Positive Behaviour Support and Restrictive Practices – Information for Clients and Carers

Positive behaviour support aims to help you live your best life and improve your quality of life. Positive behaviour support helps people to:

- understand your behaviour
- meet your needs
- provide the right support to you.

Most importantly, positive behaviour support does not hurt you. It is how you should be supported and treated by others each and every day of your life. That is, with dignity and respect, and as independently as possible while making sure your support needs are met. CPA also has requirements as an NDIS provider when we provide supports to someone with a Behaviour Support Plan. Please check the list on the last page of this document so you know what these are.

What is a Behaviour Support Plan?

Sometimes, there is a need to have some special guidelines on how to provide positive behaviour support and to respond to behaviours that may place you or others at risk of harm. These guidelines are presented in a document called a *Behaviour Support Plan*. A Behaviour Support Plan is developed by a Behaviour Support Practitioner. The Behaviour Support Practitioner consults with you, your family, carers and other people important in your life about the development of the Plan, including the use of any restrictive practices if these are relevant for supporting you safely.

The Plan addresses your needs as a person with one or more behaviours of concern. It contains strategies that are based on research evidence and seeks to improve your quality of life. Within the NDIS, this is called *specialist behaviour support*.

What is a regulated restrictive practice?

A *regulated restrictive practice* is any practice or intervention that restricts the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm. When used by an NDIS provider, this type of practice needs to be authorised by a restrictive practice authorisation panel and consented to by

the person it is for / their representative. A regulated restrictive practice should only be used for the shortest time possible and only as a last resort when it is the least restrictive option available to keep the person and others safe.

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

- **Chemical restraint**
    - The use of medication or chemical substance prescribed by a medical practitioner 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 a diagnosed mental disorder, a physical illness or a physical condition.
- **Environmental restraint**
    - The use of a barrier or lock to restrict a person's free access to all parts of their environment, including items or activities (for example, a locked front door to stop the person from leaving unsupervised; or a locked cupboard to stop the person from accessing a sharp knife).
- **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 (for example, a travel harness that stops the person from getting out of their seat and grabbing the driver or other passengers; or one-piece clothing that stops the person from scratching their skin or touching their incontinence pad).
    - **It 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 (for example, holding the person to stop them from moving during a medical procedure; or holding the person when getting them away from a high risk area to prevent them from running away).

- **It does not include** the use of a hands-on technique to guide or direct a person away from potential harm or injury, in a way that would be considered the exercise of care towards a person.

- **Seclusion**
  - Putting a person on their own in a room or space at any hour of the day or night where they can't get out or they think they can't get out.
  - This practice **can only be used in relation to an adult's behaviour of concern** in response to a crisis. It can only be used for a short time and the person must have access to their basic needs, such as a toilet, water and shelter.

Who can develop a Behaviour Support Plan?

A Behaviour Support Plan can only be developed by a Behaviour Support Practitioner who is registered with the NDIS Quality and Safeguards Commission. The Behaviour Support Practitioner carries out behavioural assessments and develops a Behaviour Support Plan that is based on research evidence.

There are two types of Behaviour Support Plan:

- **Interim Behaviour Support Plan**
  - A brief document that is easy to follow and action.
  - Evaluates the risks of harm to the person and others.
  - Focuses on safety and minimises the risk of harm to the person and others.
  - Clearly describes the behaviours of concerns and contains general strategies to prevent them.
  - Includes strategies for responding when the behaviours of concern occur.
  - Sometimes, one or more regulated restrictive practice is included in the Plan to keep the person and others safe.

- **Comprehensive Behaviour Support Plan**
  - A detailed plan that is written especially for the person, taking into account all aspects of the person.

- Replaces the Interim Behaviour Support Plan (if there is one in place).
- Clearly describes the behaviours of concern and includes strategies for responding when they occur.
- Aims to maintain and improve the person's quality of life, meet their needs and address the function of the behaviour(s) of concern.
- Includes (or is based on) a behavioural assessment that analyses the function of all behaviours of concern.
- Contains proactive strategies that are based on research evidence and focussed on the individual person. The strategies address the person's needs through active engagement in meaningful daily activities and opportunities to participate in the community.
- Includes skill development programs and/or opportunities to learn new skills (including those which address the function of the behaviour and/or reduce or remove the need for regulated restrictive practices).
- Sometimes, one or more regulated restrictive practice is included in the Plan to keep the person and others safe.

What type of NDIS funding is required for behaviour support?

Your NDIS plan will say what funding for specialist behaviour support you have. Look for 'Improved Relationships' under Capacity Building supports. This funding can be used to pay for a Behaviour Support Plan and training of the people who support you.

Talk to your early childhood partner, local area coordinator, support coordinator or NDIA planner if you do not have any funding under 'Improved Relationships'. If needed, they can help to request a plan reassessment. You can also contact the National Disability Insurance Agency (NDIA) on 1800 800 110. For more information, see choosing a specialist behaviour support provider.

If you want to find out more about behaviour support and restrictive practices, please visit the NDIS Quality and Safeguards Commission's website:

- Understanding behaviour support and restrictive practices for participants
- Easy read information

CPA requirements when providing support to a person with a Behaviour Support Plan

There are NDIS rules that require providers like CPA to have the following in place. If we do not have these things in place we are unable to provide support. Please make sure your Behaviour Support Practitioner is across these requirements so that they can factor this into the plan they make to support you in this area.

CPA requires your Behaviour Support Practitioner to:

- Visit and understand the environment of every service you will be accessing at CPA so that these can be considered in your Behaviour Support Plan
- Provide training to staff in every environment where you are accessing services as soon as possible after they have completed the plan
- Record and provide a video or presentation of the training so that across the period the plan is current for (usually a year) staff who could not make the original training are able to still complete the training.