



NDIS Quality
and Safeguards
Commission

Behaviour Support in the NDIS

NDIS Quality and Safeguards Commission

Debra Corfield

Assistant Director Behaviour Support

Functions of the NDIS Commission



Registration and quality assurance

Code of conduct

Worker screening

Reportable Incidents

Complaints

Behaviour Support

Information and capacity building

Compliance, investigations and enforcement





Behaviour Support

Behaviour Support



Aims to improve quality of life through individualised strategies that:

- are responsive to the person's need
- reduce the occurrence and impact of behaviours of concern
- minimise the use of restrictive practices



The role of Behaviour Support – *Raising the bar*



- Safeguarding the rights, dignity and quality of life of people with disability
- Promoting the reduction and elimination of restrictive practices
- Building the capacity of behaviour support practitioners
- Developing policy and guidance materials
- Providing education, training and advice to implementing providers
- Monitoring and analysing the use of restrictive practices
- Assisting the states and territories to develop nationally consistent definitions and minimum standards for authorisation of restrictive practices

Regulated Restrictive Practices



Restrictive practice:

“Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability” (NDIS Act 2013 s9)

Regulated restrictive practices:

- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Environmental restraint



(NDIS (Restrictive Practices and Behaviour Support) Rules 2018 s 6)

Seclusion



Refers to *“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.”*

For example:

- “Time out” where a person is locked in a room on their own and where exit is prevented or not facilitated
- A person being locked in their home alone where they are unable to leave when they choose

Chemical Restraint



Refers to *“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.”*

For example:

- Being prescribed medication for aggression or self-injury
- Being prescribed medication for emotion regulation difficulties in the absence of a mental health diagnosis



Mechanical Restraint



Refers to *“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.”*

For example:

- Using splints or a helmet to prevent a person from self-harming
- Using a bodysuits to prevent a person from faecal smearing or masturbating



Physical Restraint



Refers to “The use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered as the exercise of care towards a person.”

For example:

- Holding down any part of a person’s body to stop a behaviour of concern
- Forcefully leading or pulling a person in a direction they do not want to go

Environmental Restraint



Refers to strategies which *“restricts a person’s free access to all parts of their environment, including items or activities.”*

For example:

- Preventing a person from accessing their own possessions
- Preventing access to a certain area in their environment, such as the backyard



Regulated Restrictive Practices (continued)



Regulated restrictive practices can only be used in the context of:

- Reducing the risk of harm to the person with disability or others
- Clearly being identified in a Behaviour Support Plan
- Authorisation (however described) by the state/territory where require
- Only being used as a last resort
- Being the least restrictive response available
- Being proportionate to the potential harm to self or others
- Being used for the shortest possible time
- The NDIS participant being given opportunities to develop new skills that have the potential to avoid the need for a restrictive practice.

Provider Registration Requirements



Specialist Behaviour Support Providers:

- Must be registered with the NDIS Commission for specialist behaviour support (under registration group 110)
- Must use NDIS behaviour support practitioners

Providers Implementing Restrictive Practices:

- Must be registered with the NDIS Commission for the class of support that they provide
- They do not need to be registered for group 110 unless they are undertaking functional behaviour assessments and / or writing behaviour support plans
- Must be audited against Module 2A Implementing Behaviour Support Plans

Developing Behaviour Support Plan



Specialist behaviour support providers are required to:

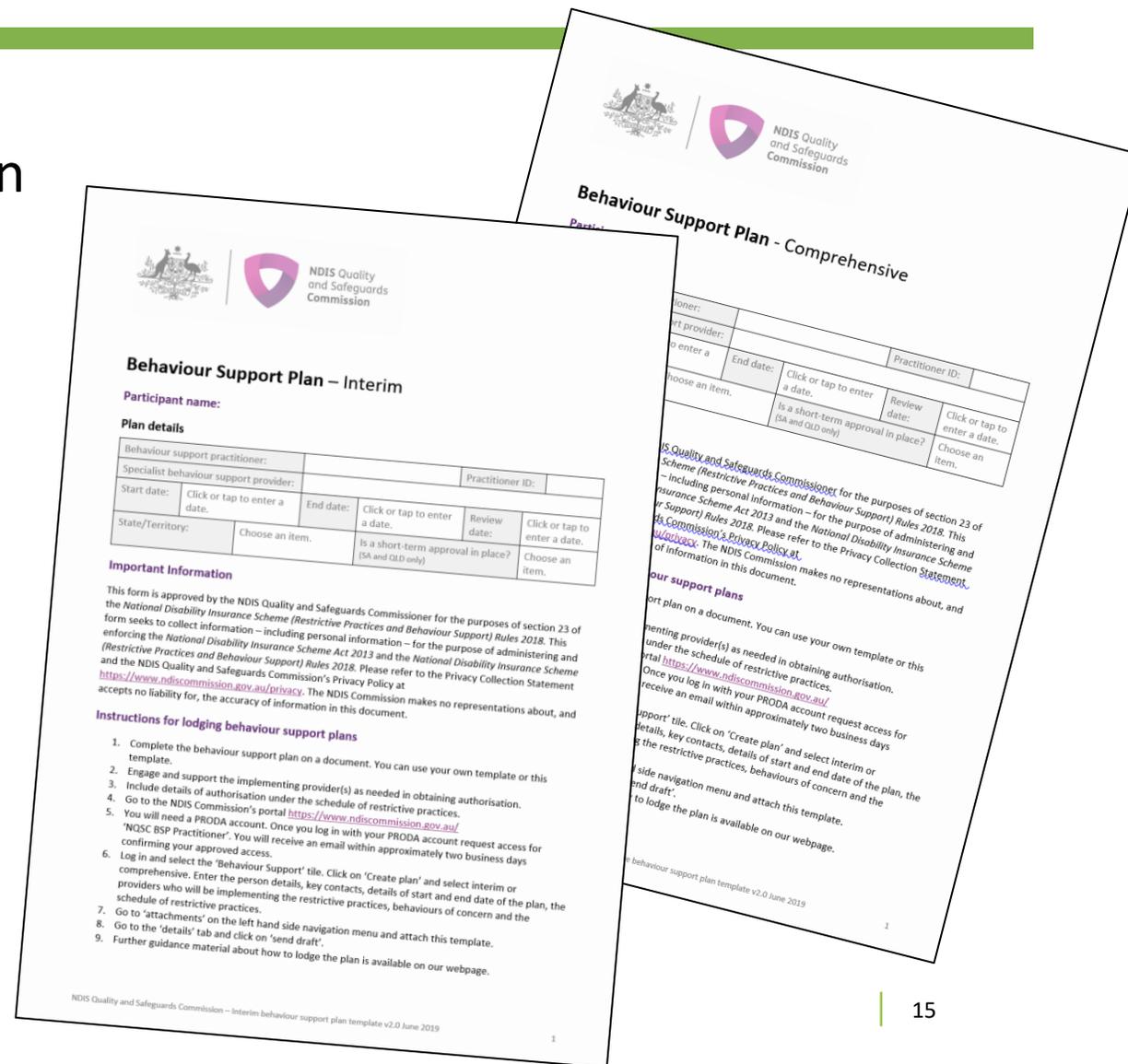
- Develop an Interim Behaviour Support Plan within 1 month of being engaged, and a Comprehensive Behaviour Support Plan within 6 months of being engaged.
- Develop the behaviour support plan in consultation with the participant, their family, carers, implementing provider and any guardian or other relevant persons such as support persons
- Undertake a functional behaviour assessment (if it is a comprehensive plan)
- Include strategies that are person-centred, culturally sensitive, proactive and based on contemporary evidence
- Clearly identify the use of any restrictive practices in detail and include plans for reducing and eliminating the practice as well as monitoring and reviewing the plan
- Lodge plans containing regulated restrictive practices with the NDIS Commission

NDIS Commission Behaviour Support Plan Templates



Specialist Behaviour Support providers can use these templates as guides when developing interim and comprehensive behaviour support plans

- **Interim BSP Template -**
<https://www.ndiscommission.gov.au/document/1446>
- **Comprehensive BSP Template -**
<https://www.ndiscommission.gov.au/document/1441>



Implementing Provider Requirements



- Take all reasonable steps to facilitate the development of a behaviour support plan by an NDIS behaviour support practitioner
- Use regulated restrictive practices in accordance with the participant's behaviour support plan
- Obtain authorisation to use restrictive practices in accordance with any state or territory authorisation process (however described)
- Provide evidence of authorisation to the NDIS Commission
- Support staff to receive appropriate training and understand risks associated with the use of restrictive practices
- Work collaboratively to implement strategies and monitor outcomes
- Keep records on the use of regulated restrictive practices

Authorisation of Regulated Restrictive Practices



- The reduction and elimination of restrictive practices is a joint responsibility between the Commonwealth and the states and territories.
- The NDIS Commission is responsible for the monitoring and oversight of restrictive practices
- The states/territories retain responsibility for the authorisation of restrictive practices consistent with any state or territory legislation and / or policy.
- Providers need to have an understanding of any authorisation requirements and processes in their state or territory. For more information see the links on the following slide.

Links to State and Territory Authorisation Requirements



- ACT – ACT Senior Practitioner website (<https://www.communityservices.act.gov.au/quality-complaints-and-regulation/office-of-the-senior-practitioner>)
- NSW – Restrictive Practices Authorisation Portal (<https://www.facs.nsw.gov.au/providers/deliver-disability-services/restrictive-practices-authorisation-portal>)
- NT – Department of Health website (<https://health.nt.gov.au/professionals/restrictive-practices-authorisation>)
- QLD – AUTHORISATION REQUIREMENTS DO NOT APPLY TO RAC PROVIDERS IN QLD
- SA – Contact the Office of the Public Advocate (08 8342 8200)
- TAS – Department of Health Senior Practitioner website (https://www.dhhs.tas.gov.au/disability/senior_practitioner)
- VIC – Authorisation process for the use of regulated restrictive practices (<https://providers.dhhs.vic.gov.au/authorisation-process-use-regulated-restrictive-practices-registered-ndis-providers>) and / or the DHHS website (<https://providers.dhhs.vic.gov.au/restrictive-interventions>)
- WA – WA Department of Communities and the Authorisation of Restrictive Practices in Funded Disability Services Policy 2020 (<http://disability.wa.gov.au/wa-ndis/wa-ndis/new-policy-on-authorisation-of-restrictive-practices/>)

Implementing Provider – Reporting Requirements



- The use of regulated restrictive practices must be reported monthly on the NDIS Commission portal
- Emergency or unauthorised use of restrictive practices must comply with reportable incident requirements
- Note the use of regulated restrictive practice in the absence of a behaviour support plan and authorisation (if required in the relevant state or territory) constitutes a reportable incident within five business days.



Transitional Arrangements

(to be finalised)

Taking reasonable steps when there is no behaviour support plan?



Reasonable steps to facilitate the development of a behaviour support plan may include:

- working with the participant to engage an NDIS behaviour support practitioner
- contributing to the development of behaviour support plans and assessments
- supporting the practitioner to gather information and data for assessments
- making staff with the necessary skills available to collaborate with the practitioner to develop or review the behaviour support plan
- enabling contributions from mainstream service providers in the development of an interim plan.

NDIS Practice Standards and Quality Indicators



Regulated restrictive practices

- Monitoring and reporting the use of regulated restrictive practices
- Reportable incidents involving regulated restrictive practices

Behaviour support plans

- Interim behaviour support plans
- Supporting assessment, development, implementation and review of comprehensive behaviour support plans

Interim Behaviour Support Plans



NDIS Practice Standards (Module 2A) and Quality Indicators	NDIS (Restrictive Practices and Behaviour Support) Rules 2018
Identify if there is an immediate need for a behaviour support plan	Take reasonable steps to facilitate the development of an interim plan
Collaborate with mainstream service providers and practitioner to minimise risk and develop plan	<i>Specialist behaviour support provider engages NDIS behaviour support practitioner – 1 month to develop plan; lodged if contains restrictive practices</i>
Submit evidence of restrictive practice authorisation in portal	Use of regulated restrictive practices must be authorised and in a plan
Support training and implementation	Report monthly on restrictive practices

Case Example – Background Information



- Ahmed is 58 years old and loves football and fast food.
- He has diagnoses of down syndrome, early onset dementia, type 1 diabetes and asthma.
- Ahmed is an NDIS participant and has been residing in a residential aged care centre for the past five years. Prior to this he had been living at home with his mother.
- Recently Ahmed has become increasingly unsettled and physically aggressive towards himself and other residents.
- He does not have a current behaviour support plan.
- On 27 October 2021 a serious incident occurred resulting in staff using a crisis response of seclusion to manage the situation.
- **What are the issues and actions required by the RAC provider?**

Case Example



Issues: RAC providers transition under the NDIS Commission 1/12/20

Ahmed does not have a behaviour support plan.

The use of the regulated restrictive practice was not authorised

Actions:

1. Conduct a risk assessment and make a URP report to the NDIS Commission
2. Take reasonable steps to develop an interim behaviour support plan
3. Work with the NDIS practitioner to develop strategies that minimise the risk and enable safety of Ahmed, other participants and staff.
4. If the behaviour support plan contains regulated restrictive practices obtain authorisation consistent with state and territory requirements.
5. Report ongoing use of regulated restrictive practices to the NDIS Commission²⁵

Comprehensive Behaviour Support Plans



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NDIS Practice Standards (Module 2A) and Quality Indicators	NDIS (Restrictive Practices and Behaviour Support) Rules 2018
Support information gathering for assessment	<i>NDIS behaviour support practitioner to conduct behaviour assessment</i>
Collaborate with practitioner in development of plan	<i>NDIS behaviour support practitioner to develop plan that</i> <ul style="list-style-type: none"><i>• Includes evidence-based, person-centred and proactive strategies</i><i>• Is developed within 6 months</i><i>• Is lodged if has restrictive practices</i>
Submit evidence of restrictive practice authorisation in portal	Use of regulated restrictive practices must be authorised and in a plan

Comprehensive Behaviour Support Plans



NDIS Practice Standards (Module 2A) and Quality Indicators	NDIS (Restrictive Practices and Behaviour Support) Rules 2018
Have policies and procedures that support implementation of plan	<i>Plan must include opportunities for community participation and skill development</i>
Support training in positive behaviour support, restrictive practices and consistent implementation of plan	Monthly reporting of regulated restrictive practices
Monitor data and outcomes to identify any change of circumstances or need for plan review	<i>NDIS behaviour support practitioner to conduct a review at least every 12 months or change in circumstances</i>

Case Example - Ahmed



Updates: Change in routine medications and PRN prescribed
Interim strategies working when Ahmed escalated
Functional behaviour assessment has commenced

Actions:

1. Work with NDIS practitioner to gather information and data for assessment
2. Develop a joint understanding of Ahmed through case formulation
3. Develop positive behaviour support strategies
4. Identify any restrictive practices required and include in plan

Website links



- [NDIS Providers: Behaviour Support](#)
- [Implementing providers: Facilitating the development of behaviour support plans that include regulated restrictive practices](#)
- [Incident management and reportable incidents](#)
- [NDIS Commission Portal User Guide for Monthly Reporting of Restrictive Practices](#)

Further information



For more information visit:

www.ndiscommission.gov.au



Email: behavioursupport@ndiscommission.gov.au



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