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## Implementing Behaviour Support Plans Policy Statement

The purpose of this Policy and Procedure is to set out guidelines that enable Nesian Point. (NP) and staff to:

1. Meet the required standards on implementing NDIS participant **Behaviour Support Plans**
2. Review NDIS participant **Behaviour Support Plans**
3. Understand the legislation and guidelines and reports the use of restrictive practices.
4. Guide informed consent must be obtained from the participant or their guardian to implement their **Behaviour Support Plan**

In doing so, this document outlines how Nesian Point:

- Maintains the safety and dignity of participants
- Reduces, and where possible eliminate the frequency and severity of behaviours that present risks
- Ensures that restrictive practices are used as an intervention only as a last resort
- Ensures all participant related support staff receive training in the use of positive behaviour support
- Ensure safeguards are in place in exceptional emergency circumstances where it is necessary to use restrictive practices to protect the safety of participants, staff or the general public

### Policy Scope

These processes apply to all staff that undertakes a participant support role. Anyone working with or for Nesian Point in a participant support role is expected to be familiar with this document and use the approved procedures.



## Implementing Behaviour Support Plans Policy

Nesian Point will have procedures and tools in place to safeguard the rights of participants and monitor the use of, and elimination of restrictive practices.

As an Implementing **Behaviour Support Plan** service provider Nesian Point is required to:

- Be registered with the NDIS Commission for the type of support they are providing.
- Submit monthly reports to the NDIS Commission on the use of restrictive practices (if used).
- Ensure staff are appropriately trained to implement positive behaviour strategies or use restrictive practices
- Notify the NDIS Commission in the event of any unplanned or unapproved use of a restrictive practice through the Reportable Incident Process.
- Work with Nesian Point staff, NDIS participants, their families, and other decision-makers to understand the NDIS Commission's behaviour support function

Managing incidents effectively is an essential part of providing quality and safe disability supports and services.

Nesian Point has obligations under the NDIS **Code of Conduct HR5**, including:

- Providing supports and services in a safe and competent manner, with care and skill.
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to participants.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of participants.



- Take all reasonable steps to prevent and respond to sexual misconduct.

The National Disability Insurance Scheme (Incident Management and Reportable Incident) *Rules* 2018 (the Rules) requires every use of an unauthorised restrictive practice to be notified to the NDIS Commission within five business days. *Please see the Implementing Behaviour Support Plans PP 5 for more detailed information on Reportable Incidents.*

The reporting of unauthorised restrictive practice supports the identification of issues and actions that impact the safety and well-being of participants.

All registered NDIS providers should continue to notify the NDIS Commission of reportable incidents, including the unauthorised use of a restrictive practice, through the NDIS Commission portal. This is a requirement of registered providers under the NDIS Act 2013 and the Rules.

Please see our Incident Management documentation for more information. (**Incident Management Flow Chart FC9** and **Process for Reportable Incidents Flow Chart FC10**)

Our support service design starts with approaches that are person-centred, proactive and that have enhancing the quality of life for participants as a central part of support planning.

This includes adopting best practices that support and maximise the participants' decision-making, choice and self-direction.

Nesian Point is responsible for ensuring that participants give informed consent in relation to all matters that affect them and understands the nature and consequences each time that they give their consent. (**Participant Consent Form C11**) This includes understanding the impact on them of any prescribed restrictive practice that might result from their giving consent.



Participants have the same rights as all people to equality before the law and to equal protection under the law, without discrimination.

Nesian Point:

- will uphold human rights and the well-being, inclusion, safety and the quality of life of our participants.
- recognises that participants are best placed to communicate their choices and decisions. Participants and their advocates have natural authority in decision making, choice and control and will guide the design and provision of the support services carried out by Nesian Point.
- is aware that the use of restrictive practices may reflect a failure in the supports being provided.
- understands that the use of restrictive practices is not an effective long-term strategy to manage risks and behaviours and can result in long term physical and psychological harm to participants.

As part of our support provision process we will actively facilitate the participant's engagement with family, friends and advocates who know them well and can support them in their decision making.

**(Implementing Support Plans Flow Chart FC5)**

## **Regulated Restrictive Practices**

The following procedures are to be implemented to ensure that the organisation meets its policy objective regarding the use of restrictive practices.

As stated within the relevant NDIS Practice Standards and related legislation participants are only subject to a regulated restrictive practice that meets Queensland's authorisation requirements and the relevant requirements and safeguards outlined within in Commonwealth legislation and policy.



Where Queensland legislation requires authorisation relating to the use of a regulated restrictive practice the Director will secure the appropriate authorisation and submit the relevant documentation and supporting evidence.



The Director will ensure that:





The timeframes are calculated from when Nesian Point first becomes aware that the incident occurred, or was alleged to have occurred.

<b>Reportable Incident Type</b>	<b>Required timeframe</b>
Death of a person with disability	<b>24 hours</b>
Serious injury of a person with disability	<b>24 hours</b>
Abuse or neglect of a person with disability	<b>24 hours</b>
Unlawful sexual or physical contact with, or assault of, a person with disability	<b>24 hours</b>
Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	<b>24 hours</b>
The use of a restrictive practice in relation to a person with disability if the use is not in accordance with a required Queensland State authorisation and/or not in accordance with a <b>Behaviour Support Plan</b>	<b>Five business days</b>

Reporting is required even when Nesian Point and its staff have acted and responded to incidents in accordance with our Incident Management Policies & Procedures. Failure to report within the statutory timeframes is a contravention of the NDIS Act and could lead to infringement notices or other compliance actions.

Reportable Incident involving Regulated Restrictive Practice is any restrictive practice that is, or involves any of the following:



**Chemical Restraint** –the use of medication or a 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.

**Environmental Restraint** – restricting a person’s free access to all parts of their environment, including items or activities.

**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.

*(It does not include the use of devices for therapeutic or non-behavioural purposes)*

**Physical Restraint** – the use or action of physical force to prevent, restrict or subdue movement of a 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 the exercise of care towards a person.

**Seclusion** – 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.

Restrictive practices are not acceptable and cannot be approved for organisational or staff convenience, or to overcome a lack of staff, inadequate training, or a lack of staff support and/or supervision.

**Aversion** – any practice which might be experienced by a person as noxious or unpleasant and potentially painful.



**Overcorrection** – any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred.

**Misuse of medication** – administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal, contrary to the instructions of the prescribing general practitioner, psychiatrist or other specialist.

**Seclusion of children or young people** – isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident.

**Denial of key needs** – withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports.

On occasions where the restrictive practices for which there has been no prior prescription or consent, including seclusion and physical restraint, may only be used:

- 
- 1 • in an emergency to save a participants' life or to prevent them from experiencing serious physical or psychological harm
  - 2 • preventing the participant causing serious physical or psychological harm to another person.



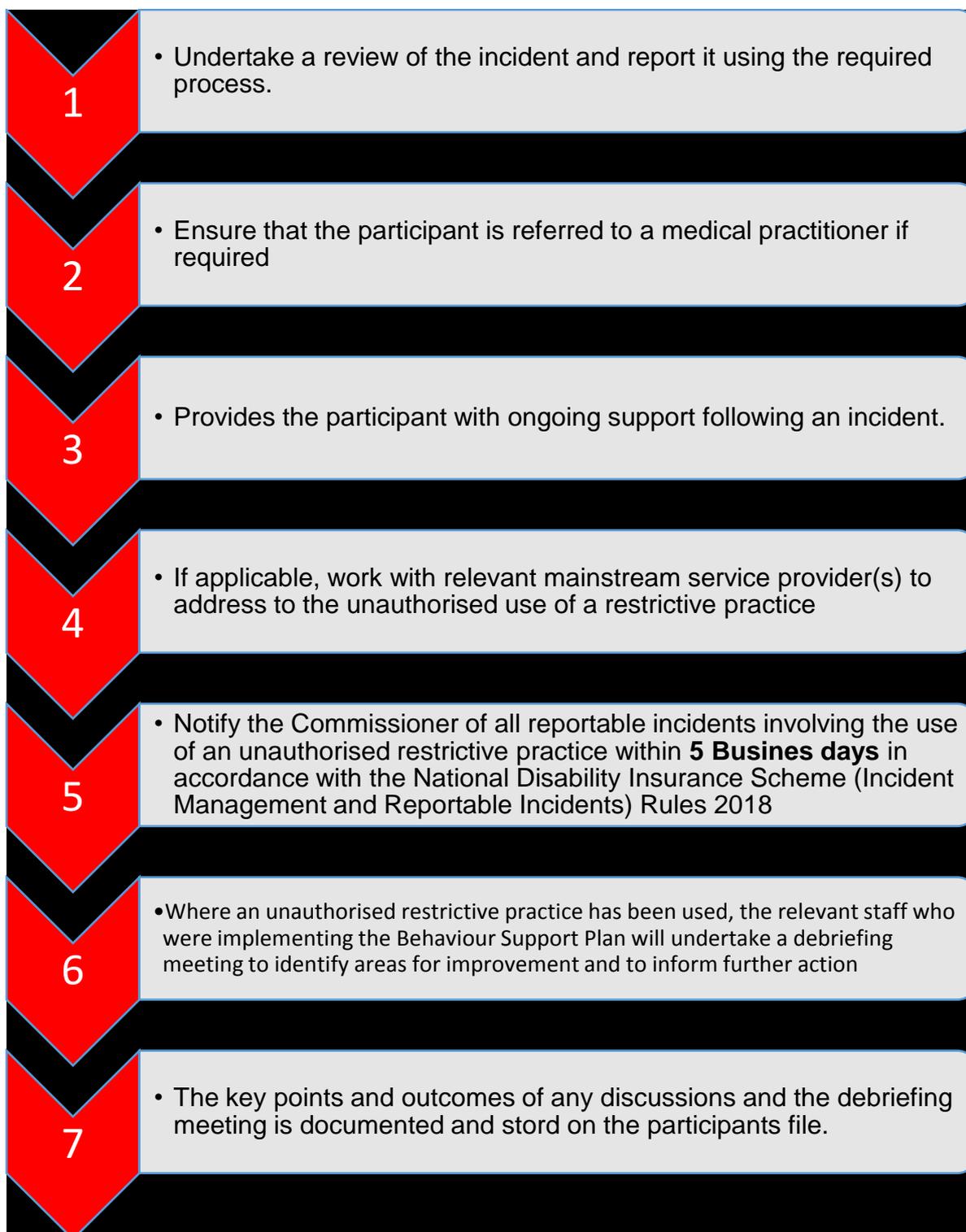
Nesian Point is responsible for ensuring that everyone involved in supporting the participant in these circumstances understands the nature and consequences of the participant's consent.

This includes understanding the impact on a participant of any restrictive practice that might result from that consent.

If a participant has been involved in an emergency or unauthorised use of a restrictive practice the Director or Operations Manager should be informed immediately



## The Director will:





Based on the review of these types of incidents, the support being provided to the participant are modified and where required, a specialist behaviour support provider is engaged to develop or review the participant's **Behaviour Support Plan** or **Interim Behaviour Support Plan**.

This process will be managed by the Director in accordance with the National Disability Insurance Schemes Restrictive Practices and Behaviour Support Rules, 2018.

The Director will work with the participant, and or advocates to secure their consent, as well as their relevant support networks, other stakeholders that are included in the review of any incidents.

The Director will ensure:

- That the required authorisation process is followed and recorded within the stated documentation.
- That the use of restrictive practices other than in emergency situations may only be used:
  - a) With a prior review by the Director and confirms evidence that all less restrictive alternatives have been evaluated and cannot be effectively used to reduce the risks involved in the behaviours.
  - b) When the participant presents a clear and present risk to themselves, staff or others
  - c) These restrictions will be applied for the least time possible
  - d) Restrictions will be applied with the informed consent of the participant and or support persons, advocate or family members involved that has been appointed with the relevant authority and that they have consented



- e) After there has been an assessment of the impact of the practice on the rights and wellbeing of others who share the participant's environment
- f) Under the direct supervision of an experienced, trained staff member
- g) When the process is clearly documented within an approved Behaviour Support Plan
- h) All **Behaviour Support Plans** that relate to restrictive practices will be reviewed in accordance with the **Behaviour Support Plan** review process

## **Supporting the Assessment & Development of Behaviour Support Plans**

The Director will:

- Ensure that each participant's quality of life is maintained and improved by the development of an informed and approved **Behaviour Support Plan** that is responsive to their current needs
- Work closely with the individual specialist behaviour support providers to collect all the relevant information to inform and develop the best possible behavioural assessment
- Engage with the specialist behaviour support provider to develop each participant's **Behaviour Support Plan** and the key information, processes, timelines and responsibilities for implementing and reviewing the plan are documented.
- Undertake or direct staff training to enhance their skills and knowledge of positive behaviour supports and the use and reporting of restrictive practices.



- Ensure that the development of a participant's **Behaviour Support Plan** is consistent with both NDIS Standards and legislative requirements.
- Provide support staff behaviour management related training or awareness raising activities are that they are recorded within the **Staff Training & Development Register R10** and or the individual staff members **Staff Training, Supervision & Review Plan HR24**.

### **Behaviour Support Plan Implementation**

When implementing **Behaviour Support Plans**, the behaviour support practitioner in charge of the plan must ensure the participant, and with their consent their support network and other service providers, are provided with a rationale of the **Behaviour Support Plan's** strategies and are trained in its effective implementation.

This should include but is not limited to:

- person centered training
- coaching and mentoring of support staff
- ongoing support for implementing the strategies documented

The Support Coordinator will ensure that the participant's consent and any documentation relating to substitute decision makers such as guardians, or appointed Public Guardians are readily accessible to support staff in the implementation of the **Behaviour Support Plan**.

When implementing **Interim Behaviour Support Plans**, Nesian Point must evaluate all risks posed to the participant and others, and ensure the Interim Plan appropriately mitigates these risks.

Staff implementing a **Behaviour Support Plan** developed by a Registered Specialist Behaviour Support Provider must:



- Actively work with the relevant behaviour support practitioner to implement the plan and align support delivery with evidence-informed practice and positive behaviour support
- Where necessary, collaborate with other providers that work with the participant to implement strategies in their **Behaviour Support Plan**.

Nesian Point must notify the NDIS Commission of situations where effective engagement with other service providers implementing **Behaviour Support Plans** is not possible, and if support provided to participants is not implemented in accordance with their **Behaviour Support Plans**.

For a regulated restrictive practice to be used, it must meet all the applicable requirement as set out within this document.

The Director has the overall responsibility:

- To ensure that each participant's **Behaviour Support Plan** is implemented in a way that meets the participant's behaviour support needs.
- **Behaviour Support Plans** processes are maintained and reviewed as part of Nesian Point's Annual Service Review process and included within our **Continuous Improvement Plan K7**.
- The Director and relevant support workers will engage with the specialist behaviour support provider to implement each participant's **Behaviour Support Plan**. (This process will assist with the effective delivery of the agreed strategies to establish and maintain positive behaviour supports.)
- The relevant Support Workers are informed of **Behaviour Support Plan** implementation processes and trained to develop and maintain the skills required to consistently implement these strategies.



- Undertake or direct a range of training and supervisions with relevant support staff to ensure they are implementing strategies documented within the participant's **Behaviour Support Plan** appropriately.
- Supervise the implementation of each participant's **Behaviour Support Plan** to ensure that it is delivered consistently in line with its planned outcomes.

The relevant specialist behaviour support providers will work with the Director or Operations Manager in order to support and train Support Workers that will be implementing the participants **Behaviour Support Plans**.

This support and training will include:

- The use and monitoring of behaviour support strategies
- Providing positive behaviour support
- The safe use of restrictive practices if applicable.

Where participants display complex behaviours and before any consideration is given to the potential use of a restrictive practice, this assumption must be confirmed by the Director and recorded on the participants file.

The following procedures will be carried out by the Director or Operations Manager:

- Ensure that this documentation is accessible to participants, families and staff.
- Relevant support staff are provided with information, instruction, training and supervision in implementing **Behaviour Support Plans** and the use and reporting of restrictive practices



- Participants, their families and advocates are involved in the support service design process and consent to any prescribed restrictive practices
- The use of prescribed restrictive practices be reviewed by the Director and occur for the least time possible and are used as a final option.
- Prescribed restrictive practices are recorded on each use and reviewed in line with the documented **Support Plan** and **Behaviour Support Plan**.
- The unauthorised use of restrictive practices be reviewed within seven days and reported to the Disability Services Commission using the prescribed **Incident Reporting Form**
- The use of therapeutic devices be prescribed by a qualified health professional, have the consent of the participant and are of the least restrictive alternative that is available. This should be reviewed in line with the documented **Support Plan** and **Behaviour Support Plan**.
- Ensure that the use of medication is prescribed by a qualified medical practitioner and reviewed in line with the documented **Support Plan** and **Behaviour Support Plan**.
- Confirm that all support staff are aware of and provide timely feedback on potential workplace hazards and strategies are put in place to minimise identified risks
- Confirm that all support staff are aware of, and trained in reporting procedures

Positive behaviour support is a positive approach to working with participants.



### **Positive Behaviour Support Includes:**

- Not trying to control participants, but should support the process to change their own behaviour
- Identifying the reason or concern for these behaviours such as current supports are not meeting a participants need
- Working with every participant to identify and document their individual strengths and skills that can be utilised
- Every participant should be treated with compassion and respect regardless of their behaviour
- Participants are entitled to the best version of their life that they can have and the support they have requested as part of their individual **Support Plan**
- Nesian Point staff and management will continue to improve how support is provided when developing and implementing positive behaviour. This information forms a key part of the Nesian Point Annual Service Review and **Continuous Improvement Plan K7**.
- Nesian Point believes that positive responses will be more effective in supporting our participants behaviours rather than coercion and punishment

Nesian Point supports positive behaviour practices which focus on successful outcomes for participants, including:

- The extent to which participants feel positive about their lives
- Choice and decision making
- Personal development
- Community participation
- Relationships
- Feeling that they are part of a stable interdependent and supportive community.



## Monitoring & Reporting the use of Regulated Restrictive Practices

The processes set out within this document sets out how restrictive practices are managed with individual participants are only subject to a restrictive practice that is reported to the Commission.

The Support Workers implementing a **Behaviour Support Plan** must maintain up-to-date knowledge and understanding of positive behaviour support, restricted practices and regulated restrictive practices.

Support Workers must not use restrictive practices without appropriate training in there safe use, the legal requirements and obligations that apply to its use. This training and awareness must include the risks posed by the use of restrictions.

The Director and Operations Manager must ensure staff have this training and be satisfied of their competence in the practice prior to their engagement in these practices.

In order to meet the National Disability Insurance Scheme Restrictive Practices and Behaviour Support Rules 2018 the Director will:

- Complete monthly online reporting requirements in relation to the use of Regulated Restrictive Practices (if any have taken place)
- Monitor relevant information from all related sources to assist in identifying actions for improving the participants behaviour outcomes
- Secure the participants consent to provide feedback and information to relevant Support Workers and their specialist behaviour support provider about the implementation of their **Behaviour Support Plan** to facilitate the reduction and elimination of restrictive practices



## Reportable Incidents

When a reportable incident occurs, or is alleged to have occurred in connection with Nesian Point, the Director must notify the NDIS Commission using the NDIS Commission Portal within the required timeframes.

The timeframes are calculated from when Nesian Point first becomes aware that the incident occurred, or was alleged to have occurred.

Nesian Point will need to complete an Immediate Notification online form through the '**My Reportable Incident**' page on the NDIS Commission Provider Portal.

### What is a Reportable Incident in the NDIS?

For an incident to be reportable a certain act or event needs to have happen (or alleged to have happened) **in connection with** the provision of supports or services by the registered NDIS provider. This includes:

- The death of a person with disability.
- Serious injury of a person with disability.
- Abuse or neglect of a person with disability.
- Unlawful sexual or physical contact with, or assault of, a person with disability.
- Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity.
- Unauthorised use of restrictive practices in relation to a person with disability.

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).

## **Notifying the NDIS Commission about a Reportable Incident**

The Director should use the NDIS Commission Portal '**My Reportable Incidents**' page to notify and manage all reportable incidents and must complete the following steps.

### **STEP 1. Notify the NDIS Commission**

- The Director will submit an Immediate Notification Form via the NDIS Commission Portal **within 24 hours** of Nesian Point staff becoming aware of a reportable incident or allegation.
- The Immediate Notification Form includes a number of sections and questions, concerning details of the reportable incident, actions taken in response to the incident and the individuals involved in the incident.
- An exception to this rule is notifying the NDIS Commission of the use of a restrictive practice that is unauthorised or not in accordance with an approved **Behavior Support Plan**. In these instances, the Director will notify the NDIS Commission within five business days of being made aware of the incident. If however, the incident has resulted in harm to a person with disability, it must be reported within 24 hours.
- To notify the NDIS Commission of an incident the authorised 'Notifier' or 'Approver' in our case the Nesian Point Director needs to login to the NDIS Commission Portal and select 'My Reportable Incidents' tile at the top of the screen. The Director will complete an Immediate Notification Form.

### **STEP 2: Submit a 5 Day Form**

- The 5 Day form must be submitted by the Director via the 'My Reportable Incidents' portal **within five business days** of Nesian Point becoming aware of a reportable Incident. This provides additional information and actions taken by Nesian Point.



- The five-Day form is also to be used for incidents involving the unauthorised use of a restrictive practice, other than those resulting in immediate harm of a person with disability.

### **STEP 3. Submit a final report, if required**

- The Director will provide a **final report** if required. When this is the case, the NDIS Commission will notify Nesian Point via email and inform of the due date.
- If Nesian Point is required to submit a final report, the Director will have access to the final report fields on the NDIS Commission Portal for that incident.

The key considerations for Nesian Point are:

- The impact on the NDIS participant.
- Whether the incident could have been prevented.
- How the incident was managed and resolved.
- What, if any, changes will prevent further similar events occurring.
- Whether other persons or bodies need to be notified.

Where appropriate, the NDIS Commission may require Nesian Point to take remedial measures. The NDIS Commission may work with the Nesian Point to implement these measures, and monitor progress.

Remedial measures may include, but are not limited to, additional staff training and development or improved services to support NDIS participants and updating our policies and procedures.

Outside of business hours and if all reasonable steps have been taken, the Nesian Point Director should advise the NDIS Commission of these issues as soon as possible by emailing the Reportable Incidents team:

- QLD Reportable Incidents:  
[QLDREPORTABLEINCIDENTS@ndiscommission.gov.au](mailto:QLDREPORTABLEINCIDENTS@ndiscommission.gov.au)



The email should include:

- 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

Nesian Point will receive an automated response from the NDIS Commission acknowledging receipt.

As soon as practical, the Director will progress completion of the 24-hour form.

If the NDIS Commission portal or “**My Reportable Incidents**” page is unavailable for a period the NDIS Commission Reportable Incidents team may:

- Provide an authorised form and request the information is submitted via email; or
- Take the 24 hour notification or further information over the phone.

Nesian Point is only required to notify the Commission of Reportable Incidents which have occurred or are alleged to have occurred if those incidents happened in connection with the provision of supports or services by our service.

In connection with covers incidents that:

- May have occurred during the course of supports being provided
- Arise out of the provision, alteration or withdrawal of supports.
- May not have occurred during the provision of supports but are connected because it arose out of the provision of supports.



Reportable Incidents could occur in a variety of settings but as long as there is a connection with the service delivery by Nesian Point, then we must notify to the Commission.

All incidents that happen in the delivery of NDIS supports and services are to be recorded and managed in your internal incident management system. Please see our internal incident management processes set out within the **Operational Management PP1**.

Nesian Point must notify all **Reportable Incidents** (including allegations) to the NDIS Commission, even where we have acted and responded within your own incident management system.

Reporting a serious incident or allegation to the NDIS Commission does not replace our existing obligations to report suspected crimes to the police and other relevant authorities.

Information Nesian Point will be required to give to the NDIS Commission about the incident may include, but is not limited to:

- Individuals involved in the Reportable Incident.
- A description of the Reportable Incident – including the nature of any injuries sustained, and details such as time, date and place it allegedly occurred.
- A description of the impact on, or harm caused to, the participant.
- Actions taken by the provider in response to the Reportable Incident.

When the Director submits the form an acknowledgement message will appear on the screen to confirm that the Commission has received the notification.

When submitted the form the status on the left hand side task bar will change to 'Submitted – 5 day'. This indicates that the form has been successfully submitted to the NDIS Commission.



The Director does not need to include attachments with the immediate notification. Nesian Point will only be able to attach supporting documentation when completing the 5 day notification form.

Nesian Point may experience difficulty accessing, using or submitting via the NDIS Commission portal 'My Reportable Incidents' page. In these circumstances, the Director 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, the Director will advise the NDIS Commission of these issues as soon as possible via email to [reportableincidents@ndiscommission.gov.au](mailto: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 any other authorities, such as the police, have been notified.

Nesian Point will receive an automated response from the NDIS Commission acknowledging receipt. As soon as practical, the Director will need to progress completion of the 24-hour form.

When the NDIS Commission is notified about a Reportable Incident they may take action. This may include:

- Requiring the Nesian Point to deliver more information on the progress or outcome of the incident response and actions taken to safeguard participants.
- Referring the incident to another authority / body with responsibility in relation to the incident.



- Requiring Nesian Point to carry out an internal investigation.
- Requiring Nesian Point to engage an appropriately qualified and independent expert to carry out an investigation.
- Requiring Nesian Point to undertake remedial action.
- Carrying out an inquiry in relation to the incident.
- Taking any other action the Commissioner considers reasonable in the circumstances.

Reporting a serious incident or allegation to the NDIS Commission does not replace Nesian Points existing obligations to report suspected crimes to the police and other relevant authorities.

### **Behaviour Support Plan Reviews**

Should a Nesian Point participant have a current **Behaviour Support Plan** it should:

- Reflect their current needs
- Works towards improving their quality of life
- Reducing behaviours of concern
- Where relevant reduce and eliminate the use of restrictive practices

The Director and Operations Manager will work with the participant and support staff to implement the **Behaviour Support Plan**.

This process will include:

- Monitoring progress through a combination of formal and informal processes such as securing feedback from the participant, team meetings, data collection, record keeping and staff supervision
- The information collected through this process is required by the specialist behaviour support provider and is prescribed in the



National Disability Insurance Scheme Restrictive Practices and Behaviour Support Rules, 2018.

- Support Staff Team meetings and supervision will assist the Director to Identify circumstances where the participant's needs for behaviour change and will inform the need for carrying out more frequent reviews

The Director or Operations Manager will work with the relevant staff to put together all the relevant information and ensure that this information is used as part of reviews of the participant's **Behaviour Support Plan**.

This information along with participants input will inform the plans contents. The Director will focus on developing and implementing strategies that encourage positive changes that reduce or eliminate the use of restrictive practices.

### **Interim Behaviour Support Plans**

The decision to develop a **Behaviour Support Plan** for a participant must be based on recommendation by a Behaviour Support Practitioner, Psychologist, Medical/Allied Health Specialist, or other behaviour support professional.

Where an immediate need for a **Behaviour Support Plan** is identified, an **Interim Behaviour Support Plan** must be developed within one month.

This process should be undertaken using the NDIS Commission's Behaviour Support Practitioner – **Interim Behaviour Support Plan**.

Should an Interim **Behaviour Support Plan** be required in response to an incident relating to the use of a restrictive practice, Nesian Point will collaborate with relevant mainstream services such as the Police, other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians to contribute to the plan's development.



A Comprehensive **Behaviour Support Plan** must be developed within six months of the need for a plan being identified, using the NDIS Commission's Behaviour Support Practitioner – Comprehensive **Behaviour Support Plan**.

Support staff implementing either type of **Behaviour Support Plan** developed by a Registered Specialist Behaviour Support Provider must be included in and support the development of the plan. This includes agreeing upon clear responsibilities relating to its implementation and review.

Support staff should also assist the behaviour support practitioner to gather the necessary information for the functional behavioural assessment and other assessments required to develop the plan.

Through the initial intake process or support planning review process the Director may identify that a participant may have an immediate need for a **Behaviour Support Plan**.

The Interim **Behaviour Support Plan** will be based on relevant information supplied by the participant, staff, other participant linked service providers, support persons / advocate, or family members,

The Interim **Behaviour Support Plan** will be developed and implemented so that all identified risks are minimised to the individual participant and others.

The Director will collaborate with the specialist behaviour support provider and other relevant stakeholders from the list below to develop & implement the participant's Interim **Behaviour Support Plan**:

- Family members
- Support people / advocates
- Participant linked service providers or community organisations
- Police and or other emergency services
- Mental health providers



- Treating medical practitioners and other allied health clinicians

The Director or Operations Manager will undertake steps to ensure that Support Workers are supported in the implementation of the relevant participants Interim **Behaviour Support Plan**.

This support will include but not limited to:

- Training to implement all relevant parts of the **Behaviour Support Plan**
- Training and awareness of the use of and reporting of restrictive practices
- Provision of relevant up to date participant information
- Direct supervision



## **Output& Other Documents**

- Service Agreement
- Support Plan
- Interim Behaviour Support Plan
- Behaviour Support Plan
- Participant Profile C5
- Code of Conduct HR5
- Participant Incident Report Form C19
- Incident Report Register R7
- Participant Daily Sheets C6
- Participant Refusal of Medication Form C20
- Participant Feedback & Complaints FormC7
- Continuous Improvement Plan K7
- Risk Management Plan K9
- Implementing Behaviour Support Plans Flow Chart FC5
- Eliminating Restrictive Practices Easy Read ER5
- Participant Risk Management Flow Chart FC7
- Incident Management Flow Chart FC9
- Process for Reportable Incidents Flow Chart FC10

## **Relevant Policies & Procedures, Legislation and Practice Standards**

- Practice Standard Core Module 3. Provision of Supports
- Practice Standard Core Module 2A Implementing Behaviour Supports
- National Disability Insurance Scheme Restrictive Practices and Behaviour Support Rules, 2018.
- Disability Services Act 2006 (Qld)
- NDIS Code of Conduct Rules 2008
- NDIS Provider Registration and Practice Standards Rule 2018



- NDIS Quality & Safeguarding Framework

## **Key Contact**

For further information and support about implementing this Policy & Procedures document please contact the Operations Manager.

## **Approvals, Updates and Reviews**

Date of approval: 12<sup>th</sup> April 2022

Last Updated: 10<sup>th</sup> April 2022

Date of review: March 2023

Signature of Director: