P038 BEHAVIOUR SUPPORT & RESTRICTIVE PRACTICES POLICY

1. Scope

This Operating Procedure applies to all employees and volunteers of District 360 across all services and supports delivered.

2. Purpose

The purpose of this Policy is to create a framework within which District 360 can include positive behavioural support as part of its daily services and support to individuals.

This Operating Procedure will assist District 360 to:

- maintain the safety and dignity of individuals
- minimise the frequency and severity of `behaviours of concern`.
- ensure that restrictive practices are used as an intervention of last resort
- ensure that staff receive training in the use of positive behaviour support interventions.
- Ensure that behaviour challenged participants are supported

3. Definitions

Behaviour Support Plan (BSP) – A document or series of linked documents that outline strategies designed to deliver a level of behaviour support appropriate to the needs of an individual person. A behaviour support plan is to have a preventative focus and is usually required to have a responsive focus. The plan should include multiple elements, reflecting the level of complexity, assessed needs, parameters and context of the service agreement. A BSP may be either (a) a comprehensive behaviour support plan; or (b) an interim behaviour support plan.

Behaviour Support Practitioner – a person with tertiary qualifications in psychology, special education, speech pathology, social work or other relevant discipline and/or training and experience in the provision of behaviour support and intervention – see entry for NDIS Behaviour Support Practitioner

Capacity – A person has capacity to consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action, and can communicate an intention to consent (or to refuse consent) to the decision or action.

A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability. A person may have the capacity to exercise privacy rights even if they lack the capacity to make other important life decisions.

Children and Young Persons – *Children, Youth and Families Act 2005* (Vic.), a Child is defined as a person under the age of 16 years.

A Young Person is defined as a person who is aged between 16 and 18 years.

Consent – Consent refers to the permission given by a person or legally appointed guardian (with authority to consent to restrictive practices). Consent must be obtained from the participant, or their guardian, prior to the authorisation of a RRP. (The Disability Act (2006) sets out who can consent to different categories of RRP).

Containment – Containment of an adult with an intellectual or cognitive disability means the physical prevention of the adult freely exiting the premises where the adult receives disability services, other than by secluding the adult. The adult is not contained, however, if they are an adult with a skills deficit only, and the adult's free exit from the premises is prevented by the locking of gates, doors or windows.

Duty of Care – This is a legal concept meaning the responsibility to take reasonable care to avoid causing harm to another person. A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.

Functional Behavioural Assessment – the process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour

Harm – Harm to a person means:

•physical harm to the person

•a serious risk of physical harm to the person

•damage to property involving a serious risk of physical harm to the person

NDIS Behaviour Support Practitioner – a person the NDIS Commissioner considers is suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.

NDIS Commission/Commissioner – The NDIS Commission regulates behaviour support for NDIS registered providers and monitors the use of restrictive practices. Providers should ensure that they comply with NDIS incident management and reporting requirements.

VIC will monitor restrictive practice authorisations. Service providers are required to maintain current information in the VIC RIDS system, which will meet requirements for reporting to the VIC Government. There are no additional routine reporting requirements to the VIC Government. A central team within VSP will oversee the Restrictive Practices Authorisation (RPA) function, and support service providers to comply with their obligations.

VIC RIDS System – The Restrictive Intervention Data System (RIDS) is the department's system for authorising and monitoring the use of regulated restrictive practices. Implementing providers will need to use RIDS to seek authorisation of the use of regulated restrictive practices.

Person Responsible – a person with legal authority to make decisions about medical or dental treatment for a person who lacks capacity to give informed consent. The "person responsible"

is defined in the *Guardianship and Administration Act 2019*. The person responsible is not the same as the next of kin.

Positive Behaviour Support – a philosophy of practice and a term to denote a range of individual and multisystemic interventions designed to effect change in people's behaviour and ultimately their quality of life. Positive behaviour support recognises that all people, regardless of their behaviour, are endowed with basic human rights and that any assessment, intervention or support should be respectful of those human rights and foster the exercise and experience of those rights. Positive behaviour support recognises that all human behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern. In order to bring about adaptive change, it is first important to understand the purpose of their existing behaviours, their aspirations and the range of knowledge and skills they already have.

Appointing an Authorised Program Officer (APO) - APOs play a key role in authorising the use of regulated restrictive practices. A registered NDIS provider who intends to use restrictive practices in Victoria must nominate an Authorised Program Officer. The appointment of APOs for registered NDIS providers must be approved by the Victorian Senior Practitioner.

Victoria Senior Practitioner - is responsible for ensuring that the rights of persons who are subject to restrictive interventions and compulsory treatment are protected, and that appropriate standards in relation to restrictive interventions and compulsory treatment are complied with.

Behaviours of Concern – behaviours that are of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or that are likely to seriously limit the person's use of, or access to, services or community facilities. Behaviours of concern are also known as challenging behaviours.

Behaviours of concern should be understood in the social context in which they occur. They should not automatically be interpreted as an expression of deviance or abnormality in an individual.

Behaviours of Concern may include:

- self-injury and self-mutilation which leads to physical trauma and/or disfigurement requiring medical attention;
- behaviour which has the potential to cause physical injury or emotional trauma to self or others;
- persistent refusal to follow necessary treatment procedures for medical conditions such as epilepsy, diabetes or other conditions that, if not treated, will further endanger the person's health;
- absconding;
- behaviour which is likely to elicit negative community reactions;
- sexual behaviour which puts the person or others at risk; or
- behaviour which has the potential to jeopardise the person's accommodation, work placement or day placement.

Any response to behaviours of concern must be based on an understanding that the behaviour;

- occurs in the context of the person's individual characteristics, lifestyle and environment (including the interpersonal environment);
- has many possible functions – including communicative – which must first be assessed and understood before an appropriate behaviour support strategy can be put in place.

The positive approach to behavioural support aims to create responsive service environments in which it is no longer necessary for the person with disability to resort to displaying behaviours of concern to have their needs met. It is based on the premise that all service recipients will benefit when services:

- have as their focus the achievement of positive outcomes for people with disability, including increased independence and community participation;
- are planned around the individual needs, goals and characteristics of the person with disability;
- are designed to promote the competence of, and enhance the community perception of people with disability;
- provide meaningful and rewarding lifestyle choices for people with disability.

Prohibited practice – any of the following:

•Aversion, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful

•Overcorrection, which is 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, which is 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 paediatrician

•Seclusion of children or young people, which is 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, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports

•Unauthorised use of a restrictive practice, which is the use of any practice that is not properly authorised and /or does not have validity or does not adhere to requisite protocols and approvals

Or

•are degrading or demeaning to the person

•may reasonably be perceived by the person as harassment or vilification, or

•are unethical.

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

•any form of corporal punishment

•any punishment that takes the form of immobilisation, force-feeding or depriving of food, and

•any punishment that is intended to humiliate or frighten the person

Restrictive Practices: Restrictive practice' means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

There are five categories of regulated restrictive practices that are monitored by the NDIS Commission.

- **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.
- **Chemical restraint** - 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** - 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** - 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.
- **Environmental restraint** - which restrict a person's free access to all parts of their environment, including items or activities.

4. Behaviour Support & Restrictive Practices

District360is committed to ensuring that clients with an intellectual or cognitive disability who exhibit behaviour that causes harm are supported with professional, evidence based strategies, in a safe environment with respect for the person's rights and needs.

District360is committed to providing services in a way that:

- ensures transparency and accountability in the use of restrictive practices
- recognises that restrictive practices should not be used to punish an adult or in response to behaviour that does not cause harm to the adult or others
- aims to reduce the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others
- aims to reduce or eliminate the need for restrictive practice.

Conduct comprehensive individualised assessment for all reports of challenging behaviours with the consent of the client or their legal guardian

Collaborate with the Behaviour Support Practitioner with involvement of clients, carers, families in the development of an individual plan to manage the challenging behaviour

Thoroughly document all reports of challenging behaviour, document and report to the Behaviour Support Practitioner to enable an effective evaluation of the intervention strategies

Support staff with person-centred training to ensure they have knowledge about a range of techniques and tools to assist them to appropriately implement the Behaviour support strategies within the person's Behaviour Support Plan.

Always manage challenging behaviour by implementing strategies to minimise risk of harm that have been approved by the person's nominated Behaviour Support Practitioner.

5. Positive Behaviour Support Plan Procedures

Staff must inform management if restrictive practices are being carried out unauthorised.

District 360 must report the use of a regulated restrictive practice with a NDIS participant to the NDIS Commission.

If the participant does not have a Positive Behaviour plan in place then the participant will need to engage with a Positive Behaviour practitioner who are considered suitable by the Commissioner to undertake functional behaviour assessments and develop behaviour support plans.

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 specify that any use of restrictive practices must be:

- Used only in response to a risk of harm to the person with disability or others, as a last resort.
- Authorised in accordance with any state or territory legislation and/or policy requirements
- In proportion to the risk of harm and used only for the shortest possible time.

If a restrictive practice is not included in a participant's behaviour support plan District 360 needs to report this as a reportable incident to the NDIS Commission within 5 days of the provider being made aware of this occurrence.

> *Note: Use of restrictive practices that are not detailed in a behaviour support plan or do not have the required authorisation and consent may constitute a reportable incident under the NDIS (Incident Management and Reportable Incidents) Rules 2018.*

The Positive Behaviour Specialist must then train District 360 staff on how to support the participant.

The Use of Physical Restraint: In crisis situations where the person's behaviour is posing an immediate and serious threat to himself/herself or others, physical restraint may, in some cases, be justified to prevent an even greater harm occurring.

Once off use of restrictive practices is likely to occur again, District 360 must take all reasonable steps to engage a behaviour support practitioner to develop an interim behaviour support plan within 1 month. The behaviour support plan must include information about the restrictive practice and how it is used.

To implement a Behaviour Support Plan (BSP), District 360 must be registered with the NDIS as an approved provider and meet the expected outcomes of the NDIS Practices Standards - Module 2a.

District 360 do not develop Positive Behaviour Support Plans.

Behaviour Support Practitioners are the only people who can conduct assessments and develop a positive behaviour support plan.

Where a comprehensive BSP including Restrictive Practices is required, the person's nominated NDIS behaviour support practitioner will be responsible for:

- assessing the participant's behaviours
- developing a behaviour support plan
- reporting via the Department of Human Services Restrictive Intervention Data System (RIDS) and the Q&S Portal (NDIS Commissioner).
- keeping records of the development and implementation of Restrictive Practices.

The behaviour support practitioner will coordinate a Restrictive Practices Authorisation (RPA) panel to:

- evaluate the BSP and protect participants rights
- authorise the BSP
- submit the BSP for approval by Human Services Restrictive Intervention Data System (RIDS), and
- notify the NDIS Commissioner (via the Q&S portal).

District 360 will:

- ensure that proper consent is obtained for all use of Restrictive Practices;
- demonstrate a commitment to reducing and eliminating restrictive practices through policies, procedures and practices;
- ensure compliance with the RPA policy and guidelines issued by the VIC Department of Health & Human Services and Victorian Senior Practitioner Directions;
- ensure that behaviour support plans have been prepared by an approved NDIS behaviour support practitioner
- Ensure all workers implementing behaviour support strategies are appropriately trained, qualified and supported, this includes undertaking professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices;
- Participate in the quality and compliance aspects of the RPA, including, convening the RPA Panel if required;
- report any unauthorised use of restrictive practices to the NDIS Quality & Safeguards Commission as required;
- support participants to raise concerns, make complaints and ensure these are effectively resolved as per the complaints procedure.
- On a regular basis we will work with the Behaviour Support Practitioner to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.

- Engage the Practitioner to facilitate or deliver person-focused training, coaching and mentoring to our team and, with each participant's consent, their support

network (where applicable); training covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies, and the safe use of a restrictive practice.

- Engage the Practitioner for ongoing support and advice, with the participant's consent, to address arising issues or barriers to implementation.

Responsibilities

To effectively implement the behaviour support plan, District 360 will identify and allocate competent workers to:

- implement strategies that have been identified in the plan, only; and
- Keep accurate records to support the evaluation of the effectiveness of current approaches
- Record and report the use of restrictive practices, including regularly report the use of restrictive practice to the NDIS Q&S Commission (See more on record keeping and reporting;
- Notify the behaviour support practitioner if there are any changes in the participant's context that may require the BSP to be reviewed;

Behaviour Support Practitioners are the only people who can conduct assessments and develop a positive behaviour support plan.

Behaviour Support Practitioners are professionals who:

- have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans;
- meet behaviour support requirements including lodging behaviour support plans that include restrictive practices with the NDIS Q&S Commission;
- ensure compliance with the RPA policy and guidelines
- undertake ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.
- Our participant's nominated Behaviour Support Practitioners will collaborate with District 360 workers to support the implementation of the behaviour support strategies identified within the behaviour support plan.
- On a regular basis we will work with the Behaviour Support Practitioner to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.
- The Practitioner will facilitate or deliver person-focused training, coaching and mentoring to our team and, with each participant's consent, their support network (where applicable); training covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies, and the safe use of a restrictive practice.
- The Practitioner will offer ongoing support and advice, with the participant's consent, to address arising issues or barriers to implementation.
- They will also provide support to us when there has been a reportable incident involving the use of restrictive practices.
- We are committed to working closely with the Practitioner to address such situations. If the Practitioner has concerns the supports and services are not being implemented in accordance with the behaviour support plan. They have a responsibility to report this to the NDIS Commission as a reportable incident.

CRISIS PROCEDURE	CRISIS RESPONSE
A crisis response may be required in situations where: • there is a clear and immediate risk of harm linked to behaviour(s), specifically new or a previously unexperienced degree of severity in the escalation of behaviour, and • there is no interim or comprehensive Behaviour Support Plan in place. A crisis response should: • involve the minimum amount of restriction or force necessary, • the least intrusion and be applied only for as long as is necessary to manage the risk; • never be used as a de facto routine behaviour support strategy. Where a crisis response includes the use of a RRP, the use is unauthorised and constitutes a reportable incident (see RRPs as Reportable Incidents below, and the Incident Management Policy and Procedure). Until authorisation is obtained it remains an unauthorised restrictive practice. Each occasion where the practice is used constitutes a reportable incident.	Where it is anticipated that a crisis response will be needed again, it must be included in a comprehensive or interim behaviour support plan and authorisation for its use must be sought. A registered behaviour support practitioner must be engaged to develop a BSP, and must develop: an interim behaviour support plan that includes provision for the use of the regulated restrictive practice within 1 month after being engaged to develop the plan; and a comprehensive behaviour support plan that includes provision for the use of the regulated restrictive practice within 6 months after being engaged to develop the plan.

Within one month:

- Consent should be obtained.
- Interim authorisation should be sought from a designated senior manager, within District 360 or another service provider working with the participant, who would meet the criteria to convene an RPA Panel.
- The CEO (or suitable delegate) should consider the content of the interim plan for behaviour supports and be satisfied that the strategies outlined represent the least restrictive of alternative options which have an adequate evidence base for managing the risk.
- The CEO (or suitable delegate) should specify **the duration of the interim authorisation, which should be the shortest duration required to manage the risk, and must not be longer than five months.**
- The CEO (or suitable delegate) **must report fortnightly to the NDIS Quality and Safeguards Commission on any use of restrictive practices, for the duration of the interim authorisation.**

Within six months:

- Authorisation for a comprehensive BSP should be obtained, or
- Restrictive practices must be discontinued.

- Where approval for the short-term use of RRPs has been obtained, District 360 must submit reports to the NDIS Commission every 2 weeks while the approval is in force

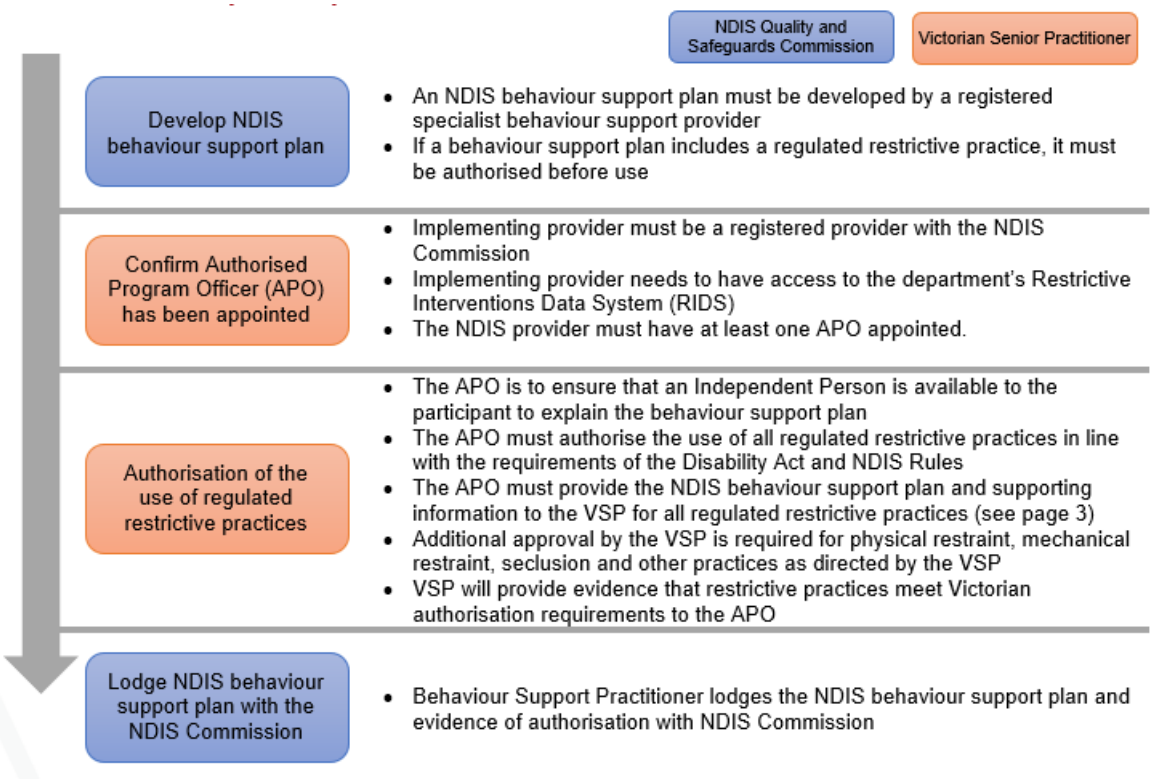
INTERIM BSP

Where appropriate, the behaviour support practitioner may develop an interim plan for behaviour supports (including RRPs) that prescribes the following:

- strategies to prevent the onset of the behaviour of concern;
- strategies to intervene during the escalation of the behaviour of concern;
- strategies to manage during the occurrence (i.e., incident) of the behaviour of concern in order to de-escalate and conclude the incident as quickly and safely as possible;
- information recording, including that prescribed for reporting the use of the restrictive practice.

Interim BSP template https://www.ndiscommission.gov.au/document/1446

APPROVAL FLOWCHART



A BSP must be developed prior to the authorisation of a Regulated Restrictive Practice.

A behaviour support practitioner must develop a BSP that meets the requirements of the NDIS Commission. For example, it should:

- be developed in consultation with the person with a disability, their support network and implementing provider;
- be considered alongside alternatives that do not require restrictive practices;

- be based on a comprehensive biopsychosocial assessment including a functional behavioural assessment
- contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
- be aimed at reducing and eliminating restrictive practices
- be developed in a form approved by the NDIS Commissioner and lodged with the NDIS Commission
- lodged with the RD360 System
- be reviewed as specified below.

The Behaviour Support Competency Framework provides detailed guidance on the issues that should be considered when developing a BSP.

Consent must be obtained from the participant, or their guardian, prior to the authorisation of an RRP.

Consent must be voluntary, informed, specific and current.

Voluntary consent: A person must be free to exercise genuine choice about whether to give or withhold consent. This means they haven't been pressured or coerced into make a decision, and they have all the information they need in a format they understand. Voluntary consent requires that the person is not affected by medications, other drugs or alcohol when making the decision.

Informed consent: A person's capacity to make decisions will vary depending on the type of decision or its complexity, or how the person is feeling on the day. The way information is provided to a person will also affect his or her capacity to make decisions. Choices must be offered in a way that the person understands, for example by using images or signing.

Support, where required, must be provided for the person to communicate their consent.

Specific consent: Consent must be sought for the specific restriction each time authorisation is sought.

Current consent: Consent cannot be assumed to remain the same indefinitely, or as the person's circumstances change. People and guardians are entitled to change their minds and revoke consent at a later time.

Restrictive Practice Auhtorisation panel

The role of the RPA Panel is to:

- appraise the need, risk, applicability and outcome of a restrictive practice for a person with disability with reference to the person's needs, quality of life and living context
- sanction the use of restricted practices as a component of a documented BSP
- ensure that people who receive a behaviour support service are protected from exploitation, abuse, neglect, and unlawful and degrading treatment
- ensure that consent is in place for any recommendation for the use of a restrictive practice
- consider the appropriateness of a documented support plan or strategy
- ensure the appropriate documentation is available and contains information that is sufficiently evidence-based to justify the strategies being requested, and

- ensure the timely reduction and cessation of restrictive practices.

The RPA panel comes to a decision by consensus based on the documented application and the information supplied by the presenting applicant. The decision must be unanimous.

The discussion and determination centres on the justification for the proposed strategy, alternatives, and risks / benefits to the NDIS participant and those around the person.

An RPA panel is to have a regular schedule to enable:

orderly consideration and progressing of Restrictive Practice applications; and

regular monitoring, review and reporting of restrictive practices in accord with the requirements set out by the Commission.

Registered providers should ensure they have a way of tracking practices nearing the end of their authorisation validity to prompt timely re-submission for renewal of authorisation

RPA Panel

An RPA panel should operate at arm's length from the contributors to the documented support plans or strategies, in order to best evaluate the recommendations within the context of the provider's operations.

No member of the RPA Panel can bring an application for the Panel's consideration.

Service providers collaborate to convene joint panels, or access existing panels operated by providers with greater RPA volumes. The Central Restrictive Practices Team in FACS may be able to provide information about service providers that currently convene panels.

An RPA Panel must include a minimum of two people:

- a senior manager familiar with the operational considerations around the use of a restrictive practice in the intended service setting, who chairs the RPA Panel
- a specialist with expertise in Behaviour Support, can be provided by FACS or sourced by other means, who is independent of the service provider.

An RPA Panel may include additional members, such as:

- a senior clinician familiar with the clinical governance considerations around the use of a restrictive practice in the intended service setting,
- a member of the community, or an advocate.

Authorisation of RRPs

Restrictive practices authorisation is endorsement for identified restrictive practices to be implemented with a certain individual, in a particular service setting, by associated staff and under clearly defined circumstances.

The use of RRPs must be authorised. There are three requirements for authorisation:

1. a BSP is developed, and
2. informed consent is obtained by the participant or their guardian, and

3. authorisation is approved by an RPA Panel.

Requests for RRP approval must be submitted via the RD360 system by an NDIS Approved Behaviour Support Practitioner.

Minimum Requirements for use of RRPs

The RRP must:

- be clearly identified in the BSP;
- be authorised in accordance with Victorian Department of Health and Human Services processes;
- be used only as a last resort in response to risk of harm to the person with disability or others, and after the provider has explored and applied evidence- based, person-centred and proactive strategies;
- be the least restrictive response possible in the circumstances to ensure the safety of the person or others;
- reduce the risk of harm to the person with disability or others;
- be in proportion to the potential negative consequence or risk of harm; and
- be used for the shortest possible time to ensure the safety of the person with disability or others.

In addition, the person with disability to whom the BSP applies must be given opportunities to participate in community activities and develop new skills that have the potential to reduce or eliminate the need for regulated restrictive practices in the future.

FIVE regulated restrictive practices

1. **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;

2. **chemical restraint** – 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;

3. **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 but does not include the use of devices for therapeutic or non- behavioural purposes;

4. **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.

5. **environmental restraint** – restricting a person's free access to all parts of their environment, including items or activities.

Record Keeping and Reporting

Records of the use of RRPs will include a description of the use of the regulated restrictive practice, including:

- the impact on to the person with disability or another person;'
- any injury to the person with disability or another person;
- whether the use of the restrictive practice was a reportable incident; and
- why the regulated restrictive practice was used;
- a description of the behaviour of the person with disability that lead to the use of the regulated restrictive practice;
- the time, date and place at which the use of the regulated restrictive practice started and ended;
- the names and contact details of the persons involved in the use of the regulated restrictive practice;
- the names and contact details of any witnesses to the use of the regulated restrictive practice
- the actions taken in response to the use of the regulated restrictive practice;
- what other less restrictive options were considered or used before using the regulated restrictive practice;
- the actions taken leading up to the use of the regulated restrictive practice, including any strategies used to prevent the need for the use of the practice.

Record keeping should document both:

- compliance in the use of RRPs; and
- the reduction and minimisation of RRPs and the use of alternatives, where possible.

Records should include:

- behaviour support plans proposed and authorised;
- RPA Panel decisions to authorise BSPs;
- RPA Panel decisions to reject or modify BSPs.

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

Reporting & Incidents

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

Unauthorised use restrictive practices must be reported to the NDIS Commission within 5 business days. Forms are available on the NDIS Commission website

Use of Prohibited Practices (see Definitions) must be reported immediately (within 24 hours of key personnel becoming aware of the incident). Forms are available on the NDIS Commission website.

If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ.

See the Incident Management Policy and Procedure for further details relating to reporting incidents to the NDIS Commission.

District 360 must report to the NDIS Commission

- monthly reports regarding the use of regulated restrictive practices;
- every 2 weeks where approval has been obtained for short term use of a regulated restrictive practice and while the approval is in force.

6. Strategies

District 360 will use the following strategies to achieve the goals of this Operating Procedure:

Person-centred approaches: District 360 will employ a person-centred approach which helps identify the needs and goals of the service user and emphasizes community participation, meaningful social relationships, more opportunities for choice, the creation of valued roles respected by others and ongoing development of personal competencies.

Inclusion of relevant stakeholders: District 360 believes that Positive Behaviour Support works best when the relevant people who live with the service user in different environments are involved in the assessment, planning and implementation of positive support strategies.

Assessment-based intervention: District 360 subscribes to the fact that Positive Behaviour Support uses assessments that look beyond the behaviour itself and more towards the social, emotional, cognitive and/or environmental factors influencing the behaviour. A functional assessment offers a better understanding of the function or purpose behind behaviour.

Behaviour support plans: Following a comprehensive assessment of the person's needs and their environment, District 360 will take all necessary steps to develop a behaviour support plan. The plan aims to summarise the supports the service user and their carers, staff and family need to make positive changes to address unmet needs.

Staff development: District 360 will Endeavor to educate and train its staff so as to equip them with the skills to develop effective behaviour management plans and build a better understanding of the service user`s behaviour. District 360 will ensure staff receive training in Positive Behaviour Support.

Environmental re-design: District 360 does believe that Behaviour is influenced by the environment of the service user. As such, District 360 will apply Positive Behaviour Support as a way of looking at the goodness of fit between the service user and the environment they find themselves. It could include changing factors such as staff attitudes, physical factors such as reducing noise levels or ensuring increased choices to the person with disability.

Systems change: District 360 is fully aware that there exists a broad range of issues that may influence the implementation of Positive Behaviour Support and that these may need to be addressed in a system change process. Changes may include reviewing the mission, vision and values of District 360 and its service, using administrative support for buy-in and accountability, changing policies and procedures, developing and educating staff, promoting collaboration and ensuring consultation and technical assistance is available

7. Performance Standards

This policy will be made available to service users prior to the provision of service to them and the creation of their service user record file. This policy will be reviewed on a two-yearly basis,

with consultation and appropriate participation of District 360 stakeholders, in the context of disability and community support services. All District 360 staff will be informed of and be familiar with the Operating Procedure, and staff will undertake training on the policy within District 360.

All staff and volunteers are responsible for their own individual actions in complying with the Operating Procedure.

8. Other relevant District 360 policies

Staff, especially managers and supervisors, are encouraged to read this policy in conjunction with other relevant District 360 policies, including;

- Cultural Security for Participants Policy
- Individual Needs Policy
- Privacy and Confidentiality Policy
- Cultural Security for Participants Policy
- Incident Management Policy and Procedures

9. Relevant Legislations and Standards;

- Disability Services Act 1993
- National Standards for Disability Services
- Regulated guide to restrictive practices

10. More information

If you have a query about this policy or need more information, please contact the management team at info@district360.com.au

11. Review details

Approval Authority	Tanya Johnston
Responsible Officer	Vi Nguyen
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