

45. Implementing Behaviour Supports Policy and Procedure – Module 2A

Approval Date: 06 Jan 2025	Review date: 06 Jan 2026	Version: 1.1
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Purpose

To ensure that each participant has access to behaviour support needs that are appropriate to meet their individual requirements and to improve the quality-of-life outcomes for all individuals with disabilities and reduce and/or eliminate any restrictive practices that may be in place.

The reduction and fading out of Restrictive Practices are outlined in the NDIS Quality and Safeguards Commission Framework, and an integral part of the United Nations Convention on the Rights of Persons with a Disability. To this end, Australian Quality Care will work toward providing positive behaviour support and working with the NDIS Quality and Safeguards Commission Behaviour Support Team and Behaviour Support Practitioners to implement the Behaviour Support Plan designed to meet the participant needs.

Australian Quality Care understands the participant's behaviours of concern and how they can have a negative impact on an individual and/or those in their family, the support services, as well as the community, to ensure their behaviour support needs are being appropriately managed and supported.

Australian Quality Care acknowledges that to be an Implementing Provider, we must be registered by the NDIS Quality and Safeguards Commission and work within legislative guidelines - state and the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Policy

Australian Quality Care will ensure our practices meet and comply with all relevant legislation and policy framework.

Any providers that Australian Quality Care work with who use, or are likely to use restrictive practices, or who develop Behaviour Support Plans must be registered with the NDIS Commission and meet supplementary requirements of the NDIS Practice Standards. The NDIS Commission approves Behaviour Support Practitioners using a competency framework. Australian Quality Care will ensure that the relevant state/territory authorisation for the use of Restrictive practices is

sought, and that the use of Restrictive Practices is appropriately reported with the NDIS Commission.

Australian Quality Care is committed to ensuring that participants with an intellectual or cognitive disability who exhibit behaviour that causes harm is supported in appropriate ways, in a safe environment and in a way that recognises their rights and needs.

Australian Quality Care is committed to providing services in a way that:

- Ensure transparency and accountability in the use of restrictive practices
- Recognise that restrictive practices should not be used to punish an adult or in response to behaviour that does not cause harm to the adult or others
- Aim to reduce the intensity, frequency and duration of the participant's behaviour that causes harm to the participant or others
- Aim to reduce or eliminate the need for restrictive practice.

Scope

This policy and its procedures applies to all Australian Quality Care staff involved in implementing behaviour supports to participants, and in all cases where regulated and unregulated restrictive practices are used. It also applies to engaged Specialist Behaviour Support Providers and their Practitioners.

In the context of the NDIS (National Disability Insurance Scheme), these roles have distinct responsibilities:

Specialist Behaviour Support Providers:

- These providers are responsible for developing behaviour support plans. They conduct assessments and create person-centred plans aimed at reducing and eliminating the use of restrictive practices.
- They must meet the Positive Behaviour Support (PBS) Capability Framework, which outlines the necessary knowledge and skills.
- Their plans include strategies to support the participant's behaviour in a positive and proactive manner

Behaviour Support Practitioners:

- These practitioners are employed by specialist behaviour support providers. They are the professionals who actually develop the behaviour support plans.
- Only practitioners who are considered suitable by the NDIS Commission can develop these plans.

- They work closely with participants to understand their needs and create effective strategies to support positive behaviour.

Implementing Providers:

- These providers are responsible for putting the behaviour support plans into action. They ensure that the strategies outlined in the plans are followed.
- They must obtain authorisation for the use of any restrictive practices from the relevant state or territory authorities.
- They are also required to coordinate training for their staff by the Behaviour Support Practitioner about the support strategies in a participant's PBSP, and to report the use of restrictive practices to the NDIS Commission

Responsibilities

Implementing Provider (Australian Quality Care)

Behaviour Support Plans and the use of Restrictive Practices require Australian Quality Care to have transparent responsibilities and ensure that all parties are aware of their obligations.

To implement Behaviour Support, Australian Quality Care must be registered with the NDIS as an Implementing Provider of Behaviour Support and be audited against the Module 2A: Implementing Behaviour Support Plans.

In the case where regulated restrictive practices are used on an ongoing basis, Australian Quality Care will engage a Specialist Behaviour Support Provider to develop an Interim Behaviour support Plan within 1 month of when the restrictive practice was first used, and then a Comprehensive Behaviour Support Plan within 6 months of when the regulated restrictive practice was first used.

Australian Quality Care will:

- Obtain authorisation through the State body (Qld DCDSS)
- Be registered with the NDIS Quality and Safeguards Commission for the requisite registration group
- Ensure that proper consent is obtained for all use of Restrictive Practices (see Consent, below)
- Ensure compliance with the Restrictive Practices Decision Making Guideline issued by the Queensland Office of Public Guardian
- Ensure that all practitioners developing and workers delivering behaviour support are appropriately trained, qualified and supported

- Ensure that NDIS Behaviour Support Practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of Behaviour Support Plans
- Maintain the quality and compliance aspects of the Online Data Collection (Qld),
- Report any authorised and unauthorised use of restrictive practices to the NDIS Quality & Safeguards Commission as required
- Support participants to make and resolve complaints
- Support other providers implementing a Behaviour Support Plan:
 - In delivering services
 - Implementing strategies in the plan; and
 - Evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices
- Monitor the use of restrictive practices, including regularly report the use of the restrictive practice to the NDIS Quality and Safety Commission
- Notify the Behaviour Support Practitioner if changes in circumstances require the Behaviour Support Plan to be reviewed
- Record all use of restrictive practices (see Record Keeping, below); and
- Demonstrate a commitment to reducing and eliminating restrictive practices through policies, procedures and practices (see Record Keeping, below).

Specialist Behaviour Support Providers (engaged by Australian Quality Care)

- Specialist Behaviour Support Providers must ensure compliance with the Restrictive Practices policy and guidelines issued by the QLD Department of Community, Disability Services and Seniors
- Australian Quality care will only engage behaviour support Practitioners deemed suitable by the NDIS Commission
- Specialist Behaviour Support Provider must develop an Interim Behaviour Support Plan within 1 month of being engaged by Australian Quality Care.
- Specialist Behaviour Support Provider must develop a Comprehensive Behaviour Support Plan within 6 months of being engaged by Australian Quality Care
- Specialist Behaviour Support Provider must develop plans that meet NDIS Commission requirements and in consultation with the person with a disability, their support network and implementing provider
- During consultation, the Specialist Behaviour Support Provider must provide details of the regulated restrictive practice that they intend to include in a behaviour support plan, and this must be in a format that the person can understand, such as Easy-Read.

- Comprehensive plans also include a functional behavioural assessment, and contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
- Plans must work towards reducing and eliminating restrictive practices, and
- Plans must be developed in a form approved by the Commissioner, submitted to the NDIS Commission by the Specialist Behaviour Support Provider, and reviewed at least every 12 months, or if the participant's situation changes.
- Undertake ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.

In collaborating with implementing providers, **Behaviour Support Practitioners** will:

- Support other providers implementing a Behaviour Support Plan to:
 - Deliver services
 - Implement strategies in the plan; and
 - Evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.
- Consider the interface between 'reasonable and necessary supports' under a participant's plan and any other supports or services under a comprehensive system of service delivery that the participant receives and develop strategies and protocols to integrate supports/services as practicable
- Develop Behaviour Support Plans in consultation with the providers implementing Behaviour Support Plans
- Provide the Behaviour Support Plan to those providers for their consideration and acceptance
- Facilitate or deliver person-focused training, coaching and mentoring to each of the providers implementing Behaviour Support Plans, and, with each participant's consent, their support network (where applicable); training covers the strategies required to implement a participant's Behaviour Support Plan, including positive behaviour support strategies
- Develop Behaviour Support Plans for each participant, in collaboration with the providers implementing the Behaviour Support Plan
- Provide oversight where the specialist behaviour support provider recommends that workers implementing a Behaviour Support Plan receive training on the safe use of a restrictive practice
- Included in a plan, to ensure the training addresses the strategies contained within each participant's Behaviour Support Plan

- Offer ongoing support and advice to providers implementing Behaviour Support Plans, and, with the participant's consent, their support network (where applicable), to address barriers to implementation
- Provide support to the provider/s implementing each participant's Behaviour Support Plan in responding to a reportable incident involving the use of restrictive practices.
- Notify, and work with, the NDIS Commissioner to address such situations:
 - Where effective engagement with providers implementing Behaviour Support Plans is not possible for any reason; or
 - If the supports and services are not being implemented in accordance with the Behaviour Support Plan.

Crisis Response

A crisis response may be required in situations where:

- There is a clear and immediate risk of harm linked to behaviour(s) specifically new or a previously inexperienced degree of severity in the escalation of behaviour; and
- There is no interim or comprehensive Behaviour Support Plan in place.

Crisis response should:

- Involve the minimum amount of restriction or force necessary
- The least intrusion and be applied only for as long as is needed to manage the risk
- Never be used as a de facto routine behaviour support strategy.

Where a crisis response includes the use of a Regulated Restrictive Practice, the application is unauthorised and constitutes a **reportable incident** (see **Regulated Restrictive Practices as Reportable Incidents** below, and the *Reportable Incidents, Accidents and Emergency Management Policy and Procedure*).

Until authorisation is obtained, it remains an unauthorised restrictive practice. Each occasion where the practice is used constitutes a reportable incident.

Where it is anticipated that a crisis response will be needed again, it must be included in a Comprehensive or Interim Behaviour Support Plan, and authorisation for its use must be sought.

Australian Quality Care must engage a registered Behaviour Support Practitioner to develop a Behaviour Support Plan, and must develop:

- An Interim Behaviour Support Plan that includes provision for the use of the Regulated Restrictive Practice within one (1) month after being engaged to create the plan; and

- A Comprehensive Behaviour Support Plan that includes provision for the use of the Regulated Restrictive Practice within six (6) months after being engaged to develop the plan.

Interim Behaviour Support Plans

The Interim Behaviour Support Plan focuses on the mitigation of risks for the person with a disability and people around them.

Where appropriate, the Behaviour Support Practitioner may develop an interim plan for behaviour supports (including Regulated Restrictive Practices) that prescribes the following:

- Strategies to prevent the onset of the behaviour of concern
- Strategies to intervene during the escalation of the behaviour of concern
- Strategies to manage during the occurrence (i.e. incident) of the behaviour of concern to de-escalate and conclude the incident as quickly and safely as possible
- Information recording, including that prescribed for reporting the use of the restrictive practice.

For each participant, the following must be undertaken within one (1) month:

- Consent should be obtained
- Interim authorisation should be sought from a designated senior manager within Australian Quality Care or another service provider who is working with the participant.
- The Director (or suitable delegate) should consider the content of the interim plan for behaviour supports and be satisfied that the strategies outlined represent the least restrictive alternative options which have an adequate evidence base for managing the risk
- The Director (or suitable delegate) should specify the duration of the interim authorisation, which should be the shortest duration required to manage the risk, and must not be longer than five months
- The Director (or suitable delegate) must report fortnightly to the NDIS Quality and Safeguards Commission on any use of restrictive practices, for the duration of the interim authorisation.

For each participant, the following must be undertaken within six (6) months:

- Authorisation for a Comprehensive Behaviour Support Plan should be obtained; or
- Restrictive practices must be discontinued.

Where approval for the short-term use of Regulated Restrictive Practices has been obtained, Australian Quality Care must submit reports to the NDIS Commission within the appropriate timeframes while the approval is in force.

Comprehensive Behaviour Support Plan

Australian Quality Care will collaborate with the Behaviour Support Plan Practitioner service to implement the Behaviour Support Plan. The Behaviour Support Plan must be developed prior to the authorisation of a Regulated Restrictive Practice. A Behaviour Support Practitioner must develop a Behaviour Support Plan that meets the requirements of the NDIS Commission. For example, it should:

- Be developed in consultation with the person with a disability, their support network and implementing provider
- Be considered alongside alternatives that do not require restrictive practices
- Be based on a comprehensive biopsychosocial assessment including a functional behavioural assessment
- Contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
- Be aimed at reducing and eliminating restrictive practices
- Be developed in a form approved by the NDIS Commissioner and lodged with the NDIS Commission
- Lodged into the Online Data Collection DCDSS
- Be reviewed as specified below.

Behaviour support practitioners will use the NDIS Commission's Portal to:

- Attach behaviour assessments and any other relevant assessment reports
- Enter behaviour support plans onto the system
- Manage and update current behaviour support plans
- Upload assessments, including functional behaviour assessments
- Associate implementing service providers to plans.

Positive Behaviour Support Capability Framework provides detailed guidance on the issues that should be considered when developing a Behaviour Support Plan.

Consent

Consent must be obtained from the participant, or their guardian, prior to the authorisation of a Regulated Restrictive Practice. Consent must be voluntary, informed, specific and current.

Voluntary consent: A person must be free to exercise genuine choice about whether to give or withhold consent. This means they haven't been pressured or coerced into a decision, and they have all the information they need in a format they understand. Voluntary consent requires that the person is not affected by medications, other drugs or alcohol when making the decision.

Informed consent: A person's capacity to make decisions will vary depending on the type of decision or its complexity, or how the person is feeling on the day. The way information is provided to a person will also affect his or her capacity to make decisions. Choices must be offered in a way that the person understands, for example, by using images or signing. Support, where required, must be provided for the person to communicate their consent.

Specific consent: Consent must be sought for the particular restriction each time authorisation is requested.

Current consent: Consent cannot be assumed to remain the same indefinitely, or as the person's circumstances change. People and guardians are entitled to change their minds and revoke consent at a later time.

Restrictive Practice Authorisation

A restrictive practice may only be used as part of a planned response to an adult's behaviour that causes harm where it has been demonstrated that such a response is the least restrictive way of ensuring the safety of the adult or others (as is practicable in the circumstances). Behaviour Support Practitioner undertakes appropriate assessment and develops a Behaviour Support Plan that includes strategies to manage challenging behaviour by the Implementing provider.

Queensland legislation required that Australian Quality Care only use of the restrictive practice where:

- It complies with the approval or consent of the relevant decision maker
- It is necessary to prevent the adult's behaviour that causes harm to the adult or others
- It is the least restrictive way of ensuring the safety of the adult or others (as is practicable in the circumstances)
- It complies with a behaviour support plan developed for the adult.

Authorisation of Regulated Restrictive Practices

Restrictive practices authorisation is an endorsement for identified restrictive practices to be implemented with a particular individual, in a specific service setting, by associated staff and under clearly defined circumstances. Authorisation must be sought by Australian Quality Care who intends to implement the restrictive practice regarding the adult.

Australian Quality Care must follow to use a restrictive practice legally. This includes using the restrictive practice where:

- It complies with the approval or consent of the relevant decision maker
- It is necessary to prevent the adult's behaviour that causes harm to the adult or others
- It is the least restrictive way of ensuring the safety of the adult or others (as is practicable in the circumstances)
- It complies with a positive behaviour support plan developed for the adult.

Authorisation must be provided for each specific type of restrictive practice. Australian Quality Care will not use any other restrictive practice other than listed in the Behaviour Support Plan. The authorisation may be given to use a restrictive practice for a time-limited period only. The decision to authorise a restrictive practice must be regularly reviewed within agreed time frames.

The Authorisation body depends on:

- Whether the use of the restrictive practice is planned or unplanned
- The type of restrictive practice (containment and seclusion, chemical/mechanical/physical restraint or restricted access to objects)
- The type of disability service the adult is receiving (respite and/or community access only, or accommodation and community support alone, together, or in conjunction with respite and/or community access).

Australian Quality Care will collaborate with all service providers currently providing the participant services and follow the participant’s Behaviour Support Plan. The Comprehensive Behaviour Support Plan will detail the restrictive practice requirements, including planned responses.

- If Australian Quality Care is using or proposing to use physical restraint only or in combination with mechanical or chemical restraint, then the use of physical restraint, as written in the person’s behaviour support plan can only be authorised by a guardian for a restrictive practice (general) matter appointed by the Queensland Civil and Administrative Tribunal (QCAT).
- For containment and seclusion, this lodging is done jointly with Disability Services and Queensland Civil and Administrative Tribunal (QCAT), except where the person is receiving respite and/or community access services only, in which case it is the relevant service provider’s responsibility.
- Behaviour Support Plan service will work closely with the adult with a disability and their family or carers to support and initiate the application process.

The following approvals are required (except when the adult is only receiving respite care and/or community access):

Restrictive practice	Approval required from
Containment or seclusion	QCAT
Mechanical, physical or chemical restraint	Guardian for restrictive practice (general) appointed by QCAT
Restricting access to an object	Guardian for restrictive practice (general) appointed by QCAT or an informal decision maker (see section 144 of the <i>Disability Services Act 2006</i>)
Any form of restrictive practice plus containment and seclusion	QCAT

Approval Authority for RP - Queensland

Legislative / Policy Framework	Legislative Framework Disability Services Act 2006 (Qld) Part 6 Guardianship and Administration Act 2000 (Qld) Chapter 5B Public Guardian Act 2014 (Qld) section 12
Authority Entity	Delegated Individuals Department of Child Safety, Seniors and Disability Services <ul style="list-style-type: none"> can provide short term authorisation for chemical, mechanical, physical, and environmental restraints Public Guardian <ul style="list-style-type: none"> can provide short term authorisation for the use of seclusion and containment A guardian for restrictive practice (general) <ul style="list-style-type: none"> can provide longer term authorisation for chemical, mechanical or physical restraint and environmental restraints Delegated Panel Queensland Civil and Administrative Tribunal (QCAT). Can authorise seclusion or containment in comprehensive BSPs.
Website and key contacts	W cdc.disability.qld.gov.au/help_resources/resources_ext.aspx Disability Connect E enquiries_rp@dcsdssip.qld.gov.au P 1800 902 006 Office of the Public Guardian (for short term approvals) E OPG-PBS@publicguardian.qld.gov.au
ICT platform for authorisations	No.
Types of RPs regulated	NDIS (Restrictive Practices and Behaviour Support) Rules 2018 definition of regulated restrictive practices. Disability Services Act 2006 (Qld) section 144 definition of restrictive practices.
Variations from NDIS regulated RPs	<ul style="list-style-type: none"> Environmental restraint is referred to as 'restricting access'. Containment means preventing the free exit of an adult with an intellectual or cognitive disability from premises where the adult receives disability services or NDIS supports or services, other than by secluding the adult. Locked doors, gates and windows are exempt from this definition where they are in response to an adult with a skills deficit.
Prohibited Practices	Any use of restrictive practices that is not in compliance with part 6 of the Disability Services Act 2006 (Qld) would be unlawful.
Scope	NDIS services and state disability services. Adults who have an intellectual or cognitive disability, and are at risk of harming themselves or others, and receive services from government provided or NDIS funded services.
NDIS Behaviour Support Plan required?	Yes, for longer term authorisation. Queensland requires a Positive Behaviour Support Plan, with template available from Department of Child Safety, Seniors and Disability Services.
Consent required?	Yes, consent is required from QCAT (for containment and/or seclusion) and a guardian for restrictive practice (general) for other types of restrictive practices (chemical, mechanical, physical or environmental restraint).
Authorisation period	Up to 12 months for containment and seclusion authorisations. The decision to approve or consent to a restrictive practice must be regularly reviewed, at a minimum of once per year. Queensland Civil and Administrative Tribunal has review and appeal jurisdiction where applicable.
Statutory Appeal	No.

Minimum Requirements for the Use of Regulated Restrictive Practices

The Regulated Restrictive Practice must:

- Be clearly identified in the Behaviour Support Plan
- Be authorised in accordance with Queensland processes
- Be used only as a last resort in response to the risk of harm to the person with a disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies
- Be the least restrictive response possible in the circumstances to ensure the safety of the person or others
- Reduce the risk of harm to the person with a disability or others
- Be in proportion to the potential negative consequence or risk of harm; and
- Be used for the shortest possible time to ensure the safety of the person with a disability or others.

In addition, the person with a disability to whom the Behaviour Support Plan applies must be given opportunities to participate in community activities and develop new skills that have the potential to reduce or eliminate the need for Regulated Restrictive Practices in the future.

Review of Comprehensive Behaviour Support Plans containing a Regulated Restrictive Practices

A Comprehensive Behaviour Support Plan that includes a Regulated Restrictive Practice must be reviewed by an NDIS Behaviour Support Practitioner:

- If there is a change in circumstances which requires the plan to be amended as soon as practicable after the adjustment occurs; or
- In any event—at least every 12 months while the plan is in force.

Behaviour Support Plans containing Regulated Restrictive Practice must be lodged by the Behaviour Support Practitioner with:

- The NDIS Commissioner as soon as practicable after it is developed
- The Department of Community, Disability Services and Seniors ODC system by the service provider or Behaviour Support Practitioner.

Record Keeping and Reporting

Record keeping should document both:

- Compliance in the use of Regulated Restrictive Practices; and
- The reduction and minimisation of Regulated Restrictive Practices and the use of alternatives, where possible.

Records should include:

- Behaviour Support Plans proposed and authorised
- A description of the use of the Regulated Restrictive Practice, including:
 - The impact on the person with a disability or another person
 - Any injury to the person with a disability or another person
 - Whether the use of the restrictive practice was a Reportable Incident; and
 - Why the Regulated Restrictive Practice was used
- A description of the behaviour of the person with a disability that leads to the use of the Regulated Restrictive Practice
- The time, date and place at which the use of the Regulated Restrictive Practice started and ended
- The names and contact details of the persons involved in the use of the Regulated Restrictive Practice
- The names and contact details of any witnesses to the use of the Regulated Restrictive Practice
- The actions are taken in response to the use of the Regulated Restrictive Practice
- What other least restrictive options were considered or used before using the Regulated Restrictive Practice
- The actions are 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.

These records will be kept for seven years from the day the record is made. Australian Quality Care must report to the NDIS Commission:

- Monthly reports regarding the use of Regulated Restrictive Practices, including when there is Nil use of Regulated Restrictive Practices
- Every two (2) weeks where approval has been obtained for short term use of a Regulated Restrictive Practice and while the approval is in force.

Short-term Approval

Department of Community Disability Services and Seniors Reporting

NDIS providers must notify DCDSS of all approvals received, including Short-term Approvals for use of Restrictive Practice and behaviour support plan approvals through the [Online Data Collection](#) portal.

Providers must report on the usage frequency of approved restrictive practices to the NDIS Commission.

How to notify the department of a restrictive practice approval or consent to the use of Restrictive Practices (Form 6-4)

- Submit Form 6.4: Notification of Approval or Consent to the Use of Restrictive Practices. Via ODA portal on DCDSS portal.

Types of Restrictive Practice usage Reporting

Online Data Collection allows for two kinds of Restrictive Practice usage reporting for a Service User:

- Episodic Restrictive Practice Usage refers to each instance of the use of Restrictive Practice, which is used in response to behaviour that causes harm to self or others. Usage is reported for each instance of Restrictive Practice used, i.e. on date x; Restrictive practice y was used
- Routine Restrictive Practice Usage refers to Restrictive Practice usage, which is consistently used or applied each day, for example, medications are given each day (chemical restraint) or headgear worn during awake hours (mechanical restraint).
Examples of reporting Routine Restrictive Practice Usage
 - Records requirements
 - Submit Restrictive Practices identification tool
 - At the commencement of the use of the regulated restrictive practice through to the end of use for the month
 - From the start of reporting month to end of reporting month if used each day
 - For part of the month due to Service User transitioning in and out of care
 - Change of circumstances.

Record keeping, reporting and reviewing must comply with regulations and be held for a minimum of seven (7) years.

Regulated Restrictive Practices as Reportable Incidents

The unauthorised use of the restrictive practice is a Reportable Incident and must be reported to the NDIS Commissioner.

- Unauthorised use of restrictive practices must be reported on the NDIS Commission Portal within 5 business days.
- Use of Prohibited Practices (see Definitions) must be reported immediately (within 24 hours of key personnel becoming aware of the incident).

If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ. See the *Reportable Incident, Accident and Emergency Management Policy and Procedure* for further details relating to reporting incidents to the NDIS Commission.

Related Documents

- Reportable Incident, Accidents and Emergencies Policy and Procedures
- Risk Management Policy and Procedures
- Incident Report Form
- Training Record
- Training Attendance Register – In House Training
- Behaviour Support Plan
- Interim Behaviour Support Plan
- See Appendix 2 for additional forms
 - Reportable incident – Immediate notification
 - Reportable Incident – 5-day Notification
 - Restrictive practices reporting form
 - Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators July 2018, Version 1
- Disability Services Act 2006 (QLD)
- Mental Health Act 2000 (QLD)

- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- Notice of Regulated Restrictive Practice that does not require authorisation under a state process.
- Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- Authorising restrictive practices, Department of Communities Disabilities Services and Seniors
- User Guide Authorisation of Restrictive Practice Information Using Online Data Collection (ODC)
- Restrictive Practices Decision Making Framework Office of Public Guardian

Appendix 1 – Definitions

<p>Behaviour Support Plan</p>	<p>A document or series of linked documents that outline strategies designed to deliver a level of behaviour support appropriate to the needs of an individual person. A Behaviour Support Plan is to have a preventative focus and is usually required to have a responsive focus. The plan should include multiple elements, reflecting the level of complexity, assessed needs, parameters and context of the service agreement. A Behaviour Support Plan may be either:</p> <p>(a) A Comprehensive Behaviour Support Plan; or</p> <p>(b) An Interim Behaviour Support Plan.</p>
<p>Behaviour Support Practitioner</p>	<p>A person with tertiary qualifications in psychology, special education, speech pathology, social work or other relevant discipline and/or training and experience in the provision of behaviour support and intervention.</p>
<p>NDIS Behaviour Support</p>	<p>A person the Commissioner considers is suitable to undertake behaviour support assessment (including functional, behavioural assessments) and to develop Behaviour Support Plans that may contain the use of restrictive practices.</p>
<p>Capacity</p>	<p>A person has the capacity to consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action and can communicate an intention to consent (or to refuse consent) to the decision or action.</p> <p>A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability. A person may have the ability to exercise privacy rights even if they lack the capacity to make other important life decisions.</p>

Consent	<p>Consent refers to the permission given by a person or legally appointed guardian (with authority to consent to restrictive practices).</p> <p>Consent must be obtained from the participant, or their guardian, prior to the authorisation of an RRP. (Section 4.3 of the NSW Restrictive Practices Authorisation Policy (June 2018) sets out who can consent to different categories of RRP).</p>
Containment	<p>Containment of an adult with an intellectual or cognitive disability means the physical prevention of the adult freely exiting the premises where the adult receives disability services, other than by secluding the adult. The adult is not contained, however, if they are an adult with a skills deficit only, and the adult's free exit from the premises is prevented by the locking of gates, doors or windows.</p>
Duty of Care	<p>This is a legal concept meaning the responsibility to take reasonable care to avoid causing harm to another person. A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.</p>
Evidence-based	<p>A practice/method that has been tried and tested to be valid and reliable.</p> <p>A process in which combines well-researched interventions with experience and ethics, and participants preferences and inform the delivery of treatment and/or service.</p>
Functional Behavioural Assessment	<p>The process of 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.</p>

Harm	<p>Harm to a person means:</p> <ul style="list-style-type: none"> ● Physical harm to the person ● A serious risk of physical harm to the person ● Damage to property involving a serious risk of physical harm to the person.
NDIS Commission/ Commissioner	<p>The NDIS Commission regulates behaviour support for NDIS registered providers and monitors the use of restrictive practices. Providers should ensure that they comply with NDIS incident management and reporting requirements.</p> <p>Service providers are required to maintain current information in the (FACS) RPA system. A central team within FACS will oversee the Restrictive Practices Authorisation (RPA) function, and support service providers to comply with their obligations.</p>
Person-Centred	<p>A person-centred approach is one 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.</p>
Person Responsible	<p>A person with legal authority to make decisions about medical or dental treatment for a person who lacks the capacity to give informed consent. The person responsible is not the same as the next of kin.</p>

<p>Positive Behaviour Support</p>	<ul style="list-style-type: none"> ● A philosophy of practice and a term to denote a range of individual and multisystemic interventions designed to effect change in people’s behaviour and ultimately their quality of life ● Positive behaviour support recognises that all people, regardless of their behaviour, are endowed with fundamental human rights and that any assessment, intervention or support should be respectful of those human rights and foster the exercise and experience of those rights ● Positive behaviour support recognises that all human behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern. To bring about adaptive change, it is first essential to understand the purpose of their existing behaviours, their aspirations and the range of knowledge and skills they already have
<p>Prohibited Practice</p>	<ul style="list-style-type: none"> ● Aversion, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful. ● Overcorrection, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the incident occurred ● Misuse of medication, which is the administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician ● Seclusion of children or young people, which is the isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident ● Denial of crucial needs, which is withholding support such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports ● Unauthorised use of a restrictive practice, which is the use of any practice that is not properly authorised and /or does not have validity or does not adhere to requisite protocols and approvals Or are degrading or demeaning to the person may reasonably be perceived by the person as harassment or vilification, or are unethical.

	<ul style="list-style-type: none"> ● The following practices are also prohibited in relation to participants aged 18 and under: <ul style="list-style-type: none"> ○ Any form of corporal punishment ○ Any punishment that takes the form of immobilisation, force-feeding or depriving of food, and ○ Any punishment that is intended to humiliate or frighten the person.
<p>Restrictive Practice</p>	<p>Any practice or intervention that has the effect of restricting the freedom or right of movement of a person with a disability with the primary purpose of protecting the person or others from harm.</p>
<p>Regulated restrictive practice</p>	<p>Any practice (including the excluded practice categories) can be a restrictive practice if:</p> <ul style="list-style-type: none"> ● It is used primarily to control or restrict a person’s behaviour or free movement, or ● The person (or their authorised substitute decision maker) objects to its use. <p>A restrictive practice is a regulated restrictive practice if it is or involves any of the following:</p> <p>Seclusion – Sole confinement of a person with a disability in a room or a physical space at any hour of the day or night where the voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.</p> <p>Chemical restraint – 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</p>

	<p>treatment of, or to enable treatment of, a diagnosed mental disorder, physical illness or a physical condition, including PRN.</p> <p>Mechanical restraint – 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.</p> <p>Physical restraint – The use or action of physical force to prevent, restrict or subdue movement of a person’s body 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; and</p> <p>Environmental restraint – Restrict a person’s free access to all parts of their environment, including items or activities.</p>
<p>Specialist behaviour support provider</p>	<p>Is a registered NDIS provider whose registration includes the provision of specialist behaviour support service</p>