

CODE P041-v3-PS	Positive Behaviour Support Policy & Procedure
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Applies to: staff, volunteers, students and service users
Specific responsibility: All Department Supervisors

Version: 3
Date approved: 5/5/2020
Next review date: 2/5/2022

Policy context:	
Standards or other external requirements	ISO 9001:2015: 8.2 NDIS Practise standards: 6, 8, 9, 10, 12, 15, 16, 19, 20, 22, 47, 48, 49, 50, 51, 52, 53, 54

OBJECTIVE

Inclusion Melbourne endeavours to uphold the rights of persons with disability through evidence-based, person-centred supports which aim to reduce and eliminate restrictive practises as informed by behaviour support plans (BSP). In considering the use of restrictive interventions, Inclusion Melbourne and its staff have a duty to take reasonable care to avoid harm or injury to other people either through their actions or inactions as well as uphold their dignity of risk by not acting outside the parameters of BSPs. This policy outlines how positive behaviour support (PBS) and behaviour support plans are implemented and the relevant requirements from the NDIS Quality and Safeguards commission.

SCOPE

This policy applies to staff, volunteers, students and service users.

POLICY STATEMENT

Inclusion Melbourne's staff must act in a reasonable manner to ensure the safety and wellbeing of all service users, staff, volunteers, students, parents, carers and visitors to the service. Inclusion Melbourne recognises that restrictive practises impose limitations on an individual's ability to exercise freedom. Where a restrictive practise is used it will be in compliance with the Disability Act 2006, the NDIS practise standards, the NDIS positive behaviour support capability framework and the tenets of the Conventions on the Rights of Persons with Disabilities.

PROCEDURES

1. Positive behaviour support plan development

BSPs are developed by an approved specialist behaviour support provider in consultation with the person with disability, their family, carers, guardian, other relevant people and previous assessments to address needs of a person identified as having complex behaviours of concern. BSPs aim to reduce and

eliminate use of regulated restrictive practises. The NDIS Quality and Safeguards commission monitors five categories of restrictive practises:

- 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.

BSPs must be individually approved by the NDIS commission, be in a form approved by the Commissioner, and are uploaded to the NDIS commission portal. This will include information such as: plan created date, review date, plan type (including if it is interim or not) and status.

Inclusion Melbourne implements but does not develop BSPs for the people we support as the organisation is not a specialised behaviour support provider.

2. Implementing Behaviour Support Plans

BSPs can only be implemented by approved providers that are registered against Practise Standard Module 2A (implementing behaviour support plans).

When Inclusion Melbourne signs a service agreement with a participant and commences service delivery, Module 2A requires that we:

- Demonstrate diligence in checking whether or not a BSP exists for the participant.
- Demonstrate diligence in checking who developed the BSP (i.e. the actual registered practitioner, not just the organisation they work for) and if they are registered to deliver specialist behaviour support. This also involves asking a question about their capability level according to the PBS capability framework.
- Clarify the contexts in which the BSP should be implemented.
- Create clearly documented arrangements relating to the monitoring of the BSP and communication with the approved behavioural practitioner and any documented stakeholders who also need to be included in this communication.

- Ensure all staff supporting the participant are aware of their role in the implementation of the BSP.
- Document all of the above.

Inclusion Melbourne documents all relevant information pertaining to BSP's in Lumary under the 'plans' tab.

3. Use of regulated restrictive practise in accordance with a behaviour support plan

Inclusion Melbourne must only use regulated restrictive practices in accordance with a BSP.

The NDIS Safeguard and Quality commission requires Inclusion Melbourne keep appropriate written records relating to the use of regulated restrictive practises. The following information must be kept:

- A description of the use of the regulated restrictive practise, 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 practise was a reportable incident;
 - Why the regulated practise 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 practices;
- 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.

Information that must be documented by Inclusion Melbourne is to be uploaded to Lumary. It must be kept for a minimum of seven years.

4. Use of regulated restrictive practise without a behaviour support plan

In circumstances where regulated restrictive practises may be required when no BSP exists, Inclusion Melbourne must take all reasonable steps to facilitate the development of an interim BSP for the person with disability by a specialist behaviour support provider that covers the use of the practise within 1 month after first use of regulated restrictive practise. A comprehensive BSP must be developed within 6 months after first use of restrictive practise.

5. Unauthorised use of restrictive practise

Unauthorised use of restrictive practises seriously violates the rights of the persons we support. Each instance of unauthorised restrictive practise is a reportable incident that must be reported to the NDIS Quality and Safeguards Commission. Failure to do so may constitute a criminal or civil offence.

Unauthorised use of restrictive practise without a behaviour support plan or interim support plan must be reported to the NDIS commission within five business days as outlined in the National Disability Insurance Scheme (Incident Management and Reportable Incident) Rules 2018. This is done through the NDIS commission portal.

Once the NDIS commission has been notified, all staff and managers required to implement behaviour support plans must participate in a debriefing session(s) to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented in Lumary.

Following a review of incidents, supports to the participant will be adjusted accordingly. This may involve collaboration with a behaviour support provider to review existing BSP or the development of an interim or regular BSP.

6. Monitoring and reporting requirements

Monthly reports regarding use of regulated restrictive practise must be provided to the NDIS commission through the NDIS commission Portal.

Reportable incidents relating to restrictive practises must also be reported in accordance to the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 as outlined in the Service User Incident Reporting Policy & Procedure.

BSPs are to be reviewed by the specialist behaviour support practitioner every 12 months or earlier if a person's circumstances change. Inclusion Melbourne and BSP practitioners must maintain a clear line of communication so that any monitoring and/or review outcomes are understood and implemented. Any communicated changes must be immediately documented in behaviour support plans in Lumary. Automatic alerts in Lumary will be sent to staff close to review dates.

DOCUMENTATION

Documents related to this policy	
Related policies	<ul style="list-style-type: none"> • Service User Incident Reporting • Freedom from abuse and neglect • Bullying, harassment and Discrimination
Forms, record keeping or other organisational documents	

