

# **Service Guidelines for Supported Independent Living (SIL)**

**Building capable and responsive support systems that  
uphold a person's rights**



**Flinders  
University**



These guidelines were funded by the Department of Families, Fairness and Housing and co-designed with people with disability, families and SIL providers.

This resource complements guidance from the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission. The Commission regulates NDIS providers and workers and handles complaints about the quality and safety of NDIS services. The guidelines will be updated to include links to the Commission's SIL Practice Standards and related resources once they are released.

This project was led by Flinders University led the development in collaboration with Monash University and Department of Communities (Western Australia), with valued contributions from other sector partners.



Families,  
Fairness  
and Housing



Government of **Western Australia**  
Department of **Communities**

## Contents

Introduction.....	1
About these Guidelines .....	1
How the Guidelines were developed .....	2
Who these Guidelines are for.....	2
Who these Guidelines are about .....	2
How to read and use these Guidelines .....	3
What people expect from their SIL providers .....	4
An organisation-wide approach .....	5
Capable environments .....	6
A rights-based and person-centred organisational culture .....	6
Responsive support systems.....	7
Understanding organisational policies and responsibilities .....	8
Staff development and support .....	8
Establishing systems and pathways for effective documentation and communication .....	9
Fundamentals of good support.....	11
Supporting a self-determined life .....	11
Recognising unique needs, strengths, and preferences .....	12
Enabling positive communication .....	13
Supporting decision making.....	14
Working collaboratively with families and other key stakeholders.....	15
SIL management and team leadership.....	17
Fostering a rights-based, positive organisational culture.....	18
Facilitating effective communication and feedback.....	19
Developing and supporting skilled support teams .....	20
Ensuring quality assurance and continuous improvement .....	21
Promoting safety and ensuring well-being .....	22
Direct support practices.....	24
Supporting a meaningful life .....	25
Establish a good working relationship.....	25
The person chooses the life they want .....	27
Creating a safe and comfortable home .....	29
The person lives in a place that feels like “home” .....	29
Supporting participation in Activities of Daily Living (ADLs) .....	33
The person chooses their own routine .....	33
Promoting community participation .....	35
The person chooses how they want to be part of their community .....	35

Remembering good support is a shared commitment.....	37
Seeking guidance and support within your team .....	37
Engaging in communication and feedback.....	37
Escalating unresolved concerns.....	37
Your continuous learning and development .....	38
Promoting a positive and empowering environment .....	38
Learn more about.....	39
Aisha – Receiving strengths-based support .....	39
Gavin – Providing consent to share information .....	40
Jessica – Making informed decisions .....	41
Theo – Being understood .....	42



# Introduction

People with disability using Supported Independent Living (SIL) supports have the same rights as all people to live a fulfilling, and valued life, and to be treated with dignity and respect.

This may include supporting a person with personal care, cooking, cleaning, participating in their community, and building friendships and relationships. It also involves giving people the opportunity to make decisions about how they want to live their life, develop new skills, and overcome barriers to meaningful engagement.

While SIL supports are commonly used in shared living accommodation, they can also be provided across different accommodation settings such as a person's own home. These guidelines outline the support expected of all SIL providers to meet the requirements of their role.

These guidelines support the rights of people with disability to have a home within their community, and to decide how they live their life – what they do, when they do it, and who they do it with. They will receive the support they need to live an optimal life.

## About these Guidelines

These guidelines focus on SIL supports funded by the National Disability Insurance Scheme (NDIS). They assist providers in meeting their legal obligations to deliver rights-based supports and are designed to complement the policy guidelines and Practice Standards set by the NDIS Quality Safeguards Commission. The aim is to promote clarity and consistency in support for people with disability, fostering predictable and high-quality SIL services.

These guidelines also respond to an important need for practical direction while the NDIS Commission finalises new Practice Standards and related resources. They provide an interim reference point to help providers strengthen everyday practice and align with the broader direction of national reform ensuring that policy change is reflected in clear and actionable supports for people receiving SIL.

These guidelines reflect a cross-government commitment to systems reform that strengthens support for people with disability in Australia, with a focus on upholding and protecting the rights of those receiving SIL supports. This reform is underpinned by national initiatives such as the Disability Reform Ministerial Council (DRMC), Australia's Disability Strategy 2021-2031, and the Disability Reform Action Plan (2025). Together, these initiatives aim to establish the foundations for good support, including capable environments (e.g., skilled staff and active supports) that uphold people's rights and reduce reliance on specialist or resource-intensive behaviour supports and restrictive practices.

## How the Guidelines were developed

These guidelines were co-designed with people with lived experience using SIL providers and family members of people using SIL providers, as well as managers, team leaders and direct support staff. They were also informed by the research literature, government policies and guidelines, and input from a national and international advisory group comprising people with relevant policy, research, and practice expertise.

The guidelines are grounded in a human rights-based model, emphasising dignity, autonomy, and quality of life for all people, consistent with the Convention on the Rights of Persons with Disabilities (CRPD). The co-design process followed Participatory Action Research (PAR) principles to ensure equal partnership and shared decision-making, reflecting guidance from the Victorian Disability Advisory Council (VDAC) on co-design with people with disability in public policy.

## Who these Guidelines are for

These guidelines are for all staff working within SIL provision, including direct support staff and those in leadership and management roles (collectively described here as “SIL providers”). SIL providers are responsible for understanding their legal obligations.

SIL providers must continue to comply with all relevant requirements and Practice Standards set by the NDIS Quality and Safeguards Commission, as the national regulator for NDIS providers and workers. These guidelines offer additional guidance to support high-quality, rights-based service provision but do not replace any obligations under the NDIS Commission standards (e.g., the Restrictive Practice and Behaviour Support Rules, 2018).

## Who these Guidelines are about

These guidelines are about adults with disability who use NDIS-funded SIL supports. This includes people with intellectual and developmental disabilities, acquired brain injury and neurological conditions, physical and psychosocial disabilities, and those with multiple disabilities.

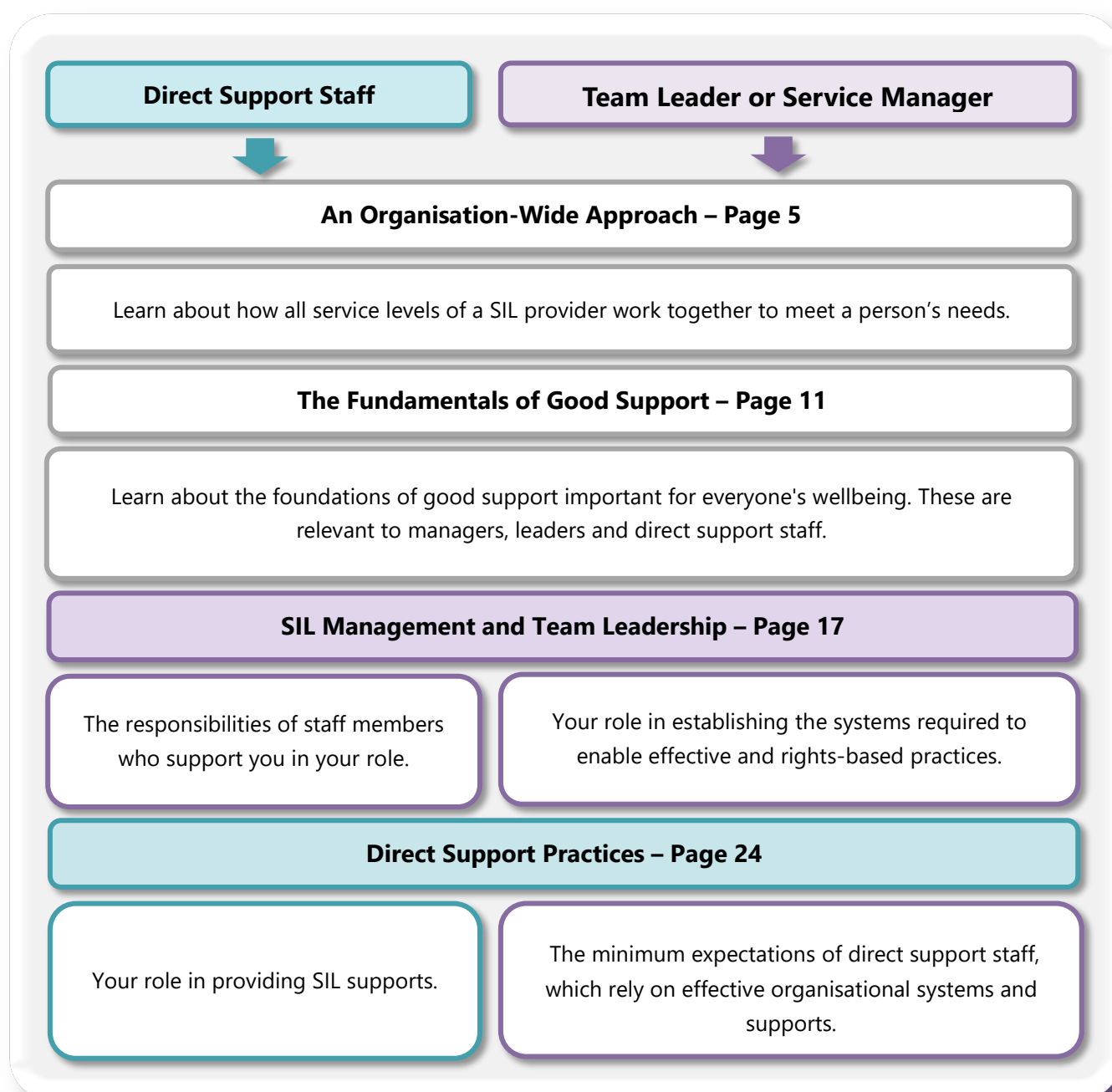
People with disability, like all people, are diverse, with unique needs, preference, and strengths. This diversity extends to their cultural backgrounds and a range of intersecting identities, such as ethnicity, language, gender, sexual orientation, and spiritual beliefs. They will have varied life experiences, which for some may include trauma experiences (e.g., past losses, unethical treatment, experiences of abuse, housing and staffing insecurity). Due to their unique situations and experiences, some people may also have complex needs that require thoughtful and tailored support.

While these guidelines outline fundamental supports as a minimum expectation grounded in universal human rights principles (e.g., equality and non-discrimination), they emphasise the importance of a person-centred approach. Supports and strategies must be tailored to each person’s unique circumstances, ensuring their cultural background and intersecting identities are respected and understood.

## How to read and use these Guidelines

To get the most out of these guidelines, please note the following points:

- Each section starts with a quote from participants. These quotes highlight experiences and what is important to people with lived experience. Following these quotes, key principles and practice expectations are included for SIL providers.
- All SIL providers – including support staff, team leaders and those in management roles – are encouraged to read the entire guidelines. This provides clarity on roles and responsibilities and outlines expectations across the organisation. However, it is also important to pay careful attention to the expectations of your specific role. The figure below helps you to consider the purpose of each section of the guidelines according to your role.



# What people expect from their SIL providers

*“It’s my life... and I expect my SIL providers to listen and help me live the way I want”*

People with disability expect their SIL providers to support them to live a meaningful life where their preferences are heard and validated as equal citizens. This means they are treated with dignity and respect, with unique aspirations. People with disability expect to have the supports needed to control their own life (i.e., live a self-determined life), including what gives their life meaning, making informed decisions about the supports they receive, how they live their life, and who they spend time with.

This requires SIL providers to demonstrate a strong commitment to a shared value base which places the person and their rights at the centre of all their actions.

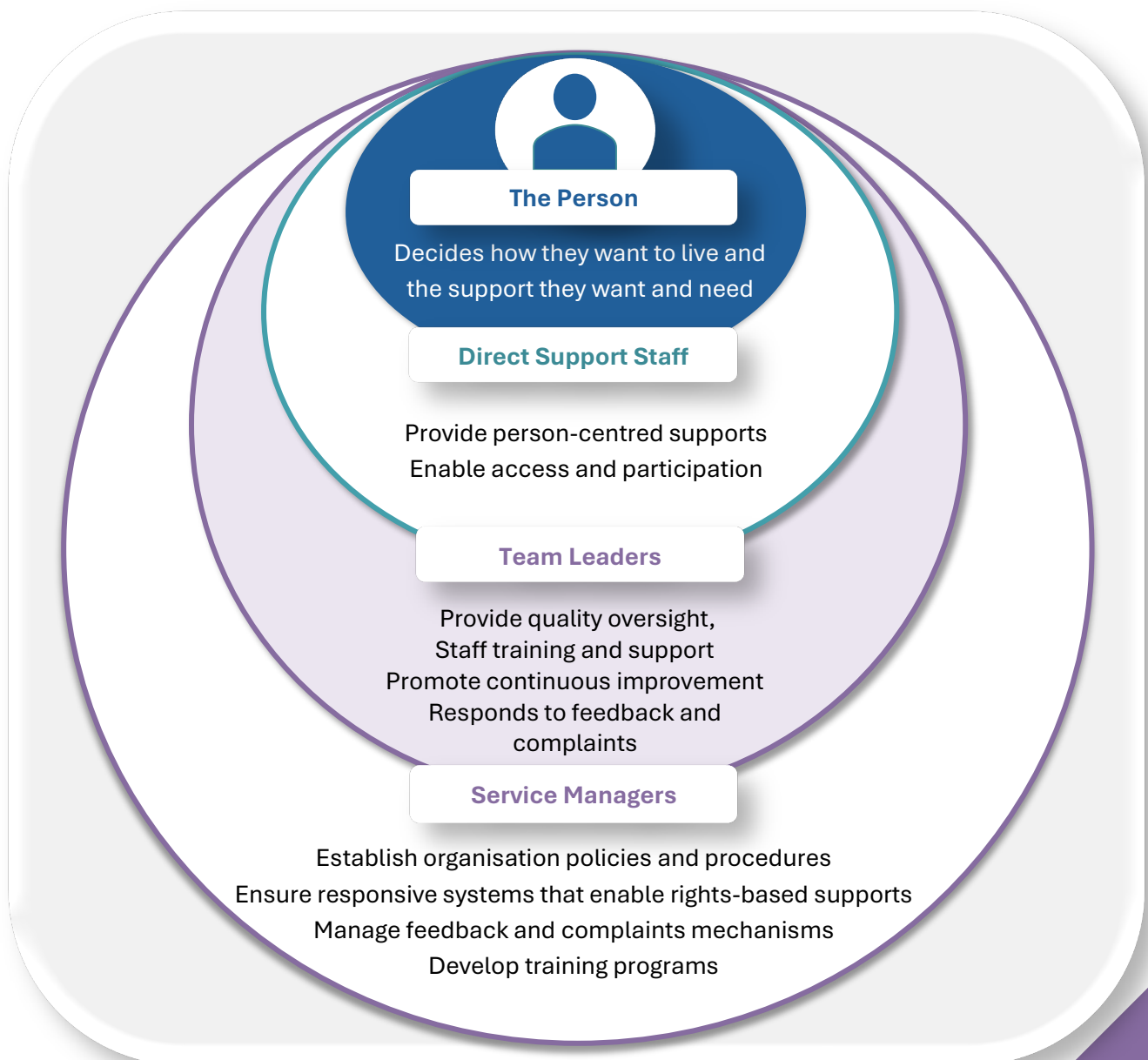
SIL providers support a person's right to:

- Pursue their interests, goals, and aspirations, leading to a meaningful and fulfilling life that reflects their values and preferences.
- Do things that make them happy and give them a sense of purpose.
- Live a life free from trauma, with supports that help them heal from any previous trauma.
- Be involved in deciding what support they need, who will provide this support, and when support needs to change; to change their mind and be spontaneous.
- Make informed decisions (with support for decision making if needed) about what they do, when, and with whom.
- Have their voice and preferences listened to and acted on, to express their views and have them respected.
- Personal privacy.
- Live in a home that is stable, predicable, and safe.
- Engage fully in their community.

# An organisation-wide approach

Meeting the expectations of people using SIL supports requires a comprehensive and coordinated effort across the SIL provider organisation. This involves service managers, team leaders and support staff providing direct support.

A collaborative, organisation-wide approach is crucial for effectively supporting each person's self-determination. To achieve this, SIL providers must establish capable environments. A capable environment is defined by integrated systems, clear structures, and consistent practices that enable the organisation to meet a person's needs through predictable and person-centred supports. In such environments, people experience choice and control over their lives and have access to the necessary supports for an optimal life. They are also less likely to experience challenging situations that lead to behaviours presenting risk of harm (including physical and psychological harm). Such behaviours (often referred to as 'challenging behaviour' or 'behaviours of concern') may require specialist supports or result in the use of restrictive practices.



## Capable environments

*“You all need to work together... otherwise, how do I get good support?”*

A capable environment means that the supports provided in SIL effectively address and respond to a person’s unique needs and preferences. Building and sustaining capable environments requires all SIL providers (across service levels) to possess a clear understanding of their own roles and responsibilities, as well as the roles and responsibilities of others within the person’s broader support network.

The following principles outline the essential characteristics of SIL providers who establish capable environments.

### **A rights-based and person-centred organisational culture**

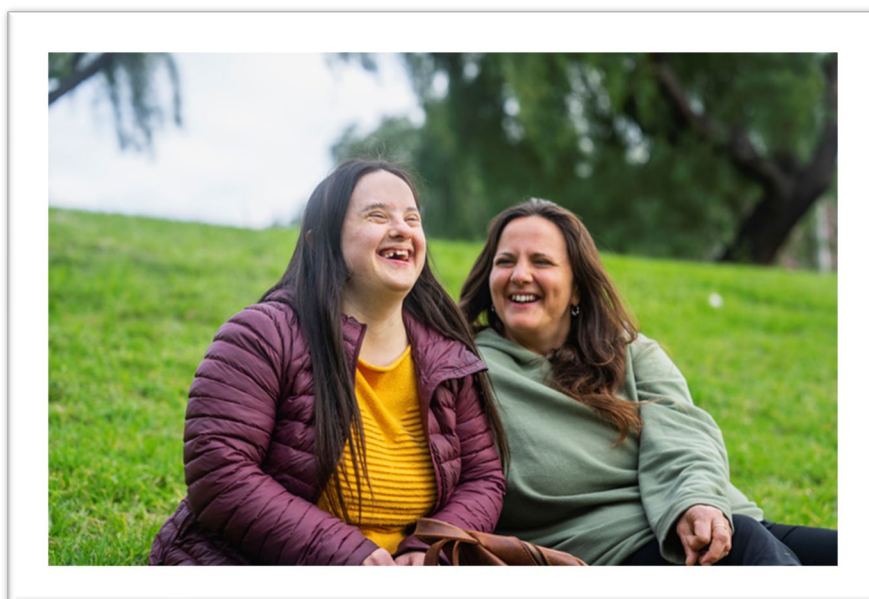
SIL providers are responsible for cultivating a rights-based and trauma-informed culture that respects and promotes:

- Positive social interactions and communication that respects the person’s preferences.
- Recognition that a person’s well-being includes flourishing in life and have good physical, mental, emotional, and social health.
- Respect for all aspects of the person’s diverse identities and lived experiences. This acknowledges the intersection of factors such as their history, culture, race, disability, neurology, sexuality, gender, and socio-economic background, and addresses potential barriers arising from these.
- Respect for the person’s citizenship (e.g., as having the right to full active participation in their chosen community/ies).
- A commitment to the person’s safety and well-being in all environments and interactions which includes least restrictive practices, promoting rights, and respecting dignity of risk.
- Respect for the person’s privacy and confidentiality in all aspects of their life and home, including personal space, boundaries, relationships, and information sharing.
- Ensuring a safe and supportive environment where feedback and complaints are genuinely welcomed, valued, and responsively acted upon - making sure the person feels heard and empowered, without fear of losing their home or supports.
- The use of non-aversive and least restrictive strategies when support is required.

## Responsive support systems

Capable environments require a team-based approach focused on establishing responsive support systems that adequately meet the person's needs and address unmet needs across settings. Responsive support systems:

- Recognise that systems and environments around a person can influence how they feel and behave.
- Recognise that the person may have past trauma and may be experiencing trauma.
- Support the person in a way that ensures their needs are met, for example, using appropriate communication supports (e.g., an augmentative and alternative (AAC) communication device such as a communication board), and trauma-informed practices.
- Establish system protocols that encourage transparency in communication with all key stakeholders.
- Provide proactive approaches that recognise all behaviour – including challenging behaviour – as communication of needs, feelings, or experiences (whether intentional or not) and focus on understanding and addressing the underlying causes.
- Provide the foundations for more targeted and specialist support when needed, including access to allied health supports and a behaviour support practitioner where needed.
- Ensure support staff have the necessary knowledge and skills relating to health and safety, including emergency responses (e.g., first aid), and can effectively support access to general and mental health services when required.
- Establish agreed written processes for individualised risk appraisal, multi-disciplinary assessment support pathways, and the monitoring of written support plans and their implementation.



## Understanding organisational policies and responsibilities

As a SIL provider, it is your responsibility to understand and adhere to your legal obligations, including relevant practice standards. This involves being familiar with the organisational policies and processes relevant to your specific role:

- Understanding the disability standards relevant to your responsibilities.
- Ensuring compliance with all relevant regulatory and registration requirements (e.g., NDIS Practice Standards, relevant state/territory legislation).
- Knowing your legal responsibilities in upholding a person's rights, including their right to choice and control, inclusion, equity and access, privacy, confidentiality and dignity, and safety and well-being.
- Ensuring policies and practices are informed by the understanding that proactively meeting a person's needs helps to create an environment that supports health, well-being and safety for all.
- Understanding the organisational systems in place to support your responsibility in ensuring the person can live the life they choose, beyond basic routines and activities of daily living (ADLs).
- Being aware of organisational procedures for managing feedback and complaints, as well as handling shared information and confidentiality, including the designated support personnel for these processes.
- Being informed of current best practice and legislation and ensuring that policies and practices are reviewed and updated as required.

## Staff development and support

Effective SIL environments rely on well-trained, supported, and confident staff who are equipped to deliver person-centred supports that uphold a person's rights. This requires:

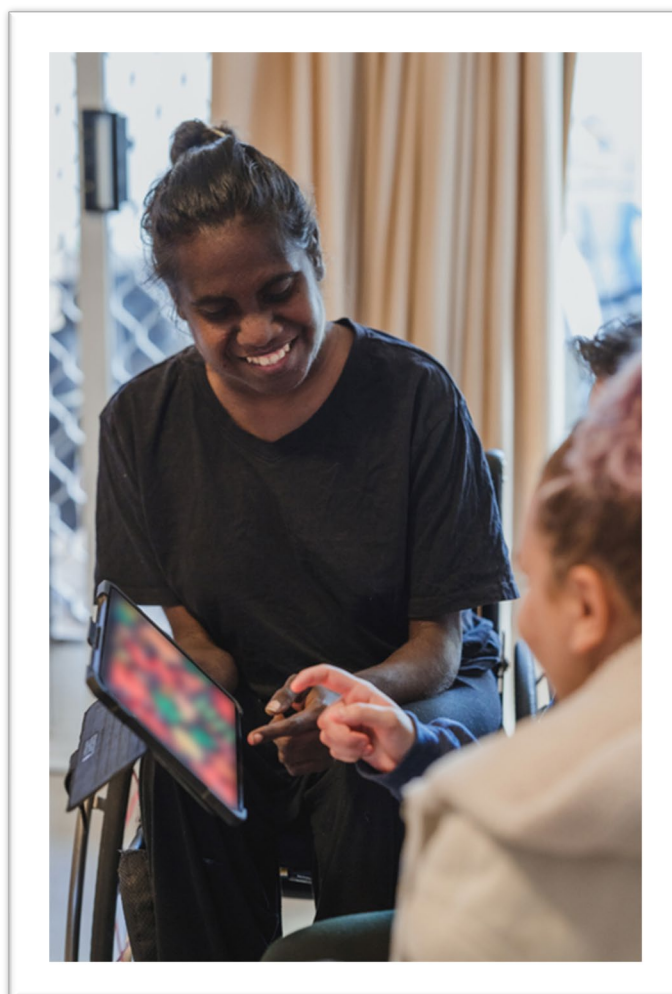
- Establishing systems for the planning, delivery, and evaluation of all staff development and training, ensuring it consistently meets identified needs, improves staff competence and improves outcomes for the person.
- Delivering and keeping records of ongoing high-quality organisational training that enhances skills in delivering direct supports including 'soft skills' such as cultural awareness, communication, active listening, and reflective thinking.
- Training support teams (i.e., direct support staff, leaders, and managers) in basic behaviour support principles (e.g., influences on behaviour, non-aversive approaches).
- Providing dedicated time and supportive structures for all staff to apply new knowledge and skills in practice. For example, debrief meetings after training, regular progress reviews, and reflective sessions to encourage accountability.
- Providing appropriate mentoring, supervision, and support for direct support staff to ensure their competence and well-being is monitored and maintained.

## Establishing systems and pathways for effective documentation and communication

Robust systems and clear pathways for accurate and confidential documentation, including timely information sharing and review of information, are essential and require everyone in the person's support team to understand and fulfill their specific responsibilities. This includes:

- Comprehensive documentation regarding the person and their support:
  - The person and their life history and experiences.
  - Their preferences and what is important to them, including their communication and any supported decision-making needs.
  - Their goals and aspirations.
  - The SIL provider's current person-centred support plan – supports delivered by the organisation within the person's home and in the community.
  - Their preferred direct support team.
  - Their feedback and complaints.
  - Any pharmacological, psychological, and/or behavioural interventions.
  - Clear written protocols for managing crises.
  - Any health-related management/response plans (e.g., epilepsy management, medication administration protocols).
  - Communication from their support team.
- Reviewing the accuracy and relevance of documented information from the multiple support plans the person will have from different stakeholders, including other SIL providers.
- Information about the person being managed with respect for their privacy and confidentiality in all documentation, interactions, and communication across different stakeholders both internal and external. (e.g., with family, GP, and specialists, allied and mental health professionals, behaviour support practitioners, employers, community organisations).
- Documenting and sharing information accurately, respectfully, in a way that maintains the person's dignity, and always with their informed consent, where applicable.
- Establishing clear and effective formal and informal communication pathways, and providing training for direct support staff to:
  - Maintain documentation currency.
  - Raise concerns.
  - Share information.
  - Seek support/guidance.

- Proactively communicate and document progress of planned transitions to new services or significant changes in support arrangement to all relevant stakeholders (e.g., the person, family, guardian, and other service providers).
- Establishing proactive communication strategies within the support team to anticipate the person's needs, share relevant observations, and collaboratively problem-solve.
- Implementing clear and accessible feedback/complaints and response processes, ensuring that:
  - The person is aware of the processes and appropriately supported to use them.
  - Documentation of feedback and complaints clearly identifies the person providing the feedback, any supports they utilised (e.g., family, advocate), and the outcomes.
  - Their privacy and confidentiality are maintained.
  - Feedback and complaints are addressed in a timely manner, and the person is made aware of progress.
  - Regular scheduled opportunities to review the person's satisfaction with their support.



# Fundamentals of good support

The success of SIL provision is measured by the person's experience of a good life. While a 'good life' means different things to different people, there are fundamental aspects common to everyone's well-being. SIL providers are responsible for meeting the person's expectations of good support to live a meaningful life.

The fundamental aspects of good support are outlined below.

## Supporting a self-determined life

*"I want to do the things I choose, with the people I want... and have the same opportunities as everyone else"*

SIL providers actively create opportunities for the person to exercise power and influence over their own life. This includes providing support that:

- Helps the person identify and pursue their own goals, and to develop the necessary skills to achieve them (e.g., finding a job, learning a new hobby, and connecting with community groups).
- Helps the person to take charge of their life in a way that honours and reflects their diverse cultural background and intersecting identities (e.g., disability-related, sexuality, gender, and spiritual).
- Identifies potential barriers and work collaboratively with the person to develop strategies for overcoming them, including barriers related to language, cultural norms, and potential misunderstandings.
- Understands and navigates potential risks associated with their choices. This includes providing support that understands and navigates potential risks associated with the person's choices:
  - Assess risks.
  - Make informed decisions.
  - Respect their right to choose.
  - Discuss potential safety concerns.
  - Develop strategies to mitigate potential negative outcomes.
  - Document this process so it is clear how the person was supported to reach their own decision.

## Recognising unique needs, strengths, and preferences

*“It’s about what I want and what works for me... It’s not about what you want, or think is best. I might want to do things differently...”*

SIL providers are committed to delivering person-centred supports that recognise the person’s unique support needs, strengths, and preferences. This involves:

- Adopting a strength-based approach, focusing on the person’s abilities and skills rather than their disabilities, and recognising their inherent capacity to achieve their goals.
- Developing a strong understanding of the person’s disability and unique support needs.
- Challenge assumptions about what is in the person’s ‘best interest’, particularly if these do not consider their dignity of risk. Instead, prioritise what the person themselves values and wants, even if this differs from staff opinions (e.g., discuss possible risks with the person and then together explore strategies that respect their choice and independence).
- Recognising that accommodating the person's choices may require staff to provide support in a different way, that may not feel comfortable or be viewed as inconvenient. Emphasise the person’s right to choose and the importance of adapting supports to best meet their expectations.
- Understanding of the person and their unique circumstances, requiring staff to:
  - Actively listen to and learn from the person and those who know them well about their preferences, goals (e.g., both at home and in the community) and how they want to be supported.
  - Build a trusting and respectful relationship to facilitate open communication.
  - Identify and understand barriers to them living the life they want.
  - Be aware that the person may have a history of trauma.
  - Consider how the person’s disability, life history, experiences, and levels of choice and control may influence their behaviour.
  - Recognise that supporting a person with complex needs (e.g., multiple physical or cognitive disabilities, or histories of trauma) may require additional guidance and support from leaders, specialists, or the person’s wider network.
- Pay attention to how their disability interacts with other aspects of their identity (e.g., culture, gender, and sexual orientation) and adapt support accordingly.

- Identifying situations and activities the person finds challenging and explore ways to improve or avoid them (e.g., make changes to the environment and to the way you respond to behaviours that prevent risk of harm).
- Understanding how the person wants to be supported during difficult or challenging situations and supporting them with culturally preferred coping strategies and sources of support, rather than expecting them to align with what people in the support team consider to be appropriate (e.g., with preferred coping strategies regardless of age of gender, such as a soft toy for adults).

## Enabling positive communication

*“How will you support me if you don’t understand me?”*

Positive communication is fundamental to providing quality supports and understanding the person’s needs and preferences. This includes:

- Understanding the person’s current communication methods, which may include language, sounds, gestures, visual aids, augmentative and alternative communication (AAC). This might also include behaviours that present risk of harm.
- Staff demonstrating positive communication by:
  - Communicating in ways the person understands across all interactions and settings, aligned with their individual communication methods and preferences.
  - Listening to and responding to the person’s communication, explaining things clearly using their preferred methods.
  - Supporting the person’s use of AAC, visuals, interpreters, communication boards, social stories, or other tools as required.
- Sharing accurate and up to date knowledge about the person across the support team. This includes information about the person’s well-being and any changed needs and preferences.
  - Facilitating the person’s communication with others, including staff, family, and in social interactions.
  - Communicating consistently (i.e., verbal communication should match non-verbal signals such as facial expressions, body language when engaging with the person).
- Recognising that behaviours presenting risk of harm may be communicating challenges for the person. Seek to understand the underlying reasons for the behaviour rather than blaming or becoming frustrated with the person. For example:
  - Consider behaviours that may present risk of harm as helpful in understanding the needs of the person rather than blaming or punishing the person.

- Empathise with the person’s feelings, not necessarily with the behaviour itself (e.g., “I can see you’re upset, how can I help?”, rather than It’s okay, I know you are upset, sometimes people throw things when they are upset”)
- Practicing careful observation by:
  - › Being aware of early warning signs that the person is becoming agitated or uncomfortable.
  - › Continuously monitoring the person and adapting the support approach if it appears to be escalating the situation (making it worse).

## Supporting decision making

*“If you understand me and make sure I’m involved in making decisions about my life, I won’t feel angry and upset when I’m not listened to and my needs aren’t being met”*

SIL providers uphold the person’s right to freedom of expression, self-determination and support for decision-making by acknowledging their decision-making capacity. This approach recognises the complexities of supporting a person’s choice, particularly when decision-making capacity may fluctuate or involve formal legal arrangements (e.g. guardianship) and informal supports (e.g. extended family). This acknowledges that:

- Every person has the right to make choices about all aspects of their life and to shape their own future. This means respecting their autonomy to decide how they want to live, what is important to them, their beliefs, values and everyday likes and dislikes (rather than what others think is important), and how they want things to change.
- Supporting someone to make a decision means giving them the tools they need to make the decision for themselves.
- The person's capacity to make decisions is not something directly related to their ability or disability but rather linked to their experience of decision-making and the quality of their supported decision-making relationships.
- Support staff play an important role through supported decision-making practices that include and provide the person with support, education and skill development for independent decision-making that increases their autonomy. This involves:
  - Involving and supporting the person to be actively involved and included in decision-making, even if they have complex communication needs or do not have cognitive or legal capacity.
  - Finding out if the person needs support with their decision-making and if they have decision supporters (e.g., family members).

- Documenting their decision-making preferences clearly so everyone on the support team understands their needs. This includes how they indicate their formal consent (permission) or their assent (agreement) (e.g., by writing their name or signing, using their preferred communication method or hand signals such as a thumbs up/down, or through their body language).
- Addressing the individual needs of the person for example, literacy level, cultural background, and emotional state and possible decision-making barriers (e.g., considering information to be written in a simplified format, pictures of options, experience first-hand, or language interpreters).
- Supporting the person to be actively involved in choosing the supports they receive, including their support team (e.g., selecting new staff), how their supports are provided, their daily/weekly routines and activities (and any desired changes), their living arrangements (where they live and who they live with), and other important life choices.
- Supporting the person's decision-making about their goals, aspirations, and dreams.
- Helping the person make informed decisions by exploring decision options and the potential outcomes, risks and benefits, and what this might mean for them.

## Working collaboratively with families and other key stakeholders

*“Everyone supporting me needs to be on the same page, so they know what’s going on... they all play a different role.”*

SIL providers will work closely with family members or others that have different goals and priorities for the person being supported. To achieve the best outcome for the person, SIL providers will:

- Recognise that family members often have a deep understanding about how the person thinks, communicates, and makes decisions. Ask them for advice on how to help the person understand, take part, and make their own choices, especially when dealing with difficult information or decisions.
- Work to understand the family's perspective and goals for the person, while always recognising the person's rights and their voice in self-determination.
- Be prepared to advocate for the person's self-determination, even when it conflicts with family wishes, while maintaining respectful and collaborative relationships (e.g., gentle education and highlighting the person's right to make their own choices).

- When the person has complex communication needs, use available approaches (e.g., observation, communication supports, and input from trusted people who know the person well) to understand the person's preferences and advocate for their voice.
- Find strategies to facilitate communication and find common ground between the person's wishes and family expectation. This can include family meetings, or engaging individuals who can provide a cultural connection or understanding when needed.
- Seek guidance from managers/team leaders and other relevant professionals (e.g., allied health, behaviour support practitioners, etc.) when navigating complex situations involving differing perspectives.

# SIL management and team leadership

SIL service managers and team leaders play an essential role in linking organisational systems with delivery of rights-based, person-centred supports that reduce the occurrence of behaviours that present risk of harm. They ensure that the principles of good support are translated into daily practice, empowering both people with disability and direct support staff.

A core aspect of their leadership responsibility is ensuring the effective implementation of these guidelines across the SIL service. This involves establishing the necessary systems and actively supporting staff to understand and fulfill their roles and responsibilities outlined in this document.

Their wider responsibilities also include fostering effective communication, supporting staff development, promoting a positive organisational culture, and ensuring quality assurance in the delivery of SIL services. Service managers play a critical role in facilitating effective support systems, training, and quality oversight, whilst team/practice leaders typically provide a more direct line of support to direct support staff, including quality oversight, data collection and reporting. Staff may have dual roles (e.g., as service manager and team leader) so there may be some overlap in these responsibilities.

While organisations are ultimately responsible for establishing and maintaining their leadership structures and systems, these guidelines offer practice examples and illustrations of how effective SIL management and team leadership contribute to capable environments and positive outcomes. They are not an exhaustive step-by-step 'how-to' guide for organisational design.



# Fostering a rights-based, positive organisational culture

*“I can tell when my staff don’t want to be here... or when they don’t respect me or make me feel like I matter”*



## Service Managers

- Responsible for establishing and promoting the overall organisational values and ensuring policies reflect a rights-based approach. This includes policies that:
  - Align with disability standards and legal obligations regarding choice, control, privacy, and dignity.
  - Welcome feedback and complaints.
  - Promote a warm, caring environment where all people (i.e., clients, staff, and other stakeholders) feel valued and welcome.



## Team Leaders

- Model organisational values in their interactions with staff and people with disability and ensure direct support staff understand and uphold these rights in their practice. For example, they will:
  - Lead team discussions and training on the importance of providing genuine choice in all aspects of the person’s life, including their home and who they live with.
  - Welcome feedback and complaints as opportunities for improvement and promote self-reflection and peer support to grow and develop, without fear of reprisal.
  - Reinforce the person’s rights regarding information sharing and ensuring staff understand what information must be shared versus what is optional.
  - Ensure staff understand and respect the person’s culture, identity, and sexuality.
  - Model trauma informed practices that support the person’s feelings of safety, trust, choice, collaboration, and empowerment.

# Facilitating effective communication and feedback

*“I need to feel heard and know what’s going on with my support”*



## Service Managers

- Responsible for establishing overarching communication systems and ensuring accountability for their effectiveness. For example, they will:
  - Regularly review the effectiveness of team communication systems and other organisational processes and updating and refining systems where necessary.
  - Develop clear protocols for how complaints are logged, tracked, and responded to within specific timeframes
  - Disseminate information about organisational changes (e.g., new policies and staff restructures) to all relevant stakeholders, including people using SIL and their families.



## Team Leaders

- Provide practical implementation of these systems at the team level and ensure direct support staff are equipped to communicate effectively with people using SIL. For example, they will:
  - Ensure organisational communication tools (e.g., logbooks are used consistently and reviewed daily to address any communication breakdowns within the team).
- Facilitate direct support staff communications with others in the person’s support team after each support shift about (e.g., the person’s well-being, in-home and community preferences for support with ADLs, activities, changed needs, and rostered support requirements). They will:
  - Establish clear communication pathways between staff and people using SIL (e.g., clear processes for providing direct feedback and timely responses to complaints).
  - Ensure staff have access to and know how to use the person’s communication methods and stay informed about the person’s preferences and support needs.

- Work with and incorporate insights and recommendations from multiple stakeholders including, allied health professionals and behaviour support practitioners, to build support strategies and identify staff within the team who can champion specific interventions/strategies.

## Developing and supporting skilled support teams

*“My support staff need to be skilled and trained so I get the support I need to live how I want”*



### Service Managers

- Play a crucial role in building skilled support teams. They will:
  - Ensure staff have relevant qualifications and experiences for their assigned roles/duties.
  - Develop training programs and ensuring resources are available for ongoing staff development (e.g., developing/sourcing training modules on privacy, consent, information sharing, and professional boundaries, with regular refreshers).
  - Uphold a service culture that promotes and ensures transparency in all communication and documentation internally (e.g., staff can admit mistakes and are supported to learn from them) and with external stakeholders, including family.



### Team Leaders

- Responsible for the practical application of training and providing ongoing support and guidance to direct support staff. For example, they will:
  - Support the team to focus on the person’s most important needs and preferences and facilitate flexible approaches to meet these.
  - Recognise that additional knowledge, training and mentoring, and on-going supports might be required for staff working with clients with complex needs (e.g., multiple physical or cognitive disabilities, or histories of trauma).

- Conduct regular team meetings, discussing, and resolving challenging situations, and providing guidance on how to apply principles of consent in everyday interactions.
- Identify, document, and share successful support approaches and good practices examples within and across the support team.
- Support learning from shared experiences to inform practice improvements.
- Recognise and acknowledge individual staff strengths and supporting the team's capacity to grow within the organisation.
- Collate feedback notes and information from people with disability and staff trialling new things to inform practice improvements.
- Support staff. For example, when they have a conflict of interest, are unsure about managing risk in decision-making, or unsure about facilitating the person's choices and preferences, by helping them to problem-solve.

## Ensuring quality assurance and continuous improvement

*“Everyone needs to know what I need... and sometimes my needs change. My support plans have to be up to date so everyone is on the same page...”*



### Service Managers

- Responsible for establishing and overseeing quality assurance systems and using data to drive organisational improvements. For example, they will:
  - Implement regular audits of support plans to ensure they are up-to-date, and reflect the person's needs, preferences, and goals.
  - Analyse data on complaints resolution and identify systemic issues that need to be addressed at the organisational level.



## Team Leaders

- Are focused on the practical implementation of these processes at the team level and using data to inform day-to-day support practices. For example, they will:
  - Ensure information is routinely collected, documented, collated, and reviewed for accuracy and relevance to the person, and involves the person and others that know them well in this process.
  - Ensure clear and effective handover processes, including documentation and communication within the team, are in place to maintain continuity of support.
  - Regularly monitor whether privacy practices are being followed.
  - Monitor complaint resolution timeframes and follow up on any unresolved issues in a timely manner.
  - Provide staff with opportunities to reflect on challenges and collaboratively develop solutions for continuous improvement.

## Promoting safety and ensuring well-being

*“I need to be in charge, not feel like my life is in your hands. And sometimes I might choose to do things that are risky, but that’s my right...”*



## Service Managers

- Responsible for establishing organisational policies and systems that promote safety while respecting a person’s dignity of risk and emotional and social well-being. For example, they will:
  - Develop and implement a clear organisational policy on dignity of risk, outlining the principles and process for supporting a person’s choice while mitigating potential harm.
  - Establish clear protocols for risk appraisal processes that involve the person, their support network and others who know them well, and relevant professionals.

- Develop guidelines for managing the balance between privacy and safety reporting requirements (for both the person and staff members) and ensuring staff understand their obligations while respecting privacy and confidentiality.
- Establish clear policies and protocols for essential health and safety practices, including emergency responses, medication management (where applicable), and facilitating access to general and mental health services.



### Team Leaders

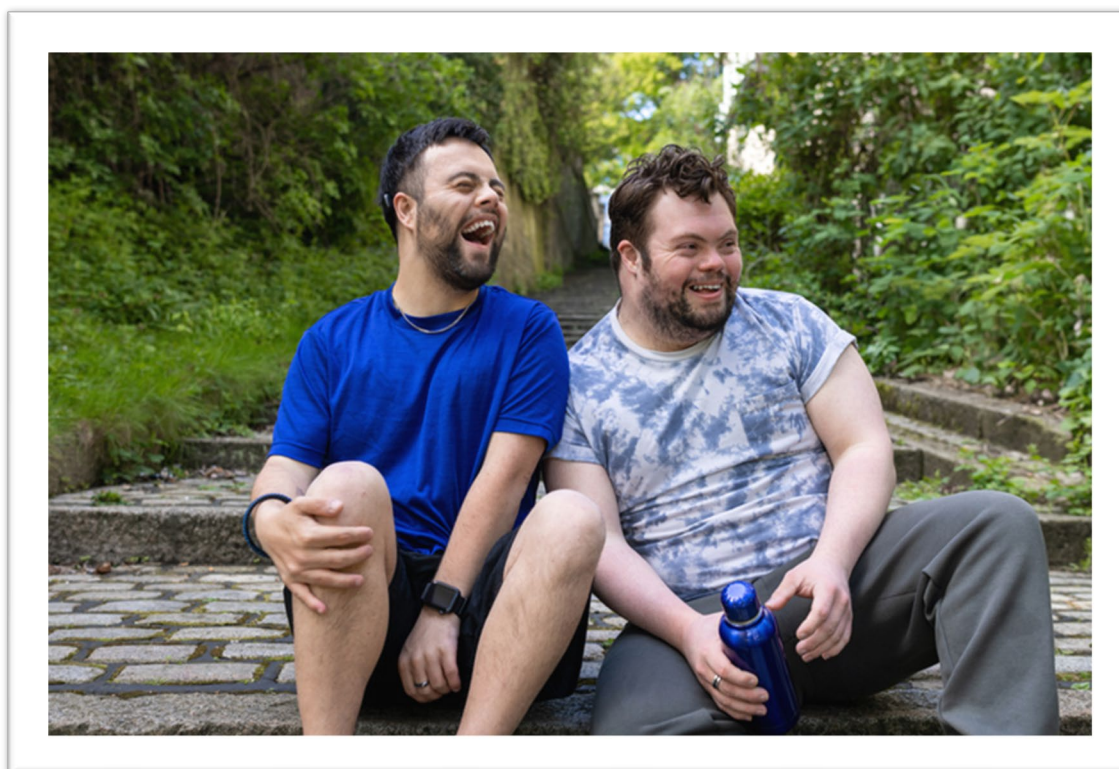
- Are responsible for making sure these policies and systems are effectively implemented. For example, they will:
  - Guide staff in using risk appraisal processes that involve the person, respect their right to make choices (even if they disagree), and support them to understand potential consequences and learn from experiences.
  - Facilitate team discussion on how to support a person's decision that staff may not agree with or feel uncomfortable with (e.g. the person's choice of partner or sexual activity), emphasising the importance of respecting their choice and autonomy while also ensuring appropriate safeguards are in place.
  - Help staff to navigate complexities of privacy and safety reporting, clarifying when information must be shared and how to do so appropriately.
  - Guide staff to provide appropriate health and safety supports, including their access and use of mental health and emergency services.
- Respond promptly when there are reports that accommodation is needing maintenance or repair, keeping the person and direct staff updated about progress.

## Direct support practices

Effective support is provided by staff who are knowledgeable, skilled, thoughtful, respectful, and flexible in their approach to meeting the unique needs of each person.

While all staff in SIL environments contribute to a capable environment and uphold rights-based supports, the specific responsibilities differ based on their role. The responsibilities of staff working directly with the person daily will differ from those in leadership, management, or in roles focused on policy development and funding decisions. It is through the organisational systems, ongoing training, supervision, and guidance established by SIL management and leadership that direct support staff are empowered and enabled to provide effective, person-centred supports.

This section provides practice examples for direct support staff, that help a person with disability live a self-determined and meaningful life.



## Supporting a meaningful life

*“It’s not just about ‘caring’ for me and helping with day-to-day routines... you need to support me to do things in the way I want”*

### Establish a good working relationship



#### The keys to good support

- Show respect and make the person feel valued and included.
- Get to know the person; find out what is important to them and what things you have in common.
- Accept when the person’s beliefs and values are different from your own.
- Make sure the person can communicate in their preferred way (e.g., AAC devices, key word sign, gestures etc).
- Understand that as a funded service, the person has the right to and is entitled to high-quality supports and should not feel they need to express gratitude for receiving them.
- Prioritise the person’s voice (goals, opinions, and preferences) when these differ from the views of families, friends, or professionals.
- Respect the person’s privacy:
  - Ask them what information they are okay with sharing and how they want it shared. For example:
    - › Always ask their permission before sharing any information (e.g., "Is it okay if I share this with [person/organisation]?").
    - › Explain why the information needs to be shared (e.g., "I need to tell the manager about this because..."; Talk with them about why sharing some information could help their support).
    - › Tell the person what information has been talked about and show them anything written down if they want to see it.
    - › Listen if they communicate "no" to sharing their information (in the way they use to get you to understand what they don’t agree with) and find out what they would like to happen.



## How to put this into practice

- When the person is communicating, really listen to them and show interest in their life and who they are.
  - Listen without interrupting.
  - Do not finish their sentences for them.
  - Give them time to think, talk or communicate in the way that works best for them (e.g., writing on a whiteboard in their room if that feels safer to them, and they decide who sees it).
- Treat each new shift as a fresh start to improve the working relationship.
  - Support the person to give feedback or make complaints.
  - Ask how they feel about their support.
  - Ask if they're happy with it or want something changed.
- If the person wants something done differently, ask if they need help to make that happen.
- Tell the person clearly what will happen with their feedback and what the next steps are. For example:
  - If they request a change to their support (e.g., who it is provided by and when), tell them who will make the change and when.
  - Let them know who the feedback or complaint goes to and what will happen.
  - Keep them up to date with what is happening with their complaint and how long it will take to get a reply.
- Never treat the person differently because they made a complaint.
- Always respect the person's dignity. For example:
  - When talking about private things, speak quietly, or move to a private area.
  - Do not talk about the person in front of them as though they aren't there.
  - Don't have a social conversation with another team member while you're providing support (e.g., while helping them to change clothes).



## Learn more about...

*... how understanding Theo's cultural background helped his support team to understand his behaviour and build a positive and respectful relationship.*

**Go to Page 41**

## The person chooses the life they want



### The keys to good support

- Ask the person directly what a meaningful life looks like for them (what is important).
  - Support them to think about what would make them happy and gives them a sense of purpose and fulfillment.
- Facilitate open and accepting conversations so the person and other supporters can understand the person's values and beliefs around culture, religion, sexuality, and gender.
- Help the person think about different possibilities, such as:
  - Getting a job.
  - Starting a new hobby.
  - Volunteering.
  - Having romantic relationships.
  - Having children.
- When exploring options, offer a range of examples or prompts to help come up with ideas. Make it clear these are just suggestions to help the person think of their own ideas.
- Understand the difference between activities that are important and meaningful to the person and activities that just keep them busy (simply fill time).
- Identify the person's strengths to help them build a life based on what they are good at and enjoy.



## How to put this into practice

- Provide active support to help the person achieve what is important. For example:
  - Help others to recognise the person's valuable contributions and roles in the community.
  - Support the person to develop goals that are meaningful to them and working with the stakeholder team to find ways to achieve them.
  - Actively support the person to join groups that are important to them (e.g., cultural, religious, sports, and hobby groups).
  - Help them plan for holidays and other important events and experiences.
  - Facilitate access to programs and supports that build skills for employment, volunteering, and other goals/experiences they would like to pursue.
  - Provide opportunities to try different experiences that might spark new interests and meaning.
  - Gently encourage and support them to participate in activities if they are feeling unsure or unmotivated (e.g., job opportunities or volunteering).
- Identify any barriers to the person's participation and working together to overcome them. For example:
  - Help them create a daily and weekly routine for work and social life that suits them, while also allowing for them to support them be spontaneous and change plans if they want to.
  - Support them to develop new skills in time management, money handling, and transportation to increase their independence in engaging with opportunities.
- Facilitate connections with important people in the person's life, including family, friends, past housemates, neighbours, and romantic partners.
- Offer accessible information and education on sexuality and sexual health.
- Support and advocate for the person's right to make decisions about things that might have risk, including how they spend money, who they spend time with, and what activities they enjoy doing. For example:
  - Provide them with information and support to understand potential consequences and develop strategies to prevent harm.
  - Discuss what is known about the situation and the potential risks and talk together about what this might look like for the person.
  - Accept that they may make decisions are seen as poor choice by others.
  - When things don't go as intended, problem-solve together and treat it as a learning opportunity (e.g., how might they avoid this next time).
  - Respect their choices even when you disagree, making sure they have the opportunity and information to make informed decisions.



## Learn more about...

*... how Jessica's staff balanced safety and well-being to help her make informed decisions about going out and building new relationships. Staff were worried about her and thought she might get taken advantage of. They were supported to work with Jessica to make sure she could exercise her rights to make decisions about when she went out, and she spent time with.*

**Go to Page 40**

## Creating a safe and comfortable home

*"This is my home, it's not just where you work..."*

### The person lives in a place that feels like "home"



#### The keys to good support

- Find out what makes a "home" for the person. For example:
  - Feeling safe, secure, and comfortable with the people they live with.
  - Being supported by staff who understand the impact of limited choice over who they live with.
  - Having privacy in all parts of their life and home, including their personal space.
  - Living in a home that is well looked after, where things get fixed when they do not work or break.
  - Having what they need in their environment to communicate their preferences (e.g., equipment and communication tools) available, and support staff who know how to use them.
  - Living close to work, friends, and family with staff who advocate for the person's rights and preferences even if location choice is limited (e.g., when accommodation is linked to the SIL provider).

- Tailor their environment to match their preferences (e.g., comfort, lighting, temperature, furnishings).
- Advocate for the person's preferences and ensuring their identity and culture is respected.
- In shared homes, adapt the person's environment to align with their personal preferences as much as possible. For example:
  - Having fun with the people they live with (e.g., having BBQs, movie nights, and going to local events together) to help them feel like they belong.
  - Being able to choose how they make their home feel personal (e.g., by putting up their photos and pictures, having plants, choosing their bedroom furniture, and having a space for hobbies and activities).
- Ensure that staff spaces and belongings don't encroach on the person's living space (e.g., ask the person where staff to store bags and take breaks).
- Understand that the person has a right to privacy in their home and with their personal information, including where in their home information is shared.



### How to put this into practice

- Understand this is the person's *home*, not just your workplace, and other people might live there too.
- Respect shared social spaces (e.g., if the person is sharing time with other housemates or watching TV, have personal conversation with other staff in another room).
- Always be respectful when you enter the person's home. For example:
  - Knock on the door every time, even if you go there a lot (unless they've said you don't need to – but check regularly that they are still ok with this).
  - Say your name clearly: "Hello, it's [your name]".
  - Ask if you can come in and wait until they say yes. Also, check if it's a good time if other people live there.
  - Ask the person if they want the door closed or leave the door the way you found it.
- Remember the person might not have had much privacy before.
  - Help them understand what privacy means and ask them what spaces and information they want to keep private in their home.
  - Help the person create a private space where they can see their family and friends.
  - Give the person time alone when they want it.
  - Always respect the person's bedroom as their private space in the home.

- Never going into their bedroom without asking first, even if they aren't there.
- Always consider their privacy and need for personal space – even if you have worked with the person for a long time; this is their home.
- Keep the home well-maintained and accessible: For example:
  - Report any maintenance issues promptly to ensure the home is well-looked after.
  - Support the person to communicate any needs for home modifications or adjustments to improve accessibility.
  - Make sure the person has access to and knows how to use any necessary equipment to support their access within the home.
- Help the person make their space feel personal. For example:
  - Support the person to personalise their bedroom and shared living areas with items that make them feel at home, such as pictures and personal belongings.
  - Support them in having plants or small gardens (where possible and agreed upon).
  - Make sure they have access to (and support in using) their personal internet connection and devices for hobbies and leisure.
  - Support the person to maintain their preferred level of tidiness/clutter.
- Help the person to understand any limitations to choice (e.g., relating to the needs of other residents, features of the building or location that can't be changed, insufficient funds/resources).
- Support the person's discussions with housemates about decisions that affect all of them (e.g., where things go in the kitchen, who visits their home and when, etc.).
- Make sure that the person's environment reflects their preferences and is not influenced by the opinions of staff.
- Advocate for the person's rights and preferences when barriers are presented (e.g., the way the person chooses to spend resources where there are limited funds, balancing duty of care with the person's preferences).
- Create a positive, comfortable, and safe environment. For example:
  - Support respectful and positive communication between the person and their housemates and help to resolve any conflicts or disagreements.
  - Support the development of household agreements that meet the needs of everyone and that can be flexible/adapted as people's needs change (e.g. changed preferences, or if new people move into the home).
  - Consider opportunities for shared activities with other people living in the home (where their interests align) and support everyone to have a valued role in their home (e.g., washing up dishes or emptying the dishwasher and keeping the living room tidy).
  - Use trauma-informed practices to prevent re-harming someone who has experienced trauma. For example:

- › Stay calm when things are challenging for the person.
  - › Ask them before you touch their things.
  - › Make sure there are no barriers between them and the doorway (their exit).
- Help the person understand and follow any safety protocols and emergency procedures in the home, while ensuring that these don't negatively impact the person's ability to feel comfortable in their home.



## Learn more about...

*... how Gavin developed a trusting relationship with his support staff, and how his SIL providers made him feel valued and respected. He was helped to understand his right to privacy and given control over who had access to his personal information.*

**Go to Page 39**

# Supporting participation in Activities of Daily Living (ADLs)

*“I will decide what my routine looks like and how I go about things in my own home”*

## The person chooses their own routine



### The keys to good support

- Find out the person’s preferences for how and when ADLs are carried out.
  - Ask about specific routines, timing of activity and level of support/assistance.
  - Understand their preferences for specific activities (e.g., shower vs bath, preferred clothing, etc.)
  - Find out which ADLs the person might want support for, such as bathing, continence and mealtimes.
- Find out how the person gives consent so that they can be consulted before starting any personal support.
- Ask how the person wants to be supported for each activity. For example:
  - Ask about their preferred level of support for each task (full, some, or remaining nearby in case needed).
  - Learn about the timing of activities (what time of day, in what order); for example, they may prefer breakfast before their shower.
  - Find out if they need or want reminders for activities, and what type of reminders they might prefer (verbal prompts, alarms on their phone etc).
- Make sure the space is comfortable for the person (e.g., lighting, temperature, and soft towels) and consider what will make the activity more enjoyable (e.g., listening to music whilst getting dressed).
- Find out about their preferred products and support the person to obtain and use them (e.g., specific toothpaste/toothbrush, soaps, lotions, and laundry detergent). Help them to understand their budget so that they have the money for preferred products as needed.



## How to put this into practice

- Support the person to make decisions about their ADL routines (e.g., what time of day and in what order). The person needs to feel they are always in charge of what happens, how and when.
- Make sure the environment where ADLs take place is accessible according to the person's needs and preferences.
- Make sure the person's dignity is protected at all times. For example:
  - close the door any curtains or blinds to respect their privacy.
  - never make inappropriate comments about their body or abilities.
- Acknowledge if you are new to supporting someone with personal care (e.g., showering, toileting involving physical assistance) and check they feel comfortable and consent (e.g., "I know we don't know each other well, but I'm here to support you with this. Are you ok with that?"). Always explain what you are about to do and ask for consent before touching the person, even if you have been working with them for a long time.
- Respect and support the person's dignity and privacy by only uncovering the necessary body parts and communicating what you're doing.
- Ask the person what they need and would like to happen on the day of personal care, acknowledging that their preferences might change (e.g., do they want to have a shower or a wet wash today? What would they like to do themselves?).
- Encourage feedback and be flexible in your approach. For example:
  - Regularly ask the person for feedback on their ADL routines and support.
  - Be open to changes in their routine, preferences, and who provides support.
  - Support them to make these changes happen where possible.
  - Take the time needed for them to feel comfortable and to build their confidence and advocate for more time if it feels as though the person is being rushed.
- Balance task-oriented support with person-centred goals. For example, depending on the person's goals and preferences, you might consider:
  - Encouraging independence by supporting them to do as much of each ADL as they choose and are able to.
  - Supporting the person to cook if that helps them meet a goal of living independently.
  - Using showering time or morning routine to discuss their day and make any adjustments to the plan based on their preferences.
  - Supporting dressing in their preferred clothes that help them feel confident and comfortable for their activities (e.g., getting dressed nicely for an outing).

## Promoting community participation

*“I want to do things I enjoy, just like anyone else...”*

### The person chooses how they want to be part of their community



#### The keys to good support

- Find out how the person wants to engage with their community. This might include:
  - Fun/recreation activities.
  - Work, volunteering and study.
  - Community groups.
  - Activities that happen every day (e.g., as part of their daily routine), regularly (e.g., weekly), or sometimes (e.g., holidays and events).
- Support the person’s decision-making by helping them explore their preferred options, such as hobbies, work, volunteering, and learning. For example, ask them:
  - “What kinds of things do you enjoy doing? What would be a fun thing to do?”
  - “Who do you like to spend time with and what would you like to do together?”
  - “What are you interested in learning more about?”
  - “Are there any clubs or groups you’d like to join?”
  - “Do you want to explore being a part of different identity groups, such as religious, cultural, or sexuality-based groups?”
- Consider any potential risks associated with certain activities or environments.
  - If the person wants to participate in an activity with known risks, explore these further (e.g., using a risk assessment) to balance the person’s dignity of risk with the responsibility to not put someone in danger.
- Consider what activities might be of interest to the person (e.g., do they enjoy helping others? If so, they could explore volunteering; if they enjoy being creative, perhaps there are art classes or craft groups that would interest them or selling their craft at markets).



## How to put this into practice

- Support the person's access and participation in chosen activities. For example:
  - Support the person to try new activities and ask for their feedback on the experience, or observe their experience and reactions (e.g., do they appear happy, calm, and engaged?).
  - Ask and think about who they would like to do activities with, and who they like to spend time with.
  - Ask others who know the person well, what activities they have enjoyed in the past and consider how these might be incorporated into their current life.
- Document the person's participation in activities and their preferences and share this with the team (e.g., via a communication log or support plan) to support ongoing decision-making and meaningful community participation for the person.
- Find ways to balance necessary daily tasks with community activities that the person finds enjoyable and meaningful (e.g., if they enjoy going to the park, they might like to incorporate a park visit in their daily routine after grocery shopping or an appointment).
- Work with the person's broader team, including supervisors, support coordinators, family, community program coordinators and others to plan and coordinate activities.
- Ask the person how they would like to access the activity and consider what supports are available for transport in advance (e.g., own vehicle, organisation vehicle, taxi, bus, walking, riding, or ride-share). Make sure extra time is organised if needing to walk, book a taxi, or get a bus.
- Know what skills the person already has and help support them in learning any new skills that promote access (e.g. knowing how to hail a bus or how to book an Uber).
- Be prepared to adjust planned activities and outings based on the person's feedback, a change in their preferences, or unforeseen circumstances (e.g., if they are unwell or if the activity is cancelled). This might include cancelling transport, supporting the person to cope with change at short notice, or staying later than originally planned at an event.
- Check-in with the person regularly to monitor their wellbeing and engagement during activities and ask about their needs and preferences. For example:
  - Pay attention to non-verbal cues, gestures, and facial expressions.
  - Ask them how they are feeling (e.g., "Are you doing ok?" or "How are you feeling about this?") or if they would like to stop the activity.
  - Make sure the person can stop an activity or take a break when they want or if they appear to be in any discomfort or not enjoying themselves.

# Remembering good support is a shared commitment

Providing effective and rights-based SIL supports is a shared responsibility that extends across all levels of the SIL provider organisation. As direct support staff, you are at the forefront and play a critical role in bringing these guidelines to life in your daily supports and interactions with people using SIL.

However, remember that the SIL provider's leadership and policies require them to give support to direct staff (e.g., providing training and attending regular team meetings). These guidelines include information for leadership and management about what is required to support your role and practices.

## Seeking guidance and support within your team

Understand who to contact within the support team and SIL organisation when guidance is needed, when raising a concern, or needing assistance in making changes to a person's support. This might include team leaders, service managers, allied health or disability professionals, or behaviour support practitioners.

## Engaging in communication and feedback

Use established communication methods to share information, raise questions, and provide feedback on what is working well and what could be improved. Your observations and insights are critical for continued learning across the team and enhancing the quality of support. This will include writing and maintaining clear case notes with all relevant information, such as:

- When things might not be going well for the person
- How the person has expressed their needs
- Any preferences or concerns they have raised,
- Any hazards that might need to be addressed in their environment

## Escalating unresolved concerns

If you think there are serious issues affecting a person's physical or mental health and well-being, safety, or rights, you should firstly raise these with your team leader or manager. If the issue does not get resolved or is not improving, it is your professional and ethical responsibility to make sure people with disability receive safe, quality and rights-based supports.

If you think there are serious issues affecting a person's well-being, safety, or rights that your organisation has not addressed internally, it is essential that you seek further assistance. This might include escalating these issues to external regulatory bodies, such as:

- The NDIS Quality and Safeguards Commission.

- As an NDIS provider, your organisation operates under the NDIS Quality and Safeguards Commission. The Commission is responsible for regulating NDIS providers and workers, and handle complaints about the quality and safety of NDIS services.
- State/territory bodies. Depending on your location and the nature of the concern, other local bodies might be relevant, including:
  - Ombudsman (state/territory).
  - Disability advocacy services.
  - WorkSafe/SafeWork (or equivalent) for workplace health and safety concerns.
  - Police (if suspected criminal activity, abuse, or serious harm).

Before you contact an external organisation, keep a clear record of the issues (e.g., dates, times, specific incidents, who you spoke to, and the outcomes). You will need to be prepared to provide evidence and be aware of privacy and confidentiality requirements related to the person you support for example how information might be stored and used by the external organisation.

## Your continuous learning and development

Take advantage of the training, mentoring, and supervision provided by the SIL provider to build your skills, knowledge, and confidence in delivering person-centred and rights-based supports. Continue to engage in reflective practices and seek external opportunities to further develop your skills and be open to feedback about when your skills might still need to be developed.

## Promoting a positive and empowering environment

Your commitment to respectful communication, upholding rights, and prioritising the person's self-determination contributes directly to a capable and empowering environment for everyone.

By understanding your role within the SIL provider organisation and actively engaging with the support systems available to you, you play a critical part in making sure that people with disability using SIL supports live fulfilling, self-determined, and valued lives.



### Learn more about...

*... how a support worker was supported to speak up about concerns and help Aisha become more confident and engaged, use her strengths and pursue her interests.*

**Go to Page 38**

# Learn more about...



## Aisha – Receiving strengths-based support

### Background

Aisha has lived in her current supported accommodation for several years. Because she lives in a remote area, there is only one SIL provider available. For most of her time there, staff have mainly focused on “managing” her behaviours and routines, often overlooking her interests, strengths and talents. Support tends to be task-oriented rather than person-centred.

### Aisha’s view

*"When I first moved in, the staff were nice, but they didn't really ask me what I liked or what I was good at. They mostly talked about my routines and what I needed help with. I love music and helping people, but no one ever asked me to help with anything. I felt like I was just there to be looked after.*

*Then some new staff started working here, and things changed. They asked me what I enjoy and what I'm proud of. I told them I love singing and that I'm really good at remembering people's birthdays. They helped me start a birthday calendar for the house and now I remind everyone when it's someone's special day. I even help plan parties and sing a song for them - and I'm getting singing lessons too. I feel like people see me now."*

### Support worker’s view (Lina)

*"When I started working in Aisha's home, I noticed that Aisha was quiet and didn't seem very engaged. It didn't sit right with me—I felt like we were missing something important.*

*At first, I wasn't sure what to do or how to bring it up. I didn't want to step on anyone's toes, but I also didn't want to keep doing things the same way. So, I asked my team leader what I should do when I'm worried about how someone's being supported. She said I should speak up and reminded me that good support means seeing the whole person—not just their disability.*

*This gave me the confidence to start having more meaningful conversations with Aisha about her interests. We found ways to build her strengths into her everyday life—she's now our birthday coordinator- and we're exploring her joining a choir too."*

### Outcome

Since the staff started focusing on what Aisha enjoys and does well, she's become more confident and connected, and engaged in the household. She feels valued for who she is. Importantly, Lina's actions also showed her (and the whole team) that it is safe and encouraged to speak up and raise concerns – helping ensure the best outcomes for everyone supported.

# Gavin – Providing consent to share information



## Background

Gavin recently moved to a new Specialist Disability Accommodation and now has a new SIL provider for his daily supports and community activities. The new SIL staff are focused on building trust with Gavin, learning his preferences, and understanding how he wants to be supported. Staff understand Gavin's right to privacy, including control over who can access his personal information.

## Gavin's view

*"I like my new SIL provider. Where I was before, the staff didn't try to get to know me or understand how my autism affects my communication. They would say that I was being rude, but that's just how I talk. They never tried to understand me or find out what support I wanted. They didn't really ask me anything, even about my private things or information from my doctor. They talked to each other about my personal issues, like my mental health, but not me. I didn't know this wasn't ok. It still upsets me..."*

*I used to have meltdowns and get upset when no one listened to me, and was told I needed a behaviour support plan. My behaviour support practitioner helped me see that I needed to be supported differently, and finally I found a new place to live and new SIL providers.*

*Things are different with my new staff. They got to know me first. They ask me about what support I want, what I like and don't like, and what I need. They always check before sharing information about me—like when talking to my boss about my job or asking my support coordinator to organise an OT [Occupational Therapist] to visit. They respect me, and I trust them. I now know it's my right not to share private things unless I agree, like things about my mental health. My new staff don't talk to other people or write things down unless I say yes. If they need to tell someone, we always talk about it first. I know this needs to happen sometimes to keep me well and safe, but if I say 'no', that's ok. I used to have meltdowns all the time, but now I hardly have them at all."*

## Support worker's perspective (Chris)

*"I'm one of Gavin's new support staff. When I met Gavin, I spent time getting to know him and understanding the support he wants and needs. I also learned Gavin needed help understanding his right to privacy. It's important to always ask for consent before sharing his information, every time- even if I've asked before. Building trust has made a real difference."*

## Outcome

Gavin now has much greater control over how his personal information is shared. He has learnt about his right to privacy and has built a trusting relationship with this new SIL provider, in which he feels valued and respected. He now feels more empowered not only within his supported accommodation, but also in other areas of his life, such as at work, where he now feels more confident to express his preferences and rights.

# Jessica – Making informed decisions



## Background

Jessica, 28, lives in SIL housing. She works two days a week at her local supermarket, restocking the fruit and vegetable department. Jessica travels to and from work by bus, is making new friends, and joins them once a week after work for pizza. Liam has been a support worker in Jessica's home since she was 20, assisting her and other residents with community activities.

## Jessica's perspective

*"I met Sarah at work. She's funny and kind, and we both love gardening. I want to ask her out for coffee, but when I told my support worker, he looked worried and didn't seem to think it was a good idea. I want to feel close to someone and maybe be in a relationship. I just want to be treated like an adult who can make up my own mind and make my own decisions."*

## Support worker's perspective (Liam)

*"When Jessica told me she wanted to date someone from work, I felt uneasy. She's vulnerable, and I worry she might be taken advantage of. I want to protect her, and I'm not sure she knows what a healthy relationship looks like."*

*On one of the recent pizza nights, Jessica went to the pub afterwards and drank too much, which led to some trouble with other people at the pub. She called me, and I got her home safely. I was scared for her... but I do want her to have fun and go out if she wants to. Some staff think she shouldn't be going out with her mates because it causes too much trouble. It's really hard to know how to support her when her decisions involve risk, but I know she wants to meet someone special and have a relationship. I need more help on how to handle these situations."*

## Working together

At the weekly team meeting, Liam raised Jessica's interest in dating. The team leader suggested revisiting past training about supported decision-making, specifically focused on balancing Jessica's rights with safety and well-being. The team discussed Jessica's right to make her own decisions, her capacity, and how best to support her safely.

Recognising that Jessica must be involved in decisions about her own life, the team set up a meeting with Jessica, her psychologist, and a preferred staff member (as her chosen decision supporter). They talked about relationship education and planning safe outings. The SIL team also organised ongoing training and meetings that focus on the best ways to support Jessica and other residents to make informed decisions. This includes discussing options and seeking guidance when they are concerned about safety or well-being.

## Outcome

Jessica now meets Sarah for regular coffee and movie dates at the local mall. She and Sarah decide when and where, and Jessica chooses how much support she wants from Liam —such as transport or just talking about her new friendship. Jessica is happy. Liam understands and respects she is an adult with a right to make choices about her own life.

# Theo – Being understood



## Background

Theo lives independently and receives SIL supports from a service provider. Anna is rostered a few times a week to support him with cleaning, shopping, and laundry. She is the first regularly scheduled female support worker Theo has had.

## Theo's perspective

*"I don't think Anna likes coming here. I don't understand and it makes me feel like I've done something wrong. My funding pays for her to help and she does a good job... well, she did... but now she just seems annoyed with me."*

## Support worker's perspective (Anna)

*"I have been assisting Theo in his home for several weeks. I find him abrupt and dismissive. He rarely says 'please' or 'thank you,' and often barks orders like, 'Get me my lunch,' or 'Clean that up.' Honestly, I feel more like a servant than a professional. I'm used to clients who show appreciation and treat me like an equal. Theo's lack of manners is wearing me down, and I'm really beginning to dread my shifts."*

## Working together

After having a reflective conversation with her team leader Anna learns more about how communication styles can differ across cultures. Anna realises that it makes sense that Theo might communicate differently to her because he is a 62-year-old man of Greek heritage.

She also finds out that for someone with an intellectual disability, learning new ways to communicate may not come easily—especially later in life. Anna's team leader encourages her to ask more about Theo's family life and childhood. From what Theo describes, he grew up in a household where men led the family and communication was loud and direct. In his family, raising your voice was not a sign of anger, but simply how you made yourself heard. Theo communicates the way he always has, which he learnt from his upbringing and cultural background.

Through these conversations, Anna realises that Theo is not intentionally being rude or ignoring her—this is simply the way he communicates. With this new understanding, Anna shifts her approach and focuses on building a strong working relationship.

## Outcome

Anna and Theo now enjoy a more positive and respectful relationship. Anna appreciates Theo's background and adapts her expectations, and Theo feels understood and supported in the way that works best for him.

