INTEGRATED DISABILITY SUPPORT SERVICES
MAKING THE DIFFERENCE

WELCOME
TO IDSS

INTEGRATED DISABILITY SUPPORT SERVICES

A disability support service that is

Making THE Difference

Our mission

To close the gap and embrace the most vulnerable members of our community through building independence, empowering resilience and strengthening community linkages.

Our vision

To reduce the stigma attached to those living with disabilities by listening to the community, responding to individual needs and empowering success.

A little bit about us

We've experienced firsthand what it's like to need help that isn't available, so we decided to create it. If you're living with a disability and can't seem to find a support service that provides all aspects of assistance, you've come to the right place.

We'll learn your plan, goals, needs and wants and tailor our services to you. We'll match you with mentors based on their professional ability as well as their interests, because we know that having the right person supporting you is essential to growth.

If you're looking to make new friends, learn new skills, find employment, go on a holiday or get help with daily activities – we'd love to help.

Our values

We are driven by a shared commitment to purpose, opportunity, and passion. We believe that every member of our team plays a vital role in pursuing a meaningful mission that positively impacts our participants, our teams and our community.

Purpose

We are dedicated to creating value that goes beyond profit, fostering a culture where everyone understands how their contributions align with our vision. Our purpose inspires us to innovate and connect, ensuring that our efforts lead to lasting change.

Opportunity

We strive to cultivate an environment where growth and potential are accessible to all. We embrace diversity and inclusivity, providing every team member with the resources and support they need to thrive. Together, we explore new ideas, challenge conventional thinking, and seize opportunities that empower our workforce and enrich our clients and stakeholders.

Passion

Our team is fuelled by passion for what we do. We encourage creativity, enthusiasm, and a relentless pursuit of excellence in every project we undertake. This passion drives us to overcome challenges, celebrate successes, and continuously improve—ensuring that our work not only meets expectations but exceeds them.

Together, we commit to living these values daily, forging a workplace culture that inspires and engages everyone to contribute to our shared vision while nurturing personal growth and collective achievement.

Access to our programs & activities

Our door is always open and we welcome enquiries about how our programs can be of help.

NDIS is the national entry point into the disability system. Our staff can explain the process and assist you to navigate these new systems if you need support or information.

Our services are participant-focused and aim to support you to achieve your personal goals, remain living independently and involved in your community. You can connect with us through joining one of our many community-based activities or talk to us about how our services could help with the challenges of living with a disability, staying mentally well or getting through those hard times.

Assessing your needs

Our programs have differing eligibility criteria which may relate to the area you live in, your age or your circumstances.

One of our participant liaison officers (PLOs) will work with you to identify your needs and to determine how we can best help you.

We respect your right to decide what's best for you. You can be assured that your privacy and confidentiality will be respected and that enquiring about or receiving our services will always be your choice.

As a registered NDIS provider we charge at the price limit in the NDIS Support Catalogue for all supports delivered.

How are we funded?

We are a registered not for profit charity organization and funding for our programs come from a variety of sources, including State and Federal government funding.

We generate funds through our own enterprise activities and through fund-raising, donations and bequests. We also receive significant in-kind support from our volunteers who contribute time, passion and expertise.

Our team

Our dynamic and diverse team of staff and volunteers offers highly skilled and professional support to you.

We carefully select our staff, recognising the need to have professional skills balanced by life skills. We are passionate about our work, and we will take every opportunity to collaborate with you around your needs.

IDSS embraces opportunities to train our staff and volunteers to ensure that we bring the latest knowledge and skills to our workplace. We are a highly mobile workforce; able to access you and move in and around our community.

What truly makes us different?

We put you first

Our aim is to provide you with the standard of support we expect for our own families. This means valuing the unique qualities of each participant and seeing the whole person, not just a list of support needs.

Our services are flexible and respond to your changing priorities and needs. We work together with families to keep our customers in control of their own care as far as they are able. That's why we always listen carefully to what you tell us about how you want to receive your support.

We keep in regular contact, so that you soon get to know the whole team at IDSS. Building a relationship that you can trust and rely upon is central to how we manage our business.
Our programs are designed around your interests and skills and provide an opportunity for you to develop new skills and have new experiences. You will have a Participant Liasion Officer (PLO) and team of lifestyle mentors who will work with you to develop your individual program that provides you with a meaningful life.

Our programs

Building your independence

All our programs have at their heart a commitment to providing the assistance that can help people achieve their goals. It could be that you need a lift to the shops, some help around the home, a structured exercise program, or maybe help to join a social group. Our services are designed to support you with the help you need at the times you need it.

We connect people to their community through a broad range of social activities focusing on developing community linkages. We can also assist people to attend appointments, to access their local shopping Centre and to continue engaging in everyday activities.

Our programs promote wellness and continued independence in the community and we work with a range of specialists, groups and programs that can improve your overall health and support needs.

Domestic support

Some people may find managing their household duties difficult without support. IDSS Domestic Support helps participants manage their household and domestic duties. Dependent on an individual's needs and circumstances, we provide services that will assist with cleaning, shopping and other light home duties. This assistance can mean that people can remain living comfortably in their own homes within our community.

Short term accommodation (respite)

While caring for a loved one is a rewarding experience, it can also be daunting and often unexpected. Also known as 'short-term care', respite is a form of support for carers, which allows them to take a break from their caring duties while ensuring peace of mind that their loved one's care needs continue to be met by health care professionals.

The IDSS difference:

At IDSS we like to do things differently. As a private respite service, we aim to deliver a more personalised respite experience, allowing care requirements and personal preferences to take priority.

- Participants remain in control over how and when care is delivered
- Lifestyle mentors are available onsite 24 hours per day
- Respite can be provided in your own home or at one of our partner locations
- IDSS Respite includes all meals, outings and activities, as well as lifestyle and diversional therapy programs if requested.

Home assist

We offer practical help and information for all your home maintenance. Home Assist can help you with managing those jobs around the house, this might include developing a regular cleaning or yard maintenance schedule or just learning how to change a lightbulb.

We can also assist with complex issues such as a cluttered home environment and can assist people who struggle to keep things organized to develop a plan.
This program supports people who live with a functional disability or mental health challenges who require assistance to stay on top of routines and household chores.

The domestic team work alongside each person to develop skills and increase independence. We assist people to set goals, organize, and clean their living areas and to maintain a safe and hygienic home environment.

Life skills

We work closely with our local community and other services to provide opportunities for social interaction, community involvement and vocational choices. Our inclusive engaging programs aim to develop life skills, responding to individual's aims and aspirations.

We offer you the opportunity to learn how to live more independently by promoting experiences that include:

- Cooking – including meal planning, shopping and creating tasty delights
- Home care skills
- Healthy life choices programs focusing on fitness and nutritional awareness
- Budgeting
- Relationship building activities

Community centre hubs

A day at our Hub provides you with the opportunity to enjoy a day away from home. Our beautifully renovated centres provides a welcoming atmosphere with social activities and regular information sharing events and workshops.

Our team of mentors work to support our participants and their individual needs and will ensure the day's activities are stimulating and interesting for all.

Offering cooking classes, art and craft groups, health and fitness, pamper sessions and gaming activities just to name a few there will be sure to be something to keep you busy.

Mental wellbeing

IDSS's Mental Health Support Service encompasses social support and domestic assistance programs that provide practical assistance that enhances individuals' daily lives. The program supports people to set goals and to manage the routines of daily life and to access the community for appointments and recreational activities.

Our team of mentors offer flexible, inclusive and creative supports that respond to the needs of people experiencing functional disabilities and mental health challenges.

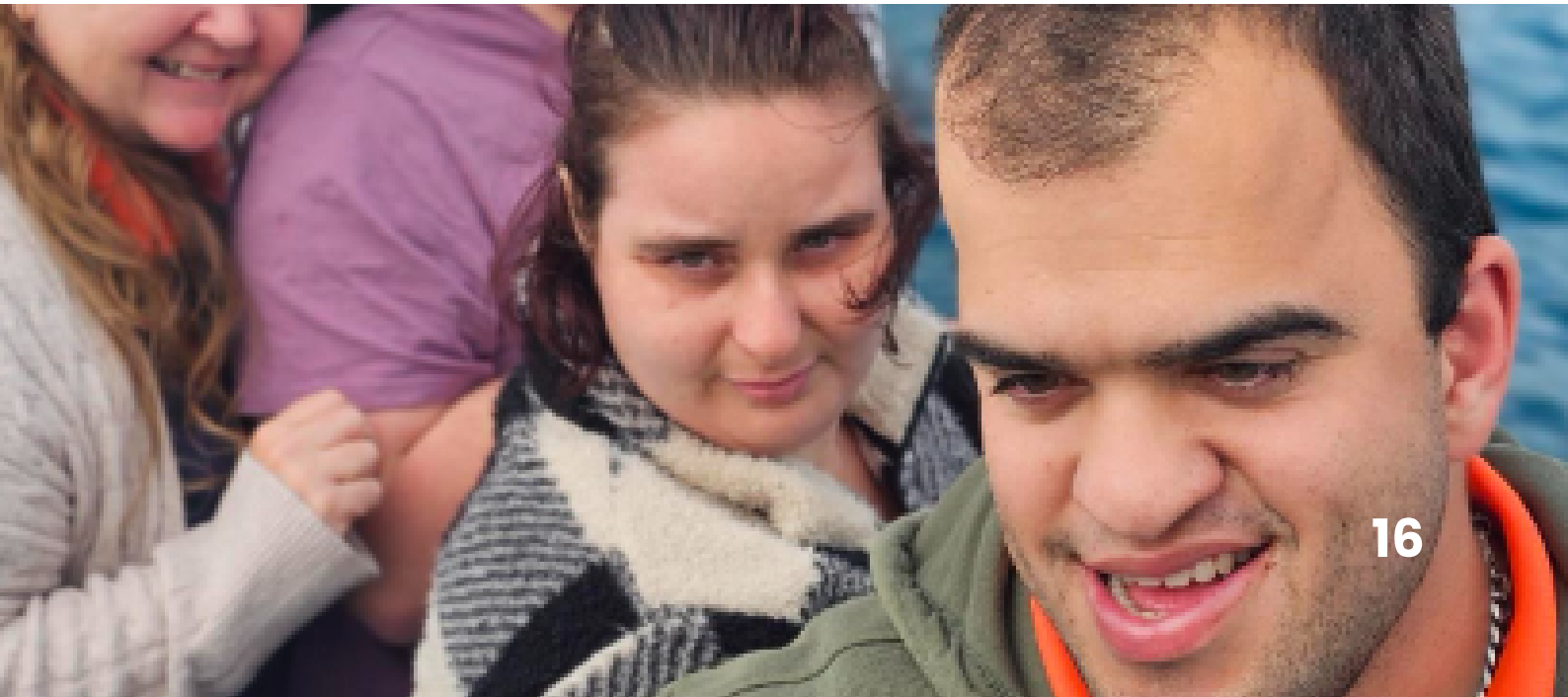
Physical, psychological, emotional and spiritual needs of individuals and their families are considered to ensure all needs are met. We also provide advocacy, information and linkages to ensure the best possible supports are engaged for each person in the program.

Through the broad range of inclusive recreational activities, we support people to connect with others, have fun and access the local community by helping them to overcome social isolation and increase their connections to the community.

Participants are supported through a recovery focused and strengths based approach that recognizes recovery as a personal journey driven by the participant. Our mentors provide practical assistance to people with severe mental illness to help them achieve their personal goals, develop better relationships with family and friends, and manage their everyday tasks.

One-to-one and ongoing support ensures the individual needs of our participants can be addressed. Participants are assisted to access services and to participate economically and socially in the community, increasing their opportunities for recovery.

IDSS offers both one-to-one support as well as a number of group activities that aim to develop people's skills in managing mental illness and/or increase community participation.



Outdoor & exercise

Do you love to go dancing, go for a walk or swim at a pool? We can help you with your outdoor exercise activities. Offering support to develop individualised recreational interests, whether it be an activity you like to do at home, attending a gym or joining in one of our group exercise programs we will tailor a program based on your interests, goals and abilities aimed at supporting you to live an active and fulfilling life. Our accredited exercise physiologists and personal trainers are here to help you achieve your goals.

Social & leisure

Shopping, movies, shows... Your social life will never be the same again! Supported by your IDSS mentor - whether it be getting together with other people, attending a club or supporting your local footy team on a Saturday afternoon, we will support you to access your community. Going to the markets, visiting local attractions or events, or simply visiting the library, IDSS will assist you to enjoy your interests.

If using an iPad, listening to music, going fishing or arts and crafts are your thing – then it is ours too.

Cultural & religious

Your cultural and religious choices are respected by all at IDSS and you will be supported to participate in any events relevant to you. As a non-denominational organization, diversity is embraced and we are respectful of and committed to accommodating your beliefs and cultural values.

Getting involved in your community

Volunteers

Volunteers assist us and bring essential support to all our services. Volunteers' talents and interests are considered and matched with individuals needing support and services requiring expertise. IDSS volunteers offer their time to drive people to appointments, make friendly home visits, and contribute to everything we do at IDSS HQ.

Community development

We advocate for inclusive communities that support participation and access. We embrace opportunities to build alliances that strengthen our community and we offer support to individuals and community groups to grow and develop ideas and initiatives. We work with local community groups offering support with projects, activities and ideas for enriching our community.

Community education

Low-cost opportunities for people in our community to come together around shared interests and activities.
Our groups and classes aim to support a healthy and active community. All activities are provided by local people with passion and expertise and offer informal and affordable opportunities for people to participate in physical activities, creative classes, conversation groups, support groups and personal development workshops.

Carers support

It's important to feel supported when you are caring for someone and you may need some time to yourself or to talk to someone who can help.

Carers are always welcome to call in to IDSS HQ to talk to one of our friendly staff members or just have some time out. IDSS will host regular forums and workshops for our carers to share information and develop relationships.

Advocacy

You may wish to appoint an advocate to assist you with negotiating your requested service and support:

- An advocate is a person who, with authority from yourself or your family, represents your interests
- An advocate may be a family member, friend, or a person from an advocacy service such as Queensland Aged and Disability Advocacy (QADA) on

(07) 3637 6000

- You have a right to change your advocate at any time
- Advocates may be used during assessments, reviews and complaints, or for any other communication between you and IDSS.

Do you need an interpreter?

Please discuss your need for an interpreter with us or call:

- Centrelink Officers on 131 202
- Translating and Interpreting Service 1800 131 450

Should you wish to change the way in which we work with you, or request an advocate to support you, please let us know.

Unacceptable participant behaviour

At IDSS, we are committed to providing a fair, consistent, and accessible service for you, our participants. We also want to ensure a safe and respectful environment for everyone involved.

We have zero tolerance for violence, aggression, or sexual harassment towards our employees.

We seek to create a workplace free of aggressive behaviour and violence and take all practicable steps to eliminate, as far as possible, workplace violence risks.

If an incident occurs, we take positive action to minimise its impact.

We won't tolerate this behaviour, even if it means having awkward conversations or making difficult decisions.

Ensuring our employees are safe is our number one priority.

Defining unacceptable behaviour

What is deemed unacceptable behaviour differs depending on the individual(s) involved and their circumstances. Examples of unacceptable behaviour are grouped under two broad headings:

- Aggressive, abusive, or offensive language or behaviour
- General unreasonable demands or vexatious complaints

Aggressive, abusive or offensive language or behaviour

Our employees have the right not to be subjected to sexual harassment, aggressive, abusive, or offensive language or behaviour, regardless of the circumstances. This includes threatening emails, telephone calls, meetings, and comments on social media or elsewhere.

Examples include:

- Inappropriate, insulting, or degrading language, including banter, innuendo, jokes, or stories
- Malicious or unsubstantiated allegations
- Offensive gestures
- Any form of physical violence or threats of physical violence against our property or employees
- Racist, sexist, ageist, or homophobic remarks, memes, or images
- Displaying obscene or pornographic material or making obscene remarks
- Comments relating to disability, perceived gender, religion, belief, or other personal characteristics

- Inappropriate comments on social media
- Rudeness, swearing, or general derogatory remarks
- Abusive, inflammatory statements or material intended to intimidate
- Entering or attempting to enter restricted or non-public areas of our building
- Failing to follow instructions from employees or security staff when instructed to leave the premises

Escalating aggression

Aggressive situations often follow a pattern of escalation:

- Annoyance
- Raised voice
- Verbal threats, physical gestures
- Actual physical violence

If you feel frustrated, we encourage you to express your concerns in a respectful way so we can work together to find a solution.

General unreasonable demands or vexatious complaints

Sometimes, you or other participants may make unreasonable demands through the amount of information requested, the nature and scale of service expected, or the number of approaches made.

Some participants may not accept that we cannot assist beyond the level of service already provided. For example, you may disagree with the solution provided when there are factors outside our control or contact us repeatedly about the same issue.

We accept that being persistent is not necessarily unacceptable behaviour, and what is seen as an unreasonable demand will depend on the circumstances of each case.

Examples of unreasonable behaviour or demands include:

- Refusing to follow our complaints procedure.
- Refusing to end a telephone call or insisting on speaking to someone unavailable or not the appropriate person (e.g., the Managing Director).
- Contacting us repeatedly and frequently without giving us enough time to respond to previous correspondence.
- Demanding responses within an unreasonable time scale.
- Repeatedly contacting or insisting on speaking to a particular employee who is not directly dealing with the matter or when another employee has been offered as an alternative.
- Excessive telephone calls, emails, or letters.
- Sending the same or similar requests to several employees.

- Visiting our offices without an appointment.
- Recording, photographing, or filming meetings or conversations without prior knowledge or consent.
- Persistent refusal to accept a decision.
- Persistent refusal to accept explanations.
- Continuing to contact us without presenting new and relevant information.

Dealing with abusive, aggressive, or offensive language or behaviour

Telephone Calls
No employee has to tolerate unacceptable behaviour over the telephone. If you are abusive, threatening, or harassing during a call:
We will try to calm you by acknowledging any frustration and encouraging a civil discussion.

If the behaviour continues, we will advise you that we cannot help unless you are civil.

If this does not work, we will warn you that the call will be ended.

If the behaviour persists, the call will be terminated, and the incident reported.

- Visiting our offices without an appointment.
- Recording, photographing, or filming meetings or conversations without prior knowledge or consent.
- Persistent refusal to accept a decision.
- Persistent refusal to accept explanations.
- Continuing to contact us without presenting new and relevant information.

Verbal assault or threats in our workplace

If you threaten or verbally abuse an employee:

- You will be asked to stop immediately.
- If the behaviour continues, you will be asked to leave.
- If necessary, the police will be called.
- The incident will be documented, and further action may be taken to prevent future occurrences.

Physical assault in our workplace

If you physically assault an employee:

- A duress alarm may be activated.
- Employees will withdraw from the situation immediately.
- The police will be contacted.
- The incident will be documented, and appropriate legal action may be taken.

Unacceptable behaviour when on-site with a third party

If an employee experiences unacceptable behaviour at a participant site, they are authorised to leave immediately. Employees will report the incident as soon as possible.

Emails, letters, or social media messages

No employee has to tolerate unacceptable behaviour communicated via email, letter, or social media.

- If a legitimate request for information is included, it will be addressed, but offensive conduct will not be tolerated.
- If no legitimate request is included, the communication may not receive a response, and a warning may be issued.
- If the behaviour continues, further action may be taken, including reporting the matter.

By participating in IDSS services, you agree to treat our employees with respect and adhere to these guidelines. If you have concerns or complaints, we encourage open and respectful communication through the appropriate channels.

Communication restrictions

If you continue to communicate in an unacceptable manner, a HR Fairy may restrict contact temporarily or permanently.

When deciding to restrict contact, we will consider any special requirements you may have. For example, if you cannot read, we are unlikely to limit communication to writing unless reasonable adjustments ensure you can access our response.

We may decide to:

- Block your telephone numbers or emails.
- Block you from our social media accounts.
- Assign a specific employee to handle all future calls or correspondence from you.
- Require that any personal contact takes place in the presence of a witness.
- Record all telephone calls or personal contacts.
- Limit future contact to a particular form or frequency (e.g., emails or letters only, reviewed once per month).
- Restrict the issues on which we will communicate.
- Inform you that your correspondence will be read for new issues only and then filed without further acknowledgement.
- Refuse to consider a complaint or any further contact except in exceptional circumstances.

- If you are a business professional, report your behaviour to the appropriate regulator as a potential example of professional misconduct.
- Refer the matter to the police if a criminal offence has been threatened or committed.
- Take legal action, such as applying for a court order to prohibit contact or further unacceptable behaviour.

Notifying you of the restriction

If we decide to restrict your communication, we will notify you. Whenever possible, this will be done by letter or email, but it may also be by phone with a record placed in the relevant file.

You will be informed of:

- The reason why your behaviour is considered unacceptable.
- Any prior warning(s) given about your conduct.
- The specific restriction(s) being imposed.
- How long the restriction(s) will last.

If contact is completely restricted, you have the right to appeal in writing to the Managing Director.

A copy of the notification will be sent to the Managing Director, and the HR Fairy will ensure that your file reflects the restriction decision.

Equity and diversity

We recognise that some individuals may have a mental health condition or other disability that affects their ability to communicate clearly or appropriately. In such cases, we will consider individual needs and circumstances before determining how best to manage the situation.

Employee responsibilities

All employees must:

- Comply with this policy.
- Not tolerate unacceptable behaviour.
- Maintain privacy and confidentiality during investigations.
- Immediately report workplace bullying or sexual harassment to their HR Fairy.

If you witness behaviour toward another employee that you believe constitutes workplace bullying or sexual harassment, discuss it with your HR Fairy. If the issue is not resolved after their investigation, you may follow the grievance procedure outlined in your Industrial Award or Agreement. You also have rights under the Fair Work Act and Anti-Discrimination Legislation to take further action if necessary.

Fairies responsibilities

Fairies must ensure employees are not exposed to workplace bullying or sexual harassment by third parties such as participants.

Any reports of bullying or sexual harassment will be handled seriously, promptly, and sensitively. When a HR Fairy/PLO receives a report about a participant or third party's unacceptable behaviour, they must:

- Gather as many details as possible from the employee making the complaint.
- Keep confidential records of the report, including dates, times, incident details, and any evidence. Continue updating this file with future actions and conversations.
- Launch an investigation while maintaining professionalism in all communications with third parties.
- Inform the affected employee of company procedures and provide necessary support.
- Consider the wishes of the employee. If they do not want further interaction with the harasser, find a solution that does not penalise them.
- Ensure the employee is not victimised for reporting or acting.

Fairies must not blame the victim, conceal a report, or discourage employees from reporting sexual harassment or other unacceptable behaviour.

Advocacy, Complaints and Participant Representation Procedure

Purpose

The purpose of this procedure is to ensure participants are supported to exercise their rights, raise concerns, access advocacy services, make complaints, and obtain representation without fear of retribution or adverse consequences.

Integrated Disability Support Services (IDSS) is committed to ensuring that:

- Participants can freely express concerns and provide feedback.
- Participants have access to independent advocacy and representation.
- Complaints are managed fairly, respectfully, and promptly.
- Participants understand their rights and available complaint pathways.
- Workers support participant access to advocacy, legal services, and external complaint bodies where required.
- Participants are protected from victimisation, intimidation, discrimination, or retaliation when raising concerns.

This procedure supports transparency, accountability, participant empowerment, and continuous improvement.

Scope

This procedure applies to all IDSS employees, Lifestyle Mentors, Supported Accommodation Gurus (SAGs), Program Leaders, the PLO Team, management staff, contractors and volunteers.
It applies across all IDSS residential, community, respite, outreach, and Supported Independent Living (SIL) services.

Definitions

Advocacy	Independent support that assists a participant to understand, exercise, and protect their rights and interests.
Advocate	A person or organisation acting independently to support a participant in expressing their views, making decisions, or resolving concerns.
Complaint	An expression of dissatisfaction regarding supports, services, workers, living arrangements, tenancy matters, or organisational practices.
Feedback	Comments, suggestions, compliments, or concerns provided by participants, families, representatives, or stakeholders.
Participant	A person with disability who receives supports or services from IDSS, whether funded under the National Disability Insurance Scheme or otherwise.

Reportable Incident	An incident that IDSS must notify to the NDIS Quality and Safeguards Commission under the National Disability Insurance Scheme Act 2013 (Cth), including the death of, serious injury to, abuse or neglect of, unlawful sexual or physical contact with, or sexual misconduct against a participant, and the use of a restrictive practice that was unauthorised or was not used in accordance with its authorisation.
Representative	A person authorised to support or represent a participant, including a guardian appointed by the Queensland Civil and Administrative Tribunal (QCAT); an administrator appointed by QCAT for financial matters; an attorney appointed under an enduring power of attorney made in accordance with the Powers of Attorney Act 1998 (Qld); a nominee appointed under the National Disability Insurance Scheme Act 2013 (Cth); a statutory health attorney, where applicable; and an advocate, family member, informal decision-maker or other support person chosen by the participant.
Retaliation	Any adverse action taken against a participant because they have raised a concern, complaint, or exercised their rights.

Supported Decision-Making	An approach in which a participant is supported to make and communicate their own decisions, with assistance tailored to their needs and preferred communication format, before any substitute decision-maker acts on their behalf.
Worker	Any person who delivers supports or performs work for IDSS, including employees, Lifestyle Mentors, Supported Accommodation Gurus, Program Leaders, PLO and management staff, contractors and volunteers.

Responsibilities

Organisation Responsibilities

Integrated Disability Support Services is responsible for:

- Maintaining accessible complaints and feedback systems, and reviewing their accessibility at least annually.
- Informing each participant, at the commencement of supports and at any time on request, of how to give feedback or make a complaint, the external avenues available to them, and their right to access an advocate.
- Providing information about advocacy services in accessible formats.

- Supporting participant access to representation and to supported decision-making.
- Ensuring complaints are investigated fairly and by a person with no conflict of interest in the matter.
- Protecting participants and workers from retaliation for raising or supporting a concern.
- Ensuring all workers are trained in this procedure at induction and bi-annually thereafter, and that training records are maintained.
- Maintaining the Complaints Register and retaining complaint records in accordance with this procedure.
- Monitoring complaint trends and reporting them to the governing body.

PLO & HR Responsibilities

PLO and HR must ensure:

- Complaints are acknowledged, investigated and resolved within the timeframes set out in the Complaints Management clause.
- A person with no involvement in, and no conflict of interest in relation to, the subject matter is allocated to investigate each complaint.
- Any complaint disclosing a reportable incident is escalated immediately and notified to the NDIS Quality and Safeguards Commission within the required timeframe.
- Any concern involving a restrictive practice is escalated immediately to the Executive Leadership Team and reviewed against the participant's behaviour support plan and the relevant Queensland authorisation.
- Advocacy information is available and offered in the participant's preferred format.

- Participants are supported throughout complaint processes, including by an advocate or representative of their choosing.
- A worker who is the subject of a complaint is informed of its substance and given a fair opportunity to respond, so far as doing so does not compromise participant safety or the integrity of the investigation.
- The Complaints Register is kept current and complete.
- Corrective actions are implemented, tracked to completion, and verified.
- Participants are informed of outcomes and of their right to seek an internal review or to complain externally.

Supported Accommodation Guru Responsibilities

SAGs are responsible for:

- Supporting participants to raise concerns, and recording concerns raised with them on the same day wherever practicable.
- Escalating complaints to the PLO Team without delay, and immediately where the matter involves participant safety, abuse, neglect, or a restrictive practice.
- Assisting participants to access advocacy services, including arranging contact where a participant asks for help to do so.
- Monitoring participant wellbeing during complaint processes, and reporting any sign of retaliation or detriment to the PLO Team.
- Supporting resolution activities at the service level where appropriate, and not attempting to resolve matters that require escalation.
- Ensuring the workers they supervise understand this procedure and know how to escalate a concern.

Lifestyle Mentor Responsibilities

Lifestyle Mentors and all other workers must:

- Listen respectfully to participant concerns, and record what the participant has raised.
- Encourage participants to speak up, and never suggest that raising a concern will affect their supports.
- Support participant rights and apply supported decision-making.
- Provide information regarding internal and external complaint pathways and the right to access an advocate.
- Assist participants to access advocacy services where requested.
- Report complaints to their Supported Accommodation Guru or the PLO Team in accordance with this procedure.
- Report to the PLO Team any retaliation or detriment they witness against a participant who has raised a concern.
- Workers must never discourage a participant from making a complaint. Workers must never retaliate against a participant who raises concerns.

Statement & Overview

IDSS recognises that participants have the right to:

- Raise concerns.
- Make complaints.
- Access advocacy.
- Seek legal advice.
- Change providers.
- Express dissatisfaction.
- Participate in investigations affecting them.

Participants must feel safe to exercise these rights without fear of losing supports, housing, services, or relationships with workers.

All complaints and concerns are viewed as opportunities to improve service quality and participant outcomes.

IDSS delivers services under contract with Queensland government entities and, to the extent it performs functions of a public nature on behalf of the State, is a functional public entity under the Human Rights Act 2019 (Qld). In handling concerns, complaints, advocacy requests and representation matters under this procedure, IDSS will act and make decisions in a way that is compatible with human rights, and will give proper consideration to the human rights relevant to a decision.

Procedure

Participant Access to Advocacy

Participants must be informed of their right to access independent advocacy services.

PLO must provide information regarding:

- Disability advocacy organisations, including Queensland Advocacy for Inclusion (QAI), ADA Australia and Speaking Up For You (SUFY).
- Community and individual advocacy services, including those listed on the Disability Advocacy Finder.
- Legal services, including Legal Aid Queensland.
- Community legal centres, including those listed by Community Legal Centres Queensland.
- NDIS Appeals services, available free of charge through ADA Australia and QAI.
- Tenant advocacy and tenancy advice services, including the Residential Tenancies Authority (Qld).
- NDIS Quality and Safeguards Commission — 1800 035 544.

Participants may choose their own advocate at any time.

All employees must support participant decisions regarding advocacy involvement.

Participant Representation

Participants may nominate a representative to assist them with:

- Service planning.
- Complaints.
- Reviews.
- Safeguarding matters.
- Tenancy matters.
- Decision-making support.

Representatives must act in accordance with participant wishes wherever possible.

A representative may act only within the scope of their appointment. Where a person's authority is limited to particular matters, IDSS will not treat that person as authorised to make or influence decisions outside that scope. IDSS will apply supported decision-making principles at all times, supporting the participant to make their own decisions with assistance before relying on any substitute decision-maker.

The participant remains central to all decisions affecting them.

Raising Concerns

Participants may raise concerns regarding:

- Supports provided.
- Worker conduct.
- Service quality.
- Home environment issues.
- Tenancy matters.
- Shared living arrangements.
- Safeguarding concerns.
- Privacy concerns.
- Restrictive practices.

Concerns may be raised verbally, in writing, electronically, through an advocate, or through a representative.

Concerns regarding the use of a restrictive practice must be escalated immediately to the PLO Team and the Executive Leadership Team, reviewed against the participant's behaviour support plan and the relevant Queensland authorisation, and reported to the NDIS Quality and Safeguards Commission where the practice was unauthorised or was not used in accordance with its authorisation.

Complaints Management

When a complaint is received:

1. The complaint must be acknowledged within two (2) business days of receipt, in writing or in the participant's preferred communication format.
2. Immediate risks to the health, safety or wellbeing of any person must be addressed without delay. Where the complaint discloses a matter meeting the threshold for a reportable incident, it must be notified to the NDIS Quality and Safeguards Commission within the required timeframe and managed under the IDSS incident management procedure.
3. The complaint must be recorded in the Complaints Register, including the date received, the nature of the complaint, any immediate action taken, and the outcome sought by the participant.
4. An appropriate investigation must commence within five (5) business days. The investigation must be conducted by a person who has no involvement in, and no conflict of interest in relation to, the subject matter of the complaint.

5. The participant must be kept informed of progress at intervals of no more than fourteen (14) days until the complaint is closed.
6. Outcomes, the reasons for the decision, and any corrective action taken must be communicated to the participant in an accessible format within twenty-one (21) days of receipt, or within a longer period agreed with the participant and confirmed in writing.

Participants may request support throughout the process. Where a participant is dissatisfied with the outcome of a complaint, they may request an internal review within twenty-eight (28) days of being notified of the outcome. The review will be conducted by a person who was not involved in the original decision, and the outcome will be provided in writing within twenty-one (21) days of the request.

Complaints may be made anonymously, and may be made by a family member, representative, advocate, worker, or any other person, whether on a participant's behalf or in their own right. Anonymous complaints will be recorded and investigated so far as is practicable.

Participants will be supported to make and pursue a complaint in their preferred language and communication format, including through interpreters, Auslan interpreters, Easy Read materials and communication aids, and with culturally safe support for Aboriginal and Torres Strait Islander participants and participants from culturally and linguistically diverse backgrounds.

Complaint records will be kept confidential and disclosed only to those who require the information to resolve the complaint or as required by law. Records will be retained for a minimum of seven (7) years in accordance with IDSS record-keeping obligations and applicable privacy legislation.

External Complaints Pathways

Participants must be informed that they may contact external organisations including:

- NDIS Quality and Safeguards Commission — 1800 035 544 or ndiscommission.gov.au
- NDIS Appeals — free advocacy and appeals support through ADA Australia or Queensland Advocacy for Inclusion (QAI)
- Disability advocacy organisations — including Queensland Advocacy for Inclusion (QAI), ADA Australia, and Speaking Up For You (SUFY)
- Office of the Public Guardian (Qld), the Queensland Civil and Administrative Tribunal (QCAT), and the Public Advocate (Qld) for guardianship, decision-making and restrictive practice matters
- Queensland Ombudsman, the Queensland Human Rights Commission, and the Australian Human Rights Commission
- Residential Tenancies Authority (Qld), community legal centres and tenancy advice services for tenancy and accommodation matters

Participants are not required to use IDSS internal processes before accessing external complaint pathways. The one exception is a human rights complaint to the Queensland Human Rights Commission: a participant must first make the complaint to IDSS, and at least 45 business days must have passed before the complaint may be referred to the Commission.

Access to Legal Services

Where requested or appropriate, participants will be supported to access:

- Legal advice.
- Community legal centres.
- Tenancy legal services.
- Guardianship advice services.
- Disability legal advocacy organisations.

Workers must not provide legal advice.

Workers may assist participants to access appropriate services.

Protection from Retaliation

IDSS prohibits victimisation, intimidation, harassment, service withdrawal, reduced support quality and discrimination against any participant who raises a concern, makes a complaint, accesses advocacy, seeks legal advice or exercises their rights.

Any allegations of retaliation will be investigated promptly.

Continuous Improvement

Complaint and advocacy information will be used to:

- Identify service improvements.
- Strengthen participant safeguards.
- Improve worker practice.
- Inform training activities.
- Enhance participant outcomes.

Participants will be encouraged to provide feedback regarding complaint handling processes.

Monitoring & Compliance

IDSS will monitor compliance through:

- Complaints registers.
- Participant feedback.
- Advocacy access records.
- Incident reviews.

The Executive Leadership Team will review complaints data quarterly, including the number and category of complaints received, acknowledgement and resolution times against the timeframes in the Complaints Management clause, the number of complaints escalated externally or subject to internal review, and the status of corrective actions. A summary of complaints performance and resulting improvements will be reported to the CEO at least twice each year.

Failure to comply with this procedure may result in disciplinary action.

Review & Revision

This procedure will be reviewed every 2 years by the Senior Management Team or earlier if:

- Legislative changes occur.
- Complaint trends identify concerns.
- Audit findings require improvement.
- Participant feedback identifies gaps.
- NDIS requirements change.

Recommendations for revision may arise from complaints, audits, participant feedback, incidents, or quality improvement activities.

Contact Information

For further guidance or support regarding this procedure, please contact the Executive Leadership Team.

Related Legislation and Standards

This procedure is to be read and applied consistently with the following instruments and standards:

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 (Cth)
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 (Cth)
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)
- NDIS Code of Conduct
- NDIS Practice Standards and Quality Indicators
- Human Rights Act 2019 (Qld)
- Disability Services Act 2006 (Qld)
- Guardianship and Administration Act 2000 (Qld)
- Powers of Attorney Act 1998 (Qld)
- Residential Tenancies and Rooming Accommodation Act 2008 (Qld)
- Anti-Discrimination Act 1991 (Qld)
- Information Privacy Act 2009 (Qld)
- Privacy Act 1988 (Cth)

Complaints Procedure

Purpose

The purpose of this policy is to establish a clear, fair, and efficient complaints procedure that reflects our organisational values of purpose, opportunity, and passion. By fostering an environment free from discrimination and harassment, this policy provides individuals with the opportunity to voice their concerns and ensures the organisation takes passionate action to resolve issues in line with best practice and the NDIS Practice Standards. The intended outcome of this procedure is to uphold natural justice, build trust in our processes, and continuously improve services for all stakeholders.

Scope

This policy applies to all employees, participants of the Integrated Disability Support Services (IDSS), caregivers, stakeholders, and community members who engage with or are affected by our services.

Definitions

Term	Definition
Complaint	An expression of dissatisfaction related to the services provided by IDSS, which requires a resolution.
Natural Justice	The right for all parties involved to have a fair hearing and to have a decision made by an impartial decision-maker.
NDIS	The National Disability Insurance Scheme, which promotes the rights and safety of participants.
Victimisation	Any form of retaliation against a person for making a complaint or participating in the investigation process.

Statement & Overview

IDSS is committed to maintaining an environment where complaints are resolved fairly and confidentially. We align with the NDIS Practice Standards, which emphasise participant rights, the importance of delivering quality support services, and maintaining safe, respectful environments.

This complaints procedure is rooted in the following principles:

- Fairness: Resolving complaints based on natural justice principles.
- Confidentiality: Ensuring information is handled securely and shared only on a need-to-know basis.
- Transparency: Providing clear communication to all parties involved in a timely manner.
- Continuous Improvement: Using complaint outcomes to create opportunities for organisational and service enhancements.

Procedure

Lodging a Complaint

- A complaint can be made to any manager or HR staff in IDSS.
- It does not have to be in writing and can be submitted informally or formally.

Initial Response

- The person managing the complaint will speak with the complainant within 2 business days of its submission, ensuring the complaint is treated as a priority.
- Both the complainant and respondent will have the opportunity to present their case under natural justice principles.

Investigation Process

- The person being complained about will be informed of the allegations and given an opportunity to respond.
- Statements from witnesses and other evidence will be collected within 10 business days.
- Professional interpreters will be provided for parties requiring Auslan or language support.
- A report outlining the investigation process, evidence, findings, and recommendations will be submitted to a senior decision-maker.

Decision & Follow-Up

- The Senior Manager or another senior staff member will decide on actions based on the findings and notify relevant parties.
- If the outcome is unsatisfactory, an appeal may be submitted within 3 business days to the CEO or Executive Director for review.

External Reporting

- If unresolved internally, complaints can also be lodged with external agencies such as:
- NDIS Quality and Safeguards Commission: Reachable at 1800 035 544 or via www.ndiscommission.gov.au.
- Queensland Human Rights Commission: Must be contacted within 2 years of the alleged contravention, unless there are valid reasons for delays.

Supporting Documents

- Code of Conduct
- NDIS Code of Conduct
- Incident Reporting Procedure
- Queensland Human Rights Commission Guidelines

Monitoring & Compliance

- The CEO or Executive Director will monitor complaints regularly to identify patterns and address root causes.
- Compliance with this procedure will be overseen by annual reviews and in alignment with the NDIS Practice Standards.
- Non-compliance with this policy may result in disciplinary action or the involvement of external regulators.

Review & Revision

This policy will be reviewed every 2 years by the Senior Management Team or earlier if legislative changes require updates. Recommendations for revision may also stem from feedback or identified gaps in the complaints process.

Contact Information

For further guidance or support regarding this policy, please contact the IDSS HR team. Complaints may also be made directly to the NDIS Quality and Safeguards Commission on 1800 035 544.

Code of Conduct Policy

Purpose

The code aims to establish minimum conduct standards expected of IDSS employees and to inform the community about the professional practices upheld by IDSS members.
In this code, "employee" means any person delivering supports or services on behalf of IDSS, including permanent, part-time and casual staff, Lifestyle Mentors, Supported Accommodation Gurus, Program Leaders, contractors, labour-hire workers, students on placement, and volunteers. The NDIS Code of Conduct binds all such workers regardless of engagement type.
The code requires employees to maintain updated knowledge of professional conduct issues. Breaches may constitute professional misconduct (e.g., theft, sexual assault) or unprofessional conduct (e.g., breaching confidentiality), with both compromising public trust.

Legislative and Regulatory Framework

This code operates alongside the instruments listed below and does not displace them. Where this code and a legislative obligation differ, the legislative obligation prevails.

- NDIS Code of Conduct and NDIS Practice Standards, made under the National Disability Insurance Scheme Act 2013 (Cth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)

- Disability Services Act 2006 (Qld) — disability worker screening
- Working with Children (Risk Management and Screening) Act 2000 (Qld) — blue cards
- Human Rights Act 2019 (Qld)
- Anti-Discrimination Act 1991 (Qld)
- Child Protection Act 1999 (Qld)
- Guardianship and Administration Act 2000 (Qld) and Powers of Attorney Act 1998 (Qld)
- Work Health and Safety Act 2011 (Qld)
- Privacy Act 1988 (Cth)
- Fair Work Act 2009 (Cth)

Statement & Overview

Professional conduct represents the behaviour expected when employees act in their professional capacity. At IDSS, personnel are held to exemplary standards of conduct that surpass those expected of ordinary individuals. These standards protect both the professional image of the organisation and the welfare of those receiving care.
The code defines the minimum requirements for professional behaviour within and beyond work settings to maintain the organisation's good reputation.

All employees must sign an acknowledgement confirming they have read, understood, and agree to comply with this code, at induction and following any material revision. IDSS retains a record of these acknowledgements as evidence of compliance.

Code of Conduct

Obligation	Requirements
Safe and Competent Practice	• Only do work you are trained and competent to do. Keep your skills current by completing the training IDSS gives you. • Never restrain a participant or shut them in a room or area unless it is written in their behaviour support plan and has been formally authorised. This includes holding them, using equipment, giving medication to control behaviour, and locking doors or blocking access. Where it is authorised, use the least restrictive option, for the shortest time possible, and only as a last resort. • Read the behaviour support plan of every participant you support. Record and report every use of a restrictive practice, every time. Using one that is not authorised is a reportable incident and can be treated as serious misconduct. • Do not hand a task to someone else if that puts a participant's safety or quality of care at risk. • You must hold a valid NDIS worker screening clearance before your first shift — no card, no start. If you support children, you also need a current blue card under the Working with Children (Risk Management and Screening) Act 2000 (Qld). • Tell IDSS straight away if your clearance or blue card is suspended, cancelled, expires, or you are given an interim bar. Stop working with participants until it is resolved. • Do not work when you are not fit to — including when you are fatigued or affected by alcohol or other drugs. Ask your HR fairy for help if you need it, and report anything you notice that could hurt someone.

Respect for Dignity, Culture, and Beliefs	• Ask participants about their culture, beliefs and preferences, and respect their choices — even when you would choose differently. • Racist, sexist, homophobic or other discriminatory behaviour is never acceptable, from anyone. If you see or hear it, report it. • Participants have human rights protected by law under the Human Rights Act 2019 (Qld). Respect those rights in every decision you make about their support. • Discrimination, sexual harassment and vilification are prohibited. IDSS has a positive duty to take active steps to stop this conduct, not just respond to complaints. Report it as soon as you become aware of it — do not wait for someone to complain.
Confidentiality and Privacy	• Treat everything you learn about a participant as private. This is a legal obligation under the Privacy Act 1988 (Cth), not just an IDSS rule. • Only share a participant's information if they have agreed, or if the law requires you to. Share it only with people who need it to support that participant — never out of curiosity, and never in casual conversation with family, friends, or other participants.

Impartial, Honest, and Accurate Communication	• Give participants balanced, accurate information about their supports and any products. Never mislead a participant or take advantage of them. • Never recommend something because you or someone you know benefits from it. Describe IDSS services honestly, including what they do not cover. • Tell your HR fairy in writing about anything that could look like a conflict of interest — your own business, a referral or commission arrangement, or a family or personal connection to a participant or supplier. Declare it even if you think it will not affect your work. • Do not accept money, gifts, loans, or anything left to you in a will, from a participant, their family, or a supplier. Politely decline and report it to your manager. Never lend money to a participant or borrow from them.
Health, Wellbeing, and Individual Empowerment	• Explain clearly what a support is for and what the choices are, so participants can decide for themselves. • Start from the position that every participant can make their own decisions. If someone needs help to decide, support them to do it — give the information in a format they understand, allow them time, and involve a support person or advocate if they want one. Only look to someone else to decide after you have done this. • If a guardian or attorney has been formally appointed under the Guardianship and Administration Act 2000 (Qld) or the Powers of Attorney Act 1998 (Qld), check exactly which decisions they are allowed to make. Keep involving the participant in decisions about their own life. • Participants are allowed to make choices that carry risk. Support the choice and manage the risk — do not overrule a participant because you would not make the same decision.

Trust in Professional Relationships	• Be kind and respectful. Remember that you hold more power in this relationship than the participant does, even when it does not feel that way. • Take extra care to protect children and people with disability from harm, and keep clear professional boundaries at all times. • Do not mix personal and work roles with a participant — for example becoming their friend, housemate, or business partner. If a personal connection already exists, tell your HR fairy. • Never share your personal phone number with participants, stakeholders or family members, all communication must pass through formal channels. • Never have a sexual or intimate relationship with a current participant. Consent makes no difference — it is still prohibited. With a former participant you must wait at least two years after their supports end, and you must tell HR before it begins so any risk of exploitation can be assessed. • Sexual misconduct — including grooming, and sexual comments or jokes — is a reportable incident. It is serious misconduct, it will end your engagement with IDSS, and it will be reported to the NDIS Quality and Safeguards Commission.
Building and Maintaining Public Trust	• How you behave outside work matters. Avoid conduct in your personal life that could damage participants' trust in you or IDSS's reputation. • If you take part in public discussion or debate, do not share confidential or participant information, do not speak as though your personal views are IDSS's, and do not say things that bring IDSS into disrepute. • The same rules apply online and on social media. Never photograph, film, or post about a participant or their home.

Supporting Documents

- NDIS Code of Conduct
- NDIS Practice Standards
- ADV-001 Advocacy, Complaints and Participant Representation Procedure
- PR-001 Participant Rights and Decision-Making Procedure
- Incident Management and Reportable Incidents Procedure
- Behaviour Support and Restrictive Practices Procedure
- Work Health and Safety Policy
- Privacy and Confidentiality Policy

Monitoring & Compliance

- Compliance is critical to maintain public trust, uphold care standards, and protect vulnerable communities.
- A breach of this code will be managed under the IDSS disciplinary process and may result in additional supervision, retraining, a formal warning, suspension, or termination of engagement, according to the seriousness of the conduct.
- Serious breaches will be reported to the NDIS Quality and Safeguards Commission and may result in a banning order preventing the person from working in the sector. Conduct that may be criminal will be reported to the Queensland Police Service.
- Breaches expose individuals and IDSS to legal and reputational risks.
- Employees must immediately report any reportable incident to HR and the PLO Team so that IDSS can notify the NDIS Quality and Safeguards Commission within the required timeframe. Reportable incidents are the death of a participant, serious injury, abuse or neglect, unlawful sexual or physical contact, sexual misconduct, and the use of a restrictive practice that is unauthorised or not in a participant's behaviour support plan.
- The commission must be notified within 24 hours. Employees must not delay reporting in order to investigate or verify a concern first.

- Employees must also comply with their obligations to report harm to a child under the Child Protection Act 1999 (Qld).
- Employees are encouraged to engage in continuous learning.
- IDSS prohibits any reprisal, victimisation, or adverse action against an employee who raises a concern, reports a breach, or participates in an investigation in good faith.
- Reports may be made to a manager, the PLO Team, or directly to the NDIS Quality and Safeguards Commission, and may be made anonymously. An employee is not required to raise a concern internally before going to the Commission.

Review & Revision

- This policy will be reviewed every two years by the Senior Management Team, and earlier if legislative changes, changes to NDIS compliance requirements, audit findings, or incident trends require it. Recommendations for revision may also arise from participant, family, or employee feedback.

Contact Information

For further guidance or support regarding this policy, please contact the HR Team.

Glossary

Term	Definition
Professional Conduct	Behaviour expected of employees while performing their professional duties or acting in a professional capacity, including maintaining high standards of social and ethical responsibility.
Safe and Competent Practice	Activities performed within the scope of an employee's knowledge, skills, experience, and legal authority to ensure the safety and wellbeing of people receiving care.
Scope of Practice	The activities and responsibilities that an individual is authorised, trained, and competent to perform within their professional role.
Culturally Informed and Competent Care	Care that respects and integrates the cultural values, beliefs, traditions, and needs of individuals and communities.
Privacy and Confidentiality	The ethical and legal responsibility to protect and restrict the use of personal information obtained in a professional capacity, in accordance with the Privacy Act 1988 (Cth).
Professional Misconduct	Behaviour considered outside the professional domain, including unlawful or unethical actions, such as theft, sexual assault, or public disorderly conduct.
Unprofessional Conduct	Actions that violate agreed professional standards or organisational policies, such as breaching confidentiality or engaging in discriminatory behaviour.

Prejudicial and Discriminatory Attitudes	Any conduct or beliefs that unfairly treat individuals or groups based on race, culture, ethnicity, gender, sexuality, religion, or other personal and social attributes.
Informed Decision-Making	The process of providing individuals with honest and accurate information about care or treatment options to enable them to make autonomous and well-informed choices.
Dual Relationships	Situations where personal and professional roles overlap, potentially compromising the quality of care or creating conflicts of interest.
Professional Boundaries	The limits of appropriate behaviour and interactions between employees and individuals receiving care, ensuring relationships remain focused on the needs of the person receiving care.
Advocacy	The act of supporting or representing the interests, rights, and preferences of a participant in a way that reflects their own will and preferences, and that supports them to speak for themselves wherever possible.
Vulnerable Persons	Individuals at heightened risk of exploitation, harm, or discrimination due to age, disability, mental health, or other factors such as limited social, cultural, or legal support.
Trust and Privilege	The fiduciary relationship between employees and individuals receiving care, based on respect, integrity, and responsibility to act in the other's best interest.
Care Products	Refers to items, tools, or solutions used in providing healthcare or disability support, requiring honest representation and avoidance of personal or financial gain.

Continuity of Support Policy

Purpose

To ensure participants receive timely and uninterrupted support services that reflect their individual needs, preferences, and goals, even in cases of worker absence or unavoidable interruptions.
This policy reflects our organisational values by promoting a culture of purpose (ensuring participant well-being and access to services), opportunity (adapting effectively to challenges), and passion (ensuring committed, person-centred support). The procedure aligns with the NDIS Practice Standards, in particular the Continuity of Supports outcome (each participant has access to timely and appropriate support without interruption).

Scope

This procedure applies to all IDSS employees, contractors, and service providers who are involved in support planning, service delivery, and emergency/disaster management. It is critical for all staff supporting participants under any service agreements or funding arrangements, as well as those managing operational planning during worker vacancies or absence.

Definitions

Term	Definition
NDIS	National Disability Insurance Scheme.
Participant	An individual receiving support services.
Continuity of Supports	The process of ensuring continued service delivery without interruption to meet a participant's needs.
Emergency and Disaster Management Plan	A structured approach for managing support services before, during, and after emergencies.
Service Agreement	A formal contract between the participant and the service provider, outlining agreed-upon services and supports.
Critical Supports	Supports which, if not delivered, would present a risk to a participant's health, safety or wellbeing, including personal care, medication administration, mealtime assistance and transfers.
Worker	Any person engaged by IDSS to deliver supports, whether as an employee, contractor, agency worker or volunteer, who holds a current NDIS worker screening clearance where required for their role.
Interruption	Any occasion on which a scheduled support is missed, shortened, delayed, or delivered by a worker other than the worker rostered for it.

Responsibilities

PLO Team:

- Ensure the procedure complies with the NDIS Practice Standards.
- Allocate suitable resources to implement continuity strategies effectively.
- Establish emergency and disaster management plans.
- Communicate any changes or interruptions in support promptly to the participant.
- Monitor rostered shifts daily and identify unfilled supports before they are missed.
- Backfill unfilled supports during business hours within the response timeframes set out in this procedure.
- Maintain the backup worker list on participants profile in CRM, so that the after-hours on-call function can draw on it.
- Approve the critical / non-critical classification of each participant's supports and review it annually.
- Ensure the Emergency and Disaster Management Plan is tested at least annually and that the outcome is recorded.

On-Call (After Hours):

- Receive notifications of worker absence outside business hours and backfill unfilled supports within the response timeframes set out in this procedure.
- Where a critical support cannot be filled, contact the participant and, where relevant, their family or support network, and escalate to the PLO Team.
- Record the absence, the action taken and the outcome, and hand over to the PLO Team at the start of the next business day.

Lifestyle Mentors:

- Review participant needs and preferences as outlined in their Support Plans.
- Report any absence or inability to attend a rostered support at the earliest opportunity, to the PLO Team during business hours or to the on-call function outside business hours.
- Escalate any missed or shortened support, and any resulting harm or near miss, under the Incident Management Procedure.

Contractors and External Service Providers:

- Comply with this procedure as a condition of engagement, including notifying IDSS immediately of any inability to deliver a rostered support.
- Maintain a current NDIS worker screening clearance for every worker engaged to deliver IDSS supports.

Participants and Families/Support Networks:

- Provide input for support planning, including preferences, cultural, and personal requirements.

Statement & Overview

IDSS is committed to delivering consistent, high-quality, person-centred support services. In the event of worker absences, vacancies, or other disruptions:

- A suitably qualified and/or experienced worker will be assigned promptly to ensure continued service.
- Support services will align with participants' documented needs, goals, and preferences, as specified in their Support Plan.
- Participants will be consulted to ensure any alternative arrangements meet their requirements and are appropriate.

- The Emergency and Disaster Management Plan will guide service continuity during crises, ensuring safety, health, and well-being.
- IDSS will adhere to relevant standards and guidelines, including the NDIS Act 2013 and NDIS Practice Standards, to ensure compliance and quality service delivery.
- Where IDSS is unable to continue delivering a support, reasonable notice will be given to the participant and, with their consent, referrals or a warm handover to an alternative provider will be arranged so that the participant is not left without support. Where a support is withdrawn or an interruption is prolonged, IDSS will notify the NDIS Commission and the participant's support coordinator or plan manager as required.

Procedure

Support Planning

- Perform initial participant assessments to identify needs, preferences, goals, strengths, culture, diversity, and values.
- Document these in the Participant Support Plan and Service Agreement.

Preparation for Interruptions

- Maintain a list of qualified backup workers to address gaps caused by absences or vacancies this is recorded on the participants profile in the CRM. Before any worker is assigned or reassigned to a participant, verify any role-specific qualifications, high-intensity support skills and participant-specific training required by the participant's Support Plan.

- Classify each participant's supports as critical or non-critical, based on whether an interruption would present a risk to the participant's health, safety or wellbeing — including personal care, medication administration, mealtime assistance, transfers, and supports delivered to participants living alone. Record the classification on the participants profile and review it at each plan review.
- Respond to an unfilled critical support within a maximum of two hours of the absence becoming known, escalating to the PLO Team during business hours, or to the after-hours on-call function outside business hours, where a replacement worker cannot be secured;
- Communicate with participants proactively when alternative arrangements are necessary.

Handling Unavoidable Interruptions

- Record every missed, shortened or reassigned support in the participant's record, including the cause, the action taken, the participant's response and any resulting harm or near miss. Where a missed support results in, or could have resulted in, harm to a participant, manage it under the Incident Management Procedure and assess it against the reportable incident criteria for notification to the NDIS Commission.
- Provide participants with clear, detailed explanations of changes to their services.
- Seek their approval for any alternative arrangements and ensure these adhere to their preferences and goals. Provide the explanation in the language, mode of communication and terms the participant is most likely to understand, using interpreters or communication aids where needed. Where the participant has a guardian, attorney or other substitute decision-maker appointed under the Guardianship and Administration Act 2000 (Qld) or the Powers of Attorney Act 1998 (Qld), obtain consent from that person for decisions within the scope of their appointment, while continuing to support the participant to participate in the decision to the maximum extent possible.

Emergency and Disaster Management

- Regularly review and update the Emergency and Disaster Management Plan in consultation with participants and their networks.
- Take measures to ensure participant well-being and safety during emergencies.
- Ensure the Emergency and Disaster Management Plan aligns with local and district disaster management arrangements established under the Disaster Management Act 2003 (Qld), and addresses hazards material to IDSS's operating region, including cyclone, flood, storm tide, bushfire, heatwave and extended power or telecommunications outage.
- Maintain individual emergency plans for participants receiving critical supports, recording evacuation and relocation needs, essential equipment and power dependency, medication and consumable requirements, and at least two emergency contacts.
- Test the Plan at least annually through a desktop exercise or simulation, record the outcome, and update the Plan and participant emergency plans in response.
- Maintain continuity arrangements for participant records and rostering systems so that supports can be delivered if primary systems, premises or communications are unavailable.

Participant Feedback

- Obtain participant feedback regarding service continuity and use it for continuous improvement.

Supporting Documents

- Participant Assessment & Support Plan
- Service Agreement
- Emergency and Disaster Management Plan
- National Disability Insurance Scheme Act 2013 (Cth)
- Guardianship and Administration Act 2000 (Qld) and Powers of Attorney Act 1998 (Qld) – substitute and supported decision-making
- Human Rights Act 2019 (Qld) – where IDSS performs functions of a public nature on behalf of the State
- Work Health and Safety Act 2011 (Qld) – worker safety during reallocated, remote or lone-worker shifts
- Disaster Management Act 2003 (Qld) – alignment with local and district disaster management arrangements
- Child Protection Act 1999 (Qld) – where supports are delivered to participants under 18
- Privacy Act 1988 (Cth) – handling of participant information when supports are reassigned
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 (Cth)
- NDIS Practice Standards and Quality Indicators (current version)
- NDIS Code of Conduct

Monitoring & Compliance

- Compliance with the policy will be monitored by management through regular reviews of participant records and feedback.
- Any breaches or issues will be addressed promptly, with consequences as outlined in IDSS's performance and disciplinary procedures.
- Feedback loops will be maintained to incorporate participant suggestions and complaints into policy improvements.

Review & Revision

This policy will be reviewed annually by the Senior Management Team, and earlier where amendments to the NDIS Act, the NDIS Practice Standards, Queensland legislation or NDIS Commission guidance require it. A review will also be triggered by a serious continuity failure, a reportable incident arising from a missed support, or participant feedback indicating the policy is not working in practice. The outcome of each review, including a decision not to amend, will be recorded in the Version Log.

Contact Information

For further guidance or support regarding this policy, contact the IDSS Human Resources team in the first instance. Participants, families and workers may also raise concerns directly with the NDIS Quality and Safeguards Commission on 1800 035 544, or with the National Disability Insurance Agency on 1800 800 110 for matters concerning a participant's plan.

Emergency and Disaster Management Policy

Purpose

At IDSS, our commitment lies in ensuring the safety, health, and wellbeing of our participants, employees, and contractors during any emergency or disaster. We are guided by the values of Purpose, Opportunity, and Passion, which inspire us to create and maintain a supportive and safe environment.

This policy aims to provide a robust framework for emergency and disaster management across all operations. It prioritises critical support continuity while mitigating risks to ensure the wellbeing of all parties. Our approach complies with the NDIS Practice Standards, Safe Work Australia, and all applicable Australian regulations.

By implementing this policy, we strive to safeguard lives, support ongoing recovery efforts, and reflect our dedication to fostering resilience and empowerment within our community.

Scope

This policy is applicable to:

- All employees, volunteers, and contractors of IDSS.
- Participants and their immediate and extended support networks.
- The leadership team and governance bodies responsible for operational continuity.
- Any affiliated third-party organisations or services under our operational remit.

The policy extends to all scenarios where emergencies or disasters may jeopardise the health, safety, and wellbeing of our stakeholders. Its relevance spans planning, preparation, response, and post-crisis recovery activities.

Definitions

To ensure understanding and clarity, key terms used within this document include:

Term	Definition
Emergency	An unplanned incident that may cause harm to individuals, disrupt operations, or compromise safety.
Disaster	A large-scale event causing widespread damage and requiring urgent mobilisation of resources.
Service Agreement	A written and signed document outlining the support relationship between the participant and IDSS.
Recovery Person/Team	Individuals appointed by the Director to coordinate and oversee recovery activities.

Responsibilities

The following roles and responsibilities support the effective implementation of this policy.

Leadership / Governing Body

The Leadership Team is responsible for ensuring that emergency and disaster management systems are in place and functioning effectively. Responsibilities include; Developing, maintaining, reviewing, and communicating emergency and disaster management plans. Establishing clear emergency escalation pathways and ensuring these are communicated to all employees. Appointing a designated Emergency Response Lead or Recovery Person/Team to coordinate operational responses during emergencies or disasters. Ensuring appropriate after-hours escalation processes are in place to support timely decision-making and operational continuity.

IDSS Employees

All employees are responsible for following emergency and disaster management procedures to ensure the safety and wellbeing of participants, colleagues, and themselves. Responsibilities include; Participating in required emergency preparedness training and drills. Following established emergency and disaster procedures. Escalating concerns immediately where there is a risk to participant safety, health, or wellbeing.

Participants and Support Networks

Participants and their support networks play an important role in supporting effective emergency preparedness and response. Responsibilities include; Providing input into the development and review of emergency preparedness plans where appropriate. Sharing relevant information that may assist in responding safely during an emergency or disaster. Following communicated emergency procedures where possible.

Emergency Response Lead / Recovery Person or Team

The designated Emergency Response Lead or Recovery Person/Team is responsible for coordinating operational responses during emergency or disaster events. Responsibilities include; Activating and coordinating the Emergency and Disaster Management Plan. Implementing response and recovery actions to maintain participant safety and service continuity. Communicating service changes and updates to participants, employees, and relevant stakeholders. Coordinating recovery activities and supporting the restoration of services following an emergency event.

Statement & Overview

To uphold our values and meet our legal obligations, this policy defines the systematic approach IDSS adopts for managing emergencies and disasters. Key principles include:

- Planning for emergency preparedness to safeguard health, safety, and wellbeing.
- Rapidly adapting and responding to changing conditions, including service interruptions.
- Communicating clearly and transparently with all stakeholders.
- Reviewing and refining emergency management measures to ensure ongoing effectiveness.
- An overarching goal is to empower all individuals to feel confident, prepared, and reassured during emergencies.

Procedure

Preparation

IDSS takes proactive steps to ensure participants and employees are prepared for potential emergency or disaster events.

Emergency planning

- Develop and maintain comprehensive Emergency and Disaster Management Plans in consultation with participants and their support networks. Where required, develop individual emergency preparedness plans to ensure participant safety and continuity of supports.
- Individual participant emergency preparedness plans may include; Identified emergency risks specific to the participant Evacuation or relocation strategies Continuity of medications or medical equipment Emergency contact details Preferred communication methods Involvement of support networks
- Alternative support arrangements during service disruption

These plans will be; developed in consultation with the participant and their support network documented within the participant file reviewed at least annually or when circumstances change updated following incidents or emergency events.

Risk identification
Identify and assess potential emergency or disaster risks and document these in the Risk Assessment Register.

Training
Ensure all employees receive training in emergency and disaster procedures. Maintain records of training and participation in the Employee Employment Register.

Response
When an emergency or disaster occurs, IDSS will take immediate action to protect participants and employees while maintaining continuity of supports where possible.

Plan activation
Activate the Emergency and Disaster Management Plan as soon as an incident or risk is identified. Assign responsibilities to the designated Emergency Response Lead or Recovery Person/Team.

Participant safety and prioritisation
Prioritise participant safety while maintaining continuity of critical supports. Identify and prioritise participants who may require additional or urgent support during emergency events.
Participants may be considered higher risk where they; rely on essential daily supports have complex health or behavioural needs live independently with limited support networks require assistance to evacuate safely rely on medication or medical equipment. These participants will be prioritised when implementing emergency response actions to ensure their safety, wellbeing, and continuity of supports.

Communication

Provide clear and timely communication to employees, participants, and their support networks regarding service changes or safety information.

Communication methods may include; phone calls or SMS notifications Microsoft Teams alerts email notifications direct contact with participant support networks updates from local emergency authorities. Where supports are impacted, participants and their support networks will be informed of any changes to services as soon as practicable.

Escalation and incident coordination

The designated Emergency Response Lead or Recovery Person/Team will coordinate operational responses, including: activating emergency and disaster management plans coordinating staff and resource allocation prioritising supports for vulnerable participants liaising with emergency services and relevant authorities communicating updates to employees and participants overseeing recovery and restoration of services. Where worker or participant safety is at risk, escalation to senior leadership will occur immediately.

Documentation

Record all emergency-related activities, decisions, and communications in the appropriate organisational systems.

Recovery

Following an emergency or disaster event, IDSS will review and restore services in a structured manner. Actions may include; reviewing the incident and its impact on participants and services documenting key findings in the Risk Assessment Register implementing actions to restore services and support participants updating relevant organisational documents such as the Strategic and Business Plan where required communicating relevant updates to employees, participants, and stakeholders.

Continuous Improvement

To maintain effective emergency preparedness, IDSS will; test emergency and disaster management plans at least annually through drills or desktop simulations review outcomes of exercises and real incidents implement improvements based on lessons learned update plans and procedures where required to strengthen emergency response

Supporting Documents

This policy operates in alignment with the following resources:

- National Disability Insurance Scheme Act 2013.
- NDIS (Quality Indicators) Guidelines 2020 & 2021.
- Relevant WHS legislation and guidelines.
- Risk Assessment Register.
- Emergency and Disaster Drill Report forms.

Monitoring & Compliance

Compliance is monitored through the following mechanisms:

- Scheduled and ad-hoc reviews of emergency management plans.
- Regular training sessions and drills with documented attendance.
- Stakeholder feedback collected during review points to ensure relevance and

effectiveness of measures.

Non-compliance with this policy may result in corrective action, which could include retraining or formal proceedings, depending on the severity of the breach.

Review & Revision

This policy will be reviewed annually by the Senior Management Team or earlier if legislative changes require updates, changes to the NDIS compliance requirements. Recommendations for revision may also stem from feedback or post emergency event.

Contact Information

For further guidance or support regarding this policy, please contact, HR team.

Participant Money & Property Procedure

Purpose

The purpose of this procedure is to ensure that participant money and property is managed safely, respectfully, and transparently when staff provide support.
Integrated Disability Support Services (IDSS) is committed to ensuring that:

- Participants maintain choice and control over their money.
- Participant funds and property are protected from misuse, loss, or financial abuse.
- Staff follow clear processes for handling, recording, and reconciling money.
- All actions comply with the NDIS Practice Standards and NDIS Code of Conduct.

This procedure also protects staff by ensuring there is clear accountability and documentation when handling participant money.

Scope

This procedure applies to all IDSS employees, including Lifestyle Mentors, Supported Accommodation Gurus, Program Leaders, the PLO team and management staff.
It applies in situations where staff may assist participants to spend their money, handle participant cash, use a participant's bank card, store participant money or property, or support participants with purchases in the community.
This procedure applies to all IDSS residential, community and respite environments.

Definitions

Term	Definition
Participant Money	Money that belongs to a participant, including cash, bank cards, funds provided for groceries or activities, and any other money belonging to the participant.
Participant Property	Items belonging to the participant, including wallets, bank cards, personal belongings, and documents or valuables.
Expenditure Ledger	The Participant Expenditure Sheet used to record all transactions involving participant money. The ledger records date, staff member, amount spent, remaining balance, purchase description and receipt confirmation.
Reconciliation	The process of verifying that cash balances match the ledger, receipts match recorded purchases, and all transactions are accounted for.
Financial Discrepancy	A situation where cash does not match recorded balances, a receipt is missing, or money cannot be accounted for. Financial discrepancies must be treated as serious incidents and investigated.

Responsibilities

Organisation Responsibilities

Integrated Disability Support Services is responsible for:

- Establishing processes to protect participant money and property
- Ensuring staff are trained in this procedure
- Maintaining secure storage systems
- Monitoring compliance through audits and reconciliations
- Investigating any suspected financial discrepancies or misuse.

PLO & Management Team Responsibilities

PLO & Management must ensure:

- This procedure is communicated to staff
- Staff receive appropriate training
- Any discrepancies are investigated promptly
- Incident reports are completed where required
- Participant records are maintained in accordance with record retention requirements (7 years).

Supported Accommodation Guru's Responsibilities

SAG's are responsible for:

- Conducting monthly reconciliations (where no SAG is appointed, the PLO is responsible)
- Verifying ledger entries, receipts and cash balances
- Uploading financial records to the participant electronic file
- Storing hard copies securely
- Escalating discrepancies to management.

Lifestyle Mentors Responsibilities

All staff must:

- Only use participant money with the participant's consent
- Record all transactions accurately
- Collect and retain receipts
- Follow safe storage procedures
- Conduct cash counts at shift handover
- Immediately report any discrepancies.

Staff must never use participant money for personal purposes.

Statement & Overview

IDSS recognises that access to money and personal property is closely linked to participant dignity, independence, and trust. Participants should be supported to use and control their own money wherever possible. Staff may assist participants with purchases or managing small amounts of cash when requested or when required to support the participant's needs. Where staff access participant money, the organisation must ensure that it is:

- secure
- accounted for
- used only for the participant's benefit
- recorded and monitored appropriately

These safeguards protect participants and ensure compliance with NDIS Practice Standards.

Procedure

Supporting participants to spend their own money

Staff may assist participants to spend their money when:

- The participant requests assistance; or
- The purchase forms part of routine activities (e.g. groceries); or
- An appointed financial administrator or Public Trustee has approved spending within a set budget.

Before IDSS can support the participant with financial transactions, the Participant Money Assistance Consent must be obtained, and a copy of the legal documentation and approved weekly budget recorded and documented by the PLO.

Participants should be encouraged to make purchasing decisions themselves wherever possible. Staff must not provide financial advice.

Storage of participant money

Where participant money or bank cards are stored at a house, they must be kept in:

- A locked safe in the staff room

Access to the safe is restricted to authorised staff.

Participant money or cards must never be stored in staff bags, vehicles, or private homes.

Maximum cash holding limit and surplus fund management

To reduce the risk of loss, theft, or financial discrepancy, the amount of participant cash stored at a support location should be limited wherever possible.

Participant cash stored in the house safe should generally not exceed $100 unless approved by PLO & financial administrator.

All excess funds must be returned to the participant's financial institution at the end of each month.

Using participant bank cards or cash

When accessing participant money staff must:

1. Remove the card or cash from the safe, documenting who took the card/cash and the date and time removed.
2. Complete the purchase requested by the participant.
3. Collect the receipt.
4. Record the transaction in the Expenditure Ledger.
5. Return the remaining money and card to the safe, documenting the return date and time.

Recording transactions

All purchases must be recorded in the Expenditure Sheet. Staff must record:

- Date
- Staff member name
- Amount spent
- Remaining balance
- Description of purchase
- Confirmation of receipt.

Receipts must be stored with the participant money until reconciliation.

Shift handover cash checks

At every shift handover two staff must:

1. Count the participant's cash.
2. Confirm the balance matches the ledger.
3. Record the closing balance.
4. Sign the ledger.

This process ensures transparency and accountability.

Monthly reconciliation

The Supported Accommodation Guru must conduct a monthly reconciliation. This includes verifying:

- ledger entries
- receipts
- remaining cash balance.

All documents must be:

- scanned and uploaded to the participant electronic file
- securely stored for 7 years.

Missing receipts

If a receipt is missing:

1. The staff member must note this in the ledger.
2. Provide a written explanation including a statutory declaration form.
3. Inform the PLO & Supported Accommodation Guru.

Financial discrepancies

If a discrepancy occurs:

1. Staff must notify the PLO & Supported Accommodation Guru.
2. All cash and documentation must be secured.
3. An incident report must be completed.

Management will determine whether further investigation is required.

Monitoring & Compliance

- Every shift handover, lifestyle mentors / SAG to complete cash count.
- Every purchase lifestyle mentor / SAG to complete transaction recording.
- Monthly SAG to complete ledger and receipt reconciliation.
- Monthly PLO to complete file check for upload of all documentation and accuracy.

The CEO or Executive Director will monitor incidents regularly to identify patterns and address root causes. Failure to comply with this procedure may result in disciplinary action.

Review & Revision

This policy will be reviewed every 2 years by the Senior Management Team or earlier if legislative changes require updates. Recommendations for revision may also stem from feedback or identified gaps in the complaints process.

Contact Information

For further guidance or support regarding this policy, please contact, HR team

Access to Supports and Intake Procedure

Purpose

This procedure establishes how Integrated Disability Support Services (IDSS) manages enquiries, assesses eligibility, and onboards new participants into service delivery. It ensures that access to IDSS supports is fair, transparent, non-discriminatory and consistent with the NDIS Practice Standards, the NDIS Act 2013 and the IDSS Code of Conduct.

Scope

This procedure applies to all new participant enquiries and referrals received by IDSS, regardless of the referral source or funding type. It applies to all staff involved in enquiry management, eligibility assessment and participant onboarding, including Participant Liaison Officers (PLOs), the Site Manager and the Executive Leadership Team.

Definitions

Term	Definition
Participant Liaison Officer (PLO)	The IDSS staff member responsible for managing the intake process, developing support plans and maintaining the ongoing participant relationship.
Site Manager	The operational manager responsible for approving participant intake and ensuring service capacity and staffing alignment.
Referral	Any enquiry received about a potential new participant, regardless of source.

Eligibility Assessment	The process of determining whether IDSS can safely and appropriately meet the enquiring participant's support needs within its registration scope, geographic reach and current capacity.
Service Agreement	A formal written agreement between IDSS and the participant (or their nominee) that describes the supports to be delivered, their frequency, funding source and duration.
NDIS Support Catalogue	The NDIA's published schedule of support items and price limits. IDSS charges at the applicable price limit for all NDIS-funded supports.
Legal Decision Maker	A person appointed by law (e.g. guardian, administrator, nominee) with authority to make decisions on behalf of a participant who does not have legal capacity to make those decisions.
Circle of Support	The network of people important to the participant, including family, carers, support coordinators, advocates and other providers.

Policy Statement

IDSS welcomes enquiries from all people with disability and is committed to providing clear, honest and timely information to help people make informed decisions about their supports. Access to IDSS services is based on transparent eligibility criteria and is free from discrimination on the basis of disability, age, gender, culture, religion, sexuality or any other personal characteristic.

IDSS will:

- Respond to all enquiries in a timely, respectful and accessible manner.
- Provide clear information about available services, fees, participant rights and the complaints process before supports commence.
- Apply consistent, transparent eligibility criteria to all referrals.
- Make intake decisions that prioritise participant safety and quality of support.
- Where IDSS is unable to meet a participant's needs, communicate this clearly.
- Not maintain a waitlist — where capacity is unavailable, IDSS will communicate this directly and promptly.
- Complete all intake documentation before or at commencement of supports.
- Ensure all participants are treated with dignity and respect throughout the intake process.

Referral Pathways

IDSS receives referrals and enquiries through the following pathways:

Referral Source	Entry Point
Self-referral	IDSS website enquiry form or direct phone contact
Word of mouth	Direct phone or email contact
Support Coordinators	Phone, email or direct referral from registered NDIS support coordinators
NDIS Registered Providers	Referral through the NDIS registered provider network
Family / Nominee	Direct phone or email contact on behalf of the participant

All enquiries are directed to the PLO or Site Manager as the first point of contact. IDSS staff who receive an enquiry and are not the designated contact must direct the enquirer to the PLO or Site Manager promptly.

Eligibility Criteria

IDSS assesses all referrals against the following eligibility criteria. All criteria must be met before intake proceeds:

Criterion	Detail
Geographic serviceability	The participant resides in an area that IDSS services with available staff. IDSS does not commit to service delivery outside its current operating regions.
Staff capacity	IDSS has sufficient available and appropriately skilled Lifestyle Mentors to meet the participant's required days, times and support needs.
Funding	The participant holds an active NDIS plan with relevant funded supports, or is able to self-fund service delivery at the applicable NDIS Support Catalogue price limits.
Scope of registration	The participant's support needs fall within IDSS's NDIS registration groups and the skills and qualifications held by available Lifestyle Mentors.
Safe and competent delivery	IDSS is confident it can deliver supports safely, competently and in accordance with the participant's needs, including any clinical or high intensity support requirements.

Behaviour support and restrictive practices	Where the participant has, or is likely to require, a behaviour support plan, IDSS is able to implement the plan as written and to meet the authorisation, staff training and reporting obligations attaching to any regulated restrictive practice it contains. IDSS does not accept a referral requiring a regulated restrictive practice that it is not registered, authorised or trained to implement.
Home and living arrangements	Where the referral is for supported independent living or other home and living supports, IDSS can meet the participant's needs in the proposed dwelling; the participant has had genuine choice about where and with whom they live; and, where the arrangement is shared, IDSS has assessed compatibility and safeguarding risks for the participant and each existing resident before the arrangement is confirmed.

The Site Manager makes the final decision to accept or decline a referral. For complex cases or participants with high-risk support needs, the Site Manager consults with the Executive Leadership Team before a decision is made.

Procedure

Enquiry and Pre-Intake Information

1. Receive and record enquiry

> All enquiries are recorded in CRM. The PLO or Site Manager acknowledges the enquiry and responds within 5 business days.

2. Gather initial information

> The PLO gathers sufficient information to conduct an eligibility assessment, including: the participant'\'s disability and primary support needs; geographic location; NDIS plan status and funding type; requested support types, days and times; and any known clinical or complex support requirements; and whether the participant has, or is likely to require, a behaviour support plan containing a regulated restrictive practice.

7.2 Eligibility Assessment

3. Assess against eligibility criteria

> The PLO assesses the referral against all five eligibility criteria set out under Eligibility Criteria above(Section 6). Where a criterion cannot be met, the PLO escalates to the Site Manager.

4. Make intake decision

> The Site Manager reviews the PLO'\'s assessment and makes a decision to: proceed to intake; seek further information before deciding; or decline the referral. For complex or high-risk participants, the Site Manager consults with the Executive Leadership Team before deciding.

5. Communicate decision to enquirer

> The PLO contacts the enquirer to communicate the intake decision within 10 business days of receiving sufficient information to make the assessment.

Where IDSS Cannot Accept a Referral

Where IDSS is unable to accept a referral for any reason, the PLO will:

- Communicate the decision clearly, respectfully and promptly to the enquirer or their representative.
- Give the enquirer an honest, factual reason for the decision, in a way and format they understand, without commentary that is discriminatory or gratuitously distressing.

- Advise the enquirer of their right to give feedback or make a complaint to IDSS or to the NDIS Quality and Safeguards Commission.
- Where declining the referral may leave the participant without the supports they need to remain safe, escalate to the Site Manager, who notifies the participant's support coordinator, the NDIA or the NDIS Commission as appropriate.
- Provide the participant with information about how to access alternative supports, including referral to their support coordinator (if applicable), the NDIS Commission (1800 035 544).
- Document the decision and the communication in CRM.

IDSS does not maintain a waitlist. Where current capacity is unavailable, IDSS communicates this clearly and does not hold a participant'\'s place. Participants are encouraged to re-enquire if their circumstances or IDSS'\'s capacity changes.

7.4 Intake Meeting and Onboarding

Once an intake decision is made to proceed, the PLO coordinates the intake meeting and completes all required intake documentation. The following steps must be completed for every new participant.

6. Send Intake Information Pack

> The PLO sends the IDSS Intake Information Pack (Microsoft Forms) to the participant or their nominee prior to the intake meeting. Where the participant requires assistance to complete the form, the PLO or a trusted support person may assist. The Intake Information Pack captures demographic information, disability and health details, support preferences, goals, circle of support and consents.

7. Conduct intake meeting

> The PLO meets with the participant and, where applicable, their nominee, guardian, support coordinator and/or other circle of support members. The meeting covers requested services, days, times and locations; goals to be worked toward; skills to build; limitations, barriers and risks; any clinical or specialist requirements; and the participant'\'s rights and responsibilities under the Service Agreement.

8. Provide Participant Handbook and key documents

> The PLO provides the participant (or nominee) with copies of: the IDSS Participant Handbook which includes the Participant Complaints Policy; the IDSS Guiding Principles; and the Participant Complaint Form. These are provided either in hard copy or electronically, in the participant'\'s preferred format.

9. Obtain consents

> IDSS presumes that every participant has capacity to make their own decisions. The PLO offers decision-making support in the participant's preferred communication format and involves the participant's chosen supporters at the participant's direction. Consent is sought from a legal decision-maker only for those decisions the participant is not able to make, and only after the PLO has sighted and recorded evidence of that person's authority (guardianship or administration order, or NDIA nominee appointment).

The PLO explains that consent is voluntary, may be limited to specific purposes and may be withdrawn at any time. The PLO obtains all required consents from the participant or, where applicable,The PLO obtains all required consents from the participant or their legal decision-maker, including: consent to obtain and release information; consent to share information with relevant providers; media consent; and acknowledgement of privacy rights and IDSS obligations under the NDIS Act 2013.

10. Execute Service Agreement

> The PLO prepares and executes the Service Agreement with the participant or their nominee, capturing agreed supports, frequency, locations, funding source, duration (typically 3–--6 months) and cancellation arrangements. Where the participant receives supported independent living or other home and living supports, the Service Agreement is kept separate from any tenancy or occupancy agreement, and the PLO explains that the participant's right to remain in their home does not depend on their continuing to receive supports from IDSS.

11. Complete Participant Risk Assessment

> The PLO completes the Participant Risk Assessment with the participant, nominee and/or stakeholders. All identified risks are documented in CRM as Risk Alerts. Additional risk assessments are completed as required: In-Home Risk Assessment (home-based supports or pick-up/drop-off); Home Visit Risk Assessment (in home supports & sleepovers).

12. Identify and complete specialist assessments

> Based on the intake information gathered, the PLO identifies and initiates any specialist assessments required before supports commence, including: Mealtime Management Assessment (where eating or drinking challenges are present); Authority to Administer Medication and Medication Purpose Form (where medication support is required); and any other clinical assessments indicated by the participant'\'s support needs.

13. Develop support plans

> The PLO completes all required support planning documentation in CRM before or at commencement of supports, in accordance with the IDSS Support Planning Procedure (POL-SP-001), including the Goal Achievement Plan, all relevant Personal Support Plans and the Emergency Ready Plan.

14. Confirm commencement date and assign Lifestyle Mentor Team

> The PLO confirms staff availability and assigns a team of suitable Lifestyle Mentors. Before the first shift, the PLO verifies that the assigned Lifestyle Mentor holds a current NDIS Worker Screening Check and has completed the training and competency assessment relevant to the participant's supports, including any high intensity, mealtime management, medication administration, seizure management, bowel care or behaviour support requirements. Supports do not commence until this verification is recorded in CRM.

Operationally, IDSS aims to commence supports within two weeks of the participant signing the Service Agreement, subject to staff availability. The participant and their nominee are notified of the confirmed start date and the name of their assigned Lifestyle Mentor.

15. Record intake completion in CRM

> The PLO updates the participant record in CRM to confirm intake is complete, all required documentation has been obtained and the participant is active. All intake documentation is stored in the participant'\'s record. MS Teams account for participant is created and identified lifestyle mentors are added.

Intake Documentation Checklist

The following documentation must be completed for every new participant before or at commencement of supports. The PLO is responsible for ensuring all items are completed and stored in CRM.

#	Document / Action	Completed By	Stored In
1	Intake Information Pack (Microsoft Forms) received and reviewed	Participant / PLO	CRM
2	Participant Handbook provided	PLO	Participant record
3	Complaints Policy and Complaint Form provided	PLO	Participant record
4	Consent to Obtain and Release Information	Participant / Nominee	CRM
5	Privacy and Information Sharing Consent	Participant / Nominee	CRM
6	Media Consent	Participant / Nominee	CRM
7	Service Agreement executed	PLO / Participant / Nominee	CRM
8	Participant Risk Assessment completed	PLO with Participant	CRM
9	In-Home Risk Assessment (if applicable)	PLO	CRM
10	Home Visit Risk Assessment — in home supports or Sleepovers (if applicable)	PLO	CRM
11	Mealtime Management Assessment (if applicable)	PLO / Speech Pathologist	CRM
12	Authority to Administer Medication (if applicable)	Participant / Nominee	CRM
13	Medication Purpose Form completed by GP (if behaviour-altering medication)	GP / PLO	CRM
14	Goal Achievement Plan developed	PLO	CRM
15	Personal Support Plan(s) developed	PLO / Specialist (clinical)	CRM
16	Emergency Ready Plan completed	PLO with Participant	CRM
17	Risk Alerts entered in CRM	PLO	CRM
18	Lifestyle Mentor assigned and commencement date confirmed	Site Manager / PLO	CRM

Accessibility and Cultural Responsiveness

IDSS is committed to ensuring the intake process is accessible to all participants, regardless of communication needs, cultural background or language. During intake, IDSS will:

- Offer intake information and documentation in accessible formats where required (e.g. Easy Read, verbal explanation, large print).
- Arrange interpreter services where a participant or their representative does not communicate in English, to ensure full understanding of the Service Agreement, support plans and participant rights.
- Respect and document the participant's cultural, spiritual and identity-related preferences as part of the intake process.
- Ensure that participants who identify as Aboriginal or Torres Strait Islander, LGBTQIA+, or from culturally or linguistically diverse backgrounds receive culturally responsive and affirming support.
- Involve the participant's circle of support in the intake process at the participant's direction.

Responsibilities

Role	Responsibilities
Participant Liaison Officer (PLO)	Manage enquiry intake; conduct eligibility assessment; coordinate and complete intake meeting; prepare all intake documentation; develop support plans; maintain CRM records.
Site Manager	Make final intake decision; approve complex or high-risk intake; confirm staff capacity and Lifestyle Mentor assignment; ensure intake documentation is complete.
Executive Leadership Team	Consult on complex or high-risk intake decisions; ensure organisational capacity and capability to deliver required supports.
Lifestyle Mentor	Read participant profile and support plans before commencing supports; deliver supports as documented.
Participant / Legal Decision-Maker	Complete Intake Information Pack; participate in intake meeting; sign Service Agreement and consents; notify IDSS of changes in circumstances.

Infection Prevention and Control Procedure

Purpose

This procedure establishes how Integrated Disability Support Services (IDSS) prevents, manages and responds to the risk of infection across all service settings. It describes the standard precautions, personal protective equipment (PPE) requirements, hand hygiene practices, environmental cleaning responsibilities, and outbreak management processes that apply to all Lifestyle Mentors and IDSS staff.

Scope

This procedure applies to all IDSS staff, including Lifestyle Mentors, Participant Liaison Officers (PLOs), site managers and administrative staff, and to volunteers, students on placement and contractors engaged by IDSS (including cleaning contractors), across all IDSS service settings. IDSS service settings include:

- Participants' private homes
- Supported Independent Living (SIL) houses — shared residential settings operated by IDSS
- IDSS Offices & Hubs
- Community spaces used for group or individual activities

Definitions

Term	Definition
Standard Precautions	A minimum set of infection control practices applied to all participants at all times, regardless of whether an infection is known or suspected. Includes hand hygiene and appropriate PPE use.
Transmission-Based Precautions	Additional precautions applied when a participant has a known or suspected infectious condition (e.g. contact, droplet or airborne precautions), over and above standard precautions.
Personal Protective Equipment (PPE)	Equipment worn to minimise exposure to infectious material, including gloves, aprons, surgical masks, eye protection and shoe covers.
Alcohol-Based Hand Rub (ABHR)	An alcohol-containing preparation used for hand hygiene when hands are not visibly soiled. It is the preferred method of hand hygiene in all IDSS service settings when hands are not visibly soiled.
Outbreak	Two or more cases of a similar illness in a shared service setting (e.g. SIL house or activity centre) within a 48 to 72 hour period, suggesting a common source or transmission.
Supported Independent Living (SIL)	Shared residential settings where IDSS provides around-the-clock or regular supports to multiple participants living together.
Lifestyle Mentor	IDSS term for a support worker — the staff member who delivers direct supports to participants.

Policy Statement

IDSS is committed to protecting the health and safety of participants, Lifestyle Mentors and the broader community by maintaining effective infection prevention and control (IPC) practices across all service settings. IDSS will:

- Apply standard precautions as a baseline in all direct support activities.
- Provide Lifestyle Mentors with appropriate PPE for their role and service setting.
- Ensure all Lifestyle Mentors are trained in hand hygiene and IPC principles as part of induction and on an ongoing basis.
- Maintain clean and hygienic environments in all IDSS-operated service settings.
- Have a clear and documented process for managing infectious illness outbreaks in shared settings.
- Ensure Lifestyle Mentors who are unwell do not expose participants or colleagues to infection.
- Review and update this procedure in response to emerging infection risks or changes in public health guidance.

Hand Hygiene

Hand hygiene is the single most effective measure for preventing the spread of infection. Lifestyle Mentors must perform hand hygiene at the following moments ('5 Moments for Hand Hygiene'):

Moment	When
1 — Before touching a participant	Prior to any physical contact, personal care, or support activity.
2 — Before a procedure	Immediately before performing a clinical or personal care procedure (e.g. wound care, catheter care, medication administration, PEG feeding).
3 — After a procedure or body fluid exposure risk	Immediately after any contact with body fluids, mucous membranes, non-intact skin, wound dressings, or contaminated items — even if gloves were worn.
4 — After touching a participant	After any physical contact or personal care activity.
5 — After touching participant surroundings	After contact with any objects or surfaces in the participant's immediate environment.

How to perform hand hygiene

Use soap and water when hands are visibly soiled, after toileting, and after removing gloves following bowel or continence care. Wash for at least 20 seconds, covering all surfaces of hands and wrists, and dry thoroughly with paper towel.

Respiratory hygiene and cough etiquette: cover coughs and sneezes with a tissue or your inner elbow, dispose of used tissues immediately into a lined bin, and perform hand hygiene straight afterwards. Tissues and lined bins are available in all IDSS-operated settings, and Lifestyle Mentors should support participants to follow the same practices.

Personal Protective Equipment (PPE)

IDSS provides the following PPE to all sites: disposable gloves, disposable aprons, surgical masks (splash or spray of bodily fluids), and shoe covers. Lifestyle Mentors must use PPE appropriately based on the support activity being performed and the infection risk present.

Where a participant's support needs require PPE above the standard IDSS supply (e.g. N95 respirators, face shields, sterile gloves for clinical procedures), IDSS will supply that PPE where it is required for the safe delivery of supports, at no cost to the Lifestyle Mentor. The requirement must be noted in the participant's Personal Support Plan (PSP), and the PLO is responsible for confirming stock is available before the support commences.

Standard PPE by support activity

Support Activity	Gloves	Apron	Mask	Shoe Covers
Bathing / showering	✓	✓		As needed
Oral care	✓			
Menstrual care	✓	✓		As needed
Continence / catheter management	✓	✓	✓ if splash risk	As needed
Bowel management	✓	✓	✓ if splash risk	As needed
Wound care	✓	✓		As needed
PEG / enteral feeding	✓	✓	✓ if splash risk	
Medication administration (oral/topical)	✓			
Food preparation	✓			
Known/suspected infectious illness (participant)	✓		✓	

PPE use principles

- Put on (don) PPE before commencing the activity and before entering a contaminated area.
- Remove (doff) PPE carefully to avoid self-contamination. Remove gloves first, then apron, then mask.
- Perform hand hygiene immediately after removing PPE, even if gloves were worn.
- Single-use PPE must be discarded after each use — do not reuse disposable gloves or aprons.
- Never touch your face, eyes, nose or mouth while wearing gloves.
- Do not leave used PPE in participant areas — dispose of in a lined bin.

Standard Precautions in Support Delivery

The following standard precautions apply to all direct support activities, regardless of the participant's known infection status.

- Assume all blood and body fluids are infectious.Treat all blood, urine, faeces, vomit, saliva, wound exudate and other body fluids as potentially infectious at all times.
- Use appropriate PPE for all personal care activities.
- Handle sharps safely. If sharps are present in a participant's home (e.g. insulin syringes), never recap, bend or break needles. Dispose of in an approved sharps container only. Report any needlestick or sharps injury immediately to the PLO and complete an incident report.
- Manage spills promptly. Clean blood and body fluid spills immediately using gloves and apron. Clean the area first, then disinfect. Remove and bag contaminated materials. Perform hand hygiene after.
- Handle and dispose of waste safely. Place soiled continence products, wound dressings and other contaminated waste in a sealed bag before disposal. Do not leave contaminated waste in open bins.

- Handle soiled linen and clothing safely. Place soiled items in a bag at the point of use. Do not shake or sort soiled linen in participant areas. Wash at ≥60°C where possible.

Illness Exclusion - Lifestyle Mentors

Lifestyle Mentors have a professional and ethical responsibility to avoid exposing participants and colleagues to infectious illness. The following applies:

Condition / Symptom	Action Required
Vomiting or diarrhoea (gastroenteritis)	Do not attend shift. Remain away from all IDSS service settings until symptom-free for a minimum of 48 hours after the last episode.
Fever (≥38°C)	Do not attend shift. Seek medical advice. Return to work only when fever-free for 24 hours without the use of fever-reducing medication.
Respiratory symptoms (cough, runny nose, sore throat, shortness of breath)	Exercise judgement based on severity. If symptomatic with suspected or confirmed respiratory infection, do not attend a shift with immunocompromised or high-risk participants. Wear a surgical mask if attending other shifts. Follow any applicable public health directions.
Confirmed or suspected notifiable infectious disease	Do not attend shift. Notify the PLO or site manager immediately. Return to work only following medical clearance or in line with current public health guidance.
Active skin infection, wound or rash (if on hands/arms)	Cover with a waterproof dressing. If extensive or cannot be adequately covered, do not perform direct personal care until resolved.

Lifestyle Mentors who are unwell must notify the PLO or on-call manager at the earliest opportunity to allow shift replacement to be arranged. Lifestyle Mentors will not be penalised for appropriately self-excluding due to illness.

IDSS strongly recommends that all Lifestyle Mentors maintain current influenza vaccinations and are immune to or vaccinated against measles, mumps, rubella, varicella and pertussis, consistent with the Australian Immunisation Handbook recommendations for people working with vulnerable groups. Immunisation status is recorded with the Lifestyle Mentor's consent and may be taken into account when a public health direction requires it.

Participant Illness – Adjusting Supports

Where a participant is unwell, the delivery of supports continues with transmission-based precautions applied, unless the participant or their decision maker elects to cancel, or the PLO determines on medical or public health advice that the support should be modified, deferred or delivered differently. Cancellations are managed in accordance with NDIS Pricing Arrangements and Price Limits (PAPL) cancellation rules.

When a participant is known or suspected to be unwell, the Lifestyle Mentor must:

- Apply transmission-based precautions appropriate to the suspected illness
- Wear a surgical mask at minimum when providing direct personal care to an unwell participant.
- Notify the PLO or site manager of the participant's illness so that other Lifestyle Mentors scheduled for the participant can be informed and prepared.
- Document the participant's illness and the precautions applied in the shift note.
- Where the Lifestyle Mentor has concerns about their own safety or the safety of the participant, contact the PLO or on-call manager for guidance before proceeding.

Transmission-Based Precautions

Where a participant has a known or suspected infectious condition, transmission-based precautions are applied in addition to standard precautions. The PLO is responsible for communicating known infection risks to Lifestyle Mentors via the participant's PSP or a direct briefing before shift on the MS teams platform.

Transmission Route	Examples	Precautions (in addition to standard)
Contact	MRSA, wound infections, gastroenteritis, scabies, impetigo	Gloves and apron for all contact with participant and their environment. Dedicate equipment where possible. Hand hygiene on entry and exit.
Droplet	Influenza, COVID-19, RSV, whooping cough	Surgical mask when within 1 metre of participant. Eye protection if risk of splash to face. Maintain distance where possible.
Airborne	Active tuberculosis (TB), measles, varicella (chickenpox)	P2/N95 face mask required, supplied by IDSS. The Lifestyle Mentor must fit-check on every use. Avoid confined spaces.

Environmental Cleaning

Hubs & Activity Centres

IDSS hubs and activity centres are cleaned daily by professional cleaning contractors. Lifestyle Mentors are responsible for:

- Wiping down high-touch surfaces (tables, handles, equipment) before and after use.
- Ensuring food preparation areas are cleaned before and after use.
- Disposing of rubbish, soiled materials and PPE appropriately during the day.
- Reporting spills, contamination or cleaning concerns to the site manager promptly.

SIL Houses

Lifestyle Mentors working in SIL houses are responsible for maintaining a cleaning schedule to ensure a safe and hygienic living environment. This includes:

Area / Task	Frequency	Responsibility
Kitchen — bench surfaces, sink, stovetop	After each use / daily	Lifestyle Mentor on shift
Bathroom and toilet	Daily minimum; after each use for shared bathrooms	Lifestyle Mentor on shift
High-touch surfaces (door handles, light switches, remotes, taps)	Daily	Lifestyle Mentor on shift
Floors — sweep/mop	Daily or as needed	Lifestyle Mentor on shift

Laundry — washing and drying participant clothing and linen	As required	Lifestyle Mentor on shift
Bins — empty and reline	When full; daily minimum in bathroom/toilet	Lifestyle Mentor on shift
Fridge — check and discard expired food	Weekly	Lifestyle Mentor on shift
Deep clean of all surfaces	After illness outbreak; or monthly minimum	Lifestyle Mentor + PLO coordination

Cleaning schedules for each SIL house are maintained on site. Lifestyle Mentors must complete schedule on each shift.

Participants' Private Homes

In private homes, Lifestyle Mentors are responsible only for cleaning tasks that form part of the participant's funded supports and are documented in the support plan. At minimum, Lifestyle Mentors must:

- Clean up after any support activity (e.g. food prep, personal care).
- Dispose of PPE and waste safely.
- Manage any spills of blood or body fluids immediately using standard precautions.

Outbreak Management

An outbreak is defined as two or more people (participants or staff) in a shared IDSS setting experiencing similar symptoms within a 48 to 72 hour period, suggesting a common source or person-to-person transmission.

Identifying an outbreak

A Lifestyle Mentor must notify the PLO or Fairy God Mother immediately if:

- Two or more participants in a SIL house or group activity present with similar symptoms (e.g. vomiting, diarrhoea, fever, respiratory illness) within 48-72 hours.
- A Lifestyle Mentor becomes unwell with the same symptoms as a participant they recently supported.
- A participant or Lifestyle Mentor is diagnosed with a notifiable infectious disease.

Outbreak response steps

1. Notify the PLO or Fairy God Mother immediately. The PLO or Fairy God Mother coordinates the outbreak response.
2. Identify and isolate where possible.Where participants are able and willing, separate symptomatic individuals from others in shared settings. This may not always be feasible — use judgement and consult the PLO.
3. Apply transmission-based precautions. Upgrade PPE for all staff in the affected setting. At minimum: gloves, apron and surgical mask for all contact with symptomatic participants.
4. Increase hand hygiene frequency. All staff in the affected setting must perform hand hygiene more frequently — particularly between contact with different participants.
5. Deep clean the environment. Immediately deep clean all high-touch surfaces, bathrooms, kitchens and common areas in the affected setting. Document the cleaning.

6. Review staffing. Do not assign symptomatic Lifestyle Mentors to the affected setting. Where possible, dedicate staff to the affected setting to reduce cross-contamination risk.
7. Notify relevant parties. The PLO or Fairy God Mother notifies participant families/decision makers, relevant health professionals, and management. If the illness is notifiable under state/territory public health law, notify the relevant public health authority. Where the outbreak results in the death, serious injury or serious illness of a participant, the PLO must also notify the NDIS Quality and Safeguards Commission as a reportable incident within 24 hours and manage the matter under the IDSS Incident Management Procedure.
8. Document. Record all cases, actions taken and outcomes in CRM. Complete incident reports for each affected participant.
9. Review and debrief. Once the outbreak is resolved, the PLO and Fairy God Mother review the response, identify any gaps and update procedures or risk assessments as required.

Training Requirements

All Lifestyle Mentors must complete infection prevention and control training as part of their IDSS induction. This includes:

- Hand hygiene — technique and the 5 Moments for Hand Hygiene.
- PPE — correct donning, doffing and disposal.
- Respiratory hygiene and cough etiquette.
- Standard precautions — blood and body fluid management, sharps safety, waste handling.
- Transmission-based precautions overview.
- Cleaning responsibilities relevant to their service setting.

All Lifestyle Mentors must complete IPC refresher training at least bi-annually where they deliver high intensity daily personal activities (including complex bowel care, enteral feeding and complex wound management). Additional refresher training is provided when there is a significant change to this procedure, following an outbreak, or at the direction of management. Completion of induction and refresher training is recorded in the IDSS training register and retained as evidence of worker competency.

Responsibilities Summary

Role	Responsibilities
Lifestyle Mentor	Apply standard and transmission-based precautions. Use PPE correctly. Perform hand hygiene at the 5 Moments. Complete cleaning tasks per their service setting. Self-exclude when unwell. Report illness, outbreaks and incidents promptly. Complete IPC induction training.
Participant Liaison Officer (PLO)	Communicate participant infection risks to Lifestyle Mentors via PSP. Coordinate outbreak response. Notify families, health professionals and public health authorities as required. Ensure Lifestyle Mentors have access to IPC training. Document outbreaks in Lumary.

Fairy God Mothers	Oversee cleaning schedules and environmental hygiene at SIL houses and activity centres. Coordinate deep cleaning during and after outbreaks. Support PLO in outbreak response.
Management / Directors	Ensure PPE supplies are adequate and available. Ensure IPC training is embedded in induction. Review and approve this procedure annually or following a significant incident.

Privacy Policy

Purpose

At Integrated Disability Support Services (IDSS), we are committed to safeguarding the rights and dignity of individuals by protecting their personal and sensitive information. This Privacy Policy reflects our organisational values of Purpose; fostering trust through transparency, Opportunity; ensuring inclusive data practices for better outcome, and Passion; creating supportive environments that prioritise respect and care.

Compliance with the Australian Privacy Principles (APPs), the Privacy Act 1988, and NDIS Practice Standards embodies our dedication to maintaining confidentiality and integrity in our operations.

Scope

This policy applies to all employees, volunteers, participants, contractors, donors, business partners, and online users of IDSS. It governs the collection, storage, use, and disclosure of personal and sensitive information in line with Australian privacy laws. This policy does not apply to employee records directly related to current and former IDSS employees when such records are exempt under the Privacy Act. Where IDSS delivers services under a service arrangement with a Queensland government agency, the Information Privacy Act 2009 (Qld) applies to the personal information handled under that arrangement in place of the Australian Privacy Principles.

Which set of principles binds IDSS is determined by the individual service arrangement: the Queensland Privacy Principles apply under arrangements entered into or varied on or after 1 July 2025, and the former Information Privacy Principles and National Privacy Principles continue to apply under arrangements entered into before that date and not since varied. Requirements specific to these arrangements are set out under Queensland Government Service Arrangements below.

Definitions

To ensure clarity, we define the following terms:

Term	Definition
Personal Information	Information or opinion about an identified individual, as defined under the Privacy Act 1988.
Sensitive Information	A subset of personal information, including data related to health, ethnicity, political beliefs, biometrics, and religion.
APP (Australian Privacy	Guidelines under the Privacy Act 1988 regulating the collection and management of personal information.
Anonymity	The ability to interact with IDSS without disclosing identity.
Pseudonymity	Use of a fictitious name or identifier instead of actual personal details.
Consent	Voluntary agreement informed by adequate details, ensuring the individual understands the scope, purpose, and potential outcomes of disclosure.
QPP (Queensland Privacy Principles)	The privacy principles in schedule 3 of the Information Privacy Act 2009 (Qld), which from 1 July 2025 replaced the Information Privacy Principles and National Privacy Principles for Queensland agencies and the service providers they bind.
Service Arrangement	An arrangement under section 34 of the Information Privacy Act 2009 (Qld) under which IDSS provides services for or on behalf of a Queensland government agency.
Bound Contracted Service Provider	A service provider bound under section 35 of the Information Privacy Act 2009 (Qld) to comply with the privacy principle requirements as if it were the contracting agency, and directly liable under that Act for any failure to do so.

Responsibilities

To maintain the integrity of our privacy obligations:

- Senior Management Team: Ensure compliance with the Privacy Act, APPs, and NDIS Practice Standards, whilst reviewing and updating policies as required.
- Participant Liaison Officers, HR, Lifestyle Mentors: Handle personal and sensitive information responsibly, adhering to approved procedures and safeguards.
- Participants and Stakeholders: Have the right to access, amend, or seek correction of personal information and escalate complaints as necessary.
- All Workers, Participants and Visitors: Comply with the recording, photography and surveillance requirements set out in the Procedure, including the prohibition on recording any person without their express consent.

Statement & Overview

IDSS is dedicated to managing personal and sensitive information ethically and responsibly. Our policies ensure:

- Collection is lawful, necessary, and limited to defined purposes.
- Disclosure occurs only as required, ensuring strict compliance with statutory obligations.
- Information is safeguarded from unauthorised access, modification, or misuse.
- Individuals can access and correct their data upon request.

Failure to adhere to these principles may result in corrective measures or escalation in accordance with legal provisions.

Procedure

Collection of Information

Identifying Necessity: Information is collected only for purposes essential to service delivery, engagement, or compliance with legal frameworks.

Anonymity and Pseudonymity: Individuals have the option of dealing with IDSS anonymously or under a pseudonym — for example, when making a general enquiry or providing feedback — unless it is impracticable for us to deal with an unidentified individual, or we are required or authorised by law to deal with an identified individual. Staff will advise individuals of this option where it is available.

Obtaining Consent: Informed consent will be obtained before personal information is collected, unless collection is required or authorised by law. Consent must be voluntary, current, specific, and given by a person with capacity to understand the scope, purpose and consequences of the disclosure. Consent is recorded on the participant file and reconfirmed at each service agreement review.

Sensitive Information: Sensitive information — including health, disability, ethnicity, religious and biometric information — is collected only with the individual's express consent and only where it is reasonably necessary for service delivery, unless an exception under APP 3.4 applies.

Capacity and Supported Decision-Making: Where a participant requires support to give consent, IDSS will provide accessible information in the participant's preferred format and involve the person's chosen supporter. Where a participant does not have capacity to consent, consent will be sought from the person's guardian, nominee or other legally authorised substitute decision-maker, and the basis for that authority will be recorded on file. Capacity is presumed unless there is evidence to the contrary, and any assessment of capacity is decision-specific and documented.

Data Sources: Data may be gathered through application forms, surveys, direct correspondence, or electronic submissions.

Collection Notice: At or before the time information is collected, or as soon as practicable afterwards, IDSS will notify the individual of our identity and contact details; the purposes of collection; whether the collection is required or authorised by law; the consequences of not providing the information; the types of organisations to which we usually disclose the information; that this policy explains how to access and correct personal information and how to complain about its handling; and whether the information is likely to be disclosed to overseas recipients.

Unsolicited Information: Where IDSS receives personal information it did not solicit, we will determine within a reasonable period whether we could have collected that information under this policy. If we could not, and we are not required by law to retain it, the information will be destroyed or de-identified as soon as practicable and lawful to do so.

Recording, Photography and Surveillance

Recording and Photography by Workers: Employees, volunteers and contractors must not use any recording device — including body-worn cameras, smart glasses, smart watches, mobile phones, audio recorders or any other wearable or portable technology — to photograph, film or audio-record a participant, a participant's family member, or another worker, without the express written consent of each person to be recorded. Consent must state the purpose of the recording, how it will be stored, who may access it and how long it will be kept, and is recorded on the participant file or personnel file. Covert recording is prohibited in all circumstances. A recording made without consent must be reported to the Senior Management Team and deleted, and may result in disciplinary action up to and including termination of engagement.

Recording by Participants, Families and Visitors: Participants, their families and visitors must not photograph, film or audio-record an IDSS employee or volunteer without that person's express consent and prior notification of the purpose of the recording. Where recording is proposed as part of a participant's supports — for example, to review a therapy session — written consent is obtained from each person to be recorded and the arrangement is documented in the participant's plan. Nothing in this clause limits a person's right to make a complaint, or to report suspected abuse, neglect or exploitation to IDSS, the NDIS Quality and Safeguards Commission, or the police.

Assistive and Communication Technology: Where a device with recording capability forms part of a participant's approved assistive technology or communication support, its use is documented in the participant's plan, workers who may be recorded are informed, and any recordings are handled as personal information under this policy.

Surveillance in Use: Where closed-circuit television or other surveillance operates at an IDSS site or in an IDSS vehicle, clear signage is displayed at each entry point and within the area under surveillance stating that surveillance is in use. Surveillance is used for the safety of participants and workers, the protection of property, the investigation of incidents, and the review of service delivery.

Cameras are not directed at an individual worker's workstation for the purpose of monitoring performance. Surveillance is not installed in bedrooms, bathrooms or other private areas. Workers are given written notice of the kind of surveillance, how and where it is carried out, when it starts and whether it is continuous or for a set period, at least 14 days before any new or materially changed surveillance commences, in accordance with WHS-011 Workplace Surveillance Policy.

Induction and the annual policy refresher supplement that notice. Covert surveillance is not used in any circumstances. The detailed surveillance regime — including prohibited forms of surveillance, notification periods, access authorisation and retention — is set out in WHS-011 Workplace Surveillance Policy, which governs in the event of any inconsistency with this policy.

Any use of footage in a performance or disciplinary process is authorised by the Executive Leadership Team and recorded in the surveillance access log, and the worker is given the opportunity to view the relevant footage and respond before any performance or disciplinary decision is made.
Footage is treated as personal information: access is restricted to authorised personnel, each access is logged, and footage is retained for no longer than 30 days unless it is required for an incident investigation, a complaint, a performance or disciplinary process, or a legal or regulatory obligation.

Recordings as Records: Photographs, film and audio recordings of an identifiable person are personal information, and where they relate to a person's disability or health they are sensitive information. They are collected, stored, used, disclosed, retained and destroyed in accordance with this policy.
Consent to a recording may be withdrawn at any time, and on withdrawal the recording is destroyed unless IDSS is required to retain it by law or under a Queensland government service arrangement. Unauthorised recording may also engage the Invasion of Privacy Act 1971 (Qld) and the statutory tort for serious invasions of privacy under the Privacy Act 1988, in addition to this policy.
Storage and Handling
Data Security: All information is securely stored in locked cabinets or in encrypted, password-protected digital systems. Digital systems require multi-factor authentication, information is encrypted in transit and at rest, and system access is logged and reviewed quarterly.
Personnel Controls: Access is granted on a least-privilege basis and is reviewed whenever a person changes role. System access and physical keys are revoked on the day a worker's engagement ends. All workers complete privacy training at induction and annually thereafter, and are bound by written confidentiality undertakings.

Third-Party and Cloud Providers: Before engaging a contractor or cloud provider that will handle personal information, IDSS conducts due diligence on the provider's security controls and the location where information will be held, and imposes contractual obligations requiring compliance with the APPs, use of the information only for the contracted purpose, prompt notification to IDSS of any suspected breach, and return or destruction of the information on termination.
Monitoring: Regular monitoring ensures adherence to security protocols. Security incidents are logged and escalated under the Data Breach Response procedure.
Access Restrictions: Authorised personnel units are granted access following internal requirements and audit processes.

Retention and Disposal
Retention: Records are retained for the minimum period required by law or by our funding agreements. Worker screening, complaints and incident records are retained for seven years as a condition of NDIS registration. Records relating to a participant who was under 18 at the time the record was made are retained until that person reaches 25 years of age. Employment records are retained for the period required under the Fair Work Act 2009.
Queensland Government Service Arrangements: Where IDSS delivers services under a service arrangement with the Department of Families, Seniors, Disability Services and Child Safety — including the Queensland Community Support Scheme, respite, forensic disability services, and placement or residential care for children in care — IDSS is a bound contracted service provider under section 35 of the Information Privacy Act 2009 (Qld). For records created or received in the course of that arrangement, IDSS complies with the privacy principles that the service arrangement binds it to, identified under Scope above, as if it were the contracting agency.

As a bound contracted service provider, IDSS is liable under the Information Privacy Act 2009 (Qld) for any failure to comply with the applicable privacy principles, including liability to pay compensation, in addition to any liability under the service arrangement. Personal information handled under a service arrangement is not disclosed outside Australia except as permitted under that Act and with the agency's written authorisation.

Destruction and De-identification: Where personal information is no longer needed for any purpose for which it may be used or disclosed, and IDSS is not required by law or court order to retain it, the information is destroyed or de-identified. Paper records are destroyed by secure shredding; digital records are securely deleted, and ICT assets are sanitised or physically destroyed before disposal. Each disposal event is recorded in the Records Disposal Register and authorised by the Senior Management Team.

Access and Correction

Requests for Data: Individuals can request access or corrections by contacting the Senior Management Team. Proof of identity is required to address data securely.

Processing Requests: Requests are acknowledged within 5 working days and, as a service commitment, responded to within 30 calendar days of receipt. Information is provided in the manner requested by the individual where it is reasonable and practicable to do so. Where a request relates to personal information handled under a Queensland government service arrangement, and the service arrangement provides that the records remain under the agency's control, the request is referred to the contracting agency and is dealt with under the access and amendment provisions of the Information Privacy Act 2009 (Qld), whose timeframes are calculated in business days.

Charges: No charge applies for making a request for access or correction. Any charge for giving access will be reasonable, will not be excessive, and will be notified to the individual before it is incurred.

Refusal and Alternative Access: Where access is refused in whole or in part, IDSS will give written notice setting out the reasons for the refusal, except to the extent that it would be unreasonable to do so, and the complaint mechanisms available. Where a ground for refusal applies, IDSS will consider whether access can reasonably be given through a mutually agreed intermediary, or in a way that meets the needs of both parties.

Access will be denied if:

- The request does not relate to the personal information of the person making the request
- Providing access would pose a serious threat to the life, health or safety of a person or to public health or public safety
- Providing access would create an unreasonable impact on the privacy of others
- The request is frivolous or vexatious
- The request relates to existing or anticipated legal proceedings
- Providing access would prejudice negotiations with the individual making the request
- Access would be unlawful
- Denial of access is authorised or required by law
- Access would prejudice law enforcement activities
- Access would prejudice an action in relation to suspected unlawful activity, or misconduct of a serious nature relating to the functions or activities of IDSS

Correction of Information: IDSS will take reasonable steps to correct personal information where it is inaccurate, out of date, incomplete, irrelevant or misleading, whether on request or on our own initiative. Corrections are made free of charge. Where the information has previously been disclosed to another APP entity, IDSS will, if asked by the individual, take reasonable steps to notify that entity of the correction unless it is impracticable or unlawful to do so. Where IDSS refuses to correct information, we will give written reasons and set out the complaint mechanisms available, and will, if asked, associate with the record a statement that the individual believes the information to be inaccurate, out of date, incomplete, irrelevant or misleading.

Complaints and Resolution

If you provide us with personal or sensitive information, or we collect and hold such information, you have the right to make a complaint, which will be investigated under this Complaints procedure.

If you have concerns regarding IDSS's privacy practices or how your personal information is handled (e.g., collection, storage, usage, disclosure, or access), you can contact our Senior Management Team as detailed below. Your complaint will be recorded in our Complaints Register.

This policy aims to resolve complaints effectively within 10 working days or as soon as possible. For complex cases, it may take longer. Upon receiving a complaint, we may:

- Request additional information: You may need to provide relevant details, including dates and documents, to help us investigate. All details will remain confidential.
- Discuss resolution options: We will explore solutions with you. If you have suggestions for resolution, share them with the Senior Management Team.
- Conduct an investigation: If necessary, we will investigate within a reasonable timeframe, potentially involving other parties to address your concerns.
- Address employee conduct: If your complaint involves an employee, we will seek their input to help resolve the matter.
- Based on findings: If substantiated: We will inform you of the outcome, resolve the issue, and take steps to prevent recurrence.
- If not substantiated or unresolved: If the Privacy Policy was followed but your concerns remain, IDSS may involve a mediator, such as a lawyer or agreed third party.

- If you remain unsatisfied, you can escalate the matter to the Australian Information Commissioner at (http://www.oaic.gov.au). Where your complaint concerns personal information handled under a Queensland government service arrangement, the matter is escalated instead to the Office of the Information Commissioner Queensland at (https://www.oic.qld.gov.au), and the complaint is made against IDSS as the bound contracted service provider.
- A privacy complaint under the Information Privacy Act 2009 (Qld) must first be made to IDSS, and may be referred to the Information Commissioner only after the period allowed under that Act for IDSS to respond has passed.

We will maintain records of your complaint and its resolution.
IDSS cannot process anonymous complaints due to the inability to investigate and follow up, but issues raised anonymously will be noted and addressed if possible.

Data Breach Repsonse

IDSS maintains a data breach response plan. Any suspected or actual privacy breach must be reported to the Senior Management Team immediately, and no later than 24 hours after it is identified.
Containment and Assessment: On notification, IDSS will take immediate steps to contain the breach and will complete a reasonable and expeditious assessment of whether it is an eligible data breach within 30 days of becoming aware of the grounds for suspicion.

Notification (Commonwealth records): Where there are reasonable grounds to believe an eligible data breach has occurred — that is, unauthorised access to, unauthorised disclosure of, or loss of personal information that is likely to result in serious harm — IDSS will notify the Office of the Australian Information Commissioner and each affected individual as soon as practicable, setting out the information involved, the likely consequences, and the steps individuals should take in response. Where the breach affects an NDIS participant, IDSS will also notify the NDIS Quality and Safeguards Commission where required.
Notification (Queensland government service arrangements): Where a breach involves personal information handled under a service arrangement with a Queensland government agency, the Commonwealth notifiable data breach scheme does not apply to that information, because acts done for the purposes of a contract with a State authority are exempt under section 7B(5) of the Privacy Act 1988. The mandatory notification of data breach scheme in Chapter 3A of the Information Privacy Act 2009 (Qld) does not bind IDSS directly; the obligation rests with the contracting agency, and information in IDSS's possession remains held by that agency where it is under the agency's control. IDSS will therefore notify the contracting agency's nominated privacy contact immediately on becoming aware of a suspected breach affecting those records, and in any case within 24 hours; provide the agency with the information it reasonably requires to complete its assessment within the 30-day statutory period; and comply with any containment, notification or reporting direction given by the agency. IDSS will not notify affected individuals or a regulator in relation to those records without the agency's authorisation, except where required by law.

Review: All breaches, whether or not notifiable, are recorded in the Privacy Breach Register and reviewed by the Senior Management Team to identify and implement corrective action.

Use & Disclosure of Personal Information

We use personal information only for the purposes for which it was provided, or for purposes related to our functions or activities. Within IDSS, personal information may be shared between sections or divisions if necessary. We may also share your personal information with external organisations, including:

- Government agencies funding IDSS.
- Contractors managing services, such as those distributing information on our behalf, ensuring they comply with privacy laws (APPs) and only use data for required services.
- Healthcare professionals assisting in service delivery.
- Regulatory bodies like Work Health and Safety Queensland.
- Referees and former employers regarding IDSS staff, volunteers, and applicants.
- Professional advisors such as accountants, auditors, and lawyers.

We will not share personal information with third parties unless:

- You have consented.
- It is related to the purpose of collection (or directly related if sensitive information).
- Required or authorised by law.
- It prevents or addresses a serious threat to life, health, or public safety.
- It assists with suspected unlawful activity or serious misconduct concerning IDSS operations.
- It helps locate a missing person.
- It is necessary to establish, exercise, or defend a legal claim.
- It is needed for a confidential dispute resolution process.
- It supports health services, their management, or public health and safety.
- It is for research or statistical analysis relevant to public health/safety.
- It aids in enforcing laws by an enforcement body.

We generally do not send personal information outside Australia. If required, we ensure your data is protected by confirming the destination country has similar privacy protections or implementing contractual safeguards.
Automated Decision-Making: Where IDSS arranges for a computer program to make, or to substantially and directly support the making of, a decision that uses personal information and could reasonably be expected to significantly affect an individual's rights or interests, this policy will set out the kinds of personal information used, the kinds of decisions made, and how the program is used in making them. This reflects the transparency requirements in APP 1.7 to 1.9, which commence on 10 December 2026. IDSS maintains a register of any such systems, completes a privacy impact assessment before deploying one, and will provide human review of a decision on request.

Supporting Documents

Relevant legislation and resources include:

- Privacy Act 1988 (Commonwealth)
- Privacy and Other Legislation Amendment Act 2024 (Commonwealth)
- NDIS Practice Standards
- Safe Work and Fair Work regulations
- IDSS internal procedures, including records management
- Australian Privacy Principles Guidelines (Privacy Act 1988) (Office of the Australian Information Commissioner)
- Information Privacy Act 2009 (Qld)
- Information Privacy and Other Legislation Amendment Act 2023 (Qld)
- Queensland Privacy Principles guidelines (Office of the Information Commissioner Queensland)
- Invasion of Privacy Act 1971 (Qld)
- Human Rights Act 2019 (Qld)
- Disability Services Act 2006 (Qld)
- NDIS Code of Conduct
- WHS-011 Workplace Surveillance Policy

Monitoring & Compliance

- Regular Audits: Six-monthly reviews of record-keeping practices will ensure continued compliance with privacy obligations.
- Feedback Mechanism: Anonymous submission of concerns will be reviewed where feasible to improve processes.
- Accountability: Breaches will be logged, reported and rectified in accordance with the Data Breach Response procedure and legislative guidance. The Senior Management Team is the accountable owner for privacy compliance across IDSS.
- Registers: IDSS maintains a Complaints Register, an Access and Correction Request Register, a Privacy Breach Register and a Records Disposal Register. Each entry records the date received, the responsible officer, the action taken and the date closed. Registers are reviewed by the Senior Management Team at each six-monthly audit, and a summary of privacy performance is reported to the Executive Leadership Team.

Review & Revision

This policy will be reviewed every two years by the Senior Management Team, consistent with the review date in the document control table, or earlier where legislative, regulatory or operational changes require it. Updates ensure alignment with evolving regulatory, contractual and strategic organisational priorities.
Legislative Monitoring: The Senior Management Team monitors changes to the Privacy Act 1988, the Australian Privacy Principles, the NDIS Practice Standards and the Information Privacy Act 2009 (Qld), and will bring the review date forward where required.

Contact Information

For further guidance or support regarding this policy, please contact, senior leadership team on 1300 4377 669 or admin@integratedsupport.org.au.

Preventing and Repsonding to Abuse Policy

Purpose

This policy outlines IDSS's commitment to safeguarding individuals with disabilities by preventing and responding to abuse, neglect, and exploitation. It is deeply rooted in the organisational values of:

- Purpose: Promoting dignity, safety, and empowerment for participants and staff.
- Opportunity: Ensuring equal access to justice, support, and growth through proactive safeguarding strategies.
- Passion: Demonstrating unwavering dedication to the wellbeing of participants and upholding their human rights through effective incident management.

This policy ensures compliance with the National Disability Insurance Scheme (NDIS) Practice Standards, the NDIS Code of Conduct, the National Disability Insurance Scheme Act 2013 (Cth) and the NDIS (Incident Management and Reportable Incidents) Rules 2018, the Work Health and Safety Act 2011 (Qld), the Fair Work Act 2009 (Cth), and all other relevant Australian legislation.

Scope

This policy applies to:

- All IDSS employees, contractors, and volunteers in roles that involve participant interaction.
- Services provided to participants, their families, and other relevant stakeholders.

Definitions

Term	Definition
Abuse	Any action or inaction causing physical, emotional, or psychological harm to a participant. Examples include:
Physical Abuse	Any non-accidental physical injury or injuries to a child or adult, such as inflicting pain of any sort, or causing bruises, fractures, burns, electric shock, or unpleasant sensation (e.g., taste, heat or cold) as well as restrictive practices which are not contained in the participant's positive behaviour support plan.
Sexual Abuse	Any sexual activity with a child under 16 years of age; any sexual activity with a person aged 16 or 17 years where the other person has that person under their care, supervision or authority; or any sexual activity with a person with an impairment of the mind (as defined under 'Definitions' in the Queensland Criminal Code). Sexual activity includes intercourse, genital manipulation, masturbation, voyeurism, sexual harassment, and inappropriate exposure to pornographic media etc.
Psychological or Emotional Abuse	Verbal communication that is threatening or demeaning, threats of maltreatment, harassment, humiliation, intimidation, failure to interact with a person or to acknowledge the person's presence, or denial of cultural or religious needs and preferences.

Financial Abuse	The illegal or improper use of a person's property or finances, or the withholding of another person's resources by someone with whom the person has a relationship implying trust.
Chemical Abuse	Any misuse of medications and prescriptions, including the withholding of medication and over-medication.
Abuse through Denial of Access to Legal Remedies	Denial of access to justice or legal systems that are available to other citizens, and denial of informal or formal advocacy support requested by the participant or his/her substitute decision maker.
Neglect	Failing to provide appropriate care, resulting in unmet needs and potential harm (e.g., denial of healthcare or unsafe environments). Examples include:
Physical Neglect	Failure to provide adequate food, shelter, clothing protection, supervision and medical and dental care, or to place persons at undue risk through unsafe environments or practices.
Passive Neglect	The failure to fulfil care-taking responsibilities because of inadequate caregiver knowledge, infirmity, or the failure to implement prescribed services.
Wilful Deprivation	Wilfully denying a person access to medication, medical care, shelter, food, a therapeutic device or other physical assistance, thereby exposing that person to risk of physical, mental or emotional harm.
Emotional Neglect	The failure to provide the nurturing or stimulation needed for the social, intellectual and emotional growth or wellbeing of an adult or child.
Crimes of Omission	Negligence, i.e., the failure to act with the appropriate duty of care.
Exploitation	Taking unfair advantage of a participant's reliance or vulnerability for personal, financial, or other gains.

Responsibilities

All Staff:

- Provide services consistently with this policy.
- Foster a culture of safety and support open reporting mechanisms without fear of retribution.

Participant Liaison Officer (PLO):

- Receive and advise on all reportable incidents.
- Inform Executive Management Team about such incidents promptly.
- Ensure incident reporting and follow-up actions comply with legislative requirements.
- Ensure completion of follow-up actions, reporting to the NDIS Commission, and proper closure of reports.

Executive Management Team:

- Oversee policy implementation, monitoring, and compliance.
- Support PLO in implementing preventive initiatives and corrective measures.
- Maintain clear, auditable records of all incidents using CRM systems.
- Receive verbal and written reports of incidents.
- For 'death-in-care' cases, immediately ensure reporting to police or the coroner (Coroners Act 2003 (Qld)).
- Provide advice on policy and the actions required in response to incidents, and periodically review compliance.

Statement & Overview

IDSS promotes a zero-tolerance approach towards abuse, neglect, and exploitation. Key principles of this policy are:

- Participants' rights to safety, dignity, equal protection, and access to justice must always be upheld.
- Any person who raises concerns will not face retribution or discrimination.
- Proactively training the IDSS workforce to identify, prevent, and manage incidents effectively.
- Ensuring compliance with NDIS Incident Management and Reportable Incident Rules (2018).

Procedure

Reporting Concerns

- All incidents must be reported immediately to a PLO, HR or Executive Management.
- Incidents involving participant-to-participant abuse are given priority and reviewed systemically.

Mandatory Reporting: IDSS must inform the NDIS Commission in writing of reportable incidents, within 24 hours of key personnel becoming aware,. Reporting to the NDIS Commission does not discharge any other reporting obligation. Where an incident involves a child, staff must also report in accordance with the Child Protection Act 1999 (Qld). Where an incident may involve criminal conduct, it must be reported to the Queensland Police Service, and evidence must be preserved. Reports to police or child safety authorities are made without delay and are not to await the outcome of any internal investigation.

Anyone reporting suspected or alleged abuse, neglect, or exploitation of a participant has the right to have their safety and rights protected. Families and carers who report such incidents are entitled to support in addressing them.

Investigating Incidents

- Assign investigation responsibilities to trained personnel.
- Conduct comprehensive and unbiased investigations, ensuring confidentiality and documentation.

Participant Safety & Support

- Offer support services to individuals affected, including counselling and advocacy.
- Immediate actions must be taken to protect participants' safety and wellbeing.

Participants who experience abuse, neglect, or exploitation are entitled to:

- Complain about the service they receive or incidents of abuse, neglect, or exploitation without fear of retaliation.
- Raise grievances and access the criminal justice system fairly and without fear of losing services or facing backlash from providers.
- Access appropriate support services to help address the effects of abuse, neglect, or exploitation.

Resolution and Follow-Up

- Document all findings, corrective measures, and outcomes transparently.
- Submit a detailed final report to the NDIS Commission when requested.

Record Keeping of Reportable Incidents

IDSS will keep a record of all reportable incidents for a period of 7 years from the day the record is created, relating to the participant involved in the incident. This will be managed with the organisation CRM.

Reportable Incidents to NDIS Quality & Safeguards Commission

All IDSS staff must be familiar with reportable incident types as outlined in the NDIS Incident Management & Reportable Incidents Rules 2018 (Section 16(1)). Reportable incidents include:

- Death of a person with disability.
- Serious injury of a person with disability.
- Abuse, neglect, or unlawful sexual/physical contact or assault of a person with disability.
- Sexual misconduct against or in the presence of a person with disability (e.g., grooming).
- Use of a restrictive practice in relation to a person with disability where the use is not authorised by the State or Territory, or is used in accordance with that authorisation but not in accordance with the participant's behaviour support plan.

Reporting Requirements

Within 24 Hours:
Notify the Commissioner within 24 hours of key personnel becoming aware of a reportable incident that has occurred, or is alleged to have occurred, in connection with IDSS supports or services. The 24-hour period runs from when key personnel become aware, not from when the incident occurred. Where full information is not available within 24 hours, notify within the window with the information held and supplement it in the 5 business day report. Provide:

- NDIS provider's name and contact details.
- Description of the incident.
- Immediate actions taken to ensure the health, safety, and wellbeing of affected individuals.
- Whether police or other authorities were notified.
- Time, date, and location of the incident (if known).
- Names, contact details of involved persons and witnesses.
- Any additional information required by the Commissioner.

Within 5 Business Days:
Submit a detailed written report to the Commissioner for every reportable incident notified within 24 hours, setting out the incident, the actions taken in response, witness details, the support provided to the participant, and any further proposed actions.
Notify the Commissioner of the unauthorised use of a restrictive practice — that is, use not authorised by the State or Territory, or use not in accordance with the participant's behaviour support plan — where the use has not resulted in harm. Where harm has resulted, the 24-hour timeframe applies instead.

Updating the Commission:

- Notify the Commission promptly in writing if new significant information about a reported incident arises.

Final Report:

- Provide within 60 business days of submitting the 5 business day report, where the NDIS Commission advises that a final report is required:
- Investigation details (e.g., investigator's name and position, findings, and corrective actions taken).
- Notification of whether participants/nominated representatives were informed of the investigation process, findings, and actions.
- Copies of investigations or assessments if requested by the Commissioner.

Prevention and Workforce Safeguards

Human resource management systems and practices support safe recruitment and selection, including compliance with statutory screening requirements, and ongoing supervision of workers in participant-facing roles.
All workers in risk-assessed roles must hold a current NDIS Worker Screening Check clearance before commencing duties, and a current Working with Children (Blue Card) clearance where their role involves regulated child-related work. Clearance status is verified before engagement and monitored on an ongoing basis; a worker whose clearance is suspended or excluded is immediately removed from risk-assessed duties.

The cultural needs of participants from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds in Queensland are safeguarded through training in cultural competency.
Good practice in positive behaviour support is promoted and resourced. Regulated restrictive practices are used only where authorised under Part 6 of the Disability Services Act 2006 (Qld) and Chapter 5B of the Guardianship and Administration Act 2000 (Qld), and only where provided for in the participant's behaviour support plan. Any use outside those conditions is treated as a reportable incident and notified to the NDIS Commission.

The workplace culture supports continuous learning and professional development so that workers can respond to the needs of the participants they support. Training requirements, competency assessment and refresher cycles are set out in Workforce Development, Training and Competency Procedure.

Supporting Documents

This policy aligns with the following legislative and procedural requirements:

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)
- NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)
- NDIS (Practice Standards — Worker Screening) Rules 2018 (Cth)
- NDIS Code of Conduct
- Human Rights Act 2019 (Qld)
- Coroners Act 2003 (Qld)
- Criminal Code Act 1899 (Qld)
- Child Protection Act 1999 (Qld)
- Working with Children (Risk Management and Screening) Act 2000 (Qld)
- Disability Services Act 2006 (Qld)
- Guardianship and Administration Act 2000 (Qld)
- Public Interest Disclosure Act 2010 (Qld)
- Work Health and Safety Act 2011 (Qld)
- Privacy Act 1988 (Cth)
- Fair Work Act 2009 (Cth)

Internal forms and templates including:

- Incident Report Form.
- Risk Assessment Templates.

Monitoring & Compliance

All staff complete abuse, neglect and exploitation awareness training at induction and refresher training at least annually. Training completion is recorded and monitored.
The Executive Leadership Team reviews the incident register at least quarterly to identify trends, systemic issues and repeat risks, and records resulting actions in the continuous improvement register.
Compliance with this policy is audited at least annually, and findings are reported to the Executive Leadership Team. Breach of this policy may result in disciplinary action, contract termination, or legal action, as appropriate.

Review & Revision

This policy will be reviewed bi-annually by the Executive Leadership Team, and earlier if legislative or regulatory changes require it. Updates ensure alignment with evolving regulatory, contractual, and strategic organisational priorities.

Contact Information

For further guidance or support regarding this policy, please contact the executive leadership team. Participants, families, carers and staff may raise concerns directly and independently of IDSS with: NDIS Quality and Safeguards Commission — 1800 035 544, Queensland Police Service — 000 in an emergency, or 131 444, Office of the Public Guardian (Qld) — 1300 653 187, Child Safety After Hours Service Centre (Qld) — 1800 177 135.

Child and Youth Risk Management Strategy

Statement of Commitment to Child and Youth Safety

Integrated Disability Support Services (IDSS) is unconditionally committed to the safety, wellbeing and best interests of all children and young people who access our services or come into contact with our organisation. We believe every child and young person has the right to be safe, respected, heard and protected from all forms of harm, abuse, neglect and exploitation.

IDSS adopts a zero-tolerance approach to child abuse and neglect in any form. We embed child safety into our organisational culture, governance, recruitment, training and daily operations. All IDSS workers, volunteers and contractors share responsibility for creating and maintaining a child-safe environment.

This Child and Youth Risk Management Strategy has been developed in accordance with the Child Safe Organisations Act 2024 (Qld), under which IDSS must implement the 10 Child Safe Standards and the Universal Principle for Aboriginal and Torres Strait Islander cultural safety. It is also informed by blue card obligations under the Working with Children (Risk Management and Screening) Act 2000 (Qld), the National Principles for Child Safe Organisations (2019), and the NDIS Practice Standards. It is endorsed by the IDSS Executive Leadership Team and is reviewed annually, on any change to child safety legislation, and following any significant incident.

Purpose

This Strategy identifies and manages risks to the safety and wellbeing of children and young people associated with IDSS activities. It establishes systems, processes and accountability structures to prevent child abuse and respond appropriately when concerns arise.

Scope

This Strategy applies to:

- All IDSS employees (full-time, part-time, casual)
- Volunteers and work experience/placement students
- Contractors, subcontractors and labour hire workers
- Board members and governing body members
- Any person engaged by IDSS who has contact with children or young people

For the purposes of this Strategy, a child or young person is any person under 18 years of age. IDSS provides supports to NDIS participants who may include children and young people with disability, as well as children and young people who may come into contact with IDSS as family members or visitors to our services and SIL houses.

Definitions

Child	A person under 18 years of age (Working with Children (Risk Management and Screening) Act 2000 (Qld))
Child Abuse	Physical abuse, emotional/psychological abuse, sexual abuse, neglect, and exposure to domestic violence
Child Safe Organisation	An organisation that creates cultures, adopts strategies and takes action to promote child wellbeing and prevent harm

Regulated Employment	Work (paid or unpaid) at an IDSS service that involves, or is likely to involve, contact with a child
Blue Card / NDIS Worker Check	Screening checks required before commencing regulated employment involving children or NDIS participants
Grooming	Behaviours used by a person to gradually gain a child's trust (and their family's) for the purpose of sexual abuse
Mandatory Reporter	A person required by law to report a reasonable suspicion that a child is in need of protection. Under section 13E of the Child Protection Act 1999 (Qld) this covers doctors, registered nurses, teachers, specified police officers, child advocates and early childhood education and care professionals — it does not extend to disability support workers. IDSS workers instead have reporting duties under the Criminal Code Act 1899 (Qld) (sections 229BB and 229BC), the Reportable Conduct Scheme and the NDIS reportable incident rules
Harm	Any detrimental effect on a child's physical, psychological or emotional wellbeing, whether short or long term

LEGISLATIVE AND REGULATORY FRAMEWORK

Queensland's primary child safety law is the Child Safe Organisations Act 2024 (Qld). IDSS is a child safe entity under that Act and must implement and comply with the 10 Child Safe Standards and the Universal Principle for Aboriginal and Torres Strait Islander cultural safety. Compliance is overseen and enforced by the Queensland Family and Child Commission (QFCC). From 1 July 2026 IDSS is also a reporting entity under the Reportable Conduct Scheme established by Chapter 3 of that Act (see the Reportable Conduct Scheme section below).

IDSS retains this Strategy as the written record of how it implements the Child Safe Standards, consistent with QFCC guidelines.

This Strategy is informed by and must be read in conjunction with the following:

Legislation / Standard	**Key Requirement**	**Relevant to IDSS**
Working with Children (Risk Management and Screening) Act 2000 (Qld)	Mandates blue card screening for regulated employment; employer blue card register obligations (the CYRMS requirement has been replaced by the Child Safe Organisations Act 2024 (Qld))	All services involving children
Child Protection Act 1999 (Qld)	Mandatory reporting obligations; harm definitions; child protection orders	All IDSS workers

National Principles for Child Safe Organisations (2019)	Ten principles for child safe culture, governance, practice and environment	Whole organisation
NDIS Practice Standards — Standard 1.5	Zero tolerance of VANED including for child participants	All NDIS registered services
NDIS (Screening) Act 2018 (Cth)	NDIS Worker Screening Check for risk-assessed roles	All workers in contact with participants
Criminal Code Act 1899 (Qld)	Offences: child abuse, grooming, failure to report, failure to protect	All IDSS workers
Human Rights Act 2019 (Qld)	Children's right to protection in their best interests	All services
Privacy Act 1988 (Cth)	Information management for children and families	Records and information management

ROLES AND RESPONSIBILITIES

Child safety is a shared responsibility across all levels of IDSS.

Executive Leadership Team: Endorse and review this Strategy at least annually; model child-safe leadership; ensure adequate resources for child safety; respond to escalated concerns; report notifiable incidents to the NDIS Commission; ensure compliance with mandatory reporting obligations. Maintain and review this Strategy; conduct internal audits of child safety practices.

Human Resources Fairy: Ensure all workers in child-related roles hold a current Blue Card and/or NDIS Worker Screening Check before commencing work; integrate child safety into induction; include child safety responsibilities in position descriptions; manage worker conduct concerns. Maintain the employer blue card register required under the Working with Children (Risk Management and Screening) Act 2000 (Qld) and the NDIS Worker Screening Check register.

Participant Liaison Officers (PLOs): Implement child safety practices in daily support delivery; identify and report concerns about the safety of children and young people; supervise support workers in contact with child participants; maintain child-specific support plans and risk assessments. manage incidents and complaints involving children

All Workers, Volunteers and Contractors: Comply with this Strategy, including the Code of Conduct for Child Safety set out below; complete mandatory child safety training; report concerns immediately via incident form for supported children or Observation of Concern for unsupported children, and to their PLO/HR Fairy; never be alone with a child participant without prior approval from the participant's guardian and PLO.

RISK IDENTIFICATION AND MANAGEMENT

IDSS has identified the following key risk areas and corresponding controls. This risk assessment is reviewed annually and updated following any incident involving a child or young person.

Risk Area	Risk Controls in Place	Responsible Officer	Residual Risk Rating
Inadequate worker screening — unscreened workers accessing child participants	Blue Card and NDIS Worker Screening Check mandatory before commencement; documents completion; no unsupervised access without confirmed clearance	Human Resources Fairy	LOW

Grooming and boundary violations by workers	The Code of Conduct for Child Safety in this Strategy prohibits inappropriate relationships; worker-to-child ratio and supervision requirements; no unsanctioned one-on-one contact; online/social media conduct policy enforced	HR Fairy / PLO	**LOW**
Abuse by other participants in SIL/shared accommodation	Participant compatibility assessment; individual risk assessments; incident reporting; staff supervision of shared spaces; participant rights framework	PLO Team / Operations	**MEDIUM**
Failure to recognise and report signs of abuse or neglect	Mandatory child safety training for all workers; clear reporting pathway; anonymous reporting option; no-blame reporting culture; statutory reporting obligations under the Criminal Code Act 1899 (Qld) and the Reportable Conduct Scheme reinforced at induction	All Employees	**LOW**
Online safety risks — inappropriate digital contact with child participants	Social media policy in Induction Manual; IDSS devices monitored; workers prohibited from personal social media contact with participants; AI use policy restricts sharing participant data	HR Fairy / IT	**LOW**

Cultural and communication barriers preventing disclosure	interpreter services available; Easy Read resources; Aboriginal and Torres Strait Islander and CALD-specific strategies in this document; child-friendly reporting mechanisms	HR Fairy / PLO	LOW
Inadequate response to disclosed or suspected abuse	Defined reporting pathway below; mandatory reporting obligations; response framework; de-identification of records; investigation protocols	Executive Leadership Team	LOW
Physical environment risks in SIL houses or hubs	CCTV in hubs; visitor sign-in procedures; no access to child participant areas without authorisation; home visit risk assessment	HR Fairy / PLO	LOW

CODE OF CONDUCT FOR CHILD SAFETY

IDSS does not maintain a separate code of conduct document. The behavioural standards set out in this section are the IDSS Code of Conduct for Child Safety, and all IDSS workers must comply with them. These standards apply in all settings including workplaces, community activities, online environments and events.

Behaviours that are Always Required

- Treat all children and young people with dignity, respect and fairness at all times
- Maintain appropriate professional boundaries in all interactions with child participants and their families
- Obtain written consent from a parent/guardian before photographing, filming or recording a child participant
- Use age-appropriate language and communication in all interactions with children
- Report any concern about a child's safety or wellbeing immediately via the IDSS reporting pathway
- Ensure a child participant is never left unsupervised without prior written authorisation from their guardian and PLO
- Promote the participation of children and young people in decisions that affect them

Behaviours that are Never Acceptable

- Initiating or engaging in any form of sexual contact or relationship with a child or young person
- Using physical force on a child (including as a restrictive practice without authorisation)
- Using humiliating, demeaning or threatening language with or about a child participant
- Spending time alone with a child participant outside of authorised, supervised support arrangements
- Making personal social media contact with child participants or their siblings
- Sharing images or information about a child participant (including on personal devices) without consent
- Engaging in or ignoring grooming behaviour by any worker, volunteer or other person
- Discouraging, dismissing or failing to report a child's disclosure of abuse or harm
- Administering physical punishment or using fear or intimidation as a behaviour management technique

RECRUITMENT, SCREENING AND INDUCTION

Screening Requirements

Before commencing any role that involves contact with children or NDIS participants, all workers must hold current and valid screening clearances. No worker may commence work in a child-related role until clearances are confirmed and documented.

Blue Card (Working with Children Check — Qld)	Required for all workers, volunteers and students in regulated child-related work. Must be current before commencement. Cannot commence or continue work if Blue Card is suspended, cancelled or not held.
NDIS Worker Screening Check	Required for all workers in risk-assessed roles under the NDIS (Screening) Act 2018. An NDIS Worker Screening clearance does not automatically remove the requirement to hold a blue card. The HR Fairy must determine and record in HR-011 whether a blue card is required for the role before the worker commences.
Prohibition Orders	Workers subject to a child protection prohibition order or disqualified from child-related employment must never be engaged by IDSS under any circumstances.

Recruitment Practices

IDSS embeds child safety into every stage of recruitment:

- Position descriptions explicitly state child safety responsibilities and screening requirements

- Job advertisements state IDSS's commitment to child safety and the requirement for a Blue Card/NDIS Worker Check
- Interview panels use structured, values-based questions to assess attitudes toward children and vulnerable persons
- All offers of employment are conditional on satisfactory completion of screening checks

Induction

All workers complete child safety induction before commencing work with child participants. The Worker Induction Checklist documents completion of:

- NDIS Worker Orientation Module (includes child safety content)
- IDSS Child and Youth Risk Management Strategy (this document)
- Acknowledgement of the Code of Conduct for Child Safety in this Strategy
- Statutory reporting obligations — Criminal Code Act 1899 (Qld) failure-to-report and failure-to-protect offences, mandatory reporting under the Child Protection Act 1999 (Qld) where applicable to the role, and Reportable Conduct Scheme obligations
- IDSS reporting pathway for child safety concerns
- Behavioural boundaries and professional conduct expectations (Code of Conduct for Child Safety)

TRAINING, COMPETENCY AND SUPERVISION

Child Safety Training

Induction Training (all workers)	Completed before working with children — covers this Strategy, mandatory reporting, behavioural boundaries, and IDSS reporting pathway

Annual Refresher	Mandatory annual child safety refresher for all workers in child-related roles — recorded in Training Register
Statutory Reporting Training	Completed at induction and every 2 years — covers recognising indicators of abuse and neglect, the Criminal Code Act 1899 (Qld) failure-to-report and failure-to-protect offences, Reportable Conduct Scheme obligations, and mandatory reporting under the Child Protection Act 1999 (Qld) where applicable to the role
Cultural Safety Training	Completed within 3 months of commencement — covers Aboriginal and Torres Strait Islander cultural safety, CALD inclusion, and supporting children with disability
Behaviour Support	Workers supporting child participants with complex needs complete BSP implementation training.

Supervision

Regular supervision supports workers to maintain safe practice with child participants. Supervision includes discussion of any concerns about child safety and is documented in employee record. Workers are encouraged to raise concerns without fear of reprisal — IDSS's Whistleblower Policy (WB-001) protects workers who report genuine concerns in good faith.

REPORTING AND RESPONDING TO CHILD SAFETY CONCERNS

Reporting Pathway

Any worker who observes, suspects or receives a disclosure of child abuse or harm must act immediately. Children, young people, families and advocates may also raise a concern or complaint directly — in person to any worker or PLO, or through the IDSS feedback and complaints process — IDSS gives them clear, child-friendly and Easy Read information explaining how to raise a concern, who will handle it, and what happens next. All concerns are recorded and responded to regardless of who raises them or how. The IDSS reporting pathway for workers is:

Step 1 — Ensure Immediate Safety	If a child is in immediate danger, call 000. Do not leave the child alone. Remain calm and do not interview the child or take investigative action.
Step 2 — Listen and Record	If a child makes a disclosure, listen without judgement. Use open, non-leading questions only (e.g., "Can you tell me more about that?"). Record what was said using the child's own words on incident report for supported children of the organization or Observation of Concern form for unsupported children. Do not promise confidentiality.
Step 3 — Report to PLO/HR Fairy	Immediately report the concern to the PLO or HR Fairy. If the concern involves the PLO or HR, report directly to the CEO.

Step 4 — Mandatory Report to Child Safety (if required)	If you believe a child has been harmed, or is at risk of harm, report it. Call Child Safety Services on 1800 177 135, or the Police. Do this even if you have already told your PLO or HR Fairy. You do not have to be a "mandatory reporter" to report, and you do not have to be certain. Every IDSS worker must still report. Under section 229BC of the Criminal Code Act 1899 (Qld) it is a criminal offence for any adult in Queensland not to tell the Police if they reasonably believe a child sexual offence has happened or is happening. Section 229BB also makes it an offence if you have the power to reduce a risk of child sexual abuse and you do nothing. These duties are yours personally. You cannot pass them to someone else, and telling the organization does not discharge them.
Step 5 — NDIS Commission Notification	If the incident is a reportable incident under the NDIS (Incident Management and Reportable Incidents) Rules 2018, the PLO must notify the NDIS Commission within required timeframes.
Step 6 — Document and Follow Up	Complete Incident Report Form. The PLO will initiate a post-incident review and implement improvement actions in Continuous Improvement Register.

Responding to Allegations Against Workers

Where an allegation of child abuse or reportable conduct is made against an IDSS worker, the Executive Director must be notified immediately. The worker will be stood down from child-related duties pending investigation. IDSS will cooperate fully with the Queensland Police Service, Child Safety Services, the Queensland Family and Child Commission (QFCC) and the NDIS Commission. The worker's screening provider will be notified as required. Internal investigation will follow the IDSS Staff Grievance Policy and the Reportable Conduct Scheme section below, and will not compromise any statutory investigation.

Reportable Conduct Scheme

What this means for you: if you become aware that an IDSS worker, volunteer or contractor may have harmed a child, or has been convicted of an offence against a child, tell the CEO straight away. If the concern is about the CEO, contact the QFCC directly. You do not have to work out whether it meets the legal test — that is the CEO's job. Everything below explains what IDSS must then do.

IDSS is a reporting entity under Chapter 3 of the Child Safe Organisations Act 2024 (Qld). The Reportable Conduct Scheme commenced on 1 July 2026 and applies to disability services working with children from that date. The CEO is the head of the reporting entity for the purposes of the Act and holds the notification, investigation and reporting obligations personally.

Under section 26 of the Act, reportable conduct is: a child sexual offence; sexual misconduct towards a child or in front of a child; ill-treatment of a child (treating a child in a way that is unreasonable and seriously inappropriate, improper, inhumane or cruel); serious neglect of a child; physical violence towards a child or in front of a child; and behaviour that causes significant emotional or psychological harm to a child.

Conduct is reportable whether or not a criminal proceeding has commenced or concluded, and may consist of a single act or omission or a series of acts or omissions even where no single act would itself amount to reportable conduct. It is not reportable conduct if what the worker did was reasonable in order to discipline, manage or care for the child — taking into account the child's age, stage of development and health, and any code of conduct or professional standard applying to the conduct.

Any IDSS worker who becomes aware of a reportable allegation or a reportable conviction about another worker must report it to the CEO as soon as practicable. Where the matter relates to the CEO, the worker must report it directly to the QFCC. Any person may notify the QFCC of a reportable allegation or reportable conviction at any time.

On becoming aware of a reportable allegation or reportable conviction, the CEO must give the QFCC an initial report within 3 business days, and an interim report or final report within 30 business days, unless the QFCC agrees to a longer period. Each obligation carries a maximum penalty of 100 penalty units.

The initial report must state the details of the allegation or conviction; the worker's name (including any former name or alias) and date of birth if known; the name of the head of the reporting entity; whether the sector regulator or the Queensland Police Service has been contacted; IDSS contact details; and any action taken in response, including immediate steps taken to prevent the worker having contact with children and any disciplinary action taken or proposed.

Where the conduct may be criminal, IDSS must report the matter to the Queensland Police Service promptly. A police investigation has priority over any IDSS investigation. IDSS must still take risk management action to protect children, including standing the worker down from child-related duties, provided this does not interfere with the police investigation.

As soon as practicable after becoming aware of the allegation or conviction, the CEO must ensure an investigation is conducted and must notify the QFCC that an investigation is underway, giving a contact person. Where IDSS is not reasonably able to investigate, the CEO must notify the QFCC and give reasons. Before the investigation ends, the worker must be given written notice of any proposed findings that may be adverse to them and a reasonable period to make written submissions, and those submissions must be considered.

As soon as practicable after the investigation is completed, the CEO must give the QFCC a final report stating the facts and circumstances, the findings made (including whether the worker engaged in reportable conduct), the reasons for those findings, and copies of the documents relied on. Maximum penalty 100 penalty units.

Under section 30 of the Act, IDSS maintains systems for preventing reportable conduct by workers; for enabling any person to notify the CEO of a reportable allegation or reportable conviction; for enabling any person to notify the QFCC of such a matter involving the CEO; and for investigating and responding to reportable allegations and reportable convictions. This Strategy, Safeguarding and Participant Protection Procedure, Preventing and Responding to Abuse Policy and Staff Grievance Policy together constitute those systems.

Records of each allegation, notification, investigation, finding and action taken are maintained by the Executive Leadership Team and retained in accordance with Records and Retention.

Reportable Conduct Scheme obligations operate in addition to, and do not replace, reporting to Child Safety Services, reporting to the Queensland Police Service, and NDIS reportable incident notifications.

CULTURALLY SAFE AND INCLUSIVE ENVIRONMENTS

IDSS recognises that children and young people from specific communities may face additional vulnerabilities and require tailored approaches to safety. This section gives effect to the Universal Principle for Aboriginal and Torres Strait Islander cultural safety under the Child Safe Organisations Act 2024 (Qld), which applies to IDSS in addition to the 10 Child Safe Standards.

Aboriginal and Torres Strait Islander Children and Young People

- IDSS acknowledges the ongoing impacts of colonisation, intergenerational trauma and historical removal of children in Aboriginal and Torres Strait Islander communities
- We commit to culturally safe practices that are led and informed by Aboriginal and Torres Strait Islander perspectives
- Workers supporting Aboriginal and Torres Strait Islander children and families are encouraged to engage with local community-controlled organisations and Elders for cultural guidance
- Other than action required to secure a child's immediate safety, IDSS will not take action involving Aboriginal and Torres Strait Islander children without first seeking cultural advice and, where possible, involving the child's family and community
- Cultural Safety and Diversity training (CS-001) is completed by all workers and specifically addresses Aboriginal and Torres Strait Islander child safety

Children from Culturally and Linguistically Diverse (CALD) Backgrounds

- IDSS provides information about child safety in accessible formats and, where possible, in the child's first language using qualified interpreters (not family members)
- Workers are trained to recognise that cultural practices do not justify harm and that child protection law applies regardless of cultural background
- IDSS engages with cultural community organisations to ensure our child safety approach is inclusive and accessible

Children and Young People with Disability

- IDSS recognises that children with disability are at heightened risk of abuse and are less likely to be believed when they disclose
- Support plans for child participants include explicit child safety protections and communication strategies appropriate to the child's capacity
- Workers are trained to adapt communication and reporting approaches for children who communicate non-verbally, use AAC devices or have cognitive impairment
- IDSS implements supported decision-making principles so child participants can meaningfully participate in decisions about their safety
- Any Behaviour Support Plan for a child participant is developed with the child's safety and rights as primary considerations.

PHYSICAL ENVIRONMENT AND ONLINE SAFETY

Physical Environment

- IDSS hubs and SIL houses are monitored by security cameras — notices are displayed at all entrances
- Visitor sign-in procedures apply at all IDSS premises; no unauthorised person has unsupervised access to areas used by child participants
- Workers wear ID tags at all times during working hours
- Home visit risk assessments are completed before any visit to a child participant's home
- One-on-one settings with child participants are avoided; where unavoidable, transparent environments are used (visible to others, door open)

Online Safety

- Workers must not establish personal social media connections with child participants or their family members
- Photographs or images of child participants may only be taken with written parental/guardian consent and on IDSS-authorised devices for approved purposes.

- IDSS computer and internet use is monitored in accordance with Workplace Surveillance Policy and the Induction Manual
- Workers must report any online contact they receive from a child participant that falls outside authorised communication channels
- AI tools used by IDSS may not be used to input any information that could identify a child participant

STRATEGY REVIEW, MONITORING AND EVALUATION

Review Frequency	This Strategy is formally reviewed at least annually, and earlier following a significant child safety incident, a change to child safety legislation, or a material change in IDSS services. Annual review is required to demonstrate ongoing compliance with Child Safe Standard 9 (continuous review and improvement)
Review Responsibility	Executive Leadership Team prepares review; CEO endorses
Annual Monitoring	QI-002 (Internal Audits Policy) includes annual audit of child safety practices against this Strategy; results recorded in QI-003 (Continuous Improvement Register)
Incident Review	All incidents involving a child or young person trigger a post-incident review to identify systemic improvement opportunities
Consultation	Workers, participants, families and relevant community stakeholders are consulted during review to ensure this Strategy remains current and effective
Next Scheduled Review	August 2027 (annual review cycle)

INFORMATION SHARING AND CONFIDENTIALITY

If sharing information is necessary to protect a child, IDSS shares it. Privacy and confidentiality are never a reason to stay silent about a child's safety. Information may be shared with Child Safety Services, the Queensland Police Service, the Queensland Family and Child Commission (QFCC), the NDIS Commission, worker screening units and other service providers involved in a child's care, to the extent permitted or required by law.

Chapter 4 of the Child Safe Organisations Act 2024 (Qld) establishes the information sharing framework for the child safe organisations system and does not limit any other power or obligation to give information. Where IDSS receives safeguarding information under that framework, it is used only for the purpose of promoting the safety or wellbeing of a child.

The identity of a person who notifies Child Safety Services under the Child Protection Act 1999 (Qld) is protected and must not be disclosed except as permitted by that Act. Workers must not disclose the identity of a notifier, including internally, without the CEO's authorisation.

Disclosures are recorded: the PLO records what information was shared, with whom, on what date, and the lawful basis relied on. Information is shared on a need-to-know basis and limited to what is necessary for the recipient's purpose. Where a child or family's consent is not required to share information for protective purposes, IDSS will still, where safe and appropriate, tell the child and family what has been shared and why.

Workers who are unsure whether information may be shared must escalate to the PLO or the CEO rather than withholding it. Nothing in this Strategy prevents a worker from making a report to Child Safety Services or the Police, or a notification to the QFCC or the NDIS Commission.

RECORDS AND RETENTION

IDSS maintains records of all child safety concerns, disclosures, reports, notifications, investigations, findings, actions taken and reviews. Records are stored securely, are accessible only to those who need them, and are managed in accordance with Records Management Policy.

Child safety records are retained for 7 years from the date of the last entry, or until the child to whom the records relate turns 25 years of age, whichever occurs later. This period applies whether or not an allegation was substantiated, and whether or not the worker or child remains connected to IDSS.

Records retained under this section include: observations of concern; disclosures and the response taken; reports to Child Safety Services and the Queensland Police Service; notifications to the QFCC and the NDIS Commission, including initial, interim and final reports; investigation files, findings and reasons; risk management action taken in relation to a worker; worker screening and blue card register records; and training and induction records.

Child safety records must never be destroyed while an investigation, review, complaint, claim, redress application or court case is under way — or looks likely — even if the retention period has ended. Destruction of child safety records requires the written authorisation of the CEO.

A person who was a child when they received services from IDSS may request access to records about themselves. IDSS responds to such requests in accordance with Records Management Policy and applicable privacy law, and will not refuse access solely because the records concern a historical matter.

Conflict of Interest Policy

Purpose

The purpose of this procedure is to ensure all employees of IDSS act in alignment with our organisational values of Purpose, Opportunity, and Passion while maintaining compliance with the NDIS Practice Standards.
By providing a clear framework for identifying, disclosing, and managing conflicts of interest, this procedure aims to foster transparency, integrity, and trust within the organisation. The intended outcome is to protect the organisation's reputation, ensure high standards of ethical conduct, and enable the delivery of exceptional disability services.

Scope

This procedure applies to all employees (both paid and unpaid), contractors, and volunteers engaged with IDSS. It is relevant across all teams, departments, and functions.

Definitions

Term	Definition
Conflict of Interest	A situation where personal, business, or financial interests conflict or may appear to conflict with the employee's role and responsibilities within IDSS.
NDIS Practice Standards	A set of requirements that providers must meet to deliver quality and safe supports to people with disabilities.
Disclosure	The act of notifying the organisation in writing about any potential, perceived, or actual conflict of interest.
Proective Steps	Actions taken by the organisation to address disclosed conflicts and mitigate risks.

Responsibilities

Role	Responsibility
Employees	Promptly disclose any potential, perceived, or actual conflicts of interest to their manager or HR.
PLO	Assess and escalate conflict disclosures to HR and senior management.
HR	Facilitate the assessment process, maintain records, notify employees of outcomes, and implement protective steps.
Executive Leadership Team	Determine final outcomes in complex cases and ensure organisational compliance with this procedure and the NDIS Practice Standards.

Statement & Overview

Employees must never allow personal interests, financial or otherwise, to override their responsibilities to IDSS or its participants. This includes situations where:

- An employee or immediate family member stands to gain financially through IDSS-related dealings.
- An employee offers professional services to IDSS or leverages insider knowledge for personal or professional advantage.
- An employee's external affiliations could influence organisational decision-making.

The organisation believes that through managing and mitigating conflicts, we can provide employees with the Opportunity to focus wholeheartedly on their professional roles, Passion for delivering quality services, and uphold the Purpose of IDSS – enhancing the lives of people with disabilities.

Harm to Business or Reputation

Employees must refrain from engaging in conduct that could adversely affect the Organisation's business or reputation. Such conduct includes, but is not limited to:

- Publicly criticising the Organisation, its management or its employees; or
- Engaging in criminal conduct or other behaviour that could harm the Organisation's business or reputation.

Consequently, employees must:

- Declare all interests that could result in a conflict between personal and organisational priorities.
- Maintain as confidential any information identified by the organisation, or required under the law, as warranting such protection.
- Be loyal to IDSS, regardless of the interests of their individual constituency, other organisations and other professional or personal interests.
- Respect the confidentiality of data and information obtained as an IDSS employee. All information developed by IDSS is the intellectual property of IDSS and is not to be divulged to any party except with the explicit approval of the Chief Executive; and
- Not denigrate IDSS or harm its public image

Supporting Documents

- IDSS Code of Conduct
- Conflict of Interest Policy v060822
- Employee Handbook
- NDIS Practice Standards Reference Guide (specific sections on Governance and Operational Management)

Monitoring & Compliance

- Compliance will be monitored through regular review of personnel files and periodic reviews of employee disclosures.

Review & Revision

This policy will be reviewed annually by the Senior Management Team or earlier if legislative changes require updates, changes to the NDIS compliance requirements. Recommendations for revision may also stem from feedback.

Contact Information

For further guidance or support regarding this policy, please contact, HR team NDIS Complaints Team – 1800 035 544

Let's chat

1300 4377 669

admin@integratedsupport.org.au

www.integratedsupport.org.au

INTEGRATED DISABILITY SUPPORT SERVICES
MAKING THE DIFFERENCE

IDSS HQ Enterprises
Bringing your dreams to life

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A division of IDSS HQ Enterprises

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