

Conflict of Interest in Service Delivery

Part A: Guidance

Who is this for?

It is for you as an NDIS participant and your family, carer or guardian. This document tells you what conflict of interest is and how Identitywa manages actual, potential, or perceived conflict/s of interest to keep you safe.

What is a conflict of interest?

A conflict of interest is where an organisation or person has an opportunity to put what benefits them (their own interests) ahead of the interest of the participant they are supporting. A conflict of interest could be about money or business, people (workers or other people who support a participant), cultural or religious beliefs, and personal or social relationships.

These conflicts may be:

- Actual – it happened or is happening.
- Potential – it might happen.
- Perceived – it seems it has happened or might happen.

Our commitment

As an organisation that provides multiple NDIS services, Identitywa Disability Services Limited (Identitywa) may deliver more than one of a participant's supports. To ensure the quality and safety of the support/s our participants receive, we commit to the following:

- Identitywa will find out any conflict of interest before and while a participant is being supported.
- We will let the participant know of any conflict of interest we might have and talk to the participant about things that could impact the support/services they receive from us.
- We will manage any actual, potential or perceived conflicts of interest and document this. We will keep this record up-to-date and provide all parties with copies.
- Identitywa will always act in the best interest of the people we support and would only provide services that best suit their needs and preferences.
- We will ensure that information we give participants about support options is clear and that it promotes choice and control.
- We will always ensure participants are treated equally.

Why choose Identitywa?

For over 40 years, Identitywa has been supporting people with disability from birth to over 65 years of age. We are one of WA's largest registered NDIS providers, offering an expansive range of disability services across Perth. Our mission is to work in partnership with individuals and families to build a community where people with disabilities enjoy a fulfilled life.

Our Services and Supports

- **Clinical and Allied Health Services** - We have a team of Clinical and Allied Health professionals such as Clinical Nurses, Occupational Therapists, Speech Pathologists who work together to ensure you receive the best quality of care.
- **Positive Behaviour Support (PBS)** - Positive Behavior Support Practitioners will provide you with individualised support to improve your overall quality of life and promote independence.
- **Short Term Accommodation (STA) for Children & Adults** – Support for children & adults taking a short break (respite) in one of our houses.
- **Social and Community Participation** – Helping you to participate in community life, connect with others socially, and grow your independence.
- **Support Coordination** – Helping you to understand the NDIS and maximise your NDIS plan so your needs are met and your goals achieved.
- **Supported Independent Living (SIL)** – Assisting people to achieve independence while living in their own home or one they share.
- **Specialist Disability Accommodation (SDA)** – We offer a range of housing options for people with disability including new home builds which have been co-designed with participants and their families.

What if you would like Identitywa to provide more than one service?

- If you choose Identitywa to provide more than one of your supports (e.g., SIL and Support Coordination), we will declare our conflict of interest as a provider of multiple supports to you and your representative.
- We will talk to you about how we will manage and monitor any conflict of interest that arises.
- We will document this in *Part B – Declaration* of this form.
- So we know you understand the risks and that you agree with how Identitywa will manage it, we will ask you to complete *Part C – Acknowledgment* of this form. The relevant Identitywa worker can help you with this if you wish.

What if you would like another Provider to provide a service?

- You can always opt for a Service Provider of your own choice.
- You will not be influenced to choose Identitywa as your Service Provider.
- Any decisions you make about your providers or supports will not impact on the current support/s we provide you.
- If you choose or are referred to another Service Provider, we will assist with your transition from our service.
- We will always respect and support your decision.

Where can I find more information about Conflict of Interest and other NDIS Providers?

[Identitywa Conflict of Interest Statement](#)

[NDIS - Find a registered provider](#)

[NDIS - Participant guide to managing a conflict of interest](#)

If you wish to give feedback or raise a complaint, you may do so via any of the following ways:

Phone: (08) 9474 3303

Email: quality.feedback@identitywa.com.au

Post: PO Box 278, Leederville, WA 6902

Online: <https://www.identitywa.com.au/get-involved/we-value-your-views/>

Part B: Conflict of Interest Declaration

1. Identification of the conflict of interest

Date conflict of interest identified

The conflict of interest has been identified as: *(Please tick all that apply.)*

- ☐ Actual – it happened or is happening?
- ☐ Potential – it might happen.
- ☐ Perceived – it seems like it has or might happen.

2. What is the nature of the conflict of interest?

(Please tick all that apply.)

- ☐ Organisational - for example, multiple supports are provided by Identitywa to a participant. *(If ticked, please complete **section 2a below**.)*
- ☐ Personal – for example, a friend or family member benefits from the arrangement *(If ticked, please complete the Worker Conflict of Interest Form)*
- ☐ Other: *(Please detail.)*

2a. Which Identitywa service/s pose a conflict of interest?

- | | |
|---|--|
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Social and Community Participation |
| <input type="checkbox"/> Clinical and Nursing Services | <input type="checkbox"/> Support Coordination |
| <input type="checkbox"/> Positive Behaviour Support (PBS) | <input type="checkbox"/> Supported Independent Living (SIL) |
| <input type="checkbox"/> Short Term Accommodation (STA) | <input type="checkbox"/> Specialist Disability Accommodation (SDA) |

3. Describe details of the conflict of interest.

(Include details such as who is involved, what are the circumstances, what concerns have been raised.)

4. How is the conflict of interest being managed?

(Please tick all that apply.)

- ☐ Information about conflict of interest has been provided to the participant / their representative via various channels (i.e., Identitywa website, the Identitywa Conflict of Interest Policy and Procedure, Conflict of Interest - Easy Read version).
- ☐ Information about conflict of interest has been communicated in a manner that the participant / their representative can understand.
- ☐ The participant / their representative has been informed of their choice to use Identitywa services or other service providers for their NDIS-funded supports.
- ☐ The participant / their representative has been informed about using the [NDIS Provider Finder](#) website to find information about other registered providers.
- ☐ Other: *(Please detail.)*

Part C: Acknowledgement

The sections below must be completed by the Participant or their Representative and the relevant Identitywa Worker (e.g., Community Engagement, Planning Officer, Support Coordinator) when a conflict of interest arises in the delivery of supports and services.

Participant / Representative	
Participant's Name	
Representative's Name (if applicable)	
Relationship to Participant	
<p>I confirm that:</p> <p><input type="checkbox"/> This Guide has been explained to me and I understand what Conflict of Interest means.</p> <p><input type="checkbox"/> I understand that I am free to choose a Service Provider other than Identitywa and this will not impact on the quality of the services / supports being provided by Identitywa.</p> <p><input type="checkbox"/> I understand the conflict/s of interest and its risks as identified in Part B of this form.</p> <p><input type="checkbox"/> I agree with the management strategy set out in Part B of this form.</p> <p><input type="checkbox"/> I received a completed and signed copy of this form.</p>	
Signature	
Date (DD/MM/YYYY)	

Identitywa Representative

Representative Name

Position

I acknowledge that:

- ☐ I have explained Conflict of Interest to the participant / their representative and ensured understanding.
- ☐ (*If applicable*) I have declared Identitywa's organisational conflict of interest to the participant in relation to providing multiple NDIS services to one participant.
- ☐ Other options for supports have been explored to maximise the participant's choice and control.
- ☐ All concerned parties have been provided completed and signed copies of this form.

Signature

Date (DD/MM/YYYY)

Office Use Only

A signed copy of this document must be:

- Saved in participant's Carelink file under Service Agreement.
- Sent by email to the Quality and Compliance Team for inclusion in the Conflict of Interest Register:
quality.feedback@identitywa.com.au.
- Conflicts of interest in service delivery will be reviewed within 12 months of acknowledgement in consultation with relevant parties.