to exit or some form of continuing care.

5.0 Procedure

Sirian Star Enterprises Pty Ltd will implement a collaborative approach when undertaking all decision-making processing regarding transition and exit to allow for an informed approach. This approach must be recorded in the support plan and include the following:

- reasons for the transition
- details of the provider transitioning to/from
- outline of collaborative communication
- summary of communication methods and details of information provided to relevant parties
- the feedback that is received from participants, families, advocates and stakeholders
- transition time frames
- transition process incorporating details of the process, application and communication process relevant to the participant
- identification of risks to the participant and risk management strategies
- review of the process and adjustments made, as required

All participants must be advised how and when a process of transition or exit can occur at the time of development of their Service Agreement and Support Plan.

5.1 Service agreement

As per the Service Agreement, a minimum notice of no less than 14 days, or a more extended period, is required to enable the participant, family, and advocate or Sirian Star Enterprises Pty Ltd to have adequate time to nominate an alternative registered provider to deliver support services.

Sirian Star Enterprises Pty Ltd will give notice of intent to withdraw/terminate services to a participant as per their Service Agreement, which states no less than 14 days' notice, or longer, as required.

Participants will be informed of their right to independent advocacy during exit/transition processes. The notice period for exit will be aligned with participant needs and risks, not just minimum contract timeframes, to ensure continuity of care and safe transition. Emergency exits (e.g., where there is immediate risk) will trigger a formal safeguarding response, including Incident Management.

Figure 1. Transition or exit process



5.2 Transition or exit plan

The Transition/Exit Plan will be developed in collaboration with the participant, their family, advocates, and relevant services. It will include participant goals, risks, alternative supports, communication strategies, and contingency planning to ensure a smooth transition. Where restrictive practices are involved, appropriate authorisations and behaviour support oversight will be ensured.

- A transition or exit plan will be developed at the entry into the service.

- The transition or exit plan is discussed during the participant's reviews.
- The participant will be informed of any risks involved with transitioning into or exiting the service.
- The plan will include a seamless time frame, offer flexibility and provide reliable support from the other service provider.
- The plan will support participants to transition into our service, exit to other services, or cease services.

5.3 Interviews

An entry interview is part of the transition plan; participants wishing to make a complaint regarding their transition into the service will be provided with details on the complaint process.

Participants will be offered the opportunity to have an advocate present during transition and exit interviews. All concerns raised during these processes will be documented and addressed, with formal complaint processes made available.

An exit interview is part of the exit plan; participants wishing to make a complaint regarding their exit will be provided with details on the complaint process.

5.4 Risks

Risks associated with the transition or exit process are identified during the planning stage, documented in the participant's plan and responded to immediately. This risk assessment will be held in the support plan.

All identified risks will be reviewed with the participant and their support network. Consent will be documented. If risks indicate potential harm, safeguarding and incident management procedures will be activated, including notification to the NDIS Commission if necessary. Participants' rights to privacy, safety, and dignity will be protected throughout.

5.4.1 Transition

- Identify the participant requiring transition into our organisation
- Identify the service(s) transition from
- Undertake Individual Risk Profile
- Work with the participant and relevant stakeholders to eliminate or minimise risk
- Monitor during the transition process and offer relevant options
- Create a Transition and Exit Plan

5.4.2 Exit

- Participant informs our organisation that they are exiting our service
- Liaise with the new provider and provide relevant risk information and reports
- Work with the participant and new service to eliminate or minimise risk
- Monitor during the exit process and offer relevant options
- Create a Transition and Exit Plan

Sirian Star Enterprises Pty Ltd will aim to minimise the impact of change occurring for the participant by creating a transition support schedule that appropriately meets the participant's goals, needs and requirements.

6.0 Related documents

- Transition or Exit Plan
- Code of Conduct Agreement
- Complaints and Feedback Form
- Complaint Compliments and Feedback Register
- Individual Risk Assessment Profile
- Risk Assessment Forms
- Risk Management Plan Register
- Support Plan
- Service Agreement
- Advocacy Support Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Restrictive Practices Policy and Procedure
- Behaviour Support Policy and Procedure
- Dignity of Risk
- Participant Safeguarding Policy
- Independence and Informed Choice Decision-Making Policy and Procedure

7.0 References

- NDIS Practice Standards and Quality Indicators 2021
- NDIS Scheme Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

Transition of Care Between Different Environments Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants experience safe and well-managed transitions between different care settings, including movements between hospitals, disability services, and other environments. Transitions will be planned and communicated in a way that supports continuity of care, protects participant safety, and respects individual choice, dignity, and control. This policy aims to reduce the risks that can occur during changes in environment by supporting effective collaboration between healthcare providers, disability staff, participants, and their support networks.

2.0 Scope

The policy applies to all staff responsible for supporting participants who are transitioning between care environments.

3.0 Policy

Sirian Star Enterprises Pty Ltd is committed to supporting safe and effective transitions of care in accordance with the NDIS Practice Standards, NDIS Code of Conduct, and all relevant safeguarding obligations. All transitions must be carefully planned and managed to reduce risks to participant wellbeing and ensure consistent, person-centred support.

Staff must ensure communication is clear, timely, and includes all relevant health, behavioural, and support information. This includes transitions such as:

- a participant moving from home or supported accommodation to hospital
- discharge from hospital to return to supported accommodation or another service setting

All transitions must include:

- accurate documentation of health conditions, medications, risks, and support requirements
- consultation with the participant, their representatives, and any involved health professionals
- active involvement of the participant in all planning and decision-making, with support for advocacy where required

Staff must follow the NDIS Code of Conduct and:

- provide supports and services with care, skill, and respect
- raise and act on concerns about any risks to participant safety or support quality

All transitions involving significant risk or incidents must be managed under Sirian Star Enterprises Pty Ltd 's Incident Management Policy and, where required, reported under the NDIS (Incident Management and Reportable Incidents) Rules 2018.

This policy is aligned with the following NDIS Practice Standards:

- **Risk Management** – risks to participants are identified, recorded, and addressed
- **Incident Management** – incidents are managed to ensure safety and drive continuous improvement
- **Information Management** – participant information is current, confidential, and accessible to authorised workers
- **Medication Management** – medication needs are communicated and managed to prevent errors or adverse outcomes
- **Quality Management** – feedback and incident data inform improvements in transition processes

4.0 Procedure

Sirian Star Enterprises Pty Ltd will undertake the following:

- Prepare for potential hospital admissions by keeping participants' health-related information and documentation up-to-date and accurate to be readily communicated to hospital staff.
- Support participants in preparing for hospital admission by coordinating a pre-admission meeting with hospital staff and the participant's support network.
- Plan transitions out of the hospital as early as possible based on professional medical advice to ensure that any changes in care are considered.
- Work with hospital staff and the participant's support network to ensure you can provide any additional health-related support the participant may require after leaving the hospital.

4.1 Supporting the participant

Sirian Star Enterprises Pty Ltd will prepare for possible transitions of care by:

- keeping the participant's health and medication information accurate and up to date
- communicating with other services during transitions of care
- helping participants understand and communicate information about their health

Participants will be supported to access advocacy and decision-making supports, especially where the hospital transition is unplanned, involves high risk, or changes to restrictive practices or behaviour support.

Staff must consider safeguarding risks including neglect, lack of supervision, communication breakdown, or absence of proper medical and behavioural support and must escalate any concerns to management under the Incident Management system.

4.2 Prepare for a planned hospital admission

To support participants in preparing for planned hospital admissions, we will arrange a pre-admission meeting with hospital staff to:

- coordinate the transition of care with the participant, relevant hospital staff, our staff, and, if possible, the participant's support people such as family or friends
- inform hospital staff about the participant's communication requirements, mobility and physical support needs, nutrition and mealtime management, and behaviour support strategies

If the participant has a restrictive practice in place, a Positive Behaviour Support Practitioner must be consulted to ensure continuity of care and to guide the hospital on authorised and safe use of any restrictions.

Where necessary, the organisation will involve the participant's plan nominee, family, or guardian and will ensure the participant is supported with informed consent processes regarding medical and care decisions.

4.3 Information to provide to hospital staff

Providing information to hospital staff requires Sirian Star Enterprises Pty Ltd to have consent from participants, guardians or carers to share information; make the following available to hospital staff on admission:

- My Health Record (if used by the participant)
- Hospital Support Plan– based on the participant's specific needs and requirements
- List of current medications
- Webster packs and other required medications
- Health Care Card
- Medicare Card
- Behaviour Support Plan
- Communication plan/profiles and any related communication aids/tools

Ensure hospital staff are aware of any behaviour support plans, restrictive practice authorisations, mental health plans, and consent arrangements. Where applicable, ensure a copy of the Restrictive Practices Authorisation (RPA) documentation is provided. Ensure consent forms are current and up to date and verify that participants, family members, or guardians are actively involved in all healthcare decisions

Document and escalate if there are difficulties in communication or delays in the provision of hospital care that may impact the participant's wellbeing.

For an emergency visit to the hospital, you may need to arrange for a disability support worker familiar with the participant to stay with them during the admission.

4.4 Support when the participant leaves the hospital

4.4.1 Plan for discharge from the hospital

Plan for the participant's hospital discharge in consultation with health professionals as early as possible, including:

- estimated date of transfer
- destination of transfer
- transportation
- referral services
- home assessments for equipment, modifications
- re-assessing support risks (e.g. wound management, tube feeding)

Ensure any medication changes are reviewed by a qualified health professional before inclusion in the support plan and that staff are trained in any new procedures or medications.

4.4.2 Understand the participant's ongoing support needs and assess your capacity to meet them

Work with hospital staff to understand the participant's ongoing needs after they leave the hospital, including obtaining the following:

- Transfer of Care summary:
 - summary of the medical care the participant received in the hospital
- Care plan:
 - follow-up appointments with medical specialists,
 - care recommendations for the participant's regular health care providers, such as their GP, and
 - any other required health or social requirements
- Medications summary:
 - list of current medications, including information about any new or changed medications
- Risk Assessment review
 - Review Individual Risk Profiles and complete new documents as required

- Consider risks associated with changes in care needs and involve advocacy if participants or families express concerns
- Adjust support plan, as required
- Train staff, as required

Senior Care Coordinator or their delegate must ask about and understand any changes to the participant's ongoing care needs during their hospital stay and assess whether you can provide for these (for example, if the participant now requires specifically trained staff or equipment). If our organisation cannot provide these new care requirements, we must communicate this to hospital staff as soon as possible.

Senior Care Coordinator or their delegate must undertake early and ongoing communication with hospital staff, the participant, and support people such as carers (and, if required, the participant's NDIS plan manager) to prevent delays in leaving the hospital and reduce risk to participants after their discharge.

Sirian Star Enterprises Pty Ltd will provide the participant with information about their follow-up care when they leave the hospital. If required, make this available in Easy English.

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Individual Risk Profile Assessment
- Support planning Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Access to Supports Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Human Resource Management Policy and Procedure
- Risk Management Policy and Procedure
- Continuous Improvement Policy and Procedure
- Quality Management Policy and Procedure
- Advocacy Support Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Restrictive Practices Policy and Procedure
- Behaviour Support Policy and Procedure
- Participant Safeguarding Policy

6.0 References

- NDIS Practice Alert [Transitions of care between disability services and hospitals](#) (January 2025)

- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

Psychosocial Recovery Coach Policy and Procedure

1.0 Purpose

The purpose of this policy is to guide the delivery of Psychosocial Recovery Coaching that empowers participants with psychosocial disability to take greater control of their lives and work towards meaningful recovery. Our aim is to provide consistent, trauma-informed, person-centred supports that reflect the individual's lived experience, support their goals, and foster resilience and independence.

This policy ensures that all recovery coaching activities reflect recovery-oriented practice and uphold participant rights, dignity, and choice. Recovery Coaches will work in partnership with participants to build capacity, strengthen connections, and support engagement with relevant mental health and community services.

2.0 Scope

The policy applies to all staff engaged by Sirian Star Enterprises Pty Ltd as psychosocial recovery coaches.

3.0 Definitions

Term	Description
Psychosocial Disability	A term used to describe disabilities that may arise from mental health issues. It relates to the impact a person's condition has on their daily functioning and participation in life areas such as work, education, and relationships. Not everyone with a mental health condition will experience psychosocial disability. Support needs may fluctuate over time.
Psychosocial Recovery Coaching	A support funded under the NDIS that provides capacity building for people with psychosocial disability, including those with complex needs. Recovery Coaches support participants to take more control of their lives and better manage the challenges of day-to-day living. The role includes recovery planning, collaboration with services, and supporting engagement with the NDIS and mental health system.
Recovery Coach	A coach who brings specialist knowledge and skills in psychosocial recovery, mental health and service navigation within the mental health system to provide participants with capacity building supports. A coach is different from a support coordinator, but support coordination is part of their role. Based on the domains and capabilities of recovery-orientated service delivery set out in the Australian Health Ministers' Advisory Council's National framework for recovery-orientated mental health services.

Term	Description
Recovery-Oriented Practice	A strengths-based approach to mental health and disability support that is person-led, trauma-informed, and focused on supporting participants to live a meaningful life, as defined by them.

CONTEXT

Our organisation recognises the six principles articulated in the NDIS Psychosocial Disability Recovery-Oriented Framework:

1. Supporting Personal Recovery
2. Valuing lived experience
3. NDIS and mental health services working together
4. Supporting informed decision-making
5. Being responsive to the episodic and fluctuating nature of psychosocial disability
6. A stronger NDIS recovery-oriented and trauma-informed workforce

In addition to the six principles of the Recovery-Oriented Framework, this policy reflects the guiding principles of Recovery Coaching under the NDIS, including:

- A strengths-based, person-led approach.
- Incorporation of lived experience and peer work values.
- Alignment with the participant's NDIS goals and plan.
- A trauma-informed and culturally appropriate practice framework

By implementing these principles, we strive to improve the lives of people living with psychosocial disability, and their families, carers and networks. Our aim is for participants to develop skills so they can engage with their community of choice and access supports that provide independence, and social and economic participation to enable them to live full, contributing and positive lives.

4.0 Policy

Sirian Star Enterprises Pty Ltd is committed to providing recovery coaching that meets the NDIS Practice Standards, NDIS Code of Conduct, and reflects contemporary mental health and disability support frameworks. Coaches will build strong, trust-based relationships with participants and deliver coaching in ways that promote self-direction, hope, and recovery.

Recovery coaching must include:

- supporting the participant to strengthen personal skills, resilience, and independence
- discussing options and services in clear, accessible language and formats
- valuing lived experience and recognising the participant as the expert in their own life
- connecting the participant to appropriate mental health services and community supports

- providing flexible, responsive coaching that adapts to changing needs and circumstances
- promoting advocacy and informed decision-making, including support to access independent advocates
- maintaining privacy and confidentiality, with clear communication around consent and the participant's right to change it at any time

Recovery coaches will:

- facilitate the development of a Recovery Plan led by the participant, incorporating their strengths, choices, and goals
- regularly review progress in collaboration with the participant and document outcomes in Recovery Plan records and progress notes
- break down long-term goals into achievable steps, and support planning that complements the participant's NDIS Plan
- uphold the participant's right to dignity of risk, and manage any safeguarding concerns in accordance with organisational and legislative requirements
- engage families, carers, support networks, and relevant providers as appropriate to the participant's preferences

All coaches must meet the qualification and experience requirements for NDIS Psychosocial Recovery Coaches, including a mental health-related qualification or peer work certification, and a minimum of two years' experience in mental health practice.

5.0 Procedure

5.1 Design and plan

1. Arrange a date and time for the meeting with the participant. Family, carers/alternate decision-maker and/or advocates can attend this meeting, as requested by the participant.
2. Note: A signed Participant Consent Form is required before the participant's information can be shared with any other party.
3. Gather information to allow for the development of a relevant Recovery Plan.
4. Ensure that planning is participant-led and culturally responsive, considering the participant's identity, language, values and preferences.
5. Develop strategies to:
 - explore and finalise with the participant.
 - enable a collaborative approach to improve individual needs and obtain goals.
 - increase recovery skills and personal capacity, including:
 - motivation
 - strengths
 - resilience
 - decision-making

6. Identify the participant's strengths and barriers.
7. Develop a greater understanding of the participant's mental health diagnosis and support needs.
8. Research, explore and link the participant to supports and services that assist in their journey.
9. Create an individual recovery plan designed to meet the participant's needs, goals and strategies.
10. Determine review timeframes for the plan to meet goals set through the collaborative process.

Where applicable, obtain input from family, carers or culturally appropriate support networks to ensure a holistic and person-centred Recovery Plan.

5.2 Recovery Coach implementation requirements

1. Read and review the Recovery Plan's strategies, goals and support coordination requirements.
2. Develop a recovery-enabling relationship.
3. Follow the strategies written within the Plan.
4. Collaborate with a broader system of supports.
5. Build self-confidence to assist the participant manage life's 'ups and downs'.
6. Liaise and collaborate between informal and formal support services to ensure continuity of support.
7. Document work with the participant.
8. Identify when the participant is moving towards achieving goals, and when the plan needs adjustment.

Recovery Coaches do not perform the duties of Specialist Behaviour Support Practitioners. They do not conduct Functional Behaviour Assessments or write Behaviour Support Plans. Coaches will collaborate with the assigned Behaviour Support Practitioner where required by the participant's NDIS Plan. Recovery Coach will document coaching sessions, service navigation support, progress toward outcomes, and any plan amendments in accordance with NDIS record-keeping and outcome reporting requirements.

5.3 Adjust Recovery Plan

1. Review the participant's current progress in achieving their identified goals using feedback from all stakeholders.
2. Adjust the participant's goals as required.
3. Confirm the new goals with the participant.
4. All changes must be participant-led, based on their feedback and self-identified progress. Ensure informed consent is recorded before making significant plan adjustments.
5. Update NDIS Plan, Support Plan and Recovery Plan accordingly.

6.0 Related documents

- [Evidence of Psychosocial Disability Form](#)
- Participant Information Consent Form
- Recovery Plan (Support Plan)

7.0 References

- NDIS Psychosocial Disability Recovery-Oriented Framework (Recovery Framework)
- NDIS Psychosocial Recovery Coach Information
- NDIS Mental Health Access Information
- NDIS Easy Read – Supporting People with Psychosocial Disability
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Price Guide
- NDIS Recovery Coach Guidance Materials
- National Framework for Recovery-Oriented Mental Health Services (AHMAC)
- NDIS Code of Conduct
- NDIS Recovery Coach Reporting Guidance (NDIS Commission)