

NDIS Manual

2A: Implementing Behaviour Support Plans for H&H Care

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1- Applicable Practice Standards Policy & Procedure

1.1. Purpose

✓ The purpose of this policy & procedure is to sets out the relevant NDIS Practice Standards that apply to providers who implement behaviour support plans.

1.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

1.3. Definitions

Word/Term	Definition
Abuse	Abuse, refers to sexual assault, physical, emotional, financial and systemic abuse, domestic violence, constraints and restrictive practices and to neglect.
Aversion	An unpleasant stimulus (e.g. an unwanted cold bath, excessive chilli powder on food, liquid sprayed into a person's face etc.). Aversion is often used with the intention of manipulating behaviour. Such practices are prohibited.
Individualised Behaviour Support	The National Framework articulates principles and strategies for maximising individualised behaviour support for people with disability, with the overall objective of reducing the occurrence and impact of challenging behaviour and the use of restrictive practices. This may include the provision of positive behaviour support and development of an individual behaviour support plan. Positive Behaviour Support is the term used to describe the integration of the contemporary ideology of disability service provision with the clinical framework of applied behaviour analysis.
Behaviours of Concern	"Behaviour of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and

Word/Term	Definition
	is likely to lead to responses that are restrictive, aversive or result in exclusion." Any behaviour displayed by a person which is considered challenging or inappropriate by others, or which gives rise to reasonable concern, may be considered as challenging. However, the use of the term challenging should be understood in terms of the social context in which behaviour occurs, rather than a symptom of individual pathology.
Restrictive Practice	A practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm.
Regulated Restrictive Practices monitored by NDIS Commission	There are five categories of regulated restrictive practices that are monitored by the NDIS Commission. These are the following: ➢ Chemical restraint ➢ Environmental restraint ➢ Mechanical restraint ➢ Physical restraint ➢ Seclusion
Seclusion	Seclusion, which is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
Chemical Restraint	Chemical restraint, which is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.
Mechanical Restraint	Mechanical restraint, which is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
Physical Restraint	Physical restraint, which is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

Word/Term	Definition
Environmental Restraint	Environmental restraint, which restrict a person's free access to all parts of their environment, including items or activities.
Behaviour Support Plan (BSP)	A behaviour support plan is a document prepared in consultation with the person with disability, their family, carers, and other support people that addresses the needs of the person identified as having complex behaviours of concern. The behaviour support plan contains evidence-informed strategies and seeks to improve the person's quality of life. **Behaviour support plan** can be: (a) an interim behaviour support plan; or (b) a comprehensive behaviour support plan.
Behaviour Support Practitioners	A behaviour support plan can only be developed by practitioners who are considered suitable by the Commissioner to undertake functional behaviour assessments and develop behaviour support plans. They will be considered suitable pending assessment against the Positive Behaviour Capability Framework. Behaviour support practitioners (whether a sole provider or employed by a provider) must be registered with the NDIS to provide specialist behaviour support (Registration group 110).
Functional Behavioural Assessment	The process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour.
Specialist Behaviour Support Provider	NDIS provider whose registration includes the provision of specialist behaviour support services.
NDIS	National Disability Insurance Scheme
Person-centred	An approach which involves the person to gather information about that person's lifestyle, skills, relationships, preferences, aspirations, and other significant characteristics, in order to provide a holistic framework in which appropriate respectful and meaningful behaviour supports may be developed.

Word/Term	Definition
Prohibited Practice	Practices which interfere with basic human rights, are unlawful and unethical in nature, and are incompatible with the objects and principles of the Disability Inclusion Act 2014.
Consent	Permission given by a person with capacity to do so, or person(s) with legal authority to do so, on behalf of the person. For consent to be valid it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether or not to give or withhold consent, but it is only genuine if the person giving consent has the capacity and authority to do so.
Restrictive Practices Authorisation (RPA)	Endorsement for identified restrictive practices to be implemented with a certain individual, in a particular service setting, by associated staff and under clearly defined circumstances. Authorisation of a restrictive practice requires: • Behaviour support plan • Legal consent • Authorisation by an internal RPA Panel
Restrictive Practices Authorisation Panel	A panel comprising as a minimum, a senior manager of an NDIS provider and a specialist in behaviour support who is independent of the service provider. The RPA Panel authorises the use of a restrictive practice based on supporting information, such as a behaviour support plan.
Authorising Program Officer (APO)	Authorised Program Officers play a key role in the South Australian Restrictive Practices authorisation scheme. Authorised Program Officers have the power to authorise Level 1 restrictive practices by their registered NDIS provider for NDIS participants and may endorse the use of Level 2 restrictive practices for the Senior Authorising Officer's authorisation

1.4. Relevant Documents

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2020**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **The United Nations Convention on the Rights of Persons with Disabilities 2007,**

- **National Disability Strategy 2010–2020**
- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**
- **National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Service Sector 2014**
- **Disability Discrimination Act 1992**
- **The Privacy Act 1988 and the Australian Privacy Principles (March 2014)**
- **Disability Services Act 1993(SA)**
- **Equal Opportunity Act 1984(SA)**
- **Disability Discrimination Act 1992(SA)**
- **Positive Behaviour Support Guide for the South Australian Disability Service Sector**
- **Safeguarding People with Disability Restrictive Practices Policy**

1.5. Policy & Procedure

1.5.1. Compliance Management

✓ **H&H Care** has established, implemented and maintained a process to identify legislative requirements and has access to all legal and other requirements that are applicable to **H&H Care**'s operations using **Form17.Legislative Compliance Register.**

✓ The register will be reviewed and updated at least once a year or after any major changes to the legislation. The evaluation will be carried out by the **Management Team** and the results will be reported to **Managing Director.**

✓ If there are any changes/ updates in the legislative requirements, relevant policies and procedures will be reviewed and revised accordingly.

✓ All Workers are responsible for managing compliance within their areas of influence by following the current policies and procedures. The changes and updates will be communicated to the workers and staff through meetings or receiving email updates.

✓ Legislative compliance is maintained and updated through:

- Reviewing NDIS Commission Website
- Ongoing consultation and communication with Industry Specialists/Legal representatives
- Legal updates provided by government publishing
- External third-party audit

2- Behaviour Support in the NDIS Policy & Procedure

2.1. Purpose

✓ The purpose of this policy & procedure is that each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

2.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

2.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

2.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **Form03.Improvement Report Form;**
- **Form09. Training Matrix form.**
- **Form10.Worker Performance Assessment.**

2.5. Policy & Procedure

Following the nationwide shift to the NDIS, providers now need to adhere to two tiers of regulations when implementing Behaviour Support Plans that include the use of restrictive practices:

- ✓ The Commonwealth NDIS Commission's regulatory framework, which outlines the situations in which restrictive practices can be used and how they should be reported, and
- ✓ The State's legislative framework, which outlines the approval and reporting requirements.

2.5.1. Positive Behaviours Support Policy

- ✓ **H&H Care** is committed to work towards the reduction and elimination of the use of restrictive practices.
- ✓ **H&H Care** is committed to make sure that restrictive practices should occur only in very limited and specific circumstances, as a last resort and utilise the least restrictive practice and for the shortest period of time possible under the circumstances. Restrictive practices should only be used where they are proportionate and justified in order to protect the rights or safety of the person or others.
- ✓ **H&H Care** is committed to that any participants who exhibit a cognitive or intellectual disability or any behaviour that causes, or has the potential to cause, harm is supported and monitored in a suitable environment that is aligned with the participant's unique needs.
- ✓ **H&H Care** is committed to support people's right, safety, and wellbeing in the organisation. In fact, we believe that every behaviour has a purpose and we should respect them and act properly to solve the issue. This includes people who put other people at any risk of harm and people diagnosed with mental illnesses.
- ✓ **H&H Care** will comply with National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 & Disability Services Act 1993 (SA)
- ✓ **H&H Care** is committed to ensure that our services meet agreed standards focussing on

protecting and promoting the human rights of participants.

- ✓ **H&H Care** is committed to ensure that participants have protection against inhuman or degrading treatment and attention is provided to personal dignity, privacy and self-respect as well as individual needs.
- ✓ **H&H Care** is committed to ensure that our staff and workers work in a safe environment.
- ✓ **H&H Care** is committed to review the restrictive practices used (incident reporting if applicable), assessment of appropriateness and alternatives, and for aggregated reporting regularly.
- ✓ In cases that there is a challenging behaviour, positive behaviour support approach will be used by **H&H Care.**

2.5.2. H&H Care and staff Responsibilities

- ✓ **Organisation Name]** will:

  - Ensure that all behaviour support practitioners and workers are assessed as suitable to deliver specialised positive behaviour support;
  - Ensure that each behaviour support practitioner engages in ongoing professional development in the field of behaviour support, that is inclusive of evidenced-based support and best practice standards. This can be achieved by attending conferences and trainings;
  - Ensure that each behaviour support practitioner has access to clinical supervision from a specialist behaviour support clinical supervisor on a regular basis in relation to the provision of positive behaviour support practices;
  - Ensure that workers are supported to develop and maintain the skills required to consistently implement the strategies outlined in behaviour support plans;
  - Ensure that behaviour support practitioners are supported to train workers implementing behaviour support plans on how to implement the strategies contained within the plan;
  - Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that Behaviour Support Practitioner have appropriate training to use them;
  - Ensuring that any change in practice recommendations are notified to all Behaviour

Support Practitioner and workers;

- Review and implement any area of improvement using **Form03.Improvement Report Form**;
- Ensure all Behaviour Support Practitioners and workers participate in internal audit processes for nonconformities to be identified and action plans to be developed using internal audit report and improvement report forms;
- Share any learning from audits/incidents with Behaviour Support Practitioner and workers through meeting or via email updates

✓ **All Workers who implement behaviour support plans are responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment;**
- Attending relevant training provided by **H&H Care;**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice;
- Participating in audit programmes related to measuring the quality and safety of physical assessment and monitoring. This includes addressing any improvements required using improvement report form and celebration of good practice;
- Ensuring they are familiar with relevant policies and procedures in their area of practice using Worker Handbook and other relevant policies;
- Completing correct documentation;
- Reporting all incidents using incident report form;
- Using equipment as per manufacturers' guidelines.

2.5.3. Training and Assessment of Staff

✓ Training plans will be developed and delivered using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure.**

✓ Workers who implement behaviour support plans must attend appropriate training and undergo documented competency assessment prior to performing the task unsupervised.

✓ The workers who implement behaviour support plans must maintain up-to-date Knowledge and understanding of regulated restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 &

Disability Services Act 1993 (SA)

- ✓ Workers engages in ongoing professional development in the field of behaviour support, that is inclusive of evidenced-based support and best practice standards.
- ✓ The workers who implement behaviour support plans must maintain up-to-date knowledge and understanding of positive behaviour support, restricted practices and regulated restrictive practices.

✓ All workers who are responsible for the implementation of Behaviour Support plans must remain abreast of all developments, practices, and regulations associated with the use of restrictive practices.

✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to behaviour support are available to workers as a part of training and development methods.

✓ All workers must undergo comprehensive training and education in the application of safe restriction, the associated laws, carer obligations, and the risks associated with restrictive practices before they are permitted to use such practices on a participant.

- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks training and organisational and professional development provided to all Behaviour Support Practitioner and workers will be kept on each worker's record and on **Form09.Training Matrix** or worker's folder.
- ✓ The Behaviour Support Practitioner and workers will be notified by the **Management Team** to complete their refresher training in these areas regularly and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ Every workers and **Management Team** member would be able to have the opportunity of participation in Behaviour Support training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to behaviour support are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their

Manager using Worker Performance Assessment Form.

- ✓ Training will relate specifically to the service users' needs, type of Behaviour Support and covers any specific support requirements the service user may require.
- ✓ All Behaviour Support Practitioner will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures.

3- Regulated Restrictive Practices Policy & Procedure

3.1. Purpose

✓ The purpose of this policy & procedure is that each participant is only subject to a regulated restrictive practice that meets any state and territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

3.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

3.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

3.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**

3.5. Policy & Procedure

3.5.1. Human rights policy

✓ People with disability have equal rights to the other members of society, including but not limited to the right to:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Equality before the law and to equal protection under the law, without discrimination
- Liberty and security of the person
- Freedom from torture or cruel, inhuman or degrading treatment or punishment
- Freedom from exploitation, violence and abuse
- Respect for his or her physical and mental integrity on an equal basis with others
- Personal mobility with the greatest possible independence
- Freedom of expression and opinion and access to information
- The highest attainable standard of health without discrimination on the basis of disability
- Attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life
- An adequate standard of living for themselves and their families, and to social protection without discrimination on the basis of disability

3.5.2. Privacy, Dignity and Respect

✓ In all examinations, operations and interventions the following policies must be followed:

- Culture, diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

3.5.3. Regulated Restrictive Practices

✓ Under the NDIS (Restrictive Practices and Behaviour Support) Rules there are five categories of restrictive practice:

a) Seclusion, which is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;

b) Chemical restraint, which is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of

medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition;

c) Mechanical restraint, which is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes;

d) Physical restraint, which is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

e) Environmental restraint, which restrict a person's free access to all parts of their environment, including items and activities.

3.5.4. Prohibited practices

✓ The following are prohibited restrictive practices and must not be used in any circumstance by **H&H Care**:

- Aversive restraint/interventions
- Exclusion
- Prone physical restraint
- Psycho-social restraint
- Supine physical restraint.

3.5.5. H&H Care and Staff Responsibilities

✓ **H&H Care** will:

- Ensure that all workers attend appropriate training and undergo documented competency assessment prior to performing the task unsupervised;
- Ensure that workers who are responsible for the implementation of Behaviour

Support plans have Knowledge and understanding of regulated restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and Disability Services Act 1993(SA)

- Ensure that each participant and, with the participant's consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices and they understand the risks associated with their use;
- Ensure that alternatives to the use of restrictive practices are promoted as part of these discussions;
- Ensure that professional services are provided to people with any challenging behaviour;
- Ensure that a positive interaction is promoted through support provision,
- Ensure that everyone is safe from injury;
- Ensure that behaviour intervention is being reviewed regularly and effectiveness of current approaches aimed at reducing and eliminating restrictive practices;
- For identifying the needs of participants, significant people from their family are involved;
- Ensure that Participant's development is promoted through implementation of all procedure.

✓ **H&H Care is committed** to meet conditions of registration for restrictive practice. The conditions include:

- A restrictive practice can only be used when it is part of a behaviour support plan developed by an behaviour support Practitioner whom the NDIS Quality and Safeguards Commissioner considers suitable.
- If a restrictive practice is used it must:
  - Be the least restrictive response possible in the circumstances
  - Reduce the risk of harm to the person or others
  - Be used for the shortest possible time to ensure the safety of the person or others

✓ **H&H Care** is dedicated to ensuring the following:

- Restrictive practices are conducted in a transparent and accountable manner;
- Restrictive practices are not employed as a means of punishing a participant or in response to behaviours that do not cause, or have the potential to cause, harm to the

participant or others;

- The primary emphasis is placed on decreasing the extent, frequency, duration of any behaviours that may harm the participant or others; and
- A focus is placed on attempting to minimise or eradicate the need to implement any restrictive practices.

3.5.6. Restrictive Practices process

✓ **H&H Care** and participants in Australia that have switched to the full NDIS scheme are now required to ensure that all their processes and actions in relation to restrictive practices are fully compliant with the provisions detailed in the NDIS Commission's regulatory framework and any additional legislative framework that is in place within their respective state.

✓ If participants express or display concerns about the use of restrictive practices, staff members must clearly communicate with them, their supporters, and other service providers, why the practices are required, and the risks associated with them. During these conversations, alternative approaches to restrictive practices must be fully explored.

✓ **Form42.Behaviour Support Risk Assessment Form** will be used to identify the associated risks.

✓ **H&H Care** must take responsibility for ensuring that staff, participants, family members, and relevant decision makers have a full understanding of the behaviour support function of the NDIS Commission.

✓ Staff need to ensure that any information about restrictive practices that is shared with participants is done so in a form of communication that is aligned with their individual needs. Where required, written information should be provided in the first language of the participant. Furthermore, all communications should use basic language that the participant can understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

- The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

✓ If the participant does not have a guardian or support worker and does not have the ability to advocate for themselves, he or she should be provided with an appropriate advocate using Advocate Nomination Form.

4- Supporting the Assessment and Development of Behaviour Support Plans Policy & Procedure

4.1. Purpose

✓ The purpose of this policy & procedure is that each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs.

4.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

4.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

4.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**
- **Form42.Behaviour Support Risk Assessment Form**
- **Interim behaviour support plan template**
- **Comprehensive behaviour support plan template**

4.5. Policy & Procedure

4.5.1. Specialist Behaviour Support Provider

✓ In situations in which a participant exhibits behaviours of concern that warrant a positive behaviour support approach without a requirement for the application of restrictive practices, a **Behaviour Support Plan** should be produced for that participant. If a participant exhibits behaviours that may pose a risk to his or her safety or the others, regulated restrictive practice will be required, and a **Behaviour Support Plan** must be developed using **behaviour support plan template.**

✓ **Form42.Behaviour Support Risk Assessment Form** will be used to identify the associated risks.

✓ **H&H Care** will work directly in collaboration with the specialist behaviour support provider who is responsible for creating the Behaviour Support Plan. The specialist behaviour support providers will ensure the following:

- Only behaviour support practitioners who have been assessed as suitable by the NDIS Commission will be used to provide services;
- All behaviour support plans are in full compliance with NDIS Commission requirements;
- All behaviour support plans are prepared in accordance with the findings of a detailed biopsychosocial assessment that incorporates a functional behavioural assessment;
- All behaviour support plans focus on decreasing and eradicating restrictive practices over a long-term basis;
- The responsibilities as to whom is responsible for implementing and reviewing the plan should be clearly delineated.

- All behaviour support plans are developed in consultation with the participant, his or her family or carers, and **H&H Care**;
- Any behaviours of concern are constructively reduced through the application of suitable evidence-based, behavioural strategies that include environmental considerations;
- All behaviour support plans are developed in a manner that is aligned with the requirements of the Commissioner; and
- All behaviour support plans are lodged with the NDIS Commission.

- ✓ The behaviour support practitioner will be fully responsible in situations in which a detailed Behaviour Support Plan is required that includes restrictive practices,
- ✓ All staff members who will be responsible for implementing plan must be considered within the plan, and their input solicited and incorporated.
- ✓ All relevant support staff should facilitate the acquisition of all data and information that are required to perform the functional behavioural assessment and any other evaluations that will be needed to produce the plan.

4.5.2. Proactive Behaviour Support strategies

- ✓ Proactive Behaviour Support strategies are as following:

  - The primary goal of a person should be worked on to enhance the quality of life of a person as well as reduction of behaviour concern as a second goal
  - The context that a behaviour of concern may occur as well as the environments that people are living in, should be considered
  - Approaches to behaviour management that are inclusive and person-cantered
  - Being committed to see the person's strength and potential
  - Seeing the behaviour in the context of person's life as well as valuing them
  - Being positive and believing that every behaviour has a purpose
  - All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.**

  - Where regulated restrictive practices are to be included in a behaviour support plan, Regulated restrictive practice must:

(a) Be clearly identified in the behaviour support plan; and
(b) State restrictive practice is to be used has an authorisation process in relation to that practice—be authorised in accordance with that process; and
(c) Be used only as a last resort in response to risk of harm to the person with disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies; and
(d) Be the least restrictive response possible in the circumstances to ensure the safety of the person or others; and

(e) Reduce the risk of harm to the person with disability or others; and
(f) Be in proportion to the potential negative consequence or risk of harm; and
(g) Be used for the shortest possible time to ensure the safety of the person with disability or others.
(h) Obtain agreement from any other providers implementing the plan, to follow it;

4.5.3. Consent

✓ The participant or his or her guardian must grant informed consent to implement the Behaviour Support Plan.

4.5.4. Registering Plans with the NDIS Commission

✓ Behaviour support plans that do not contain a regulated restrictive practice do not need to be lodged with the NDIS Commission.

✓ All Behaviour Support Plans contain regulated restrictive practices need to be registered with the NDIS Commission to ensure regulated restrictive practices are adequately monitored and full approval to put the plan in action needs to be secured. Once relevant behaviour support plan completed using **Interim behaviour support plan template** or **Comprehensive behaviour support plan template,** email the plan with other relevant documents to **behavioursupport@ndiscommission.gov.au** and

- ✓ Complete the behaviour support plan on a document. Use behaviour support plan template.
- ✓ Engage and support the implementing provider(s) as needed in obtaining authorisation.
- ✓ Include details of authorisation under the schedule of restrictive practices.
- ✓ Go to the NDIS Commission's portal https://www.ndiscommission.gov.au/
- ✓ You will need a PRODA account. Once you log in with your PRODA account request access for 'NQSC BSP Practitioner'. You will receive an email within approximately two business days confirming your approved access.
- ✓ Log in and select the 'Behaviour Support' tile. Click on 'Create plan' and select interim or comprehensive. Enter the person details, key contacts, details of start and end date of the plan, the providers who will be implementing the restrictive practices, behaviours of concern and the schedule of restrictive practices.
- ✓ Go to 'attachments' on the left-hand side navigation menu and attach this template.
- ✓ Go to the 'details' tab and click on 'send draft'.
- ✓ Further guidance material about how to lodge the plan is available on NDIS Commission webpage.

4.5.5. Restrictive Practices Reference Guide for the South Australian Disability Service Sector

- ✓ In South Australia, involuntary or coerced hormonal manipulation or sterilisation of people with disability is illegal. Under the Guardianship and Administration Act 1993, the South Australian Civil and Administrative Tribuneral (SACAT) can only consent to sterilisation when it is satisfied it is therapeutically necessary. Therapeutic purposes may include endometriosis and cancers of the reproductive system.

- ✓ **H&H Care** captured within the scope of this policy are required to record all uses of chemical, environmental, mechanical, physical restraint, detention and seclusion.

- ✓ **Note:** Seclusion of an adult with disability must only be used if specifically authorised by the South Australian Civil and Administrative Tribunal (SACAT) under Section 32 of the Guardianship and Administration Act 1993. Seclusion of a child with disability must only be used if specifically authorised by their legal guardian.

- ✓ If seclusion has been authorised, such seclusion must only occur within an environment that is safe, is non-threatening to the person and maintains the dignity of the person. Close supervision and monitoring must be used to ensure the safety and wellbeing of the person during the period of seclusion.

4.5.6. Governance

- ✓ The **H&H Care** will ensure it meets its restrictive practice governance requirements through the actions of its Board, Chief Executive Officer and management by:

1. Ensuring a clear policy statement regarding practices for reducing and eliminating the use of restrictive practices is implemented.

2. Gaining the commitment of its staff to developing an organisational culture of accountability, transparency, supervision and reflective practice as essential elements for the reduction and elimination of the use of restrictive practices.

3. Ensuring that all levels of staff within the organisation are aware of their specific responsibilities with respect to reducing and eliminating the use of restrictive practices.

4. Allocating the resources required to ensure its workforce receives regular training that contributes to the reduction and elimination of the use of restrictive practices.

5. Investing in the development of positive behaviour support (PBS) competency within their organisation. More information is contained in the Positive Behaviour Support Guide for the South Australian Disability Service Sector (refer to Reference Documents and Links).

6. Ensuring the appointment of a restrictive practices compliance officer.

7. Ensuring the appointment of an internal APO that reports regularly to the Chief Executive Officer and Board.

8. Ensuring the implementation of restrictive practices recording and reporting requirements.

9. Ensuring active engagement practices facilitate the self-determination of the person with disability, their carer, guardian or family.

10. Demonstrating a continuous quality improvement approach to service provision, which includes evaluating the effectiveness of the organisation's restrictive and PBS practices, policies and procedures.

4.5.7. Service Outcomes

✓ Through implementing the governance and other requirements outlined in this Reference Guide, **H&H Care** will be expected to provide evidence that:

1. A clear policy statement on reducing the use of restrictive practices is in place.

2. Where restrictive practices are implemented, the least restrictive option is used at all times.

3. A Approved Program Officer (APO) has been appointed. This is discussed further in the section Appointing a Restrictive Practices Compliance Officer and Implementing Restrictive Practice Governance Arrangements.

4. An internal Restrictive Practice Governance Committee is in place and reports regularly to the Chief Executive Officer and Board. This requirement is discussed further under Implementing Restrictive Practice Governance Arrangements.

5. A positive behaviour support plan has been developed and implemented for each person with identified behaviours of concern for whom there is a prescribed restrictive practice in place.

6. Their current workforce has received regular training grounded in human rights, person-

centred practices, positive behaviour support and least restrictive practice strategies.

7. A supervision system is in place to ensure staff, the person with disability, their carer, guardian or family receives adequate debriefing after the use of any restrictive practice.

8. A restrictive practice recording and reporting system has been implemented in line with the Standards for Recording and Reporting of the Use of Restrictive Practices.

9. Up-to-date data is available that indicates the organisation's progress with reducing and eliminating its use of restrictive practices. This includes recording unmet need and/or non-compliance data, or reporting a 'nil' return. This data will be made available to external monitoring bodies upon request as outlined under the section Monitoring of the use of Restrictive Practices.

10. People with disability, their families or guardians have been made aware that if a restrictive practice is used in the service they access, it will only be used minimally and legally.

11. People with disability, their families or guardians have been made aware of their right to complain about, or seek a review of, any use of a restrictive practice.

12. Regular reporting to the Board occurs on the organisation's progress towards minimising and eliminating its use of restrictive practices.

4.5.8. Consent, Authorisation and Approval

✓ **H&H Care** will ensure that, when a person with disability is displaying behaviours of concern, responses to this behaviour will demonstrate community standards and respect for individual rights while managing evident risks.

✓ Restrictive interventions are used:

- as a last resort only after imminent danger to a person is observed;
- when all other least restrictive options reasonably available have been tried or considered; and
- when least restrictive options have been found to be unsuitable in the circumstances.

✓ **H&H Care** documents all trials of least restrictive practices in the person's client file.

✓ A restrictive practice may only be implemented when it has been appropriately approved. In

the case of children with disability, their parents or guardians are required to consent to the use of a restrictive practice. Consent and approval requirements are contained in the Restrictive Practices – Guideline for Assessing, Planning, Authorising and Consenting for Adults.

✓ All consents, authorisations and approvals for each use of a restrictive practice within an organisation will be managed by a restrictive practices compliance officer. The role of this officer is discussed further in Appointing a Restrictive Practices Compliance Officer and Implementing Restrictive Practice Governance Arrangements.

✓ Approved restrictive practices must be regularly reviewed no less than every six months. Reviews must also be documented by the **H&H Care**.

4.5.9. Withdrawal of Restrictive Practices

✓ It can be dangerous to withdraw existing restrictive practices before safe and more respectful alternatives have been appropriately assessed for risk, trialled and demonstrated to be effective. **H&H Care** must plan the withdrawal of restrictive practices to ensure it occurs in such a way that the safety of the person with disability, staff and relevant others is not compromised.

4.5.10. H&H Care Responsibilities: Safeguards to Minimise and Eliminate the use of Restrictive Practices

✓ **H&H Care**, including sole traders, are required to implement the following safeguards in line with their organisational structures and functions.

4.5.11. Individual Support Plans

✓ The *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector* states:

- *Restrictive practice reduction tools need to be based on core assessment and prevention* approaches*, the results of which need to be integrated into each individual's support plan.2*

✓ **H&H Care** ensure that each person in receipt of disability services has a current individual support plan in place. Individual support plans are usually undertaken by a client coordinator.

✓ For people who have additional behaviour support needs, a positive behaviour support plan and positive behaviour support practice may also be required.

4.5.12. Positive Behaviour Support

- ✓ By investing in developing best practice positive behaviour support (PBS) capacity within their organisations and translating this into every day service provision, **H&H Care** will see a reduction in their use of restrictive practices.

- ✓ Through functional behavioural assessment, a key component of PBS, the causes of a person's behaviours of concern may be identified and addressed before any suggestion of a restrictive practice is made.

- ✓ Each adult who is subject to a prescribed restrictive practice and chemical restraint will have a PBS plan (PBSP) implemented. In the case of children subject to a restrictive practice, their parents or guardians are required to consent to the use of the practice and development of the PBSP.

- ✓ For all people subject to a SACAT order that authorises the use of a restrictive practice, **H&H Care** are further expected to provide a PBSP to the Office of the Public Advocate.

4.5.13. Appointing a Senior Authorising Officer

- ✓ **H&H Care** will endorse the appointment of a Senior Authorising Officer. This officer will liaise with the relevant internal client coordinator(s) to ensure that, where their organisation uses a restrictive practice, this occurs within the following framework prior to endorsing the practice.

    - An appropriate practitioner has prescribed the restrictive practice
    - Least restrictive alternatives to the restrictive practice have been explored, trialled and documented by relevant staff
    - The restrictive practice can be used safely
    - The appropriate authorisation and consent has been obtained by relevant staff
    - All risks associated with the organisation's use of the restrictive practice have been considered and documented by relevant staff
    - Recording and reporting requirements are met by staff
    - A dated review process for each restrictive practice is in place
    - Any PBS requirements associated with the use of the restrictive practice are in place and are being implemented consistently.

4.5.14. Implementing Restrictive Practice Governance Arrangements

- ✓ **H&H Care**'s Board will endorse the appointment of an appropriately skilled internal Governance

Committee. This committee is tasked with the systemic reduction of restrictive practices across their organisation.

✓ The restrictive practices compliance officer may sit on this committee or this role may be undertaken by appointed members of this committee.

✓ This committee will:

- Draw upon restrictive practice data sourced from its recording and reporting system to analyse trends, evaluate and report on the effectiveness of the organisation's restrictive practice reduction strategies
- Identify where there may be a reliance upon the use of restrictive practices within the organisation
- Support all levels of staff to understand their specific responsibilities for reducing and eliminating the use of restrictive practices
- Support PBS best practice within their organisation
- Make recommendations for improving risk management practices
- Make recommendations for improving the quality of their services
- Brief the Chief Executive (or equivalent) and Board on the progress of restrictive practice reduction across their organisation.

4.5.15. Recording and Reporting of the use of Restrictive Practices

- **H&H Care** will record all uses of: Reporting Requirements as soon as reasonably possible after use the of an authorised restrictive practice
- chemical restraint;
- detention;
- environmental restraint;
- mechanical restraint;
- physical restraint; and
- seclusion

Each recording system must be completed by the nominated authorised program officer (APO) - the person who will be authorising some restrictive practices

- apply for regulated restrictive practices
- record authorisation decisions
- monitor authorised restrictive practices expiry dates
- record a summary of behaviour support plans.

- able to effectively capture and collate the organisation's restrictive practices
- flagging when an implemented restrictive practice has reached its review date
- reporting to monitoring sources as highlighted in the Monitoring of the use of Restrictive Practices and the Standards for Recording and Reporting of the use of Restrictive Practices sections.

4.5.16. Monitoring of the use of Restrictive Practices

✓ The internal monitoring of an organisation's use of restrictive practices will be overseen by their appointed Restrictive Practices Governance Committee, Board, Chief Executive and Management.

✓ The external monitoring of an organisation's use and recording of restrictive practices will occur via:

- The person with disability
- Families or guardians
- The Community Visitors Scheme (CVS), Department for Communities and Social Inclusion
- The Office of the Public Advocate (OPA)
- The Health and Community Services Complaints Commissioner (HCSCC)
- Department of Human Services (DHS)
- The Office of the Senior Practitioner (OSP), Department for Communities and Social Inclusion
- The Contracting and Sector Liaison Unit (CSLU), Department for Communities and Social Inclusion

4.5.17. Minimum Requirements for Restrictive Practice Data Collection

✓ All uses of planned or unplanned restrictive practices will be recorded in **H&H Care** s' existing incident management systems. The minimum requirements for restrictive practice data collection correspond to the table above.

✓ **(A)** Demographics **of the person subject to any use of a restrictive practice.**

- Full name
- Gender
- Date of birth
- Address

- Disability type
- Whether the person identifies as an Aboriginal or Torres Strait Islander

✓ **(B) Registering the details of each person's plan in place.**

- What PBSP (or other plan) is currently in place for the person?
- The date that the current plan was implemented (or register the date by which the organisation will implement a PBSP for the person).
- The person's plan review date (no more than six months since the previous review).

✓ The date that the restrictive practice(s) in this person's plan will be reviewed (no more than six months since the previous review).

- The name of the staff member or restrictive practices compliance officer responsible for monitoring the implementation, effectiveness and review of this person's plan.
- Where documented evidence will be found that the relevant Guardianship, Legal Orders, authorisations and consents are in place and have been followed for each use of a restrictive practice with a person.
- The name of the person's appointed guardian(s), as relevant.
- All relevant authorisation and consent expiry dates.

✓ **(C) When** the **person does not have an authorised restrictive practice within their plan and an emergency restrictive practice is used.**

• If the person is subject to an emergency use of a restrictive practice on more than one occasion, the date by which the organisation will implement a PBSP for the person will be recorded. Alternatively the organisation must reference evidence that the process of completing a PBSP is currently underway.

✓ **(D) Information to record after any use of a restrictive practice.**

• Whether the restrictive practice was episodic and part of the person's plan or an emergency use of a restrictive practice.

• There is documented evidence that least restrictive alternatives were explored before the restrictive practice was used.

• Type used (detention, environmental, chemical, mechanical, physical restraint, seclusion).

• The date, time and location where the use of a restrictive practice(s) occurred.

• The service type(s) that the person was using at the time of the restrictive practice.

• The name and title of the restrictive practices compliance officer.

• The name of the person responsible for supervising the staff member(s) involved and monitoring each use of a restrictive practice with the person.

• The name(s) of the staff member(s) who used the restrictive practice.

• Documented evidence that debriefing and feedback was provided after the event to the person with disability, their family, guardian or carer and the staff member(s) involved.

4.5.18. Monitoring and Reporting

✓ Restrictive practice recording systems must have the capacity to report information as requested by the following stakeholder as per the DHS - SA Restrictive Practice Authorisation scheme

✓ **Authorised Program Officer (APO),**

Through the course of ongoing visits with **H&H Care**, the APO will monitor the progress of each organisation towards building their internal restrictive practice reduction capacity and reducing their overall use of restrictive practices.
The APO will require evidence in line with the Service Outcomes, including evidence that a restrictive practice recording and reporting system has been implemented and is operational.
Note: If your organisation has no people subject to a restrictive practice you are required to report a nil return.

✓ **People with disability, families, carers and guardians**

The Authorised Program Officer (APO) service providers to assist people with disability, their families, carers and guardians to understand the nature of restrictive practices, consent, authorisation and the responsibilities of service providers outlined in this Reference Guide.
People with disability, their families, carers and guardians may further wish to discuss an organisation's use of restrictive practices, view the person's plan and relevant restrictive practices reporting documentation as a mechanism for addressing the use of these practices.
Information sharing permissions for family members, carers and guardians must be in place as per the wishes of the person with disability, the Guardianship and Administration Act 1993 or Ombudsman SA's Information Sharing Guidelines for promoting safety and wellbeing.
Providers of disability services for children are required to share information about all incidents of restrictive practices with the child's parent(s) or guardian. Further to this,

providers are required to share positive behaviour support (or other) plans with the child's parent(s) or guardian.

✓ **Written notices provided to people**

NDIS service providers communicate the use of Level 1 and Level 2 authorised restrictive practices in a written notice. It can be about an incident involving the use of one or more authorised restrictive practices.

✓ **To whom**

the adult with the disability
the parent or guardian of a child with the disability
the guardian or substitute decision-maker for the adult with the disability

✓ **When**

as soon as reasonably possible after use the of an authorised restrictive practice
can cover a 3-month period, detailing the use of the authorised restrictive practices

✓ **Saying what**

the name of the person who the restrictive practices were used upon
the name of the NDIS service provider who used the restrictive practice
the time and date (or time-period) in which the restrictive practice was used
the type of restrictive practice used, along with a description
why the restrictive practice was used
that the written notice is provided under Part 6A of the Disability Inclusion Act 2018
any other information the NDIS service provider thinks is needed

✓ **The Office of the Public Advocate (OPA), AGD**

The SAO and the OPA have endorsed a protocol for the sharing of information in respect to organisations' use of restrictive practices with, and the implementation of, PBSPs for people under Guardianship.

✓ **South Australian based NDIS service providers must report under the:**

- Restrictive Practices Authorisation scheme

Twice-yearly, NDIS service providers must report to the Restrictive Practices Unit about their authorisation of Level 1 restrictive practices.

✓ **The reports must provide information on the:**

- authorised program officer's name
- name of the NDIS service provider
- number of Level 1 restrictive practices authorised
- type of Level 1 restrictive practices authorised.

✓ **Twice-yearly reporting dates:**

- 30 June, for a 6-month period
- 31 December, for a 6-month period.

✓ **The Restrictive Practices Unit will help NDIS providers to meet this requirement by extracting this data from the restrictive practices system.**

- NDIS Quality and Safeguards Commission.

✓ In line with their organisational structures and functions, the Board will ensure that a restrictive practices recording and reporting system, restrictive practices compliance officer and restrictive practice governance arrangements are implemented to address individual and systemic restrictive practice reduction.

✓ Through the course of the monitoring activities outlined here, the OSP, CSLU, DCSI Investigations, DCSI Incident Management, OPA and the HCSCC may seek to discuss, with a Chief Executive Officer or Board, their organisation's use of restrictive practices and compliance with the Service Outcomes.

4.5.19. Restrictive Practices – Guideline for Assessing, Planning, Authorising and Consenting for Adults

✓ The use of restrictive practices is to be minimised and, where possible, eliminated. Where it is deemed that the use of a restrictive practice is necessary to protect the person with disability or others, it is important that appropriate authorisations and consents for its use are obtained.

✓ The use of restrictive practices without these authorisations and consents is illegal and could

leave a person or organisation implementing these practices open to civil and/or criminal proceedings.

✓ The following tables outline the authorisation and consent requirements for the use of restrictive practices for adults with disability in South Australia. Also provided is:

- The list of restrictive practices that must not be used under any circumstances
- Restrictive practices that require the consent of an appointed guardian with relevant powers from Section 32 of the *Guardianship and Administration Act 1993*
- Restrictive practices that require the consent of an appointed guardian, substitute decision-maker or person responsible
- Devices commonly used for therapeutic or safety purposes
- Potential risks of restrictive practices, recommended controls to assist in minimising risks, authorisation requirements (the list is not exhaustive), and examples of what restrictive practice means.
- This information should be read in conjunction with:
  - *Guardian Consent for Restrictive Practices in Disability Settings Policy, Office of the Public Advocate*
  - *Consent to Medical Treatment and Palliative Care Act 1995*
  - *Guardianship and Administration Act 1993*

4.5.20. Consent by the Individual

✓ In all instances, an person with decision-making capacity must have all decisions regarding the use of restrictive practices deferred to them. In some circumstances, a person can consent in advance to the use of a restrictive practice. Care must be taken to ensure that such consent is voluntary and not the subject of undue influence by people on whom the person with disability relies.

✓ These are practices that conflict with person-centred principles, are demeaning, not acceptable or are dangerous. They represent a risk to people's human rights, personal dignity and/or safety.

For the Child

✓ To recognise the complex circumstances of children and young people in care, and the higher standard of care that should be afforded to this cohort, registered NDIS providers should refer

restrictive practices (regardless of level) for children in care to the Senior Authorising Officer (SAO) where:

- ✓ the legal guardian does not consent to the use of restrictive practices
- ✓ the young person has sufficient maturity to understand the restrictive practices and why they have been sought, and does not consent to their use.

5- Behaviour Support Plan Implementation Policy & Procedure

5.1. Purpose

✓ The purpose of this policy & procedure is that each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.

5.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

5.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

5.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**

5.5. Policy & Procedure

5.5.1. Use of Restrictive Practices as per an Approved Plan

✓ Staff must not use restrictive practices unless **H&H Care** has established and documented in-depth process that outlines how the restriction will be performed in the setting of interest).

✓ Before a restrictive practice can be used, there is a requirement for it to be:

- Explicitly outlined in the participant's Behaviour Support Plan;
- Used only as a last resort in alignment with person-centred, evidence-based, and proactive strategies after all alternative options have been considered in depth;
- The least restrictive response feasible in the conditions to preserve the safety of the participant and others;
- Fully approved as per the approval requirements of South Australia
- Detailed in a Behaviour Support Plan that is lodged with the NDIS Commission;
- Used only in situations in which the participant's behaviour poses a risk to him- or herself, or others;
- Focused on decreasing the participant's risk of harming him- or herself or others;
- Proportional to the prospective negative outcomes or threat of harm; and
- Employed for the shortest duration possible to safeguard the safety of the participant or others.

5.5.2. Implementation of the Behaviour Support Plan

✓ It is the responsibility of the **Senior Authorising Officer** to ensure participant consent obtained and make sure that support staff members who are involved in the implementation of the Behaviour Support Plan have ready access to all documents related to guardians, substitute decision makers, or appointed Public Guardians.

✓ Per the legal requirements, **H&H Care**'s behaviour support practitioners will collaborate with other behaviour support practitioners, psychologists, and other relevant professionals during the implementation of the Behaviour Support Plans.

✓ Staff members who are responsible for implementing a Behaviour Support Plan that has been developed by a **H&H Care** behaviour support practitioner or alternative Registered Specialist Behaviour Support Provider must:

- Proactively collaborate with the relevant behaviour support practitioner to put the steps outlined in the plan into action and ensure support delivery is aligned with positive behaviour support and evidence-based practice; and
- Where required, work with alternative providers who are responsible for supporting the participant to ensure the strategies that are outlined in the Behaviour Support Plan and implemented as per the underlying intention.

✓ During the process of implementing Interim Behaviour Support Plans, **H&H Care** must conduct an in-depth assessment of the risks that the participant poses to him- or herself and others and

put in place suitable actions by which those risks can be minimised and mitigated using **Form42.Behaviour Support Risk Assessment Form**.

- ✓ It is imperative that all staff who are responsible for using positive behaviour strategies or implementing restrictive practices have undergone full training in their use and Training Matrix updated accordingly.

- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement. Performance review will be conducted to ensure that workers are implementing strategies in the participant's behaviour support plan appropriately. For this purpose, Worker Performance Assessment Form will be used.

- ✓ **H&H Care** needs to actively help specialist behaviour support providers to train all relevant personnel in the application, recording, and management of the behaviour support strategies that are included in Behaviour Support Plans. This includes delivering positive behaviour support to make sure participants' plans are implemented effectively.

- ✓ In circumstances in which it is not possible for **H&H Care** to engage effectively with the alternative service providers who are responsible for implementing the actions outlined in the Behaviour Support Plan or the support such groups provide to participants is not aligned with the specifications of the Behaviour Support Plan, **H&H Care** must notify the NDIS Commission immediately.

6- Monitoring and Reporting the Use of Regulated Restrictive Practices Policy & Procedure

6.1. Purpose

✓ The purpose of this policy & procedure is that each participant is only subject to a restrictive practice that is reported to the NDIS Commission.

6.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

6.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

6.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**

6.5. Policy & Procedure

6.5.1. Monitoring and Reporting the Use of Regulated Restrictive Practices Process

✓ To ensure **H&H Care** continues to improve and develop in terms of the planning and delivery of

its services, there is a requirement to ensure staff evaluate and manage the implementation and effectiveness of the strategies detailed in the Behaviour Support Plans on an ongoing basis.

- ✓ All reviews must be managed by a trained behaviour support practitioner, and he or she should ensure that all staff members who will be responsible for the implementation of the Behaviour Support Plan are consulted and involved in the planning process. The main goal of the reviews should be to identify methods of decreasing or eradicating any restrictive practices in response to changes in the participant's behaviour and his or her overall progress.

- ✓ Comprehensive Behaviour Support Plans must be formally reviewed at least every twelve (12) months.

- ✓ Where necessary, and in response to participant feedback behaviour monitoring, or observations, reviews may be performed more frequently.

- ✓ Reviews will also be essential if the clients change service providers or relocate to another state or territory.

- ✓ **H&H Care** must give monthly online reports to the Commissioner regarding the use of regulated restrictive practices using a PRODA account. A report under this section must:

  (a) be in the form approved by the Commissioner; and

  (b) include any information, and be accompanied by any documents, required by the Commissioner.

- ✓ All monitoring activities should be completed in collaboration with the participants, associated carers, and members of their support networks, and should take into consideration any data acquired by other service providers.

- ✓ Collaboration may involve working with other representatives on an informal basis, for example, by reviewing case notes or eliciting participant feedback, or may occur on a formal level through supervision, team meetings, or other stakeholder interactions.

- ✓ In addition, there may be some instances in which a Behaviour Support Plan is produced before the providers who are responsible for implementing the plan have been allocated. In such circumstances, the plan will undergo review after suitable providers have been identified.

- ✓ All changes to the Behaviour Support Plans should be in direct response to participant feedback, the observations and evaluations of their support networks, and formal evaluations of the

participant's behaviour.

- ✓ Updated Behaviour Support Plans must be lodged with the NDIS Commission and should not be implemented until they have been authorised and communicated to all individuals who are responsible for implementing the actions outlined in the plan.
- ✓ The NDIS Commission may perform random audits to review Behaviour Support Plans or may assess plans in response to complaints or queries.

7- Behaviour Support Plan Review Policy & Procedure

7.1. Purpose

✓ The purpose of this policy & procedure is that each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

7.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

7.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

7.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**

7.5. Policy & Procedure

7.5.1. Behaviour Support Plan Monitoring and Review process

✓ To ensure **H&H Care** continues to improve and develop in terms of the planning and delivery of its services, there is a requirement to ensure staff evaluate and manage the implementation

and effectiveness of the strategies detailed in the Behaviour Support Plans on an ongoing basis.

✓ The NDIS Commission Portal will be updated as follows:

- upload behaviour assessments and the outputs of any other assessment reports that are deemed to be of relevance;
- upload Behaviour Support Plans to the system;
- monitor and update any current Behaviour Support Plans;
- upload the outcomes of any assessments, including functional behaviour assessments; and/or
- allocate any implementing service providers to the Behaviour Support Plans.

✓ All reviews must be managed by a trained behaviour support practitioner, and he or she should ensure that all staff members who will be responsible for the implementation of the Behaviour Support Plan are consulted and involved in the planning process. The main goal of the reviews should be to identify methods of decreasing or eradicating any restrictive practices in response to changes in the participant's behaviour and his or her overall progress.

✓ **H&H Care** must give monthly reports to the Commissioner regarding the use of regulated restrictive practices using a PRODA account.

✓ Where necessary, and in response to participant feedback behaviour monitoring, or observations, reviews may be performed more frequently.

✓ Collaboration may involve working with other representatives on an informal basis, for example, by reviewing case notes or eliciting participant feedback, or may occur on a formal level through supervision, team meetings, or other stakeholder interactions.

7.5.2. Record Keeping

✓ The following information and data must be recoded:

(a) a description of the use of the regulated restrictive practice, including:
(i) the impact on to the person with disability or another person;
(ii) any injury to the person with disability or another person;
(iii) whether the use of the restrictive practice was a reportable incident; and
(iv) why the regulated restrictive practice was used;

(b) a description of the behaviour of the person with disability that lead to the use of the regulated restrictive practice

(c) the time, date and place at which the use of the regulated restrictive practice started and ended

(d) the names and contact details of the persons involved in the use of the regulated restrictive practice

(e) the names and contact details of any witnesses to the use of the regulated restrictive practice

(f) the actions taken in response to the use of the regulated restrictive practice

(g) what other less restrictive options were considered or used before using the regulated restrictive practice

(h) the actions taken leading up to the use of the regulated restrictive practice, including any strategies used to prevent the need for the use of the practice

- ✓ Information and data collected and recorded by behaviour support practitioners and support workers must comply with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- ✓ Records shall be kept for seven years from the day the record is made.

8- Reportable Incidents involving the Use of a Restrictive Practice Policy & Procedure

8.1. Purpose

✓ The purpose of this policy & procedure is that Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

8.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

8.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

8.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**
- **Form04.Incident Report**

8.5. Policy & Procedure

8.5.1. Reportable Incidents

✓ All unplanned or unapproved application of a restrictive practice represents a reportable incident that **H&H Care** must report to the NDIS Commission.

- ✓ Follow Incident Management Policy and Procedure and use **Form04.Incident Report**.
- ✓ Safety representative is responsible for reporting incidents that are reportable incidents to the Commissioner. In addition, any key personnel can notify Commissioner of reportable incidents in compliance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and Incident Management Policy and Procedure as per Incident Management Procedure.
- ✓ Following a reportable incident, it is the responsibility of the **Managing Director** to ensure that all participants and associated stakeholders are provided with adequate support through a Behaviour Support Plan that incorporates the use of restrictive practices.
- ✓ This includes the need to make sure that any participants who were involved in a reportable incident are promptly referred to a medical practitioner for evaluation where required.
- ✓ If the participant did not have a Behaviour Support Plan prior to the reportable incident taking place, the behaviour support practitioner may be required to put one in place.
- ✓ If a Behaviour Support Plan had been developed, it should be reviewed immediately to ensure that the provisions contained therein are adequate and effective. If the Behaviour Support Plan needs to revise, it must be done so in accordance with the registration and authorisation processes outlined above before any new actions or strategies are implemented. as
- ✓ In the aftermath of a reportable incident, **H&H Care** will work closely with all necessary mainstream services, including emergency services, medical practitioners, the police, and additional professionals, to ensure the response to the incident is timely, adequate, and effective.
- ✓ All reportable incidents must also be assessed in accordance with **Risk Management Policy and Procedure** and **Incident Management Policy and Procedure.**
- ✓ The findings of any reviews of this nature should be applied in a subsequent review of the Behaviour Support Plan of the participant concerned. Where necessary, additional support should be made available to the participant.
- ✓ The participant together with relevant stakeholders from their support must be directly involved in any evaluations that will directly impact their care and the review of reportable incidents that have had an impact on them.

- ✓ In a situation in which an unauthorised restrictive practice has been employed, the members of staff who were involved, in addition to **Managing Director** and other relevant providers, must collaborate with one another to develop an action plan to prevent the incident from recurring and ensure all managements strategies that are implemented in the future are aligned with the participant's needs.

- ✓ All meetings in which unauthorised restrictive practice is discussed should be fully minute using Meeting Minutes Template and the outputs shared with all relevant parties.

9- Interim Behaviour Support Plans Policy & Procedure

9.1. Purpose

✓ The purpose of this policy & procedure is that Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.

9.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

9.3. Definitions

✓ As per Applicable Practice Standards Policy & Procedure

9.4. Relevant Documents

- **NDIS Quality and Safeguarding Framework**
- **National Disability Insurance Scheme Act 2013.**
- **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**
- **Interim Behaviour Support plan**

9.5. Policy & Procedure

✓ Where restrictive practices may need to be rapidly implemented in response to situations where there is a clear and immediate risk of harm linked to behaviour(s) of concern and there is no behaviour support plan in place, an **Interim Behaviour Support plan** must be developed

within one month.

- ✓ The purpose of the interim behaviour support plan is to mitigate the risk of harm to the people around participants.
- ✓ The Interim Behaviour Support Plan should be developed by a registered behaviour support practitioner and should include details of behaviour support any required regulated restrictive practices that include the following:
    - strategies by which the onset of the behaviour that is of concern can be managed;
    - the interventions that will be employed if the behaviour of concern starts to escalate;
    - the strategies by which the behaviour of concern can be managed as a means of deescalating it and bringing the incident to an end as quickly and safely as possible; and
    - how all information relevant to the restrictive practice will be recorded.
- ✓ As is the case with restrictive practices in general, any restrictive practices that are employed should be limited to the lowest degree of force or restriction required and should only be enforced for the time necessary to mitigate an apparent risk.
- ✓ **H&H Care** will collaborate with relevant mainstream services such as the Police, other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians to contribute to the plan's development.
- ✓ **H&H Care** will take all reasonable steps to facilitate the development of an interim behaviour support plan for participant that covers the use of the practice within 1 month after the first use of the regulated restrictive practice.
- ✓ Adequate training will be provided to the workers in the implementation of the interim behaviour support plan and training matrix will be updated accordingly.
- ✓ For every participant, the following actions should be taken within one (1) month:
    - Consent should be obtained;
    - The **Managing Director** needs to review the content of the interim plan, verify all behaviour support strategies outlined therein, and be satisfied that the strategies contained within the plan signify the least restrictive of the choices that are available

that have a sufficient evidence base concerning the management of the risk;

- The **Managing Director** should stipulate how long the interim plan is authorised for. This should be the least duration required to ensure the risk is sufficiently managed and must not extend beyond five (5) months; and
- The **Managing Director** must report any uses of restrictive practices to the NDIS Quality and Safeguards Commission fortnightly throughout the time for which the interim plan is authorised.

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