

# SOP - Level 4 High Decision Delegate

The High Decision Delegate (HDD) Team are a specialised unit created to administer the majority of Level 4 higher delegate decisions and approvals as determined by the current [Instrument of Delegation \(IoD\)](#).

## 1. Recent updates

We have introduced a mandatory referral process to support HDD to focus on higher risk Del4 approvals. By recruiting the support of the network of Level 4 Delegates across various business areas we can target our actions to ensure each delegate group is focusing on their respective strengths.

Date	What's changed
February 2023	Addition of mandatory referral criteria to support a risk based approach.
July 2022	Changes to accommodate separation of Del 4 and Del 5 Process. See <a href="#">SOP Level 5 delegate approval</a>
November 2023	Removed the CSN exclusion to the mandatory referral criteria.

## 2. Checklist

- Prerequisites:** The plan has progressed through pre-planning and plan build stages. The planner delegate has identified that the plan requires higher delegation (Delegation 4) to approve.

All Technical Advisory Branch (TAB), Home and Living (HAL), Supported Independent Living (SIL) advice has been finalised and recorded.

- Actions:** Preliminary endorsement is sought from the Planner Delegate's Team Leader or Senior Delegate (APS6). Senior Delegates (APS6) can endorse their own plans and do not require a second level quality check.

The Team Leader or Senior Planner endorses the plan by adding the relevant workflow identifier (WFI) and workflows the plan based on reference to the [mandatory referral criteria](#).

The Planner Delegate then either:

- Submits the plan to the WLM cloud for prioritisation and allocation to a High Decision Delegate (HDD) for review for all [mandatory referrals](#).

- Workflows to local Level 4 delegate for all other non-mandatory items as per local directions.

Topic	Checklist
<b>Pre-requisites</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-planning has been completed for the participant</li> <li><input type="checkbox"/> The plan build has been completed for the participant</li> <li><input type="checkbox"/> Any TAB, HAL, SIL advice has been sought and finalised</li> <li><input type="checkbox"/> Planner delegate has conducted an initial quality check of draft plan</li> </ul>
<b>Actions</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Team Leader/Senior Planner reviews the plan for APS4/5 Planner Delegate and endorses the plan</li> <li><input type="checkbox"/> The Team Leader/Senior Planner identifies if the work item meets the mandatory referral criteria.</li> <li><input type="checkbox"/> Team Leader/Senior Planner (APS6) workflows the work item to one of the following parties based on the mandatory referral criteria. <ul style="list-style-type: none"> <li>○ HDD team for mandatory referrals</li> <li>○ Local Level 4 Delegate for other work items</li> </ul> </li> </ul> <p>Either:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">3.1 Obtain Endorsement for a plan requiring HDD to review</a></li> <li><input type="checkbox"/> <a href="#">3.2 Submitting the application to the HDD Team</a></li> <li><input type="checkbox"/> <a href="#">3.3 HDD Review the Plan</a></li> <li><input type="checkbox"/> <a href="#">3.4 Plan Progressed</a></li> </ul> <p>Or:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">3.5 Remediation Required – Endorsing Delegate Actions Required</a></li> <li><input type="checkbox"/> <a href="#">3.6 Escalation Request</a></li> </ul>

## 3. Procedure

### 3.1 Obtain endorsement for a plan requiring HDD to review.

#### 3.1.1 Complete the plan build and initial quality check

The planner delegate will ensure the plan has the required justifications and evidence as per [SOP - Review and submit a plan for approval](#).

### 3.1.2 Assign the interaction to Team Leader/Senior Planner for plan endorsement.

The planner delegate will utilise the 'Plan Submitted for Approval' interaction from [Interaction Templates – Planning](#) and assign it to the Senior Planner/Team Leader (according to your local process) for endorsement of the Del4 plan.

### 3.1.3 Review and endorse plan

The Team Leader or Senior Planner will review the plan as a preliminary quality check. If the plan is endorsed, the Team Leader or Senior Planner will;

Complete part 16 of the 'Plan Submitted for Approval' interaction from the [Interaction Templates – Planning](#).

**Note: The interaction should not be assigned to to SDS SDSA RFA (unless it is assigned as part of an escalation) as per [3.6 Escalation Request](#).**

### 3.1.4 Determine workflow of the work item based on mandatory referral criteria

The Team Leader or Senior Planner will check if the work item meets the mandatory referral criteria prior to workflowing the plan.

All mandatory referral work items must be sent through to HDD.

These include –

- All first plans;
- All unscheduled reviews;
- Scheduled reassessments where plans increase greater than 20% annualised plan value;

If the work item is a mandatory referral, the Endorsing Team Leader or Senior Planner will then inform the Planner Delegate that the plan is endorsed and ready for submission to HDD. Progress to [3.2 Submitting the application to the HDD Team](#).

All items outside of the defined mandatory referral criteria may be actioned by the local Level 4 Delegate to support a timely approval. Please follow the local process to escalate to the appropriate delegate.

**Note** - the mandatory referral process does not negate the escalation process under [3.6 Escalation Request](#) when high risk scenarios arise.

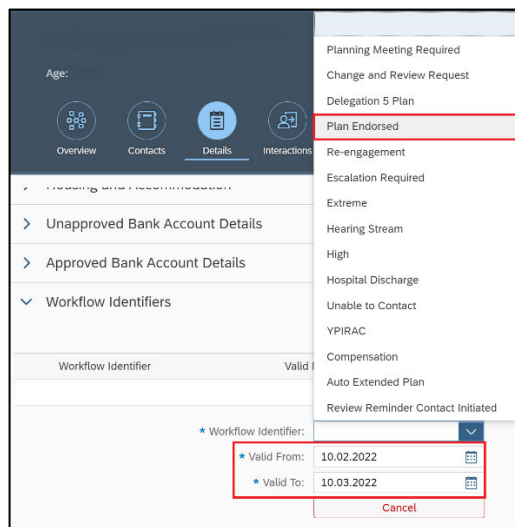
**Note** – the [variance calculator](#) will assist with identifying scheduled reassessment plans with an annualised increase of more than 20%, and therefore requiring HDD approval.

### 3.2 Submitting the application to the HDD team

#### 3.2.1 Submit the plan through WLM

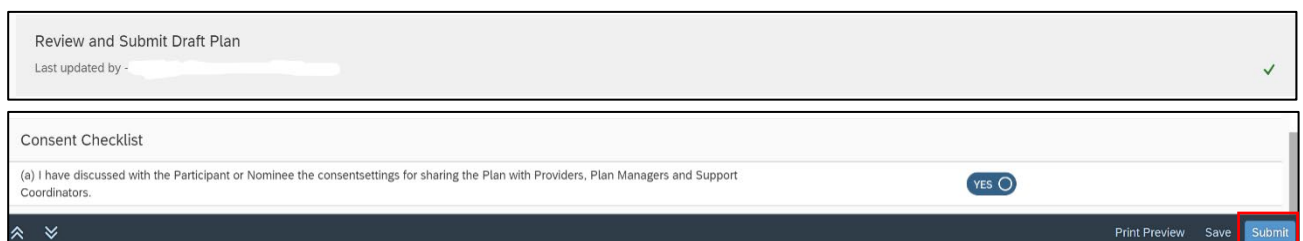
For work items deemed to be mandatory referrals from [3.1.4](#), Prior to the plan being submitted via the **'Planning'** tab in the participant pathway, ensure that you have -

- i. completed your interactions,
- ii. attached the **'Plan Endorsed'** workflow identifier (WFI) in the participant's details tab with an **end date 1 month from the date of endorsement / valid from date** and end date any unnecessary WFIs



- iii. remove any sub status' from the plan application.

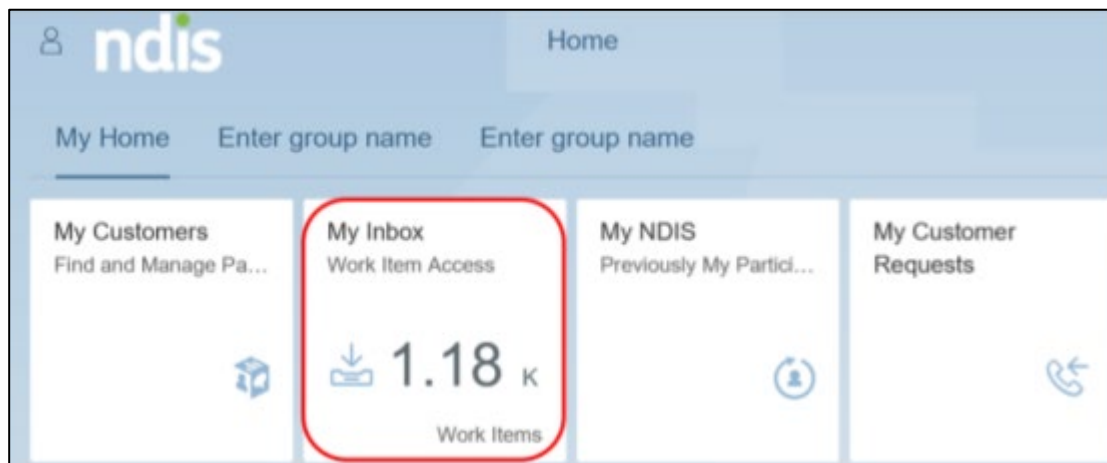
Planner delegate will select **'Review and Submit Draft Plan'** include the appropriate justifications and **'Submit'** at the bottom. This will change the application status to **'Submitted for Approval'**. If the plan has previously been submitted to WLM, this option may not be available, and instead it can be unassigned to return to the work pool (see [WLM Frequently Asked Questions \(FAQ\)](#))



### 3.3 HDD review the plan

#### 3.3.1 A High Decision Delegate (HDD) retrieves work

The HDD will retrieve work from the CRM home screen, selecting My Inbox



The My NDIS Inbox Displays. Select **'Ready for Work'** click this once to obtain a Delegation 4 plan application awaiting review and approval.



A plan application will appear at the top of the HDD's inbox for the HDD to review the plan resulting in either outcome:

- Progression to approval, or
- Remediation required

### 3.4 Plan Progressed

The HDD will follow the [SOP - Finalise and Approve Plan](#) (3.12.1) to approve the plan once the quality check has passed.

The HDD will include the following content to the existing 'Plan submitted for approval' interaction.

- Plan Approved by [Login Code] on the XXDateXX
- Status: Completed

The HDD will then create and assign a 'Plan approved and ready for implementation' interaction from [InteractionTemplates Planning.docx \(ndia.gov.au\)](#) to the Planner Delegate for plan implementation.

Once the Interaction has been completed, the Planner Delegate will be notified of the plan approval. The HDD may also then email the Planner Delegate to inform that the plan has been approved and is ready for implementation.

### 3.5 Remediation Required

The HDD will make contact with the Endorsing Delegate and Planner Delegate if further clarification or remediation to the plan is required prior to plan approval. This contact will

occur to facilitate remediation by the Planner Delegate and allow for additional support to be provided in the decision making process.

The HDD will provide an email to the Endorsing Delegate and Planner Delegate with feedback, noting what changes are required and what considerations have been made.

The HDD will document the required remediation action in the original 'Plan Submitted for Approval' interaction and assign the interaction to the endorsing delegate.

- Level 4 plan approval in progress – by HDD [Login Code]. Request for more information.
- Email to Endorsing Delegate and Planner Delegate on XXDateXX to request clarification/further information:
  - 1.XXXXX
  - 2.XXXXX
- Awaiting response before finalising approval. Plan reassigned to Planner Delegate for follow up of required remediation.

In the rare instance whereby the plan submitted for approval requires extensive remediation and does not meet reasonable and necessary criteria, the HDD can advise the Endorsing Delegate and Planner Delegate that the plan application may suit rejection. The HDD will provide explanation why, and advice on resubmitting the plan application with further information, consideration and justifications.

Before the plan is rejected, the HDD will either provide sufficient time for the Planner Delegate to save a copy of the submitted justifications, or the HDD will save and email a copy of the justifications to the Planner Delegate, to ensure that these are not lost when the plan is rejected.

The HDD will then reject the plan in CRM, and assign the plan application back to the Endorsing Delegate for remediation.

### 3.5.1 Remediation required – endorsing delegate actions required

Once the Planner Delegate has actioned the required changes and remediation at their earliest convenience, they will reply to the email advising this has been completed and can manually assign the plan application back to the HDD's CRM Inbox.

The HDD will review and discuss with the Endorsing Delegate if further action is required. This is to be documented in the Plan Submitted for Approval Interaction and manually reassigned to the HDD for action.

The HDD will then review amendments and approve the plan once satisfied quality checks have passed.

### 3.6 Escalation Request

A Delegation 4 plan approval escalation can be made by the business area's Assistant Director (EL1) where they believe the plan meets the 'medium', 'high' or 'extreme' criteria set out in the [Escalation Prioritisation Matrix](#).

Escalations are initiated by assigning an interaction detailing how the prioritisation criteria are met and are assigned to the SDS SDSA RFA inbox with the status 'Open'.

**Note: The plan application does not need to be reassigned to SDS SDSA RFA only the open interaction.**

These escalations are triaged by the HDD team and actioned accordingly.

Where escalation requests are denied, the decision will be communicated within the open interaction and returned to the requestor.

### 3.7 SDA and ATHM Approvals

For any quotes (including SDA or AT/HM/VM) that require Delegation Level 4, local delegates can assign the open interaction to the SDS SDSA RFA inbox so this can be allocated to a HDD for review and approval. Please refer to [SOP ConsiderActionQuotes.docx \(ndia.gov.au\)](#) for support in progressing quotes.

For Del 5 quotes refer to [SOP Level 5 delegate approval](#)

## 4. Related procedures or resources

Related materials or procedures that may be used alongside this SOP include:

- [SOP - Review and submit a plan for approval](#)
- [Interaction Templates – Planning](#)
- [Interaction templates - Implementation](#)
- [SOP - Finalise and Approve Plan](#)
- [Escalation Prioritisation Matrix](#)

## 5. Feedback

If you have any feedback about this Standard Operating Procedure, please email the Assistant Director listed under contacts on the [HDD intranet page](#). In your email remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

## 6. Version control



Version	Amended by	Brief Description of Change	Status	Date
1.0	JIF358	Approved with minor wording change	Approved	2022-02-15
1.1	BWN579	Changes to wording, numbering and key workflow procedures	Approved	2022-03-07
1.2	BWN579	Added additional step to 3.2 to remove sub status from system, prior to submitting Review and Submit Draft Plan	Approved	2022-03-31
2.0	CB0064	Separation of Del 4 and Del 5 SOP	Approved	2022-07-07
3.0	CB0064	Introduction of mandatory referral criteria	Approved	2023-03-17
3.1	JTL728	Removed the CSN exclusion to the mandatory referral criteria	Approved	2023-11-14



The contents of this document are OFFICIAL.

# Standard Operating Procedure - Complete the Complex Support Needs Referral Form

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This Standard Operating Procedure (SOP) will help you to complete a Complex Support Needs (CSN) Referral Form.

A Complex Support Needs Referral Form is considered the most appropriate document to capture current information and evidence to support the assessment process for the CSN Pathway. Complete this Referral Form when submitting a CSN Referral for a Participant that is identified as meeting the personal and situational factors for entry into the CSN Pathway. Ensure all questions in the form have been answered and that evidence and information to support the referral is uploaded to the Participant CRM record.

Prior to referring a Participant, ensure you refer to the [Standard Operating Procedure - Referral to the Complex Support Needs Branch](#) and determine whether the Participant meets the situational and personal factors for the CSN Pathway.

**IMPORTANT:** This document is to be used as a standalone work instruction for all National Delivery Planners in completing the CSN Referral Form.

## 1. Recent updates

Date	What's changed
June 2022	<p>New work instruction to support the CSN Referral Form for Participants identified as requiring the Complex Support Needs Pathway.</p> <p>This CSN Referral Form replaces the 13 points of information required in the Interaction for Referral to CSN.</p>

## 2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Read and understood the relevant: <ul style="list-style-type: none"> <li>• <a href="#">Standard Operating Procedure - Referral to the Complex Support Needs Branch</a></li> </ul> </li> </ul>

Topic	Checklist
	<ul style="list-style-type: none"> <li>• <a href="#">Practice Guide - Complex Support Needs</a></li> <li><input type="checkbox"/> Discussed the referral request with you line manager to confirm all prerequisites for entry have been completed and obtain endorsement to progress with the Referral to the CSN Pathway.</li> </ul>
<b>Actions</b>	<p>Follow the appropriate steps in this Operational Guideline to complete a CSN Participant Referral Form</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">3.1 Overview of the CSN Referral Form</a></li> <li><input type="checkbox"/> <a href="#">3.2 Complete Section 1: Participant Details</a></li> <li><input type="checkbox"/> <a href="#">3.3 Complete Section 2: Participant Characteristics</a></li> <li><input type="checkbox"/> <a href="#">3.3.1 Children at Risk</a></li> <li><input type="checkbox"/> <a href="#">3.3.2 Family and Care Environment</a></li> <li><input type="checkbox"/> <a href="#">3.3.3 Participant Risk Indicators</a></li> <li><input type="checkbox"/> <a href="#">3.3.4 Accommodation and Housing</a></li> <li><input type="checkbox"/> <a href="#">3.3.5 Justice</a></li> <li><input type="checkbox"/> <a href="#">3.3.6 Behavioural Impacts</a></li> <li><input type="checkbox"/> <a href="#">3.3.7 Coordination of Support</a></li> <li><input type="checkbox"/> <a href="#">3.4 Complete Section 3: Confirm Referral Criteria for CSN Assessment</a></li> <li><input type="checkbox"/> <a href="#">3.5 Save and Upload the CSN Referral Form Document</a></li> <li><input type="checkbox"/> <a href="#">3.6 Complete CRM Interaction Template for CSN Assessment</a></li> </ul>

### 3. Procedure

This Standard Operating Procedure will provide step by step instructions on how to complete the CSN Referral Form and provide guidance on the type of information required when referring a Participant to the CSN Pathway. This form will take around 15-20 minutes to complete and helps the CSN Operations Triage Team to make faster and more informed decisions using the information provided.

#### 3.1 Overview of the CSN Referral Form

The Referral Form has **3 Sections**:

**Section 1** requires information on the Participant's current personal and NDIS Plan details. You will be required to check the Participant's CRM record to obtain information such as Primary Disability, location, and current planning activities.

**Section 2** requires you to select the appropriate tick box options according to the Participant's presentation and complex factors.

**Section 3** requires you to confirm all information on the CSN Referral Form has been completed, all questions responded to, and the CRM record updated in preparation for assessment.

### 3.1.1 Reference Numbers and Descriptions

Each question in the Referral Form has a corresponding reference number. For example, all questions in **Section 1 - Participant Details (PD)** are referenced as **PD**.

This will support the CSN Operations Triage Team in providing direct support to referrers when responding to questions within the Referral Form.

The image shows a screenshot of the 'Section 1: Participant Details' form. The form has a purple header with the text 'Section 1: Participant Details'. Below the header, there are four rows of text, each with a reference number in a grey box on the left and a question in a white box on the right. The reference numbers are PD1, PD2, PD3, and PD4. A red rectangular box highlights the reference numbers and the corresponding question text for each row.

Reference Number	Question
PD1	Referrers Name (Person Completing the referral):
PD2	Date Completed:
PD3	Participant Name (As per CRM Record):
PD4	Participant Preferred Name:

### 3.1.2 Support and Guidance

If you require guidance to navigate the form or accessibility support to complete the form, please contact [The CSN Operations Triage Team](#).

### 3.1.3 Opening and Saving the Form

The Referral Form requires you to use the Microsoft Excel Desktop Application. It is recommended you save a copy of the Form to your OneDrive or preferred location using the document header: **CSN Referral Form\_FirstName\_Surname\_DD.MM.YYYY**

## 3.2 Complete Section 1: Participant Details (PD)

### 1. Complete PD1: Referrers Name (Person Completing the Form)

**Double Click** in the **Referrer First and Surname** section and enter **your name** as the person completing the Referral Form.

The image shows a screenshot of the 'Section 1: Participant Details' form, specifically the 'PD1 Referrers Name (Person Completing the referral):' field. The field is a white box with a red border. To the right of the field, there is a yellow box with the text 'Referrer First and Surname'.

Reference Number	Question	Input Area
PD1	Referrers Name (Person Completing the referral):	Referrer First and Surname

### 2. Complete PD2: Date Completed

The Date Completed will **automatically populate** to (Today's date). You **will not** have to adjust this date.

PD2	Date Completed:	8/09/2022
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**3. Complete PD3: Participant Name (as per CRM Record)**

Double Click in the **Participant First and Surname** section and enter the Participant's First Name and Surname as recorded on the CRM

PD3	Participant Name (As per CRM Record):	Participant First and Surname
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**4. Complete PD4: Participant Preferred Name**

**Double Click** in the **Preferred Name** section and enter the Participant's preferred first name (if different from their First Name).

PD4	Participant Preferred Name:	Preferred Name
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**5. Complete PD5: NDIS #**

**Double Click** in the **NDIS #** section and enter the Participant NDIS Number (Do not cut and paste from CRM). Nine numbers are required.

PD5	NDIS #	43000000000
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**6. Complete PD6: Date of Birth**

**Double Click** in the **Date box** and enter the Participant's Date of Birth using the format **DD/MM/YYYY**.

PD6	Date of Birth:	DD/MM/YYYY
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**7. Complete PD7: Location of Participant (State)**

**Click in the cell to the left of the arrow to activate** the Drop-Down Box. From the Drop-Down List, select the State the Participant currently resides.

PD7	Location of Participant (State):	<table border="1"> <tr> <td style="width: 50px;"></td> <td style="text-align: center;">WA</td> <td style="text-align: right;">▼</td> </tr> <tr> <td colspan="3">                 ACT                  NSW                  NT                  QLD                  SA                  TAS                  VIC                  WA             </td> </tr> </table>		WA	▼	ACT NSW NT QLD SA TAS VIC WA		
	WA	▼						
ACT NSW NT QLD SA TAS VIC WA								

**8. Complete PD8: Participant lives in Remote or Very Remote Area.**

Activate the Drop-Down Box and select your response. If you are unsure whether the Participant resides in a remote area, select **'Do Not Know.'**

PD8 Participant lives in a Remote or Very Remote Area:

▼

Yes

No  
 Not Applicable  
 Do Not Know

**9. PD9: Participant Primary Disability**

Activate the Drop-Down Box and select the Participant Primary Disability as recorded on the Participant Record. Use the scroll bar within the drop-down list to select your response.

PD9 Participant Primary Disability:

▼

J449A - Chronic Obstructive Pulmonary Disease (COPD)

M05 - Rheumatoid arthritis  
 M12 - Other arthritis  
 M19.9 - Osteoarthritis  
 M32 - Systemic lupus erythematosus  
 M45 - Ankylosing spondylitis  
 M79.7 - Fibromyalgia  
 M95 - Other Physical

**10. Complete PD10: Are there Secondary Disabilities Recorded on CRM?**

Activate the Drop-Down Box and select your answer from 'Yes,' 'No,' 'Not Applicable' or 'Do Not Know.' If your response is **'Yes,'** continue to **Step 11.**

PD10 Are there Secondary Disabilities Recorded on CRM?  
If 'Yes', select details of other disabilities listed using drop down boxes in PD11

▼

No

Yes  
 Not Applicable  
 Do Not Know

**11. Complete PD11: Select all Secondary Disabilities**

Activate the Drop-Down Box and select all Secondary Disabilities as recorded on the Participant Record. You will be able to select up to 4 Secondary Disabilities.

PD11 Select all Secondary Disabilities (leave blank where not applicable):

▼

F84.0 - Autism disorder

F42 - Obsessive-compulsive disorder

**12. Complete PD12: End Date of Current Plan**

Enter the end date of the current Plan. Please use the **DD/MM/YYYY** format if the current Plan ends in **less than one hundred days**, please provide details on the reason the scheduled plan review has not been completed prior to Referral to the CSN Pathway in the **Comments** section.

PD12 End Date of Current Plan: If less than 100 days until the plan end date, please provide details on why the reassessment has not been completed:

▼

▼

DD/MM/YYYY

Comments:

**13. Complete PD 13:** Are there open Activities in Progress? (i.e.: s47a, s48, s100, AAT):

Prior to referring a Participant to the CSN Pathway, it is important to identify whether there is a current review or other activity open or in progress.

From the Drop-Down List in **PD13**, select one of the following options:

- Participant Scheduled Plan Reassessment
- Plan reassessment (s48)
- Plan variation (s47a)
- Review of a reviewable decision (s100)
- AAT (Administrative Appeals Tribunal)
- Escalation/Complaint
- No Open Activities
- Other

If there is an **Open Activity**, provide further details in **Comments** advising the circumstances for the task not being completed prior to the referral being submitted.

The screenshot shows a form field for PD13. The question is "Are there open Activities in Progress? (i.e.: s47a, s48, s100, AAT):". Below the question is a sub-question: "If 'Yes', please provide details of circumstances why the Open task has not completed prior to referral". To the right of the question is a dropdown menu currently displaying "No Open Activities". To the right of the dropdown is a "Comments:" field. A red box highlights the dropdown menu, which is open to show the following options: "Participant Scheduled Plan Reassessment", "Plan reassessment (s48)", "Plan variation (s47a)", "Review of a reviewable decision (s100)", "AAT (Administrative Appeals Tribunal)", "Escalation/Complaint", "No Open Activities" (which is highlighted in blue), and "Other".

**14. Complete PD14:** Does the Participant have any support requirements for communication?

Click on the Drop-Down Box and select the appropriate response for a Participant that requires support for communication. This may include aides/equipment or interpreter support. If **'Yes'** is selected, ensure you provide **Comments** on the type of support required.

The screenshot shows a form field for PD14. The question is "Does the Participant have any support requirements for communication?". Below the question is a sub-question: "If 'Yes', provide details of requirements:". To the right of the question is a dropdown menu currently displaying "No". To the right of the dropdown is a "Comments:" field. A red box highlights the dropdown menu, which is open to show the following options: "Yes", "No" (which is highlighted in blue), "Not Applicable", and "Do Not Know".

**15. Complete PD15:** Are there any specific requirements for contact with the Participant?

Click on the Drop-Down Box and select the appropriate response. Check CRM to determine whether the Participant has any Alerts that may inform preferred contact.



If the Participant does not have any specific requirements, select '**Not Applicable.**' Where a Participant prefers contact through a Guardian, Family or Nominee, select '**Yes**' and provide further details in **Comments**.

<p><b>Are there any specific requirements for contact with the Participant?</b></p> <p><small>PD15 (e.g.: Restricted Access Alert or Preference for contact with Guardian/Nominee. If 'Yes', provide details of requirements:</small></p>	Yes	<p>Comments: Participant has a Please contact the guardian</p>
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### 3.2.1 Determining Government and Mainstream Systems (GM)

A Participant may have situational complexities around their current involvement and engagement with mainstream and government systems. These systems may include:

- Child Protection (Voluntary)
- Child Protection Order
- Justice Order/Corrections
- Mental Health
- Early Childhood Development
- Employment
- Aged Care
- Education
- Guardianship Order
- Health
- Housing
- Supervised Treatment Order (STO)
- Forensic Order
- Youth Justice/Detention

**16. Complete GM1:** Identify the Participant's current involvement in other Government Service Systems, in particular Health, Child Protection, Guardianship Orders, Mental Health, and Justice.

- A Participant may be involved in more than one government or mainstream service system; tick all those that are applicable.



<input type="checkbox"/> Child Protection - Voluntary	<input type="checkbox"/> Child Protection Order	<input type="checkbox"/> Justice Order/Corrections	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Early Childhood Development	<input type="checkbox"/> Employment	<input type="checkbox"/> Aged Care	<input type="checkbox"/> Education
<input type="checkbox"/> Guardianship Order	<input type="checkbox"/> Health	<input type="checkbox"/> Housing	
<input type="checkbox"/> Supervised Treatment Order	<input type="checkbox"/> Forensic Order	<input type="checkbox"/> Youth Justice/Defention	

**17. Complete GM2:** What are the challenges (if any) with the Participant's involvement with Mainstream Systems:

Determine whether there are any complexities with the Participant's current involvement with mainstream systems. These may include:

- Participant is not connected to required mainstream supports/systems.
- There are challenges in navigating and engaging mainstream supports.
- The needs of the Participant are not being met by mainstream systems.

**Click on** all appropriate complexities with mainstream systems. Leave this section blank if there are no presenting factors linked with the engagement of these support systems.

<p>What are the challenges (if any) with the Participant's involvement with Mainstream Systems:</p> <p>GM2 Please tick all relevant to the Participant, where complexities present with mainstream systems (leave blank if not applicable).</p>	<input type="checkbox"/> Participant is not connected to required mainstream supports/systems <input type="checkbox"/> There are challenges in navigating and engaging mainstream supports <input type="checkbox"/> The needs of the Participant are not being met by mainstream systems
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**3.2.2 Reason Participant Referred to the CSN Pathway**

As the Referrer, you will have identified situational or personal complex factors that significantly impact the Participant being able to achieve their NDIS goals. There may be more than one complex factor that has resulted in the referral to the pathway.

These Situational (SF) and Personal (PF) factors may include:

- A Risk to Self and/or Others or Property that places the Participant and/or others in danger or at risk of harm.
- An instability of informal and/or formal support systems, a risk of breakdown or withdrawal of support including relinquishment of care.
- Mainstream Interface/s are not meeting responsibilities or there are challenges in engaging with mainstream services.
- Participant has difficulty engaging with Government Services, Service Providers, or other Support Systems.

- Effectiveness of decision-making supports for the Participant are not sustainable or need to be strengthened.

**18. Select** all appropriate reasons that best demonstrate the Participant’s presenting complex factors by clicking within the checkbox. Leave blank if not applicable.

The screenshot shows a checklist with five items, each with a checkbox. A red box highlights the first three items. The items are:

- There is a Risk to Self and/or others or property that places the Participant and/or others in danger or at risk of harm
- There is an instability of informal and/or formal support systems, a risk of breakdown or withdrawal of support including relinquishment of care
- Mainstream interface/s are not meeting responsibilities or there are challenges in engaging with mainstream services
- Participant has difficulty engaging with Government Services, Service Providers or other Support Systems
- Effectiveness of decision making supports for the Participant are not sustainable or need to be strengthened

### 3.2.3 Background Summary of Participant presenting situation

Where a Participant has been identified as requiring the CSN Pathway, it is anticipated you will have had recent engagement or communication with the Participant or their support network and have awareness of their complex situation.

To assist the CSN Operations Triage Team in appropriately assessing the Participant’s situation, please provide a brief background summary.

For example:

- Have you completed a recent check-in or monitoring task with the Participant which identified a significant risk to the Participant, Supports, or property?
- Has there been a recent breakdown in support systems/services or risk of withdrawal of support? How were you notified?
- Has there been a report from a Support Coordinator or was there a recent event/s that led to the presenting situation? Is there an interaction regarding the communication recorded in CRM?
- Has there been advice of the Participant requiring support to engage with appropriate mainstream or funded supports?
- Has the Support Coordinator alerted you to an incident or life changing event?

**19. Complete PDBS:** Provide a summary of the Participant's personal/situational factors that have resulted in this Assessment to CSN Referral. (Maximum of 500 words)

- In the **Comments** section, provide a summary of the Participant's situation. Please limit your response to 500 words (Maximum). Indicate whether you have discussed this referral submission with your EL1/Team Leader and obtained endorsement for CSN Assessment.
- Where applicable, provide details of reports or documents and interactions that will assist the CSN Triage Team in assessing a Participant's suitability for the Complex Pathway.

Background Summary of Participant's presenting situation for referral to CSN:	
<p>Provide a brief summary of the Participant's personal/situational factors that have resulted in this Assessment to CSN Referral. (Maximum of 500 words)</p>	<p>Comments:</p>
<p><b>PDBS CONSIDER:</b> Has there been a recent plan review or check-in with the Participant that identified the presenting complexities? Provide details of any assessments/interactions or reports that provide evidence to support the referral.</p>	

### 3.3 Complete Section 2: Complex Factors and Participant Characteristics

Section 2 requires you to answer all questions with a 'Yes', 'No', 'Not Applicable' or 'Do Not Know' response for all seven characteristic categories. These questions identify the specific supports and characteristics of a Participant in their current environment. Each section is targeted towards capturing risk and determining the most appropriate pathway outcome for Participants with complex needs.

Categories include.

#### 1. Children at Risk (CR)

- All children under the age of eighteen require this section to be completed.
- Where a Participant is over the age of 18, 'Not Applicable' is required as your response.
- Consider the following Practice Guides when determining risk factors for Child Participants [Children at risk of requiring accommodation outside the family home](#), [Children living in a formal voluntary arrangement outside their family home](#) and [Children living in Statutory out of home care](#)

## **2. Family and Care Environment (FC)** (for Participants of all ages)

- Considers the impact of the presenting complexity on parents, carers, and informal support systems.
- Identifies whether parents/carers are at risk of burnout, relationship distress and mental and physical health deterioration.
- Considers factors that may be present for families where there are multiple family members with disability living in one household.
- Identifies changes in school (or program) attendance or increased requests by family/carers for short term accommodation or 'respite'.
- Consider the Children at Risk (CR) Practice Guides when determining impact to family members and carers.

## **3. Risk Indicators (RI)**

- Participant Risk Indicators identifies high volume complaints, critical incidents or other factors that result in repeated plan reviews or high-cost plan expenditure that does not match the intention of the NDIS Plan.
- Considers the Participant's recent experiences with social hospital admission (due to crisis such as mental health, carer fatigue or burnout).
- Identifies risk to Participant because of ineffective decision-making supports.
- The [Practice Guide Participant Critical Incident.docx \(ndia.gov.au\)](#) provides further information on Participant Critical Risk.

## **4. Accommodation and Housing (AH)**

- Identifies risk of homelessness and impact to Participant's disability specific support needs.
- Determines frequency of moving due unstable living and difficulties in obtaining readily available housing to support the Participant.
- Considers risk of relinquishment or risk of exposure to domestic violence.

## **5. Justice Characteristics (JC)**

- Identifies Participant engagement in the Justice System and considerations of parole or Court Order requirements.

- Considers Participants in forensic settings and requirements of any conditions that require consideration for CSN Planning.
- Further advice on Participant involvement in the Justice System can be found in Our Guidelines [Justice system | NDIS](#).

## 6. Behaviour Impacts (BC)

- Identifies impact of the Participant and others due to Behaviours of Concern (BoC).
- Captures information on current or required Positive Behaviour Intervention to effectively assist the Participant to achieve their NDIS Plan goals.
- Identifies barriers in the Participant's ability to engage or connect with appropriate support systems due to unaddressed behaviours; these may currently require increased funded supports of 1:1, 2:1 or higher than 2:1 supports.
- Determines whether Restrictive Practices are identified and potentially unreported.
- Requires details of the current Behavioural Practitioner (where applicable).

**Note:** Refer to the [Practice Guide - Behaviour Support and Behaviours of Concern](#) when considering your responses.

## 7. Coordination of Support (SC).

- Captures information on current or required Support Coordination to effectively assist the Participant achieve their NDIS Plan goals.
- Identifies barriers in Participant and/or Support Coordinator engaging or connecting to appropriate support systems and services.
- Requires details of a Support Coordinator or, where applicable, Psychosocial Recovery Coach.

### 3.3.1 Children at Risk Characteristics (Participant Under the Age of 18)

Child Participants **under the age of 18 years** will require this section to be completed.

**Click on** the corresponding 'Yes,' 'No,' 'Not Applicable' or 'Do Not Know' checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.

**Please Note:** Any person **over the age of eighteen** will require a **Not Applicable** response selected for each question.

1. **Complete CR1:** Is the Participant Involved in statutory Child Protection Services?
2. **Complete CR2:** Is the Participant at risk of entering the Child Protection Services?

- 3. Complete CR3:** Are there escalating complex and challenging behaviours that put themselves (Participant), other people or property at risk of harm or damage?

Children at Risk Characteristics (Participant is under the age of 18):					
CR1	Is the Participant involved in a Statutory Child Protection Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
CR2	Is the Participant at risk of entering Child Protection Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
CR3	Are there escalating complex and challenging behaviours that put themselves (Participant), other people or property at risk of harm or damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

- 4. Complete CR4:** Does the Participant have severe and complex physical impairments, moderate to severe intellectual impairment **as well as** disability-related health care needs requiring high levels of 1:1 care?

**Note:** This may include PEG feeding, continence issues, full assist/prompting with eating, dressing, and performing all personal care tasks.

- 5. Complete CR5:** Are high levels of service coordination are often required, across multiple service types?
- 6. Complete CR6:** Do any answers to the questions **CR1 - CR5** pertain to multiple children in the household?
- If **'Yes'** to **CR6**, include information on the impact to other children in the household in the **Comments** section.

CR4	Does the Participant have severe and complex physical impairments, moderate to severe intellectual impairment <b>as well as</b> disability-related health care needs requiring high levels of 1:1 care? (i.e.: PEG feeding; continence issues; full assist/prompting with eating, dressing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
CR5	Are there high levels of coordination often required, across multiple service types/systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
CR6	Do any answers to the questions CR1 - CR5 (above) pertain to multiple children in the household? Where applicable, provide comments in the field below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
Where applicable, provide further comments to support the referral:		Comments:			

### 3.3.2 Family and Care Environment Characteristics

Click on the corresponding **'Yes,' 'No,' 'Not Applicable'** or **'Do Not Know'** checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.

- 1. Complete FC1:** Is the Parent/Carer(s) experiencing relationship distress and/or family breakdown?



2. **Complete FC2:** Has the Parent/Carer(s) capacity to provide care diminished because of ageing, disability and/or poor physical and mental health?
3. **Complete FC3:** Is the Parent/Carer experiencing social isolation due to not having a network of family and friends for support?
4. **Complete FC4:** Does the Parent/Carer have limited access to appropriate services due to rural or remote location?

**Note:** This may include the lack of availability of appropriately qualified and approved providers/services.

Family and Care Environment Characteristics (Participant of any age):					
FC1	Is the Parent/Carer(s) experiencing relationship distress and/or family breakdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC2	Has the Parent/Carer(s) capacity to provide care diminished as a result of ageing, disability and/or poor physical and mental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC3	Is the Parent/Carer experiencing social isolation due to not having a network of family and friends for support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC4	Does the Parent/Carer have limited access to appropriate services due to rural or remote location? (i.e.: availability of appropriately qualified approved providers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

5. **Complete FC5:** Is the Parent/Carer(s) physical or mental health at risk of deteriorating?
6. **Complete FC6:** Does the Parent/Carer have limited access to appropriate services due to rural or remote location or availability of appropriately qualified approved providers?
7. **Complete FC7:** Has there been a recent change in the Participant's school attendance?

For example, has there been an increase in non-attendance at school or school suspensions?

8. **Complete FC8:** Has there been an increase in requests for the use of short-term accommodation (respite)?

FC5	Is the Parent/Carer(s) physical or mental health at risk of deteriorating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC6	Is the Parent/Carer experiencing financial hardship and distress impacting the support and care of the Participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC7	Has there been a recent change in the Participant's school or program activity/employment attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC8	Has there been an increase in requests for the use of short term accommodation (respite)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know



**9. Complete FC9:** Are there are multiple family members with disability living in the same household?

**Note:** This does not include group home arrangements. Complexities involving group home arrangements and supported living are considered within the **Accommodation and Housing Characteristics (AH)**

**10. Complete FC10:** Has the family had a significant change in circumstances that impacts on their ability to support the Participant in the family home?

**Note:** This may include the death of a parent or primary carer.

**11. Complete FC11:** Is the parent/carer overwhelmed by the support needs of the Participant and/or other family members (including other children), who may also have a disability or complex health needs?

**Note:** This may include a single parent or large family with multiple disability living in the same household.

**12. Complete FC12:** Does the family have siblings with or without disability and there has been expressed concern about the impact of the Participant's support needs or behaviours on other siblings?

FC8	Has there been an increase in requests for the use of short term accommodation (respite)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC9	Are there are multiple family members with disability living in the same household? <i>Note: Does not include group home arrangements</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC10	Has the family had a significant change in circumstances that impacts on their ability to support the Participant in the family home? (i.e.: Death of a parent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC11	Is the parent/carer overwhelmed by the support needs of the Participant and/or other family members (including other children), who may also have a disability or complex health needs? (i.e.: Single Parent/Large Family with multiple disability in the same household)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
FC12	Does the family have siblings with or without disability and there has been expressed concern about the impact of the Participant's support needs or behaviours on other siblings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

**13. Complete FC13:** Where there are multiple family members with disability in the same household, please provide NDIS# of other family member/s (where known) in the NDIS# sections.

**Note:** Multiple family members in one family with disability does not indicate all Participants will enter the CSN Pathway. This will indicate to CSN whether there is significant impact to the Participant and informal support systems because of multiple family members with disability living in the one home.

**14.** Where applicable, provide further comments to the support the referral in the **Comments** section.

FC13	Where there are multiple family members with disability in the same household, please provide NDIS# of other family members (where known). <i>Note: This will not indicate all Participants listed will enter the CSN Pathway</i>	NDIS# 1	NDIS# 2	NDIS# 3	NDIS# 4
		NDIS# 5	NDIS# 6	NDIS# 7	NDIS# 8
	Where applicable, provide further comments to support the referral:	Comments:			

### 3.3.3 Participant Risk Indicators

Click on the corresponding ‘Yes,’ ‘No,’ ‘Not Applicable’ or ‘Do Not Know’ checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.

- Complete RI1:** Is the current NDIS Plan over utilised due to a positive behaviour plan funded but not developed or implemented by a Positive Behaviour Support Practitioner?
- Complete RI2:** Is the current NDIS Plan over utilised due to the plan expenditure not matching the intention of the plan?

**Note:** There may be an indication or alert that the Plan expenditure is not supporting Participant goals and objectives.

- Complete RI3:** Have there been repeated requests for unscheduled plan reassessments?

Participant Risk Indicators:					
RI1	Is the current NDIS Plan over utilised due to a positive behaviour plan funded but not developed or implemented by a Positive Behaviour Support Practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RI2	Is the current NDIS Plan over utilised due to the plan expenditure not matching the intention of the plan? (i.e.: Plan expenditure is not supporting Participant goals and objectives)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RI3	Have there been repeated requests for unscheduled plan reassessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

- Complete RI4:** Have there been a high volume of complaints and/or escalations?
- Complete RI5:** Are there a high volume of Participant Critical Incident (PCI) reports?
- Complete RI6:** Has the Participant experienced repeated social admissions to hospital?

RI4	Have there been a high volume of complaints and/or escalations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RI5	Are there a high volume of Participant Critical Incident (PCI) reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RI6	Has the Participant experienced repeated social admissions to hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

- Complete RI7:** Are the current decision making supports not sustainable and/or require strengthening?

**Note:** There may be a need for exploration into an appointed Guardian.

8. **Complete RI8:** Does the Participant require an appointed decision maker?
9. **Complete RI9:** Are the decision-making supports acting in the best interests of the Participant?
10. Where applicable, provide further details in the **Comments** section.

RI7	Are the current decision making supports not sustainable and/or require strengthening? (i.e.: may require a guardian appointed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RI8	Does the Participant require an appointed decision maker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RI9	Are the decision making supports acting in the best interests of the Participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
Where applicable, provide further comments to support the referral:		Comments:			

### 3.3.4 Accommodation and Housing Characteristics

Click on the corresponding ‘Yes,’ ‘No,’ ‘Not Applicable’ or ‘Do Not Know’ checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.

1. **Complete AH1:** Is the Participant homeless or at risk of homelessness?
2. **Complete AH2:** Is there a lack of adequate and readily available housing and supports available to the Participant?
3. **Complete AH3:** Has there been a recent or unexpected loss of a primary carer or guardian placing the Participant's living situation at risk because there are no known alternative care options?
4. **Complete AH4:** Is there a risk of exposure to domestic violence?

Accommodation / Housing Characteristics:					
AH1	Is the Participant homeless or at risk of homelessness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
AH2	Is there a lack of adequate and readily available housing and supports available to the Participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
AH3	Has there been a recent or unexpected loss of a primary carer or guardian placing the Participant's living situation at risk because there are no known alternative care options?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
AH4	Is there a risk of exposure to domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

5. **Complete AH5:** Does the Participant live in unconventional accommodation such as sleeping rough or in improvised dwellings?
6. **Complete AH6:** Does the Participant frequently move from one shelter to another?

**Note:** This may include the Participant residing in emergency accommodation, 'couch surfing' or is living in accommodation that falls below minimum community standards, such as boarding houses and caravan parks).

7. **Complete AH7:** Is there is an identified risk of relinquishment in the Participant's current living/accommodation setting?
8. Where applicable, provide further comments to the support the referral in the Comments section.

AH5	Does the Participant live in unconventional accommodation such as sleeping rough or in improvised dwellings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
AH6	Does the Participant frequently move from one shelter to another? (i.e.: emergency accommodation, 'couch surfing' or is living in accommodation that falls below minimum community standards, such as boarding houses and caravan parks).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
AH7	Is there is an identified risk of relinquishment in the Participant's current living/accommodation setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
	Where applicable, provide further comments to support the referral:	Comments:			

### 3.3.5 Justice Characteristics

**Click on** the corresponding 'Yes,' 'No,' 'Not Applicable' or 'Do Not Know' checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.

1. **Complete JC1:** Is the Participant in a correctional facility, prison, or youth detention centre?
2. **Complete JC2:** Is the Participant currently residing in a forensic justice facility or secure setting?
3. **Complete JC3:** Is the Participant on remand, applying for bail or eligible for parole?
4. **Complete JC4:** Is the Participant in the community and on bail, probation, parole and/or on a Court Order?

If 'Yes', advise the type of order in the **Comments** section.

Justice Characteristics:					
JC1	Is the Participant in a correctional facility, prison or youth detention centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
JC2	Is the Participant currently residing in a forensic setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
JC3	Is the participant on remand, applying for bail or eligible for Parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
JC4	Is the Participant in the community and on bail, probation, parole and/or on a Court Order? <small>If 'Yes', advise type of order in the Comments Field Below</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

**5. Complete JC5:** Does the Participant have a post sentence Order?

**Note:** This may include restrictions on their movements and/or other requirements, for example drug testing, attending prescribed treatment.

**6. Complete JC6:** Is there a lack of clarity and/or agreement over funding responsibility (between Justice Interface and NDIA)?

**7.** Include details of Court Orders or Conditions in the Comments section where you answered 'Yes' in **JC4**.

JC5	Does the Participant have a post sentence Order? This may include restrictions on their movements and/or other requirements, for example drug testing, attending prescribed treatment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
JC6	Is there a lack of clarity and/or agreement over funding responsibility (between Justice Interface and NDIA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
	Where applicable, provide further comments to support the referral: <span style="color: red;">Include details of Court Order or Conditions if response in JC4 is "Yes"</span>	Comments:			

### 3.3.6 Behaviour Impacts and Characteristics

As described in the [Practice Guide - Positive Behaviour Support](#), Behaviours of Concern, also known as challenging behaviours, refer to a wide range of behaviours of an intensity, frequency or persistence that threatens the quality of life, physical safety of the individual and/or others and generally results in limiting access to the community.

Behaviours of Concern can be any behaviour that results in an adverse impact on the person's quality of life. This may include:

- physical or verbal aggression.
- property damage.
- inappropriate sexual behaviour.
- disinhibited and impulsive behaviour.
- self-injurious behaviour also referred to as self-harm. It differs with each person and can include head banging, picking, and hitting. This behaviour may not be an attempt to cause harm.

Where Behaviours of Concern are identified as a factor for referral to the pathway, additional information is required to determine the impact of challenging behaviours to the Participant and support systems.

**Click on** the corresponding 'Yes,' 'No,' 'Not Applicable' or 'Do Not Know' checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.



1. **Complete BC1:** Is the Participant and/or others are at risk due to Behaviours of Concern (BoC)?
2. **Complete BC2:** Is the Participant engaged with a Positive Behaviour Support Practitioner (PBSP)?
3. **BC3:** If 'Yes' to Behaviour Support Practitioner in **BC2**, please provide details of Service Provider and best contact for CSN engagement. This information will inform the CSN Planner of the most appropriate contact to engage with when assessing the Participant's situation and support needs for Complex Planning and Positive Behaviour Intervention.

Behaviour Impacts and Characteristics:									
BC1	Is the Participant and/or others are at risk due to Behaviours of Concern (BoC)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know				
BC2	Is the Participant engaged with a Positive Behaviour Support Practitioner (PBSP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know				
BC3	If 'Yes' to engagement with Positive Behaviour Practitioner (PBSP) in BC2, please provide details of Service Provider and best contact for CSN engagement:	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #d9ead3;">Provider/Practitioner:</td> <td>Name:</td> </tr> <tr> <td style="background-color: #d9ead3;">Phone/Email Contact:</td> <td>Contact Details:</td> </tr> </table>				Provider/Practitioner:	Name:	Phone/Email Contact:	Contact Details:
Provider/Practitioner:	Name:								
Phone/Email Contact:	Contact Details:								

4. **Complete BC4:** Is there an effective Positive Behaviour Support Plan (PBSP) in place?
5. **Complete BC5:** Are there Restrictive Practices identified but not reported or regulated?
6. **Complete BC6:** Are the Participant supporters trained in Positive Behaviour Support Strategies or interventions?
7. **Complete BC7:** Are the Positive Behaviour Support Practitioner/Providers and Support Coordinator/Services all working together to implement or review Positive Behaviour Support Plan strategies as required?

BC4	Is there an effective Positive Behaviour Support Plan (PBSP) in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
BC5	Are there Restrictive Practices identified but not reported or regulated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
BC6	Are the Participant supporters Trained in Positive Behaviour Support Strategies or interventions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
BC7	Are the Positive Behaviour Support Practitioner/Provider and Support Coordinator/Services all working together to implement or review positive behaviour support plan strategies as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

8. **Complete BC8:** Are there multiple service systems engaged or are systems required to be engaged to address presenting behaviours?

**9. Complete BC9:** Is there an immediate risk of breakdown in formal and informal supports due to presenting behaviour?

**10. Complete BC10:** Has there been a change in the Participant's Behaviours of Concern within the last 6 months?

**11. Complete BC11:** Has there been an escalation/change in the Participant's behaviour that requires more intensive support?

BC8	Are there multiple service systems engaged or are systems required to be engaged to address presenting behaviours?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know
BC9	Is there an immediate risk of breakdown in formal and informal supports due to presenting behaviour?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know
BC10	Has there been a change in the Participant's Behaviours of Concern within the last 6 months?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know
BC11	Has there been an escalation/change in the Participant's behaviour that requires more intensive support?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know

**12. Complete BC12:** Are supports funded at 1:1 to manage Behaviours of Concern?

**13. Complete BC13:** Are supports funded at 2:1 to manage Behaviours of Concern?

**14. Complete BC14:** Are supports funded higher than 2:1 to manage Behaviours of Concern?

BC12	Are supports funded at <b>1:1</b> to manage behaviours of concern?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know
BC13	Are supports funded at <b>2:1</b> to manage behaviours of concern?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know
BC14	Are supports funded <b>higher than 2:1</b> to manage behaviours of concern?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Do Not Know

**15. Complete BC15:** Is the Participant in hospital or detained in a secure Mental Health Facility due to complex psychosocial presentation?

**16. Complete BC16:** Does the Participant have a history of disengagement from supports/services for extended periods of time?

**17. Complete BC17:** Has the Participant become disengaged and refuses Agency and/or Support Coordinator contact?

**18.** Where applicable, provide further comments to the support the referral in the Comments section.



BC15	Is the Participant in hospital or detained in a secure mental health facility due to complex psychosocial presentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
BC16	Does the Participant have a history of disengagement from supports/services for long periods of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
BC17	Has the Participant become disengaged and refuses Agency and/or Support Coordinator contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
	Where applicable, provide further comments to support the referral:	Comments:			

### 3.3.7 Coordination of Support Characteristics

Click on the corresponding 'Yes,' 'No,' 'Not Applicable' or 'Do Not Know' checkbox to select your response. Where applicable, provide further information to support the referral in the **Comments** section.

- Complete SC1:** Is the Participant is engaged with a Support Coordinator?
- Complete SC2:** Is the Participant engaged with a Psychosocial Recovery Coach?
- Complete SC3:** If 'Yes' to Support Coordination or Recovery Coach in questions **SC1** or **SC2**, please provide details of Service Provider and best contact for CSN engagement.

Coordination of Support Characteristics:									
SC1	Is the Participant engaged with a Support Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know				
SC2	Is the Participant engaged with a Psychosocial Recovery Coach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know				
SC3	If 'Yes' to Support Coordinator or Recovery Coach in SC2, please provide details of Service Provider and best contact for CSN Engagement:	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #d3d3d3;">Provider/Support Coordinator:</td> <td>Name:</td> </tr> <tr> <td style="background-color: #d3d3d3;">Phone/Email Contact:</td> <td>Contact Details:</td> </tr> </table>				Provider/Support Coordinator:	Name:	Phone/Email Contact:	Contact Details:
Provider/Support Coordinator:	Name:								
Phone/Email Contact:	Contact Details:								

- Complete SC4:** Is the Support Coordinator engaging with the Participant or family/carer or primary support systems?
- Complete SC5:** Is the Family/Participant or Carer engaging with the Support Coordinator and other support systems?
- Complete SC6:** Is the Support Coordinator engaged with appropriate mainstream, community, or funded supports?

SC4	Is the Support Coordinator engaging with the Participant or family/carer or primary support systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
SC5	Is the Family/Participant or Carer engaging with the Support Coordinator and other support systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
SC6	Is the Support Coordinator engaged with appropriate mainstream, community or funded supports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know

7. **Complete SC7:** Is there an identified conflict of interest between the Support Coordinator and other allied health or funded support systems?
8. **Complete SC8:** Is the Participant able to identify with an appropriately skilled Support Coordinator/Specialist Support Coordinator?
9. Where applicable, provide further comments to support the referral in the **Comments** section.

SC7	Is there an identified conflict of interest between the Support Coordinator and other allied health or funded support systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
SC8	Is the Participant able to identify with an appropriately skilled support coordinator/specialist support coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
	Where applicable, provide further comments to support the referral:	Comments:			

### 3.4 Complete Section 3 - Confirm Referral Criteria for CSN Assessment

Prior to referring to the CSN Pathway, ensure all outstanding tasks and requests are finalised. Please upload all available reports, assessments and documents to the Participant record as supporting documents for the CSN Referral.

A Request for Service and Implementation Task for the previous plan should be completed prior to referral to the CSN Pathway, where applicable. Please confirm all details pertaining to Nominee, Guardian and representatives are updated on the Participant record.

1. **Complete RC1:** Click on the appropriate 'Yes,' 'No', 'Not Applicable' or 'Do Not Know' response for the following:

Are there any other complex factors for this Participant that have not been considered in this Referral for Assessment to the CSN Pathway?

**Note:** The example below indicates there are no further factors for consideration for referral with checkbox 'No' selected.

2. **Complete RC2:** If 'Yes' to other factors that need to be considered in the referral to CSN, provide further detail in the **comments** section. Leave Blank if not applicable.

Confirming Referral Criteria:					
RC1	Are there any other complex factors for this Participant that have not been considered in this Referral for Assessment to the Complex Pathway?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Do Not Know
RC2	Where 'Yes' selected, provide further comments to support the referral:	Comments:			

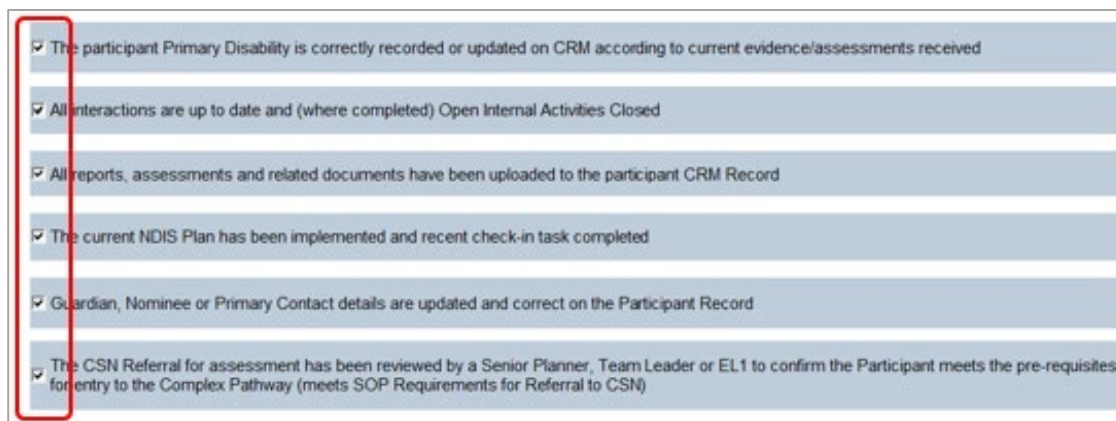
**Note:** Prior to submitting your CSN Referral Form, ensure you have updated all appropriate tasks and any outstanding activities on the Participant CRM Account. Ensure you have

uploaded all relevant documents and included interactions on recent conversations held with the Participant or their support network.

**8. Complete RC3:** Click on each Checkbox to confirm **all Referral Tasks** have been completed in preparation for the CSN Participant Assessment.

**Tasks Include:**

- Checking the Participant Primary Disability is correctly recorded or updated on CRM according to current evidence/assessments received.
- All interactions are up to date and (where completed) open internal activities closed.
- All reports, assessments and related documents have been uploaded to the Participant CRM Record.
- The current NDIS Plan has been implemented and recent check-in task completed.
- The Guardian, Nominee or Primary Contact details are updated and correct on the Participant Record.
- The CSN Referral for Assessment has been reviewed by a Senior Planner, Team Leader or EL1 to confirm the Participant meets the pre-requisites for entry to the CSN Pathway (meets SOP Requirements for Referral to CSN).



### 3.5 Save and Upload the CSN Referral Form Document

**9.** Save the Form and attach to the Participant's Record as an Inbound Document using the Document Header: **CSN Referral Form\_FirstName\_Surname\_DD.MM.YYYY.**

### 3.6 Complete CRM Interaction Template for CSN Assessment

**10. Complete and Assign** the following CSN Assessment Interaction to the **CR SDP Return to CSN CRM Inbox.**

## Refer to Complex Support Needs Branch for assessment

**Category 1:** Specialised

**Category 2:** Complex Support Needs

**Category 3:** CSN Assessment Required

**Channel:** Internal Notes

**Status:** Open

**Assign to the Team Responsible:** CR SDP Return to CSN

### Notes:

Referral submitted by [Login ID]

Assessment request for a Participant that may require the additional support of the Complex Support Needs Pathway. The CSN Referral for Assessment has been reviewed by a Senior Planner, Team Leader or EL1 to confirm the Participant meets the pre-requisites for entry to the Complex Pathway [LOGIN ID of Approver (where applicable)]

Information and evidence to support the Participant's Suitability for Entry to the CSN Pathway is attached to the Participant record as Inbound Document:

**CSN Referral Form\_FirstName\_Surname\_DD.MM.YYYY**

## 4. Related procedures or resources

- [Standard Operating Procedure – Referral to the Complex Support Needs Branch](#)
- [Practice Guide – Complex Support Needs](#)
- [Standard Operating Procedure – Manage Inbound Documents](#)
- [Practice Guide – Positive Behaviour Support and Behaviours of Concern](#)

## 5. Feedback

If you have any feedback about this Standard Operating Procedure, please contact

s22(1)(a)(ii) - irrelevant material [\[redacted\]@ndis.gov.au](mailto:[redacted]@ndis.gov.au)

## 6. Version control

Version	Amended by	Brief Description of Change	Status	Date
V1.0	AH0030	New SOP to support CSN Referral Form	APPROVED	2022-09-12

**Practice Guide – Participant  
Critical Incident**

**OFFICIAL**

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The contents of this document are OFFICIAL.

## 1. Purpose

The National Disability Insurance Agency (NDIA) recognises that people with disability can be particularly vulnerable to harm including abuse, neglect and exploitation. While working with participants, their families and carers, NDIA, National Contact Centre (NCC) and Partner (inclusive of ECEI and LAC) staff may encounter circumstances or obtain information about allegations of serious harm or abuse.

This Practice Guide details the roles and responsibilities of NDIA, NCC and Partner staff when they receive information about an alleged participant critical incident.

This Practice Guide supports a Framework that is underpinned by the principles that people with disability have the same right as other members of Australian society to have respect for their worth, privacy and dignity and to live free from abuse, neglect and exploitation. In regard to children and young people with disability, the best interests of the child or young person are paramount, and full consideration should be given to the need to protect the child or young person from harm.

This document is part of and supports the [Participant Critical Incident Framework](#). It considers the interface with broader incident and issues management policies, guidelines and frameworks, however is not within the scope of:

- [Security Incidents](#)
- [Managing Unreasonable Behaviour](#)
- [Issues and Incident Management Framework](#)
- [Business Continuity Management Policy](#)
- [Work, Health and Safety Incidents](#)
- [Risk](#)
- [Legal](#)

Some incidents may meet the participant critical incident reporting criteria in addition to another internal process. NDIA, NCC and Partner staff should escalate through both processes.

This guide only applies to situations that meet the definition of a participant critical incident, staff will encounter other situations of risk that require management not covered by this guide **including potential risks such as a participant assaulting a staff member**. Support in these circumstances may be found in the abovementioned internal documents, alternatively staff can seek advice or support from their line manager or the Participant Incident Team.



## 2. To be used by

All NDIA, NCC or Partner in the Community staff.

## 3. Scope

This guide is intended to:

- Define a participant critical incident;
- Outline the role of the NDIA, NCC and Partner staff in responding to reports of participant critical incidents;
- Outline the participant critical incident process;
- Provide the process for an initial response and considerations for follow up action to an incident notification;
- Identify obligations of NDIA, NCC and Partner staff NDIA, NCC and Partner staff to report to third parties including state authorities.

This guide does not address incidents which relate to [security](#), [business continuity](#) or [work health and safety](#), including unreasonable behaviour such as abuse, aggression or escalating behaviour toward staff.

## 4. Types of Incidents

There are a range of incidents NDIS participants may experience or be impacted by, across a number of settings.

This practice guide focusses on the participant critical incident process. The participant critical incident response is complimentary to the broader [Issues and Incident Management Framework](#). There is a 'no wrong door' approach to providing feedback, complaints and other matters to the Agency. Notifications that do not meet the participant critical incident categories will be progressed to the appropriate notification pathway. The team who lodged the incident will be educated as to the appropriate notification pathway.

### 4.1 What is a participant critical incident?

A report of a participant critical incident is any information provided to the NDIA, NCC and Partner staff that alleges that an event occurred involving:

- Unexplained death or death that occurs in connection with the provision of NDIS supports or services.
- Serious injury.
- Abuse or neglect.

- Unlawful sexual or physical contact with, or assault.
- Sexual misconduct committed against, or in the presence of, the participant, including grooming for sexual activity.
- Unauthorised use of a restrictive practice.
- Threat or attempt of self-harm or suicide.

**Note:** a participant critical incident allegation may involve any stakeholder including NDIA staff, Partner in the Community staff, informal supports and family or other person.

#### 4.1.1 Participant Critical Incident Examples

Incident Category	Example (not exhaustive)
Unexpected death of a participant that occurs in connection with the provision of NDIS supports or services	Report of a death where its circumstances or cause are medically or legally unexplained. This can occur (but not limited to) in the context of medical care, suicide, neglect or suspected criminal activity.
Serious injury of a participant	<p>Report of a reckless or intentional act which has caused injury to a participant such as a fracture, contusion, wound, burn or concussion.</p> <p>Report of a participant being physically assaulted by a carer, support person, family member or member of the community which causes serious harm or injury.</p> <p>Report of serious injury of a participant whilst receiving NDIS supports</p>
Abuse or neglect of a participant	<p>Report of a family member, carer or support person denying food to a participant as 'punishment'.</p> <p>Allegation of a participant being subject to use of offensive, abusive, or demeaning language by a support.</p> <p>Observation or notification of a family member, carer or support person threatening harm to a participant.</p> <p>Report of a participant being financially exploited.</p> <p>Abandonment of a Participant.</p>

Incident Category	Example (not exhaustive)
Unlawful sexual or physical contact with, or assault of, a participant	<p>Observation of inappropriate physical contact between a carer or a support person and person with disability.</p> <p>Report of sexual assault of a participant.</p> <p>Report of a participant being physically assaulted by a carer, support person or family member, or member of the community.</p>
Sexual misconduct committed against, or in the presence of, a participant, including grooming of such a person for sexual activity	<p>Report of a rape or sexual assault of a participant.</p> <p>Observation of sexual conduct in the presence of a participant.</p> <p>Report a person developed a relationship with a participant with the intent of facilitating the participant's involvement in sexual conduct, either with themselves or another adult. This does not necessarily involve any sexual activity or even discussion of sexual activity and may only involve establishing a relationship for the purpose of facilitating sexual activity at a later time.</p>
Unauthorised use of a restrictive practice in relation to a participant	<p>Report of use of restrictive practices (seclusion, chemical, mechanical, physical, environmental, psycho-social) without an authorisation where the relevant State or Territory has an authorisation process.</p> <p>Observation of a family member or support secluding or restraining the person with disability.</p>
Participant self-harm or suicide	<p>Report of participant threatening self-harm or suicide.</p> <p>Report a participant has self-harmed or attempted suicide.</p> <p>This refers to a specific event and does not include progressively escalating behaviours of concern.</p>

#### 4.1.2 What do I do when there is a critical incident in relation to a non-participant?

In instances where a critical incident report is received that is in relation to a non-NDIS Participant, the Participant Incident Team will advise the notifier of the correct channel in which to report this matter. Participant Incident Team will recommend that the notifier contact the relevant mainstream authorities directly. This may include police and child protection agencies, see links and table below for guidance.

If the notifier does not want to report the incident to the relevant authority, NDIA, NCC and Partner staff will seek consent from the notifier to report the incident to the relevant authority on their behalf. If consent is not provided, NDIA, NCC and Partner staff can report the incident to the relevant state authority if it is believed on reasonable grounds that the disclosure of the information is necessary to prevent or lessen a serious threat to an individual's life, health or safety (s60(2)(e) of the National Disability Insurance Act 2013).

**If a notifier and/or any other person(s) are at risk of immediate harm or danger contact 000 for immediate assistance.** See **emergency response** section of this guide for further details about contacting emergency services.

Participant Critical Incident Examples	State or Territory Authority
Incident relating to child safety issues	State or Territory Child Protection Authority and/or <a href="#">Australian Institute of Family Studies</a>
Incident occurring in relation to unlawful conduct or serious harm	Police Emergency 000 Non Emergency 131 444
Incident occurring between a family member and a person with disability	Police Emergency 000 Non Emergency 131 444
Incident relating to a person with disability and a non-NDIS registered provider	State or Territory authority and/or Police
Serious harm to a person with disability in an aged care residence	<a href="#">Aged Care Quality and Safety Commission</a> and/or Police

#### 4.1.3 When an incident fits more than one criteria

There may be times when an incident fits the criteria of both a participant critical incident and another type of incident. Steps should be taken to ensure all streams of incident reporting are

engaged and linked, for example- contacting the [Security Team](#), [Work Health and Safety Team](#) and also notifying the [Participant Incident Team](#).

There are times when it is not easy to decide if an incident is critical, or related to another type of security or work, health and safety matter. The best course of action is for staff to speak to their (a) line manager or the Participant Incident Team to determine the option that best fits the incident circumstances.

Key questions to consider include, but are not limited to:

- Was there a specific event that happened?
- Does the allegation relate to a participant being harmed or at risk of harm from the actions of others?
- Who is alleged to have harmed the participant, is it a provider, informal support or other person?
- Is the participant threatening, abusing or being aggressive toward others?
- What is the nature of the allegation?
- Where and when did the alleged incident occur?
- Is there a threat of self-harm?
- Is there an indication a provider or informal support has neglected a participant?

See [examples of participant critical incidents](#) or the table below to assist you to determine appropriate internal notification pathways.

#### **4.1.4 Near Misses**

Sometimes a participant may be in an unplanned high risk situation, but an incident has not yet occurred. If the Agency receives report of potential risks, we may implement mitigation strategies to prevent an incident occurring.

The PCI team would follow the same process for a PCI, ensuring appropriate actions are taken to ensure the participants safety and wellbeing.

In this situation the PCI team would categorise this as a **Near Miss**, noting there may still be risk, but an incident has not yet occurred.

#### **4.1.5 Other Incidents and internal response pathways**

When another type of incident is referred to the PCI team that does not meet the PCI criteria, the PCI team would follow the same process for a PCI, ensuring appropriate actions are taken to ensure the participant and others safety and wellbeing.

In this situation the PCI team would withdraw this incident, noting there may still be risk, but it does not meet PCI criteria and is best managed by another team- see below.



Incident Type	Example	Agency Response Pathway or Further Information
Security	<p>Loss or compromise of information.</p> <p>Unauthorised access, including tailgating.</p> <p>Theft of departmental and personal assets.</p> <p>Verbal or physical abuse.</p> <p>Damage or vandalism to buildings.</p> <p>All Duress Alarm activations (including false activations).</p>	<p>All security incidents should be reported to the NDIA Protective Security Team either by phone or using the NDIA Security Incident Report Form on the <a href="#">Security Incident Reporting</a> page. Refer to the <a href="#">Privacy incident escalation protocol</a> for privacy incidents.</p>
Abuse, aggression or escalating behavior toward staff or Partners	<p>Aggressive acts, verbal abuse, derogatory, racist or defamatory remarks, harassment, intimidation or violence.</p> <p>Rude, confronting and threatening correspondence or behaviour.</p> <p>Threats to harm third parties, damage property or stalking.</p>	<p><a href="#">Managing Unreasonable Behaviour Guidelines</a>.</p> <p><a href="#">Security Incident Reporting</a> page.</p> <p><a href="#">Report a WHS Incident</a> for any incident relating to the health and safety of staff.</p>
Business Continuity/ Resilience	<p>Loss of access to building(s).</p> <p>Utility outages.</p> <p>ICT outages.</p> <p>Loss of staff.</p>	<p><a href="#">Issues and Incident Management Framework</a>.</p> <p><a href="#">NDIA Business Continuity Management Policy</a>.</p>
Work, Health and Safety	<p>Injury/Illness- slips, trips, falls, spills.</p> <p>Near Miss.</p> <p>Equipment/Property Damage.</p> <p><a href="#">Comcare Notifiable incidents</a>.</p>	<p>NDIA Staff.</p> <p><a href="#">Report an Incident</a>.</p> <p><a href="#">Incident Reporting and Investigation Procedure</a>.</p> <p><b>Note:</b> Partners to refer to their own organisations'</p>



Incident Type	Example	Agency Response Pathway or Further Information
		policy, speak to your line manager for support and guidance
Employee Relations Incidents	Any participant critical incident relating to employee behaviour and the Agency code of conduct which is reported to the Employee Relations team, in addition to PCI staff.	For further see the <a href="#">People and Culture</a> intranet page.  Note: Partners to refer to their own organisations' policy, speak to your line manager for support and guidance, in addition to this step.
Legal	<a href="#">AAT</a> or other notices setting out that legal proceedings are being contemplated or have been lodged.  <b>Note:</b> If there is a CRM alert on file Legal are already aware and no need to alert again.	Email <a href="#">Legal Team</a>  Where requests for information are received from a court contact, email <a href="#">Information Law team</a> .
Privacy	Privacy complaint by a participant or allegation of a breach of privacy involving a participant. Data breach, unauthorised disclosure or loss of personal information	Email <a href="#">Privacy</a> or see the <a href="#">Privacy incident escalation protocol</a>
Technical Advisory Branch	For significant participant behaviour of concern and/or notice of use of restricted practices (unauthorised and authorised).  <b>Note:</b> Unauthorised use of restrictive practices will need to be notified to PCI staff as a	See <a href="#">intranet page</a> , email <a href="#">Technical Advisory Team</a> or contact <span style="background-color: #cccccc; padding: 2px;">s22(1)(a)(i) - irrelevant material</span>

Incident Type	Example	Agency Response Pathway or Further Information
	participant Critical Incident. They will also notify TAB.	

## 5. Correct response pathways

Often NDIA, NCC and partner staff are notified of potential risk, an unstable environment, threat to homelessness etc. Unless a specific event/s has occurred, you may need to assess if the situation is indeed a Participant Incident, or if it needs to be referred to the appropriate business area for action.

Key questions to consider include, but are not limited to:

- Was there a specific event that happened?
- Does the allegation relate to a participant being harmed or at risk of harm from the actions of others?
- Who is alleged to have harmed the participant, is it a provider, informal support or other person/s?
- What is the nature of the allegation?
- Where and when did the alleged incident occur?

See examples in the table below to assist you to determine appropriate response pathways.

Notification Type	Example	Agency Response Pathway or Further Information
Child Protection involvement	<p>Notification Child Protection is involved with the family.</p> <p>No Specific incident has been reported.</p> <p>Suspects on reasonable grounds that a child is at risk of significant harm.</p> <p>Education Department has raised concerns regarding Child Protection Involvement.</p>	<p>Unless a specific incident or event has occurred this is not a Participant Critical Incident. Referral to the Participant's Service Delivery area for investigation into welfare of child, and if any amendments are required to be made to NDIS plan.</p>

Notification Type	Example	Agency Response Pathway or Further Information
	A family member has raised concerns.	
Child Protection involvement	<p>Notification Child Protection is involved with the family.</p> <p>Child Protection are involved due to a specific incident occurring.</p> <p>Suspects on reasonable grounds that a child is at risk of significant harm due to incident occurring.</p>	<p>If an incident has occurred to prompt a referral to Child protection, please fill out an incident form and sent to <a href="#">Participant Incidents Team</a>.</p>
Restrictive Practice	<p>Notification Participant is not allowed to access tools that may cause harm (for example: scissors, sharps, knives, lighters, matches etc).</p> <p>Notification there has been consent and approval for a seatbelt on a wheelchair to prevent falls.</p>	<p>Restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, certain restrictive practices are subject to regulation and <b>are not an incident</b>. These include seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.</p> <p><b>An implementing provider who uses regulated restrictive practices needs to</b></p>

Notification Type	Example	Agency Response Pathway or Further Information
		<b>provide monthly reports to the NDIS Commission.</b>
Restrictive Practice	<p>A Participant has been locked in a room, unable to be let out.</p> <p>A Participant is given additional medication above recommended dose to sedate them.</p> <p>A Participant physically restrained against their will.</p>	<p>If an incident has occurred to prompt a referral, please fill out an incident form and sent to <a href="#">Participant Incidents Team</a>.</p>
Death	<p>A palliative care participant has passed away.</p> <p>A participant has passed away due to natural causes.</p>	<p>The National Disability Insurance Scheme Act 2013 (NDIS Act) does not require the National Disability Insurance Agency (NDIA) to notify another Australian government department of the participant's death. However, in some instances state and territory legislation may require the NDIA to report the death to the Coroner if:</p> <ul style="list-style-type: none"> <li>• the death has not already been reported to the Coroner by someone else.</li> <li>• the death is a 'reportable death' in the relevant jurisdiction.</li> </ul>

Notification Type	Example	Agency Response Pathway or Further Information
Unexplained death	<p>A participant passes away unexpectedly and causes are unexplained.</p> <p>Death in connection with the provision of NDIS supports.</p>	<p>Please fill out an incident form and sent to <a href="#">Participant Incidents Team</a>.</p>
Unmanageable Behaviours	<p>Aggressive acts, verbal abuse, derogatory, racist or defamatory remarks, harassment, intimidation or violence.</p> <p>Rude, confronting and threatening correspondence or behaviour.</p> <p>Threats to harm third parties, damage property or stalking.</p>	<p><a href="#">Managing Unreasonable Behaviour Guidelines</a>.</p> <p><a href="#">Security Incident Reporting</a> page.</p> <p><a href="#">Report a WHS Incident</a> for any incident relating to the health and safety of staff.</p>

## 6. NDIA responsibilities when responding to Participant Critical Incidents

The NDIA is responsible for delivering the National Disability Insurance Scheme (NDIS). The NDIS is designed to enhance the quality of life and increase economic and social participation for people with disability.

The NDIA's responsibilities when receiving notification of a participant critical incident may include:

- Reporting to responsible state authorities, where incident circumstances indicates disclosure may be necessary to prevent or lessen a serious threat to an individual's life, health or safety (s60(2)(e) of the NDIS Act 2013);
- Notifying the NDIS Quality and Safeguards Commission for further involvement (please note- all referrals must be through agreed channels outlined within the complaints handling and reportable incidents [protocol](#).); and
- Considering any implications for the participant's NDIS plan (having regard to the scope of the NDIS legislation and the obligations of other service systems as agreed by Governments).



## 6.1 External Reporting

When NDIA, NCC and Partner staff are notified of a participant critical incident they should always consider what external reporting is required before it is notified to the National Participant Incidents Team. When considering the release of information to external agencies, NDIA, NCC and Partner staff are required to comply with the provisions in the NDIS Act 2013 that relates to 'protected agency information' and the provisions of the Privacy Act 1988 which relates to 'personal information' and 'sensitive information'. Further information can be found in the Agency's [Information Handling Operational Guideline](#), the Privacy Policy or by contacting the [Privacy team](#) or [Information Law team](#).

All NDIA, NCC and Partner staff have a responsibility for reporting risk of harm of any person to relevant state authorities if it is believed on reasonable grounds that disclosure or use of the information, is necessary to prevent or lessen a serious threat to an individual's life, health or safety (s60 (2) (e) of the NDIS Act 2013).

Mandatory reporting is a legislative requirement for a selected group of people including some Partner in the Community staff. Mandatory reporters are often people who directly deliver services. The NDIA is a funding body and not a provider of services, therefore NDIA employees are not considered mandatory reporters, however there are some exceptions.

### 6.1.1 Participant Critical Incidents relating to Children and Young People

If a child is in immediate danger or a life-threatening situation, call 000 immediately and ask for police. If it is not an emergency and allegations are of a criminal nature, staff should seek support from their (a) line manager and call police on 131 444 or contact their local police station (see emergency and non-emergency response section of this guide for further information).

NDIA and Partners should report any concerns relating to children and young people to state child protection authorities if it is believed on reasonable grounds that disclosure or use of the information, is necessary to prevent or lessen a serious threat to a child or young person's life, health or safety (s60 (2) (e) of the NDIA Act 2013).

There are mandatory reporting requirements in all jurisdictions for certain incidents involving children and young people. If staff are unsure if an incident in regards to a child or young person should be reported, they should discuss with their (a) line manager and contact their state child protection agency for support and advice at any of the below mentioned numbers.

Jurisdiction	State of Mind	How to report and webpage details
ACT	Belief on reasonable grounds	<b>General public line</b> (available 24 hours): 1300 556 729



Jurisdiction	State of Mind	How to report and webpage details
		<p><b>Mandated reporters line</b> (available 24 hours): 1300 556 728</p> <p>Online: Child concern report</p> <p>Email: <a href="mailto:cyf@act.gov.au">cyf@act.gov.au</a></p> <p>Further information for all staff including mandatory reporters can be found on their <a href="#">webpage</a>.</p>
NSW	Suspects on reasonable grounds that a child is at risk of significant harm	<p><b>Child Protection Helpline</b> (available 24 hours):132 111</p> <p><b>Mandatory Reporters</b> can view the <a href="#">Mandatory Reporting Guide</a> for further support on deciding whether a child or young person is suspected to be at Risk of Significant Harm (ROSH).</p> <p>Other staff can see their <a href="#">webpage</a> for further information.</p>
NT	Belief on reasonable grounds	<p><b>Child abuse hotline:</b> 1800 700 250</p> <p><b>Crime Stoppers:</b> 1800 333 000</p> <p><b>Online:</b> Online Reporting Form</p> <p>NDIA, NCC and Partner staff can visit their <a href="#">webpage</a> for further information.</p>
QLD	Has a reasonable suspicion	<p><b>Child safety service centre Enquiries line</b> (business hours): 1800 811 810 [they</p>

Jurisdiction	State of Mind	How to report and webpage details
		<p>will transfer staff to the <a href="#">regional intake service</a>].</p> <p><b>Online:</b> Online Reporting form</p> <p><b>Child Safety After House Service Centre:</b> 1800 177 135</p> <p>Further information for all staff including mandatory reporters can be found in the <a href="#">child protection guide</a> or on their <a href="#">webpage</a>.</p>
SA	Suspects on reasonable grounds	<p><b>Child Abuse Report Line (CARL)</b> (24 hours): 131 478</p> <p><b>Mandatory Reporters</b> can view the <a href="#">Mandatory Reporting Guide</a> for further support on whether something should be reported.</p> <p>Other staff can visit their <a href="#">webpage</a> for further information.</p>
TAS	Believes, or suspects, on reasonable grounds, or knows	<p><b>Advice and Referral Line</b> (24 hours): 1800 000 123</p> <p><b>Online:</b> Online Contact Form</p> <p>For further information for all staff including mandatory reporters visit their <a href="#">webpage</a>.</p>
VIC	Belief on reasonable grounds	<p><b>North Division Intake:</b> 1300 664 977</p> <p><b>South Division Intake:</b> 1300 655 795</p>

Jurisdiction	State of Mind	How to report and webpage details
		<p><b>East Division Intake:</b> 1300 360 391</p> <p><b>West Division Intake</b> (Rural and Regional Only): 1800 075 599</p> <p><b>West Division Intake</b> (Metropolitan Only): 1300 664 977</p> <p>See <a href="#">Child Protection Contacts</a> for further information.</p> <p><b>After Hours Child Protection Emergency Service:</b> 13 12 78</p> <p>Further information for Mandatory Reporters can be found on the <a href="#">Mandatory Reporter webpage</a>.</p> <p>All other staff can find further information on their <a href="#">webpage</a>.</p>
WA	Belief on reasonable grounds	<p><b>Non-Mandatory Reporters:</b></p> <p>Central Intake Team: 1800 273 889</p> <p>Email: <a href="mailto:cpduty@cpfs.wa.gov.au">cpduty@cpfs.wa.gov.au</a></p> <p>Further information can be found on their <a href="#">webpage</a>.</p> <p><b>Mandatory Reporters:</b></p> <ul style="list-style-type: none"> <li>• can lodge a written mandatory report using the <a href="#">Mandatory Reporting Web System</a> (MRWeb).</li> <li>• Can contact:</li> </ul>

Jurisdiction	State of Mind	How to report and webpage details
		<ul style="list-style-type: none"> <li>• District Office (country area only): <a href="#">Contact List</a></li> <li>• Central Intake Team (Metropolitan Only): 1800 273 889 or <a href="mailto:cpduty@cpfs.wa.gov.au">cpduty@cpfs.wa.gov.au</a></li> </ul> <p>Further information for mandatory reporters can be found on their <a href="#">webpage</a>.</p>

For information about [children living in voluntary care outside of the family home](#) or [children at risk of requiring accommodation outside the family home](#) see the practice guides on the NDIA intranet page for further information.

#### 6.1.1.1 Responding to a child or young person who disclose abuse or neglect

If NDIA, NCC or Partner staff are told by a child or young person that they have been abused or neglected it is a clear message they want the abuse to stop. It is important the allegations are taken seriously.

Staff should remain calm and professional and reassure and support the child or young person without trying to counsel them. Avoid specific questioning. Seeking information from children about abuse and neglect is the role of the Police and State Child Protection Authority. Instead, broadly invite the child to talk about how they are going, is anything bothering them or how are they feeling.

Consent should always be sought from a child or young person's parent, caregiver or guardian if they are present to have the conversation. If the parent, caregiver or guardian do not consent to having the conversation a report should be made to the relevant state child protection authority. If the NDIA or Partners believe on reasonable grounds that the disclosure is necessary to prevent or lessen a serious threat to the child or young person's life, health or safety (s 60(2) (e)) or consistent with mandatory reporter obligations (applicable to some partner in the community staff).

#### What to do

- Listen carefully to what the child is saying.
- Control your verbal and facial expressions.
- Tell them you believe them.
- Reassure them that they have done the right thing by telling you.

- Acknowledge it is hard to talk sometimes.
- Reassure them that they are not to blame.
- Tell them what you will do next – let them know you want to protect them and will need to tell someone else who will be able to help.
- If you cannot answer a question they have, tell them you do not know but will talk with the right people to get them help.
- Make written notes about what the child or young person told you, speak to your (a) line manager and contact your state Child Protection Authority.
- Do not store any information about the participant critical incident on CRM.

### **What not to do**

- Express anger about the alleged abuser – they may be an adult the child loves.
- Confront the alleged abuser.
- Make promises you cannot keep – such as promising you will not tell anyone.
- Pressure the child for information or quiz them for details beyond what they freely want to say.

Receiving a report of child abuse or neglect can be difficult and, at times, unsettling. NDIA, NCC and Partner staff should always debrief and seek support.

### **6.1.2 NDIS Quality and Safeguards Commission**

Registered NDIS providers in all States and Territories, are required to notify reportable incidents that relate to services and provisions provided by a registered provider, to the NDIS Quality and Safeguards Commission, under s73Z of the National Disability Insurance Scheme Act 2013 (NDIS Act) and Part 3 of the NDIS (Incident Management & Reportable Incidents) Rules 2018. For further information about participant critical incidents which are notifiable to the NDIS Quality and Safeguards Commission, visit the [NDIS Quality and Safeguards Commission webpage](#).

**The Participant Incident team**, on behalf of NDIA and Partners, will refer all notifiable participant critical incidents to the NDIS Quality and Safeguards Commission to allow them to seek a notification from the registered NDIS Provider. NDIA, NCC and Partner staff should not make direct referrals to the NDIS Quality and Safeguards Commission in regard to any participant critical incidents.

NDIA, NCC and Partner staff in all states should continue to support a participant to go directly to the NDIS Quality and Safeguards Commission regarding provider behaviour outside of the participant critical incident framework. The **NDIS Quality and Safeguards Commission** can be contacted on:

1800 035 544 between 9:00am to 4:30pm in the NT and 9:00am to 5:00pm in the ACT, NSW, QLD, SA, TAS, WA and VIC. Monday to Friday, excluding public holidays.

For further information about registered provider requirements please visit the [NDIS Quality and Safeguards Commission webpage](#).

The NDIS Commission can only accept notifications of **reportable incidents** from Registered NDIS Providers. Participant Incidents involving **unregistered providers can be referred to the NDIS Commission to be dealt with as complaints about the provider.**

### 6.1.3 Health Services

When a notification of participant critical incident relates to health services and there is immediate danger or a life-threatening situation, NDIA, NCC and Partner staff must call 000 immediately and ask for police. If it is not an emergency, staff should seek support from their (a) line manager and call police on 131 444 or their local police station (see emergency and non-emergency response section of this guide for further information).

If a participant critical incident relates to provision of services provided by a hospital, facility or service (Public or Private) the participant or notifier should be supported in making a formal complaint directly to the hospital, facility or service. The hospital, facility or service's webpage will provide information about how to lodge a complaint directly.

If the participant or notifier has lodged a complaint with a public or private health service and it has not been resolved to their satisfaction, they should escalate to their relevant state ombudsman/authority as outlined below.

State	Contact Details
Queensland State Office of Health	Phone: 133 646 Email: <a href="mailto:Complaints@oho.qld.gov.au">Complaints@oho.qld.gov.au</a> Online: <a href="#">Health Service Complaint Form</a> Webpage: <a href="https://www.oho.qld.gov.au/">https://www.oho.qld.gov.au/</a>
NSW Health Care Complaints Commission	Phone: 02 9219 7444 Online: <a href="#">Lodge a complaint online</a> Email: <a href="mailto:hccc@hccc.nsw.gov.au">hccc@hccc.nsw.gov.au</a> Webpage: <a href="https://ecomplaints.hccc.nsw.gov.au/">https://ecomplaints.hccc.nsw.gov.au/</a>
Victoria Health Complaints Commissioner	Phone: 1300 582 113 (Business Hours) Online: <a href="#">Online Form</a>



State	Contact Details
	In Person: Level 26, 570 Bourke Street, Melbourne. Webpage: <a href="https://hcc.vic.gov.au/">https://hcc.vic.gov.au/</a>
Health Complaints Commission Tasmania	Phone: 1800 001 170 (business hours) Online: <a href="#">Online Complaint Form</a> Email: <a href="mailto:health.complaints@ombudsmant.tas.gov.au">health.complaints@ombudsmant.tas.gov.au</a> Webpage: <a href="https://www.healthcomplaints.tas.gov.au">https://www.healthcomplaints.tas.gov.au</a>
SA Health and Community Services Complaints Commissioner (HCSCC)	Phone: (08) 8226 8666 or 1800 232 007 (Business Hours) Fax: (08) 8226 8620 Email: <a href="mailto:info@hsc.sa.gov.au">info@hsc.sa.gov.au</a> Webpage: <a href="https://www.hcsc.sa.gov.au">https://www.hcsc.sa.gov.au</a>
WA Health and Disability Services Complaints Office (HaDSCO)	Complaints and enquiries line: (08) 6551 7600 or 1800 813 583 Phone: (08) 6551 7620 (Administration) Email: <a href="mailto:mail@hadsco.wa.gov.au">mail@hadsco.wa.gov.au</a> Webpage: <a href="http://www.hadsco.wa.gov.au">www.hadsco.wa.gov.au</a>
NT Health and Community Services Complaint Commission	Phone: 1800 004 474 or (08) 8999 1969 Fax: (08) 8999 6067 Email: <a href="mailto:hcc@nt.gov.au">hcc@nt.gov.au</a> Online: <a href="#">Complaint Online</a> Webpage: <a href="https://www.hcsc.nt.gov.au/">https://www.hcsc.nt.gov.au/</a>

Participants or notifiers should always be encouraged to make a complaint themselves however if a participant does not want to make a complaint NDIA, NCC and Partner staff can report the incident to the appropriate authority with consent of the participant. If it is believed on reasonable grounds that disclosure or use of the information, is necessary to prevent or lessen a serious threat to an individual's life, health or safety (s60 (2) (e) of the NDIA Act 2013).

#### 6.1.4 Aged Care Quality and Safety Commission

When a notification of participant critical incident relates to an Aged Care resident and there is immediate danger or a life-threatening situation, NDIA, NCC and Partner staff must call 000 immediately and ask for police. If it is not an emergency and allegations are of a criminal nature, staff should seek support from their (a) line manager and call police on 131 444 or contact their local police station (see emergency and non-emergency response section of this guide for further information).

If a participant critical incident relates to supports and provisions by an approved aged care provider (including both residential and home care packages) the notifier should be encouraged to lodge a complaint directly to the Aged Care Quality and Safety Commission. NDIA, NCC and Partner staff can report participant critical incidents relating to participants receiving residential aged care services or home care packages to the Aged Care Quality and Safeguards Commission with consent of the participant. If it is believed on reasonable grounds that disclosure or use of the information, is necessary to prevent or lessen a serious threat to a participant's life, health or safety (s60(2)(e) of the NDIS Act 2013). This can be done by:

**Telephone:** 1800 951 822 (Business Hours) OR

**Online:** [Online Complaints Form](#)

Further information about how to make a complaint can be found on the [Aged Care Quality and Safeguards Commission webpage](#).

Approved providers of residential aged care services are required to report a suspicion or allegation of a reportable assault or a missing resident to the Aged Care Quality and Safeguards Commission directly.

If NDIA, NCC or Partners are notified of a reportable assault or a absconding participant receiving services by an approved residential aged care service they should ensure all reporting obligations to the Aged Care Quality and Safeguards Commission have been met by the approved provider. Information about how approved provider staff can report the incident can be found on the [Aged Care Quality and Safeguards Commission webpage](#).

#### 6.1.5 NSW Ageing and Disability Commission

If a participant critical incident occurs in NSW and relates to a participant's family, informal support, or community members known to a participant, the notifier should be encouraged to lodge a complaint directly to the NSW Ageing and Disability Commission. This can be done by:

**Telephone:** 1800 628 221 (Business Hours) OR

**Email:** [nswadc@adc.nsw.gov.au](mailto:nswadc@adc.nsw.gov.au)

NDIA, NCC and Partner staff can report participant critical incidents that occur in NSW and relate to a participant's family, informal support, or community members known to a

participant to the NSW Ageing and Disability Commission with consent of the participant. If it is believed on reasonable grounds that disclosure or use of the information, is necessary to prevent or lessen a serious threat to a participant's life, health or safety (s60(2)(e) of the NDIS Act 2013).

The Participant Incident Team will report these incidents directly to the NSW Ageing and Disability Commission for NDIA and Partner in the Community staff. Staff should record details of the allegations in the participant critical incident form and send to the [Participant Incidents Team](#) mailbox. The participant critical incident form should note the referral to the NSW Ageing and Disability and along with a summary of the reasoning for the referral.

The NSW Disability and Ageing Commission does not investigate the conduct of paid service providers for older people or adults with disability. Instead, the focus is on the conduct of the person's family and other informal supports, or members known to them from the community.

The Commissioner will step in where no other complaint or investigative body can in NSW, by looking in to and investigating cases of abuse, neglect and exploitation of older people and adults with disability. The Commissioner has the power to request further information from a person or body, or apply for and execute search warrants to collect evidence as part of an investigation.

## 6.2 Responding to reports of Participant Critical Incidents

Whenever NDIA, NCC and Partner staff obtain information, which indicates a participant critical incident, the staff member must take appropriate action to report the incident.

A participant critical incident **must receive an initial response and be reported internally within 24 hours of the report being received by the Agency.**

NDIA, NCC and Partner staff must:

- apply the process in this document, in conjunction with the [standard operating procedure/s](#).
- apply the principles and approaches suggested in this document when responding to reports or allegations, noting these principles are a guide only; and
- consult their (a) line manager or the Participant Incident Team, for assistance to determine the most appropriate frontline response and escalation pathway.
- ensure conversations consider a person's vulnerability and take appropriate steps to take account of that vulnerability in any dealings, making decisions and developing relationships.

## 7. Principles for responding to reports of Participant Critical Incidents

NDIA, NCC and Partner staff should apply the below principles suggested in this practice guide when responding to reports or allegations of a critical incident; these are a guide and staff should consult their (a) line manager and/or the Participant Incident Team. For assistance to determine the most appropriate frontline response and escalation pathway; noting the value of shared decision making in difficult situations.

### **Principle 1 – Involve the relevant emergency service if there is a risk of immediate harm.**

As part of the initial response to a participant critical incident notification, staff should consider if there are reasonable grounds to believe that someone is in imminent danger, or there is a serious threat to a person's life, health or safety.

Where this is the case and with the support of their (a) line manager, staff should contact the appropriate emergency services (such as the police or ambulance services), identifying the imminent danger or risk.

### **Principle 2 – Understanding the responsibilities of the NDIA in relation to participant incidents.**

The NDIA investigates participant critical incidents that involve an NDIA or Partner in the Community staff.

It may be necessary to consider adjustment of nominees where the allegations relate to people who are responsible for decision making or care for the person with disability, such as family members or informal supports.

Reporting and connection to third parties, existing or potential engagements with state or other government services, should be considered as part of the response actions undertaken by the Agency throughout the participant incident response process.

Consider the details in the NDIA responsibilities related to participant critical incidents section of this document.

### **Principle 3 – Participants should be involved in matters affecting them.**

Reports about participants from third parties should be thoroughly investigated and where appropriate involve the participant or their nominee, unless the NDIA reasonably believes that doing so will increase the risk of harm to the participant or could potentially compromise investigations by Child Protection, the Police, or other State Authorities.

1. Seek consent to disclose information to third parties who may be able to provide support;
2. Discuss that an assessment of the person's funded supports will be undertaken; and

3. Where a nominee, family member or other informal support is the alleged perpetrator of an incident, consideration should be given to the best pathway to communicate the allegations. This might include working alongside a third party with consent, to support the participant and ensure their safety.

**Principle 4 – Support people with concerns to contact relevant authorities directly.**

People notifying the NDIA of a participant critical incident allegation should be encouraged to report directly to the relevant authority. This might include emergency services, state or federal government authorities or the NDIS Quality and Safeguards Commission.

Registered NDIS providers in all states and territories except WA, are required to report these incidents to the **NDIS Quality and Safeguards Commission**. WA Disability Service Provider Panel (DSPP) registered NDIS providers are required to report serious incidents according to the Department of Communities, Disability Services [Serious Incident Reporting Guidelines](#).

Ensure that the person making the notification is aware of NDIA responsibilities related to participant incidents relating to participant critical incidents. This is particularly important when the person wants the incident allegation investigated.

**Principle 5 – Be aware of NDIS legislative requirements and respect people’s privacy.**

In responding to participant critical incident notifications and when considering the release of information, staff must comply with the provisions in the NDIS Act 2013, that deals with ‘protected information’ and the provisions of the Privacy Act 1988 which deal with ‘personal information’ and ‘sensitive information’. Further information can be found on the Privacy incident escalation protocol.

Staff should give consideration to these requirements, before considering any state or territory laws, policies or working arrangements. Further information can be found in the Agency’s [Information Handling Operational Guideline](#), the [Privacy Policy](#) or by contacting the [Legal support team](#).

Partners have professional and organisational responsibilities to consider. Staff should always seek support from their (a) line manager and/or the legal support team before disclosing information (non-emergency situations), particularly when being requested to provide information from a legal firm, court or other state authority.

Ensure consent and authority to share information has been provided where third parties are being contacted; or indicate if the sharing of this information is necessary to prevent or lessen a serious threat to an individual’s life, health or safety (s 60(2) (e) of the [NDIS Act 2013](#)).

**Principle 6 – Speak with a manager and relevant internal stakeholders for advice.**

It can be challenging to know how to deal with a participant critical incident allegation, particularly where there several pieces of information which are unclear or contradictory.

Staff should notify their (a) line manager regarding the participant critical incident allegation on each occasion and as early in the process as possible. This will support shared decision making and support staff to respond appropriately to the matter.

Internal stakeholders, such as the Participant Incident Team can be consulted to provide support and advice regarding participant critical incident allegations and pathways.

**Principle 7 – Consider any changes needed to the participant’s plan or other supports.**

In addition to any work undertaken as part of the initial response, an assessment of the participant’s plan is required to ensure appropriate supports and safeguards are in the participant’s plan to reduce any further risk to the participant.

This assessment should consider whether existing supports need to be maintained;

Whether additional supports such as support coordination or specific capacity-building supports are reasonable and necessary.

**Principle 8 – Document details and decision making.**

Keep concise, factual file notes about reports of participant critical incidents, decisions made and action taken by the NDIA.

Complete the [Participant Critical Incident Form](#) when undertaking the initial response and internal notification.

Information and details about the incident **should not** be recorded in CRM. The Participant Incident Team will store details of the incident and the form in their shared drive and document relevant follow up actions on their off system tracker.

**Principle 9 – Debrief and seek support.**

Managing participant critical incidents can be difficult and, at times, unsettling. It is important that staff are supported and able to access informal support networks, peer support, or contacting their Agency’s EAP (Employee Assistance Program).

NDIA Staff can contact 1300 360 364 or visit Employee Assistance Program for further information, contract staff can contact their labour hire firm for specific details of their EAP arrangements.

Partners should contact their (a) line manager for details on their relevant [EAP support details](#).

NDIA staff may also wish to discuss participant critical incidents related to the workplace with their Human Resource Business Partner.



## 8. Participant Critical Incident response process

The Participant Critical Incident Process broadly includes four key stages:

1. Initial Response
2. Internal Notification
3. Follow up Action
4. Closure and Reporting

### 8.1 Initial Response

The first stage of the participant critical incident process relates to receipt of the incident allegation, gathering and documenting available information and undertaking any necessary emergency response.

1. Assess the information to determine whether there is any immediate risk of harm.
2. Where there is an immediate threat or risk of harm, contact the appropriate emergency services via '000' (while staff may wish to consult their (a) line manager or seek advice from legal, this is not a prerequisite).
3. NDIA, NCC and Partner staff should encourage the notifier to contact any authorities directly themselves.
4. The incident report should be recorded by the staff member who receives the report of the incident immediately, and be detailed and factual, without judgement or drawing conclusions. Where possible the Participant Critical Incident Form should be used.
5. Staff should consult with a line manager as required at this stage of the incident process.

#### 8.1.1 Gathering Information

In all instances it is essential staff record detailed, accurate and factual details about the information provided or observed. It is important to actively listen and be empathetic to the person's concerns and seek to understand the outcome they are seeking:

- Listen without judgement or making assumptions.
- Give the person time to fully express without accidentally counselling them.
- Remind them of the responsibilities of the NDIA.
- Encourage them to report the incident directly to relevant state authorities, where appropriate.

Detailed notes should include the relevant information for the fields on the [Participant Critical Incident Form](#).

When summarising the incident and any actions that have been undertaken, this should include:

- What is alleged to have occurred, including locations dates and times,
- The impact on, or harm caused to the participant;
- The actions that have been undertaken to date; and
- Any further actions that will be undertaken.

### **8.1.2 Retrospective Incident reporting**

If the report is about a past or serious but a non-emergency incident connected or potentially connected to criminal offences, discuss with a line manager (APS6 or above) and/or the Participant Incident Team. Consider whether the incident needs to be referred to the non-emergency police support line, by calling 131 444 (see contacting 131 444 of this guide for more information). Refer the incident in this way if there is a belief, on reasonable grounds, that doing so is necessary to prevent or lessen a serious threat to an individual's life, health or safety.

#### **8.1.2.1 Non-emergency response where the person would like the incident investigated**

If the person making the report, including where this is the participant, would like the matter investigated, encourage them to make contact with the relevant authority directly.

- Explain it is best for the relevant authority to hear the information directly (rather than via the NDIA).
- Give the person contact details for the relevant authority (refer to external reporting and Key Contacts).

If the person does not wish to raise the matter with the relevant authority directly, explain that the NDIA will not generally do so on their behalf unless:

- The NDIA has contacted the participant/representative and they would also like the matter investigated and for a report to be made by the NDIA on their behalf, or
- The NDIA reasonably believes that there is a serious threat to the life, health or safety of a person and that report to an appropriate authority will lessen the threat (60(2) (e) of the NDIS Act 2013).

After explaining the above matters:

Advise the person that the Agency will consult further with the participant/representative, if required, and a manager regarding the appropriateness of the NDIA making referral in this situation.

#### **8.1.2.2 If report is by registered provider staff**

Registered NDIS providers in all states and territories, except WA, are required to notify participant critical incidents that relate to services and provisions provided by a registered provider, to the NDIS Quality and Safeguards Commission, under s73Z of the NDIS Act 2013 and Part 3 of the NDIS (Incident Management & Reportable Incidents) Rules 2018. For further information about registered provider requirements for reporting incidents, please visit the [NDIS Quality and Safeguards Commission webpage](#).

NDIA, NCC and Partner staff should remind registered provider staff of their legislative obligations to report directly to the NDIS Quality and Safeguards Commission. The **NDIS Quality and Safeguards Commission** can be contacted on:

1800 035 544 between 9:00am to 4:30pm in the NT and 9:00am to 5:00pm in the ACT, NSW, QLD, SA, WA, TAS and VIC. Monday to Friday, excluding public holidays.

### **8.1.3 Participant Critical Incidents involving allegations of a NDIA or Partner in the Community Staff**

There may be situations where allegations are made regarding incidents involving NDIA staff or Partners.

All APS employees are required to comply with the APS Code of Conduct, including to at all times behave in a way that upholds the APS Values and Employment Principles. Staff have a duty to report inappropriate behaviour and/or suspected misconduct. When receiving allegations against NDIA or Partner in the Community staff, staff must ensure the name of the staff are not recorded in CRM. Any participant critical incident relating to employee behaviour and the Agency code of conduct must be reported to the Employee Relations team, in addition to the Participant Incident Team.

#### **8.1.3.1 Partners**

Where there is a participant critical incident reported that may indicate a staff member of a NDIA or Partners involvement, such as those delivering ECEI services or LAC services, these incidents are to be notified immediately to [Participant Incident Team](#) and the [National Partner Performance Team](#). The National Partner Performance Team triage these reports and forward them to the relevant state partner performance team for action from a HR perspective with the applicable Partner executives.

Staff are to document clearly all information and be careful not to compromise any investigation by the NDIA, Police or external agencies.

#### **8.1.3.2 NDIA Staff**

Whenever a NDIA staff member receives a notification of a participant critical incident that may indicate NDIA staff member involvement, the staff member is to report this information immediately to the Participant Incident Team and the People & Culture Team. Staff are to document clearly all information and be careful not to compromise any investigation by the NDIA, police or external agencies.

For further see the [People and Culture](#) intranet page.

## 8.2 Internal Notification to the Participant Incident Team

This stage includes the completion, submission and assessment of the Participant Critical Incident Form, this **must be completed within 24 hours after any immediate responses are completed**.

Send the complete Participant Critical Incident Form via email to [Participant Incidents Team](#) with the subject line: Participant Critical Incident Report <participant number>.

The Participant Incident Team is responsible for creating a 'my request' tile in CRM and will acknowledge the referral with the team who has provided the information. This acknowledgment will include the CRM reference so the referring team can monitor the progress of the incident, Staff **should not create a new my request tile and should not record any information or details about the incident** in CRM. If the Participant record is mastered in PACE, please see the [Just In Time resources](#) for instructions for a PCI Case in PACE.

Key documents:

- [Standard Operating Procedure - Internal notification of a participant critical incident](#).
- [Participant Critical Incident Form](#).

The Participant Critical Incident Form should be completed with as much detail as possible.

**Note:** The Participant Incident Team cannot forward any information outside of the Participant Critical Incident Form to the NDIS Quality and Safeguards Commission. For this reason it is important to complete a brief description of the alleged incident and any follow up actions on the form.

Use the information in the [Participant Critical Incident Framework](#), the SOPs and this Practice Guide to support your decision making relation to the incident type.

**Do not** save the Participant Critical Incident Form on the shared drive or attach the form to CRM.

Send the completed form (word version) to the [Participant Incident Team](#) inbox.

The referring team should not enter information about the incident on CRM.

**Note:** If the incident report or allegation is reported by service delivery, it is likely that the internal notification and follow up actions may be concurrent. It is important that reporting staff ensure that all actions to date - along with any planned, proposed actions are included on the Participant Critical Incident Form.

## 8.3 Follow up Action

The Participant Incident Team is responsible for engaging with internal stakeholders to ensure follow up actions are completed as part of this stage.

This may include the Participant Incident Team connecting with service delivery or enabling business areas and recommending that they:

- refer the incident to relevant state reporting authorities i.e. child protection or police.
- complete a participant health and wellbeing check.
- examine and adjust the NDIS plan and funded supports.

The Participant Incident Team will complete all referrals in relation to notifiable participant critical incidents to the NDIS Quality and Safeguards Commission.

Key documents:

- [Standard Operating Procedure - Undertaking follow up action for a Participant Critical Incident](#).
- Request for Action Form.

Service delivery or enabling areas may receive a request for action via email that contains the context to date, including the CRM reference number and other relevant information. This should be acknowledged within 48 hours.

The Participant Incident Team will ensure that any updates are included in the CRM my requests tile.

See [Practice Guide](#) 11.1.3 - for monitoring participants plans for further information.

### 8.3.1 Impacts on planning

Participant critical incidents can sometimes highlight a participant's supports may be inadequate or that changes are needed to the care they are receiving. To ensure the participant is adequately supported and appropriate safeguards are in place, considerations may involve:

- restreaming the participant based on risk indicators and workflow;
- the appointment of or engagement with a support coordinator;
- appointment of a nominee;
- plan management arrangements;
- a review of their current supports to ensure they are appropriate to their current needs;
- a review of current utilisation to ensure they are accessing supports as intended;

- the provision of limited supports to address the immediate needs while a longer term solution is developed or the inclusion of capacity building supports.

A plan review may be actioned in certain circumstances to support the participant to review and adjust their NDIS supports accordingly. The Participant Incident Team may facilitate a request for a review as part of follow up actions. Staff can view the [Practice Guide - Unscheduled Plan Reviews](#) for further support about the process.

### **8.3.2 Escalation pathways and referrals in addition to critical incident reporting**

Escalation and referral pathways may be suitably engaged based on the individual circumstances of the incident and participant involved. The staff member and their manager should consider any requirements to report, refer or notify, based on the staff member or organisations requirements, noting Partners may have varied requirements to the Agency.

Staff should always be aware of and consider if there is any known and current involvement with mainstream services and notify these existing stakeholders, if and where it is considered appropriate (with the consent of the participant, or ensuring the participant's right to privacy is not breached). Each State and Territory Government will have different services relevant to the participant and incident. Where there is no current involvement with mainstream services, the appropriateness of any referrals and disclosure should be carefully considered in conjunction with relevant legislation and reporting requirements.

The Agency considers that referral and support at the local level is the preferred pathway for engagement of mainstream services. Each State and Territory, together with the NDIA and DSS, have signed a Critical Services Issues Response (CSIR) agreement to manage the escalation of critical issues that impact on an individual (primarily a NDIS participant).

The types of matters include issues which relate to NDIS and mainstream services such as, but are not limited to,

- Health services
- Mental health services
- Early childhood education
- Child Protection and Family Support
- School education
- Vocational Education and Training
- Social housing
- Public Transport
- Justice including Corrective Services.



### 8.3.3 Participant Health and Wellbeing Check

A participant health and wellbeing check is completed by phone or in person by service delivery, Partners and enabling staff as part of follow up actions recommended by the Participant Incident Team. Consistent with NDIA principles, 'nothing about me without me' reports about participants from third parties should be discussed with the participant or their nominee as part of the Agency's follow up actions. Enabling staff will contact the participant or plan nominee to discuss the allegations raised and any concerns they may have with their plan.

Where a plan nominee, family member or other informal support is the alleged perpetrator of an incident, consideration should be given to the best pathway to communicate the allegations. This might include working alongside a third party with consent, to support the participant and ensure their safety.

In these circumstances, a general participant health and wellbeing check can be performed with a support coordinator, social worker or carer (not exclusive) however details of the allegations should not be disclosed (consistent with the Privacy Act 1988 and NDIS Act 2013).

NDIA, NCC and Partner staff should document:

- Who performed the participant health and wellbeing check
- Who was the participant health and wellbeing check with
- Date, time and method (phone, in person etc.)
- Summary of what was discussed
- Summary of any concerns or further allegations raised

A summary of the conversation should be sent by email to the Participant Incident Team inbox.

**Do not record any information about the incident or participant health and wellbeing check on CRM.**

## 8.4 Closure and Reporting

This stage ensures that all follow up actions have been progressed and, where possible, finalised.

Each of the teams involved will ensure their actions are clearly and appropriately documented in an email to [Participant Incident Team](#). This included return of any requests for action received by other business areas.

Line managers and staff who have been supporting or involved in the incident should be encouraged to undertake self-care and debriefing.

The Participant Incident Team will update and close the CRM my request tile once the matter is considered finalised.

The Participant Incident Team will undertake reporting to applicable Senior Executives.

Key documents: [Standard Operating Procedure - Closure and Reporting of a Participant Critical Incident](#).

Both email and CRM can be used to ensure a detailed and summary overview of the final incident is provided to a range of internal stakeholders, respectively. The Service Delivery or enabling team should email the Participant Incident Team with a high level summary of actions and outcomes - enough to demonstrate the actions that have been undertaken and provide clarity on who is the best contact point for follow up. The email should also include relevant details to describe how and why decisions and actions were undertaken, along with any sensitive context to consider. Usual practices and notes should be used where a plan review, nominee appointment or other practices have been undertaken, but should not make reference to the incident.

The Participant Incident Team will update the CRM my request tile with this information and close the record. The Participant Incident Team will notify the enabling area of the closure of the My Request tile by email.

#### **8.4.1 Self Care and Debriefing**

Some interactions can be difficult or unsettling. If staff receive a report of a participant critical incident, the best time to deal with the impact of what staff have heard is immediately after it happens. Staff should talk with their (a) line manager or a colleague about:

- What happened
- What they found most difficult
- Elements of the interaction they felt they handled well
- What they might do differently if they were handling a similar situation in the future, and
- Whether it would help to speak with someone else about how they are feeling, and who they might talk to.

For privacy reasons, if staff are talking with someone other than their (a) line manager, take care not to disclose information that would identify the participant, persons involved in the alleged incident, or the person who made the report.

Staff should also know how to access confidential and professional counselling (and related services) to assist them in dealing with reports of a traumatic nature that arise during the course of their work. NDIA staff can access the Employee Assistance Program (EAP), Partners and contractor staff should consult with their (a) line manager regarding available supports and services, relevant to their circumstances.

## 9. Privacy and Consent

In responding to participant critical incidents and when considering the release of information, every NDIA, NCC and Partner staff member is required to comply with the provisions in the NDIS Act 2013 that deals with 'protected information' and the provisions of the Privacy Act 1988 which deals with 'personal information' and 'sensitive information'. Further information can be found in the Agency's [Information Handling Operational Guideline](#), the [Privacy Policy](#), the [Privacy Intranet page](#) or by contacting the [Legal support team](#).

Staff should discuss the situation with their (a) line manager in the first instance.

Ensure consent and authority to share information has been provided where third parties are being contacted; or indicate if the sharing of this information is a protected disclosure of information necessary to prevent or lessen a serious threat to an individual's life, health or safety (section 60(2)(e) of the NDIS Act 2013), or refer to paragraph 8.3 of the [Operational Guideline – Information Handling](#) (external).

### Questions to consider regarding privacy, consent and disclosure:

- Was the original request raised by the participant or their legal or direct representative?
- Do we have recorded consent in CRM in the form of written consent signed by the participant, a guardianship order, court order or completed nominee process?
- If the request or report was raised by a third party or representative, is their written consent available in CRM? Has verbal consent been provided and documented in CRM?
- When sharing information, is the disclosure necessary to prevent or lessen a serious threat to an individual's life, health or safety, as described in the NDIS Act 2013?

Staff should give paramount consideration to these requirements, before considering any State or Territory laws, policies or working arrangements.

Partners have professional and organisational responsibilities that should also be considered and they must comply with the relevant State, Territory or Commonwealth incident management protocols or instruction; and in accordance with their relevant Contract or Grant Agreement with the NDIA. When the Partner is notified of a participant critical incident, the Partner must notify the NDIA using the process, procedures and guidance identified in this framework.

If NDIA or Partners receive a request to provide information or attend legal proceedings from a legal firm, court or other state authority, they **must** consult with their (a) line manager and contact the [Legal support team](#). The most up to date contact details for the legal support team are available on the [legal intranet page](#).

## 10. Supporting material

- [NDIS Act 2013](#) (refer to Part 2 in page 59 and Part 3 in page 64)
- [Participant Critical Incident Framework](#).
- [Standard Operating Procedure – Initial response to a Participant Incident Notification](#)
- [Standard Operating Procedure - Internal notification of a Participant Critical Incident](#)
- [Standard Operating Procedure – Undertaking follow up action for a Participant Critical Incident](#)
- [Standard Operating Procedure – Closure and Reporting of a Participant Critical Incident](#)
- [Reportable Incidents Detailed Guidance for Registered NDIS Providers](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018](#)

## 11. Process owner and approver

Branch Manager, Internal Reviews and Complaints Branch.

## 12. Feedback

If you have any feedback about this Practice Guide, please email [Participant Incidents Team](#). In your email remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

## 13. Version control

Version No	Amended by	Brief Description of Change	Status	Date
0.1	KHP942	Created practice guide in line with new and proposed CI/RI process.	DRAFT	2019-07-30
0.2	NGC832	Updated PG in line with framework and sent to NDIA teams for content input.	DRAFT	2019-12-10
0.3	NGC832	Incorporated Feedback from NDIA teams.	DRAFT	2019-12-22
0.4	EGS121	Sent out PG for further input from NDIA teams.	DRAFT	2019-01-03
0.5	EGS121	Collated input from stakeholders.	DRAFT	2020-03-01
0.6	EGS121	Finalised input and feedback content.	DRAFT	2020-03-05
0.7	THZ224	Updated Team names and instructions regarding NDIS Quality and Safeguards Commission.	DRAFT	2021-06-30
0.8	MWN756	Move to new template and check accessibility.	DRAFT	2021-07-08
1.0	SGN258	Reviewed by HSP875.	APPROVED BGW312	2021-08-19
2.0	HSP875	Reviewed by HSP875 to amend following audit recommendations	APPROVED Y4O	2022-08-08
2.1	TEM907	Check accessibility, updated links and terminology		2023-05-23

The contents of this document are OFFICIAL.

## Internal Review of a Planning Request Interaction Templates

Recording interactions in the NDIS Business System (system) is mandatory. It is essential for information gathering, record keeping and a nationally consistent service delivery approach.

Use these interaction templates when recording interactions for internal reviews (s100). These are recorded in the CRM interactions tab.

**Note: Copy the notes of the interaction into the supporting information section of the s100 form.**

Select the interaction name in the table below to move to the template. For further guidance on creating, using and searching for interactions refer to [Guide to Interactions in the NDIS Business System](#) and [Standard Operating Procedure – Create, assign, search and edit an interaction](#).

**Important:** When recording interactions make sure the correct channel and status is recorded.

**Please Note:** Generally only one main interaction is to be created for a s100 review request. All subsequent interactions to be added to the main interaction by using the **Edit** button.

Interaction Topic	Context
<a href="#">s100 – Request Received</a>	This is the first interaction created when a s100 request has been drawn down. All other interactions regarding the s100 request will be added to this interaction.
<a href="#">s100 – Withdrawn/Created in error</a>	Record this interaction when a s100 has been created in error and contact has been made with the participant. <b>The notes in this this template are added to the s100 – Request Received Interaction.</b>
<a href="#">s100 – Request Withdrawn Early Resolution</a>	Use when s100 request is withdrawn as you have resolved request through early resolution and participant has agreed. <b>The notes in this this template are added to the s100 – Request Received Interaction.</b>



Interaction Topic	Context
<a href="#">s100 – Unauthorised Request</a>	This interaction is sent to the creator of the request when there is no consent on the record and the request appears to have been requested by an unauthorised person.
<a href="#">s100 – Contact</a>	Record interaction whenever contact has been made with the participant. <b>The notes in this this template are added to the s100 – Request Received Interaction</b>
<a href="#">s100 – Unable to contact</a>	Record this interaction if you are unable to make contact with the participant. <b>The notes in this this template are added to the s100 – Request Received Interaction</b>
<a href="#">s100 – Outcome Decision - Statement of Supports / Plan Variation (s47A)</a>	Use this template to record the outcome of a s100 decision on a Statement of supports request and/or plan variation request (s47A). <b>The notes in this this template are added to the s100 – Request Received Interaction</b>
<a href="#">s100 – Outcome Decision - Reassess a plan (s48)</a>	Use this template to record the outcome of a s100 decision on a reassess a plan request (confirm and set aside). <b>The notes in this this template are added to the s100 – Request Received Interaction</b>
<a href="#">s100 – Completed - No change to statement of supports (confirmed decision)</a>	Record implementation interaction when s100 is complete, there is no change to statement of supports. This interaction is to advise ND local office that the s100 has been completed.
<a href="#">s100 – Completed - Change to statement of supports - Implementation required with participant (set aside / vary decision)</a>	Record implementation interaction when s100 is complete, there is a change to the statement of supports and Implementation is required with the participant.  This is an open interaction sent to the relevant team for implementation.

Interaction Topic	Context
<a href="#">s100 – Request to complete a plan reassessment</a>	<p>Record implementation interaction when s100 is complete and a subsequent request to complete a plan reassessment is required.</p> <p>This is an open interaction sent to the relevant ND team to complete a plan reassessment.</p>
<a href="#">s100 – Internal Review Home and Living Advice Required</a>	<p>Record interaction when an s100 decision has been made and the decision impacts on home and living supports (SIL and LASA) in the plan in progress. This interaction must be assigned to the Internal Review Home and Living Teams System Inbox for advice.</p>
<a href="#">s100 – Explanation of Decision</a>	<p>Record interaction when an Explanation of Decision contact has been attempted or Explanation of Decision outcome has been provided.</p> <p>The notes in this this template are added to the Explanation of decision interaction.</p>
<a href="#">s100 – Higher Decision Delegate Approval level 4</a>	<p>Record Interaction when an s100 requires Higher Delegation Approval from an Assistant Director.</p>
<a href="#">s100 – Internal Review Officer Home and Living Assessed Specialist Disability Accommodation</a>	<p>Record interaction when an s100 Specialist Disability Accommodation (SDA) quote has been processed and approved.</p>
<a href="#">s100 - Legacy Specialist Disability Accommodation</a>	<p>This is to be used for a participant who was accessing Specialist Disability Accommodation funding prior to accessing NDIS.</p> <p>Record interaction when an s100 SDA quote has been processed.</p>

## s100 - Request Received

**Category 1** Pathway

**Category 2** Internal Review

**Category 3** Request review of decision under s100 NDIS Act

**Channel** Internal Notes

**Status** Completed

**Notes:**

**Date:** <dd/mm/yyyy>

<s100 work item or s100 feedback form> submitted on <dd/mm/yyyy>.

<Logon ID>

## **s100 - Withdrawn/Created in error**

**Add notes to the existing s100 Request Received interaction**

**Notes**

**Date:** <dd/mm/yyyy>

**Pre Contact SMS Sent:** <No>, <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>

**Add contact details if contact was made:**

**Contact with:** <full name> <relationship – nominee/child rep/guardian/participant>

Phone no.: <number>

**Consent confirmed:** <Yes/No> <who gave consent, how – over the phone/in writing, to whom the consent is being given, for what purpose, for how long the consent is provided>.

**POI Confirmed:** <Yes/No> <3 point security check – full name, address, DOB, email, organisation name, work email, work address, participant's NDIS no., participant's DOB etc.>.

**Withdrawal explanation:** <Detail why the s100 form was withdrawn and any additional information such as a PRR created on this date or request made to National Delivery to initiate an agency initiated plan review>.

**Next steps informed:** <Option 1: Where the acknowledgement letter has not been sent. Delete this instruction and Option 2.> Advised no withdrawal letter will be provided as this internal review request was created in error.

<Option 2: Where the internal review request acknowledgement letter has been sent. Delete this instruction and Option 1.> : Advised the NDIA will not take any further action on their request for internal review, and they will not receive a decision letter. The internal review request is withdrawn on <dd/mm/yyyy> Advised withdrawal letter will be issued.

<Logon ID>

## s100 - Request Withdrawn early resolution

### Add notes to the existing s100 Request Received interaction

#### Notes

**Date:** <dd/mm/yyyy>

**Pre Contact SMS Sent:** <No>, <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>

**Contact with:** <full name> <relationship – nominee/child rep/guardian/participant>.

**Email/Phone no:** <email or number>.

**Consent confirmed:** <Yes/No> <who gave consent, how – over the phone/in writing, to whom the consent is being given, for what purpose, for how long the consent is provided>.

**POI Confirmed:** <Yes/No> <3 point security check – full name, address, DOB, email, organisation name, work email, work address, participant's NDIS no., participant's DOB etc.>

**Withdrawal confirmed by:** <Full name> <relationship – nominee/child rep/guardian/participant>

**Reason for withdrawal:** <Participant/plan nominee/child rep/guardian/decision maker> indicated they have made the decision to withdraw the s100 request as a result of <a scheduled review due in/early resolution> <Note the reason for the withdrawal and participants understanding>

**Outcome:** Advised the NDIA will not take any further action on their request for internal review, and they will not receive a decision letter. They will therefore not be able to appeal to the AAT to change their plan. They will however still be able to ask the NDIA for a participant requested plan review at any time. Confirmed having received this information, <name of person you spoke to> would still like to withdraw the request.

#### Next steps informed:

As per this conversation s100 is withdrawn on <dd/mm/yyyy> Advised withdrawal letter will be sent out to the <postal address/email [address abcd@xyx.com](mailto:address abcd@xyx.com)>

<Logon ID>.

## s100 - Unauthorised Request

**Category 1** Pathway

**Category 2** Internal Review

**Category 3** Request review of decision under s100 NDIS Act

**Channel** Internal notes

**Status** Open

**Assign to:**

Employee who submitted <s100 work item or s100 feedback form> (if s100 created by a non NCC staff member).

**Notes:**

**Date:** <dd/mm/yyyy>

A review request for an s100 review of a reviewable decision was lodged on <dd/mm/yyyy> by an unauthorised person. <Record the detail of the unauthorised representative, relevant information>. The Internal Review Team has withdrawn the s100 and will take no further action on this request. It was not deemed a valid request as no consent was noted on the record from the participant or authorised representative.

I confirm I have checked this file and the party that submitted the review request does not have authority to act on behalf of the participant or their authorised representative.

If an internal review is required please advise the requestor that they will need to re-submit the s100 with requisite consent. Refer to Internal Review guidelines for who is authorised to request an internal review of a decision.

If a participant or their authorised representative provides consent for the review in the future, the date of the request should reflect the date a valid request was made.

The Internal Review Unauthorised Request Letter has been sent to <Participant/Child Representative/Guardian/Nominee> on <insert date letter was sent>.

<Logon ID>.

## s100 - Contact

**Add notes to the existing s100 Request Received interaction**

**Date:** <dd/mm/yyyy>

**Pre Contact SMS Sent:** <No> <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>

**Contact with:** <full name> <relationship – nominee/child rep/guardian/participant>

**Phone no:** <number>

**Consent confirmed:** <Yes/No> <who gave consent, how – over the phone/in writing, to whom the consent is being given, for what purpose, for how long the consent is provided>

**POI Confirmed:** <Yes/No> <3 point security check – full name, address, DOB, email, organisation name, work email, work address, participant’s NDIS no., participant’s DOB etc.>

**Review requests as confirmed:**

<Request/s>

For example:

- Core support for 15 hours per day to assist with daily living
- 30 hours of Therapy per week
- Funding for Assistance dog.

<Brief notes/any key points from phone conversation/ information relates to review request>.

**Confirm relevant current evidence on file. All evidence provided for the internal review:** <Yes/No>. <If No, provide details of what further information is to be provided>.

**Further evidence requested by IRO:** <Yes/No>

**Agreed timeframe:** Occupational Therapy report/Functional capacity assessment, Letter from specialist to be provided by <dd/mm/yyyy>.

**Preferred Plan Duration discussed:** <24 month/12 month plan end date same as scheduled reassessment>.

**Preferred Plan Management:** Participant wants the new plan to be <Agency/Plan/Self-managed>.

**Preferred Method of Contact for Internal Review Outcome:** <Confirmed as per current information on system by phone/email/mail> <Preferred Method of Contact Details updated> <Internal review decision agreed to be communicated by phone/email/mail>.

**Next steps informed:**

If no response is received by the due date, a decision will be made based on the evidence available.

Details provided to assist with gathering further evidence. Details provided include <provide relevant details about Support Coordinator/Local Area Coordinator or Early Childhood Partner>.

Once the internal review decision is made the outcome will be communicated by <phone/email/mail>.

<Logon ID>.

## s100 - Unable to Contact



### Add notes to the existing s100 Request Received interaction

**Notes:**

**Date:** <dd/mm/yyyy>

**Pre Contact SMS Sent:** <No> <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>

**Contact with:** <full name> <relationship – nominee/child rep/guardian/participant>.

**Phone no:** <number>

<Attempt number>: Phone/Email contact made to discuss the request for Internal Review, no answer, <no message was left/a voicemail message was left with Internal Review Officer's name.

**Next Step:**

Will attempt to contact <this afternoon/tomorrow etc.> again. <A follow up email to be sent>.

**Note:** [After final attempt]: Internal review to be actioned based on available information.

<Logon ID>.

## s100 - Outcome Decision - Statement of Supports/ Plan Variation (s47A)

### Add notes to the existing s100 Request Received interaction

**Notes:**

**Date:** <dd/mm/yyyy>

Decision Outcome: <insert decision type>

An s100 review was completed on: dd/mm/yyyy

Supports reviewed were:

- <List support 1>
- <List support 2, if applicable>
- <List support 3, if applicable>
- <If s47A plan variation was also included in your s100 decision, include the support request here and state in brackets at the end of the sentence (s47A request), if applicable>

A decision was made based on the evidence available at the time of review.

All documents relevant to the decision, including the decision letter are uploaded to CRM inbound documents, 's100 internal review request dd/mm/yyyy' or attached to the s100 form.

A copy of the decision letter has been emailed/posted to participant/nominee/child representative at <insert email address/address> on dd/mm/yyyy. <If email is their preferred method of communication, include the following sentence:> Notification SMS Sent for s100 outcome email sent: <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>

If not satisfied with the decision they may also apply to the Administrative Appeals Tribunal (AAT) for a further external review within 28 days of receiving the letter.

More details about AAT are included in the letter.

(If decision was to set-aside also include the following:)

Plan Duration:

Plan Management:

<Logon ID>.

## s100 - Outcome Decision - Reassess a plan (s48)

### Add notes to the existing s100 Request Received interaction

#### Notes:

**Date:** <dd/mm/yyyy>

**Decision Outcome:** <insert decision type>

A s100 review was completed on dd/mm/yyyy in relation to the previous decision made to not <conduct a plan reassessment / not to vary the plan>.

A decision was made based on the evidence available at the time of review.

All documents relevant to the decision, including the decision letter are uploaded to CRM inbound documents, 's100 internal review request dd/mm/yyyy' or attached to the s100 form.

A copy of the decision letter has been emailed/posted to participant/nominee/child representative at <insert email address/address> on dd/mm/yyyy. <If email is their preferred method of communication, include the following sentence:> Notification SMS Sent for s100 outcome email sent: <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>.

If not satisfied with the decision they may also apply to the Administrative Appeals Tribunal (AAT) for a further external review within 28 days of receiving the letter.

More details about AAT are included in the letter.

<Logon ID>.

## **s100 - Completed - No change to statement of supports (Confirmed decision)**

**Category 1** Pathway

**Category 2** Planning

**Category 3** Plan approved ready for implementation

**Channel** Internal Notes

**Status** Open

**Assign** according to workflow rules

**Notes:**

**Date:** <dd/mm/yyyy>

<Insert the following sentence if the request requires priority action: This request is identified for priority action due to potential risk or escalation and has been endorsed by <insert logon of Team Leader/Assistant Director> who will provide a handover to <insert relevant business area> for action.>

Risk: <insert, low, medium, high, extreme>

Risk Reason: <insert reason>

The IRT completed a s100 decision on <dd/mm/yyyy> for <Statement of supports/Not to conduct a plan reassessment/Not to conduct a plan variation>. There has been no change to the participant's statement of supports, the date the plan will be reassessed by or plan management method. For further information refer to the s100 Outcome of Decision letter. The participant may require additional support to access mainstream or community services <add additional information that may be relevant>.

<Logon ID>.

## **s100 - Completed - Change to statement of supports - Implementation required with participant (Set aside/vary decision)**

**Category 1** Pathway

**Category 2** Planning

**Category 3** Plan approved ready for implementation

**Channel** Internal Notes

**Status** Open

**Assign** according to workflow rules

**Notes:** <Insert the following sentence if the request requires priority action: This request is identified for priority action due to potential risk or escalation and has been endorsed by <insert logon of Team Leader/Assistant Director> who will provide a handover to <insert relevant business area> for action.>

**Risk:** <insert, low, medium, high, extreme>

**Risk Reason:** <insert reason>

**Date:** <dd/mm/yyyy>

**Plan approved on:** <dd/mm/yyyy>

A s100 internal review was completed on dd/mm/yyyy.

A decision was made based on the evidence available at the time of review.

All documents relevant to the decision, including the decision letter are uploaded to CRM inbound documents, 'S100 internal review request dd/mm/yyyy' or attached to the s100 form or s100 feedback form.

A copy of the decision letter has been emailed/posted to participant/nominee/child representative at <insert email address/address> on dd/mm/yyyy. <If email is their preferred method of communication> Notification SMS Sent for s100 outcome email sent: <Yes on dd/mm/yyyy to nominee/child rep/guardian/participant>.

If not satisfied with the decision they may also apply to the Administrative Appeals Tribunal (AAT) for a further external review within 28 days of receiving the letter.

More details about AAT are included in the letter.

**Additional Delegate notes for plan implementer :** <Include any additional information the implementer will require when implementing the plan>.

Please accept this as notification the participant's record is also being returned for implementation of the plan.

<Logon ID>.

## **s100 - Request to complete a plan reassessment**

**Category 1** Pathway

**Category 2** Review

**Category 3** Commence Plan review (full) from IRT

**Channel** Internal Notes

**Status** Open

**Assign** according to workflow rules

**Notes:**

**Date:** <dd/mm/yyyy>

<Insert the following sentence if the request requires priority action: This request is identified for priority action due to potential risk or escalation and has been endorsed by <insert logon of Team Leader/Assistant Director> who will provide a handover to <insert relevant business area> for action.>

Risk: <insert, low, medium, high, extreme>

Risk Reason: <insert reason>

The IRT completed a s100 decision on <dd/mm/yyyy> and decided a plan reassessment should take place. The reason for the plan reassessment is <insert justification for reassessment>. It is the responsibility of the Plan Developer to consider all reasonable and necessary supports and approve the new plan within their delegation. Please schedule a reassessment meeting with participant and undertake a plan reassessment. This interaction has been assigned to <insert team inbox name>.

<Logon ID>.

## **S100 - Internal Review Home and Living Advice Required**

**Category 1** Specialised

**Category 2** Supported Independent Living

**Category 3** SIL Interaction

**Channel** Internal notes

**Status** Open

**Assign to:** Charles Peters

**Notes:**

Date: <dd/mm/yyyy>

Home and living advice required following s100 Decision

Risk Rating: (Low, Medium, High, Extreme).

Risk Reason: (for example, homelessness in 2 weeks, no funding in current plan).

IRT have endorsed an internal review where home and living supports have been impacted, advice is required prior to plan approval.

Internal Review Home and Living Team - please advise if a change to the SIL or LASA calculation is required. <insert if other advice is required here>.

Decision made: (for example, s100 decision to set aside the original decision).

Review Request for: (please list reason, for example, changes to SCCP etc.).

Please refer to s100 work item XXX and Inbound Documents named XXX for further information.

Please update this Interaction Record and/or contact IRT Delegate to discuss advice.

<Logon ID>.

## s100 - Explanation of Decision

### Add notes to the existing Explanation of Decision Interaction

**Category 1** NCC Priority Enquiry

**Category 2** NCC Priority Enquiry

**Category 3** Request an explanation of a decision

**Channel** Internal notes

**Status** Remain Open until finalising the review and completing closure tasks

#### Notes:

**Date:** <dd/mm/yyyy>

**Pre Contact SMS Sent:** <No> <Yes on dd/mm/yyyy to nominee/child rep/guardian/applicant/participant/>

**Contact with:** <full name> <relationship – nominee/child rep/guardian/applicant/participant/>.

**Phone no:** <number>

<Attempt number>: Phone/Email contact made to discuss the request for Explanation of decision, no answer, <no message was left/a voicemail message was left with Internal Review Officer's name.

#### Explanation of Decision:

Review request: <list the requests>

Decision made: <confirm/set-aside>



Explanation: <Explanation provided to participant or authorised representative for outcome reached>

Would you like today's explanation of decision in writing? <yes/no>

If not satisfied with the decision they may also apply to the Administrative Appeals Tribunal (AAT) for a further external review within 28 days of receiving the s100 outcome letter.

More details about AAT are included in the letter.

<Logon ID>.

## **s100 – Higher Decision Delegate Approval Level 4**

**Category 1:** Pathway

**Category 2:** Planning

**Category 3:** Plan Submitted for Approval

**Channel:** Internal Notes

**Status:** Open

**Notes:**

**Plan submitted for approval on:** <dd/mm/yyyy>

**Review type:** s100 Review

**Plan completed by:** <Logon ID>:

**PACE application number:**

**Request ID number:**

**Outline of s100 request:**

**Supports proposed to be set-aside/varied as part of this Internal Review Request:**

- <List support 1 category and volume/frequency>
- <List support 2, if applicable>
- <Plan management type, if applicable>
- <Plan variation decision under Section 47A, if applicable>

**Supports proposed to be confirmed as part of this Internal Review Request:**

- <List support 1 category and volume/frequency>
- <List support 2, if applicable>
- <Plan management type, if applicable>

- <Plan variation decision under Section 47A, if applicable>

**Plan duration:**

**Inflation percentage:**

I confirm the participant's plan management decision has been taken into consideration and they have chosen to <delete this instruction and select one option> Agency Manage/Partially Self-Manage/Plan Manage.

I have considered supports which are reasonable and necessary and these supports are funded under s34 of the NDIS Act. I have detailed in justifications my reasoning as to why supports are reasonable and necessary and included a list of materials referred to as part of the s100 decision.

## **s100 – Internal Review Officer Home and Living Assessment Specialist Disability Accommodation**

**Category 1:** Specialised

**Category 2:** Specialised Disability Accommodation

**Category 3:** SDA Interaction

**Channel:** Internal Notes

**Status:** Closed

**Notes:**

SDA Quote has been processed and approved in CRM by IRO HaL <LOGON ID>

SDA Price for Approval (lowest of below as per SOP - Implement SDA quote): \$0.00

**IRO HaL SDA Decision:**

CRM Document ID/ PACE Case: <#XXXXXXXX> Decision Date: <dd/mm/yyyy>

SDA Type:

Location:

Design Category:

Building Type:

Maximum Price (2022/23):

**SDA PACE Enrolled Dwelling:**

Asset Provider:

Address:

SDA Type: Location:

Design Category: Building Type:

Maximum Price (2022/23):

## s100 - Legacy Specialist Disability Accommodation

**Category 1:** Specialised

**Category 2:** Specialised Disability Accommodation

**Category 3:** SDA Interaction

**Status:** Closed

### Notes:

SDA Quote has been processed and approved in CRM by IRO HaL <LOGON ID>

As per Our Guideline - Specialist Disability Accommodation page,13, where a participant is residing in SDA prior to accessing the NDIS, they are eligible for SDA funding. However, where a participant moves from their accommodation setting, they are still eligible but will require an SDA re- assessment.

Legacy Enrolled Dwelling:

Legacy ID:

Asset Provider:

Address:

SDA Type:

Location:

Design Category:

Building Type:

Max Price:

## Feedback

If you have any feedback about this document complete the [Internal Review Team Quality and Continuous Improvement Form](#) and email it to the [Business Improvement Team](#). In your email,

remember to include the title of the product you are referring to and describe your suggestion or issue concisely.

## Version control

Version	Amended by	Brief Description of Change	Status	Date
10.0	CAP525 DII394 KMM575	Class 1 Approval. Added 'Decision Outcome (no contact)' template for decisions where no contact has been made. Added 'Request Received' template which will be the first interaction record created by an IRO for the s100 process. Removed interaction templates not required in alignment with SOPs.	APPROVED SW0065	2021-11-22
11.0	KMM575	Update made to HDD interaction based on process change.	APPROVED SW0065 DLL320	2021-12-10
12.0	KMM575	Update to record Pre Contact SMS sent. Removal of NDIS Contact. Removal of HDD Interaction.	APPROVED SW0065	2022-03-11
13.0	KMM575 CAP525 LW0022	Updated to document SMS notification sent for email outcomes. Included EOD interaction. Removed SIL templates and included one home and living template for 's100 – Internal Review Home and Living Advice Required'. Added in risk and risk reason notes for 's100 - Completed - no change to statement of supports', 's100 - Completed change to statement of supports – implementation required with participant', and 's100 - Request to complete a plan review' interaction templates. Updated categories in home and living interaction template. Changed Internal Review Housing Team name to Internal Review Home and Living Team. Amended EOD Template and SMS outcome notification sentence in	APPROVED	2022-11-28

Version	Amended by	Brief Description of Change	Status	Date
		<p>Outcome Decision template. Amended Outcome Decision and Completed Decision interactions to align with s47A and s48(3)(a) legislation amendments.</p> <p>Updated request to complete a plan review interaction to plan reassessment. Updated assign to steps for workflow rules and not Standard CRM inbox structure to align with IR Planning Decision SOP. Updated contact interaction template to confirm preferred method of contact for internal review outcome communication and other relevant details based on IR AD/TL input. Removed example based on input SW0065.</p>		
14.0	JHH925	Updated s100 - Withdrawn/Created in error template to align with Withdrawal of an Internal Review Request SOP.	APPROVED	2022-12-09
15.0	KMM575	Updated to include HDD level 4 interaction for AD approval.	APPROVED	2023-02-03
16.0	KMM575	Updated to add SDA interactions.	APPROVED	2023-04-24
17.0	MWN756	'Assign to' contact in s100 – Internal Review Home and Living Advice required template updated to Charles Peters.	APPROVED	2023-10-12