



Module 2A

Implementing Behaviour Support Policies

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These NDIS Practice Standards apply to NDIS providers who Implementing Behaviour Support Plans

1.0 Introduction

This policy is implemented when an NDIS participant's behaviours of concern place themselves or others at risk of harm, and subsequently a regulated restrictive practice is required, a behaviour support plan must be developed and lodged with the NDIS Commission. Our organisation will follow both national and international trends and obligations and the Australian legislative and policy context, to ensure the services provided:

- respect, protect and fulfil the rights of people with disability
- are individualised and person-centred
- support and protect the most vulnerable
- strengthen family and community connections

As a Specialist Behaviour Support Provider, we will:

- Undertake a functional behaviour assessment and;
- Develop a behaviour support plan for the participant.

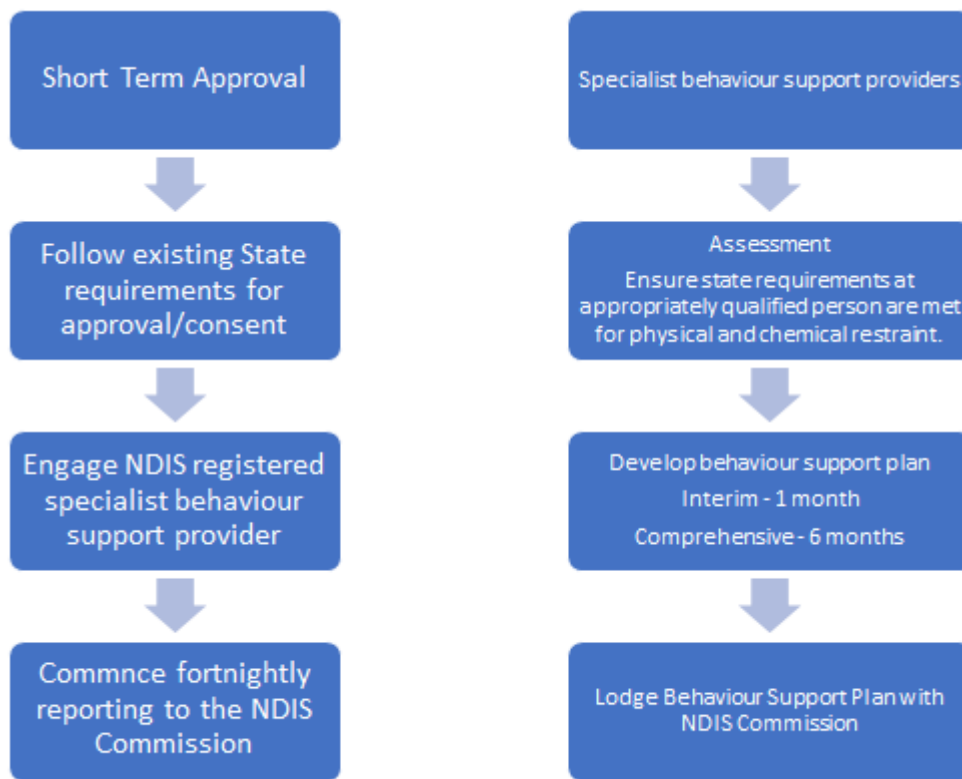
A Specialist Behaviour Support Provider will:

- Be registered for behaviour support (registration group 110) with the NDIS Commission
- Engage behaviour support practitioners considered suitable by the NDIS Commission
- Work with the implementing provider to ensure that regulated restrictive practices in the final behaviour support plan are authorised where required
- Specify in the behaviour support plan that person-centred strategies must be applied first, with restrictive practices used as a last resort in response to a risk of harm to the person or others
- Develop behaviour support plans containing regulated restrictive practices in accordance with any state or territory authorisation and consent requirements
- Lodge behaviour support plans containing regulated restrictive practices with the NDIS Commission
- Help NDIS participants, their families, and other decision-makers to understand the NDIS Commission's behaviour support function

As the Implementing Behaviour Support Provider, we will

- Access the Portal using our PRODA account.
- Upon logging in for the first time, plans that have been lodged can be accepted.
- submit monthly reports via the Portal.

- Clarify the process by referring to the [NDIS Commission Portal User Guide Monthly Reporting of Restrictive Practices](#).



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. To ensure that we comply with legislative requirements such as the South Australian Consent to Medical Treatment and Palliative Care Act 1995.

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, My Ability Australia will work toward implementing positive behaviour support and working with the NDIS Quality and Safeguards Commission Behaviour Support Team and Specialist Behaviour Support Practitioners to implement the Behaviour Support Plan designed to meet the participant needs.

My Ability Australia 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.

My Ability Australia acknowledges that to be an Implementing Provider that we must be registered by the NDIS Quality and Safeguards Commission.

2.0 SCOPE

This policy is applicable to all practitioners who are implementing a Behaviour Support Plan that has been registered with the NDIS Commission.

3.0 POLICY

As an Implementing Provider, we will register with the NDIS Commission and work with the as required under NDIS (Restrictive Practices and Behaviour Support) Rules 2018, *Guardianship and Administration Act 1993 (SA)*, *Consent to Medical Treatment and Palliative Care Act 1995 (SA)*, *Advanced Care Directives Act 2013 (SA)* and the *Disability Act 2013 (SA)*.

My Ability Australia will ensure their practices meet and comply with all relevant legislation and policy framework, including suitable delivery of specialised positive behaviour support, assessment, development and ongoing professional development for all practitioners.

My Ability Australia must work providers who use, or are likely to use restrictive practices, or who develop Behaviour Support Plans. Each Behaviour Support Plan must be registered with the NDIS Commission and meet supplementary requirements of the NDIS Practice Standards. My Ability Australia 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.

My Ability Australia must complete Monthly Reports into the NDIS portal and notify it of the use of restrictive practices.

My Ability Australia is committed to providing services in a way that:

- ensures transparency and accountability in the use of restrictive practices.
- recognises 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

- aims to reduce the intensity, frequency and duration of the participant's behaviour that causes harm to the participant or others
- aims to reduce or eliminate the need for restrictive practice

Staff must follow the NDIS Code of Conduct in all areas of implementing this policy, including the following requirements:

- act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions
- respect the privacy of people with disability
- provide supports and services in a safe and competent manner with care and skill
- act with integrity, honesty, and transparency
- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.

4.0 REQUIREMENTS

4.1 Organisation

To implement Behaviour Support Plans, My Ability Australia must be registered with the NDIS as an Implementing Behaviour Support Provider.

My Ability Australia must notify the NDIS Commissioner within one (1) month, unless a longer period has been agreed, of the names and details of Behaviour Support Practitioners they employ or engage to undertake behaviour assessments and develop Behaviour Support Plans.

4.2 Practitioners

The NDIS Behaviour Support Practitioners must have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of Behaviour Support Plans. Where a comprehensive Behaviour Support Plan, including Restrictive Practices, is required, an NDIS Behaviour Support Practitioner must be responsible for:

- assessing the participant's behaviours
- developing a Behaviour Support Plan.
- keeping records of the development and implementation of Restrictive Practices.

4.3 Specialist Behaviour Support Provider

Our team will work in conjunction with the Specialist Behaviour Support Provider who develops the Behaviour Support Plan. Specialist Behaviour Support Providers:

- Use behaviour support practitioners deemed suitable by the NDIS Commission
- Work within the following timeframes –
 - one (1) month interim plan,
 - six (6) months comprehensive plan,
 - review plan at least every 12 months
- Develop plans that meet NDIS Commission requirements
- Develop plans in consultation with the person with a disability, their support network and My Ability Australia as an implementing provider.
- Base plans on a comprehensive biopsychosocial assessment including a functional behavioural assessment
- Use contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
- Work towards reducing and eliminating restrictive practices
- Be developed in a form approved by the Commissioner and lodged with the Commission

5.0 RESPONSIBILITIES

Behaviour Support Plans and the use of Restrictive Practices require My Ability Australia to have transparent responsibilities and ensure that all clinicians are aware of their responsibilities.

5.1 Organisation

My Ability Australia will comply with the Guardianship and Administration Act 1993 (SA), Consent to Medical Treatment and Palliative Care Act 1995 (SA), Advanced Care Directives Act 2013 (SA) and Disability Act 2013 (SA). In addition to this, our organisation will:

- communicate to all staff that the use of unauthorised restrictive, aversive and intrusive interventions is prohibited through
 - training from Senior Practitioner from the Specialist Behaviour Support Plan provider
 - case meetings
 - consultations
- educate all staff on the relevant principles in relation to restrictive interventions including any action that is taken to restrict the rights or freedom of movement of a person with disability for the primary purpose of the behavioural control of the person
- promote as far as practicable, the needs and best interests of persons with disability
- consult and consider the participant's wishes in all decisions or actions that may directly affect a person with disability.
- Use restriction of freedom of decisions and action of the person, if at all, to the smallest extent that his practicable under the circumstances
- Always uphold a clear moral, professional and legal responsibility to provide an environment for participants that is the least restrictive possible under the circumstances.
- Design and administer all Services and Programs in a manner that respects the rights of persons with disability to privacy and confidentiality.
- Always comply with the duty of care to protect the person with disability or others from harm, it may be necessary to use restrictive or intrusive practices in emergency situations (e.g. restraining a person from running onto a busy road).
- Report to the NDIS Commission as soon as possible, when emergency situations where an unauthorised restrictive intervention is used within 24 hours.
- Uphold the rights of an individual with disability by treating them with dignity and respect and ensure that they remain free from harm and abuse as per the United Nation's Declaration on the Rights of Mentally Retarded Persons 1971, the United Nation's Declaration on the Rights of Disabled Persons 1975, and the United Nations Convention on the Rights of Persons with Disability 2006.

Communicate to all staff:

- their role and responsibilities to protect these rights
- the NDIS Commission provides advice and information on matters related to restrictive practices.
- Role of the Specialist Behaviour Support Practitioner

5.2 Behaviour Support Practitioners

Behaviour Support Practitioners will:

- have been assessed as suitable to deliver specialised positive behaviour support, including implementation of Behaviour Support Plans;
- meet behaviour support requirements including lodging Behaviour Support Plans that include restrictive practices with the NDIS Commission;
- ensure compliance with the state procedures.
- undertake ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.

5.3 Collaborating with Providers

As an implementing provider, we will collaborate with providers to:

- support other providers implementing a Behaviour Support Plan on the same participant
- 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.
- Work with Specialist Behaviour Support Plan providers in the development of Behaviour Support Plans;
- Work with Specialist Behaviour Support Plan providers to allow staff to receive person-focused training, coaching and mentoring, and, with each participant's consent, their

support network (where applicable); training will cover the strategies required to implement a participant's Behaviour Support Plan, including positive behaviour support strategies.

- Collaborate with specialist behaviour support providers to make recommendations 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.
- Use the appropriate documentation to refer to third parties using Easy Read Information Consent Form and MAA External Partner Referral Form.

6.0 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 unexperienced 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 and Accident 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.

7.0 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. A registered Behaviour Support Practitioner must be engaged 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.



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 and support the implementation of function-based antecedent strategies;
- 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.
- oversee and support the implementation of the behaviour support plan consistent with the understanding of the individual's needs, supports and strategies to address unmet needs, risks and behaviours of concern.
- provide effective instruction, training and coaching, oversight, advice and feedback to staff and informal supports with responsibility for implementing the strategies contained in a behaviour support plan.
- implement strategies that are logically related to the hypothesis regarding the function/s of the behaviours to proactively support change.
- guide and reinforce environmental adaptation and functionally equivalent replacement behaviours to meet needs in socially acceptable ways.

- support the implementation of consequence-based strategies that promote desired behaviours and reduce behaviours of concern.
- contribute to short-term and long-term planning as part of a whole-team approach.

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 My Ability Australia or the Specialist Behaviour Support Plan provider who is working with the participant.
- The Worker should consider the content of the interim plan for behaviour supports and be satisfied that the strategies outlined represent the least restrictive of alternative options which have an adequate evidence base for managing the risk.
- The CEO 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 CEO 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, My Ability Australia must submit reports to the NDIS Commission every two (2) weeks while the approval is in force.

8.0 BEHAVIOUR SUPPORT PLAN

This plan is to provide behaviour support strategies and implementation structures, My Ability Australia will maintain policies and procedures relating to the implementation of behaviour support plans (BSP).

My Ability Australia will actively engage with NDIS specialist behaviour support providers to implement behaviour support plans.

My Ability Australia will align support delivery with evidence-informed practice and positive behaviour support.

My Ability Australia will support development and maintenance of the skills required to consistently implement the strategies in each participant's behaviour support plan consistent with behaviour support skills descriptor. Staff will be performance managed to ensure implementation is occurring as per the plan.

My Ability Australia will collaborate with other providers working with the participant in the implementation of the BSP.

A 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. My Ability Australia will implement the multicomponent behaviour support plan, that has been based on the assessments, that contains evidence-based, person-centred and proactive strategies (to support behaviour change) and non-aversive reactive strategies (to manage behaviour) that will reduce behaviours of concern, improve quality of life and eliminate the need for restrictive practices.

My Ability Australia will:

- Participate in the consultation with the person with a disability, their support network and Specialist Behaviour Support provider;
- Identify and report to Specialist Behaviour Support Provider all behaviours of concern in observable and measurable terms- frequency, duration, and intensity- so that progress can be measured.
- Consult with the Specialist Behaviour Support Provider to conduct a functional behavioural assessment to identify unmet needs and hypothesise the functions of the behaviours of concern that considers:
 - Setting events- Where does the interaction happen?
 - Antecedents - What triggers the behaviour of concern?
 - Consequences- What happened just after the behaviour?
 - Protective factors- What are the participant's strengths?
- Consider and consult about alternatives that do not require restrictive practices;
- Review environmental modification (e.g., meeting sensory or physical needs) and enrichment (e.g., meeting individual preferences)
- Promote choice and control (i.e., self-determination and self-management strategies)
- Allow staff to undertake effective communication training
- Discuss and report the documented coping strategies (e.g., emotion regulation).
- Implement consequence-based strategies that promote desired behaviours and reduce behaviours of concern, including:

- Positive reinforcement for desired behaviours, with consideration of the value, contingency and schedule of the reinforcer (reward), accessible within the program
- Extinction strategies (i.e., removing “payoff” for behaviours of concern)
- Differential reinforcement schedules.
- Ensure staff consider diversity, including diversity of race, ethnicity, disability, age, sexuality, gender identity, intersex status and relationship status be developed in a form approved by the NDIS Commissioner and lodged with the NDIS Commission
- be discussed with the participant using an independent person
- be reviewed as specified below.

My Ability Australia will collaborate and work with the Specialist Behaviour Support Providers. It is acknowledged that these providers hold the expertise and knowledge relating to the behaviour support plan, My Ability Australia will:

- Support Specialist Behaviour Support Providers to train our workers to:
 - Use the behaviour support plan strategies
 - Monitor the behaviour support plan strategies
 - Use positive behaviour support

8.1 Staff Training

My Ability Australia will receive training on the use of restrictive practices that are relevant to each participant. This training will be provided by the Specialist Behaviour Support Provider and will include training in each of the following:

- Overview of restrictive practices
- Requirements of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- Chemical restraint
- Seclusion
- Mechanical restraint
- Physical restraint
- Environmental restraint

My Ability Australia workers follow the instructions and strategies for recording information and data as required by the specialist behaviour support provider. This required information is collected and recorded. Below is a list of the information required by the National Disability

Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and therefore by the specialist behaviour support provider.

- a description of the use of the regulated restrictive practice, including:
 - the impact on to the person with disability or another person;
 - any injury to the person with 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 disability that lead 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 taken in response to the use of the regulated restrictive practice;
- what other less restrictive options were considered or used before using the regulated restrictive practice;
- 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.

8.2 Monitoring Staff Performance

My Ability Australia will monitor workers that are implementing strategies to ensure that they are undertaking implementation strategies in a manner that has been determined in their behaviour support plan.

Monitoring methods may include:

- Reviewing documents in behaviour support plan
- Feedback from participants
- Observation to review strategy implementation
- Interviews with other staff members
- Feedback from NDIS Specialist Behaviour Support Provider or other networks.

8.3 Implementation

My Ability Australia will ensure that only trained staff work with participants with a behaviour support plan.

The process for implementation may include:

- Review of behaviour support plan with staff
- Identification of strategies
- Work with staff to ensure that their understanding and skills relating to the behaviour support plan
- Staff Training to meet the needs of the participant
- Supervisor to assist with initial support
- Monitoring to ensure that strategies are implemented, and evidence-informed practices are occurring

8.4 Monitoring Behaviour Support Plan

My Ability Australia monitors the behaviour support plan using a combination of two (2) approaches – formal and informal.

Monitoring behaviour is the processes will include workers observing and recording information about participants that relates to their wellbeing, so we are able to provide the necessary services at the right time and to suit their requirements. It also lets us anticipate any changes in the needs of participants and is a way of telling if a participant is not progressing in a positive way.

Methods may include all or any of the following dependent on the participant:

- Feedback from participant
- Data collection
- Record keeping
- Feedback from other providers and stakeholders
- Supervision of the participant
- Team meetings

8.5 Frequent Reviews

My Ability Australia workers are required to identify circumstances where the participant's needs, situations or progress required an increase in the frequency of reviews. The reason for the increase may include changes in behaviour.

8.6 Contributing to the Review

My Ability Australia contributes to the reviews of strategies currently implemented in the participant's behaviour support plan. The focus on this contribution is:

- the reduction of restrictive practices
- the elimination of restrictive practices.

The contributions to this review are based on observed positive changes in the participant situation.

9.0 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. The advocate or relevant stakeholder will assist in informing the participant of the plans and their rights, so consent can be gained if the participant agrees.

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 later.

10.0 AUTHORISATION OF REGULATED RESTRICTIVE PRACTICES

10.1 Use of a restrictive intervention

- Restrictive interventions should only be used as part of a behaviour support plan which has been developed in consultation with the participant or a person nominated by the participant, persons who have expertise in carrying out the proposed restrictive intervention and the practitioner who has approval for the use of the restrictive intervention.
- The implementing provider must obtain consent and authorisation from the South Australian Civil and Administrative Tribunal (SACAT) as per Section 32 of *Guardianship and Administration Act 1993 (SA)* or from a person with legal authority)
- Note: SACAT contact details are as follows;
Location: Level 4, 100 Pirie St, Adelaide, SA 5001
Postal Address: PO Box 2361, Adelaide, SA 501
Telephone: 1800 723 767
Email: sacat@sacat.sa.gov.au
Website: <http://www.sacat.sa.gov.au/contact-us>

11.0 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 Senior Practitioner 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.
- Be reported to the NDIS Commission.

12.0 Review of Comprehensive Behaviour Support Plans containing a Regulated Restrictive Practices

The review of the Behaviour Support Plan is used to both improve and record all aspects of current goals and strategies, and to give feedback to clinicians to allow for the improvement of practices related to the individual.

The review is a collaborative process and undertaken with participant's consent. Parties involved in this process include:

- Specialist behaviour support provider
- Relevant staff members
- Participant's support network

The review will use data gained through informal and formal approaches and may include:

- Participant feedback
- Team meetings
- Data collection
- Records
- Feedback from stakeholders

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 review will encompass, the following:
 - Monitoring progress on behavioural goals and objectives with a clear connection to how the goal achieves similar functional outcomes to the behaviours of concern under similar conditions.
 - Amendment of risk
 - Coordination, implementation and monitoring systems and communication amongst the team they are supporting.
 - Reviewing the detailed progress monitoring during implementation:
 - Who exchanges data?
 - Reciprocally exchange data
 - Under what conditions
 - Manner of data exchange
 - Content of data exchange
 - Frequency of data exchange.
- Review of implementation data, to evaluate the effects of all relevant outcome variables:
 - Improved quality of life
 - Reduced behaviours of concern
 - Acquisition of new skills
 - Participation in activities
 - Reduced or eliminated application of restrictive practices
- Adjustments to behaviour support plans based on an evaluation of the data gathered and make a clear link between the data collected and future planning.
- Development of an Outcomes Report (closure report) based on the following:
 - Achievement of goals,
 - Results of the positive behaviour support.
 - Improvement of the person's quality of life.
 - Outcomes and impact on the next year's NDIS plan for the person

13.0 RECORD KEEPING AND REPORTING

Record keeping should document both:

- compliant 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;
 - Application for approval to carry out an intervention;
 - Reporting unauthorised restriction (if relevant).
- Records of the use of Regulated Restrictive Practices will include:
 - 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. My Ability Australia 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.

All documents will be retained for at least seven (7) years as per the requirements under the NDIS (Incident Management and Reportable Incident) Rules 2018.

14.0 Regulated Restrictive Practices as Reportable Incidents

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

- Unauthorised use restrictive practices must be reported to the NDIS Commission within 5 business days. Forms are available at <https://www.ndiscommission.gov.au/document/656>
- Use of Prohibited Practices (see Definitions) must be reported immediately (within 24 hours of key personnel becoming aware of the incident). Forms are available at <https://www.ndiscommission.gov.au/document/661>

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

15.0 Professional Development Policy and Procedure

My Ability Australia is committed to ensuring that all our staff are undertaking professional development, to maintain up-to-date and relevant skills, knowledge and evidence-based supports to ensure My Ability Australia is delivering support, services and requirements to all participants who are engaged with the service.

My Ability Australia aims are to employ staff that are industry experts in their chosen field. As such, we require ongoing Professional Development (PD) of our staff and contract staff; to achieve this aim, we will provide relevant opportunities for professional development and monitoring of performance.

As part of our commitment, My Ability Australia will provide professional development activities and/or time to attend such activities to our staff, where it has been noted the training will benefit the individual and the My Ability Australia. However, everyone is ultimately responsible for ensuring their professional development and the maintenance of industry knowledge and skills.

Professional Development (PD) for industry currency, skills and knowledge can include, but is not limited to:

- Attendance at relevant professional workshops, seminars and conferences on learning or assessment;
- Participation in networks, communities of practice or mentoring activities;
- Reviewing data from industry networks/stakeholders;
- Researching information from regulatory bodies;
- Reading of industry journals;
- Participation in projects with industry;
- Meaningful engagement with professional and relevant industry bodies;
- Undertaking further training and/or accredited courses.

The purpose of evidence is quite simply to provide something tangible that will demonstrate a specific achievement or outcome of your professional development and learning.

It is recommended that any staff member who assesses Nationally Recognised Qualification courses are required to submit to:

- Any mapping information to demonstrate industry experience that matches requirements of the position they currently hold.
- Schedules and/or reports on return to industry activities, testimonials etc.
- A current copy of resume'.
- A journal detailing any industry consultation or industry reading completed throughout the year.

Staff are also required to provide a list of any Personal Development for the past twelve months and any proposed personal development needed for the next 12 months.

Please note, attached to this policy is:

- Training Matrix for individual staff
- This template to be used by all staff to demonstrate currency and professional development

Training Record

- This template is to be used and stored with the employee records to record all training that the employee undertakes
- Training – Annual Review of Training Provided
- This template is used by the CEO to record all training that has been offered to all employees during a prescribed date (usually annually)

- Training Attendance Register – In House Training

This template is used to record any In-House training that is conducted for its staff for an individual behavioural support requirement or for a specific need.

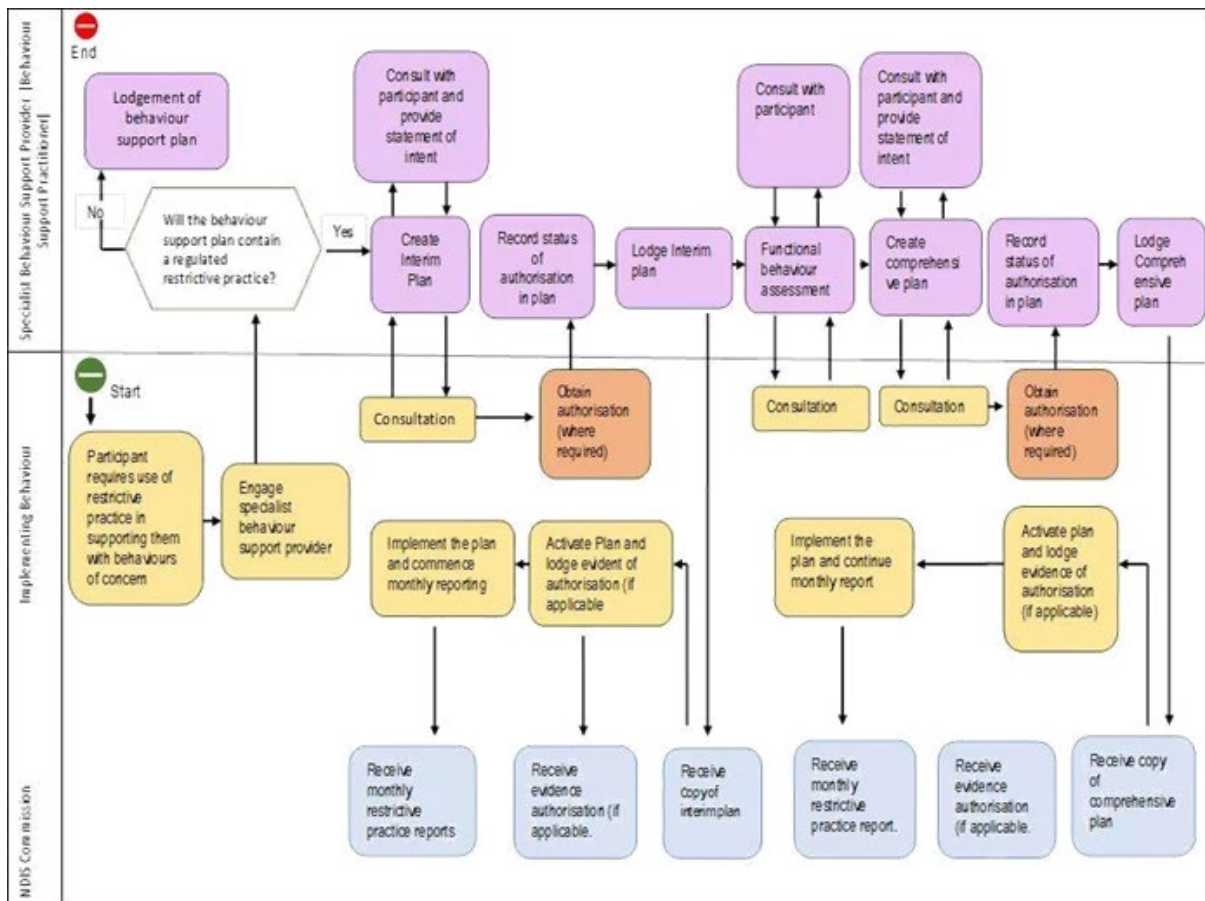
16.0 RELATED DOCUMENTS

- Reportable Incident, Accidents and Emergencies Policy and Procedures
- Risk Management Policy and Procedures
- Incident Investigation Form
- Training Record
- Training Attendance Register – In House Training
- Interim Behaviour Support Plan - <https://www.ndiscommission.gov.au/document/956>
- 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)

17.0 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
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 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>
- NDIS Restrictive Practices and Behaviour Support Rules – explanatory statement
- [NDIS requirements of regulated-restrictive-practices-flow-chart](#)
- Guardianship and Administration Act 1993 (SA),
- Consent to Medical Treatment and Palliative Care Act 1995 (SA),

- Advanced Care Directives Act 2013 (SA)
- Disability Act 2013 (SA) Personal Information Protection Act 2004
- Anti-Discrimination Act 1998
- Health Complaints Act 1995
- Guardianship and Administration Act 1995
- Mental Health Act 1996
- Criminal Justice (Mental Impairment) Act 1999
- Children, Young Persons and their Families Act 1997
- United Nations Declaration on the Rights of Mentally Retarded Persons 1971
- United Nations Declaration on the Rights of Disabled Persons 1975
- United Nations Convention on the Rights of Persons with Disability 2006.



Appendix 1 – Definitions

Behaviour Support Plan	<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>
Behaviour Support Practitioner	<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>
NDIS Behaviour Support	<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>
Capacity	<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>

<p>Consent</p>	<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>
<p>Containment</p>	<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>
<p>Duty of Care</p>	<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>
<p>Evidence-based</p>	<p>A practice/method that has been tried and tested to be valid and reliable. 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>
<p>Functional Behavioural Assessment</p>	<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>
<p>Harm</p>	<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

	<ul style="list-style-type: none"> • damage to property involving a serious risk of physical harm to the person
NDIS Commission/ Commissioner	The NDIS Commission regulates behavior 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.
Person-Centred	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 behavior supports may be developed.
Person Responsible	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 defined in the NSW Guardianship Act 1987. The person responsible is not the same as the next of kin.
Positive Behaviour Support	<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 behavior 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. In order to bring about adaptive change, it is first essential to understand the purpose of their

	<p>existing behaviours, their aspirations and the range of knowledge and skills they already have</p>
<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. ● 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

	<ul style="list-style-type: none"> ○ 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</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 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</p>

	<p>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 behavior support service</p>

Appendix 2 – Forms

All the following forms are available on the NDIS Quality and Safeguards Commission website at: <https://www.ndiscommission.gov.au/search/node/form>

<p>Behaviour Support Practitioner – Comprehensive behaviour support plan</p>	<p>This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It is for comprehensive Behavior support plans developed after 1 July 2018.</p> <p>https://www.ndiscommission.gov.au/document/961</p>
<p>Interim behaviour support plan</p>	<p>This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. It is for interim Behaviour Support Plans developed after 1 July 2018</p> <p>https://www.ndiscommission.gov.au/document/956</p>
<p>Notice of behaviour support practitioners employed or engaged by specialist behaviour support providers (s29)</p>	<p>This form is to be used to provide the NDIS Commissioner with details of Behaviour Support Practitioners in accordance with paragraph 29(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.</p> <p>It applies to practitioners delivering services to participants residing in New South Wales and South Australia.</p> <p>A survey was previously sent out to providers of Specialist Behaviour Support services in NSW and SA. If you have already responded to the survey, you do not need to complete this form.</p> <p>https://www.ndiscommission.gov.au/document/946</p>
<p>Reportable incident – Immediate notification</p>	<p>This form must be completed by registered NDIS providers in SA and NSW within 24 hours of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services:</p>

	<ul style="list-style-type: none"> ● the death of an NDIS participant ● serious injury of an NDIS participant ● abuse or neglect of an NDIS participant ● unlawful sexual or physical contact with, or assault of, an NDIS participant ● sexual misconduct committed against, or in the presence of, an NDIS participant, including rooming of the NDIS participant for sexual activity
	<p>This form should be submitted to the NDIS Commission with copies of documents relating to the incident. This includes incident report(s), file notes, risk management assessments and/or plans, participant’s plans relevant to the incident, as well as copies of correspondence between relevant persons Or agencies.</p> <p>https://www.ndiscommission.gov.au/document/661</p>
<p>Reportable Incident – 5 day notification</p>	<p>This form must be completed by registered NDIS providers in SA and NSW within 5 business days of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services: for the initial notification of an unauthorised restrictive practice (section 21 of the NDIS Rules) as a follow-up notification of all other reportable incidents (section 20 of the NDIS Rules).</p> <p>This reportable incident notification form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20 and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (NDIS Rules).</p> <p>https://www.ndiscommission.gov.au/document/656</p>

<p>Restrictive practices reporting form</p>	<p>This form must be completed by registered NDIS providers in New South Wales and South Australia as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Reporting is required from providers that use Regulated Restrictive Practices.</p> <p>This form is used for:</p> <p>Reporting on restrictive practice in relation to behaviour support plans that have been lodged with the NDIS Commission To report on the restrictive practice, use that is not detailed in a Behaviour Support Plan.</p> <p>The requirement to report to the NDIS Commission does not replace existing obligations on providers to report to other relevant authorities, including child protection agencies or police.</p> <p>https://www.ndiscommission.gov.au/document/966</p>
<p>Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)</p>	<p>This form is used to notify the NDIS Commission of the use of a regulated restrictive practice that does not require authorisation under a state process at the time of transition (see section 28 of the NDIS Rules).</p> <p>This form is approved for the purposes of paragraph 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.</p> <p>https://www.ndiscommission.gov.au/document/951</p>