

Module 2A

Implementing

Behaviour Support

Policies



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Implementing Behaviour Support Policy and Procedure

Purpose & Scope

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 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.

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 must lodge Behaviour Support Plans with the NDIS Commission and notify it of the use of restrictive practices.

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.

Requirements

Organisation

To deliver Behaviour Support, Australian Quality Care must be registered with the NDIS as a Specialist Behaviour Support Provider.

Australian Quality Care 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.

Australian Quality Care must seek Queensland approval for the use of restrictive practices via Online Data Collection (ODC) Restrictive Practices Approval system.

Practitioners

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 is responsible for:

- Assessing the participant's behaviours
- Developing a Behaviour Support Plan
- Reporting via the NDIS Quality and Safeguard Commission B-Cas Portal.
- Keeping records of the development and implementation of Restrictive Practices.

Specialist Behaviour Support Provider

- Use behaviour support practitioners deemed suitable by the NDIS Commission
- 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
- Developed in consultation with the person with a disability, their support network and implementing provider
- 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
- Work towards reducing and eliminating restrictive practices
- Be developed in a form approved by the Commissioner and lodged with the Commission.

Interim Support Plan

Any use of a restrictive practice requires a Short-term Approval obtained from Queensland Government. A Short-term Approval provides authority to use a restrictive practice for a maximum of 6 months, while assessments are undertaken, and a behaviour support plan is developed. An existing short-term approval will be accepted as an interim behaviour support plan under the NDIS Commission. Australian Quality Care will attach the short-term approval to the NDIS Commission Portal and commence monthly reporting via the NDIS Commission Portal from 1 August.

Restrictive Practice	Approver	Approval
Containment and Seclusion	Queensland Office of the Public Guardian	Application form available on The Public Guardian Website.
Chemical restraint, mechanical restraint, physical restraint and restricting access to objects.	Department of Communities, Disability Services and Seniors	Application form (DOCX, 22 KB) Complete and submit to your regional contact in the Positive Behaviour Support and Restrictive Practices Team.

Australian Quality Care will work with Behaviour Support Plan Service and the DCDSS in the assessment for and development of all Behaviour Support Plans which include containment and seclusion, as required.

Legislation

The Disability Services Act 2006 (QLD) legislation applies to someone:

- Who is an adult (18 years of age or older)
- Who has an intellectual or cognitive disability
- Who behaves in a way that causes physical harm or a serious risk of physical harm to themselves or others; and
- Who is receiving services provided by Disability Services, or services prescribed by regulation and funded under an NDIS participant plan.

Procedures



Responsibilities

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

Australian Quality Care will:

- Obtain authorisation through the State body
- 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 staff developing and delivering behaviour support are appropriately trained, qualified and supported
- Ensure that Behaviour Support Practitioners undertake professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices
- 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
- Ensure that a Specialist Behaviour Support Clinical Supervisor provides clinical supervision of each work practice of the NDIS Behaviour Support Practitioner.
- Maintain the quality and compliance aspects of the Online Data Collection,
- Report any 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).

Behaviour Support Practitioners

Behaviour Support Practitioners will:

- Have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development 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 Restrictive Practices policy and guidelines issued by the QLD Department of Community, Disability Services and Seniors
- Undertake ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.

Collaborating with Providers

In collaborating with 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 and Incident 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.

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.



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 every two (2) weeks while the approval is in force.

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 C-BAS 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.

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).

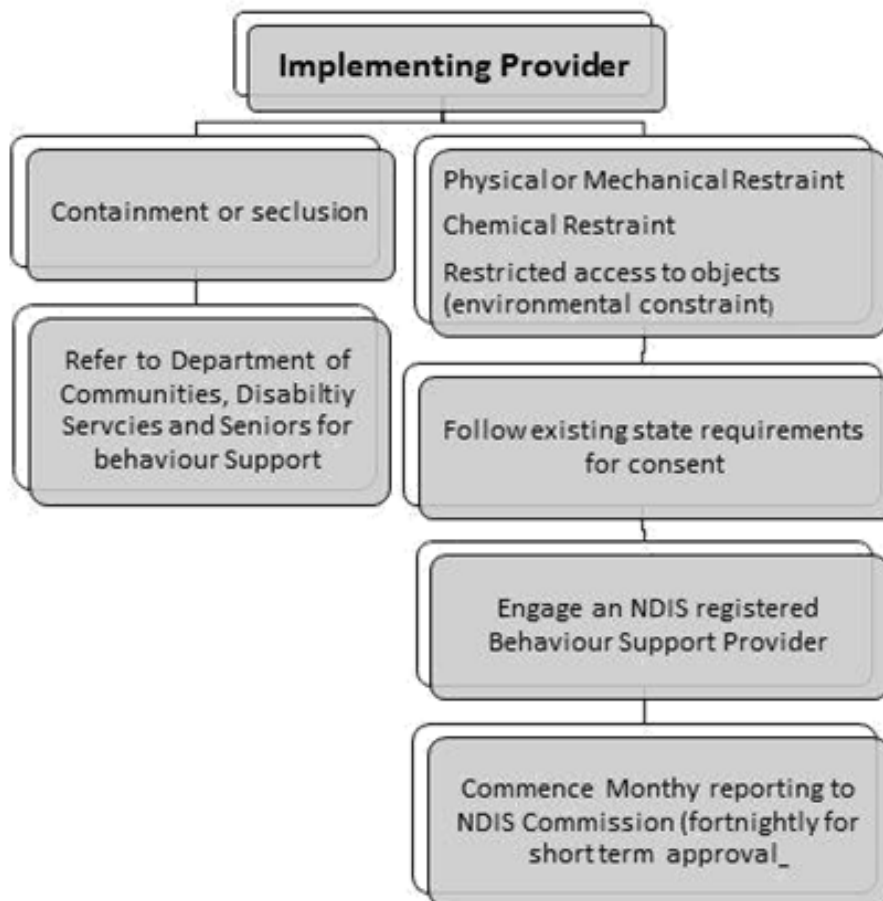
Australian Quality Care will collaborate with all service providers currently providing the participant services and follow the participant's Behaviour Support Plan. The Comprehensive Behaviour Support Plan will detail the restrictive practice requirements, including planned responses.

- 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.

Short Term Approval



Restrictive practices requirements***

Restrictive practice	Assessment	Plan	Approval / Consent	Plan implementation	Monitoring	Review	
Containment or seclusion	General*	Multidisciplinary assessment (Disability Services)	Positive behaviour support plan (Disability Services)	Queensland Civil and Administrative Tribunal	Relevant service provider (support from Disability Services)	Relevant service provider (support from Disability Services)	Queensland Civil and Administrative Tribunal
	Respite or community access service only	Risk assessment (relevant service provider)	Respite/community access plan (relevant service provider)	Guardian for a restrictive practice (respite) matter	Relevant service provider	Relevant service provider	Guardian for a restrictive practice (respite) matter
	Short term approval	—	—	Short term approval (public guardian)	Relevant service provider	Relevant service provider	—
Physical restraint or mechanical restraint	General*	Assessment (appropriately qualified person)	Positive behaviour support plan (relevant service provider)	Guardian for a restrictive practice (general) matter	Relevant service provider	Relevant service provider	Guardian for a restrictive practice (general) matter
	Respite or community access service only	Risk assessment (relevant service provider)	Respite/community access plan (relevant service provider)	Relevant decision-maker (respite)	Relevant service provider	Relevant service provider	Relevant decision-maker (respite)
	Short term approval	—	—	Short term approval (Chief Executive delegate, Disability Services)	Relevant service provider	Relevant service provider	—
Chemical restraint	General*	Assessment (appropriately qualified person)	Positive behaviour support plan (relevant service provider, with information from the treating doctor)	Guardian for a restrictive practice (general) matter	Relevant service provider	Relevant service provider	Guardian for a restrictive practice (general) matter
	Respite (fixed dose) Only**	—	—	Guardian for a restrictive practice (respite) matter – if appointed, or informal decision-maker	—	—	—
	Community access services (fixed dose) only	Risk assessment (relevant service provider)	Respite/community access plan (relevant service provider with information from the treating doctor)	Guardian for a restrictive practice (respite) matter	Relevant service provider	Relevant service provider	Guardian for a restrictive practice (respite) matter
	Respite or community access service (PRN)	Risk assessment (relevant service provider)	Respite/community access plan (relevant service provider with information from the treating doctor)	Guardian for a restrictive practice (respite) matter	Relevant service provider	Relevant service provider	Guardian for a restrictive practice (respite) matter
	Short term approval	—	—	Short term approval (Chief Executive delegate, Disability Services)	Relevant service provider	Relevant service provider	—
Restricted access to objects	General*	Assessment (relevant service provider)	Positive behaviour support plan (relevant service provider)	Relevant decision-maker	Relevant service provider	Relevant service provider	Relevant decision-maker
	Respite or community access service only	Risk assessment (relevant service provider)	Respite/community access plan (relevant service provider)	Relevant decision-maker (respite)	Relevant service provider	Relevant service provider	Relevant decision-maker (respite)
	Short term approval	—	—	Short term approval (Chief Executive delegate, Disability Services)	Relevant service provider	Relevant service provider	—

* Where the adult is in receipt of a funded accommodation support package and also has additional respite/community access services, the general rule applies.

** Plan implementation, monitoring and review not required for Chemical Restraint Respite (fixed dose) only.

*** For definitions used in this table please see the Glossary

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.

Department of Community Disability Services and Seniors Reporting

NDIS providers must notify DCDSS of all approvals received, including Short-term Approvals 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 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>

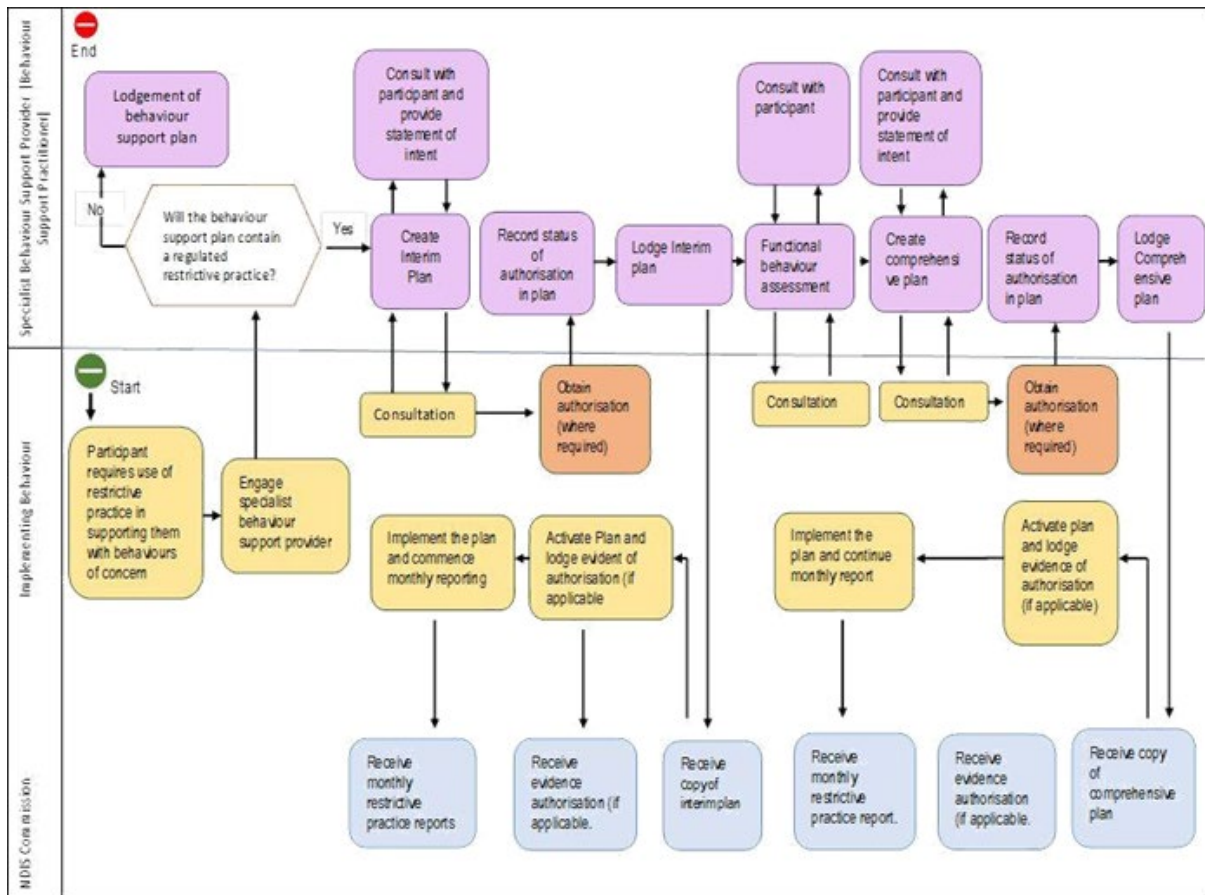
If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ. See the *Reportable Incident Management Policy and Procedure* for further details relating to reporting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

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>

<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.</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>
<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>

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>
(FACS) RPA System	<p>An online portal to manage and monitor the authorisation of restrictive practices. NDIS registered service providers must submit requests for RPA via the (FACS) RPA System.</p> <p>Service providers must maintain the currency of the information in the (FACS) RPA System, including the details of clinicians or service providers working with a person.</p> <p>The system provides service providers and Behaviour Support Practitioners online access to manage information about RPA in a single location. It also assists service providers to meet their obligations under the RPA Policy, such as by issuing notifications when an authorisation is approaching its expiration date.</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	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.
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 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
Prohibited Practice	<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

	<p>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.</p> <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</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>

Appendix 2 – Forms

All the following forms are available on the NDIS Quality and Safeguards Commission [website](#).

Behaviour Support Practitioner – Comprehensive Behaviour Support Plan	<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 Behaviour support plans developed after 1 July 2018.</p> <p>https://www.ndiscommission.gov.au/document/961</p>
Interim Behaviour Support Plan	<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 during, 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 grooming 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> <ul style="list-style-type: none"> • 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>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>

Professional Development Policy and Procedure

Australian Quality Care 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 Australian Quality Care is delivering support, services and requirements to all participants who are engaged with the service.

Australian Quality Care 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, Australian Quality Care 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 Australian Quality Care. 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 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:

1. Any mapping information to demonstrate industry experience that matches the requirements of the position they currently hold.
2. Schedules and/or reports on return to industry activities, testimonials etc.
3. Justice of the Peace certified copies of qualifications.
4. A current copy of resume.

5. 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 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 Director to record all training that has been offered to all employees during a prescribed date (usually annually)
- Training Attendance Register
 - 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.

These documents, while used alongside this policy, represent Australian Quality Care systematic approach to professional development.