

Specialist Behaviour Support Services

Statement of Purpose

The mission of *Specialist Behavioural Support Services (SBSS)* is to support the most vulnerable individuals within our society live in a way which promotes their optimal level of independence with freedom from unnecessary restrictions and within a socially meaningful way across environments. This is achieved through our **partnership, commitment, practice, responsiveness, and understanding-**

- Our **partnership** with yourself.
- Our **commitment** to provide the highest quality of service to service users.
- Our **practice** methods, which are built upon respect for multidisciplinary input, personal integrity, and evidence-based decision making.
- Our **responsiveness** to the needs of the person and any others that may be impacted by the person and/or the nature of our service delivery.
- Our **understanding** that behaviours are adaptive in nature, and therefore are functional for the person at that moment and across time. We focus on functional skill development and holistic wellbeing within an individual's external and internal world, in order to promote sustainable and meaningful behavioural change.

Why us?

With the introduction of the NDIS, service user's choice has taken on a whole new meaning. When considering *Specialist Behaviour Support Services* as your provider for behavioural support, it is important to understand the nature of services and your need for a specialist response.

SBSS provides clinical behavioural support empirically derived from Applied Behaviour Analysis and Positive Behaviour Support, and within a bio-psycho-social framework to understanding personal needs.

Applied Behaviour Analysis

Applied Behaviour Analysis is the application of principles and procedures founded in the scientific study of behaviour.

“Applied behavior analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviours to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior” (Baer, Wolf & Risley, 1968).

“Socially significant behaviours” refers to behaviours that empower the individual to have agency, make choices and to participate in life in a way that is meaningful to them. Socially significant behaviours include:

- Adaptive living skills
- Communication
- Social skills
- Academic skills
- Work skills

Positive Behaviour Support

Positive Behaviour Support (PBS) is a scientific, evidence-based approach to promoting positive learning and adaptive skill development in order to improve the quality of life of the individual. PBS favours a proactive approach to identifying and supporting service user needs in order to teach functional, positive approaches.

Positive Behaviour Support provides person-centred strategies based on assessment of the individual and the environments within which he or she operates. The goal of assessment is to understand the purpose, or ‘function’ of the behaviour of concern. Intervention is then focused on supporting the person to meet their functional needs in healthy, positive ways. The goals of intervention are to reduce the occurrence of behaviours of concern and minimise the use of restrictive interventions.

Both Applied Behaviour Analysis and Positive Behaviour Support rely on the use of observable data and socially valid approaches to guide intervention, review implementation success and ensure accountability in service application and provision.

Contact Us

Ph: 0466 394 771

E: referrals@sbss.org.au

W: specialistbehavioursupport.com.au

Service Quality

Specialist Behaviour Support Services is committed to providing the highest level of quality services to our service users. Guiding clinical decisions and treatment is the

Association for Behaviour Analysis' position paper on the ethical application of behavioural treatment (Van Houten et al., 1988):

1. An individual has a right to a therapeutic environment
2. An individual has a right to services whose overriding goal is personal welfare
3. An individual has a right to treatment by a competent behaviour analyst
4. An individual has a right to programs that teach functional skills
5. An individual has a right to behavioural assessment and ongoing evaluation
6. An individual has a right to the most effective treatment procedure available

Support and Choice

SBSS understands and values the choices service users have when deciding on a service provider. Each individual service user is provided with opportunities to actively participate in service delivery and treatment goals.

If during the course of intervention the service user is unhappy with the service delivery all efforts will be made to address any concerns. If the service user chooses to engage another service for behavioural treatment, SBSS will work collaboratively with the chosen service to ensure smooth handover with minimal disruption to service delivery.

SBSS will not terminate services without prior discussion and planning with the service user and relevant stakeholders. The most common reasons for discontinuing services include:

- Treatment goals have been achieved and the service user no longer requires the service
- The service user requests a discontinuation of the service or transfer to another behavioural support provider, or
- The service user is not benefitting from the treatment
- There are significant barriers to the implementation of effective intervention for the person, which have not been able to be resolved.

Advocacy

Advocacy is a service provided by an independent party to ensure a person's rights are respected and upheld. There are a number of advocacy services available to people with a disability in Victoria, amongst which is:

- **The Disability Action Resource Unit**
The Disability Action Resource Unit (DARU) is a statewide service established to resource the disability advocacy sector in Victoria. www.daru.org.au
- **VALID**
VALID provides individual advocacy for adults (people aged 18 and over) with intellectual disability who are eligible or receive disability support services. Advocacy support is short term and related to the specific issue that VALID have been asked to help with. www.valid.org.au
- **Office for Disability**
The Office for Disability provides further information on advocacy services in Victoria and a list of funded organisations. www.dhhs.vic.gov.au/office-disability

Additional Advocacy resources are available in the Participant Pack on our website:
<https://specialistbehavioursupport.com.au/participant-pack>

Aboriginal and Torres Strait Islanders

SBSS acknowledges the traditional owners of the land of Melbourne, the Wurundjeri people and pays respects to elders past, present and emerging. SBSS work in collaboration with those who identify as Aboriginal and Torres Strait Islanders, their families and support networks.

CALD

SBSS recognises and respects the diversity of its service users, families and stakeholders. All information will be conveyed to service users and stakeholders in a manner most suitable to them. Interpreters will be sourced and provided where needed and documents translated into easy to read and other preferred languages.

Language Interpreting Services

Interpreting services are delivered by TIS National, on behalf of the NDIS.

You can call TIS National direct on 131 450 and ask to speak to the NDIS on 1800 800 110.

NDIS participants and carers are not charged for language interpreting services.

The interpreters' role is to interpret spoken words only. This means they are unable to give you advice.

Service User Rights

SBSS values the rights of our service users and protects these rights through adherence to the following charters and legislation:

- **United Nations Declaration of Human Rights**

The Universal Declaration of Human Rights is an international document that states basic rights and fundamental freedoms to which all human beings are entitled. Amongst the basic rights entitled to all persons are the right to dignity, freedom, and equality

<https://www.un.org/en/universal-declaration-human-rights/index.html>

- **UN Convention on the Rights of Persons with Disabilities**

The convention on the rights of persons with disabilities was adopted by participating nations, including Australia, on 13th December, 2006. The Convention follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities. The Convention outlines three main goals regarding persons with disabilities:

- Full inclusion in all aspects of life
- Maximum independence
- Full physical, mental, social and vocational ability

www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

- **Victorian Charter of Human Rights and Responsibilities**

The Victorian *Charter of Human Rights and Responsibilities Act 2006* is a Victorian law that sets out the basic rights, freedoms and responsibilities of all people in Victoria. Twenty fundamental human rights are listed and protected, including recognition and equality, right to privacy, and right to take part in public life.

www.humanrightscommission.vic.gov.au/human-rights/the-charter/rights-under-the-charter

- **Disability Act 2006**

The *Disability Act 2006* introduced major reforms aimed at improving services for people with a disability in Victoria. The *Disability Act 2006* commenced on 1 July 2007 and provides for:

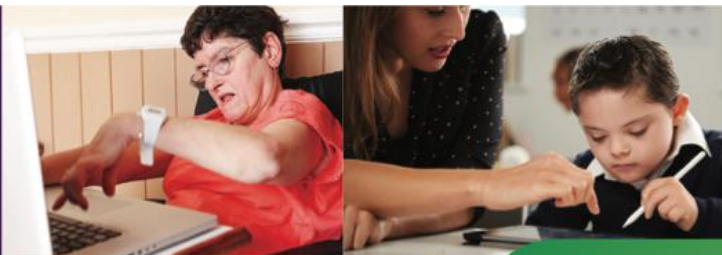
- A stronger whole-of-government, whole-of-community response to the rights and needs of people with a disability, and
- A framework for the provision of high-quality services and supports for people with a disability. www.legislation.vic.gov.au

- **NDIS Act**

Section 3 of the *National Disability Insurance Scheme Act 2013* gives effect to Australia's obligations to the *Convention on the Rights of Persons with Disabilities* and to certain obligations that Australia has as a party to international human rights laws.

The *National Disability Insurance Scheme Act 2013* provides for the NDIS to deliver reasonable and necessary supports to persons with disability. The NDIA planner is responsible for identifying that the participant requires behavioural intervention services under the reasonable and necessary supports (s. 34) of the Act. www.ndis.gov.au/about-us/governance/legislation

- **NDIS Quality and Safeguards Commission**
Specifically in relation to the quality and safeguarding rules and competency framework for providing behaviour support under NDIS.



NDIS Quality
and Safeguards
Commission



The NDIS Code of Conduct

The NDIS Code of Conduct applies to all NDIS providers and workers (including employees and contractors).

What does the Code require?

Anyone providing supports and services to people with disability must:



Respect the rights of the person

Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions



Deliver services competently

Provide supports and services in a safe and competent manner with care and skill



Prevent violence, neglect, abuse and exploitation

Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse of people with disability



Respect privacy

Respect the privacy of people with disability



Act with integrity

Provide supports and services with integrity, honesty and transparency



Take action on quality and safety

Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability



Prevent sexual misconduct

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

If you witness any activity that breaches the NDIS Code of Conduct, either at your organisation or at another provider, you should report it to the NDIS Commission. Your report will help us take direct action to protect the safety of people with disability.

To report a possible breach of the NDIS Code of Conduct call 1800 035 544.

For more information about the NDIS Code of Conduct, visit the NDIS Quality and Safeguards Commission website at www.ndiscommission.gov.au

Restrictive Practices

Restrictive practices refers to intervention which infringe on an individual's basic rights. Restrictive practices includes:

- Seclusion (forcing the person to be in a confined space by him or herself)
- Physical Restraint (using physical force to restrict a person's movement)
- Mechanical Restraint (using objects to restrict a person's movement)
- Chemical Restraint (using drugs or medications to alter the person's behaviour)
- Isolation (separating the individual from his or her peers for extended or constant periods of time)
- Environmental (restricting a person's access to areas, activities, or items)

Restrictive practices can represent serious human rights infringements. Any use of restrictive practices must follow a strict set of guidelines for implementation and oversight. Restrictive practices may only be used as a means of last resort when the person's behaviours of concern place them or others a serious risk of significant injury or death. All uses of restrictive practice must be documented and reported. Anyone who is the recipient of restrictive practices must have a functional behaviour assessment and behaviour support plan conducted and written by a specialist behavioural practitioner.

The NDIS Commission Rules outline the requirements for registration and monitoring of restrictive practices used in behaviour support plans for NDIS participants.

www.legislation.gov.au/Details/F2018L00632

Child Safety

SBSS is committed to ensuring the rights of every person we have contact with, within the provision of our services are protected. We take extra care and duty with ensuring the safety and wellbeing of every child and young person is maintained and a top priority; recognising that the safety of children is everyone's responsibility.

SBSS:

- Has zero tolerance for child abuse or inappropriate behaviour of any SBSS employee towards a child
- will actively work to listen to and empower children through genuine engagement with the child or young person and applying a strengths based approach within assessment and intervention
- respect for the best interests of the child as a primary consideration throughout our service provision
- encourage children to report if they feel unsafe or concerned at any time

- will take all allegations very seriously and will respond to them consistently in line with our ethical and legal responsibilities and duty of care. All incidents will be reported in line with our organisational incident reporting system and our state and national obligations.
- is committed to promoting cultural safety of Aboriginal children, cultural safety of children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability
- expects practitioners behave appropriately with every child, in line with the BACB's code of conduct, and explicitly ensures the child feels safe and is free from psychological, emotional or physical harm of any kind
- ensures that every practitioner is trained in recognising signs and risks of child welfare, and their duty of care and reporting requirements
- will keep safe and secure accurate records
- Is committed to identify and reduce risks of harm or abuse towards a child or young person that are within our organisational control. This is achieved through effective risk mitigation strategies. Risks that are beyond our organisational control will be reported to the appropriate authorities.
- Will undertake risk assessments and management strategies that ensure the child's voice is heard and represented and their natural support systems.

Ethical codes and compliance

Specialist Behavioural Support Services' clinical practices are guided by several ethical and compliance codes as stated below:

- *BACB Professional and Ethical Compliance Code for Behaviour Analysts*
https://www.bacb.com/wp-content/uploads/170706r_compliance_code_english.pdf
- *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002)
- *The Right to Effective Behavioral Treatment* (Association for Behaviour Analysis, 1989)
- *The Right to Effective Education* (Association for Behavior Analysis, 1999)
- *Guidelines for Responsible Conduct for Behaviour Analysts* (Behavior Analyst Certification Board, 2001)
- *The BCBA and BCABA Behavior Analyst Task List- Fourth Edition* (Behavior Analyst Certification Board)

Co-Directors of SBSS

Chelsea Troutman (BCBA)

Positive Behaviour Support Practitioner

Chelsea Troutman is co-director of SBSS and a Board Certified Behavioural Analyst (BCBA), practitioner and clinical supervisor. Chelsea has extensive experience working within Government and Community Service Sectors with expertise in disability services, children and family services- out of home care, and forensic disability. Chelsea has international experience in consulting on individual cases, system design, and policy.

Chelsea holds a Masters of Education in School Psychology (Applied Behavioral Analysis) from the University of Cincinnati, and a post graduate degree in Criminology (forensic disability) from University of Melbourne.

Chelsea provides extensive experience in strength-based approaches to working with individuals with complex needs, complex service user assessments, intervention and is recognized for her holistic practice lens, and proficiency in managing risk under the least restrictive circumstances.

Areas of specialty includes consulting with multi-disciplinary teams working with individuals with a disability and/or developmental delays, whom present with severe emotional and challenging behaviors. Practice of specialists areas of behavior change include: trauma and challenging behaviors, problematic sexualized behavior, sexual offending in persons with an intellectual disability, and violence within adolescents and adults with disability.

Chelsea can be reached directly at ctroutman@sbss.org.au

Jennifer Colechin (BCBA, Developmental Educator) Positive Behaviour Support Practitioner

Jennifer Colechin is co-director of SBSS and a Board Certified Behaviour Analyst. She is a clinical specialist in positive behaviour support and trauma-informed care. She is a registered Developmental Educator and recently was a Senior Trainer and Senior Behavioural Consultant with the Berry Street Educational Model.

Jennifer is a skilled practitioner, who utilises the science of behaviour analysis to guide assessment, strategies and implementation approaches within a positive behavioural support and trauma informed practice lens. She has practiced within schools, community and home based settings across government and community sectors. Jennifer also has international experience in disability service design and delivery.

Jennifer holds Bachelor's degrees in Secondary Education and English Literature, Master's Degrees in Education (Applied Behaviour Analysis), and Disability Studies, and a Graduate Certificate in Forensic Disability.

Areas of specialty include direct intervention with individuals and their supporting team and family to ensure the rights of the person are protected through the provision of effective and evidenced based service delivery. Specialist areas of behavior change include: trauma and challenging behaviors, consulting within multi-disciplinary teams, and person-centred support within group settings.

Jennifer can be reached at jcolech@sbss.org.au

Clinicians

Sarah Hoogstraten

Positive Behaviour Support Practitioner

Sarah is a Board Certified Behaviour Analyst (BCBA). Sarah holds a Bachelor's Degree in Social Science (Psychology and Human Development) and a Masters of Applied Psychology (Applied Behaviour Analysis) from the University of Waikato. She has also completed a Behaviour Analysis Graduate certificate, ABA advance series 4038 from Florida Institute of Technology.

Sarah has extensive experience in a range of disability and age groups (2 years old to 65 years), early intervention, schools, employment (supported, DES, other community) and SIL and Day Programmers.

Sarah has a strong focus on pragmatic and flexible interventions, person-centred approach, teaching social skills and helping individuals to feel empowered and find their passions, developing others around service users to use a strength-based approach so that individuals can collaborate in their intervention, direct therapy, and stakeholder engagement.

Cherry Hynam

Positive Behaviour Support Practitioner

Cherry has extensive experience working within schools, in the community and in residential settings, supporting individuals with a range of complex needs and diagnoses. She holds a BA Honours Degree in Primary Education and is currently studying a Masters of Education in Applied Behaviour Analysis at Monash University.

Working across government and community sectors, Cherry is passionate about delivering quality services and achieving positive outcomes and consistently remains a committed advocate for service users and their families; supporting inclusion, participation, equality and respect for rights.

Using Positive Support Strategies, pivotal to her practice is the provision of direct assistance and support; always ensuring a person-centred approach, taking into consideration individual needs and preferences.

Carly Langham

Positive Behaviour Support Practitioner

Carly is a Board Certified Behaviour Analyst (BCBA). She also has a Bachelor's Degree in Criminology and Psychology from RMIT University, and a Master's Degree in Education (Applied Behaviour Analysis) from Monash University. Carly has worked across various settings including clinical settings, community settings, educational settings, and in-home settings.

Carly has always been a strong advocate for people with disabilities and complex needs and is highly motivated to assist them in achieving their personal goals and living a fulfilled and independent life. Carly enjoys forming positive and supporting relationships with her clients and their families and believes collaboration on a multi-disciplinary level is extremely important. Carly enjoys working 1:1 with individuals, as well as providing hands-on training to support teams. Carly has a key interest in the areas of mental health and trauma and appreciates using a holistic person-centred approach during practice.

Phoebe Meyer

Positive Behaviour Support Practitioner

Phoebe's formal qualifications include a Bachelor of Arts with a Criminology major from The University of Melbourne. She is currently completing her post graduate qualifications in Forensic Behavioural Science from Swinburne University.

Phoebe has extensive experience working with high risk populations (sexual and violent offending) and sexual offender treatment programs. She has clinical training in forensic risk assessments, both for mainstream and offenders with an intellectual disability and has facilitated treatment programs in both prisons and residential facilities and for indigenous populations in Far North Queensland.

Phoebe's professional areas of interest are risk assessments, forensic disability, stalking behaviours, online offending, sexual offender treatment, and interpersonal violence. Phoebe is passionate about ensuring a person-centred practice and is committed to learning about and working with clients and their value systems.

Deborah Sirice

Positive Behaviour Support Practitioner

Deborah is an experienced Practitioner in the Human Services field with extensive experience working across both the government and non-government sectors. Deborah has an in-depth understanding of the needs and challenges for individuals with complex therapeutic and behaviour support needs.

Areas of expertise include disability, positive behaviour support, family work, trauma, grief, loss, and bereavement. Deborah has provided specialist support to children and adults with a disability, their families/carers and service providers in educational/day

program, asylum seeker program, paediatric palliative care, and supported disability accommodation environments.

Deborah has a Bachelor of Applied Science (Intellectual Disability) and following the award of a Disability Pathways Scholarship in 2010, she also has a Post Graduate Diploma in Guided Imagery and Music Therapy. Deborah has engaged in professional development opportunities with the Institute of Applied Behaviour Analysis (IABA) and has completed the Enabling Quality Behaviour Support Planning program by the University of Melbourne and Scope (Aust) Partnership.

Deborah is registered as an NDIS Behaviour Support Practitioner and has intimate knowledge of the legislation and frameworks guiding practice for individuals subject to restrictive practices. Deborah is also a registered Guided Imagery and Music Therapist and is listed on the PACFA National Register of Psychotherapists and Counsellors as a Provisional Registrant.

Deborah is dedicated and committed to assisting individuals and their carers to fulfil aspects of their well-being and enhance overall quality of life.

At any time, a request to see the practitioner’s credentials can be made. This request should be made in writing.

Services Available

Behavioural intervention (Practice Foundation):

- The general relationship between a response and its consequences (or access to reinforcement) has been demonstrated throughout research to be responsible for the continued occurrence of problem behaviours (Iwata, Pace, Dorsey et al., 1994).
- Deficits across a persons’ repertoire of skills become contributing factors to the shaping of problem behaviours which function to access a reinforcement, through maladaptive means.
- Effective behavioural Intervention must be guided by assessments. The purpose of any assessment is to present information about the reasons why a person engages in problem behaviours in order to develop tailored intervention and effective risk management planning.

Assessment Procedures:

Functional Behaviour Assessment (FBA)	A functional behaviour assessment is a personalised and action oriented analysis of a person’s identified target behaviours which are consider a challenge for themselves and others, within the context of the environment the behaviour occurs. The purpose of this assessment isto consider the function of these behaviours and
--	---

	<p>develop interventions which provide the individual ways of accessing the goal (or reinforcement) identified in pro-social and independent ways.</p> <p>The empirical evidence supporting the application of an FBA to change behaviours, is strengthened when the assessment procedures rely on observations. Other forms of data collection may include a historical analysis, ecological analysis, functional interviews and direct observations.</p> <p>An FBA is considered complete when it can provide details for each of the following:</p> <ul style="list-style-type: none"> ○ Direct observations data of the behaviour (including a baseline) ○ A clear definition of the behaviour ○ Events/ circumstances which have demonstrated some pattern in predicting the occurrence of a behaviour ○ Consequences or events following a behaviour which appear to maintain or strengthen its occurrence. ○ A hypothesis of the function maintaining the problem behaviour. <p>This assessment should then guide the development of an intervention or Behaviour Support Plan.</p> <p>Additional Assessments to guide intervention planning include but are not limited to: Reinforcement Inventory, preference assessments, adaptive behavioural assessments, sensory profiles, communication, quality of life, attitudes checklist and goodness of fit.</p>
Risk assessment	<p>SBSS clinicians are trained in conducting an assessment of risk in relation to a person with an intellectual disability who engage in high-risk or offending behaviours. This assessment approach utilises contemporary assessment procedures within the field of forensic disability, and is further strengthened by the application of an FBA. All risk assessments will include recommendations about tailored intervention, and management of that person' risk towards self and others.</p>

Intervention Approaches:

Behaviour Support Plan (BSP)	A BSP is a person-centred plan designed to provide proactive support to an individual in order to teach functional skills and
-------------------------------------	---

<p>development and implementation</p>	<p>meet the person’s needs in positive ways. BSPs should always be based on functional assessments and input from the individual and the people relevant to him or her.</p> <p>If a BSP has been developed, SBSS clinicians <u>must</u> include training of carers and staff within their service delivery. At minimum, training should support carers and staff in implementing the BSP under minimal supervision and evaluating the effectiveness of the strategies for an individual through data recording and analysis.</p>
<p>Teaching, coaching and implementation oversight</p>	<p>Professional teaching and coaching for staff groups is available. SBSS clinicians work collaboratively with those who directly support service users to build their skill base and develop consistent strategy implementation.</p>
<p>Secondary consultation</p>	<p>SBSS clinicians are available for secondary consultations and professional briefings to other behavioural specialists on a case by case basis</p>
<p>Clinical Supervision</p>	<p>SBSS clinicians are registered to provide supervision for candidates pursuing their qualifications as a Board Certified Behavioural Analyst (BCBA).</p> <p>In addition, SBSS clinicians are very experienced in providing individual and group based reflective practice, clinical supervision and practice oriented goal setting.</p>
<p>Organisational consultation</p>	<p>SBSS Clinicians have worked across operational, practice and strategic roles within the community and government. SBSS can support organisations to envision and guide their strategic goals, complete project outputs including practice or supervision frameworks, and to support organisational decision making in relation to a specific practice issue or system/cohort analysis. SBSS applies a research oriented, social learning problem solving/ functional paradigm approach to consultations as a way to understand the root drivers for change and the barriers/ gap for effective implementation.</p>

Fees

The fees for behaviour support for NDIS participants are set at a standard rate by the National Disability Insurance Scheme. As of July 2019 the rate for specialist behaviour intervention support is \$214.41 per hour and the rate for behaviour management plan and training \$193.99 per hour.

For all other services, fees are negotiated at the outset of services and detailed within a service agreement.

If a short-notice cancellation is made, which is after 3pm the day before the service, or the service user is a no-show for a scheduled appointment, SBSS may charge up to 90% of the agreed price for the cancelled appointment.

For other cancellations, where the service user has provided notice of cancellation prior to 3pm the day before the scheduled service, SBSS will not charge a cancellation fee.

Hours

SBSS clinicians typically work from 9am to 5pm during weekdays. Early or late appointments may be arranged with the clinician to meet service provision requirements on a case by case basis.

Making A Complaint

Service users and relevant stakeholders have the right to complain if they feel an individual's rights are not being respected or are not happy with the quality of service provision. If you would like to make a complaint we ask that you first raise the issue with the relevant SBSS clinician. All measures to resolve dissatisfaction will be taken in an attempt to address the issue.

People may make a complaint to the NDIS Quality and Safeguards Commission if SBSS Director is unable to resolve their complaint. The NDIS Quality and Safeguards Commission works with complainants and disability support providers to resolve complaints. This may include informal discussions, conciliation processes or, under certain circumstances, formal investigation. People may make a complaint to the NDIS Quality and Safeguards Commission at any time by calling 1800 035 544 or via their website <https://www.ndiscommission.gov.au/>

If your issue is unresolved or you are unhappy with the outcome you may contact the Disability Services Commissioner (DSC). The DSC is an independent oversight body that works with people with a disability to resolve complaints about disability service providers and to improve the outcomes for people with a disability.

www.odsc.vic.gov.au/making-a-complaint

You also have the right to lodge a complaint about Behavioural Analysts with the Behavioural Analyst Certification Board (BACB) at anytime via their website www.BACB.com.

Consent

Prior to the provision of any service, SBSS requires consent to be provided from the individual(s) who will be in receipt of behavioural services regardless of age or nature of disability. This form must be filled in by the individual or an authorised party on behalf of the individual. The authorised individual consenting to the engagement of specialists behavioural services, must remain an ongoing party to the review and implementation of the service delivery.

Parties to this form, can withdraw consent at any time, which will take immediately and thereafter, this cannot occur retrospectively.

Privacy and dignity

SBSS respects the privacy and dignity of our service users. All personal information is confidential and stored in secure locations. SBSS retains service user information for seven years after service closure. There are some limitations to confidentiality- these are outlined in the points below:

- If abuse or neglect of a minor, person with a disability or elderly person is reported or suspected the clinician is required by law to report it to the relevant authorities that may include police and/or child protection
- If during the course of service the clinician receives information that the service user's or someone else's life is in danger the clinician has a duty to involve relevant authorities
- If a court order subpoena relating to a service user's records is received SBSS is required by law to produce the relevant information or to appear in court to answer questions regarding the service user and services rendered

SBSS abides by the obligations imposed by federal law, including the *Privacy Act 1988* *Privacy Act* and the *National Disability Insurance Scheme Act 2013 (NDIS Act)*. These laws require Specialist Behaviour Support Services, in certain circumstances, to disclose your personal information to another party outside of this agency in the course of providing services to you. The information collected in our forms, or by any other means, will be used to confirm your eligibility for and/or to provide you with services. Information collected will also be provided to the funding body for purposes which include:

- Service monitoring and evaluation;
- Confirmation of your eligibility for services;
- Statistical analysis;
- Resolving complaints made by you;
- Reporting; and

You have the right to request access to your information and to ask for it to be corrected if necessary. Under the Freedom of Information Act you can make a request in writing to Specialist Behaviour Support Services to obtain documents from your files. Written requests are to be addressed to the Director.

Supervision

SBSS complies with the NDIS PBS Capability Framework and we engage in regularly clinical supervision. This means that your practitioner may speak about issues related to your situation during supervision with another Specialist Behaviour Support Practitioner. All supervision sessions are confidential and are not shared with anyone else outside of that relationship.

The purpose of supervision is to ensure that practitioners are providing you the best quality of services.

You can access the NDIS PBS Capability Framework that your Behaviour Support Practitioner must comply with here:

<https://www.ndiscommission.gov.au/pbscapabilityframework>

If you have any concerns regarding this, please speak to your practitioner directly.

Clinical Governance Model

We specialise in complex cases, which sometimes require additional clinical consultations with a Director or Advanced/Specialist practitioner. When this occurs, we may bill for both practitioners' time. This will be flagged with the service user in advance whenever possible.

Consent and Authorisation Form

Name of person receiving services: _____

I, (*print name*) _____, of

(*Address*) _____

Provide consent for the provision of Behaviour Support services as detailed below:

<input type="checkbox"/> Perform assessments, conduct observations and intervention sessions in line with documented therapeutic or behavioural support plans and goals
<input type="checkbox"/> Provide recommendations, consultation, updates, reports, resources and training to support team and teaching staff

I provide consent for the exchange of information as specified below:

Name of individual or agency information to be exchanged with:

By signing this form, I agree that this form has been explained and understood.

I also agree that this form can be photocopied and still remain valid within 12 months from the date signed below.

Service User Name (print)		
Participant or Representative Signature:		Date:
Relationship to service user		