

**SAFE HANDS SUPPORT**

# **Policies & Client Safeguards Guide**

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Rights • Privacy • Complaints • Access • Medication • Planning • Child Safety •  
Incident Management

A practical and educational guide for clients, carers, families, workers and community partners.

Prepared for use on the Safe Hands Support resource page.  
Updated March 2026.

This document is written in original wording for Safe Hands Support and is intended as a high-level policy guide.

Formal policies, forms and legal reviews should be customised before operational use.

## How to Use This Guide

This guide has been prepared for Safe Hands Support as an original, client-friendly resource that explains the policy areas most people want to understand before they start or continue receiving disability support. It is designed for use on a public resource page, during onboarding, and as a plain-language reference for clients, families, carers, workers, students and community partners.

The document brings together the topics that people most often ask about in disability services: rights, privacy, feedback and complaints, service access, medication, person-centred planning, child safety, safe lifting, incident management, whistleblower protections, donations and conflicts of interest. Instead of presenting these as isolated rules, the guide explains what each area means in day-to-day practice, why it matters, and what Safe Hands Support should do to deliver supports in a respectful and lawful way.

The guide is educational in nature. It is written to support understanding and good practice, not to replace tailored legal advice, formal service agreements, clinical directions, or state-based mandatory reporting guidance. Before a policy is adopted in practice, it should be reviewed against the organisation's actual service model, registration status, workforce capability and insurer requirements.

### What you will find in this guide

Plain-language explanations of each policy area  
 Tables that show responsibilities, risks, actions and good practice  
 Easy English summaries that can be adapted for clients  
 Sample forms, checklists and implementation tools  
 A reference appendix pointing to official Australian sources

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<b>Guide feature</b>	<b>Why it matters</b>	<b>Who it helps most</b>
Detailed explanations	Builds trust and reduces confusion about what the service does and does not do	New clients, families and referral partners
Tables and checklists	Makes policy information easier to skim and use in practice	Workers, coordinators and managers
Easy English pages	Supports accessible communication and informed decision-making	Clients who prefer simple language
Templates and forms	Gives Safe Hands Support a starting point for operational documents	Founders, team leaders and quality staff

# 1. Foundations: Values, Rights and Good Practice

Safe Hands Support should be built on the idea that quality disability support is not only about completing tasks. It is about supporting people to live with dignity, choice, safety, privacy, connection and respect. Good policy gives everyone a shared map. It helps clients know what to expect, workers know what is required, and leaders know how to monitor quality.

At the centre of good disability support is the person receiving the service. That means listening before acting, explaining before deciding, asking before touching, and adjusting support around the person's goals, routines, communication style, culture, family, and risks. A policy document is useful only when it turns into real behaviour: clear communication, good records, safe systems, respectful language and honest follow-up.

For Safe Hands Support, a strong policy framework should do five things at the same time. It should protect people from harm, create consistency, support staff judgement, make quality visible, and provide a fair process when something goes wrong. Policy should never become a shield against people. It should be a tool that helps people feel informed, heard and safe.

Core value	What it looks like in practice	Common risk if ignored
Respect	Using the person's preferred name, seeking consent, protecting privacy and avoiding dismissive language	People feel powerless, rushed or disrespected
Choice and control	Offering options, explaining decisions and supporting informed decisions	Supports become provider-led instead of person-led
Safety	Planning ahead, monitoring risks, escalating concerns and learning from incidents	Preventable harm, missed warning signs or unsafe practice
Inclusion	Accessible communication, cultural respect and support for participation in community life	Isolation, misunderstanding and unequal access
Accountability	Clear records, honest reporting, open complaints pathways and quality review	Confusion, cover-ups and repeated mistakes

A useful way to think about policy is to imagine that every section answers three simple questions. What should clients expect. What must staff do. What happens if something goes wrong. When those questions are answered clearly, services become easier to trust and easier to improve.

Throughout this guide, the phrase client is used broadly. In some settings people may prefer participant, child, person supported, family member or representative. Safe Hands Support can adapt the wording later, but the principles remain the same: people have rights, workers have duties, and services should be transparent, fair and evidence-based.

**The culture Safe Hands Support should aim for**

People are treated as experts in their own lives.

Concerns are welcomed early instead of being pushed aside.

Records are accurate, respectful and useful.

Risks are discussed openly without removing the person's voice.

Learning after an incident is just as important as the first response.

## 2. Rights, Human Rights and Restrictive Practices

A rights-based service starts from the position that every person has inherent worth and should be treated with dignity. Disability does not reduce a person's right to privacy, communication, safety, family life, culture, decision-making, access to information, or freedom from abuse and degrading treatment. In practice, rights work is not abstract. It affects how staff speak, where information is shared, how consent is obtained, whether a person can say no, and how behaviour concerns are managed.

Safe Hands Support should make a visible promise that services will protect legal and human rights to the greatest extent possible. This includes freedom from violence, abuse, neglect, exploitation and discrimination. It also includes positive rights, such as being involved in decisions, understanding information, having support delivered in a way that suits the person, and being able to raise concerns without fear.

Rights-based practice does not mean ignoring risk. It means managing risk in a way that still honours the person's autonomy and voice. Sometimes there is tension between dignity of risk and duty of care. Good practice does not choose one and ignore the other. Instead, it identifies the real risk, explains options, documents the discussion, involves the right people, and uses the least restrictive approach that is safe and lawful.

Children and young people have the same human rights as adults, and they also need additional safeguards because of age, dependence and vulnerability. A child-safe service pays attention to power imbalance, supervision, communication, online contact, transport, physical contact, and how a child can tell someone if they feel unsafe.

Right	What Safe Hands Support should do	Evidence that the right is being upheld
To be treated with dignity	Use respectful language, explain tasks, preserve privacy and avoid talking over the person	Care notes and feedback show respectful practice
To make choices	Offer options, document preferences and support informed decisions	Service plans show choices, preferences and review notes
To understand information	Use plain language, Easy English, visual supports, interpreters or advocates when needed	Clients can explain key points in their own words
To be free from abuse and neglect	Screen staff, train workers, supervise practice and act quickly on concerns	Concerns are escalated, investigated and closed out
To complain	Provide simple complaint pathways and no retaliation	Complaints are logged, acknowledged and resolved fairly
To privacy	Share information only when authorised or required, and store records safely	Access logs, consent records and privacy processes are clear

### Practical rights questions for workers

Did I explain what I was doing before I did it?

Did the person have a real choice, or only one practical option?

Did I protect privacy during personal care, transport and record keeping?

Did I listen to the person's preferred way of communicating?

Did anything in my response reduce the person's rights more than necessary?

Restrictive practices need special care because they sit at the point where rights, behaviour support and safety can collide. The aim should always be reduction and elimination over time. Restrictive practices should never be used for convenience, punishment, staff shortage, or to make someone easier to manage. Any behaviour support response should start by understanding the person's needs, triggers, environment, communication and unmet preferences.

Positive behaviour support focuses on improving quality of life and reducing the need for restrictive responses by changing environments, teaching skills, adjusting communication and supporting the person consistently. When a service works in a rights-based way, it asks what the behaviour is communicating, what pressures are increasing distress, and how the support team can respond earlier and better.

Safe Hands Support should make it easy for clients and carers to understand the difference between helpful support and restrictive practice. Helpful support increases the person's control and safety. Restrictive practice limits a person's rights or freedom of movement. Because this area is highly regulated, staff should be trained to identify concerns, escalate them quickly, and never improvise restrictive responses without proper authorisation.

Examples of rights-respecting behaviour include knocking before entering a room, speaking to the person rather than only to family members, asking permission before assisting with clothing or equipment, explaining incidents honestly, arranging interpreters when needed, and supporting access to advocates. Small daily actions are often the clearest sign of whether a service genuinely respects human rights.

Leaders should review rights not only through audits, but through stories. Ask clients what helps them feel respected. Ask workers which situations create tension between safety and autonomy. Ask families what information they receive and what they still do not understand. This kind of reflective practice helps policy become real.

Situation	Poor response	Better response
Client refuses a planned outing	Pressuring the person to go because it is on the roster	Pause, explore the reason, offer alternatives and document the preference
Person becomes distressed during	Using a controlling tone or	Reduce triggers, use agreed

Situation	Poor response	Better response
support	physical blocking without a plan	calming strategies and seek behaviour support guidance
Family asks for all information	Sharing everything automatically	Check consent, explain privacy limits and involve the client where possible
Worker thinks a rule is for safety	Applying the rule to every person the same way	Assess the individual risk and use the least restrictive option

### 3. Privacy, Dignity and Confidentiality

Privacy is more than data protection. In disability support, privacy includes body privacy, home privacy, information privacy and emotional privacy. A client may feel that privacy has been breached when staff discuss them in public, leave notes visible, enter personal areas without asking, over-share with family, or treat a person's personal life as open for comment. A strong privacy policy therefore needs both information rules and dignity rules.

Safe Hands Support should explain clearly what information it collects, why it collects it, how it stores it, who can access it, when it can be shared, and how a person can ask to see or correct their records. The service should collect only what it reasonably needs, keep it accurate, and protect it from misuse, loss, unauthorised access, modification or disclosure.

Privacy also depends on the quality of staff judgement. Workers often operate in homes, cars, community spaces and phone calls, not only in office settings. This means the practical privacy rules must be simple and memorable. Do not discuss a client's private matters in front of unrelated people. Do not leave paper records where visitors can see them. Do not photograph a client or their belongings unless it is authorised and necessary. Do not use personal devices or messaging in a way that bypasses the service's approved systems.

A good privacy guide should also explain that confidentiality has limits. Information may need to be shared when there is a serious safety concern, a child protection concern, a legal requirement, a reportable incident, a medical emergency, or a clear consent from the person or their authorised representative. The policy should explain these limits early so there are no surprises later.

Information area	Examples	Safe Hands Support good practice
Identity and contact details	Name, date of birth, address, emergency contacts	Collect directly where possible and keep contact details up to date
Support and health information	Goals, risks, diagnoses, behaviour support information, medication support directions	Limit access to staff with a legitimate need to know
Service records	Progress notes, rosters, incident records, complaints, invoices	Store securely, keep accurate and retain according to requirements
Images and recordings	Photos for care planning or equipment setup	Use only with consent or a clear lawful basis and define who can access them
Third-party information	Family, carers, advocates, referrers	Confirm the basis for sharing and document consent or authority

#### Simple privacy rules for daily practice

Speak quietly and carefully in public places.

Use only approved systems for records and communication.  
 Check who is present before discussing private information.  
 Ask before entering personal spaces or handling personal belongings.  
 Share only the minimum information needed for the purpose.

Dignity and privacy come together strongly in personal care. When assisting with showering, dressing, continence care, skin care or transfers, staff should preserve as much privacy as possible through explanation, towels or coverings, closed doors, same-gender preferences where practical, and unhurried respectful communication. Even when a person needs extensive assistance, they should still be spoken to as the primary person in the interaction.

Clients should know they can ask questions about privacy at any time. They should be able to request copies of important records, correct factual errors, withdraw or change some consents, and understand how to contact the service if they think their privacy has been breached. When a breach or suspected breach occurs, the service should respond quickly, contain the issue, assess the risk, notify the right people when required, and learn from what happened.

Question clients may ask	Plain-language response Safe Hands Support can give
Why do you need this information?	We collect information so we can provide safe and suitable support, meet our legal duties and keep accurate service records.
Who can see my records?	Only people who need the information for their work or who are otherwise authorised by law or by you.
Can my family get updates?	We will involve family or representatives in line with your consent, authority arrangements and safety needs.
What if I think something private was shared wrongly?	Tell us straight away. We will take it seriously, look into it and explain what we are doing.

For a growing business, privacy training should be part of induction, supervision and refresher learning. Staff should practise real scenarios such as text messages from family, photos taken during community access, group chats, shift handover in the car, lost notebooks, and discussing a client in front of other clients. Privacy failures often happen through habit, not malice, so repetition and leadership modelling matter.

## 4. Feedback, Complaints and Continuous Improvement

Healthy services do not fear feedback. They invite it. Feedback tells Safe Hands Support where people feel confident, where they feel confused, and where they feel let down. Complaints are not only a risk issue. They are also a quality signal. They show where communication, staffing, boundaries, records, billing or support practice may need attention.

A strong complaints approach should be easy to understand, easy to access and safe to use. People should be able to complain verbally, in writing, online, through a supporter or advocate, or in a way that suits their communication needs. They should not need to know formal language to be taken seriously. A complaint can be a sentence, a gesture, a worried question from family, or repeated signs that a person feels unsafe or unheard.

Safe Hands Support should acknowledge complaints promptly, record them carefully, look into the facts fairly, communicate expected timeframes, and close the matter with a clear outcome. Even when the complaint is not fully upheld, the person should still be treated with respect and receive an explanation that makes sense. Retaliation, defensiveness or silence can damage trust more than the original issue.

Complaints should also connect to improvement. Leaders should look for patterns. Are there repeated concerns about late cancellations, worker matching, medication prompts, communication, invoicing, or privacy. Are there particular times, teams or processes where concerns cluster. This turns complaints from one-off events into learning data.

Stage	What Safe Hands Support should do	Good timeframe guide
Receive	Listen, thank the person, record the concern and check immediate safety	As soon as raised
Acknowledge	Confirm the complaint has been received and explain the next steps	Within 1 to 2 business days
Assess	Work out the seriousness, risks, people involved and whether escalation is needed	Early in the process
Investigate or review	Collect records, speak to relevant people and consider evidence fairly	Promptly and proportionately
Respond	Explain findings, actions taken and any review or escalation options	As soon as the review is complete
Improve	Record themes, retrain staff, update systems and monitor follow-through	Ongoing

### What good complaint handling feels like to a client

Someone listened properly.

I knew what would happen next.

I was kept informed instead of being left in the dark.

I could bring a support person or advocate.

The service focused on solving the issue, not defending itself.

Complaint pathways should include internal options and external options. Internally, people should know who to speak to if they are unhappy with a worker, a roster, billing, communication or service quality. Externally, they should know they can seek help from an advocate or complain to the NDIS Quality and Safeguards Commission about supports and services. This information should be easy to find on the website, in welcome packs and in Easy English format.

Frontline staff need simple rules: do not argue, do not take it personally, do not promise an outcome before facts are checked, and do not ignore small concerns because they seem informal. A worried comment such as I do not like how that staff member speaks to me may be the start of a serious complaint. Listening early can prevent escalation later.

Common complaint topic	Possible cause	Improvement action
Late worker arrival	Poor rostering or lack of communication	Tighten scheduling and send earlier updates
Worker mismatch	Preferences not recorded or reviewed	Improve worker matching and check-in after shifts
Privacy concern	Loose conversations or poor records control	Retrain staff and tighten access systems
Cancellation charge dispute	Terms not explained well at the start	Improve service agreement discussion and written notice
Family not informed	Unclear consent boundaries	Review communication permissions and update the file

Continuous improvement should sit behind the complaint policy. Safe Hands Support can maintain a simple improvement register that notes the issue, the root cause, the action taken, the person responsible, and whether the change worked. This shows that complaints are being used to strengthen the service, not simply closed off administratively.

## 5. Service Access, Commencement, Cancellation and Exit

Service access policies explain how people enter the service, how decisions are made, what happens during onboarding, and how support ends. This matters because access is often the first real experience a person has with the organisation. If the intake process is confusing, slow or unfair, trust can be damaged before support even starts.

Safe Hands Support should describe access in a transparent and fair way. This includes the types of support offered, geographic areas serviced, whether referrals are accepted from self-referral or professionals, how waitlists are handled, what information is needed before supports start, and what factors may affect acceptance. The policy should avoid vague language that gives the impression of arbitrary decision-making.

Commencement should be more than paperwork. It should include a clear conversation about goals, risks, preferences, communication style, consent, privacy, medication support boundaries, incident reporting, complaint options, cancellation terms and who to contact. New clients should leave the process knowing what the service will do, what it will not do, and what information they can expect to receive.

Exit and transition also need to be handled respectfully. Support may end because goals are met, the person moves, funding changes, needs become outside scope, safety concerns cannot be managed, or the person chooses another provider. Whatever the reason, the process should still be transparent, documented and as supportive as possible. Abrupt, poorly explained exits can place people at risk and may damage the organisation's reputation.

Access stage	Purpose	Documents or actions often needed
Referral or enquiry	Understand the requested supports and whether they fit the service	Basic intake details, funding type, urgency
Screening	Check scope, risks, location and workforce capacity	Referral summary, support needs discussion
Assessment or intake meeting	Confirm goals, risks, preferences and support boundaries	Consent forms, service information, risk notes
Service agreement and commencement	Set expectations about supports, rates, cancellations and responsibilities	Signed agreement, start date, roster plan
Review or exit planning	Check if the support is working and plan changes or closure safely	Review notes, transition actions, final invoice

### Good onboarding checklist

- Explain the service in plain language.
- Confirm goals, routines and preferences.

Discuss privacy, complaints and incident response.  
 Check risks, communication needs and emergency contacts.  
 Provide written copies of key information.  
 Confirm cancellation and billing terms before the first shift.

Cancellation rules need plain language. If Safe Hands Support intends to charge for short notice cancellations where allowed, the service should explain the notice period clearly, discuss it before supports begin, include it in the service agreement, and remind clients how cancellations can be made. Fairness matters here. People are more likely to accept a boundary when it is explained clearly and applied consistently.

Good access policy also includes non-discrimination. Services should not refuse or limit support based on disability type, communication style, cultural background or complaint history. At the same time, the provider can set honest limits around scope, worker safety, geography, staffing and complexity. The key is to explain these limits clearly and, where possible, help the person find another option rather than leaving them with no support pathway.

Reason support may not commence or may end	Good practice response
The requested support is outside the provider's scope	Explain the limit honestly and provide referral suggestions where possible
Funding is not available or has changed	Discuss options early and avoid surprise service disruption
Safety risks cannot currently be managed	Escalate, review controls and involve the right professionals before deciding next steps
Repeated non-engagement	Document contact attempts and discuss barriers respectfully
Client chooses another provider	Support a smooth handover where appropriate

A practical service access guide should use the same tone throughout: welcoming, clear and honest. People do not need inflated promises. They need reliable information they can act on. This is especially important for families navigating disability services for the first time.

## 6. Medication Safety and Medication Support

Medication support is a high-trust area because mistakes can cause harm quickly. A medication policy should therefore be clear about exactly what workers are authorised and trained to do. Some services only prompt or remind. Some assist with self-administration. Some administer medication under defined procedures and delegated arrangements. The policy should spell out the boundaries in simple language and avoid assumptions.

Safe Hands Support should focus on safe systems rather than relying on memory alone. That means clear medication records, current instructions, identity checks, storage guidance, documentation of refusals or missed doses, escalation pathways for side effects or errors, and careful handover between workers. Where the person has high intensity supports or complex medication needs, the service should make sure worker competence, training and supervision match the task.

A medication support policy should cover the full process. How does information first come into the service. Who checks the packaging or pharmacy label. Where are PRN medicines and their indications recorded. What happens if the person is sleeping, unwell, refuses, vomits after a dose, or the dose was already given by family. How are expired medicines or discontinued medicines identified. The more predictable these questions become, the safer the service becomes.

Medication support also involves dignity and choice. People should be informed about what is being offered, why it is due, and what happens if they decline. Staff should not use medication as a behaviour shortcut or pressure technique. If patterns of refusal appear, the response should be thoughtful and documented: check understanding, side effects, routines, swallowing issues, timing, taste, capacity, consent and clinical advice.

Medication safety element	What good practice includes	Common error to avoid
Current instructions	Use up-to-date medication charts, packaging labels and written directions	Using old instructions after a change
Identity check	Confirm the right person before support	Relying on assumption in busy environments
Timing and dose	Check dose, route, timing and any special directions	Guessing or rushing through rounds
Documentation	Record support immediately and clearly	Writing it later from memory
Refusals and incidents	Document what happened and escalate according to procedure	Hiding or minimising an error
Storage	Follow instructions for temperature, security and access	Mixing medicines or leaving them accessible

### Medication support reminders for workers

Never guess if the instruction is unclear.  
 Stop and ask when packaging, charting or timing does not make sense.  
 Document refusals, omissions and errors immediately.  
 Keep the person's dignity and involvement at the centre.  
 Escalate side effects or unusual responses without delay.

Workers should know the difference between routine support and situations requiring urgent help. Possible red flags include sudden rash, breathing difficulty, collapse, seizures, severe drowsiness, chest pain, anaphylaxis signs, unexplained vomiting after medication, or any major deviation from the person's usual presentation. Policy should direct staff to the correct emergency response and supervisor notification process.

The policy should also explain documentation standards. Medication records should be legible, timely and factual. If a dose was not taken, the record should say what happened, not simply leave a blank. If a PRN medicine was used, staff should record why it was needed, the outcome, and any follow-up required. This protects the person and the organisation.

Scenario	Immediate action	Follow-up
Client refuses medication	Do not force. Re-check understanding, explain, document and follow the refusal pathway	Inform the appropriate contact or supervisor if required
Medication already appears given	Pause and confirm before doing anything else	Check records, speak to others involved and escalate uncertainty
Tablet found on the floor	Do not re-administer casually	Follow the error or contamination process and seek direction
PRN medication requested	Check the written indication and criteria before support	Record the reason, time and effect
Medication error occurs	Attend to safety first and obtain medical advice if needed	Report, document, investigate and learn

Medication safety is strengthened by communication with clients, carers, prescribers and pharmacists. Safe Hands Support should encourage updated medication lists, clear written changes, and prompt sharing of new instructions. Where the service is not responsible for a medication task, this should be clearly stated so expectations remain realistic.

As the business grows, consider maintaining a medication competency framework, a medication incident review log, and a refresher learning schedule. Safety improves when medication knowledge is supported through systems, not left to chance.

## 7. Person-Centred Service Planning

Person-centred planning means the service is organised around the person rather than expecting the person to fit the service. This sounds simple, but in practice it requires discipline. It requires staff to ask what matters to the person, not only what is the matter with the person. It requires planning to include strengths, routines, preferences, communication, culture, supports, risks and goals in a way that feels useful rather than generic.

A person-centred plan should describe the life the person wants to move toward, even if progress happens slowly. Goals might involve daily living, health, communication, confidence, social connection, transport, routines, employment, study, family participation or community access. The plan should then translate those goals into practical support actions so staff can work consistently.

Good planning is collaborative. The client remains central, and other important people may be involved with consent or lawful authority. This can include family, carers, coordinators, behaviour support practitioners, therapists, support workers, advocates and medical professionals. The policy should state clearly that other voices do not replace the person's own voice. They support it.

Review is essential. A plan can be respectful when written and still become outdated within months. Changes in health, behaviour, relationships, housing, equipment, communication or funding may all change what good support looks like. Safe Hands Support should therefore include regular review points and also allow earlier review when something significant changes.

Planning principle	Meaning in practice	Question to ask
Start with the person's goals	Support activities link back to what the person wants or needs	What does a good week look like for this person
Use the person's communication style	Information is explained in a way the person can understand	How does this person show yes, no, pain, distress or preference
Recognise strengths	Planning includes abilities and interests, not only risks	What already works well that we should build on
Balance autonomy and safety	Risks are discussed with the person and managed proportionately	Are we protecting safety without taking away voice
Review and update	Plans change when the person's life changes	What has changed since the last review

### Person-centred planning prompts

What matters most to the person right now  
 What helps the person feel calm, safe and respected  
 Who should be involved in planning and review  
 What routines, environments and relationships matter  
 How will we know whether the support is working

The planning process should also record what good support looks like from the person's point of view. For example, a person may like prompts rather than direct instruction, may need more processing time, may dislike loud environments, may prefer workers to stand to one side when speaking, or may become anxious if plans change without notice. These details are not small. They often determine whether support feels respectful or distressing.

When person-centred planning is done well, it helps other policy areas as well. Complaints reduce because expectations are clearer. Incidents reduce because triggers and risks are better understood. Worker matching improves because preferences are documented. Reviews become more meaningful because progress can be measured against goals that actually matter to the person.

Plan section	Suggested content
About me	Preferred name, communication, cultural considerations, strengths, what people should know first
Goals	Short-term and longer-term goals written in simple, useful language
Daily support guidance	Routines, prompts, personal care preferences, transport, meals, community access
Health and safety	Risks, supports, escalation pathways, medication boundaries, behaviour support information
Review	Review date, who should attend, what to measure and what may need to change

Safe Hands Support can strengthen this area by using short review conversations, not only annual paperwork. Ask what is going well, what feels frustrating, what workers should do differently, and what the person wants more or less of. These simple questions often reveal more than formal forms alone.

## 8. Children at Risk of Harm and Child Safe Practice

Where services involve children or young people, child safety must be active, visible and built into daily practice. A child safe service does not wait for a crisis before thinking about protection. It designs safe recruitment, supervision, training, environments, communication and reporting from the start. It also recognises that children may communicate discomfort or fear in indirect ways such as withdrawal, behavioural change, regression, clinginess or silence.

Safe Hands Support should state clearly that the safety, welfare and wellbeing of children and young people comes first. Staff, volunteers and students should know what signs may indicate harm, what to do if a concern is disclosed, how to preserve the child's immediate safety, and how to record and report concerns appropriately. Workers must never try to investigate abuse themselves in an informal way. Their role is to respond safely, record accurately and escalate according to law and policy.

Child safe practice also includes prevention. Services should think carefully about one-to-one situations, transport, online communication, photography, physical contact, home visits, toileting or personal care assistance, and contact outside approved work arrangements. Children and families should know the boundaries. Workers should also know that seemingly helpful informal arrangements can create risk and confusion.

A policy on children at risk of harm should separate three things. First, everyday child-safe behaviour, such as supervision and respectful boundaries. Second, early concern identification, such as noticing changes in presentation or hearing worrying comments. Third, formal reporting obligations, which vary by jurisdiction and role. This separation helps staff understand both the everyday preventive work and the escalation process.

Child safe area	What Safe Hands Support should do	Why it matters
Recruitment and screening	Use appropriate screening, reference checks and role clarity	Prevents unsuitable people entering child-facing roles
Training	Teach indicators of harm, safe boundaries and reporting steps	Workers are more likely to respond early and correctly
Communication	Provide child-friendly ways to speak up and ask for help	Children need safe and understandable reporting options
Supervision	Review practice, transport, lone work and online contact	Risk often sits in routine activities
Reporting	Escalate concerns quickly and follow applicable law and policy	Delays can leave a child exposed to harm

### What workers should do if a child safety concern arises

Check immediate safety first.

Listen and stay calm.  
 Do not promise to keep it secret.  
 Record what was seen, heard or disclosed.  
 Escalate immediately through the child safety and reporting pathway.

In NSW, mandatory reporting duties arise under child protection law for specified workers and in specified circumstances, particularly where a child aged 0 to 15 is suspected to be at risk of significant harm. In the ACT, reporting obligations are broader and child abuse reporting laws apply to all adults in certain situations. Because these rules can change and vary by role, Safe Hands Support should direct staff to current state guidance and require immediate escalation of any child safety concern.

When a child or young person discloses something concerning, the first response matters. Staff should stay calm, listen, avoid leading questions, reassure the child that they were right to speak up, explain that the information may need to be shared to keep them safe, and record the facts as soon as possible using the child's own words where practical. Staff should not promise secrecy.

Families also need confidence in the service. They should know how the organisation keeps children safe, who the child safety contact is, how to make a complaint, and how to raise a concern if a child's support or transport arrangements feel unsafe. This information should not be hidden in a long handbook. It should be easy to find and easy to understand.

Possible sign	What it may suggest	Worker response
Sudden fear around a person or place	Possible distress, trauma or unsafe experience	Note details, support the child and escalate
Repeated unexplained injuries or poor hygiene	Possible neglect or physical harm	Document objectively and follow the reporting pathway
Sexualised behaviour beyond developmental level	Possible exposure or abuse	Seek urgent guidance and escalate promptly
Major withdrawal, regression or changed behaviour	Possible emotional distress or multiple stressors	Observe patterns and escalate concerns early
Disclosure by the child	Direct concern of harm	Listen, record, escalate and prioritise safety

Even where workers are unsure whether a concern meets a legal threshold, uncertainty should not become inaction. Internal escalation is still required. A good child safety culture supports staff who raise concerns in good faith and provides clear, timely guidance.

Because child safety is a high-stakes area, Safe Hands Support should identify a named child safety contact, maintain clear decision trees, and review incidents or near misses involving children carefully. Learning from lower-level concerns often prevents more serious harm later.



## 9. Safe Lifting, Transfers and Manual Handling

Manual handling risk is common in disability support because support often involves movement, equipment, personal care, household activities and transport. A safe lifting policy should begin with a simple truth: not every task that looks routine is safe. Risk depends on the person, the environment, the equipment, the worker capability and what is happening on the day.

Safe Hands Support should emphasise that workers are not expected to improvise lifting or transfer methods. They should follow the person's documented transfer plan, use equipment as directed, stop if conditions are unsafe, and request help or reassessment when needed. Workers should never perform manual tasks that exceed their training, the available equipment, or the agreed support plan.

Manual handling is broader than lifting a person. It includes pushing wheelchairs, assisting with bed mobility, helping someone stand, loading equipment into a vehicle, changing linen around a person, positioning in a chair, managing household tasks with awkward postures, and responding to a slip or near fall. Policies should therefore cover both people handling and other hazardous manual tasks.

Environmental conditions matter. Narrow spaces, wet floors, low beds, clutter, pets, poor footwear, rushed timing and uneven outdoor surfaces can all turn an ordinary task into a high-risk one. Workers should be encouraged to pause and reset the environment rather than pushing through.

Manual handling risk factor	Examples	Control measures
Person factors	Unexpected movement, pain, fatigue, weight-bearing changes	Use the current support plan and communicate before moving
Task factors	Repetitive transfers, awkward reaching, catching a fall	Break the task down, use equipment and do not rush
Environment factors	Tight bathroom, clutter, poor lighting, uneven driveway	Reposition furniture, clear space, improve setup or stop
Equipment factors	Unavailable hoist, flat battery, poor fit sling	Check equipment before use and escalate defects immediately
Worker factors	Inexperience, fatigue, no second worker when required	Use correct staffing, supervision and training

### Manual handling rules worth repeating

Check the plan before the task.

Set up the area first.

Use equipment properly and do not bypass safety steps.

If the task is unsafe, stop and escalate.

Report hazards, injuries and near misses.

Vehicle transfers deserve specific guidance because they are often underestimated. Entering or exiting a car may involve twisting, uneven ground, time pressure and limited space. Workers should plan ahead, position the vehicle carefully, use approved techniques, and avoid lifting a person into or out of a vehicle in a way that ignores the transfer plan. If the transfer is unsafe on the day, staff should escalate rather than forcing completion.

Near misses should be reported, not ignored. A near miss such as a slipping footplate, a worker strain, a client almost losing balance or a hoist issue is valuable information. It can reveal a problem before someone is seriously injured. This links manual handling policy directly to incident management and continuous improvement.

Task	Before the task	During the task	After the task
Bed to chair transfer	Check plan, equipment, brakes, environment and communication	Use agreed technique and watch the person's comfort and balance	Record issues, clean equipment and report changes
Vehicle transfer	Check parking position, seat setup, aids and footwear	Move slowly, explain steps and monitor stability	Report any difficulty or need for reassessment
Personal care in bathroom	Dry floor, gather items, review mobility and privacy needs	Protect dignity and avoid awkward reaching	Note any pain, skin issues or transfer difficulty

A practical manual handling program for Safe Hands Support should include induction, refreshers, equipment orientation, hazard reporting, supervision and plan review. Safety improves when manual handling is treated as an ongoing system, not a once-off training topic.

## 10. Incident Management, Reportable Incidents and Learning

Even in well-run services, incidents can occur. What matters is how the service responds. Incident management is not only about paperwork after the fact. It begins with immediate action to protect people, continues with clear reporting and review, and ends with learning that reduces the chance of recurrence.

Safe Hands Support should define an incident in plain language. An incident is any event or alleged event during service delivery that causes harm, could have caused harm, or raises serious concern about a person's safety, rights or wellbeing. Not every incident is reportable to an external authority, but every incident should still be assessed properly.

The first priority is always safety. Workers should check the person, call emergency services when needed, seek medical help, remove immediate hazards, preserve evidence if relevant, and notify the appropriate leader. Only after these immediate steps should they move into detailed documentation. A common problem in services is spending too long writing before safety is secured.

Incident records should be factual, timely and respectful. They should describe what happened, who was present, what immediate action was taken, what injuries or impacts were observed, who was notified, and what next steps are required. Speculation should be avoided. So should blame language. The focus is on accurate reporting and appropriate response.

Some incidents under the NDIS framework are reportable to the NDIS Commission, including certain serious harm events and unauthorised restrictive practices. Staff do not need to memorise the law perfectly, but they do need to know that serious matters must be escalated immediately so the correct external reporting decision can be made within the required timeframe.

Incident stage	Key question	Expected action
Immediate response	Is anyone in danger right now	Protect people, call emergency services or urgent supports if needed
Internal notification	Who needs to know now	Notify the supervisor, manager or on-call contact promptly
Recording	What are the facts	Write an objective account as soon as possible
Assessment	Is this serious, notifiable or part of a wider pattern	Review the incident level and external reporting needs
Investigation and review	Why did this happen and how do we reduce recurrence	Look at systems, practice, communication and risks
Closure and learning	What changed as a result	Implement actions, monitor completion and feed into improvement

### What a good incident system does

- Protects people quickly
- Makes reporting simple enough that workers actually use it
- Separates facts from assumptions
- Escalates serious matters without delay
- Turns incidents and near misses into learning

Open communication with the person affected is also important. Where appropriate, the service should explain what happened, what is being done, and how the person can raise concerns or seek support. Families or representatives should be involved in line with consent, authority and safety considerations. Being open and compassionate after an incident can help restore trust.

Investigations should be proportionate. A minor documentation issue may need a quick review and retraining. A serious injury, allegation of abuse, medication error or unauthorised restrictive practice will need a more formal process. The policy should define how incident levels are assessed and who can lead reviews.

Type of incident	Examples	Possible follow-up actions
Safety incident	Fall, injury, equipment failure, transport issue	Review supports, environment, equipment and supervision
Medication incident	Missed dose, wrong time, wrong documentation	Clinical advice if needed, incident review and system fixes
Behaviour-related incident	Aggression, self-injury, property damage, distress event	Review triggers, plan, staffing and behaviour support input
Rights or dignity concern	Privacy breach, disrespect, poor boundary practice	Complaint review, supervision and retraining
Child safety concern	Disclosure, unexplained injury, unsafe contact	Immediate escalation and formal reporting pathway

Leaders should review incident data regularly. Look for repeat locations, repeat staff, repeat times, repeat client triggers and repeat process failures. Small repeated incidents often point to a weak system. Quality improves when these patterns are noticed early.

Near misses should be included in the same learning loop. A near miss is often a gift. It shows where a serious incident almost occurred. Capturing those moments can strengthen safety without waiting for harm.

At organisational level, Safe Hands Support can maintain a serious incident register, corrective action tracker and lessons learned log. These tools help demonstrate that reporting is leading to action, not just storage.



## 11. Whistleblower Protections and Speaking Up

A service can only improve when people feel safe to speak up. Workers, volunteers, students, contractors, clients and families may all notice conduct that feels wrong before leadership does. This may involve fraud, abuse, unsafe care, serious policy breaches, victimisation, privacy misuse, misuse of client funds, retaliation against complainants or efforts to hide incidents. A whistleblower or protected disclosure policy creates a safer path for concerns like these to be raised.

Safe Hands Support should communicate that concerns about wrongdoing can be raised confidentially and without fear of punishment for speaking up in good faith. The policy should explain who can receive disclosures, how confidentiality will be protected as far as possible, how conflicts will be managed, and how the organisation will respond. It should also make clear that intentionally false reporting is different from a genuine report made in good faith that later turns out to be mistaken.

This policy is not a replacement for everyday supervision, complaints or incident reporting. It sits alongside them. Many concerns should still be raised through normal management or complaint channels. The whistleblower pathway is especially important where the concern involves serious wrongdoing, leadership, retaliation, cover-up or a reasonable fear that ordinary reporting would be unsafe.

A speak-up culture depends on what leaders do after a concern is raised. If they become defensive, identify the reporter unnecessarily, or try to minimise the matter, trust will collapse. If they listen carefully, respond proportionately, protect confidentiality, and communicate clearly about the process, trust grows.

Concern type	Best pathway
Routine service issue or dissatisfaction	Feedback or complaints process
Immediate health or safety event	Incident management and urgent escalation
Suspected serious wrongdoing, fraud, retaliation or cover-up	Whistleblower or protected disclosure pathway
Boundary concern involving a worker	Manager escalation, complaints or whistleblower pathway depending on seriousness

### Safe Hands Support speaking-up commitments

Concerns raised in good faith will be treated seriously.

Retaliation against someone who speaks up is not acceptable.

Confidentiality will be protected as far as possible.

Concerns will be assessed fairly and acted on appropriately.

People will be told where to go if they need external help.



## 12. Donations, Gifts and Ethical Fundraising

If Safe Hands Support accepts donations, gifts or community fundraising support, the organisation should explain how this will be managed ethically. Donations can help build programs, equipment banks, hardship supports or community initiatives, but they also create expectations and risks if not handled carefully. A donations policy should focus on transparency, lawful handling of funds, donor communication, record keeping, and the right to refuse gifts that do not fit the organisation's values or obligations.

The policy should distinguish between a donation, a service fee, a sponsorship arrangement and a personal gift to a worker. These are not the same. Donations made to the organisation should be receipted and recorded through organisational systems. Personal gifts to workers should be managed under a separate gifts or conflicts policy so that boundaries and favouritism risks are controlled.

Safe Hands Support should also consider whether any proposed donation could create a conflict, a reputational issue, a restrictive condition, or pressure on service decisions. For example, a donor should not be able to influence who receives supports, which worker is allocated, or how complaints are handled.

An ethical donations section on the website should be short, clear and reassuring. It should explain how donations are used, how donors can contact the organisation, and that Safe Hands Support reserves the right to decline gifts that would compromise its mission, reputation or obligations to clients.

Where direct debit arrangements are used, terms should be explained plainly, including frequency, cancellation rights, receipts, privacy and who to contact if a payment error occurs.

Donation or gift issue	Good practice response
Cash or electronic donation to the organisation	Record, receipt and allocate according to approved financial controls
Donor wants a condition attached	Assess whether the condition aligns with values, law and operational fairness
Personal gift offered to a worker	Follow worker gift and conflict guidance and record if above threshold
Fundraising campaign in the organisation's name	Approve messaging, handling of funds and branding beforehand
Question about tax or receipts	Provide accurate information within the organisation's authority and refer when needed

## 13. Conflicts of Interest and Client Choice

A conflict of interest exists when a worker or organisation has another interest that could influence, or appear to influence, decisions made for a client. In disability support this can happen in obvious ways, such as financial interest, and in subtle ways, such as steering a person toward a related business, accepting gifts, favouring a family friend, or withholding information about alternatives.

Conflict management is important because disability services often involve trust, power imbalance and decisions about money, supports and access. Clients should be able to trust that advice and service recommendations are based on their needs, not on what benefits the provider. A good conflict policy should therefore require disclosure, careful management and clear communication with the person affected.

Safe Hands Support should aim to identify real, potential and perceived conflicts. A real conflict is active and current. A potential conflict may arise in the future. A perceived conflict exists when a reasonable person could think the decision-making may not be fully impartial, even if no wrongdoing has occurred. All three matter because public trust depends not only on actual fairness, but also on visible fairness.

Conflict policies work best when supported by declaration forms and simple examples. Staff should know that disclosing a conflict is a strength, not an admission of misconduct. The problem is usually not that a conflict exists. The problem is when it is hidden or unmanaged.

Client choice should be explicitly protected. Where Safe Hands Support discusses other providers, equipment suppliers, allied health services or community options, information should be balanced and honest. People should not feel pressured to remain with the service or to choose a particular option for the provider's convenience.

Example	Why it is a conflict risk	Preferred response
Worker recommends a relative's business to the client without disclosing the relationship	The advice may benefit the worker or family member	Disclose, step back from the decision and offer alternatives
Provider pressures a client to use only its linked services	Client choice may be reduced and decisions may not be independent	Explain options and document informed choice
Worker accepts expensive repeated gifts	Boundaries and favouritism may be affected	Record, decline or escalate according to policy
Manager allocates shifts to close friends regardless of fit	Fair staffing and client matching may be compromised	Use transparent allocation processes

### Questions that help identify a conflict

Could I benefit personally from this decision

Could a family member, friend or business associate benefit

Would a reasonable outsider question my impartiality  
Have I disclosed the issue early enough  
Does the client have enough information to choose freely

## 14. Easy English Policy Summaries

These pages use shorter sentences and simpler wording. Safe Hands Support can adapt them for website pages, handouts or welcome packs.

### Your Rights

- You have the right to be treated with respect.
- You have the right to be safe.
- You have the right to make choices about your support.
- You have the right to ask questions and get information in a way you understand.
- You have the right to complain if something feels wrong.
- We will try to use the least restrictive option and respect your freedom.

### Your Privacy

- Your personal information is important.
- We only collect information we need for your support and our legal duties.
- We try to keep your records safe and private.
- We will not share your information unless we have a good reason, your consent, or a legal duty.
- You can ask questions about your records and privacy.

### Feedback and Complaints

- You can tell us when something is good or not good.
- You can make a complaint in person, by phone, by email or online.
- You can ask a family member, friend or advocate to help you.
- We will listen and take your concern seriously.
- You should not be treated badly for making a complaint.

### Starting and Stopping Services

- We will explain what support we can offer.
- We will talk with you about your goals, routines and safety needs.
- We will explain service agreement, prices and cancellation rules.

- If support needs to stop or change, we will try to do this fairly and clearly.

## Medication Support

- We will explain what medication support we can and cannot do.
- Staff should follow clear instructions.
- Staff should write down what happened.
- If something goes wrong, we should act quickly and tell the right people.

## Keeping Children Safe

- Children and young people should feel safe with our service.
- If we think a child is at risk of harm, we must act.
- Staff should listen, record concerns and report them the right way.
- We do not keep child safety secrets.

## Incidents and Safety

- If something goes wrong, safety comes first.
- We will respond, report and review what happened.
- We will try to learn from incidents and stop them happening again.

## Conflicts of Interest

- Our staff should act in your best interests.
- They should not pressure you for personal or business gain.
- If there is a conflict, it should be disclosed and managed.

## 15. Practical Forms, Templates and Implementation Tools

The following pages give Safe Hands Support a practical starting point for implementation. They are examples only and should be customised before use.

### 15.1 Feedback and Complaint Record

Field	Details / notes
Date received	
How the concern was raised	Phone / email / in person / online / advocate / other
Name of person raising concern	
Client involved	
Immediate safety issue identified	Yes / No. If yes, what action was taken
Summary of complaint or feedback	
Staff or service area involved	
Person handling the matter	
Target response timeframe	
Outcome and actions taken	
Was the person informed of the outcome	Yes / No / partially
Improvement action required	

### 15.2 Privacy and Information Sharing Check

Question	Yes / No / Notes
Do we know why the information is being collected or shared	
Do we have the person's consent or another lawful basis	
Are we sharing only the minimum necessary information	
Is the recipient authorised to receive it	
Have privacy risks been considered	
Has the sharing or request been documented	

### 15.3 Service Access Checklist

Checklist item	Completed
Referral or enquiry recorded	
Service scope confirmed	
Goals and preferences discussed	
Risks, communication and support needs identified	
Privacy, complaints and incident information provided	
Service agreement explained	
Cancellation terms explained	
Start date and roster plan confirmed	

### 15.4 Medication Support Handover Notes

Item	Details
Client name	
Current medication support level	Prompt / assist / administer / other
Current medication list checked	Date and source
Known allergies or adverse reactions	
PRN medication instructions on file	Yes / No
Storage requirements	
Recent changes or concerns	
Escalation contacts	

### 15.5 Child Safety Concern Notes

Field	Details / notes
Date and time of concern	
Child or young person involved	
What was seen, heard or disclosed	
Immediate safety action taken	
Who was notified internally	

Field	Details / notes
External reporting or advice sought	
Name of person completing the note	

### 15.6 Manual Handling Review Prompt

Review question	Notes
Is there a current transfer or mobility plan	
Is the environment safe and practical	
Is equipment available, suitable and working	
Are staffing levels appropriate	
Have there been near misses, strains or changes in ability	
Does the plan need reassessment	

### 15.7 Incident Review Summary

Field	Details / notes
Incident date	
Type of incident	
Immediate response	
People affected	
Was external reporting required	
Contributing factors	
Corrective actions	
Person responsible for follow-up	
Review completion date	

### 15.8 Conflict of Interest Declaration

Field	Details / notes
Name and role	

Field	Details / notes
Nature of conflict	
Is the conflict real, potential or perceived	
Clients or decisions affected	
Actions to manage the conflict	
Manager review	
Review date	

### 15.9 Gift and Donation Register

Date	Gift or donation	From whom	Value / estimate	Accepted / declined	Reason / conditions

### 15.10 Annual Policy Review Planner

Policy area	Last review	Next review	Owner	Key action
Rights and human rights				
Privacy and confidentiality				
Complaints				
Service access				
Medication				
Child safety				
Manual handling				
Incident management				
Whistleblower				
Donations and				

Policy area	Last review	Next review	Owner	Key action
conflicts				

### 15.11 Staff Reflection Prompts

Prompt	Reflection notes
What did I do this month that best upheld client rights	
Where did I feel tension between safety and choice	
What privacy risks did I notice in daily work	
What complaint or near miss taught us something useful	
What support plans need review because the person's needs changed	
What boundaries or conflict issues need manager guidance	

### 15.12 Website Policy Snapshot Text

Safe Hands Support is committed to respectful, person-centred and safe supports. We aim to protect rights, privacy and dignity in every part of our service.

We welcome feedback and take complaints seriously. If something does not feel right, we want to hear about it early so we can respond fairly and improve our service.

We work to keep children safe, manage incidents responsibly, support medication safely within our service scope, and reduce risks through training, planning and honest communication.

Our policies are reviewed regularly and can be made available in simpler language where needed.

## 16. Reference Notes and Source Map

This guide was written in original language for Safe Hands Support. The content was shaped using current Australian guidance relevant to disability services, privacy, complaints, child safety, manual handling and medication safety. The references below are included as a source map for future policy drafting and review.

Source	Topic area	Practical use
NDIS Quality and Safeguards Commission	NDIS Practice Standards, complaints, incident management, restrictive practices and provider responsibilities	Use for rights, complaints, behaviour support, incidents and provider obligations
National Disability Insurance Agency	Provider pricing and cancellation guidance, conflict of interest resources and participant information	Use for service access, agreement wording and conflict guidance
OAIC	Australian Privacy Principles and privacy guidance	Use for privacy policy drafting and information handling
NSW Department of Communities and Justice	Mandatory reporting guidance and child protection resources	Use if operating in NSW or supporting NSW children
ACT Government child protection guidance	Reporting child abuse information	Use if operating in the ACT or supporting ACT children
Safe Work Australia	Hazardous manual tasks guidance	Use for safe lifting, transfers and worker safety controls
Australian Commission on Safety and Quality in Health Care	Medication safety and safe use of medicines resources	Use for medication support system design

### Suggested next step for Safe Hands Support

- Convert the guide into individual website resources and downloadable one-topic handouts.
- Create formal internal policies that match the actual services you will provide and your registration status.
- Add branded contact details, complaint contact points, after-hours escalation details and policy owners.
- Ask a lawyer or compliance adviser to review final operational policies before use.
- Review the document at least annually and sooner if laws, service scope or NDIS requirements change.

### Implementation Roadmap

Month 1 can focus on foundations: finalise the list of supports Safe Hands Support will provide, decide what information clients receive at onboarding, and assign ownership for each policy topic. This is also the right time to set up a central document register so staff always know which version is current.

Month 2 can focus on worker capability: induction materials, privacy reminders, medication boundaries, child safety pathways, complaints handling and incident response. Workers should not only read policies. They should practise scenarios that show how the policy works in real life.

Month 3 can focus on quality systems: complaint logging, incident trends, policy review dates, conflict declaration forms, and safe record storage. These systems turn policy statements into a service that can actually prove what it does.

After implementation, use supervision and review conversations to test whether the policies still make sense in practice. If workers repeatedly ask the same question, the policy may be unclear. If clients keep raising the same concern, the policy may be correct on paper but weak in application.

## Appendix: Scenario Practice for Team Learning

### Scenario 1: A family member asks for private information over text message

**What is happening:** A worker finishes a shift and receives a text from a relative asking for details about the client's medication and a recent incident.

**Why this matters:** The request may appear routine, but the worker still needs to consider consent, privacy, urgency and whether texting is an approved channel.

**Good practice response:** The worker should avoid sharing detailed information casually by text, check the file or service instructions about communication permissions, and use the approved escalation or communication pathway.

**Learning point:** Privacy is often breached in informal moments, not only in formal records.

**Team discussion prompt:** What policy area does this scenario touch, what should happen first, and what system change could reduce the risk next time?

### Scenario 2: A client says they do not want a regular worker anymore

**What is happening:** The client says the worker is nice but makes them feel rushed and does not listen.

**Why this matters:** This may be a worker matching issue, a rights issue, or the start of a complaint. It should not be minimised.

**Good practice response:** Listen, thank the client, record the concern, explore what a better match would look like, and explain the next step clearly.

**Learning point:** Small comments can reveal important quality information.

**Team discussion prompt:** What policy area does this scenario touch, what should happen first, and what system change could reduce the risk next time?

### Scenario 3: A child seems frightened before transport

**What is happening:** A child becomes distressed before entering the vehicle for community access and avoids eye contact with a particular worker.

**Why this matters:** This may relate to routine anxiety, but it may also indicate a safety concern that needs careful attention.

**Good practice response:** Prioritise immediate safety, avoid pressuring the child, record observations factually and escalate the concern through the child safety process.

**Learning point:** Workers should notice patterns and trust the need to escalate concerns.

**Team discussion prompt:** What policy area does this scenario touch, what should happen first, and what system change could reduce the risk next time?

#### **Scenario 4: A near miss during a transfer**

What is happening: During a bed-to-chair transfer, a footplate slips and the person almost loses balance, but no one is injured.

Why this matters: Near misses are early warnings. If ignored, the same issue may cause injury later.

Good practice response: Stop, check the person, make the area safe, report the near miss and review whether equipment or the transfer plan needs updating.

Learning point: Good safety culture values near miss reporting.

Team discussion prompt: What policy area does this scenario touch, what should happen first, and what system change could reduce the risk next time?

#### **Scenario 5: A worker is offered an expensive gift**

What is happening: A grateful family offers a worker a high-value gift at the end of the year.

Why this matters: The worker may feel awkward refusing, but accepting may create a conflict or boundary concern.

Good practice response: Thank the family, explain the service policy, and escalate or record the offer according to procedure.

Learning point: Boundaries protect both clients and workers.

Team discussion prompt: What policy area does this scenario touch, what should happen first, and what system change could reduce the risk next time?

## Appendix: Frequently Asked Questions

### What is the difference between feedback and a complaint

Feedback can be positive, neutral or negative and may not need a formal investigation. A complaint is a concern that someone wants the service to address more formally. Safe Hands Support should treat both seriously because both provide useful quality information.

### Can a client change their mind after agreeing to support

Usually yes. Choice is ongoing, not a one-time event. The service should explain any practical limits, cancellation terms or safety issues, but the default approach should still respect informed choice and communication.

### What if a family member and the client want different things

The service should start by clarifying consent, decision-making arrangements and what the client wants or can communicate. Family involvement can be valuable, but it should not automatically replace the client's voice.

### When should a worker write an incident report

Workers should record incidents, near misses and serious concerns according to service procedure, especially where harm occurred, could have occurred, or rights and safety may have been affected. If in doubt, escalate and ask.

### Can workers use their personal phone for client communication

Only within approved systems and boundaries. Privacy, record keeping and professionalism all need to be considered. Informal texting can create confusion and privacy risk if not managed carefully.

### What if a policy seems right on paper but not practical in real life

That is exactly why review and continuous improvement are important. Workers should raise the issue respectfully through supervision so the policy can be clarified, improved or matched to real service conditions.

### How often should Safe Hands Support review policies

At least annually is a sensible starting point, and sooner when there are service changes, incidents, complaints, legal changes or repeated staff questions that show confusion.

### Do Easy English summaries replace full policies

No. They support understanding. The full policy still matters for governance and consistency, but Easy English helps clients and families know the key points in a more accessible way.

## Appendix: Policy Implementation Audit Checklist

This checklist can be used by Safe Hands Support every quarter to test whether policy promises are actually visible in practice.

Audit question	Yes / No / Partly	Evidence checked	Action needed
Are rights and complaints information easy for clients to find			
Are privacy explanations and consent pathways clear at onboarding			
Are service agreements discussing cancellation terms before services begin			
Are medication support boundaries clearly documented			
Are child safety concerns escalated and recorded consistently			
Are manual handling plans current and accessible to staff			
Are incidents reviewed for trends and learning			
Are conflicts of interest declarations up to date			
Are Easy English versions available for key topics			
Are policy review dates current and assigned to an owner			

## Appendix: Roles and Responsibilities Matrix

Policy area	Frontline worker	Team leader or manager	Client or representative
Rights	Respect choices, seek consent, escalate	Monitor practice and address breaches	Tell the service what matters and raise

Policy area	Frontline worker	Team leader or manager	Client or representative
	concerns		concerns
Privacy	Use information properly and keep records secure	Set systems, permissions and breach response	Ask questions about privacy and correct errors
Complaints	Listen, record and escalate	Acknowledge, review, respond and improve	Raise feedback directly or with support
Service access	Explain day-to-day support boundaries	Manage intake, agreements and transition	Provide accurate information and ask questions
Medication	Follow instructions and document support	Set boundaries, training and review errors	Share current information and tell staff about changes
Child safety	Notice, record and escalate concerns	Lead reporting and protective action	Raise concerns and support child voice
Incidents	Respond, notify and document	Assess, investigate and close actions	Provide information and seek support if affected

## Appendix: Training Matrix for a New Service

A small provider can keep training simple at first, but it should still be planned and traceable.

Topic	Who needs it	When	Evidence of completion
Rights and person-centred practice	All staff	Induction and annual refresher	Attendance record and supervision discussion
Privacy and confidentiality	All staff	Induction and when systems change	Induction checklist and quiz
Complaints handling	All staff	Induction	Scenario discussion notes
Medication support	Relevant staff only	Before performing tasks and at refreshers	Competency sign-off
Child safe practice	Any child-facing staff	Before role commencement and refreshers	Training record
Manual handling	Relevant staff	Before tasks and after changes	Practical competency
Incident reporting	All staff	Induction and after major changes	Case review exercise

Topic	Who needs it	When	Evidence of completion
Conflicts and boundaries	All staff	Induction	Signed declaration and discussion

## Appendix: Client Welcome Checklist

Welcome topic	Explained	Client copy given	Notes
Who we are and what supports we offer			
Your rights and choices			
Privacy and information sharing			
How to make a complaint			
What to do in an emergency or incident			
Medication support boundaries			
Cancellation and billing rules			
How reviews and service changes happen			

## Appendix: Plain-Language Website Text Blocks

Rights page text: At Safe Hands Support, we believe support should protect dignity, choice and safety. We want every client to feel respected, heard and involved in decisions about their support.

Privacy page text: We respect your privacy and handle personal information carefully. We aim to collect only what we need, keep records secure and explain how information is used.

Complaints page text: You can tell us when something is good, confusing or not okay. We welcome feedback and complaints because they help us improve. You should never be treated badly for speaking up.

Child safety page text: If children or young people use our service, their safety comes first. We expect safe boundaries, early action on concerns and clear reporting when something does not feel right.

Incident page text: If an incident happens during service delivery, our first priority is safety. We respond, report, review and learn so we can improve our supports.

## Appendix: Quality Review Questions for Leaders

### Are clients receiving information in a format they can actually understand

Leader notes:

### Do workers know when to escalate a concern without waiting for permission

Leader notes:

### Have recent complaints changed any practice, rostering or communication steps

Leader notes:

### Are incidents being closed only after actions are completed, not simply after forms are filled in

Leader notes:

### Do child-facing workers know the current reporting pathway for the states in which they work

Leader notes:

### Are manual handling and medication tasks aligned with actual worker competence

Leader notes:

### Is there any sign that gifts, linked services or personal relationships are influencing decisions

Leader notes:

### What are clients and families saying informally that is not yet visible in formal records

Leader notes:

## Appendix: Glossary of Useful Terms

Term	Meaning
Advocate	A person who helps someone understand information, speak up or protect their rights.
Authorised representative	A person who has lawful authority to act or make decisions in a defined way for another person.
Confidentiality	Keeping private information protected and only sharing it for proper reasons.
Continuous improvement	Using feedback, complaints, incidents and review to make services better over time.

Term	Meaning
Dignity of risk	Respecting a person's right to make choices, including some level of ordinary risk, while still considering safety.
Easy English	A simplified way of presenting information using shorter sentences and clearer wording.
Incident	An event or alleged event that causes harm, could have caused harm, or raises serious concern.
Near miss	An event where harm almost happened but did not occur this time.
Person-centred	A way of working that starts with the person's goals, preferences and voice.
Restrictive practice	An action or intervention that restricts a person's rights or freedom of movement.

## Appendix: Extra Operational Templates

These final templates are included to make the guide more useful in day-to-day service setup and review.

### A. Consent Discussion Record

Field	Notes
Client name	
Decision or topic discussed	
How information was explained	
Communication supports used	
Client response or preference	
Family, advocate or representative involved	
Any follow-up needed	

### B. Monthly Quality Dashboard

Measure	This month	Last month	Comment / action
Complaints received			
Complaints closed			
Incidents reported			
Near misses reported			
Medication incidents			
Child safety concerns			
Manual handling issues			
Policies overdue for review			

### C. Communication Preference Summary

Topic	Client preference
Preferred name	
Best way to explain information	

Topic	Client preference
How the person shows yes	
How the person shows no or stop	
Things that may cause confusion or distress	
People who should be included in communication	
Helpful prompts or supports	

#### D. Service Exit Planning Notes

Field	Notes
Reason for exit or transition	
Date discussed with client	
Supports or providers to be linked	
Records or handover material needed	
Final service date	
Outstanding invoices or funding issues	
Risks to monitor during transition	

## Document Control Record

This page can be kept at the end of the guide so Safe Hands Support can track updates and show that the document is reviewed over time.

Version	Date	Summary of change	Approved by
1.0	March 2026	Initial release of Safe Hands Support Policies & Client Safeguards Guide	

### Review note

This guide should be reviewed when Safe Hands Support changes service scope, enters a new jurisdiction, becomes registered or audited under a new framework, updates its privacy systems, adds child-facing services, or identifies repeated complaints or incidents showing that the current document needs improvement.