

THE NOLEDGE HOUSE SUPPORT WORKERS POLICY HANDBOOK



The **Noledge**
HOUSE

qamh

Valued Member of the
Queensland Alliance
for Mental Health

2025-26



Table of Content

In this booklet, Support Workers and other stakeholders will find clearly outlined policies pertaining to The Noledge House Support Worker Services. For all intents and purposes, the word “staff” throughout this document includes contractors, Volunteers and employees engaged/contracted by The Noledge House,



Code of Conduct	Page 3
Privacy and Confidentiality Policy	Page 4
Participant Intake and Transition Policy	Page 6
Service Agreement and Consent Policy	Page 8
Participant Rights and Advocacy Policy	Page 10
Restrictive Practices & Incident Prevention	Page 12
Incident Reporting	Page 14
Emergency & Disaster Management	Page 16
Risk Management	Page 18
Payment Claims	Page 20
Worker Screening	Page 22
Staff Training & Development	Page 23
Complaints	Page 25
Policy Updates Added 21/01/2026	
Sexual Expression	Page 27
Early Shift Exit	Page 29

The Noledge House Code of Conduct

Empowering lives through compassion, integrity, and inclusion.

Purpose

This Code of Conduct sets the standard for how all team members, support workers, and affiliates of The Noledge House engage with participants, families, and the broader community. It reflects our commitment to ethical, respectful, and person-centred support, in alignment with the NDIS Code of Conduct.

1. Respect and Dignity

We treat every person with respect, courtesy, and dignity.

- Honour each individual's culture, identity, beliefs, and preferences.
- Promote autonomy and choice in all aspects of support.
- Use inclusive language and behaviour that uplifts and empowers.

2. Empowerment and Inclusion

We support people to live independently and participate fully in their communities.

- Encourage decision-making and self-advocacy.
- Create safe spaces for growth, recovery, and connection.
- Collaborate with participants to set and achieve meaningful goals.

3. Safe and Quality Supports

We deliver services that are safe, reliable, and tailored to individual needs.

- Follow best practices and NDIS standards in all support activities.
- Continuously improve through feedback, training, and reflection.
- Respond promptly to concerns or risks to participant wellbeing.

4. Integrity and Honesty

We act with transparency and accountability in all interactions.

- Communicate clearly and truthfully with participants and stakeholders.
- Maintain accurate records and respect confidentiality.
- Declare and manage any conflicts of interest.

5. Professional Boundaries

We maintain respectful and appropriate relationships with participants.

- Avoid dual relationships or behaviour that could compromise trust.
- Uphold professional standards in communication, conduct, and appearance.
- Seek supervision or guidance when boundaries are unclear.

6. Prevention of Abuse and Neglect

We actively safeguard participants from harm.

- Recognize and report any signs of abuse, neglect, or exploitation.
- Support participants to understand their rights and speak up.
- Cooperate fully with investigations and protective actions.

7. Cultural Safety and Responsiveness

We honour the diverse backgrounds of those we support.

- Engage respectfully with Aboriginal and Torres Strait Islander peoples.
- Adapt supports to reflect cultural values and practices.
- Promote equity and challenge discrimination in all forms.

Living the Code

Every member of The Noledge House is responsible for upholding this Code.

We lead with empathy, act with integrity, and strive to make a lasting impact—one person, one moment, one connection at a time.

Privacy and Confidentiality Policy

Protecting personal information with integrity, transparency, and respect.

1. Purpose

The Noledge House is committed to safeguarding the privacy and confidentiality of all participants, staff, and stakeholders. This policy outlines how personal information is collected, stored, used, and disclosed in accordance with the Privacy Act 1988 (Cth), the NDIS Practice Standards, and our values of inclusion, empowerment, and trust.

2. Scope

This policy applies to:

- All employees, contractors, volunteers, and board members
- All personal information collected in the course of service delivery, administration, and communication
- All formats of information, including written, verbal, digital, and visual records

3. Definitions

- Personal Information: Any information that identifies or could identify an individual (e.g., name, address, health details, NDIS number)
- Sensitive Information: Includes health, disability, cultural background, religious beliefs, and other protected data
- Confidentiality: The obligation to protect private information from unauthorised access or disclosure

4. Collection of Information

We collect personal information only when:

- It is necessary for service delivery, compliance, or communication
- The individual has provided informed consent
- It is required by law or regulation

Information may be collected via:

- Intake forms and service agreements
- Conversations, assessments, and support sessions
- Digital platforms, emails, and feedback forms

5. Use of Information

Personal information is used to:

- Deliver safe, tailored, and effective supports
- Communicate with participants and stakeholders
- Meet legal, contractual, and reporting obligations
- Improve services through feedback and review

We do not use personal information for marketing or non-service-related purposes without explicit consent.

6. Disclosure of Information

We only share personal information when:

- The individual has given written or verbal consent
- It is required by law (e.g., child protection, court orders)
- It is necessary to prevent serious harm or risk
- It is part of authorised service coordination (e.g., with plan managers, allied health providers)

All disclosures are documented and justified.

7. Storage and Security

We protect personal information by:

- Using secure digital systems with restricted access
- Locking physical files in secure cabinets
- Training staff in privacy and data protection
- Regularly reviewing security protocols

Information is retained for at least 7 years or as required by law, then securely destroyed.

Privacy and Confidentiality Policy (Continued...)

8. Access and Correction

Individuals have the right to:

- Access their personal information
- Request corrections to inaccurate or outdated data
- Withdraw consent for future use or disclosure

Requests are responded to within 30 days and handled respectfully.

9. Breaches and Complaints

Any suspected breach of privacy or confidentiality is:

- Investigated promptly and thoroughly
- Reported to relevant authorities if required
- Communicated to the affected individual
- Used to improve systems and prevent recurrence

Complaints can be made verbally, in writing, or anonymously. We support individuals to access external complaint bodies if needed.

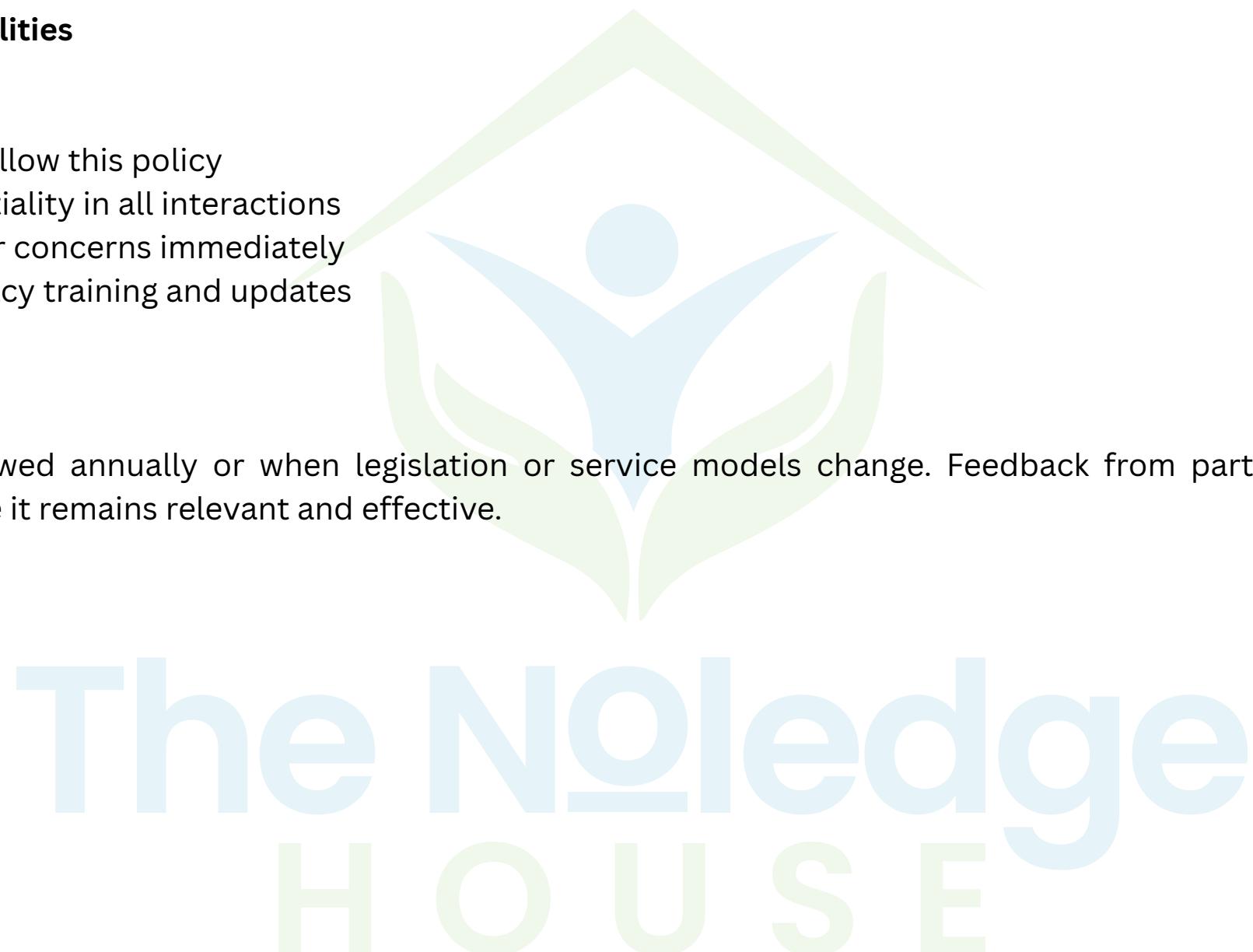
10. Staff Responsibilities

All staff must:

- Understand and follow this policy
- Maintain confidentiality in all interactions
- Report breaches or concerns immediately
- Participate in privacy training and updates

11. Review

This policy is reviewed annually or when legislation or service models change. Feedback from participants and staff is welcomed to ensure it remains relevant and effective.



Participant Intake and Transition Policy

Supporting every journey with clarity, compassion, and continuity.

1. Purpose

The Noledge House is committed to ensuring that participants experience smooth, respectful, and empowering transitions into, within, and out of our services. This policy outlines how we manage intake and transition processes in accordance with the NDIS Practice Standards, the NDIS Code of Conduct, and our values of inclusion, transparency, and participant choice.

2. Scope

This policy applies to:

- All new participants entering services
- Existing participants transitioning between supports or providers
- Participants exiting services voluntarily or due to external factors
- All staff involved in intake, planning, coordination, or transition support

3. Guiding Principles

Our intake and transition processes are:

- Person-centred: Tailored to each participant's goals, preferences, and support needs
- Transparent: Clearly communicated and documented
- Collaborative: Involving participants, families, advocates, and other providers
- Respectful: Honouring cultural, linguistic, and personal identities
- Continuity-focused: Minimising disruption and maintaining quality of care

4. Intake Process

We welcome new participants through a structured intake process that includes:

a. Initial Contact

- Respond promptly and respectfully to enquiries
- Provide clear information about services, eligibility, and processes
- Offer accessible formats and interpreter support if needed

b. Needs Assessment

- Conduct a holistic assessment of goals, support needs, risks, and preferences
- Identify any urgent needs or barriers to access
- Collaborate with the participant and their support network

c. Service Agreement

- Develop a written agreement outlining supports, pricing, responsibilities, and consent
- Explain the agreement in plain language and accessible formats
- Obtain informed consent before commencing services

d. Onboarding

- Introduce key staff and support workers
- Provide orientation to services, rights, and feedback processes
- Establish communication preferences and emergency contacts

Participant Intake and Transition Policy (Continued...)

5. Transition Planning

Transitions may occur due to changes in goals, funding, health, or provider arrangements. We support transitions by:

a. Planning Ahead

- Identify transition needs early and involve the participant in planning
- Coordinate with other providers, family members, or advocates
- Develop a written transition plan with timelines and responsibilities

b. Continuity of Support

- Maintain essential services during the transition period
- Share relevant information securely and with consent
- Ensure participants feel supported emotionally and practically

c. Exit Process

- Conduct an exit interview or feedback session
- Provide referrals or handover documents to new providers
- Archive records securely and respectfully

6. Participant Rights

Participants have the right to:

- Choose when and how they enter or exit services
- Be informed and involved in all decisions
- Access advocacy and support during transitions
- Receive services that respect their dignity and preferences
- Provide feedback or make complaints without fear of reprisal

7. Staff Responsibilities

All staff must:

- Follow intake and transition procedures consistently
- Communicate clearly and respectfully
- Document assessments, agreements, and transition plans
- Support participants with empathy and professionalism
- Report any concerns or risks promptly

8. Continuous Improvement

We review our intake and transition practices regularly to:

- Respond to participant feedback
- Improve accessibility and clarity
- Strengthen coordination with external providers
- Ensure alignment with NDIS Practice Standards---

9. Review

This policy is reviewed annually or when service models, legislation, or participant needs change. Input from participants, staff, and stakeholders is welcomed.

Service Agreement and Consent Policy

Ensuring clarity, choice, and control in every support relationship.

1. Purpose

The Noleedge House is committed to providing services that are transparent, participant-centred, and legally compliant. This policy outlines how service agreements are developed, explained, and signed, and how informed consent is obtained and respected throughout the support journey.

2. Scope

This policy applies to:

- All participants receiving NDIS-funded or privately funded supports
- All staff, contractors, and volunteers involved in service delivery or agreement facilitation
- All service agreements, consent forms, and related documentation

3. Guiding Principles

We uphold the following principles in all agreements and consent processes:

- Transparency: Agreements are clear, honest, and easy to understand
- Informed Consent: Participants are fully informed before agreeing to any service or action
- Choice and Control: Participants can negotiate, accept, decline, or withdraw consent at any time
- Accessibility: Information is provided in formats that suit the participant's communication needs
- Respect: Cultural, linguistic, and personal preferences are honoured

4. Service Agreements

All participants are offered a written service agreement that includes:

- Description of supports to be provided
- Duration and frequency of services
- Roles and responsibilities of both parties
- Pricing and payment terms (aligned with NDIS price limits)
- Cancellation and change procedures
- Complaints and feedback options
- Privacy and confidentiality commitments

Agreements are:

- Explained verbally and in writing
- Available in accessible formats (e.g., Easy Read, translated versions)
- Signed by the participant or their authorised representative
- Reviewed annually or when services change

5. Informed Consent

Consent is required for:

- Commencement of services
- Sharing personal or sensitive information
- Participation in assessments, evaluations, or external referrals
- Use of photos, videos, or testimonials
- Any changes to the agreed supports

Consent must be:

- Voluntary and informed
- Specific to the activity or purpose
- Documented and stored securely
- Able to be withdrawn at any time without penalty

6. Supported Decision-Making

We support participants to make informed decisions by:

- Providing clear, unbiased information
- Allowing time to consider options
- Involving trusted people or advocates when requested
- Respecting the participant's right to choose, even if their decision differs from staff recommendations

Service Agreement and Consent Policy (Continued...)

7. Staff Responsibilities

All staff must:

- Explain agreements and consent processes clearly and respectfully
- Ensure participants understand their rights and choices
- Document and store signed agreements and consent forms
- Update agreements when services or preferences change
- Report any concerns about capacity or coercion

8. Review and Renewal

Service agreements and consent records are:

- Reviewed annually or when supports change
- Updated promptly when requested by the participant
- Archived securely when services end

9. Breaches and Complaints

Any breach of agreement or consent processes is:

- Investigated promptly
- Reported to relevant authorities if required
- Used to improve systems and staff training
- Communicated transparently to the participant

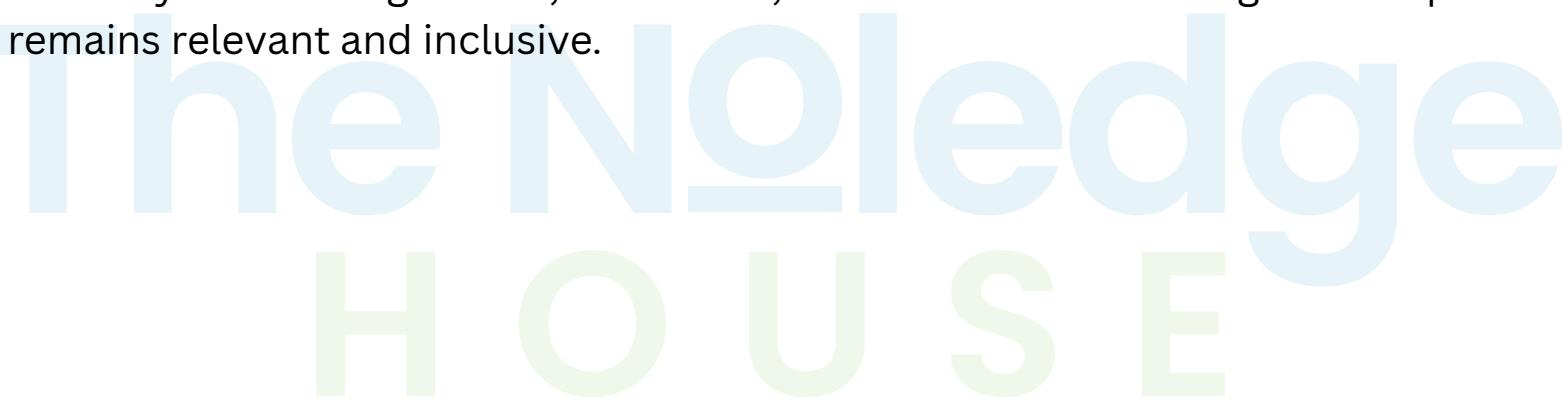
10. Continuous Improvement

We regularly review our agreement and consent practices to:

- Ensure alignment with NDIS Practice Standards
- Respond to participant feedback
- Improve accessibility and clarity
- Strengthen trust and accountability

11. Review

This policy is reviewed annually or when legislation, NDIS rules, or service models change. Participant and staff input is welcomed to ensure it remains relevant and inclusive.



Participant Rights and Advocacy Policy

Empowering every voice, protecting every right.

1. Purpose

The Noledge House is committed to upholding the rights of all participants and ensuring they have access to independent advocacy and support. This policy outlines how we promote, protect, and respond to participant rights in accordance with the NDIS Practice Standards, the NDIS Code of Conduct, and relevant human rights legislation.

2. Scope

This policy applies to:

- All participants receiving services from The Noledge House
- All staff, contractors, and volunteers involved in service delivery
- All interactions, decisions, and communications that affect participant wellbeing, autonomy, and inclusion

3. Guiding Principles

We believe that every participant has the right to:

- Be treated with dignity, respect, and fairness
- Make informed choices and exercise control over their supports
- Participate fully in community life
- Be free from abuse, neglect, exploitation, and discrimination
- Access information in a way that is clear and accessible
- Be supported to understand and exercise their rights
- Have their voice heard and acted upon

4. Promoting Rights

We actively promote participant rights by:

- Providing clear information during intake and onboarding
- Using accessible formats and culturally appropriate communication
- Encouraging self-advocacy and decision-making
- Training staff in human rights, trauma-informed care, and inclusive practice
- Embedding rights-based language and values in all policies and procedures

5. Supporting Advocacy

Participants are supported to access advocacy services when:

- They need help understanding or exercising their rights
- They are involved in complaints, incidents, or service changes
- They request support in decision-making or conflict resolution
- They face barriers to communication, access, or inclusion

We provide information about local and national advocacy organisations and assist participants in making contact when requested.

6. Staff Responsibilities

All staff must:

- Respect and uphold participant rights in every interaction
- Support participants to express concerns or preferences
- Respond promptly and respectfully to rights-related issues
- Refer participants to advocacy services when needed
- Cooperate with advocates and respect their role
- Report any suspected rights breaches or abuse immediately

7. Complaints and Rights Breaches

If a participant believes their rights have been violated, they may:

- Make a complaint through our Complaints Handling Policy
- Request support from an advocate or trusted person
- Contact the NDIS Quality and Safeguards Commission
- Seek legal or external support

All rights-related complaints are treated seriously, investigated promptly, and used to improve our services.

Participant Rights and Advocacy Policy (Continued...)

8. Continuous Improvement

We regularly review our practices to:

- Ensure rights are embedded in service delivery
- Respond to feedback from participants and advocates
- Update staff training and resources
- Strengthen our culture of respect and empowerment

9. Review

This policy is reviewed annually or when legislation, standards, or service models change. Participant input is welcomed to ensure it remains relevant and inclusive.



Restrictive Practices and Incident Prevention Policy

Promoting safety through proactive support, ethical practice, and continuous learning.

1. Purpose

The Noleedge House is committed to delivering safe, respectful, and person-centred services. This policy outlines our approach to preventing incidents and managing restrictive practices in accordance with the NDIS Practice Standards, the NDIS Quality and Safeguards Commission, and relevant legislation.

2. Scope

This policy applies to:

- All staff, contractors, and volunteers involved in direct support
- All participants receiving behaviour support or services where restrictive practices may be considered
- All environments where services are delivered, including homes, community settings, and online platforms

3. Definitions

- **Restrictive Practice:** Any practice or intervention that restricts a person's rights, freedom of movement, or access to objects, including physical, chemical, environmental, and seclusion-based restrictions
- **Unauthorised Restrictive Practice:** Any restrictive practice not approved under a behaviour support plan or by the NDIS Commission
- **Incident:** An event that causes or risks harm to a participant, staff member, or member of the public
- **Positive Behaviour Support (PBS):** A person-centred approach focused on understanding and addressing the causes of challenging behaviour

4. Guiding Principles

- **Prevention First:** We prioritise proactive strategies to prevent incidents and reduce the need for restrictive practices
- **Dignity and Rights:** All participants are treated with respect and supported to exercise their rights
- **Trauma-Informed:** We recognise the impact of trauma and avoid practices that may retraumatise
- **Transparency:** All use of restrictive practices is documented, reported, and reviewed
- **Continuous Improvement:** Incidents and restrictive practice use inform service refinement and staff development

5. Incident Prevention Strategies

We prevent incidents by:

- Building strong, trusting relationships with participants
- Using Positive Behaviour Support plans tailored to individual needs
- Training staff in de-escalation, communication, and emotional regulation techniques
- Maintaining safe environments and clear boundaries
- Encouraging feedback and early reporting of concerns

6. Use of Restrictive Practices

Restrictive practices are only used:

- As a last resort to prevent serious harm
- When authorised in a Behaviour Support Plan developed by a Specialist Behaviour Support Practitioner
- With the informed consent of the participant or their representative
- In line with NDIS Commission guidelines and reporting requirements

All use must be:

- Documented immediately
- Reported to the NDIS Commission within required timeframes
- Reviewed regularly to reduce or eliminate future use

7. Staff Responsibilities

All staff must:

- Understand what constitutes a restrictive practice
- Avoid unauthorised or informal use of restrictions
- Follow approved Behaviour Support Plans
- Report any use of restrictive practices or incidents immediately
- Participate in training and supervision related to behaviour support and safeguarding

Restrictive Practices and Incident Prevention Policy (Continued...)

8. Reporting and Review

- All incidents and restrictive practices are logged and reviewed by management
- Serious incidents trigger immediate reassessment of risk and support strategies
- Participants and families are involved in reviews where appropriate
- Data is used to improve service quality and reduce future risk

9. Participant Rights

Participants have the right to:

- Be free from unnecessary or unauthorised restrictions
- Understand and consent to any behaviour support strategies
- Access advocacy and complaints processes
- Be supported in culturally safe and trauma-informed ways

10. Continuous Improvement

We use incident and restrictive practice data to:

- Identify patterns and root causes
- Improve staff training and support
- Refine behaviour support planning
- Strengthen our culture of safety and respect

11. Review

This policy is reviewed annually or following any serious incident, regulatory change, or feedback from participants or staff.



Incident Reporting Policy

Protecting wellbeing through prompt, respectful, and accountable action.

Purpose

The Noledge House is committed to providing safe, high-quality support services. This policy outlines how incidents are identified, reported, managed, and reviewed to ensure the safety of participants, staff, and the community—and to meet our obligations under the NDIS Code of Conduct and relevant legislation.

1. What Is an Incident?

An incident is any event that:

- Causes harm or risk to a participant, staff member, or member of the public
- Involves abuse, neglect, exploitation, or discrimination
- Results in injury, property damage, or service disruption
- Breaches professional boundaries or ethical standards
- Requires emergency response or escalation

This includes reportable incidents under the NDIS Commission, such as:

- Death of a participant
- Serious injury
- Abuse or neglect
- Unlawful sexual or physical contact
- Use of restrictive practices not authorised or in breach of guidelines

2. Immediate Response

When an incident occurs:

- Ensure the safety and wellbeing of all involved
- Provide first aid or emergency support if needed
- Notify emergency services if required
- Support the participant with empathy and respect
- Secure the environment to prevent further harm

3. Reporting the Incident

All incidents must be reported as soon as possible:

- Verbally to a supervisor or team lead
- In writing via the Incident Report Form
- Within 24 hours for serious or reportable incidents

Reports should include:

- Date, time, and location of the incident
- People involved and witnesses
- Description of what happened
- Actions taken and outcomes
- Any follow-up required

4. Investigation and Follow-Up

Once reported:

- A designated team member will review and investigate the incident
- Participants and staff will be supported throughout the process
- Findings will be documented and shared with relevant parties
- Corrective actions will be implemented to prevent recurrence
- The incident will be logged for compliance and review

5. Reporting to the NDIS Commission

For reportable incidents, The Noledge House will:

- Notify the NDIS Commission within 24 hours
- Submit a detailed report within 5 business days
- Cooperate fully with any external investigations
- Implement required changes and monitor outcomes

Incident Reporting Policy (Continued...)

6. Confidentiality and Support

- All incident reports are handled confidentially
- Personal information is protected under privacy laws
- Participants and staff will be offered emotional support and advocacy
- No one will be penalised for reporting an incident in good faith

7. Continuous Improvement

Incident data is reviewed regularly to:

- Identify patterns or risks
- Improve training, policies, and procedures
- Strengthen our culture of safety and accountability

8. Staff Responsibilities

All team members must:

- Know how to identify and report incidents
- Respond calmly and respectfully
- Cooperate with investigations
- Reflect on outcomes and contribute to safer practices

Review

This policy is reviewed annually or after any serious incident. Feedback is welcome to ensure it remains effective and inclusive.



Emergency and Disaster Management Policy

Preparing, protecting, and responding with care and confidence.

1. Purpose

The Noledge House is committed to ensuring the safety and wellbeing of participants, staff, and stakeholders during emergencies and disasters. This policy outlines our approach to planning, responding, and recovering from critical events in accordance with the NDIS Practice Standards, relevant legislation, and local emergency services guidance.

2. Scope

This policy applies to:

- All participants receiving services from The Noledge House
- All staff, contractors, and volunteers
- All service environments, including homes, community settings, and remote support platforms
- All types of emergencies and disasters, including natural, health-related, technological, and human-caused events

3. Definitions

- Emergency: A sudden, unexpected situation that poses immediate risk to health, safety, or property
- Disaster: A large-scale event causing significant disruption to services, infrastructure, or community wellbeing
- Continuity of Support: The ability to maintain essential services during and after an emergency
- Emergency Plan: A documented procedure outlining roles, actions, and resources for managing emergencies

4. Guiding Principles

Our emergency and disaster response is:

- Participant-centred: Prioritising safety, dignity, and communication
- Proactive: Focused on prevention, planning, and readiness
- Collaborative: Coordinated with local emergency services and community networks
- Inclusive: Respectful of cultural, linguistic, and accessibility needs
- Resilient: Designed to recover quickly and learn from each event

5. Risk Assessment and Planning

We conduct regular risk assessments to:

- Identify potential emergency scenarios (e.g., bushfires, floods, pandemics, cyberattacks)
- Evaluate service vulnerabilities and participant needs
- Develop tailored emergency plans for each service location and participant group
- Maintain an organisational Emergency Management Plan and Business Continuity Plan

6. Emergency Preparedness

We prepare by:

- Training staff in emergency procedures, first aid, and evacuation protocols
- Informing participants of emergency plans and their roles
- Maintaining emergency contact lists and communication tools
- Ensuring access to emergency supplies and backup systems
- Reviewing and testing emergency plans annually

7. Response Procedures

In the event of an emergency:

- Staff follow the relevant emergency plan and prioritise participant safety
- Emergency services are contacted if required
- Participants are supported to evacuate or shelter in place
- Communication is maintained with participants, families, and authorities
- Incident reports are completed and reviewed

8. Continuity of Support

We ensure essential supports continue by:

- Activating contingency plans (e.g., remote support, alternate locations)
- Prioritising high-risk participants for urgent services
- Coordinating with other providers or community resources
- Communicating clearly about service changes or delays

Emergency and Disaster Management Policy (Continued...)

9. Recovery and Review

After an emergency:

- Participants and staff are supported emotionally and practically
- Services are restored as quickly and safely as possible
- A debrief and review are conducted to identify lessons learned
- Emergency plans and risk assessments are updated accordingly

10. Staff Responsibilities

All staff must:

- Know and follow emergency procedures relevant to their role
- Participate in training and drills
- Support participants calmly and respectfully during emergencies
- Report incidents and contribute to post-event reviews

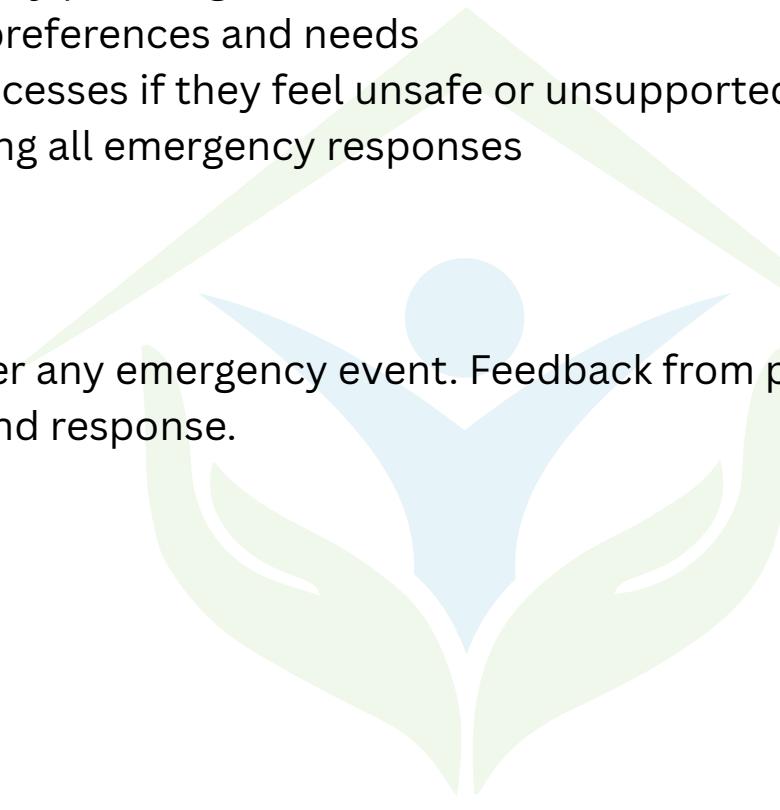
11. Participant Rights

Participants have the right to:

- Be informed and involved in emergency planning
- Receive support that respects their preferences and needs
- Access advocacy and complaints processes if they feel unsafe or unsupported
- Be treated with dignity and care during all emergency responses

12. Review

This policy is reviewed annually or after any emergency event. Feedback from participants, staff, and emergency services is welcomed to improve preparedness and response.



The Knowledge
H O U S E

Risk Management Policy

Proactively identifying, managing, and mitigating risks to protect participants, staff, and our mission.

1. Purpose

The Noledge House is committed to delivering safe, high-quality, and person-centred services. This policy outlines our approach to identifying, assessing, managing, and reviewing risks in accordance with the NDIS Practice Standards, the NDIS Code of Conduct, and relevant Australian legislation.

2. Scope

This policy applies to:

- All staff, contractors, volunteers, and board members
- All operational areas including service delivery, governance, finance, compliance, and stakeholder engagement
- All risks that may impact participants, staff, reputation, or organisational sustainability

3. Definitions

- Risk: The possibility of harm or loss affecting people, property, reputation, or operations
- Risk Management: A structured process to identify, assess, treat, and monitor risks
- Risk Register: A documented log of identified risks, their ratings, controls, and review status
- Control Measures: Actions taken to reduce the likelihood or impact of a risk

4. Guiding Principles

Our risk management approach is:

- Participant-centred: Prioritising safety, dignity, and wellbeing
- Proactive: Identifying risks before they become incidents
- Transparent: Engaging staff and stakeholders in open risk dialogue
- Compliant: Aligning with NDIS and legal obligations
- Continuous: Regularly reviewing and improving risk controls

5. Risk Categories

We assess and manage risks across the following domains:

- Participant Safety: Abuse, neglect, restrictive practices, health emergencies
- Service Delivery: Staff competency, support quality, continuity of care
- Workforce: Screening, training, conduct, burnout
- Governance: Leadership, decision-making, compliance
- Financial: Fraud, incorrect claims, budget shortfalls
- Reputation: Complaints, media exposure, stakeholder trust
- Technology and Data: Cybersecurity, privacy breaches, system failures
- Environmental and Emergency: Natural disasters, pandemics, facility hazards

6. Risk Management Process

We follow a structured 5-step process:

1. Identify

- Use feedback, audits, incident reports, and staff input
- Consider internal and external factors

2. Assess

- Rate risks by likelihood and impact (low, medium, high)
- Prioritise risks requiring urgent action

3. Treat

- Implement control measures (e.g., training, policies, equipment)
- Assign responsibilities and timelines

4. Monitor

- Track risk status via the Risk Register
- Review effectiveness of controls

5. Review

- Conduct quarterly reviews and post-incident evaluations
- Update controls and documentation as needed

Risk Management Policy (Continued...)

7. Roles and Responsibilities

- Board and Management: Oversee risk governance and strategic decisions
- Risk Officer/Compliance Lead: Maintain the Risk Register, coordinate reviews, and report findings
- Staff and Contractors: Identify risks, follow procedures, and report concerns
- Participants and Families: Provide feedback and raise safety concerns

8. Risk Register

- Maintained digitally and reviewed quarterly
- Includes risk description, rating, controls, owner, and review date
- Accessible to relevant staff and updated after incidents or audits

9. Incident Linkage

- All incidents are reviewed for underlying risks
- Lessons learned inform updates to the Risk Register and control measures
- Serious incidents trigger immediate risk reassessment

10. Training and Awareness

- Staff receive induction and ongoing training in risk awareness
- Risk management is embedded in team meetings and supervision
- Visual aids (e.g., risk matrix, flowcharts) support understanding

11. Continuous Improvement

- Feedback from participants, staff, and audits informs risk strategy
- Emerging risks (e.g., technology, climate) are monitored
- Policy is reviewed annually or after significant changes

12. Review

This policy is reviewed annually or following a critical incident, regulatory update, or organisational change. Staff and stakeholders are invited to contribute to its development.



The Knowledge
H O U S E

Payment Claims Policy

Ensuring every claim is accurate, ethical, and participant-centred.

Purpose

The Noledge House is committed to making payment claims that are correct, truthful, and aligned with the supports delivered. This policy outlines how we manage claims under the NDIS to ensure compliance, transparency, and participant confidence.

1. Guiding Principles

We follow these core principles in all payment claims:

- Accuracy: Claims reflect actual supports provided, in line with service agreements and NDIS price limits
- Truthfulness: No false, misleading, or inflated claims are submitted
- Transparency: Participants understand what is being claimed and why
- Accountability: Records are maintained and available for audit or review

2. Scope

This policy applies to:

- All staff involved in service delivery, invoicing, or financial administration
- All claims made to the NDIA, plan managers, or self-managed participants
- All supports delivered under NDIS funding

3. Claiming Requirements

All payment claims must:

- Be based on actual supports delivered
- Match the agreed rates and units in the participant's service agreement
- Include accurate dates, times, and descriptions of services
- Be submitted only after the support has been provided (unless otherwise agreed)
- Comply with the current NDIS Pricing Arrangements and Price Limits

4. Participant Communication

We ensure participants:

- Receive clear invoices or statements showing what has been claimed
- Are informed of any changes to pricing or service delivery
- Can query or dispute any claim without fear of reprisal
- Are supported to understand their plan and budget usage

5. Record Keeping

We maintain detailed records for all claims, including:

- Timesheets or service logs
- Signed service agreements
- Communication records
- Invoices and payment confirmations

Records are stored securely and retained for at least 7 years, in line with NDIS and tax requirements.

6. Monitoring and Review

- Claims are reviewed regularly for accuracy and compliance
- Any discrepancies are investigated and corrected promptly
- Staff receive training on NDIS claiming rules and ethical billing practices
- We welcome audits and feedback to improve our systems

Payment Claims Policy (Continued...)

7. Breaches and Consequences

Incorrect or dishonest claims may result in:

- Internal investigation and corrective action
- Reporting to the NDIS Quality and Safeguards Commission
- Repayment of funds
- Disciplinary action, including termination of employment
- Legal consequences under fraud or consumer law

8. Continuous Improvement

We use feedback, audits, and participant input to:

- Improve our claiming processes
- Strengthen financial transparency
- Build trust and accountability across our network

Review

This policy is reviewed annually or when NDIS claiming rules change. Staff and participants are invited to contribute to its ongoing development.



Worker Screening Policy

Protecting participants through rigorous, values-aligned workforce screening.

Purpose

The Noledge House is committed to ensuring that all workers are safe, suitable, and aligned with our values of inclusion, empowerment, and integrity. This policy outlines our approach to worker screening in accordance with the NDIS Worker Screening Check (NDIS Check) and relevant legislation.

1. Scope

This policy applies to:

- All employees, contractors, and volunteers engaged in risk-assessed roles
- Any individual who has direct contact with NDIS participants or access to their personal information
- Recruitment, onboarding, and ongoing employment processes

2. Key Principles

- Safety First: We prioritise the safety and wellbeing of participants in all workforce decisions
- Compliance: We meet or exceed all NDIS Commission and state/territory requirements
- Transparency: We clearly communicate screening obligations to all workers
- Equity: Screening is applied fairly and consistently across all roles

3. NDIS Worker Screening Requirements

Before commencing in a risk-assessed role, all workers must:

- Hold a current and verified NDIS Worker Screening Check clearance
- Provide evidence of clearance before starting work
- Consent to The Noledge House verifying and monitoring their clearance status
- Renew their clearance as required (typically every 5 years)

We maintain a register of all worker screening statuses and monitor expiry dates proactively.

4. Additional Screening Measures

Depending on the role and level of risk, we may also require:

- National Police Checks
- Working with Children Checks (WWCC) (where relevant)
- Reference checks from previous employers or supervisors
- Right to Work in Australia verification
- Qualifications and registration checks (e.g., AHPRA, professional bodies)

5. Ongoing Monitoring and Reporting

- We regularly review worker screening statuses and update our records
- Workers must immediately notify us of any changes to their criminal history or screening status
- If a worker's clearance is suspended or revoked, they will be removed from risk-assessed duties pending review
- We report any concerns to the NDIS Commission as required

6. Roles and Responsibilities

- Management: Ensure compliance, maintain records, and oversee screening processes
- Workers: Provide accurate information, maintain valid clearances, and report changes promptly
- HR/Compliance Officers: Conduct checks, manage the screening register, and liaise with authorities as needed

7. Privacy and Confidentiality

All personal and screening information is handled in accordance with the Privacy Act 1988 (Cth) and stored securely. Access is limited to authorised personnel only.

8. Breaches and Consequences

Failure to comply with this policy may result in:

- Suspension or termination of employment or engagement
- Reporting to the NDIS Commission or other relevant authorities
- Legal consequences under applicable legislation

9. Review

This policy is reviewed annually or when legislative or regulatory changes occur. Feedback is welcomed to ensure it remains current and effective.

Staff Training and Development Policy

Empowering our team to deliver safe, ethical, and inclusive support.

1. Purpose

The Noledge House is committed to fostering a culture of continuous learning, professional growth, and ethical practice. This policy outlines how we ensure all staff are equipped with the knowledge, skills, and values required to deliver high-quality, person-centred services in alignment with the NDIS Practice Standards, the NDIS Code of Conduct, and our organisational mission.

2. Scope

This policy applies to:

- All employees, contractors, and volunteers engaged in service delivery, administration, or governance
- All stages of employment, including induction, ongoing training, and professional development
- All training related to compliance, safety, cultural awareness, and participant wellbeing

3. Guiding Principles

Our approach to training and development is:

- Participant-centred: Focused on improving outcomes and experiences for participants
- Values-driven: Grounded in empathy, inclusion, and empowerment
- Evidence-based: Informed by best practice, legislation, and sector standards
- Accessible: Tailored to diverse learning styles, roles, and cultural backgrounds
- Continuous: Embedded in everyday practice and regularly reviewed

4. Induction Training

All new staff complete a structured induction program that includes:

- Overview of The Noledge House mission, values, and policies
- NDIS Code of Conduct and Practice Standards
- Participant rights and safeguarding responsibilities
- Privacy, confidentiality, and ethical conduct
- Incident reporting and complaints handling procedures
- Role-specific expectations and boundaries

Induction is completed within the first 2 weeks of employment and documented in the staff file.

5. Mandatory Training

All staff must complete and maintain training in:

- NDIS Worker Orientation Module
- Human rights and supported decision-making
- Abuse and neglect prevention
- Restrictive practices and Positive Behaviour Support
- Cultural safety and trauma-informed care
- Emergency response and risk management
- Workplace health and safety

Training is refreshed annually or as required by legislation or role changes.

6. Role-Specific Development

Staff receive tailored training based on their role, which may include:

- Mental health recovery and psychosocial disability support
- Communication strategies and assistive technologies
- Medication administration and health support
- Record keeping and NDIS payment claims
- Leadership, supervision, and governance (for senior staff)

7. Professional Growth

We encourage staff to:

- Pursue external training, certifications, and qualifications
- Attend workshops, conferences, and sector events
- Participate in reflective practice and peer learning
- Set development goals during supervision and performance reviews

Funding and time release may be provided for approved development activities.

Staff Training and Development Policy (Continued...)

8. Supervision and Support

Staff receive regular supervision to:

- Reflect on practice and challenges
- Review training needs and progress
- Discuss ethical dilemmas and boundaries
- Strengthen confidence and wellbeing

Supervision is provided monthly or more frequently as needed.

9. Record Keeping

- All training is logged in the staff training register
- Certificates and attendance records are stored securely
- Training compliance is monitored and reported to management
- Gaps are addressed through refresher sessions or targeted support

10. Continuous Improvement

We review our training program regularly to:

- Respond to participant feedback and emerging needs
- Align with changes in NDIS standards or legislation
- Improve accessibility and relevance
- Strengthen our culture of learning and excellence

11. Review

This policy is reviewed annually or when training requirements change. Staff input is welcomed to ensure it remains practical and empowering.



The Knowledge
H O U S E

Complaints Handling Policy

Ensuring every voice is heard, respected, and acted upon.

Purpose

The Noleedge House is committed to providing high-quality, person-centred support. We recognise that feedback—including complaints—is essential to improving our services and maintaining trust. This policy outlines how complaints are managed fairly, promptly, and respectfully.

1. Guiding Principles

We handle complaints in accordance with the following values:

- Respect: Every person has the right to speak up without fear.
- Transparency: Our process is open, accessible, and clearly communicated.
- Responsiveness: We act promptly and keep people informed.
- Fairness: All complaints are treated impartially and confidentially.
- Improvement: We use complaints to learn, grow, and improve our services.

2. Who Can Make a Complaint

Anyone can make a complaint, including:

- Participants
- Family members or carers
- Advocates
- Support workers or staff
- Community members

Complaints may relate to service quality, conduct, safety, communication, or any aspect of our operations.

3. How to Make a Complaint

Complaints can be made:

- Verbally: to any staff member or support worker
- In writing: via email, feedback form, or letter
- Anonymously: if preferred, though this may limit our ability to follow up
- With support: through an advocate, interpreter, or trusted person

We encourage complaints to be made as soon as possible so we can respond effectively.

4. What Happens Next

Once a complaint is received:

- It is acknowledged within 2 business days
- A designated team member investigates the issue
- The complainant is kept informed throughout
- A resolution is offered within 10 business days, where possible
- If more time is needed, we explain why and provide updates

5. Confidentiality and Protection

- All complaints are handled confidentially
- Personal information is protected in line with privacy laws
- No one will be penalised or disadvantaged for making a complaint
- Support is available for anyone involved in the process

6. Escalation and External Options

If a person is not satisfied with the outcome, they may:

- Request a review by a senior team member
- Contact the NDIS Quality and Safeguards Commission
- Seek support from an independent advocate or legal service

We provide assistance and information to help people access these options.

7. Continuous Improvement

Complaints are logged and reviewed regularly to:

- Identify trends or systemic issues
- Improve training, policies, and service delivery
- Celebrate feedback that leads to positive change

Complaints Handling Policy (Continued...)

8. Staff Responsibilities

All team members must:

- Be approachable and respectful when receiving complaints
- Know how to escalate concerns appropriately
- Cooperate with investigations and uphold confidentiality
- Reflect on outcomes and contribute to service improvement

Review

This policy is reviewed annually or when significant changes occur. Feedback on the policy itself is welcome.



Sexual Expression & Professional Boundaries

1. Purpose

This policy outlines how The Noledge House supports participants' rights to sexual expression while maintaining professional boundaries, safety, and compliance with the NDIS Code of Conduct and relevant Australian laws.

2. Scope

This policy applies to:

- All support workers, contractors, and staff engaged by The Noledge House
- All interactions with NDIS participants receiving support services

3. Guiding Principles

- Human Rights: Adults with disabilities have the same rights to sexual expression, intimacy, and lawful sexual services as any other adult.
- Dignity of Risk: Participants are supported to make informed choices, even when those choices involve personal risk.
- Professional Boundaries: Staff must maintain clear boundaries and avoid involvement in participants' private sexual activities.
- Safety & Wellbeing: Staff have a duty of care to support informed decision-making, reduce harm, and identify risks without restricting lawful personal choices.

4. Participant Rights

Participants have the right to:

- Explore and express their sexuality in safe, legal, and consensual ways
- Access information about sexual health, relationships, and consent
- Make their own decisions regarding legal adult services, including brothels
- Receive non-judgemental, respectful support

5. Staff Responsibilities

Staff may:

- Provide general information about sexual health, consent, boundaries, and safety
- Support participants to explore their choices through discussion
- Encourage consultation with appropriate professionals (e.g., psychologist, GP, sex therapist)
- Assist with decision-making capacity discussions
- Document relevant conversations factually and respectfully
- Report concerns if a participant appears at risk of exploitation, coercion, or impaired judgement

Staff must not:

- Arrange, book, or facilitate access to sexual services
- Transport a participant for the purpose of attending a brothel or other sexual service
- Handle money, payments, or transactions related to sexual services
- Provide sexualised comments, behaviours, or physical contact
- Influence or pressure a participant's decision
- Share personal opinions or moral judgements

6. Decision-Making Capacity

Staff must recognise that:

- Capacity is decision-specific and time-specific
- A diagnosis (e.g., schizophrenia) does not automatically remove capacity
- A participant may have capacity to make decisions about sexual activity if they can:
 - Understand the nature of the activity
 - Appreciate potential risks and consequences
 - Communicate a voluntary choice

If capacity is unclear, staff should:

- Explore understanding through conversation
- Seek guidance from a psychologist, GP, or behaviour support practitioner
- Document observations objectively

Sexual Expression & Professional Boundaries (Cont...)

7. Risk & Safety Considerations

Staff should support participants to consider:

- Consent and boundaries
- Emotional and psychological impacts
- Sexual health and safe practices
- Financial cost and exploitation risks
- Privacy and confidentiality

If concerns arise about:

- Delusional content
- Impaired judgement
- Coercion
- Safety risks

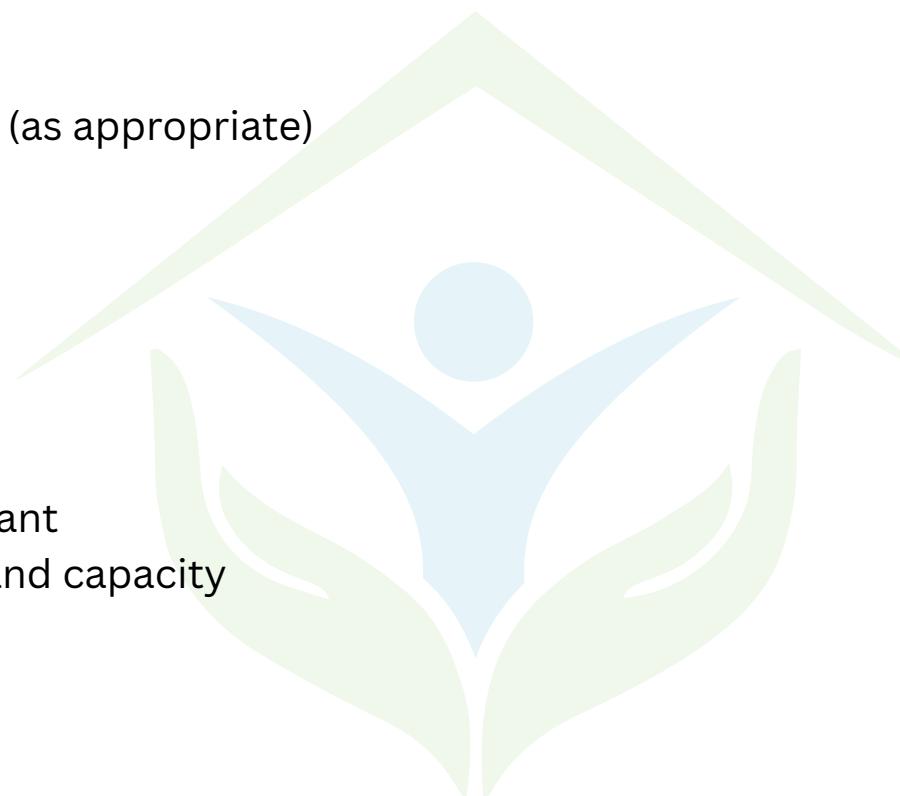
Staff must escalate to:

- Team Leader
- Support Coordinator
- Clinical or behavioural professionals (as appropriate)

8. Documentation

Staff must document:

- The participant's expressed wishes
- Information provided to the participant
- Observations about understanding and capacity
- Any risks identified
- Any referrals or escalations made



Documentation must be:

- Factual
- Non-judgemental
- Free from personal opinion

9. Legal and Ethical Compliance

All staff must comply with:

- NDIS Code of Conduct
- NDIS Practice Standards
- Queensland legislation regarding sex work and consent
- The Noledge House Code of Ethics and Professional Boundaries Policy

10. Breaches

Any breach of this policy may result in:

- Internal disciplinary action
- Mandatory reporting to the NDIS Quality and Safeguards Commission
- Termination of employment or contract

Early Shift Completion

Purpose

This policy outlines the required procedure when a participant requests that a Support Worker finish their rostered shift earlier than scheduled. The aim is to ensure participant safety, service continuity, and organisational accountability.

Scope

This policy applies to all Support Workers, Team Leaders, and relevant staff providing direct support to participants.

Policy Statement

Support Workers must not end a shift early solely at the request of a participant. Any change to a rostered shift must be authorised by the Team Leader before the Support Worker leaves the workplace or disengages from the participant.

1. Participant Request

If a participant asks a Support Worker to finish their shift early, the Support Worker must:

- Acknowledge the request respectfully.
- Explain that they are required to follow organisational policy regarding shift changes.
- Inform the participant that the Team Leader must approve any early departure.

2. Participant Responsibility to Contact Team Leader

The participant must contact the Team Leader directly to request approval for the Support Worker to finish early.

- The Support Worker may assist the participant to make the call if needed, but must not make the request on the participant's behalf unless the participant explicitly asks for support to do so.
- The Support Worker must remain on shift until confirmation is received from the Team Leader.

3. Team Leader Approval

The Team Leader will:

- Assess the participant's request, ensuring safety, support needs, and service requirements are met.
- Provide clear verbal confirmation to both the participant and the Support Worker if early shift completion is approved.
- Document the approval and any relevant considerations in the participant's record.

4. Support Worker Responsibilities

Support Workers must:

- Continue providing support until the Team Leader has formally approved the early finish.
- Document the participant's request and the outcome in the appropriate reporting system.
- Ensure the participant is safe, supported, and not left without required care.

5. Situations Where Early Departure Cannot Be Approved

Early shift completion will not be approved if:

- The participant requires ongoing support for safety, wellbeing, or daily functioning.
- There is no alternative support available.
- The request appears to be influenced by distress, confusion, coercion, or risk factors.
- The Team Leader cannot be contacted.

In these cases, the Support Worker must remain on shift until the scheduled end time or until alternative arrangements are made.

6. Non-Compliance

Failure to follow this policy may result in:

- Performance management
- Additional training requirements
- Disciplinary action, depending on severity

7. Review

This policy will be reviewed annually or earlier if required due to changes in legislation, organisational procedures, or identified risks.