



Provision of Specialist Behaviour Support – Policy and Procedures (including the use of restrictive practices)

Provision of Specialist Behaviour Support Policy and Procedure	
Date	12/05/2022
Consultation process	Review of relevant government documentations and resources Consultation from DDTS team at meeting on 03/05/2022
Proposed review date	12/05/2023
Location of this document	Microsoft TEAMS – ‘Policy_Procedures_Handbooks’
Location of information for clients	DDTS website

Policy

Darling Downs Therapy Services (DDTS) is committed to ensuring the provision of specialist behaviour supports to people with a disability who exhibit behaviours that place themselves or others at harm or risk of harm or impact the person’s quality of life. We are committed to providing specialist behaviour support in ways that recognise and uphold the person’s human rights and choices underpinned by the United Nations Convention on the Rights of Persons with Disabilities and the National Disability Insurance Scheme (NDIS) Code of Conduct.

DDTS uses a positive behaviour support approach that focuses on the individual and seeks to understand the reasons behind an individual’s behaviour to identify the best ways to support them. DDTS recognises that, along with implementation of positive behaviour support strategies, restrictive practices may be required at times to minimise risks in relation to an individual’s behaviour. In these situations the focus will be on ensuring any restrictive practices are the least restrictive option, only used when necessary to prevent harm, are reviewed regularly with the individual and stakeholders. The aim is to reduce and eliminate the use of restrictive practices as soon as possible.

If restrictive practices are considered necessary, they will only be used in a way that:

- safeguards the human rights of the person as much as possible;
- is the least restrictive way of ensuring the person’s and others’ safety;
- maximises the opportunity for positive outcomes for the person;
- aims to reduce or eliminate the need to use restrictive practice as soon as possible;
- ensures accountability in the use of restrictive practices including appropriate documentation and regular monitoring and review;
- considers any relevant cultural impacts for the individual;
- is evidenced-based; and
- complies with relevant legislation and policies

Legislation, Policies and Guides

DDTS staff are to have knowledge of and apply the following to their work within Specialist Behaviour Support:

- National Disability Insurance Scheme Act 2013 <https://www.ndis.gov.au/about-us/governance/legislation>
- Queensland Disability Services Act 2006, and updated regulations <https://www.communities.qld.gov.au/disability-connect-queensland/disability-services-act-2006/publications-resources>
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 <https://www.legislation.gov.au/Details/F2018L00632>
- NDIS Positive Behaviour Support Capability Framework <https://www.ndiscommission.gov.au/pbscapabilityframework>
- NDIS incident management system and reportable incidents information <https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents#02>
- NDIS code of conduct <https://www.ndiscommission.gov.au/providers/ndis-code-conduct>
- NDIS Commission behaviour support requirements <https://www.ndiscommission.gov.au/providers/behaviour-support>
- Regulated Restrictive Practices Guide: <https://www.ndiscommission.gov.au/document/2386>
- Regulated Restrictive Practices with Children and Young People with a Disability: Practice Guide: <https://www.ndiscommission.gov.au/document/2741>
- Aged Care Resources: <https://www.agedcarequality.gov.au/minimising-restrictive-practices>
- NDIS practice standards <https://www.ndiscommission.gov.au/sites/default/files/documents/2019-12/ndis-practice-standards-and-quality-indicators.pdf>
- NDS zero tolerance framework <https://www.nds.org.au/zero-tolerance-framework/understanding-abuse>



Restrictive Practices in Queensland

DDTS staff are to have knowledge of the following authorisation processes for restrictive practices in Queensland:

- State requirements for providers delivering services which involve the use of restrictive practices in Queensland <https://www.communities.qld.gov.au/resources/dcdss/disability/ndis/rp-requirements.pdf>
- Restrictive Practices in Queensland: authorisation and reporting - <https://www.communities.qld.gov.au/resources/dcdss/disability/ndis/restrictive-practices-guide.pdf>
<https://www.communities.qld.gov.au/resources/dcdss/disability/service-providers/centre-excellence/authorising-restrictive-practices.pdf>

DDTS staff skills and training

DDTS will maintain the requirements necessary to remain a registered service provider for specialist behaviour support (registration group 110) with the NDIS Commission.

DDTS will engage behaviour support practitioners that have met the requirements to provide specialist behaviour support under the NDIS. Currently (until 30 June 2022) this involves completion of a 'Notification of Behaviour Support Practitioners (s29) form online and to then be deemed provisionally suitable by the NDIS commission. After 30 June 2022 new behaviour support practitioners will need to apply to be considered suitable through the [NDIS Commission Application Portal](#). They will need to await the outcome of their application before they are able to provide behaviour support services.

DDTS also follows recommendations within the NDIS Commission's Positive Behaviour Support Capability Framework, in determining the level at which each practitioner is practicing within the framework: core practitioner, proficient practitioner, advanced or specialist practitioner. DDTS also aims to uphold the requirements listed for each practitioner level in relation to expected practice and supporting supervision requirements.

DDTS staff who work in the specialist behaviour support area are expected to actively participate in ongoing professional development opportunities and supervision to maintain their skills and knowledge. This may include:

- participation at monthly team meetings (including presenting information, feedback to the team on PD, presentation of a clinical case study and/or positive behaviour support plan for input from the team)
- attendance at workshops, webinars, training
- formal supervision sessions where required
- informal research and reading (e.g. journal articles, papers, textbooks, other written resources)
- involvement in relevant communities of practice (e.g. Facebook groups relevant to field, NDS membership, professional associations)
- consultations with team members or other organisations regarding clinical situations (e.g. liaison with other professionals involved with a participant)
- reflective practices (not already outlined above)

Specialist Behaviour Support Procedures

As per NDIS Commission requirements, DDTS behaviour support practitioners will:

- *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*

[source: <https://www.ndiscommission.gov.au/regulated-restrictive-practices#01>]

DDTS behaviour support practitioners will give regard to the following processes where relevant to the individual participant's situation and policy requirements when undertaking specialist behaviour support:

- conduct a functional assessment of behaviour to fully assess the situation
 - o keep the participant at the centre of the process, involve them and any support people/stakeholders throughout the assessment process
 - o give consideration to the individual needs of the participant during assessment (e.g. communication needs, cultural considerations)
 - o use a multi-disciplinary assessment approach where required (i.e. seek input from a range of professionals)
 - o utilise a range of assessment tools: observations, discussions with client, discussions with support team, formal assessments, informal checklists, review of available documentation, consideration of resources in NDIS commission compendium <https://www.ndiscommission.gov.au/document/1456>
- development of Positive Behaviour Support Plan (PBSP)
 - o the participant and key stakeholders are involved in the development of the PBSP
 - o an *interim plan* is a brief plan that outlines the safe use of a regulated restrictive practice, as well as general preventative and response (reactive) strategies. The focus is keeping people safe while the functional behaviour assessment can be undertaken and the full PBSP developed. An interim plan is to be developed within one month (please note, where provided the Short-Term Approval response given by the Delegate of the Chief Executive Officer [usually the Principal Clinician, Positive Behaviour Support & Restrictive Practices Team; Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships] constitutes the interim plan)
 - o PBSP is to be based on a functional behaviour assessment that provides evidence for the hypothesis (reason/s for behaviour) and be outcome focused
 - o The PBSP must also give regard to the model template as per Queensland legislation
 - o strategies in the PBSP are based on assessment and hypothesis and developed in consultation with the person and key stakeholders
 - o strategies in the PBSP must be person-centred and are to include (as relevant to the individual situation):
 - positive, proactive strategies
 - focused support strategies
 - skill development
 - strategies to improve the person's quality of life
 - strategies to support the person's engagement in activities and events of their choosing
 - antecedent control strategies
 - reactive strategies
 - where required: restrictive practices [RP] (see attachment A for definitions of regulated RP as outlined by NDIS Commission and Qld legislation) are clearly outlined and include information on:
 - the views of the person and relevant stakeholders regarding the use of the restrictive practices (including the views of the prescribing medical practitioners for restrictive practice)
 - the circumstances in which the restrictive practice is to be used
 - the positive strategies which must be attempted before using restrictive practice
 - the procedure for using restrictive practice, including observations and monitoring, that must happen while restrictive practice is being used
 - any other measures that must happen while restrictive practice is being used that are necessary to ensure
 - the adult's proper care and treatment; and
 - the adult is safeguarded from abuse, neglect and exploitation
 - a demonstration of why restrictive practice is the least restrictive way of ensuring the safety of the adult or others
 - the anticipated positive and negative effects on the adult of the restrictive practice
 - the procedure for reducing or eliminating the use of restrictive practices
 - in relation to physical restraint an outline of the specific technique/s in consultation with an appropriate training organisation where required

- where restrictive practices are required a statement of intent to include a restrictive practice in the behaviour support plan is given to the participant and their family, carers, guardian, and other relevant people in an accessible format. Information on what information needs to be communicated and an example for use can be found at: <https://www.communities.qld.gov.au/disability-connect-queensland/national-disability-insurance-scheme/ndis-quality-safeguard-requirements-providers/positive-behaviour-support-restrictive-practices/publications-resources>
 - opportunity is to be provided for feedback on the PBSP by the person and key stakeholders prior to finalisation of the PBSP
 - relevant tools/processes are used to assess the quality of the PBSP where relevant: resources in NDIS commission compendium <https://www.ndiscommission.gov.au/document/1456>
- implementation and monitoring of PBSPs
- a plan of action regarding the implementation and monitoring of the PBSP is in place and developed in conjunction with the person and their stakeholders (including the implementing service provider/s)
 - the role of the specialist behaviour practitioner in implementation and monitoring of the PBSP may include a range of options such as:
 - formal training sessions (face-to-face, video/webinar, recorded training session)
 - development of training resources (e.g. 'about me' resources, induction resources)
 - implementation diaries/checklists
 - direct observations of implementation of the PBSP (i.e. during support shifts)
 - information gathering regarding implementation via team meetings/stakeholder meetings
 - direct interventions (e.g. for skill development) with the individual and/or referral to other professionals for skill development
 - collaborate with others involved in the person's supports (e.g. allied health professionals) to ensure a coordinated approach to support
 - specific training in the use of restrictive practices as required (in consultation with implementing service provider)
 - review and analysis of behaviour recordings and incident reports
 - discussion with person and key stakeholders
 - coaching and buddy shifts
 - feedback summaries to those implementing PBSP
 - PBSPs with regulated restrictive practices are uploaded to the NDIS Commission Portal (along with the accompanying functional assessment of behaviour) and the implementing service provider is notified to review and accept the PBSP and to then commence the required monthly reporting
 - Clinicians check the NDIS Commission Portal for any outstanding 'tasks' allocated and action these
- review of PBSP and restrictive practices
- unless otherwise stated the PBSP and any restrictive practices in place must be reviewed on an annual basis, including an update of the functional assessment of behaviour to inform the development of the new PBSP
 - the person and key stakeholders are to be included in the review process which follows the principles and steps outlined previously in this section
 - where a reportable incident and/or use of unauthorised restrictive practice occurs the specialist behaviour practitioner will provide support to the service provider to review the incident and assist in assessing the situation and what actions may need to be taken, particular with regard to restrictive practices any review of the PBSP

PBSPs – non-restrictive practices

Please note: PBSP that do not contain a regulated restrictive practice do not need to be lodged with the NDIS Commission, however DDTS aims to develop these plans using all relevant principles listed above.

Attachment A

NDIS Commission – regulated Restrictive Practice definitions

Restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Under the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* certain restrictive practices are subject to regulation. These include seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.

Seclusion

Seclusion is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;

Chemical restraint

Chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition;

Mechanical restraint

Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes;

Physical restraint

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 the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered as the exercise of care towards a person.

Environmental restraint

Environmental restraint restricts a person's free access to all parts of their environment, including items or activities.

[source: <https://www.ndiscommission.gov.au/regulated-restrictive-practices#01>]

Restrictive Practices Definitions under Queensland Legislation

1. Containment and seclusion

- a. Containment - an adult cannot physically leave the place where they receive disability services. This may include locking doors, windows or gates. It is not considered containment if an adult has a lack of road safety skills and a door is locked to prevent them wandering close to a road.
- b. Seclusion - an adult cannot physically leave a room or area where they receive disability services. This may include locking doors, windows or gates. The adult is placed on their own, at any time of the day or night.

2. Chemical, physical and mechanical restraint

- a. Chemical restraint - the use of medication to control the adult's behaviour. This does not include using medication for treating a diagnosed mental illness or physical condition.
- b. Physical restraint - the use of any part of another person's body to restrict the free movement of the adult with the aim of controlling the adult's behaviour.
- c. Mechanical restraint - the use of a device to either restrict the free movement of an adult or to prevent or reduce self-injurious behaviour.

3. Restricting access to an object

Limiting the adult's access to an object, for example a kitchen drawer with knives, at a place where the adult receives disability services. This can prevent the adult using the object to cause harm to themselves or others.

[source: <https://www.qcat.qld.gov.au/matter-types/guardianship-for-adults-matters/guardian-for-restrictive-practices/restrictive-practice-types>]

For full definitions from the legislation see: <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-012#pt.6>