



MY THERAPY

AUSTRALIA

Module 2

Specialist Behaviour Support Policies

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Overview of the Specialist Behaviour Support

1.0 Introduction

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

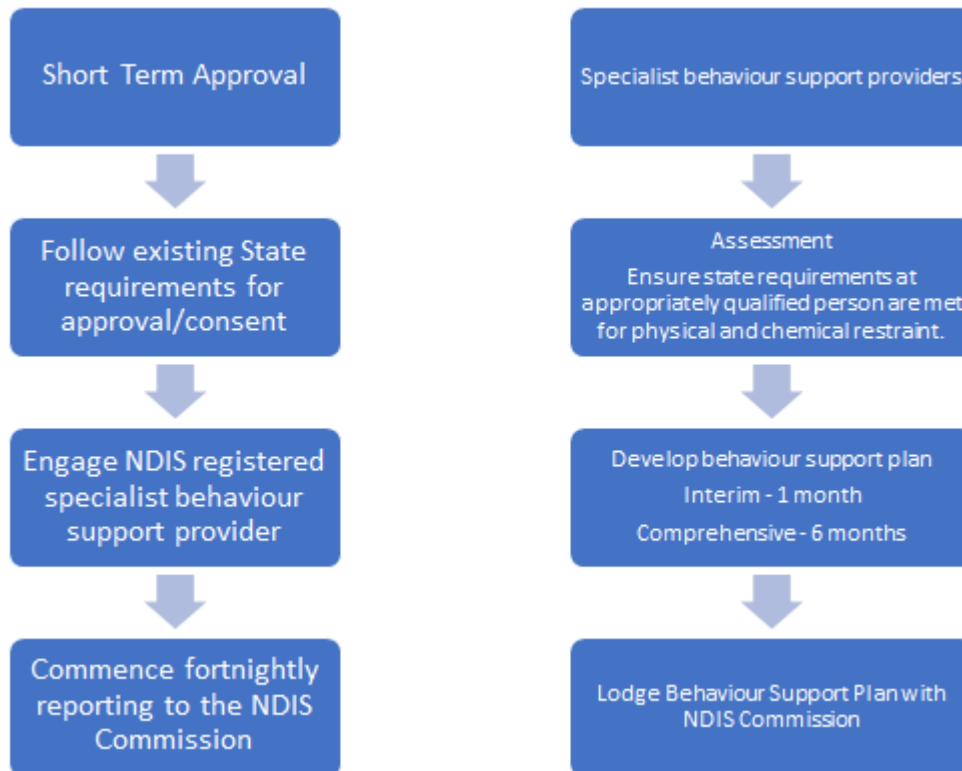
- respect, protect and fulfil the rights of people with disability
- are individualised and person-centred
- support and protect the most vulnerable
- strengthen family and community connections

As a Specialist Behaviour Support Provider, we will:

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

In undertaking our role as a Specialist Behaviour Support Provider, we will:

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



2.0 Purpose

To ensure each participant has access to behaviour support that is appropriate to meet their specific requirements; to improve the quality of life outcomes for all individuals with disabilities; to reduce and/or eliminate any restrictive practices that may be in place. To ensure that we comply with legislative requirements such as the South Australian Consent to Medical Treatment and Palliative Care Act 1995.

The reduction and fading out of restrictive practices are outlined in the NDIS Quality and Safeguards Commission framework and are an integral part of the United Nations Convention on the Rights of Persons with a Disability.

To this end, My Therapy Australia will strive to provide positive behaviour support, working together with the NDIS Quality and Safeguards Commission Behaviour Support team and implementing behaviour support practitioners, to put into effect behaviour support plans designed to meet the individual needs of our participants.

My Therapy Australia understands participant behaviours of concern and how they can negatively impact an individual, family members, support services and the community. It's our role to ensure participant behaviour support needs are being appropriately implemented and managed.

My Therapy Australia acknowledges that to be a behaviour support provider we must be registered by the NDIS Quality and Safeguards Commission.

3.0 Policy

As a behaviour support plan provider, we will register with the NDIS Quality and Safeguards Commission and work with the Senior Practitioner, as required under NDIS (Restrictive Practices and Behaviour Support) Rules 2018, Guardianship and Administration Act 1993 (SA), Consent to Medical Treatment and Palliative Care Act 1995 (SA), Advanced Care Directives Act 2013 (SA) and the Disability Act 2013 (SA).

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

My Therapy Australia must work with providers who use, or are likely to use, restrictive practices who implement behaviour support plans that are registered with the NDIS Quality and Safeguards Commission and who meet the supplementary requirements of the NDIS Practice Standards. The NDIS Commission approves behaviour support practitioners using a competency framework.

My Therapy Australia must lodge behaviour support plans with the NDIS Commission and notify it of the use of restrictive practices.

My Therapy Australia is committed to ensuring that participants with an intellectual or cognitive disability who exhibit behaviour that causes harm, are supported appropriately in a safe environment, whilst recognising their individual rights and needs.

My Therapy Australia is committed to providing services that:

- Ensure transparency and accountability in the use of restrictive practices

- Recognise restrictive practices shouldn't be used to punish a participant or in response to behaviour that doesn't cause harm to the participant or others
- Aim to reduce the intensity, frequency and duration of a participant's behaviour that causes harm, either to the participant or others
- Aim to reduce or eliminate the need for restrictive practice.

3.1 Requirements

3.1.1 Organisation

To provide behaviour support plans, My Therapy Australia must be registered with the NDIS as a Specialist Behaviour Support Provider. My Therapy Australia must notify the NDIS Commissioner within one (1) month, unless a longer period has been agreed, of the names and details of all behaviour support practitioners they employ or engage to undertake behaviour assessments and to develop behaviour support plans.

3.1.2 Practitioners

NDIS behaviour support practitioners must be assessed as suitable to develop specialised positive behaviour support plans, including assessments and development of behaviour support plans. Where a comprehensive behaviour support plan, including restrictive practices, is required, an NDIS behaviour support practitioner will be responsible for:

- Assessing the participant's behaviours
- Developing a behaviour support plan
- Keeping records of the development and implementation of restrictive practices.

3.1.3 Specialist behaviour support provider

- Behaviour support practitioners must be deemed suitable by the NDIS Commission.
- Time frames: One (1) month - interim plan; six (6) months - comprehensive plan; at least every twelve (12) months - review plan.
- Develop plans that must meet NDIS Commission requirements.
- Develop plans in consultation with the participant, their support network and the implementing provider.
- Plans are based on a comprehensive biopsychosocial assessment, including a functional behavioural assessment.

- Behaviour support plans must contain contemporary, evidence-based, behavioural strategies, including environmental adjustments to constructively reduce behaviours of concern.
- The specialist behaviour support provider must work towards reducing and eliminating restrictive practices.
- All behaviour support plans must be developed in a form approved by the Commissioner and lodged with the NDIS Commission.

3.2 Responsibilities

Behaviour support plans and the use of restrictive practices require My Therapy Australia to have transparent responsibilities and ensure that all clinicians are aware of their responsibilities.

My Therapy Australia will:

- 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 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.
- 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);
- inform participants on the use of and need for restrictive practices that are included in their Behaviour Support Plan; and
- demonstrate a commitment to reducing and eliminating restrictive practices through policies, procedures and practices (see Record Keeping, below).

3.2.1 Behaviour support practitioners

Behaviour support practitioners will:

- Be 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 state procedures issued by the Senior Practitioner, Department of Health and Human Services
- Undertake ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.

3.2.2 Collaborating with providers

In collaborating with providers, Behaviour Support Practitioners will:

- support other providers in the implementation of 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.

4.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018.
- Notice of a 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. To view, go to the NDIS Commission website:

www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf

- Guardianship and Administration Act 1993 (SA),
- Consent to Medical Treatment and Palliative Care Act 1995 (SA),
- Advanced Care Directives Act 2013 (SA)
- Disability Act 2013 (SA)

Behaviour Support Policy and Procedure

1.0 Purpose

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

My Therapy Australia understands the participant's behaviours of concern and how they can have a negative impact on an individual, family members, support services and the community. It's our role to ensure participant behaviour support needs are being appropriately managed and supported.

2.0 Scope

All Staff working with participants will undertake ongoing professional development to enhance the learning of new evidence, in relation to practices and approaches to behaviour support.

3.0 Policy

My Therapy Australia will ensure their practices meet and comply with all relevant legislation and policy framework, including the suitable delivery of specialised positive behaviour support, assessment and development. Regulated restrictive practices are only to be used as a last resort and in response to a participant's behaviour to protect themselves or others from harm. My Therapy Australia requires all behaviour support practitioners to be assessed to ensure that they have the skills and knowledge suitable to undertake assessment and delivery of behaviour support plans. All behaviour support practitioners must undertake ongoing professional development to maintain their currency with evidence-informed practice and approaches.

My Therapy Australia will employ a behaviour support clinical supervisor to supervise each work practice of the NDIS behaviour support plan practitioner.

All participants will be assessed through the behaviour support plan and functional behaviour assessment to determine the requirements and strategies to be implemented.

4.0 Procedure

My Therapy Australia's Staff will, as part of their induction, read and understand the requirements of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018 and comply with its requirements regarding:

- Understanding that inappropriately applied restrictive practices are a serious human right infringement
- Restrictive practices
- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Environmental restraint
- Behaviour support plans
- Ability to build on strengths of participants
- Increasing opportunities for participants to participate in community activities
- Assisting participants to increase their life skills
- Performing functional behaviour assessments
- Using only the least restrictive practices possible, in circumstances of reducing risk of harm to the participant and others. This must only be applied for the shortest amount of time.

My Therapy Australia will review the professional requirements of behaviour support practitioners and clinical supervisor to ensure:

- Currency under their registering body
- Professional training is undertaken
- Completion of the NDIS Worker Orientation Module
- Suitability to deliver positive support behaviour plans
- Current knowledge of assessment methods
- Evidence-skills in developing support plans.

- Employment checks

The Director will employ a clinical supervisor who:

- Combines their qualifications/registrations with their practical knowledge and skills to effectively supervise and train behaviour support practitioners
- Understands current evidence-informed practice
- Holds current knowledge and skills in behaviour support plan assessment and development
- Applies and trains others in positive behaviour support
- Understands and applies best-practice principles
- Ensures that professional development will only promote best-practice principles
- Informs management of required changes to policies and procedures to ensure the focus is always on the reduction and/or elimination of restrictive practices

My Therapy Australia will consult with the Behaviour Practice team to ensure that policies and procedures include both current and best practices. A review will be undertaken, at least annually, to ensure that our procedures reflect current practices. My Therapy Australia will follow quality practice policies including the Risk Management and Continuous Improvement Policy. Any changes will be reported through our corporate governance process.



5.0 Definitions

See Appendix 1 – Definitions

- Behaviour support plan (BSP)
- NDIS behaviour support practitioner
- Functional behavioural assessment
- Restrictive practice
- Regulated restrictive practices
- Specialist behaviour support provider

6.0 Related documents

- Behaviour support plan
- Functional behaviour assessment
- For other related documents see Appendix 2 – Forms

7.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- Guardianship and Administration Act 1993 (SA),
- Consent to Medical Treatment and Palliative Care Act 1995 (SA),
- Advanced Care Directives Act 2013 (SA)
- Disability Act 2013 (SA) National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf

Restrictive Practices Policy and Procedure

1.0 Purpose

The focus of the restrictive practices policy should be to provide care that emphasises preventing or reducing behaviour that may cause harm or risk to the participant; however, the Staff at My Therapy Australia recognise that a participant may, at times, be subjected to restrictive practices due to challenging behaviours.

My Therapy Australia is committed to ensuring any participant who exhibits behaviours that require support are supported by ensuring they are in a safe environment, whilst also recognising their individual rights and needs.

All participants, their support networks (with participant consent) and/or other relevant stakeholders are to engage in implementing behaviour support plans or interim behaviour support plans, to implement strategies that are appropriate to the participant to reduce the risk of harm to themselves or others.

2.0 Scope

Director will ensure that any restrictive practice, including in the behaviour support plan, is in accordance with Commonwealth legislation; and/or policy requirements of the state/territory legislation; and/or policy requirements for obtaining authorisation for the use of any restrictive practices.

3.0 Policy

Director of My Therapy Australia will ensure the behaviour support plan or interim support plan is developed in consultation with the participant, and all relevant stakeholders, and is followed and updated on a regular basis, as per behaviour support plans and Functional Behaviour Assessments Policy and Procedure.

Restrictive practices will only be considered where necessary to prevent harm to a participant or others. Any restrictive practice used at My Therapy Australia will follow best practice requirements including:

- Using the least restrictive option available
- Ensuring restrictive option is used for the least amount of time possible
- Using only where necessary to prevent harm to the participant or others
- Using only as a last resort
- Ensuring restrictive practice is not used as punishment to the participant
- Avoiding using for the convenience of Staff.

My Therapy Australia will ensure ongoing monitoring of a participant's behaviour support plan or interim support plan. Staff will collaborate with the participant and all relevant stakeholders regarding:

- Using alternatives to restrictive practices
- Ensuring implementation strategies in the plan
- Gaining approval or gathering feedback on the effectiveness of the current approaches being used to reduce, or eliminate, the use of the restrictive practices.

Staff of My Therapy Australia will:

- Continue to undertake professional development to maintain an understanding of practices that are considered restrictive and the risks associated with these practices
- Acknowledge and understand the requirements as set out and described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Acknowledge the relevant state/territory legislation requirements and processes for obtaining authorised use of any restrictive practices included in a participant's behaviour support plan
- Follow the requirement/s as listed on a participant's behaviour support plan or interim support plan.

4.0 Procedure

My Therapy Australia will undertake an audit of restrictive practice periodically. This audit is aimed at identifying any practices being used in providing service delivery to participants. When any restrictive practice is used, it must be reported to the Director. All identified

restrictive practices must be placed on a Restrictive Practice Register and noted on the participant's file.

4.1 Risk Management

My Therapy Australia implements the principles outlined in our Risk Management Policy and Procedure, so that our practices ensure the safety of both the participant and other parties. To this end, our team will manage risk by:

- Consulting and collaborating with the participant, their support network, service providers implementing the behaviour support plan and any other relevant stakeholder, to gain consent and understanding for the:
 - Need for restrictive practices
 - Risks involved in restrictive practice use
- Promoting alternatives to the use of restrictive practices
- Ensuring practices are proportional to the risk of harm to the participant or others.

4.2 Strategies in the behaviour support plan

The development of the behaviour support plan must be based on:

- evidence gathered about the participant,
 - cultural and linguistic requirements,
- informing the participant of their human rights including being free from abuse, neglect, intimidation and exploitation.
- Valuing the self-worth dignity, respect and privacy of individuals.
- Ability to exercise choice, control and realise their potential.
- the individual being at the centre of the plan (person-centred),
- proactive
- addresses the person with disability's needs
- addresses the person with disability's functions of behaviour.

A positive and proactive approach to behaviour support will be implemented to ensure the participant is provided the required support to live a full and active life. As part of a comprehensive behaviour support plan, or interim support plan, strategies will be developed to ensure positive approaches are taken.

The plan must incorporate strategies to reduce or eliminate the use of any restrictive practices such as, but not limited to:

- How to manage triggers

- How to establish an environment that reduces triggers
- A description of the function of the behaviour including attempting to understand why the person is displaying the behaviour
- Details on managing the behaviour and strategies that can be used including but not limited to:
 - working to avoid and reduce situations that trigger the behaviour
 - teaching the person new skills
 - teaching the participant behaviours to replace the challenging behaviour
- Actions for staff to undertake during an incident to ensure safety self, others and the participant
- Reporting methods to be used to report on the incident, which may include completing incident reports (which may include contacting the NDIS Quality and Safeguards Commission)
- Debriefing options for staff members involved in the incident, such as Employee Assistance Program (EAP).
- Collecting and recording information on behaviours and strategies being used.

Any restrictive practice used, will only be administered by an approved NDIS behaviour support practitioner and the restrictive practice will only be used as per the participant's behaviour support plan, or interim support plan, which will be reviewed annually.

Should a restrictive practice listed on the participant's behaviour support plan, or interim support plan, not be used within the audit period of twelve (12) months then the restrictive practice will be automatically withdrawn and considered eliminated from use.

It is important that Director continues to monitor all participants who have behaviour support plans or interim support plans to ensure all Staff and relevant stakeholders are aware of any changes being made.

There will be some practices that My Therapy Australia may consider to be prohibited and will never approve, these could include practices that are considered abusive, unethical or to be unlawful.

All Staff of My Therapy Australia must comply with all relevant legislation, policies and procedures and respect the rights of participants.

4.3 Collaboration

The reduction and elimination of restrictive practices will be supported when developing and implementing behaviour support plans that contain a provision for the use of a restrictive practice.

To ensure that My Therapy Australia meets the requirements of the NDIS (Restrictive Practices and Behaviours Support) Rules 2018, we will work with all support networks, including those who implement the behaviour support plans. Collaboration will allow for appropriate, relevant and person-centred plans. The process will include:

- Arranging and attending relevant meetings
- Gathering evidence to inform practice
- Completing reports and relevant forms
- Providing input into the participant database
- Conducting annual reviews
- Conducting reviews, as required, based on the participant's current needs.

4.4 Recommendation of restrictive practices

My Therapy Australia requires a recommendation by:

- a practitioner, being a medical practitioner, relevant health professional or manager of the relevant service unit or area, and
- a senior manager of our organisation
- Collaboration with the participant, their family and stakeholders, Support network, including Medical Practitioners

Certain restrictive practices must be recommended by a practitioner relevant to the professional categories:

- Seclusion – psychologist or psychiatrist
- Mechanical Restraint – recommended by treating health professional (as defined under the Guardianship and Administration Act 1993, for example physiotherapist, occupational therapist or psychologist)
- Chemical Restraint – ongoing PRN medications that constitute chemical restraint must be recommended (prescribed) by a medical practitioner.

Any recommendation must be made within the Behaviour Support Plan. Restrictive practices that constitute aversive restraint, psycho-social restraint, or exclusion are inconsistent with

rights-based and person-centred delivery to participants and will not be recommended at any time.

4.5 Review of comprehensive behaviour support plans containing 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 requiring a plan to be amended, as soon as practicable after the adjustment occurs
- at the request of the participant or their guardian; 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's developed. The review will encompass:

- Monitoring progress on behavioural goals and objectives with a clear connection to how the goals achieve similar functional outcomes to the behaviours of concern, under similar conditions
- Amendment of risk
- Coordination, implementation and monitoring of systems and communication among the team they're supporting
- Reviewing the detailed progress monitoring during implementation including:
 - Who exchanged data
 - Reciprocally exchanged data
 - Conditions of data exchange
 - Manner of data exchange
 - Content of data exchange
 - Frequency of data exchange
- Review of implementation data, to evaluate the effects of all relevant outcome variables:
 - Improved quality of life
 - Reduced behaviours of concern
 - Acquisition of new skills
 - Participation in activities
 - Reduced or eliminated application of restrictive practices
 - Adjustments to behaviour support plans based on an evaluation of the data gathered to make clear links between the data collected and future planning

- Development of an outcomes report (closure report) based on:
 - Achievement of goals
 - Results of the positive behaviour support
 - Improvement of the person's quality of life
 - Outcomes and impact on the next year's ndis plan for the person.

4.6 Consent and Authorisation of a Restrictive Practice

4.6.1 Decision Making Capacity

In all instances, a participant with the decision-making capacity must make all decisions regarding the use of restrictive practices deferred to them. When a participant with decision-making capacity consents to the use of the restrictive practices, care must be taken to ensure that the participant's consent is voluntary and not influenced by other parties.

Adults with impaired decision-making capacity, the application of the restrictive practice must be authorised by SACAT under Section 32 of Guardianship and Administration Act 1993. The exception to this is Chemical Restraint where the person is not resisting or objecting to the medication.

Below is the description of Section 32 of Guardianship and Administration Act 1993 which our staff comply with.

The guarding or substitute decision maker's special powers can include:

- (a) a direction of the Tribunal that a person lives, or stays temporarily, - in a particular place, or - with a particular person, or, - where the appropriate authority says they should live or stay
- (b) authorisation to detain the person at the place they have been directed to live or stay under (a),
- (c) authorisation by the Tribunal for the persons involved in the care of the person to use such force as may be reasonably necessary to ensure the proper medical treatment, day to day care and wellbeing of the person

4.6.2 Chemical Restraint

- Participants with impaired decision-making capacity, consent to chemical restraint where the person is not resisting or objecting to the medication can be provided by the

person's substitute decision-maker, subject to any instructions or directions in the advanced care directive.

- Where there is no substitute decision-maker, consent can be given by a 'person responsible' (as defined by Consent to Medical Treatment and Palliative Care Act 1995) with the exception of someone charged to oversee the participant's ongoing day to day supervision, care and wellbeing, and only where the person responsible is available and willing to provide consent.
- The Consent to Medical Treatment and Palliative Care Act 1995 explicitly prohibits a service provider who is giving day to day care and support from giving consent to chemical restraint.

4.6.3 Consent and authorisation for chemical restraint where the participant is resisting

- Participants with impaired decision-making capacity, consent to chemical restraint where the person is resisting or objecting to the medication can be provided by the person's substitute decision-maker (subject to any instructions), or guardian for healthcare (subject to any limitations) where SACAT had the relevant authorisation under Section 32.
- The requirement for SACAT authorisation includes the concealment of medication in food where a participant otherwise refuses or resists its administration.

4.6.4 Consent and authorisation for seclusion or detention

- Consent for detention or seclusion for participants with impaired decision-making capacity can be provided by the participant's guardian or substitute decision-maker where appropriate authorisation has been given by SACAT under Section 32. Detention or seclusion can only be to the extent of the SACAT authorisation.

4.6.5 Consent and authorisation for physical or mechanical restraint

- Consent for physical or mechanical restraint for participants with impaired decision-making capacity can be provided by the participant's guardian or substitute decision-maker where appropriate authorisation has been given by SACAT under Section 32. Restraint can only be to the extent of the SACAT authorisation.
- Where a participant resists or objects to the use of a therapeutic or safety device, application of the device is considered a mechanical or physical restraint and therefore requires authorisation by SACAT.

4.6.5 Consent and authorisation for environmental restraint

Consent for environmental restraint for participants with impaired decision-making capacity can be provided by the participant's guardian or substitute decision-maker where appropriate authorisation has been given by SACAT under Section 32. Restraint can only be to the extent of the SACAT authorisation.

4.7 Crisis Situation

In emergency situations, the primary consideration of all staff is the safety and wellbeing of all persons. The procedure undertaken during the crisis situations should be consistent with the Behaviour Support Plan or an Advanced Care Directive.

Once the situation becomes safe. Workers must inform the Director and complete the relevant documents as determined by the Director.

Where a restrictive practice is required to administer medical treatment to a participant with impaired decision-making capacity, a medical practitioner may consent to the restrictive practice on the participant's behalf.

Debriefing of both staff and participants will occur as soon as practicable after the crisis situation. \$ {Organisation Name} will undertake all reporting processes including reporting via the NDIS Portal.

4.6 Record Keeping and Reporting

Record keeping should document:

- 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:

- Authorised and proposed behaviour support plans
- Decisions to approve behaviour support plans
- Decisions to reject or modify behaviour support plans.

Records of the use of regulated restrictive practices will include:

- A description of the use of the regulated restrictive practice, including:
 - Any impact on the participant with a disability or other person
 - Any injury to the participant with a disability or other person
 - If the use of the restrictive practice was a reportable incident
 - 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
- Time, date and place at which the use of the regulated restrictive practice started and ended
- Names and contact details of the person/s involved in the use of the regulated restrictive practice
- Names and contact details of any witnesses to the use of the regulated restrictive practice
- Actions taken in response to the use of the regulated restrictive practice
- Details of the less restrictive options considered, or used, prior to using 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 use of the practice.

These records will be kept for seven (7) years from the day the record is made.

My Therapy Australia must provide 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, i.e. 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.

4.8 Regulated restrictive practices as reportable incidents

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

- Unauthorised use of restrictive practices must be reported to the NDIS Commission within five (5) business days. Go to the NDIS Commission Portal: <https://www.ndiscommission.gov.au/providers/ndis-commission-portal>
- Use of prohibited practices (See Appendix 1 – Definitions) must be reported immediately (within twenty four (24) hours of key personnel becoming aware of the incident). Go to the NDIS

Commission portal: <https://www.ndiscommission.gov.au/providers/ndis-commission-portal>

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

4.8 Minimum requirements for the use of regulated restrictive practices

The regulated restrictive practice must be:

- Identified clearly in the behaviour support plan
- Authorised in accordance with Senior Practitioner processes
- 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
- The least restrictive response possible, in the circumstances, to ensure the safety of the participant or others
- Reducing the risk of harm to the participant or others
- In proportion to the potentially negative consequence or risk of harm
- Used for the shortest possible time to ensure the safety of the participant or others.

In addition, the participant 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.

5.0 Related documents

- Reportable Incident, Accidents and Emergencies Policy and Procedure
- Risk Management Policy and Procedure
- Incident Investigation form
- Training record
- Training attendance register, i.e. in-house training
- Behaviour support plan and functional behaviour assessment
- Interim behaviour support plan, go to:
<https://www.ndiscommission.gov.au/document/956>
- See Appendix 2 – Forms

- Reportable incident – immediate notification
- Reportable incident – 5 day notification
- Restrictive practices reporting
- Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

6.0 References

National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support)
- Rule 2018 Notice of Regulated Restrictive Practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. To view go to:
<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
- Guardianship and Administration Act 1993 (SA),
- Consent to Medical Treatment and Palliative Care Act 1995 (SA),
- Advanced Care Directives Act 2013 (SA)
- Disability Act 2013 (SA)

Behaviour Support Plans and Functional Behaviour Assessments Policy and Procedure

1.0 Purpose

A behaviour support plan (BSP) is a document that has been designed and developed in consultation with a person with disabilities to help maintain quality of life, independence and meaningful participation within a community. Therefore, with the implementation of a BSP, a functional behaviour assessment is conducted by an authorised practitioner, and deliberative to tailor a behaviour support plan that is evidence-based, informed and responsive to the needs of an individual.

A behaviour support plan can only be implemented and developed by an approved practitioner, who is considered suitable by the Commissioner to be able to undertake a functional behaviour assessment and implement a behaviour support plan for a participant. Also, the approved practitioner must be registered with the NDIS to be able to provide specialist behaviour support.

2.0 Scope

This policy is intended to inform the participant and all support networks and stakeholders that are relevant to the care of the individual, to ensure that the participant has identified needs, function and/or purpose of behaviours and assists with the identification of strategies that can address behaviours of concern.

My Therapy Australia will maintain regular monitoring of all participants that have behaviour support plans in place and will undertake a full review on an annual basis.

3.0 Policy

My Therapy Australia's aim for behaviour support plans is to establish a positive support network in working towards reducing and eliminating any restrictive practices, whilst fostering and upholding the rights of an individual with disabilities. This is done by supporting the person

in a person-centred environment that reflects the strategies in the behaviour support plan and includes proactive approaches and strategies that represent evidence-informed practices.

The behaviour support plan will maintain and improve a participant's quality of life. My Therapy Australia will tailor evidence-based support plans to ensure that they're responsive to the participant's needs.

A behavioural support plan can recommend the use of regulated restrictive practices that may be required for the participant to help eliminate the risk of harm to themselves or others, however they are only to be used as a last resort. The use of restrictive practice is to only be undertaken by an authorised practitioner and in accordance with any state/territory legislation and/or policy requirements. These practices should only be used for the shortest period possible and in proportion of any risk of harm.

4.0 Procedure

My Therapy Australia will ensure that a full functional behavioural assessment is carried out by an approved NDIS practitioner to allow for a behaviour support plan to be developed in consultation with the participant, the participant's support network and the providers implementing the behaviour support plan. This may be done by working with the participant's support coordinator.

All appropriate sources of information must be considered when developing the plan, with the consent of the participant, including collaboration with providers and mainstream service providers to ensure all listed supports are considered and accepted by the implementing provider.

The behaviour support plan is required to include all reasonable and necessary supports and any other support services that may be required to ensure the delivery of services to the participant are appropriate, along with strategies and protocols required to support the behaviour support plan.

My Therapy Australia will take into consideration diversity of race, ethnicity, disability, age, sexuality, gender identity, intersex status and relationship status in the development of behaviour support plans.

My Therapy Australia must seek approval as per the Guardian to gain approval for restrictive intervention, this process includes:

- Seeking approval for restrictive practices from the South Australian Civil and Administrative Tribunal.
- Following legislative requirements in *Guardianship and Administration Act 1993 (SA)*, *Consent to Medical Treatment and Palliative Care Act 1995 (SA)*, *Advanced Care Directives Act 2013 (SA)* and the *Disability Act 2013 (SA)*

4.1 Functional behavioural assessment

My Therapy Australia will actively seek input from the participant, their family, carer, guardian or other relevant person/s. My Therapy Australia will conduct person-centred behavioural assessments, within a comprehensive biopsychosocial formulation, of the participant's clinical and other support needs. This includes gathering information regarding:

- History of behaviours of concerns
- Past interventions
- Physical and mental health
- Risk assessment
- Psychosocial development
- Cognitive abilities
- Communication skills
- Quality of life (including quality of family life)
- Mediator analysis and systems
- Ecological analysis.

To determine and measure progress, our practitioners will:

- Identify all behaviours of concern in observable and measurable terms:
 - Frequency
 - Duration
 - Intensity
- My Therapy Australia will conduct a functional behavioural assessment to identify unmet needs and hypothesise the functions of the behaviours of concern taking into consideration the:
 - Setting events; *where does the interaction happen?*
 - Antecedents; *what triggers the behaviour of concern?*
 - Consequences; *what happened just after the behaviour?*

- Protective factors; *what are the participant's strengths?*

4.2 Strategies

My Therapy Australia will ensure that all participants interim behaviour support plans incorporate short-term strategies whilst a comprehensive assessment is being undertaken. This will be done in a timely manner, to allow for the implementation of these strategies to be undertaken.

Each participant's plan will include behavioural goals and objectives, with a clear connection to how the goal achieves similar functional outcomes to the behaviours of concern under similar conditions, including details such as:

- When
- Who
- Will do/won't do
- Conditions/situations
- Level of proficiency
- How measured and by whom
- How restrictive practices will be reduced or eliminated

My Therapy Australia will develop a multi-component behaviour support plan, based on the assessments, that contains evidence-based, person-centred proactive strategies (to support behaviour change); non-aversive reactive strategies (to manage behaviour) that will reduce behaviours of concern, improve quality of life and eliminate the need for restrictive practices.

The design of the strategies will be determined by many factors, but the design *function-based antecedent strategies* may include:

- Environmental modification, e.g. meeting sensory or physical needs
- Enrichment, e.g. meeting individual preferences
- Promoting choice and control, e.g. self-determination and self-management strategies
- Training effective communication partners
- Developing coping strategies, e.g. emotion regulation.

The design *consequence-based strategies* that promote desired behaviours and reduce behaviours of concern may include:

- Positive reinforcement for desired behaviours, with consideration of the value, contingency and schedule of the reinforcer (reward), accessible within the program
- Extinction strategies, i.e. removing "payoff" for behaviours of concern

- Differential reinforcement schedules.

A functional behavioural assessment is an assessment that is carried out to help collect various sources of information on the participant to assist with the determination of an individual's behaviour, strengths and needs. Information can also include medication, sleeping patterns, social interactions and skills. Ways in which this information can be obtained is by:

- Direct observation and discussions
- Indirect assessment, e.g. interviews, recordings, checklists and questionnaires
- Predicted events when behaviour problems may or will occur
- Information and background of the individual
- Events and setting which can include environment (noise or crowded rooms), physiological (sickness) and/or social (yelling or arguments)
- Determining triggers for the individual behaviour, as early interventions can be implemented which may eliminate the escalation of the behaviour.

4.3 Review

As per the NDIS Restrictive Practices and Behaviour Support Rules 2018, the registration of a registered NDIS provider is subject to the following conditions:

- The provider must give monthly reports to the Commissioner regarding the use of regulated restrictive practices by the provider
- If a registered NDIS provider obtains a short-term approval from a state or territory, for the use of a regulated restrictive practice, they must report to the Commissioner on the use of the regulated restrictive practice every two (2) weeks while the approval is in force.

Every participant that has a behaviour support plan must have the plan reviewed on an annual basis to ensure all triggers, strategies and behaviours that have been listed, are still relevant and current. The support coordinator, and the participant's other support services, will need to ensure the NDIS planner/delegate is aware that this funding is required every year. Should there be any listed restrictive practices that have not been used in the past twelve (12) months they must be automatically removed from the behaviour support plan.

The specialist behaviour support provider must take reasonable steps in developing and reviewing a behaviour support plan for a person with a disability. These steps can include:

- Reducing and/or eliminating the need for use of regulated restrictive practices
- Reviewing previous behaviour support assessments

- Consulting with the participant, their family, carer, guardian or other relevant stakeholders
- Considering changes within the environment of the participant
- Consulting with other registered NDIS providers who may use the regulated restrictive practice
- Consulting with other relevant specialists, as required, e.g. a psychiatrist, if the use of chemical restraint is being considered.

At the conclusion of the review consent is sought from the participant, their family, carers, guardian or other relevant parties who may need to sign off on any changes required to be made to the behaviour support plan. The participant's support plan must consider quality of life is maintained and improved by person-centred, evidence-informed behaviour support plans that are responsive to individual needs.

4.4 Staff training and professional development

All authorised practitioners of My Therapy Australia are required to undertake ongoing professional development to enhance the learning of new evidence, in relation to practices and approaches to behaviour support.

Director will ensure all Staff continue to undertake competency-based training. The clinical supervisor will manage the training to ensure that Staff receives appropriate training to meet the needs of individuals. The clinical supervisor will also work with other providers to ensure that practitioners have the skills to undertake the implementation of a plan.

5.0 Related documents

- Behaviour support plan
- Training record
- Training attendance register, i.e. in-house training

6.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. To view go to:
<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Supporting the Implementation of the Behaviour Support Plan Procedure

1.0 Purpose

My Therapy Australia will ensure the behaviour support plan is implemented to effectively meet the needs and requirements of a participant's behaviour and support needs to ensure quality of life is maintained and responsive to their needs.

2.0 Scope

My Therapy Australia will provide assistance to any Staff member, participant, participant's family member and/or other relevant stakeholders around the use of the behaviour support plan; supporting the implementation to ensure their understanding of the relevant state/territory legislative policy requirement for obtaining authorisation, and for the use of restrictive practices, that may be included in the behaviour support plan.

Director will continue to support the participant and the NDIS authorised practitioners in ensuring the behaviour support plan is addressing all the requirements to meet their needs, including any conditions around the use of restrictive practices.

3.0 Policy

My Therapy Australia aim is to ensure that reasonable measures are taken to ensure the participant (with their consent), the participant's support network and providers are implementing a behaviour support plan and understand the rationale underpinning the plan.

Director will ensure that instructions and guidance are developed to support the participant and the providers in effectively implementing the behaviour support plan, along with the participant's support network.

My Therapy Australia clinical supervisor will ensure that training, coaching and mentoring is undertaken to providers who are implementing the behaviour support plan. They will consult

with implementation providers to ensure consultation and evidence-informed and person-centred strategies are implemented and relevant to the current needs of the participant.

4.0 Procedure

My Therapy Australia will regularly review and monitor the implementation and the effectiveness of a behaviour support plan, including appropriate supports are developed and being provided, e.g. positive behaviour support strategies and the use of any restrictive practices. This practice will be conducted every twelve (12) months, or as changes in circumstances occur.

My Therapy Australia will ensure that the authorised practitioner implementing the behaviour support plan is aware of the reporting requirement, as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018.

Director or clinical supervisor will oversee and support the implementation of the behaviour support plan consistent with the understanding of the individual's needs, supports and strategies to address unmet needs, risks and behaviours of concern. Support mechanisms to ensure the implementation of behaviour support plans will vary in nature due to the plan's requirements, but should include:

- Provision of effective instruction, training and coaching, oversight, advice and feedback to Staff and informal supports responsible for implementing the strategies contained in a plan
- Retaining oversight over training to ensure it addresses strategies contained within plans
- Offering ongoing support and advice to providers implementing behaviour support plans
- Obtaining participant consent to allow their support network to address any barriers in the implementation
- Implementing strategies that are logically related to the hypothesis regarding the function/s of the behaviours to proactively support change
- Guiding and reinforcing environmental adaptation and functionally equivalent replacement behaviours to meet needs in socially acceptable ways
- Supporting the implementation of function-based antecedent strategies
- Contributing to short-term and long-term planning as part of a whole-team approach

- Supporting the implementation of consequence-based strategies that promote desired behaviours and reduce behaviours of concern.

4.1 Staff training and professional development

Staff training on the BSP will vary depending on the restrictions of funding permitted for each participant. For example, a plan might provide between ten (10) and twenty (20) hours of training, so training must be conducted efficiently, e.g. across two (2) training days to cover all Staff. It is not reasonable to expect that the practitioner will continue ongoing training after the initial training is completed and funding is depleted. If there is a turnover in Staff and a practitioner needs training, but there's no funding, additional funding may need to be sourced in this situation.

Any authorised practitioner of My Therapy Australia, who is implementing a behaviour support plan, is to undertake ongoing professional development to enhance the learning of new evidence in relation to practices and approaches to behaviour support. Training will include the safe use of a restrictive practice included in a plan.

An overview of training must be retained by the Director to ensure training has addressed the strategies contained within each participant's behaviour support plan; and, if training is specifically addressing a participant's BSP, a copy is to be placed with the participant's behaviour support plan. Information on general training undertaken will be stored on the individual Staff member's file and entered in a training register.

Ongoing support, through clinical supervision or managerial supervision, will be provided and advice offered to providers implementing the behaviour support plan (with the participant's consent) and/or the support network to address any barriers to the implementation of the behaviour support plan.

5.0 Related documents

- Behaviour support plan
- Training record
- Training attendance register for in-house training

6.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. To view go to:
<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Behaviour Support Plan Monitoring and Review Policy and Procedure

1.0 Purpose

To ensure that every participant has a current behaviour support plan that is reflective of the individual needs; to ensure a quality of life that is supportive to their progress towards positive change and the elimination or reduction of any restrictive practices that may be in place.

2.0 Policy

My Therapy Australia will ensure Director monitors the effectiveness of the implemented strategies through regular engagement with the participant and by reviewing and monitoring data collected by the implementing behaviour support plan.

My Therapy Australia will establish a review panel, if required for the organisation, and it must include a minimum of two (2) people to review all the findings that have been monitored throughout the period. The review panel can include:

- Director or a senior manager who has a full understanding of the operations of the business
- Independent behaviour support specialist
- Behaviour support specialist who developed the BSP.

3.0 Procedure

My Therapy Australia will collate and interpret behavioural information and data to contribute to the reporting and recording. Any change or adjustment to a behaviour support plan is based on an evaluation of the data gathered and must make a clear link between the data collected and future planning.

Director will provide suitably qualified and trained Staff who will use the most current evidence-based practice to:

- Monitor progress on behavioural goals and objectives with a clear connection to how the goals achieve similar functional outcomes to the behaviours of concern under similar conditions
- Provide feedback and guidance
- Review and adjust the behaviour support plan
- Advise any changes the formal and informal networks could make to better meet the participant's needs
- Amend risk assessments to reflect any increase, or decrease, in risks posed by the behaviours of concern
- Undertake coordination, implementation and monitoring of systems and communication among the team they are supporting.

My Therapy Australia will ensure that Staff:

- Detail progress monitoring during implementation, including details such as:
 - Who exchanges data
 - Reciprocally exchanged data
 - Conditions under which data is exchanged
 - Manner of data exchange
 - Content of data exchange
 - Frequency of data exchange.
 - Improved participant quality of life
 - Reduced behaviours of concern
 - Acquisition of new skills
 - Participation in activities
 - Reduced or eliminated application of restrictive practices
- Complete outcome reports (closure reports), including the following points:
 - Were goals achieved?
 - What were the results of the positive behaviour support?
 - Did the participant's quality of life improve?
 - What outcomes will impact on the following year's NDIS plan?

Based on implementation data, Staff are required to evaluate the effects of all relevant outcome variables.

My Therapy Australia will monitor the relevancy of the behaviour support plan through regular contact with the participant, other representatives and service providers involved in the wellbeing of the participant. This can occur via:

- Observations
- Telephone contact, if applicable and funding available for the service
- Case conferences and service reviews
- Feedback from external service providers and Staff.

At a minimum, the behaviour support plan will be reviewed every twelve (12) months, no matter if it contains regulated restrictive practices or needs. A review may be required earlier, should a participant's circumstances change during this time.

The APO must ensure:

- Behaviours of concern are listed and recommendations for strategies outlined, i.e. Should strategies remain the same or be modified based on the data and information collected
- Opportunities to reduce the use of restrictive practices are taken when based on documented positive change.

Should changes be required to the behaviour support plan, or the suggested strategies, then these need to be discussed with the participant and/or their guardian. Upon receiving the participant/guardian's consent, changes will be communicated, and training provided to the participant's support network if funding is available for additional training.

4.0 Notification to the Commissioner

My Therapy Australia or Director must notify any change to the participant's behaviour support plan to the Commissioner in a timely manner, as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018.

When providing notification, the following information must be received by the Commissioner:

- Behaviours of concern listed on the documentation
- Suggested strategies
- Behaviour support plan
- Supporting documentation that is required and provides evidence with the submission.

My Therapy Australia must notify the Commissioner and work with the Commissioner to address either of the following situations:

- Where effective engagement with providers implementing behaviour support plans is not possible for any reason.
- If the supports and service are not being implemented according to the behaviour support plan.

5.0 Related documents

- Behaviour support plan
- Functional behaviour assessment
- For other related documents see Appendix 2 – Forms

6.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28 (3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. To view go to:
<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Reportable Incidents involving the Use of a Restrictive Practice Policy and Procedure

1.0 Purpose

To ensure that any participant of My Therapy Australia, who has been subjected to an emergency or unauthorised use of a restrictive practice, has the details of the use of the practice reported and reviewed.

2.0 Policy

The Director will ensure that a reportable incident and allegation, which could result in harm to a participant and has occurred in connection with NDIS supports and services, are fully documented and reported in the My Therapy Australia incident system.

The Director will be responsible for reviewing incidents, including incidents recorded under the 'Participant Incident Register' and requirements of major and minor impacts on the participant. This record will also include any reportable incidents of unauthorised use of restrictive practices which needs to be reported within one day (24 hours) or five (5) days to the Commission, depending on the incident and reporting requirements. The Senior Practitioner must be notified using the Reporting Unauthorised Restriction form and our organisation will undertake the required reporting responses required.

My Therapy Australia will ensure that support is provided to the participant and provider implementing the participant's Behaviour Support Plan in responding to the reportable incident involving the use of the restrictive practice. The incident will be recorded in the incident register, and it is essential that all staff of My Therapy Australia must be aware and follow the guidelines set out in the organisation's Reportable Incidents, Accidents and Emergencies Policy and Procedure.

My Therapy Australia will inform the seek approval for Restrictive Intervention using Application for Approval to carry out Restrictive Intervention.

3.0 Procedure

My Therapy Australia will ensure consultation is undertaken with the participant, participant's guardian and/or representative, to gain consent or direction from the participant, to allow Director to collaborate with the provider implementing and developing the behaviour support plan to review the incident.

The Director will collect the data from incident reports, analyse that data, and determine if there are any issues, trends or patterns of on-going concern and such analysis will be linked to the continuous improvement system. An Excel spreadsheet can be used to report data. My Therapy Australia will train Staff to assign numbers of severity on positive and negative behaviours - that also include the level of input in Staff - which will be analysed to create graphs.

Director or clinical supervisor will contact the behaviour support practitioner to debrief and support the individual. Records are kept on the debriefing supports offered to the practitioner to ensure their physical and emotional support. Participant's consent is sought to include support networks in the review of the incident/s.

3.1 Reportable incident procedure

- Immediately notify the Director and/or administrator.
- Follow procedure as per the organisation's incident/accident policy.
- Director and/or administrator will notify the NDIS Commission within 24 hours of being made aware of the reportable incident via the NDIS Commission Portal.

If My Therapy Australia experiences difficulty accessing, using or submitting via the NDIS Commission portal 'My Reportable Incidents' page. This may occur when:

- There is a technical IT issue the user cannot resolve with the quick reference guides or with the available support and it is outside of business hours
- The NDIS commission portal is unavailable due to system updates and maintenance
- In these circumstances, providers must take all reasonable steps to resolve the issues within the required timeframe by calling the NDIS Commission for support.

Outside of business hours and if all reasonable steps have been taken, My Therapy Australia will advise the NDIS Commission of these issues as soon as possible via email to reportableincidents@ndiscommission.gov.au with an email that includes:

- The steps taken to complete the authorised notification form and the presenting issue
- The name of the impacted person
- Describe the immediate response and step taken to ensure the impacted person was safe
- Brief description of the reportable incident
- Whether other authorities, such as the police, were notified

Once the NDIS Commission receives information from the organisation, via their portal, the information is stored in a secure environment. Personal information will not be released unless the law permits it, or permission has been granted.

- Assessment of the incident by the Director and/or administrator to:
 - Assess the impact on the NDIS client.
 - My Therapy Australia Policy and Procedures Manual
 -
 - Whether the incident could have been prevented. How the incident was managed. What, if any, changes are required to prevent further similar events occurring.

My Therapy Australia will report all reportable incidents, including the use of unauthorised use of a restrictive practice, to the NDIS Quality and Safeguards Commission. We will provide the Commission a copy of the behaviour support plan and the functional behavioural assessment for any participant with behaviours of concern, whether or not they give their authorisation.

Notification to the Commission must be made within 24 hours of the Director being made aware of the incident occurring. This is to be followed, within the next five (5) days, by a detailed report of the incident and actions taken in response to it. The NDIS Commission must be advised of the use of unauthorised restrictive practices within five (5) days.

Incidents that must be notified to the NDIS Commission as a reportable incident or allegation include:

- Death of an NDIS participant
- Serious injury of an NDIS participant
- Abuse or neglect of an NDIS participant
- Unauthorised use of restrictive practices in relation to an NDIS participant

- Injury of an NDIS participant, e.g. a broken bone, drawing of blood, or any injury that requires more than a Band-Aid
- Sexual misconduct committed against, or in the presence of an NDIS participant, including grooming of the participant for sexual activity
- Taking the personal effects of an NDIS participant, including money or jewellery e.g. money taken from a piggy bank in a participant's room.

My Therapy Australia will make records available to auditors as part of their quality assurance process and contribute to NDIS Commission investigations relating to incidents.

Our organisation will ensure that all incidents are recorded and the necessary responsive actions taken to prevent them occurring again. This information will only be provided once consent has been received by the participant and/or the guardian of the participant.

In all cases, My Therapy Australia will review:

- What the impacts on the NDIS participant were
- Whether the incident was preventable
- How the incident was managed
- What, if any, changes are required to prevent further similar events occurring.

4.0 Related documents

- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Management Policy and Procedure
- Incident Investigation form
- Behaviour support plan
- Functional behaviour assessment
- Interim behaviour support plan, go to:
<https://www.ndiscommission.gov.au/document/1446>
- See Appendix 2 – 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)

5.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. To view go to: <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

Interim Behaviour Support Plans

Policy and Procedure

1.0 Purpose

To provide an immediate plan for a participant that requires intervention immediately for an interim behaviour support plan. My Therapy Australia can issue an interim behaviour support plan, which will minimise any risk of harm to the participant or others and must be authorised within one (1) month after the first use of the practice. An interim behaviour support plan can only apply for no longer than five (5) months.

An interim behaviour support plan is documented immediately; the participant and the authorised practitioner design and develop it in consultation to maintain quality of life, independence and meaningful participation within a community.

2.0 Policy

This policy is intended to inform the participant and all support networks and stakeholders that are relevant to the care of the individual; to ensure that the participant has identified needs and function and/or purpose of behaviours; and to assist with the identification of strategies that can help to address behaviours of concern.

As this is only the interim behaviour support plan, not all sources of information may have been available at the time and will be reviewed when the full behaviour support plan is implemented. My Therapy Australia will ensure a full assessment is carried out in developing the participant's behaviour support plan.

The interim behaviour support plan must be actioned within the first month and is valid up to a maximum of five (5) months. A behaviour support plan must be developed and authorisation requested by the panel within the first six (6) month period.

3.0 Procedure

My Therapy Australia will ensure that a full functional behavioural assessment is carried out by an approved NDIS practitioner to allow for a behaviour support plan to be developed in consultation with the participant, the participant's support network and the providers implementing the behaviour support plan.

All appropriate sources of information must be considered when developing the plan, with the consent of the participant, including collaboration with providers and mainstream service providers to ensure all listed supports are considered and accepted by the implementing provider.

The behaviour support plan is required to include all reasonable and necessary supports, and any other support services that may be required to ensure the delivery of services to the participant are appropriate, along with strategies and protocols required to support the behaviour support plan.



An interim behaviour support plan must be completed using the NDIS Commission template as a guide to complete the plan. <https://www.ndiscommission.gov.au/document/956>. This form must be completed by registered NDIS providers in 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.

If a participant has been issued with an Interim Behaviour Support Plan, a full assessment is required as soon as practical to implement a Behaviour Support Plan.

4.0 Definitions

See Appendix 1 – Definitions

- NDIS behaviour support practitioner
- Functional behavioural assessment
- Restrictive practice
- Regulated restrictive practices

5.0 Related documents

- Behaviour support plan
- Functional behaviour assessment
- Interim behaviour support plan, go to:
<https://www.ndiscommission.gov.au/document/1446>
- For other related documents see Appendix 2 – Forms

6.0 References

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- NDIS Practice Standards and Quality Indicators 2020
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rule 2018
- Notice of regulated restrictive practice that does not require authorisation under a state process. Section 28(3)(a) of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. To view go to:
<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Behaviour%20support%20-%20s28%20form.pdf>

Appendix 1 – Definitions

Behaviour support plan (BSP)	<ul style="list-style-type: none"> • A comprehensive behaviour support plan or an interim behaviour support plan • A BSP is a live document, created by an NDIS behaviour support practitioner, for the purpose of increasing positive behaviours and decreasing negative behaviours of a participant, with the inclusion of training of supports including paid Staff training • Some BSP's may include restrictive practices, that are documented, with the intend for these to be eliminated through other means of behavioural intervention • All restrictive practices will be routinely reviewed by My Therapy Australia, practitioner and • NDIS Quality and Safeguards Commission
NDIS behaviour support practitioner	<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>
Evidence-based	<ul style="list-style-type: none"> • A practice/method that has been tried and tested to be valid and reliable • A process which combines well-researched interventions with experience and ethics and a participant's preferences • The process informs the delivery of treatment and/or service
Functional behavioural assessment	<ul style="list-style-type: none"> • The process of determining and understanding the function or purpose behind a person's behaviour

	<ul style="list-style-type: none"> This 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
Restrictive practice	Any practice, or intervention, that has an 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
Regulated restrictive practices	<p>Is a practice that can involve:</p> <p>Seclusion – sole confinement of a person with disability in a room or a physical space</p> <p>Chemical restraint – the use of medication or chemical substance, including if prescribed, for the primary purpose of influencing a person’s behaviour. This includes PRNs</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</p> <p>Physical restraint – 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</p> <p>Environmental restraint – restrict a person’s free access to all parts of their environment, including items or activities</p>
Specialist behaviour support provider	Is a registered NDIS provider whose registration includes the provision of specialist behaviour support services

Appendix 2 – Forms

The following forms are located on the NDIS Quality and Safeguards Commission website.

<p>Behaviour support practitioner – comprehensive behaviour support plan</p>	<p>This form must be completed by registered NDIS providers as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</p> <p>It is for comprehensive behaviour support plans developed after 1 July 2018 To view, go to: https://www.ndiscommission.gov.au/document/1441</p>
<p>Interim behaviour support plan</p>	<p>This form must be completed by registered NDIS providers as required under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</p> <p>It is for interim behaviour support plans developed after 1 July 2018 To view, go to: 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. It applies to practitioners delivering services to participants residing in all states except Western Australia To view, go to: https://www.ndiscommission.gov.au/document/946</p>
<p>Reportable incident – immediate notification</p>	<p>As of 1 July 2019, 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 Reportable Incident Notification form in the NDIS Commission portal is approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20</p>

	<p>and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (NDIS Rules)</p> <p>This form must be completed by registered NDIS providers in all states, except WA, within 24 hours of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with, NDIS supports or services:</p> <ul style="list-style-type: none"> ● the death of an NDIS participant ● serious injury of an NDIS participant ● abuse or neglect of an NDIS participant ● unlawful sexual or physical contact with, or assault of, an NDIS participant ● sexual misconduct committed against, or in the presence of, an NDIS participant, including 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 To view, go to: https://www.ndiscommission.gov.au/document/1516</p>
<p>Reportable incident – 5 day notification</p>	<p>As of 1 July 2019, all registered providers 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). To view, go to: https://www.ndiscommission.gov.au/document/1521</p>

<p>Restrictive practices reporting form</p>	<p>This form must be completed by registered NDIS providers in all states, other than WA, 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. 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 ● reporting on restrictive practice use that is not detailed in a behaviour support plan ● 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>To view, go to: 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>To view, go to form: https://www.ndiscommission.gov.au/document/951</p>