

Proportionate risk fact sheet and case studies



Resources for NDIS
Emergency and Disaster
Management

In the context of emergency and disaster management, it is crucial to understand the principles of proportionate risk and how they relate to ensuring the safety and well-being of NDIS Participants.

Balancing the NDIS core principle of individual choice and control with proportionate risk in emergency and disaster management is essential to ensure the safety, well-being, and autonomy of NDIS Participants.

Collaborative planning, communication strategies, and ongoing support are critical components in building resilient communities that cater to the diverse needs of all citizens, including NDIS Participants.

That means finding a balance between ensuring people's safety while respecting their independence and choices, and tailoring risk management strategies to each individual's needs and circumstances.

In emergency and disaster management, proportionate risk recognises that one size does not fit all, and interventions should be proportionate to the level of risk and the individual's preferences.

How does this affect my organisation?

The NDIS Practice Standards are designed to be proportionate. The way an NDIS provider demonstrates they meet each standard should be appropriate to their size, scale, and supports they deliver.

When you are considering how you will meet your obligations as set out in the NDIS Practice Standard for Emergency and Disaster Management, you should apply the principles of proportionate risk.

Consider the **types of supports** you provide to NDIS Participants, the **level of risk** posed to them if these supports are disrupted or are unable to be provided, and their **individual preferences** about how they wish to be supported.

You also need to think about what other services the person might be accessing, and how your organisation fits into their overall support system.

Read the following case studies to better understand how proportionate risk can be applied in your organisation's planning for emergency and disasters.

Contrasting Case Studies of a Large Residential and Community Support Provider and a Small Therapy Supports Provider

Introduction

These case studies examines how two NDIS Providers, one large and one small, apply proportionate risk approaches in emergency planning to ensure the safety and well-being of their clients during emergencies and disasters. The studies highlight the differences in strategies and resource allocation between the two providers based on their size and service offerings. Read the following case studies to better understand how proportionate risk can be applied in your organisation's planning for emergency and disasters.

Large Provider: ABC Disability Services

Background

ABC Disability Services (ABC) is a large NDIS provider offering residential and community supports to individuals with disabilities. With multiple residential facilities and community programs, ABC serves a diverse client base across several states and territories of Australia.

Challenges

ABC faced challenges in developing their emergency planning strategy due to the scale and complexity of their operations:

Diverse Client Needs: ABC supports individuals with various disabilities and support requirements, necessitating comprehensive risk assessments and tailored emergency responses.

Geographic Spread: Operating across multiple regions meant ABC needed to address geographical risks and coordinate emergency responses across different locations.

Approach

ABC adopted a proportionate risk approach tailored to its large-scale operations:

Comprehensive Risk Assessment: Conducted thorough risk assessments at each residential facility and community program site, identifying potential hazards, client vulnerabilities, and facility-specific risks.

Centralised Planning: Developed centralised emergency response plans and protocols to ensure consistency across all locations while allowing for localised adaptations based on specific risks.

Coordination: Led development of protocols with other NDIS Providers delivering supports to ABC residential clients to ensure a coordinated approach to continuity of care. Ensured that clients receiving ABC community supports had plans in place at home or with their accommodation support providers. Contacted local emergency services in locations operating residential supports to discuss evacuation support needs of clients.

Staff Training and Coordination: Provided extensive training to staff across all sites and established a centralised coordination system to facilitate communication, resource allocation, and collaboration during emergencies.

Technology Integration: Leveraged technology, such as emergency notification systems and electronic client records, to enhance communication, data management, and tracking of client support needs during emergencies.

Small Provider: 123 Therapy Supports

Background

123 Therapy Supports (123) is a small NDIS provider specialising in therapy supports for individuals with disabilities. Operating in a single geographic area, 123 offers personalised therapy services to clients in their homes and community settings.

Challenges

123 faced unique challenges due to its small size and limited resources:

Limited Staffing: 123 had a small team of therapists, making it challenging to allocate resources for emergency planning and response while maintaining therapy service delivery.

Individualised Client Needs: Each therapy client had unique therapy goals, support requirements, and communication preferences, necessitating personalised emergency planning and response strategies.

Approach

123 adopted a proportionate risk approach tailored to its small-scale operations:

Targeted Risk Assessment: Conducted focused risk assessments specific to the geographic area served, identifying local hazards, client vulnerabilities, and therapy-related risks relevant to clients' homes and community settings.

Personalised Client Plans: Discussed the need to have an emergency management plan with each client and referred people to resources available to assist them do this for themselves if they did not have a plan. Documented alternative support arrangements for each therapy client, considering their therapy goals, mobility limitations, communication preferences, and support needs during and after emergencies. Provided details of other organisations who might assist with developing comprehensive individualised plans to people who indicated they wanted this or were considered to be particularly vulnerable.

Community Partnerships: Established partnerships with local healthcare providers and other therapy providers to enhance mutual aid, resource sharing, and collaboration during emergencies impacting therapy service delivery.

Staff Empowerment: Empowered therapists with training and resources to respond effectively to emergencies within their local communities, emphasising quick decision-making, client-centred care, and adaptation to individual client needs.

Outcome

Both ABC and 123 successfully applied proportionate risk approaches in their emergency planning efforts:

ABC demonstrated effective centralised planning and coordination to address the complexities of its large-scale operations and diverse client base across multiple locations.

123 showcased targeted risk assessments, personalised client plans, and community partnerships to address therapy-related risks and ensure client-centred emergency responses within its small service area.

Conclusion

Despite differences in size and service offerings, both large and small NDIS providers can effectively apply proportionate risk approaches in emergency planning to ensure the safety and well-being of their clients. By tailoring strategies to their specific contexts and resources, providers can enhance emergency preparedness and response capabilities while promoting client-centred care and community resilience.