



Module 2A:

Implementing Behaviour

Support Policy and Procedure

Manual

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Behaviour Support in the NDIS Policy and Procedure

1.0 Purpose

A key objective of our organisation is to provide our participants with access to behaviour supports that meet their requirements and improve their quality of life outcomes. Our organisation aims to reduce or eliminate any restrictive practices that may be in place for our participants.

The National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission Framework and the United Nations Convention on the Rights of Persons with Disabilities support and encourage reducing and fading out of restrictive practice.

To this end, Strength In Care will work 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's needs.

Strength In Care understands how behaviours of concern can negatively impact the participant, their family, their support services, and the community. Our role is to ensure that our participants' behaviour support needs are appropriately managed and supported.

2.0 Scope

As an implementing provider, Strength In Care must be registered by the NDIS Quality and Safeguards Commission. Our organisation must work within Victorian Government legislative guidelines, and the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

3.0 Policy

As an implementing provider, Strength In Care is responsible for identifying and seeking authorisation for any restrictive practices required to ensure the safety of the participants we are supporting, including chemical, physical and mechanical restraints, containment, seclusion and restricting access. [The Disability \(NDIS Transition\) Amendment Act 2019](#), amended the [Disability Act 2006](#), is the legislation that oversees the authorisation of restrictive practices within Victoria.

Strength In Care will register with the NDIS Commission and work as required under [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#) and the *Disability (NDIS Transition) Amendment Act 2019* amended the *Disability Act 2006*.

Before commencing the implementation of a Behaviour Support Plan, Strength In Care will ensure we have an appointed [Authorised Program Officer \(APO\)](#) and access to the [Victorian Department of Health and Human Services, Restrictive Interventions Data System \(RIDS\)](#).

Strength In Care will ensure our practices meet and comply with all relevant legislation and policy frameworks, including suitable delivery of specialised positive behaviour support, assessment, development and ongoing professional development for all practitioners.

Strength In Care will work with NDIS Commission approved Specialist Behaviour Support Providers and meet the supplementary requirements of the NDIS Practice Standards and Quality Indicators 2021.

Strength In Care is committed to ensuring that participants with an intellectual or cognitive disability who exhibit behaviour that causes harm is supported appropriately in safe environments while recognising their human rights and needs.

Strength In Care 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 a person

- understand restrictive practices should not be used in response to behaviour that does not cause harm to the participant or others
- aims to reduce the intensity, frequency and duration of the participant's behaviour that causes harm to themselves or others
- aims to reduce or eliminate the need for restrictive practices.

3.1 Evidence-based practice

Whilst guided and trained by Specialist Behaviour Support Providers; our team will implement an evidence-based practice approach. The practice may include, but is not limited to:

- using the best available scientific evidence available
- individualising evidence for the unique needs and preferences of the participant
- committing to the ongoing expansion of evidence and clinical expertise within our organisation.

3.2 Reasonable steps in supporting the participant

Staff are required to undertake all reasonable steps to support the participant, including:

- working with the participant to engage an NDIS Behaviour Support Practitioner
- contributing to the development of Behaviour Support Plans and assessments
- supporting the NDIS Behaviour Support Practitioner to gather information and data for assessments
- collaborating with the Behaviour Support Practitioner to develop or review the Behaviour Support Plan
- enabling contributions from mainstream service providers when developing an Interim Behaviour Support Plan.

3.3 Eliminating and reducing restrictive practices

All staff must follow the strategies as determined in the Behaviour Support Plan developed by the Behaviour Support Practitioner.

The Behaviour Support Provider's role is to train and guide our staff on appropriate strategies to eliminate or reduce restrictive practices. Relevant staff follow these strategies and consult with the Behaviour Support Provider and the participant to determine the best method to reduce or eliminate restrictive practice use.

4.0 Procedure

4.1 Organisation requirements

To deliver behaviour support, Strength In Care must be registered with the NDIS as an implementing behaviour support provider (for more information, refer to the NDIS Practice Standards and Quality Indicators 2021 - Module 2A: Implementing Behaviour Support).

Our organisation will comply with the Victorian Senior Practitioner's prohibition on the use of specific types of physical restraint under section [27\(5B\) of the Disability Act 2006](#) and the use of restrictive practice on a person with a psychosocial disability unless that person has a co-existing disability (for more information refer to Appendix 1 Definitions - Prohibited Practice).

Our team will consult the Specialist Behaviour Support Provider on Behaviour Support Plans, undertake training and provide relevant feedback.

Our organisation engages an Authorised Program Officers (APO) to ensure that restrictive practices are authorised.

As an implementing provider, Strength In Care must undertake monthly reporting via the [NDIS Quality and Safeguard Commission C-BAS Portal](#), even if there has been no use of restrictive practices.

Other aspects of our role include:

- obtaining proper consent for the use of all restrictive practices
- complying with the Department of Health and Human Services, Victorian Senior Practitioner and [Restrictive Intervention Data System \(RIDS\)](#) requirements

- training all staff developing and delivering behaviour support so that they are appropriately qualified
- monitoring and encouraging the professional development of our staff, so they maintain an understanding of restrictive practices and their associated risks
- engaging a Specialist Behaviour Support Clinical Supervisor to provide clinical supervision of each work practice of the NDIS Behaviour Support Practitioner
- maintaining all quality and compliance aspects of the online data collection system
- monitoring the use of restrictive practices and providing a monthly report to the NDIS Quality and Safeguards Commission
- reporting unauthorised use of restrictive practices to the NDIS Quality and Safeguards Commission (as necessary)
- supporting participants in making and resolving complaints
- gaining the consent of participants during the submission process
- supporting other providers to implement a Behaviour Support Plan by:
 - delivering services
 - implementing plan strategies
 - evaluating the effectiveness of current approaches used to reduce or eliminate restrictive practices
- notifying the Specialist Behaviour Support Practitioner if the Behaviour Support Plan must be reviewed due to changes in circumstances
- monitoring the use of restrictive practices, including regularly recording and reporting the use of the restrictive practices
- recording all restrictive practices used
- demonstrating a commitment to reducing and eliminating restrictive practices through our policies, procedures and processes.

4.2 Support staff

Strength In Care support staff are selected for their knowledge and skills related to working with participants who require restrictive practices. These staff members receive training from the Behaviour Support Practitioner and support from Strength In Care. Staff must complete documents the Behaviour Support Practitioner (e.g. Behaviour Log) requires to ensure that accurate information is kept and relayed to all stakeholders. Staff must attend regular meetings and provide updates and feedback on the participant's behaviour and progress.

4.3 Specialist Behaviour Support Provider

The role of the Specialist Behaviour Support Provider is to:

- engage Behaviour Support Practitioners deemed suitable by the NDIS Commission
- implement the following timeframes relating to plans:
 - one month - interim plan
 - six months - a comprehensive plan
 - 12 months - review plan
- Support Behaviour Support Practitioners (practitioners) to develop Plans that meet NDIS Commission requirements
- support practitioners to work collaboratively to develop plans with participants, their support networks and implementing providers
- support practitioners to ensure the plans are based on a comprehensive biopsychosocial assessment, including functional behavioural assessments
- support practitioners to outline contemporary, evidence-based, behavioural strategies in the plan, including environmental adjustments to constructively reduce the participant's behaviours of concern
- support practitioners to work towards reducing or eliminating restrictive practices
- support practitioners to develop documents in a form approved by the NDIS Commissioner
- support practitioners who lodged forms with the NDIS Commission

- train and support Strength In Care staff.

4.4. Authorised Program Officer

Authorised Program Officers (APO's) play a crucial role in authorising the use of regulated restrictive practices. Strength In Care will nominate at least one APO and seek approval from the Victorian Senior Practitioner.

Strength In Care will nominate any APOs through submission via the Victorian Government Health and Human Services Department's Restrictive Intervention Data System (RIDS). The Victorian Senior Practitioner will approve the appointment of the APO in RIDS.

An independent person (e.g. an advocate or family member) will inform the participant of why restrictive practices are required and the proposed implementation strategies listed in their Behaviour Support Plan.

4.5 Participant

The participant usually:

- receives disability services or services prescribed by regulations and funded under an NDIS participant plan
- has an intellectual or cognitive disability
- behaves in a way that may cause harm to themselves or others

5.0 Related documents

- Behaviour Log
- [NDIS Interim Support Plan](#)
- [NDIS Comprehensive Behaviour Support Plan](#)
- NDIS plan (provided by participant)
- [DHHS Behaviour Support Plan Toolkit \(VIC\)](#)

6.0 References

- Disability (NDIS Transition) Amendment Act 2019
- Disability Act 2006 (VIC)
- Victorian Department of Health and Human Services Restrictive Interventions Data System (RIDS)
- [Victoria's authorisation process for the use of regulated restrictive practices for NDIS participants - Fact sheet for NDIS providers](#)
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- [NDIS Commission Portal User Guide for implementing providers: Reporting on the use of regulated restrictive practices](#)

Regulated Restrictive Practices Policy and Procedure

1.0 Purpose

Strength In Care staff who support our participants with Behaviour Support Plans are required to understand the processes relating to all legislative requirements under the NDIS Positive Behaviour Support Capability Framework, the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, the *Disability (NDIS Transition) Amendment Act 2019* amended the *Disability Act 2006*. The purpose of this policy is to guide our staff when using regulated restrictive practices.

2.0 Scope

All support staff working with participants who have a Behaviour Support Plan are trained to understand and respond to the requirements listed in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. Our staff must also comply with the authorisation and reporting requirements set out by the Department of Health and Human Services, the Victorian Senior Practitioner, and the Restrictive Intervention Data System (RIDS).

3.0 Policy

The Specialist Behaviour Support Provider creates the Behaviour Support Plan and lodges the plan with the NDIS Commission. Strength In Care 's role is to subsequently access and activate the plan that incorporates any practice or intervention that has the effect of restricting the rights or freedom of an NDIS participant.

As an implementing provider, we seek approval to use regulated restrictive practices via the Department of Health and Human Services Restrictive Intervention Data System (RIDS). Strength In Care provides appropriate parties with the necessary monthly reports. Strength In Care notes that the NDIS Commission does not register the approval if approval is lodged via RIDS.

Staff will implement, document and report in a manner compliant with all regulated restrictive practices requirements.

The Specialist Behaviour Support Provider trains our staff. Our staff must maintain appropriate skills in using restrictive practices and appropriately support the participant and other stakeholders: the Professional Development Policy and Procedure support staff in their professional development. The Director undertakes a performance review with each staff member at least annually.

Staff supporting the participants work with Behaviour Support Practitioners to evaluate the effectiveness of current approaches and implement strategies to reduce and eliminate restrictive practices in use.

4.0 Procedure

Diagram 1. Authorisation of regulated restrictive practices for NDIS participants

	NDIS Quality and Safeguards Commission	Victorian Senior Practitioner
	<ul style="list-style-type: none"> • A registered Specialist Behaviour Support Provider must develop an NDIS Behaviour Support Plan • If a Behaviour Support Plan includes a regulated restrictive practice, it must be authorised before use 	
	<ul style="list-style-type: none"> • The implementing provider must be a registered provider with the NDIS Commission • The implementing provider needs access to the Restrictive Interventions Data System (RIDS) • The NDIS provider must have at least one APO appointed 	

	<p>The APO:</p> <ul style="list-style-type: none"> ● ensures an independent person is available to the participant to explain the Behaviour Support Plan ● authorises the use of all regulated restrictive practices in line with the <i>Disability Act 2006</i> and NDIS (Restrictive Practices and Behaviour Support) Rules 2018. ● provides the NDIS Behaviour Support Plan and supporting information to the Victorian Senior Practitioner (VSP) for all regulated restrictive practices ● Additional approval by the VSP is required for physical restraint, mechanical restraint, seclusion and other practices as directed by the VSP ● The VSP will provide evidence that restrictive practices meet Victorian authorisation requirements to the APO
	<ul style="list-style-type: none"> ● The Behaviour Support Practitioner lodges the NDIS Behaviour Support Plan and evidence of authorisation with the NDIS Commission

4.1 Restrictive practice use authorisation process

Strength In Care will undertake the following steps to be authorised to use restrictive practices:

Step 1: Register with the NDIS Quality and Safeguards Commission

- Strength In Care is registered with the NDIS Quality and Safeguards Commission.

Step 2: Appoint an Authorised Program Officer

- The appointed Authorised Program Officer (APO) is responsible for approving the Behaviour Support Plan in line with the requirements of the *Disability Act 2006* and the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. The APO is

appointed by our organisation and must be approved by the Victorian Senior Practitioner.

Step 3: Develop an NDIS Behaviour Support Plan

- A restrictive practice can only be used on an NDIS participant when it is a part of a Behaviour Support Plan. The plan is a document prepared by a registered NDIS Behaviour Support Practitioner in consultation with the participant, their family, and carers. (Note: This is the Specialist Behaviour Support Provider - Module 2 registered).
- The Behaviour Support Plan contains strategies:
 - that aim to improve the participant's quality of life
 - that consider the participant's individual needs and behaviour/s of concern
 - to reduce or stop the use of restrictive practices over time
- The NDIS Behaviour Support Practitioner needs to be registered with the NDIS Quality and Safeguards Commission and is the **only person** who can prepare the Behaviour Support Plan.

Step 4: Authorised Program Officer authorises the use of restrictive practices and lodges Behaviour Support Plan with Victorian Senior Practitioner

- Before the APO authorises regulated restrictive practices, they need to make sure an independent person or advocate can inform the participant of the proposed restrictive practices and implementation strategies listed in the Behaviour Support Plan.
- An independent person connects with the participant and will explain to them the Behaviour Support Plan and their rights.
- An independent person **MUST BE** someone independent of Strength In Care (i.e. someone who has no connection to Strength In Care and who is not a paid support provider or worker).
- The APO can ask questions and provide the NDIS Behaviour Support Practitioner feedback about the proposed Behaviour Support Plan. The APO determines if they will need to use the restrictive practices in their service and then, if necessary, authorises the restrictive practices.

- The APO then submits the Behaviour Support Plan to the Victorian Senior Practitioner using the Restrictive Intervention Data System (RIDS) to meet Victorian restrictive practice authorisation requirements.

Step 5: Victorian Senior Practitioner approves restrictive practices in the Behaviour Support Plan

- The Victorian Senior Practitioner will send a letter to Strength In Care confirming authorisation if the regulated restrictive practices in the Behaviour Support Plan meet the *Disability Act 2006*.
- For the use of seclusion, physical restraint and mechanical restraint, the Victorian Senior Practitioner will send a letter to the APO either approving or refusing the use of these regulated restrictive practices.
- If the Senior Practitioner refuses the restrictive practice use, the APO will advise the NDIS Behaviour Support Practitioner and request they adjust the Behaviour Support Plan accordingly.
- Once the Behaviour Support Practitioner adjusts the Behaviour Support Plan and provides it to the APO, the APO must repeat Step 4 and Step 5.

Step 6: Upload Behaviour Support Plan and letter of authorisation to NDIS Portal

- The approval letter received by the Victorian Senior Practitioner is evidence of authorisation.
- Upon the Senior Practitioner's approval, the NDIS Behaviour Support Practitioner must lodge the Behaviour Support Plan with the NDIS Commission.
- If information regarding lodging the plan with the NDIS, refer to the [NDIS Commission Portal User Guide for How to Lodge a Behaviour Support plan](#).

Step 7: Reporting the use of restrictive practices

- After the Victorian Senior Practitioner has approved the use of the restrictive practice and the Behaviour Support Plan is lodged with the NDIS Commission, the Authorised Program Officer must ensure restrictive practices are reported every month to the NDIS Commission via their online portal.

- If a restrictive practice not authorised in the Behaviour Support Plan is used by Strength In Care, we are required to report the use of the practice as a reportable incident via the NDIS Portal (for more information, refer to Reportable Incidents Involving Use of a Restrictive Practice Policy and Procedure).

Step 8: Reviewing the Behaviour Support Plan

- According to the NDIS Rules, an NDIS Behaviour Support Practitioner is required to review an NDIS Interim Behaviour Support plan after six months, and an NDIS comprehensive Behaviour Support Plan at least every 12 months or as soon as there are changes to the regulated restrictive practices used or intended to be used.

4.2 Working with Specialist Behaviour Support Providers

Behaviour Support Plans and the use of restrictive practices require Strength In Care to be transparent about all of our responsibilities relating to such practices. We are responsible for ensuring that all clinicians are aware of their obligations.

Strength In Care works collaboratively with Specialist Behaviour Support Providers and requires our staff to:

- communicate with the Specialist Behaviour Support Provider/Practitioner regarding the effectiveness of the plan
- record data on the current approach and strategies
- provide feedback on the current approach and strategies
- work with the Specialist Behaviour Support Provider/Practitioner to review and evaluate the Behaviour Support Plan.

4.3 Determining if a practice is a regulated restrictive practice

To assist our organisation in determining whether a practice constitutes a regulated restrictive practice, the Director will refer to the restrictive practice decision-making trees as outlined in Appendix 1. Restrictive Practice Decision Trees.

When our organisation is in doubt as to whether a practice constitutes a regulated restrictive practice, the Director will consult with the Specialist Behaviour Clinical Supervisor in the first instance and then contact the NDIS Commission if necessary.

5.0 Related documents

- [DHHS Reducing Restrictive Interventions - APO Red Flags \(VIC\)](#)
- Behaviour Log
- Data Collection Summary
- Easy Read Consent Form – Behaviour Support and Restrictive Practices
- Support Plan
- Staff Training Plan
- Staff Training Record
- Statement of Attendance Certificate
- Training Register
- Training Needs Analysis
- Training Matrix for Individual Staff
- Training Attendance Register – In-house
- Behaviour Support Plan and Functional Behaviour Assessment
- Individual Risk Profile Assessment Form
- Individual Participant Profile
- [NDIS Interim Support Plan](#)
- [NDIS Comprehensive Behaviour Support Plan](#)
- Lifestyle Plan (refer to Support Plan)
- PRN Protocols – Restrictive Practices

- PRN Care Plan
- PRN Intake Checklist
- Chemical Restraint Monitoring Log
- Medication Administration Record
- Medication Collection and Storage Register
- Medication Risk Assessment
- Medical Reports (from a medical practitioners)
- Medication Chart
- Consent Form - Restrictive Practice - General
- Consent Form - Restrictive Practice - Submission
- Restrictive Practices Consent Form
- Restrictive Practice Register
- Restrictive Practice Action Plan
- For additional forms, see Appendix 2 - Forms:
 - NDIS Reportable Incident - Immediate Notification
 - NDIS Reportable Incident - 5-Day Notification

6.0 References

- NDIS Positive Behaviour Support Capability Framework
- NDIS Commission Portal User Guide for How to Lodge a Behaviour Support plan.
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Commission Portal User Guide for implementing providers: Reporting on the use of regulated restrictive practices
- Disability (NDIS Transition) Amendment Act 2019 (VIC)
- Disability Act 2006 (VIC)
- [Victoria's authorisation process for the use of regulated restrictive practices for NDIS participants Fact sheet for NDIS providers - June 2019](#)

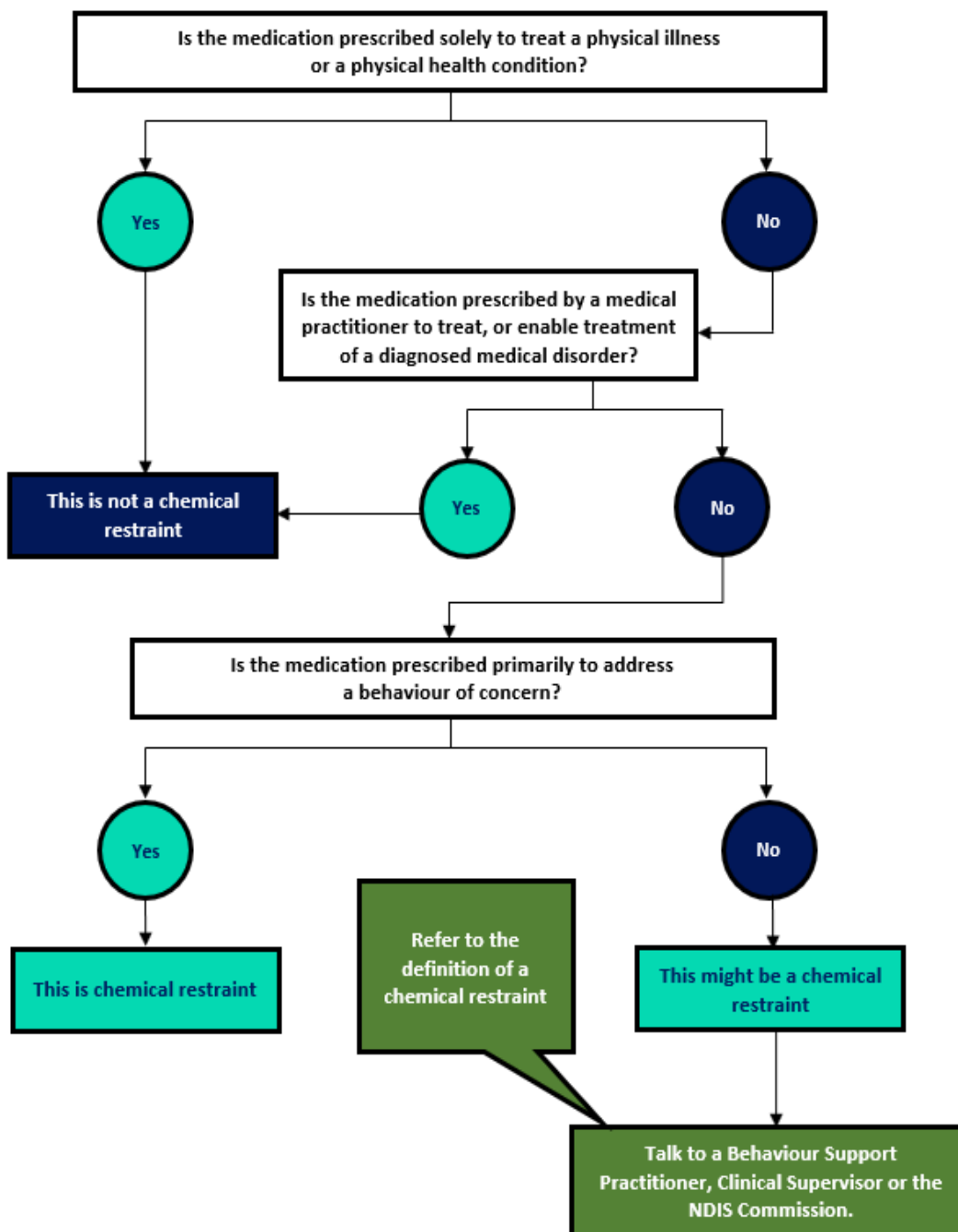
- [Using restrictive practices in Victoria - Step by step guide for NDIS registered providers](#)

Appendix 1. Restrictive Practice Decision

Trees

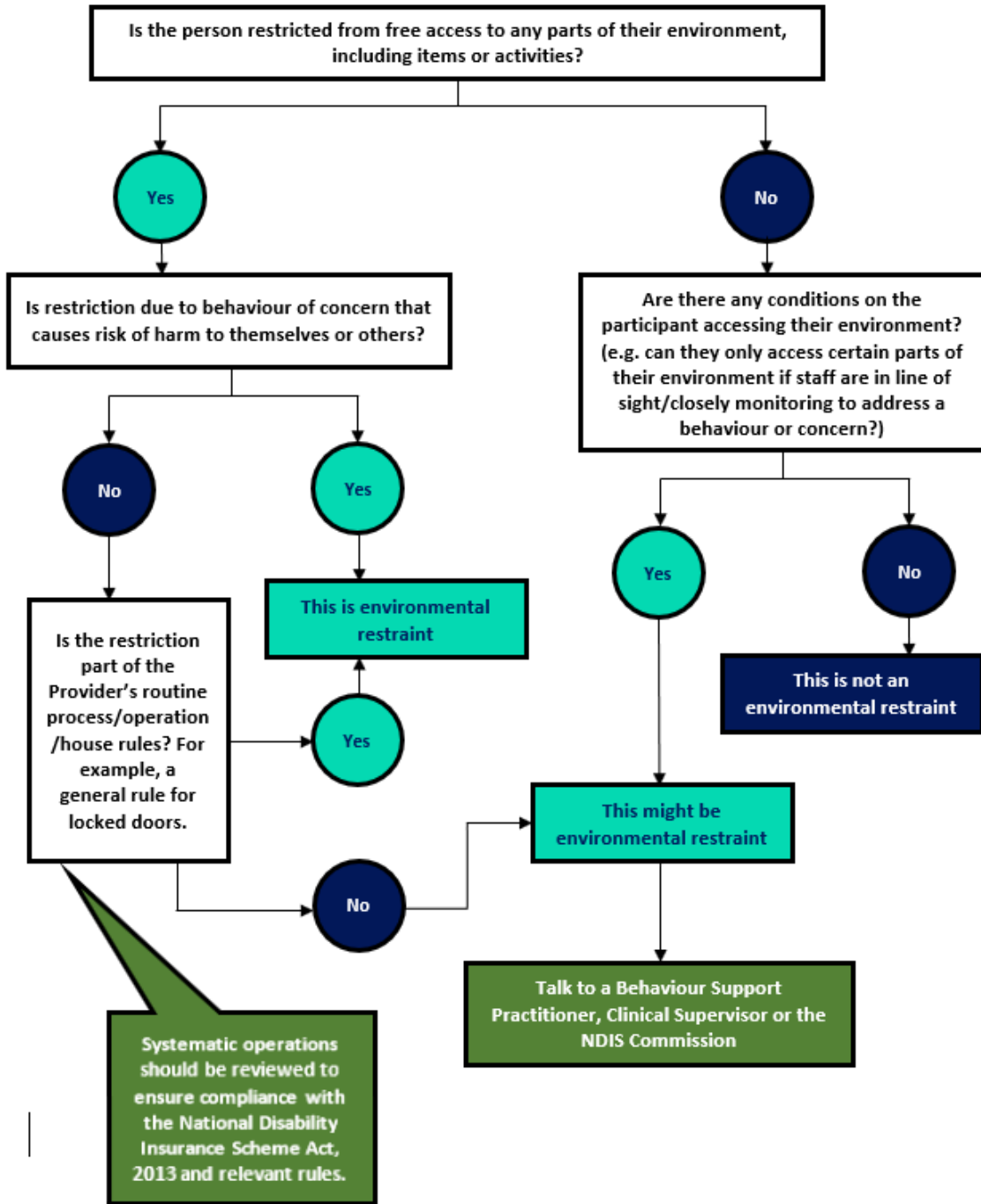
Chemical restraint decision tree

This tool aims to guide whether a practice could be a form of chemical restraint.



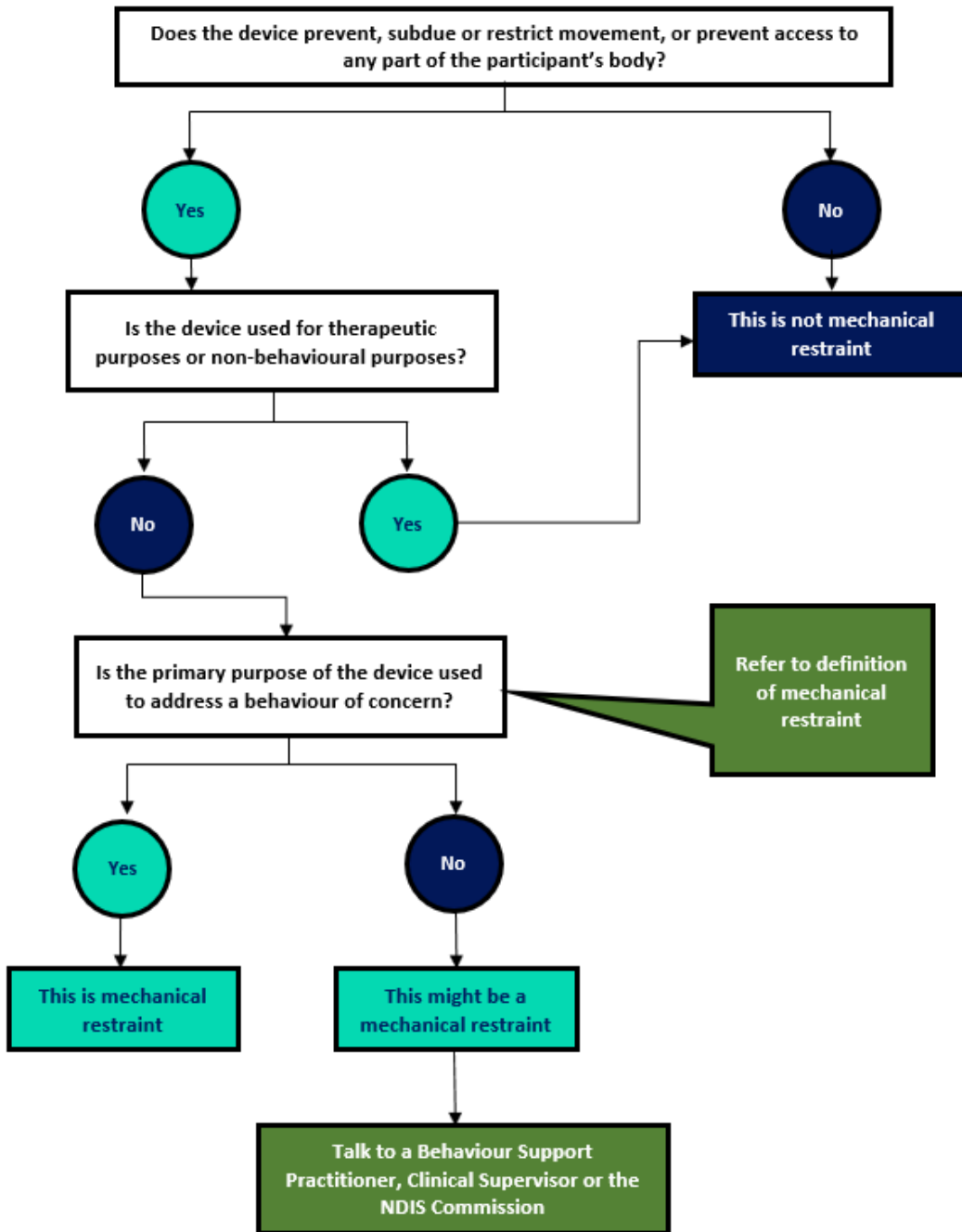
Environmental restraint decision tree

This tool aims to support decision-making and guide whether a practice could be a form of environmental restraint.



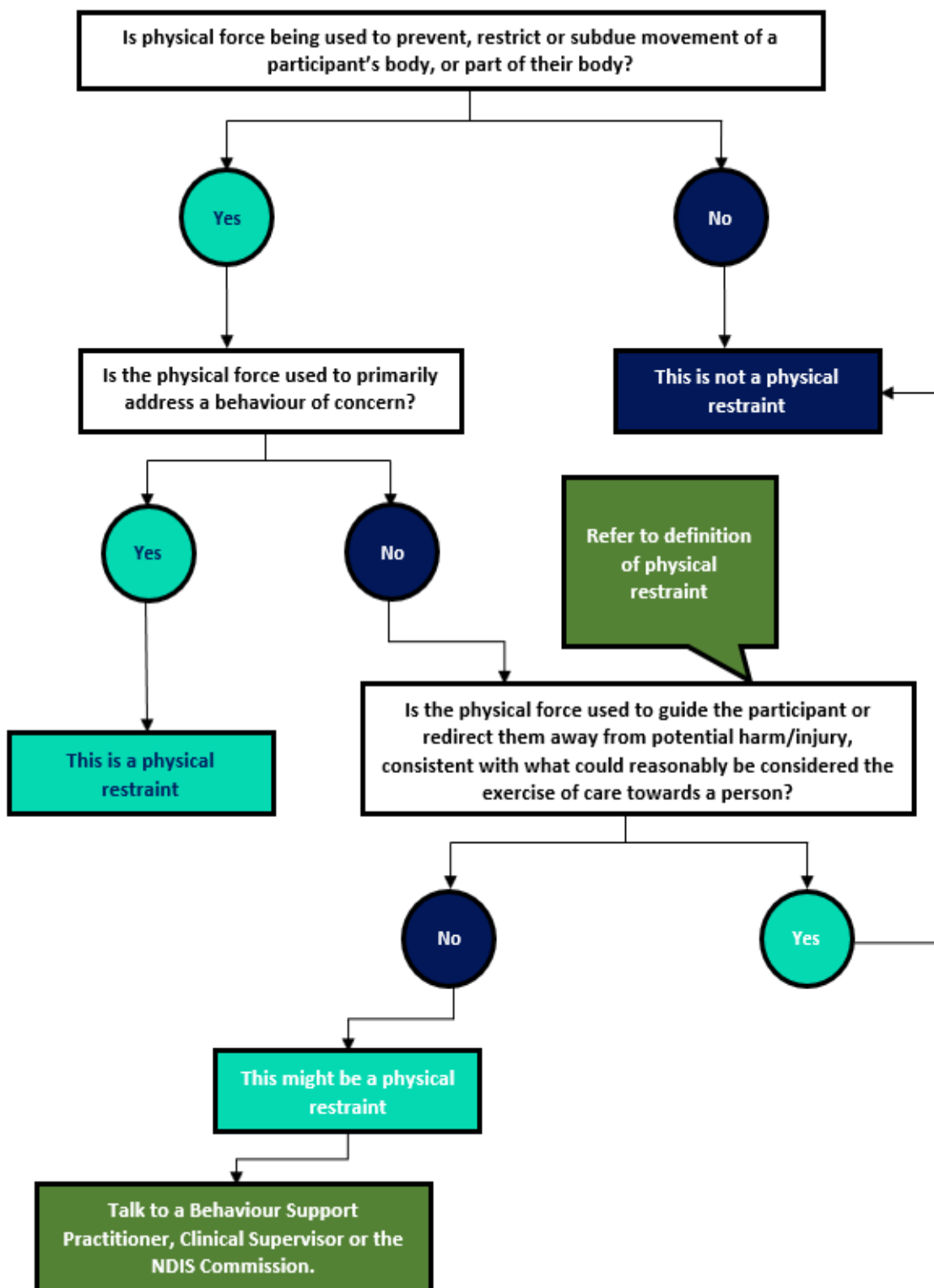
Mechanical restraint decision tree

This tool aims to support decision-making and guide whether a practice could be a form of mechanical restraint.



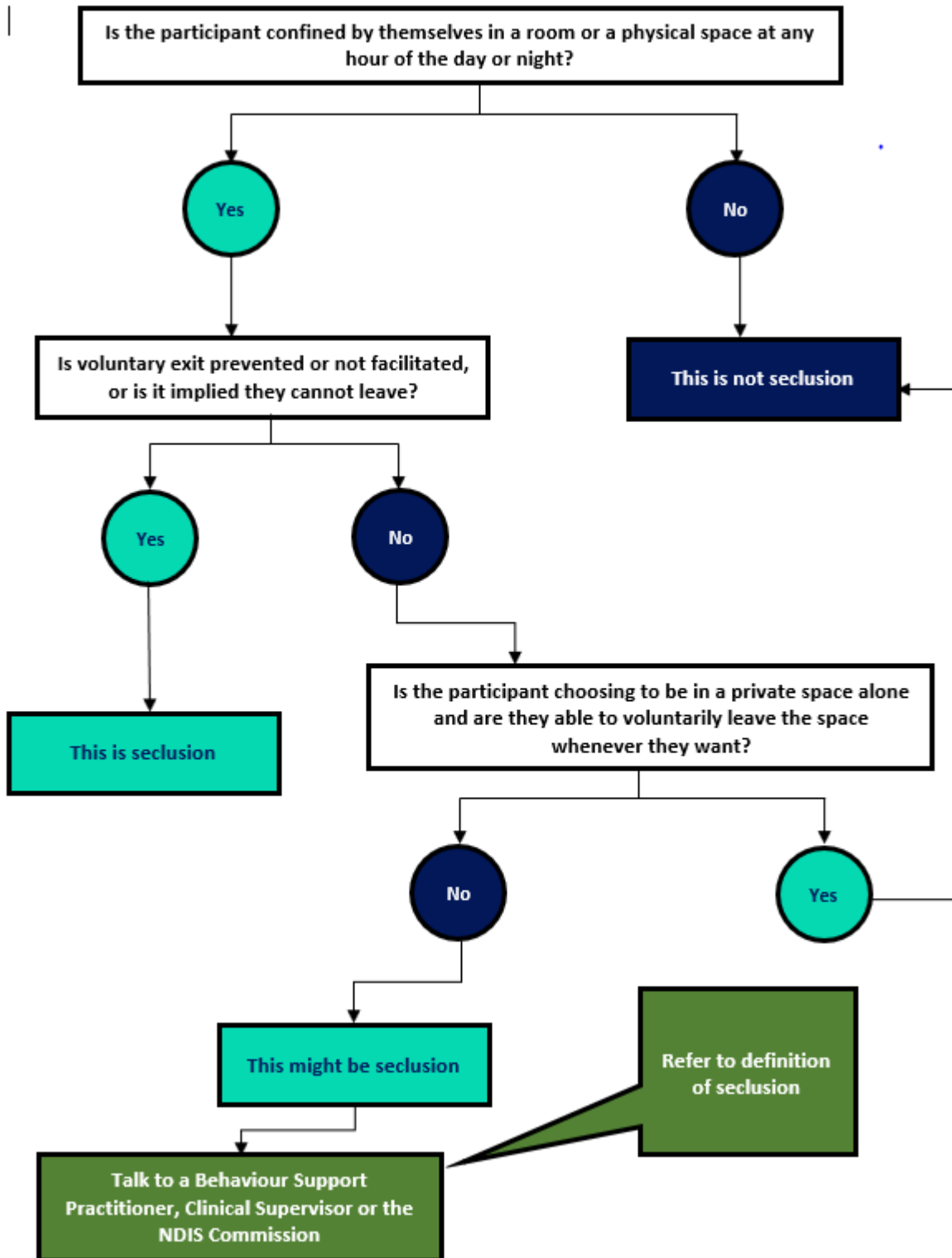
Physical restraint decision tree

This tool aims to support decision-making and guide whether a practice could be a form of physical restraint.



Seclusion decision tree

This tool aims to support decision-making and provide guidance on whether a practice constitutes seclusion.



Supporting the Assessment and Development of Behaviour Support Plans Policy and Procedure

1.0 Purpose

Evidence-based practice is a process that incorporates the best available research, knowledge from professional experts and data and input from participants. A Behaviour Support Practitioner then uses documented data to develop an evidence-informed Behaviour Support Plan that is responsive to each participant's individual needs

It is Strength In Care's aim to implement evidence-based practices to provide quality support and care to our participants.

2.0 Scope

Strength In Care's team gather evidence and scaffold knowledge from various sources relevant to each participant. Sources may include research, family, staff, professionals and Behaviour Support Practitioners.

3.0 Policy

Our evidence-based practice is the key to providing high-quality care and services to our participants and their families. Our support workers must hold registration, qualifications and experience relevant to the participant's delivery of supports.

When working with participants, our team uses evidence-based practices to assist the Behaviour Support Practitioner in gathering information for Functional Behaviour Assessments

and other relevant assessments. Our management team will ensure that staff have the necessary skills to inform each Behaviour Support Plan's development. Behaviour support strategies developed by a Behaviour Support Practitioner are based on explicit principles, validated practices, best available research and relevant laws and regulations.

Strength In Care uses various communication methods to ensure that evidence-based practices are regularly discussed and evaluated with our team members. Strength In Care uses different communication methods depending on the staff member's availability, including debriefing meetings, staff meetings, emails, phone or video conferencing. These same communication methods may be used to gather evidence from other stakeholders.

Relevant workers will be supplied access to appropriate training to enhance their knowledge and skills regarding positive behaviour supports and restrictive practices.

4.0 Procedure

4.1 Evidence-informed practice

Our team collaborates with the Behaviour Support Practitioner to provide information on plan implementation. Data from only the most reliable and high-quality sources is collected and systematically evaluated to:

- plan and implement actions that will result in effective outcomes (short-term and long-term)
- consider the capacity of the participant, organisation or community
- understand and react sensitively to the specific context in which a health issue may occur (i.e. setting, culture, history and available resources)
- recognise the moral, ethical, cultural and spiritual values that affect our organisation's actions we are
- identify how improvements will be made to a participant's health or development.

4.2 Collaborating with Specialist Behaviour Support Providers

Our organisation's collaboration with Specialist Behaviour Support Providers includes:

- providing feedback on the implementation of the Behaviour Support Plan to:
 - deliver services
 - apply strategies in the plan
 - evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices
- reviewing and discussing the Behaviour Support Plan with the Behaviour Support Practitioner
- gathering evidence, as required by the Behaviour Support Practitioner, to provide complete insight into what is occurring with the participant
- gathering and evaluating data to provide information to assist the Behaviour Support Practitioner in the review process
- identifying barriers, discussing evidence and responses to strategies during staff meetings (e.g. face-to-face, videoconference or teleconference)
- staff undertaking person-focused training, coaching and mentoring by the Specialist Behaviour Support Provider to understand and implement the participant's Behaviour Support Plan, including positive behaviour support strategies.

4.3 Staff requirements

Strength In Care recruits employees who have the required knowledge and skills to inform the development of the Behaviour Support Plan. Staff worker selection is based on their capacity to participate and provide insightful input into the participant's Behaviour Support Plan. Strength In Care supports our employees to develop their skills to knowledgeably inform the development of the participant's Behaviour Support Plan.

5.0 Related documents

- Behaviour Log
- Individual Risk Profile Assessment Form
- [NDIS Interim Support Plan](#)
- [NDIS Comprehensive Behaviour Support Plan](#)
- Behaviour Support Plan and Functional Behaviour Assessment
- Lifestyle Plan (see Support Plan)
- Medical Reports (from a medical practitioner)
- BSP Staff Meeting Agenda

6.0 References

- NDIS Positive Behaviour Support Capability Framework
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Disability (NDIS Transition) Amendment Act 2019 (VIC)
- Disability Act 2006 (VIC)

Behaviour Support Plan Implementation Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that Strength In Care staff are implementing Behaviour Support Plans in a manner that meets the participant's goals, needs and aspirations.

2.0 Scope

The policy applies to all Strength In Care staff required to implement participant Behaviour Support Plans.

3.0 Policy

Strength In Care collaborates with the Behaviour Support Practitioner to implement the Behaviour Support Plan. The Behaviour Support Plan must be developed before the authorisation of a regulated restrictive practise is provided by the Victorian Senior Practitioner. The plan must meet the requirements of the NDIS Commission.

As an implementing provider, Strength In Care uses the NDIS Commission's C-BAS Portal to activate the Behaviour Support Plan and undertake required monthly recording.

Staff are supported and trained to consistently develop and maintain their skills to implement the behaviour support skills descriptor strategies. Training includes the use of restrictive practices. Staff performance is managed by the Director to ensure each Behaviour Support Plan is appropriately implemented.

All staff have an annual performance management review. The performance review process incorporates the worker's skills in implementing the identified strategies in the participant's behaviour support plan. The Director will determine if the staff member requires additional training or retraining and arrange for this training to occur.

4.0 Procedure

4.1 Working with Specialist Behaviour Support Providers

Strength In Care will work with the Specialist Behaviour Support Provider to:

- implement strategies as per the plan
- determine the best means of sourcing evidence-based practice information
- collect evidence-based practice information
- provide positive behaviour support to participants
- assist staff in gaining the required skills to implement practices consistently
- provide support workers the time to be trained to use and monitor behaviour support strategies and positive behaviour support related to the participant.

4.2 Collaboration with other providers

When collaborating with other providers, Strength In Care will:

- identify any other providers who may be working with a participant
- contact other providers to arrange a meeting or consultation
- share information with other providers (with the consent of the participant) to determine the best supports and care for the participant
- record shared information to use when working with the Specialist Behaviour Support Provider.

4.3 Staff training and management

Strength In Care undertakes staff induction for our new employees that meets NDIS Commission's requirements. Relevant support workers are trained in the safe use of restrictive practices as per the Behaviour Support Plan.

The Director undertakes an annual performance review with each staff member, where professional development and currency are reviewed. The annual performance review

requires each employee to undertake a self-assessment against their position description and allocated key performance indicators.

Self-reflection of skills and knowledge is part of our regular staff meetings. These meetings allow for open discussion, peer review and adjustment of practices and professional development.

5.0 Related documents

- Training Record
- Training Matrix for Individual Staff
- Training – Annual Review of Training Provided
- Training Attendance Register – In House Training
- Staff Performance Management Review
- [NDIS Interim Support Plan](#)
- [NDIS Comprehensive Behaviour Support Plan](#)
- Training Needs Analysis
- Staff Training Plan
- Behaviour Support Plan
- BSP Staff Meeting Agenda

6.0 References

- NDIS Positive Behaviour Support Capability Framework
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Disability (NDIS Transition) Amendment Act 2019 (VIC)
- Disability Act 2006 (VIC)

Monitoring and Reporting the Use of a Regulated Restrictive Practice Policy and Procedure

1.0 Purpose

An implementing provider is required to report the use of all restrictive practices to the NDIS Commission. Strength In Care must ensure that support workers are trained in the use of regulated restrictive practices and how to monitor and report the use of these practices.

2.0 Scope

Strength In Care will designate and train relevant staff to input data via the NDIS C-BAS Portal. These designated officers are appointed to enter all relevant data into the portal. Staff working with participants must provide all necessary information to the designated officer/s to allow for accurate data to be inputted into the NDIS system

3.0 Policy

The designated officer/s will complete monthly NDIS online reporting via the C-BAS Portal, including when there is no use of restrictive practices as required by the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

Strength In Care will monitor all reports to inform the reduction and elimination of restrictive practices. The reports are undertaken to:

- identify actions for improving outcomes for the participant
- provide feedback to:
 - staff

- participants and (with participant's consent) their support network
- Specialist Behaviour Support Providers.

Staff will be trained in red flag areas to reduce the use of restrictive practices.

4.0 Procedure

The designated reporting officer will follow the reporting guidelines provided by the NDIS: [NDIS Commission Portal User Guide for implementing providers: Reporting on the use of regulated restrictive practices.](#)

4.1 Staff reporting

- Relevant staff must inform the designated officer/s when a restrictive practice is undertaken.
- Relevant staff must record the use of a restrictive practise via the organisation's reporting method (e.g. Behaviour Log).

Refer to the Reportable Incidents Involving Use of a Restrictive Practice Policy and Procedure for more information regarding additional reporting requirements.

4.2 Monitoring of restrictive practices

The designated officer will

- provide a monthly report on:
 - restrictive practices used
 - number of practices
 - name of the participant on whom practices were used.

The Director and the Authorised Program Officer will review the information to:

- identify any trends related to a participant or across the organisation
- consult with the participant and (with the participant's consent) their support network, the Behaviour Support Practitioner and support workers to determine how to reduce or eliminate restrictive practices (e.g. reduction or elimination of triggers).

4.2.1 Red flags

Staff are to be trained to identify red flags in the following areas:

- emergency reporting
- increased PRN reporting
- reviews.

Emergency reporting

- The Authorised Program Officer reviews emergency approvals at the point of approval.
- When emergency reporting continues beyond a month, this is identified as a red flag that requires attention and action by the Authorised Program Officer to resolve.
- Examples of an actual emergency include when:
 - Strength In Care believes there is an imminent risk to a participant or others, and it is necessary to use restraint or seclusion to prevent the risk from occurring. In such an emergency (under [Section 147 of the Disability Act 2006](#)), we can use restraint or seclusion
 - a participant does not have a Behaviour Support Plan authorised by the Authorised Program Officer
 - restraint or seclusion used by Strength In Care is not included in the participant's authorised Behaviour Support Plan.

Increased PRN reporting

An increase in PRN reporting is a red flag that the Behaviour Support Plan is not effectively supporting the participant. Our support team will endeavour to identify what is not working and what needs to change for the participant in this situation.

If Strength In Care cannot understand why a participant's behaviour is escalating, we will:

- try to identify possible behaviour triggers
- investigate what may have recently changed in the participant's environment
- complete an Antecedent, Behaviour, Consequence (ABC) Monitoring Chart or a Star Behaviour Chart
- refer to a Behaviour Support Practitioner for a reassessment of the Behaviour Support Plan.

Reviews

When undertaking reviews, Strength In Care applies the ABC of a good review, which is outlined below:

A: Are there any unexplained emergencies or increases in PRN reporting?

B: Behaviour Support Plan - what needs to change to make it more effective?

- (a) Reflect on the goals of the Behaviour Support Plan (BSP), were they met? Does the team need help to write goals?
- (b) Does the participant need a new Functional Behaviour Assessment?
- (c) Is there a good replacement behaviour included in the BSP that might reduce the participant's need to use behaviours of concern?
- (d) Has the Senior Practitioner completed a Behaviour Support Plan Quality Evaluation (BSP-QE II) review? (For more information, refer to the Department of Health and Human Service's Behaviour Support Plan Toolkit).

C: Challenges for the staff: What additional training or support does the team need to assist them in providing the participant with quality supports?

4.3 Recordkeeping and reporting

Record keeping will document:

- Strength In Care 's compliance in the use of regulated restrictive practices
- reduction and minimisation of regulated restrictive practices and the use of alternatives (where possible).

Records should include:

- proposed and authorised Behaviour Support Plans
- a description of the use of the regulated restrictive practice, including:
 - the impact on the participant or another person
 - any injury to the participant or another person
 - whether the use of the restrictive practice was a reportable incident
 - why the regulated restrictive practice was used
- a description of the behaviour of participant 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
- actions are taken in response to the use of the regulated restrictive practice
- other less restrictive options considered or used before the use of the regulated restrictive practice
- actions taken leading up to the use of the regulated restrictive practice, including any strategies used to prevent the need for the practice.

Strength In Care must provide the following reports to the NDIS Commission:

- monthly reports regarding the use of regulated restrictive practices, including when there is nil use of regulated restrictive practices
- fortnightly reports where approval has been obtained for the short term use of a regulated restrictive practice and while the approval is in force.

Record keeping, reporting and reviews will comply with all state and NDIS regulations. All records will and be held for a minimum of seven years from the day the record was made.

5.0 Related documents

- PRN Protocols
- PRN Care Plan
- PRN Intake Checklist
- Chemical Restraint Monitoring Log
- Medication Chart
- Medication Reports (from general practitioner)
- Behaviour Log
- ABC Monitoring Chart (VIC)
- Star Behaviour Chart (VIC)
- Behaviour Support Plan and Functional Behaviour Assessment

- [NDIS Interim Support Plan](#)
- [NDIS Comprehensive Behaviour Support Plan](#)

6.0 References

- Department of Health and Human Service's Behaviour Support Plan Toolkit
- Disability Act 2006 (VIC)
- Victoria's authorisation process for the use of regulated restrictive practices for NDIS participants Fact sheet for NDIS providers - June 2019
- Using restrictive practices in Victoria - Step by step guide for NDIS registered providers
- Reducing restrictive interventions: red flags for authorised program officers
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS Commission Portal User Guide for implementing providers: Reporting on the use of regulated restrictive practices.

Behaviour Support Plan Review Policy and Procedure

1.0 Purpose

Strength In Care requires all support practices to correlate with the participant's current requirements and strategies, as outlined in the Behaviour Support Plan. Regularly reviewing the Behaviour Support Plan allows for improving the participant's quality of life by identifying a decrease in the behaviours of concern which may lead to the reduction or elimination of restrictive practices.

2.0 Scope

The Behaviour Support Plan review must be undertaken by staff who work with the participant. The review is collaborative and involves all relevant stakeholders, including the Behaviour Support Practitioner, the participant, and (with the participant's consent) their support network and any other relevant stakeholders.

3.0 Policy

Strength In Care undertakes a collaborative approach that encourages information sharing during the review process.

An NDIS Specialist Behaviour Support Practitioner must review a Behaviour Support Plan that includes a regulated restrictive practice:

- when there is a change in circumstances (e.g. participant need, situation or progress creates a need for a more frequent review) requiring the plan to be amended as soon as practicable after the adjustment occurs
- at least every 12 months while the plan is in force.

4.0 Procedure

The Behaviour Support Plan will be monitored through a combination of formal and informal approaches, including:

- feedback from the participant
- team meetings
- data collection
- recordkeeping
- incident reports
- feedback from other stakeholders
- supervision.

Strength In Care will follow the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and work with the Specialist Behaviour Support Provider to record information and data as required.

Strength In Care will contribute to Behaviour Support Plan strategy reviews focusing on reducing or eliminating restrictive practices based on observed participant progress or positive changes.

5.0 Related documents

- BSP Staff Meeting Agenda
- Behaviour Support Plan
- Support Plan Review Report
- Behaviour Support Plan and Functional Behaviour Assessment
- [NDIS Interim Support Plan](#)
- [NDIS Comprehensive Behaviour Support Plan](#)

6.0 References

- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2021

Reportable Incidents Involving Use of Restrictive Practice Policy and Procedure

1.0 Purpose

All emergency or unauthorised use of restrictive practices must be reported to the required regulatory bodies. As such, this policy is designed to guide Strength In Care staff on how to respond during situations of this nature.

2.0 Scope

This policy is relevant to all Strength In Care staff and management.

3.0 Policy

Strength In Care staff are responsible for always ensuring the safety of our participants. Following an incident, and where appropriate, staff members must make sure that the participant is immediately referred to, and assessed by, a medical practitioner.

3.1 Unauthorised use of restrictive practice

In response to the unauthorised use of restrictive practice, Strength In Care will collaborate with mainstream providers, including:

- police or other emergency services
- mental health and emergency departments
- treating medical practitioners
- other allied health professionals.

After an incident, the Director will conduct a debriefing session with staff to identify improvement areas to inform future practices. All debriefing outcomes will be documented (e.g. Debriefing Form - Staff). If required, a debriefing session will be conducted with the participant and documented (e.g. Debriefing Form - Participant).

Supports are adjusted from information gained through the engagement of the Specialist Behaviour Support Provider, who will develop and review the Behaviour Support Plan as per NDIS (Restrictive Practices and Behaviour Supports) Rules 2018.

Diagram 1. The reportable incident internal review process



4.0 Procedure

4.1 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 a new or a previously inexperienced degree of severity in the escalation of a participant's behaviour
- there is no Interim Support Plan or Behaviour Support Plan in place.

Crisis responses:

- involve the minimum amount of restriction or force necessary
- use the least intrusive of restrictive practices, which must only be applied for as long as is needed to manage the risk
- never be used as a routine behaviour support strategy.

A crisis response involving the application of an unauthorised regulated restrictive practice constitutes a reportable incident. Until authorisation is obtained, it remains an unauthorised restrictive practice. Each occasion where the practice is used constitutes a reportable incident. The NDIS (Incident Management and Reportable Incident) Rules 2018 are followed, and the NDIS Commission is informed of crisis incidents.

If it is anticipated that the crisis response may be needed again for the participant, the practice must be included in the Behaviour Support Plan (or Interim Behaviour Support Plan) and appropriate authorisation sought for its use.

A registered Behaviour Support Practitioner must be engaged to develop:

- an Interim Behaviour Support Plan that includes provision for the use of the regulated restrictive practice within one month after being engaged to create the plan
- a Behaviour Support Plan that includes provision for the use of the regulated restrictive practice within six months after being engaged to develop the plan.

4.2 Restrictive practice authorisation

A restrictive practice may only be used as part of a planned response to a participant's behaviour that causes harm. It has been demonstrated that such a response is the least restrictive way of ensuring the participant's safety and others (as is practicable in the circumstances). The Behaviour Support Practitioner's role is to undertake an appropriate assessment and develop a suitable Behaviour Support Plan.

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

1. **Seclusion** is the isolated 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, not facilitated, or implied that voluntary exit is not permitted.
2. **Chemical restraint** is the use of medication or chemical substances for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner to treat or enable the treatment of a diagnosed mental disorder, a physical illness, or a physical condition.
3. **Mechanical restraint** uses 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.
4. **Physical restraint** is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include reflexively using a hands-on technique 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.

5. **Environmental restraint** restricts people's free access to all parts of their environment, including items and activities.

There are three types of restrictive practices (in order of the level of intrusiveness):

1. Containment and seclusion

- **Containment:** A participant cannot physically leave the place where they receive disability services and may involve locking doors, windows, or gates. It is not considered containment if an adult participant lacks road safety skills and locks a door to prevent them from wandering close to a road.
- **Seclusion:** A participant cannot physically leave a room or area where they receive disability services. The participant is placed on their own at any time of the day or night.

2. Chemical, physical and mechanical restraint

- **Chemical restraint:** Involves using medication to control the participant's behaviour; this does not include medication used for treating a diagnosed mental illness or physical condition.
- **Physical restraint:** The use of any part of another person's body to restrict the participant's free movement to control their behaviour.
- **Mechanical restraint:** Using a device to either restrict the participant's free movement or prevent or reduce self-injurious behaviour.

3. Restricting access to an object

- Limiting the participant's access to an object (e.g. kitchen drawer with knives) can prevent the participant from using the object to cause harm to themselves or others.

Strength In Care will enter all restrictive practice approvals into the Department of Health and Human Services Restrictive Interventions Data System (RIDS).

Authorisation of a restrictive practice depends on:

- whether the use of the restrictive practice is planned or unplanned
- the type of restrictive practice (i.e. containment or seclusion, chemical, mechanical, physical restraint or restricted access to objects)
- the type of disability service the participant receives (i.e. respite or community access only, accommodation and community support alone, together, or in conjunction with respite and community access).

4.2.1 Authorisation of regulated restrictive practices

Our designated Authorised Program Officer (APO) is required to authorise the use of all regulated restrictive practices and may only authorise the use of a regulated restrictive practise if the proposed use is:

- included in, and used following, the participant's authorised NDIS Behaviour Support Plan
- necessary to prevent a person from causing physical harm to the person or another person
- the least restrictive option as is possible in the circumstances
- not applied for longer than necessary
- following the NDIS Commission's requirements under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

Our designated APO may only authorise the use of seclusion as a regulated restrictive practice if the above requirements are met and if the participant:

- is supplied with appropriate bedding and clothing
- has access to adequate heating and cooling, as is appropriate for the circumstances
- is provided with food and drink at the appropriate times
- is provided with adequate toileting arrangements.

The Authorised Program Officer may authorise the use of a regulated restrictive practice subject to any condition they consider appropriate, other than requiring a variation to the person's NDIS Behaviour Support Plan.

The use of restrictive practices must be accompanied by a Behaviour Support Plan that emphasises the development of positive and socially valued skills and strategies for reducing the participant's challenging behaviour/s. The objective of the plan is to eliminate the need for a restrictive practice as much as possible.

Strength In Care will collaborate with all service providers who provide the participant services, and we will follow the participant's Behaviour Support Plan. The comprehensive Behaviour Support Plan will detail the restrictive practice requirements, including planned responses.

4.3 Minimum requirements for the use of regulated restrictive practices

The regulated restrictive practice must be:

- identified in the Behaviour Support Plan
- authorised under Victorian Government legislative processes
- used only as a last resort in response to the risk of harm to the participant or others, and after Strength In Care has explored and applied evidence-based, person-centred and proactive strategies
- the least restrictive response possible in the circumstances to ensure the safety of the participant or others
- used to reduce the risk of harm to the participant or others
- in proportion to the potential negative consequence or risk of harm
- used for the shortest possible time to ensure the safety of the participant or others.

The participant must also be given opportunities to be involved in community activities and develop new skills that can potentially assist in reducing or eliminating the need for regulated restrictive practices in the future

4.4 Consent

Consent must be obtained from the participant or their guardian before the authorisation of a regulated restrictive practice using either the Consent Form Restrictive Practice - General or the Consent Form Restrictive Practice - Submission Consent. Consent must be gained for each specific submission.

Consent must be obtained from the participant, or their advocate/guardian (e.g. Consent Form), before the authorisation of a regulated restrictive practice can occur. Consent must be voluntary, informed, specific and current.

- **Voluntary consent:** A participant must be free to exercise genuine choice about giving or withholding consent. Meaning they have not been pressured or coerced into a decision, and they have been provided all the information they need in a format they understand. Voluntary consent requires that the person be not affected by medications, drugs or alcohol when deciding.
- **Informed consent:** A participant's capacity to make decisions will vary depending on the type of decision or its complexity, or how they feel on the day. The way information is provided to a participant will also affect their capacity to make decisions. Choices must be communicated in a way that the person understands (e.g. 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 restriction each time authorisation is requested.
- **Current consent:** Consent cannot be assumed to remain the same indefinitely or as the participant's circumstances change. Participants and guardians are entitled to change their minds and revoke consent at a later date.

4.5 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 as follows:

Immediate notification - 24 hours

Strength In Care must complete an [Immediate Notification online form](#) via the NDIS Commission Provider Portal. This form must be completed within 24 hours of our organisation becoming aware of a reportable incident or allegation occurring in connection with NDIS supports or services and the event of:

- 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
- unauthorised use of restrictive practice.

5-day notification

Strength In Care must complete a [5-Day Notification online form](#) through the 'My Reportable Incident' page on the NDIS Commission Provider Portal. In the case a participant discloses an incident that has occurred in the past, it will be treated in the same way as any other reportable incident, noting that the immediate response may differ.

5.0 Related documents

- DHHS Reducing Restrictive Interventions - APO Red Flags (VIC)
- NDIS Interim Support Plan
- NDIS Comprehensive Behaviour Support Plan
- Debriefing Form Template - Staff
- Debriefing Tool - Participant
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Consent Form Restrictive Practice - General

- Consent Form Restrictive Practice – Submission Consent
- Reportable Incident, Accident and Emergency Policy and Procedure
- For additional forms, see Appendix 2 – Forms:
 - NDIS Reportable Incident – Immediate Notification
 - NDIS Reportable Incident – 5-Day Notification

6.0 References

- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Commission Portal User Guide for implementing providers: Reporting on the use of regulated restrictive practices
- Disability Act 2006 (VIC)
- Victoria's authorisation process for the use of regulated restrictive practices for NDIS participants - Fact sheet for NDIS providers - June 2019
- Using restrictive practices in Victoria - Step by step guide for NDIS registered providers

Interim Behaviour Support Plan Policy and Procedure

1.0 Purpose

The Interim Behaviour Support Plan focuses on mitigating risks for a participant and the people around them.

The purpose of this policy is to ensure that participants with an immediate need for a Behaviour Support Plan receive an Interim Behaviour Support Plan based on evidence-based practice. Any use of a restrictive practice requires approval.

An Interim Behaviour Support Plan provides authority to use a restrictive practice for a maximum of five months while assessments are undertaken, and a Behaviour Support Plan is developed.

Strength In Care will attach the Interim Behaviour Support Plan when informing the NDIS Commission of restrictive practices and commence monthly reporting via the NDIS Commission's C-BAS Portal. Strength In Care works with the Behaviour Support Plan Provider to assess and develop all Behaviour Support Plans, as required.

2.0 Scope

Strength In Care will work with the Specialist Behaviour Support Provider to develop the participant's plan and facilitate relevant staff training sessions

3.0 Policy

Strength In Care collaborates with mainstream service providers (e.g. police or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an Interim Behaviour Support Plan developed by a Behaviour Support Practitioner.

Strength In Care works with the Specialist Behaviour Support Provider to support the Interim Behaviour Support Plan's development. Strength In Care staff are supervised, supported, and provided training in implementing the participant's Interim Behaviour Support Plan.

Where appropriate, the Behaviour Support Practitioner may develop an interim behaviour support 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 of the behaviour of concern (i.e. incident) 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 month:

- participant consent obtained
- the interim authorisation should be sought from the Authorised Program Officer
- the APO should consider the content of the Interim Support Plan for behaviour supports and be satisfied that the strategies outlined represent the least restrictive options which have an adequate evidence base for managing identified risk
- the APO should specify the interim authorisation duration, which should be the shortest duration required to manage the risk and not be longer than five months.

Where approval for the short-term use of regulated restrictive practices has been obtained, Strength In Care must submit reports to the NDIS Commission every two (2) weeks while the approval is in force.

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

- authorisation for a Behaviour Support Plan should be obtained from the Victorian Senior Practitioner
- restrictive practices must be discontinued if not approved or contained in the Behaviour Support Plan.

Where approval for the short-term use of the regulated restrictive practice has been obtained, Strength In Care must submit reports to the NDIS Commission every two weeks or as negotiated while the approval is in force

4.0 Related documents

- DHHS Reducing Restrictive Interventions - APO Red Flags (VIC)
- Interim Behaviour Support Plan
- Behaviour Support Plan and Functional Behaviour Assessment

5.0 References

- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Commission Portal User Guide for implementing providers: Reporting on the use of regulated restrictive practices
- Disability Act 2006 (VIC)
- Victoria's authorisation process for the use of regulated restrictive practices for NDIS participants - Fact sheet for NDIS providers - June 2019
- Using restrictive practices in Victoria - Step by step guide for NDIS registered providers

Professional Development Policy and Procedure

1.0 Purpose

Strength In Care is committed to ensuring that our employees are undertaking professional development to maintain current and relevant skills, knowledge and evidence-based supports. By doing this, Strength In Care can deliver supports and services that meet the participants' requirements.

2.0 Scope

The policy applies to all employees of Strength In Care.

3.0 Policy

Strength In Care recruits employees that are industry experts in their chosen field. As such, we require ongoing professional development (PD) of our staff and contract workers. To achieve this aim, Strength In Care provides relevant opportunities for professional development and monitoring of each employee's performance.

As part of our commitment, Strength In Care provides our employees professional development activities or the time to attend PD activities where it has been identified the training will benefit the individual and our organisation. However, we note that each employee is ultimately responsible for ensuring their professional development and maintaining appropriate and current industry knowledge and skills.

4.0 Procedure

Professional development 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 networking, communities of practice or mentoring activities
- reviewing data from industry networks/stakeholders
- researching information from regulatory bodies
- reading of industry journals
- participating in industry projects
- engaging with professional and relevant industry bodies
- undertaking further training and/or accredited courses.

Strength In Care requests employees to provide evidence of ongoing professional development. The purpose of evidence is to tangibly demonstrate a specific achievement or outcome of professional development and learning.

Any employee who completes nationally recognised qualification courses are asked to submit evidence which may include, but not limited to:

- mapping information to demonstrate industry experience that matches the requirements of the position they currently hold
- schedules or reports on return to industry activities, testimonials, etc.
- certified copies of qualifications (signed by Justice of the Peace)
- a current copy of their resume
- a journal detailing any industry consultation or industry reading completed throughout the year.

Employees must also provide a list of any personal development undertaken for the past 12 months and any proposed personal development plan for the coming 12 months.

The following documents are used to record staff training within Strength In Care:

- Training Matrix for Individual Staff: Used to demonstrate currency and professional development.
- Training Record: Records training that the employee undertakes; the record is completed and filed in the employee's personnel record.
- Training - Annual Review of Training Provided: Used by the Director to record all training offered to employees during a prescribed date (usually annually).
- Training Attendance Register - In House Training: Records any in-house training conducted for staff relating to an individual behavioural support requirement or a specific need.

The training documents, used alongside this policy, demonstrate Strength In Care's systematic approach to our employees' professional development.

5.0 Related documents

- Staff Training Plan
- Staff Training Record
- Training Matrix for Individual Staff
- Training Needs Analysis
- Training Register
- Training Attendance Register - In House Training
- Staff Performance Management Review
- Statement of Attendance Certificate

6.0 References

- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2021

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 a person's needs.</p> <p>A behaviour support plan has 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.</p> <p>A Behaviour Support Plan may be either:</p> <ul style="list-style-type: none"> • comprehensive Behaviour Support Plan • an Interim Behaviour Support Plan.
<p>Behaviour Support Practitioner</p>	<p>A person with tertiary qualifications in psychology, special education, speech pathology, social work or other relevant discipline or training and experience in providing behaviour support and intervention.</p>
<p>Specialist Behaviour Support Provider</p>	<p>A registered NDIS provider whose registration includes the provision of specialist behaviour support services.</p>
<p>NDIS Specialist Behaviour Support Provider</p>	<p>A person the NDIS 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 can 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 participant's capacity to make a particular decision should be doubted only with a factual basis. It should not be assumed that a participant lacks capacity just because they have a particular disability. A participant 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). Consent must be obtained from the participant or their guardian prior to authorising a regulated restrictive practice.</p>
<p>Containment</p>	<p>Containment of a participant with an intellectual or cognitive disability means the physical prevention of the participant freely exiting the premises where they receive disability services, other than by secluding the participant.</p> <p>The participant is not contained if they are an adult with a skills deficit only, and their free exit from the premises is prevented by locking gates, doors, or windows.</p>
<p>Duty of care</p>	<p>The meaning is the responsibility to take reasonable care to avoid causing harm to another person (a legal concept). A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.</p>

Evidence-based	A practice/method that has been tried and tested to be valid and reliable, which combines well-researched intervention with experience and ethics and considers a participant's preferences to inform the delivery of treatment or service.
Functional Behavioural Assessment	The process of determining and understanding the function or purpose behind a person's behaviour which 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.
Harm	<p>Harm to a person means:</p> <ul style="list-style-type: none"> ● physical harm ● a serious risk of physical harm ● damage to property involving a serious risk of physical harm.
Implementing provider	An NDIS service provider that uses a regulated restrictive practice when delivering NDIS supports to a participant (e.g. support workers restricting a participant's free access to the community due to behaviours of concern are implementing a regulated restrictive practice).
NDIS Commission	The NDIS Commission regulates behaviour support for NDIS registered providers and monitors the use of restrictive practices. Providers must comply with NDIS incident management and reporting requirements.
Person-centred	A person-centred approach involves the provider gathering information about the participant's lifestyle, skills, relationships, preferences, aspirations, and other significant characteristics to provide a holistic framework in which appropriate respectful and meaningful behaviour supports may be developed.

<p>Prohibited practice</p>	<p>Prohibits disability service providers and registered NDIS providers from using the following forms of physical restraint on an NDIS participant:</p> <ul style="list-style-type: none"> ● the use of prone restraint (subduing a person by forcing them into a face-down position) ● the use of supine restraint (subduing a person by forcing them into a face-up position) ● pin downs (subduing a person by holding down their limbs or any part of the body, such as their arms or legs) ● the basket holds (subduing a person by wrapping your arm/s around their upper or lower body) ● takedown techniques (subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support) ● any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning ● any physical restraint that has the effect of pushing the person's head forward onto their chest ● any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints; and ● prohibit registered NDIS providers from using restrictive practices on any person with a psychosocial disability unless the person also meets the requirements for another type of disability under section 24 of the <i>National Disability Insurance Scheme Act 2013 (Cth)</i>
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Prohibited practices

- **Aversion:** Any practice that a participant might experience as noxious or unpleasant and potentially painful.
- **Overcorrection:** 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:** The administration of medication prescribed to influence behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician
- **Denial of crucial needs:** Withholding support such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or requirements.
- **Unauthorised use of a restrictive practice:** The use of any practice that is not properly authorised and does not have validity, or does not adhere to requisite protocols and approvals,
- **Seclusion:** (Relates to children or young people - under 18 years of age) The isolation of a child or young person in a setting from which they cannot leave for the duration of a particular crisis or incident.

The following practices are also prohibited in relation to participants who are aged 18 and under:

- any form of corporal punishment
- any punishment that takes the form of immobilisation, force-feeding or deprivation of food

<p>Positive behaviour support</p>	<p>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.</p> <p>Positive behaviour support recognises that all participants are endowed with fundamental human rights regardless of their behaviour. Any assessment, intervention or support should be respectful of those human rights and foster the exercise and experience of those rights.</p> <p>Positive behaviour support recognises that all human behaviour serves a purpose, including those deemed to be behaviours of concern. It is first essential to understand the purpose of the participant's existing behaviours, aspirations, and range of knowledge and skills they already have to bring about adaptive change.</p>
<p>Restrictive practice</p>	<p>Any practice or intervention that has the effect of restricting the freedom or right of movement of a participant with the primary purpose of protecting the participant or others from harm.</p>

<p>Regulated restrictive practice</p>	<p>Any practice 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 ● the participant (or their authorised substitute decision-maker) objects to its use <p>A restrictive practice is a regulated restrictive practice if it involves any of the following:</p> <ul style="list-style-type: none"> ● Seclusion: Sole confinement of a participant in a room or a physical space at any hour of the day or night where their voluntary exit is prevented or not facilitated, or it is implied that voluntary exit is not permitted. ● Chemical restraint: The use of medication or a chemical substance for the primary purpose of influencing a participant's behaviour. It does not include the use of medication prescribed by a medical practitioner to treat or enable treatment of a diagnosed mental disorder, physical illness, or a physical condition (including PRN). ● Mechanical restraint: The use of a device to prevent, restrict or subdue a participant's movement for the primary purpose of influencing that participant's behaviour, but does not include the use of devices for therapeutic or non-behavioural purposes. ● Physical restraint: The use or action of physical force to prevent, restrict or subdue movement of a part of the participant's body for the primary purpose of influencing their behaviour. Physical restraint does not include reflexively using a hands-on technique to guide or redirect a person away
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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>

Behaviour Support Practitioner - Comprehensive Behaviour Support Plan	This template can be used as a guide to complete a comprehensive behaviour support plan. This form is approved by the NDIS Quality and Safeguards Commissioner for section 23 of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. https://www.ndiscommission.gov.au/document/1441
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Reportable Incident - Immediate Notification Online Form	<p>All registered providers need to complete an Immediate Notification online form through the 'My Reportable Incident' page on the NDIS Commission Provider Portal.</p> <p>The NDIS Quality approves the Reportable Incident Notification form in the NDIS Commission portal, and Safeguards Commissioner for sections 20 and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (NDIS Rules).</p> <p>This form must be completed within 24 hours of becoming aware of a reportable incident or allegation occurring 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, including incident report(s), file notes, risk management assessments and plans, participant's plans relevant to the incident, and copies of correspondence between relevant persons or other agencies.</p> <p>https://www.ndiscommission.gov.au/document/1516</p>
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<p>Reportable Incident - 5-day Notification Online Form</p>	<p>All registered providers will need to complete a 5 Day Notification online form through the 'My Reportable Incident' page on the NDIS Commission Provider Portal.</p> <p>The reportable incident notification form in the NDIS Commission portal 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/1521</p>
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