

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

1. Purpose

To provide clear guidelines and definitions around managing clients with behaviours of concern and in some instances the use of approved restrictive practices that meet the requirements set out in relevant legislation so that staff can assist clients manage behaviours, risks and serious incident.

The policy will enforce a standard of service delivery that upholds the rights of Subee clients. The procedure aims to promote dignity, independence and safety of clients.

It will clearly state:

- the requirements in the management of complex behaviours in the provision of services in the home and community
- Which restrictive practices are regulated,
- Using restrictive practices to keep clients safe,
- Provider (Subee Pty Ltd) obligations.
- Behaviour support Plans (BSP) implementation and
- Authorisation arrangements for restrictive practices.

2. Scope

This policy applies to all Subee employees; community support workers (CSW), nursing and administrative staff.

This policy is written in accordance with Guidelines from: National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and iCare Insurance and Care NSW Restrictive Practice Policy July 2021.

3. Relevant Subee Documents

This policy should be read in conjunction with Subee:

- Reportable Incident and Management Policy
- Client Rights and Responsibility
- Code of Conduct Child Safe Policy
- Risk Management Policy
- Incident Management Policy
- Mandatory Reporting
- Restrictive Practices and Restraints in the Community – Aged Care

4. Definitions

Behaviours of Concern

A behaviour of concern is any behaviour which causes stress, worry, risk or actual harm to client, staff, family members or those around.

Examples of behaviour of concern can include:

Verbal disruption
Physical aggression
Repetitive actions or questions
Resistance to personal care
Sleep disturbance
Wandering or intrusiveness
Socially inappropriate behaviour
Problems with eating
Refusing to accept services and
Sexually inappropriate behaviour

Complex Behaviours are behaviours of concern with such intensity, frequency and duration to impact the quality of life and safety of the client and those around the client. These behaviours are likely to lead to responses that are restrictive, aversive or lead to seclusion.

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 1 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

Prohibited Practice is any practice which interferes with a client's basic human rights, are unlawful or unethical in nature, and are incompatible with the objects and principles of the Disability Inclusion Act 2014. The Quality of Care Principles 2014 has been amended to include Minimising the Use of Restraints. If an organisation uses restrictive practices such as physical or chemical restraint, these are expected to be consistent with best practice and used as a last resort, for as short a time as possible and comply with relevant legislation

Restrictive Practices are support strategies designed to influence or change behaviours as part of an approved behaviour support plan. **Restrictive practices may only be implemented with an approved behavioural support plan.**

There are **five types of restrictive practice** outlined in Rules:

- seclusion, which is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted
- chemical restraint, which is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness, or a physical condition
- mechanical restraint, which is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes
- physical restraint, which is the use or action of physical force to prevent, restrict or subdue

movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person

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

Restrictive practices are:

- Implemented by trained support workers
- Form part of a behaviour support plan
- Are subject to record keeping and monitoring
- Require guardian or other approved consent

5. Behaviours of concern

The behaviour needs of the clients are identified on admission in consultation with the client(where appropriate), guardian, and any allied health or medical team involved if required.

Any assessments regarding the client's behaviour are collected at client onboarding. Role in behavioural support strategies for Subee Newlake staff are clarified with behavioural support plan author. Copy of existing behaviour support plan is obtained with client consent.

Any clients with behaviours of concerns will be supported with Behavioural Support Plans. This will be available for be staff to read. Training will be arranged for support workers if required.

An individual care plan noting the behaviour and what triggers certain types of behaviour is developed.

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 2 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

Interventions are evaluated regularly to ensure ongoing effectiveness.

Incident reports are used to capture accident/ incident behaviours which include aggressive, abusive (verbally and physically) as well as inappropriate behaviours.

Exception reporting of client behaviour is captured on the progress notes.

Referrals are made to appropriately skilled professionals to support client with particular behaviour of concern.

Any behaviours of concern that pose a risk to the safety and well-being of others have a client risk assessment completed to ensure that appropriate risks are managed and mitigated in accordance with the individual needs and preference of the client.

All behaviours of concern will be managed through the utilisation of non-pharmacologic interventions, pharmacologic interventions are at the discretion of the treating medical officer

6. Restraint free approach

Clients are to be treated in a fair and equitable manner when seeking access to support services and are involved in the process of identifying supports to meet their assessed needs to achieve the desired outcomes.

Support workers document in progress notes concerns regarding changes in clients wellbeing and behaviour. Service Coordinators follow up with identified concerns.

To promote a restraint free approach

Model positive behaviour;
Be consistent;

Set clear expectations;

Explain what you are going to do (your actions)

Try not to rush and act calmly;

Acknowledge positive efforts;

Evaluate and review successes;

Identify early warning signs/agitation and changes early;

Enhance opportunities for decision making;

Show respect and treat the person with dignity at all times;

Ensure clients are not in pain, sick or underlying medical issues;

Ensure they get enough sleep;

Ensure they are not trying to communicate a need that others are not understanding;

Have consistent staff that the person enjoys having around;

Have consistent routines that support the needs of the person;

Have client's behaviour support plan or plan of care reviewed;

Document and track trends in behaviour

Behaviours of concern to be discussed with clients service coordinator.

7. Identifying a Restrictive Practice

Any suspected unauthorized restrictive practice is to be reported to line management or after hours immediately.

Incidents should be escalated to management immediately. Management to fill out a NDIS Reportable Incident Form or inform iCare case manager immediately.

Team leaders will report any suspected restrictive practice used without a Behavior Support Plan (BSP) to NDIS Commission within 24 hours of becoming aware of the RP via the NDIS My Reportable Incident page.

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 3 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

Team leaders will report any suspected restrictive practice used without a Behavior Support Plan (BSP) to iCare case manager via phone and in within 24 hours of becoming aware of the RP.

If the client is directly case managed by Subee, service coordinator will liaise with client, guardian, and COS to have a BSP developed if appropriate for client, staff or others safety. Client or guardian consent gained.

Once **Interim BSP** is developed Subee can lodge a restrictive practice submission with RPA.

Use of an unauthorized RP whilst waiting for panel approval will be reported to NDIS Commission as a reportable incident within 5 days.

Subee staff must be trained on Interim BSP by the behavioural support specialist. Meeting minutes to be recorded.

Subee CSW to complete data collection and clients service coordinator to upload monthly to the RPA portal.

Where restraint is a requirement by law – for example a seat belt or wheelchair restraint during transportation, CSW must adhere to Australian law and a Behaviour Support Plan is not required.

In the case of a third party brokered service a behaviour support plan should be supplied if required for an authorized RP. Subee support workers would request training in the implementation of the BSP by the behaviour support specialist

8. Reporting

Subee staff need to identify all current clients who are subjected to regulated restrictive practices or Behavioural Support Plans. Refer to Intake & Assessment form, Client Support Plan, Progress reports, Incident reports and Track Incident register and CAR's.

All unauthorised restrictive practices must be reported on and recorded on Track the organisations Quality Information and Management System.

Subee will report on:

- restrictive practice in relation to behaviour support plans that have been lodged with the NDIS Commission and
- on restrictive practice use that is not detailed in a behaviour support plan.
- **Any restrictive practice used without a Behavior Support Plan (BSP) must be reported to NDIS Commission within 5 business day of it occurring via the NDIS My Reportable Incident page.**

Behaviour Support Plans lodged with the NDIS Commission will already have a Plan ID.

Restrictive practices reporting is completed on the NDIS portal and the Restrictive Practice Authorisation Portal via NSW Community and Justice webpage.

The NDIS Commission is to be notified of:

- any existing behaviour support plan (developed prior to 1 July 2018)
- Notice of existing behaviour support plans containing regulated restrictive practices (s26)

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 4 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

- Notice of a regulated restrictive practice that does not require authorisation under a state process (s28)

Process for BSP & Restrictive Practice Authority

Restrictive practices must:

- Not occur when the relevant State and Territory prohibits their use;
- Be undertaken in accordance with State and Territory authorisation processes and a behaviour support plan;
- Be recorded by the provider and reported to the Commissioner, so that the Commissioner can effectively monitor the use of regulated restrictive practices in the NDIS.

The use of all regulated restrictive practices will need to be authorised and evidence of this authorisation must be lodged with the Commissioner.

The RPA application needs consent from the client or their guardian. This documentation should be kept in the clients file

Regulated restrictive practices must only be used in accordance with a participant's Behaviour Support Plan (BSP). This plan will need to be developed by a registered specialist behaviour support provider. These providers must be Registered and Certified by the Quality and Safeguarding Commission. They are also the only people that can review a BSP.

Subee support staff are trained and supported with implementation of client BSP by BSP provider. As Subee does not have a BSP, this will be an external professional.

Subee service coordinator will collaborate with the registered specialist behaviour support provider to coordinate training for support workers to implement BSP.

The service coordinator will liaise with support staff and specialist behavioural support provider to ensure requested recording and documentation of BSP is occurring adequately and appropriately.

Further training or clarification will be sort for support workers if the need is identified by support workers, client, advocate or specialist behavioural support person.

Where there is no BSP in place the registered specialist behaviour support provider will provide an interim BSP considering the least restrictive practice until the BSP is completed and lodged. This will occur within 1 month of a restrictive practice being used or proposed.

A comprehensive BSP will be developed within 6 months by a registered specialist behaviour support provider.

Behavioural support plan will be attached to client files on Track.

Behavioural support practitioners employed or engaged by specialist behaviour support providers will be registered with NDIS Commission. (Check to occur on the RPA portal)

9. Restrictive Practice Authorisation (RPA) panel

Authorisation of BSP must be approved and documented by a Restrictive Practice Authorisation (RPA) panel.

The PRA Panel would be convened by the Behavioural Support Specialist developing the BSP

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 5 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

and consist of at least 2 members including a specialist with expertise in Behaviour Support. Additional members can be included for example a senior clinician or advocate. Department of Community and Justice DCJ can provide an independent specialist if required. Subee management will offer to sit on the RPA panel of any Subee clients with a BSP.

- i. The RPA panel will record its decision in a formal Outcome Summary.
- ii. Subee will be notified of outcomes and expiration of the restrictive practice authority.
- iii. Consistency of implementation across staff and individuals is of high importance.
- iv. Roles, responsibilities, and delegations should be well defined
- v. Should be monitored, evaluated, and changed to produce the best possible outcome for the client
- vi. Behaviour management plans must be approved by the NDIS commission.

10. Process for Behavioural Support Plan iCare Clients

Any restrictive practice used without a Positive Behavior Support Plan (PBSP) must be reported to iCare within 1 business day of it occurring.

Informed consent must be obtained from the client or their guardian.

A PBSP must be developed by a positive Behavioural Support practitioner based on a plan that after assessment indicates the reason for the behaviour and a written report must be provided.

Authorisation must be approved and documented by a Restrictive Practice Authorisation (RPA) Panel.

Subee is to notify iCare within 1 business day of the event or changes to client's behaviour and start the process to arrange BSP.

iCare will set up and run the panel. Subee Management will be willing to participate in the panel meeting

There is No monthly reporting required

Subee support staff to record in progress notes client behaviour and frequency of restrictive practice use

Maximum length of Authorisation of BSP with RPA panel is 12 months.

11 Desired Outcome

Reduce and eliminate the need for Restrictive Practices in the home and community setting and achieve and implement their documented Positive Behaviour Support Plan (PBSP) relevant to each individual Client's needs.

To maintain quality and safe standard of care and support. Protect and safeguard clients.

12. Review

During the review process ascertain if the restrictive practice still needed. If fading out strategies have been met. Behaviour Support Practitioner will report on data analysis trends.

A review date will be set at the restrictive practice authority panel meeting.

Subee CSW will implement data collection. The service coordinator will be uploaded to the portal monthly. Review of restrictive practice by Behaviour Support Practitioner will include report on data analysis collected.

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 6 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE

If nothing is entered under the behaviour of concern that relates to the restrictive practice, consider the need for ongoing use of the practice.

This will be discussed at the panel review meeting and whether the restrictive practice can be ceased or a lessor restrictive practice can be implemented. Any changes to the BSP require CSW to be retrained in the implementation of the new BSP.

Unauthorised restrictive practices are a Reportable Incident and should be documented accordingly. Refer to Reportable Incident and Management Policy.

Document any incident reports to Subee Quality Information and Technology System TRACK.

Track incident register to be kept up to date by all staff and overseen by Subee Quality & Safety Co-Ordinator.

9. Responsibility & Authority

Under the NDIS Commission, registered providers who use restrictive practices (implementing providers) are required to comply with the NDIS Quality and Safeguarding Framework, which is underpinned by the same high-level guiding principles, including human rights and a person-centred approach as the national framework. <https://www.legislation.gov.au/Details/F2020C01087>

The rules are based on the Quality and Safeguarding Framework and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector (the Restrictive Practices Framework).

Implementing providers are required to:

- Be registered with the NDIS Commission for the type of support they are providing (implementing BSP).
- Submit monthly reports to the NDIS Commission on the use of restrictive practices
- 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
- Help employees, clients, their families, and other decision-makers to understand the NDIS Commission's behaviour support function

The business owner- Clinical Team Leader and Quality Coordinator has responsibility and authority to ensure this procedure is followed.

Service coordinators have the responsibility of enforcing this policy and procedure in service delivery and ensuring that care staff are implementing the BSP correctly.

All employees are responsible for knowing unregulated Restrictive Practice reporting guidelines.

Clients Service Co-ordinator will be the Authorised Reporting Officer (ARO) to complete the monthly reports to the NDIS Commission via the PRA portal.

Subee Newlake Team Leaders will be the Subee management representative for the Restrictive Practice Panel

P- Managing Behaviours of Concern -Restrictive Practices and Behavioural Support in the Community	Printed docs are uncontrolled. View current documents on Subee Intranet	
V1	01/08/2023	Page 7 of 8

Managing Behaviours of Concern

Restrictive Practices and Behavioural Support in the Community

POLICY AND PROCEDURE



Aged Care • Disability Support • Families & Respite • NDIS



Aged Care • Disability Support • Families & Respite • NDIS