P036 – Restrictive Practices and Behaviour Support

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| Version | Approved: | Comments | Next review date |
| 1.0 | 17/04/2019 | Reviewed 15/05/2020 | 17/04/202015/05/2021 |

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| Applies to: |
| All staff |

# PURPOSE

This policy outlines how First Call Nursing implements restrictive practices and behaviour support. This policy will ensure that our clients’ rights are always protected and that any restrictive practice or behaviour support activity will be in the best interest of the client. This policy also ensures that any care staff who administer restrictive practices or behaviour support have the appropriate capability and have received the necessary training to properly carry out their duties.

ALL staff who deliver care services to a client with a behaviour support plan must read and be familiar with this policy.

This policy is most relevant to NDIS funded clients.

# POLICY

First Call’s policy on restrictive practices and behaviour support is based on the [National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2018L00632) and the Restrictive Practices [Procedural Guide](https://www.facs.nsw.gov.au/download?file=593319).

Behaviours of concern can typically be managed by implementing positive behaviour support strategies. In most cases, it should be possible to eliminate the use of restrictive practices by understanding and responding to the issues underlying behaviours of concern. In limited circumstances, and as a last resort, a restrictive practice may be used as part of a behaviour support plan, to address a behaviour that poses a risk of harm to the client or others.

Behaviour support delivered to First Call clients promotes quality of life and upholds the dignity and safeguards the rights of the client. It should reflect authentic consideration of the needs of the person with disability and their family, with consideration of any needs for clients from aboriginal backgrounds, or from culturally and linguistically diverse communities.

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In limited circumstances, and as a last resort, a restrictive practice may be used as part of a behaviour support plan (BSP), to address a behaviour that poses a risk of harm to the person or others.

## Definitions

**Behaviour support:** Behaviour support is about individualised strategies for people with disability that are responsive to a person’s needs, in a way that reduces the occurrence and impact of behaviours of concern and minimises the use of restrictive practices.

**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.

**Restrictive practice:** Restrictive practices involve the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability. These can include:

* Seclusion.
* Chemical restraint.
* Mechanical restraint.
* Physical restraint.
* Environmental restraint.

**Informed consent:** Permission granted in full knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with knowledge of the possible risks and benefits.

**NSW (FACS) RPA System:** An online tool to manage and monitor the authorisation of restrictive practices in NSW. NDIS registered service providers must submit requests for RPA via the NSW (FACS) RPA System. Service providers must maintain the currency of information in the NSW (FACS) RPA System, including the details of clinicians or service providers working with a person.

## Behaviour Support Plan

A NDIS behaviour support plan specifies a range of evidence-based and person-centred, proactive strategies that focus on the individual needs of the client. This includes positive behaviour support to build on the person’s strengths and increase their opportunities to participate in community activities and develop new skills. It also includes any restrictive practices that may be required, subject to conditions.

Behaviour support plans are developed in consultation with the client, their family, carers, guardians, relevant medical practitioners and relevant mainstream service providers (i.e. police, emergency departments, etc.).

Behaviour Support Plans may only be developed by Behaviour Support Practitioners who are registered and approved by the NDIS Commission.

Behaviour Support Plans will outline behaviour support strategies that are proportionate to the risk of harm to the participant or others.

Behaviour Support Plans should follow the appropriate NDIS template located at this [link](file:///C%3A%5CUsers%5CBKelly%5CAppData%5CLocal%5CMicrosoft%5CWindows%5C2017%20FC%20P%20%26%20P%5C20161201%20New%20P%20%26%20P%5CForms%5CF061%20Restrictive%20practice%20Behaviour%20support%20-%20s26%20form.docx).

## Restrictive practice

In NSW, there are three requirements for the use of a regulated restrictive practice:

1. A Behaviour support plan is developed which includes provisions for the administration of a regulated restrictive practice.
2. Informed consent is obtained by the client or their guardian. Consent is not required in the following situations:
	1. Restraint is being used as part of risk management or safety, unless the person or someone else is objecting to the practice or strategy; or
	2. Minimum force or confinement is used in a crisis to prevent harm.
3. Authorisation is approved by a restricted practice authorisation panel (RPA Panel) managed through internal policy and procedures of First Call Nursing.

Generally, a restrictive practice may only be used after it has been approved through the registration of a Behaviour Support Plan. In some circumstances however, immediate intervention may be considered necessary under First Call’s duty of care in order to manage risk. This is referred to as a crisis response. The 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. A crisis response should never be used as a de facto routine behaviour support strategy.

Where such responses include the use of a restrictive practice, the use is unauthorised and constitutes a reportable incident. Following the first use of the regulated restrictive practice, First Call will facilitate the development of:

* An interim behaviour support plan for the client by a specialist behaviour support provider that covers the use of the practice within 1 month.
* A comprehensive behaviour support plan for the client by a specialist behaviour support provider that covers the use of the practice within 6 months.

First Call management will always design Behaviour Support Plans and any clauses specifying restrictive practices in collaboration with the client, and if appropriate, the client’s friends and family and any other relevant stakeholders deemed appropriate by the client. When discussing restrictive practices with the client, First Call management will provide the client information about alternatives to restrictive practice and explain the advantages and disadvantages of several behaviour support strategies.

## Behaviour Support Practitioners

*The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (NDIS Rules)* require providers who are registered to deliver specialist behaviour support services to engage behaviour support practitioners who are considered ‘suitable’ by the NDIS Quality and Safeguards Commissioner. A Behaviour Support Practitioner may be, for example, a qualified specialist in psychology, special education, speech pathology, social work or other relevant discipline and/or a person with training and experience in the provision of Behaviour Support and interventions.

Behaviour Support Plans may only be developed by Behaviour Support Practitioners who are registered and approved by the NDIS Commission.

Before engaging with Specialist Behaviour Support Practitioners, FCN management will carry out a detailed background check and reference check to confirm the practitioner’s qualifications, experience and job history. Specialist Behaviour Support Practitioners need to be able to show evidence that they have undertaken regular and recent professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.

## Restrictive Practices Authorisation Panel

First Call maintains a Restrictive Practices Authorisation (RPA) Panel in order to authorise the use of restrictive practices by its staff. This panel is made up of:

* The Managing Director of First Call Nursing (Chair).
* An independent specialist who meets the competencies of a behaviour support practitioner as set by the NDIS Commission.

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

Any recommendation for the use of a regulated restrictive practice requires formal authorisation from the RPA Panel. The Panel considers the appropriateness of a documented behaviour support plan and evaluates the recommendations in the context of First Call’s operations, as well as the appropriateness of the strategy to achieve the intended therapeutic outcomes. Core to the Panel’s decision making is whether the proposed strategy is the least restrictive option available and whether there are appropriate plans to reduce or eliminate the use of restrictive practices for the client.

Before an RPA Panel can decide regarding restrictive practices, they must review the following information and evidence:

1. A Behaviour Support Plan prepared by a registered Behaviour Support Practitioner, including information about any proposed restrictive practice.
2. A functional behaviour analysis.
3. Evidence of consent to the use of any proposed restrictive practice.
4. Information about previous and current use of any restrictive practice.
5. Supporting documentation demonstrating that Behaviour Support strategies are appropriate to minimise or eliminate the use of restrictive practices.
6. Evidence to demonstrate the existence of adequate governance arrangements, for example, information on arrangements for reporting, supervision, staff training and monitoring.
7. Evidence to demonstrate compliance with any conditions imposed on a prior authorisation.

The Behaviour Support Practitioner who conducted the assessment and prepared the BSP, or a similarly knowledgeable person, must participate in an RPA Panel meeting to answer questions from the Panel.

The Panel’s decision to authorise a restrictive practice is to be unanimous. On making its determination, the Panel specifies the length of time for which the authorisation applies, not exceeding 12 months.

The RPA panel has a regular meeting schedule to enable:

* Orderly consideration and progressing of Restrictive Practice applications.
* Regular monitoring, review and reporting of restrictive practices in accord with the requirements set out by the Commission.

The RPA Panel will track practices nearing the end of their authorisation validity period to ensure prompt timely resubmission for renewal of authorisation.

## NSW Department of Family and Community Services Restrictive Practices Authorisation Panel

The Restrictive Practices Authorisation (RPA) Portal allows Registered NDIS Providers and Practitioners to:

* Register with the NSW FACS RPA system.
* Request user access to NSW FACS RPA system.
* Submit Restrictive Practice forms for authorisation.
* Record outcome summaries.
* Request a FACS independent specialist for RPA panels.

Following a discussion of restrictive practices by the RPA Panel, First Call management must apply to the Restricted Practices Authorisation Portal in order to ensure that the relevant Behaviour Support Plan is authorised.

The NSW (FACS) RPA system requests information to provide an overview of the practices that are the focus of the submission. Supporting documentation is required to provide the detail on which a decision to give or decline authorisation will be based. The documents supplied must provide:

* A clear detailed description of the proposed implementation of the practice.
* The expected outcomes from using the practice.
* The rationale for the use of the proposed strategy which includes why positive practices alone are unable to achieve the intended outcome.
* Evidence of less restrictive options having been attempted.
* The roles and responsibilities of those implementing the practice in the context of its use.
* Evidence of training for those implementing the practice.
* The anticipated frequency of use and how its use will be monitored (formal data collection procedure and the schedule of its review).
* Fade-out strategies.

## Reporting requirements

First Call management will deliver monthly reports to the NDIS Commissioner regarding our use of restrictive practices. This report must be in the form specified by the NDIS, which can be found [here](file:///C%3A%5CUsers%5CBKelly%5CAppData%5CLocal%5CMicrosoft%5CWindows%5C2017%20FC%20P%20%26%20P%5C20161201%20New%20P%20%26%20P%5CForms%5CF060%20ndis-commission-restrictive-practices-monthly-reporting-form.docx).

First Call will maintain current information in the NSW (FACS) RPA system.

If First Call obtains a short-term approval for the use of a regulated restrictive practice, First Call management will report to the Commissioner on the use of the regulated restrictive practice every two weeks while the approval is in force.

### Reportable incidents

Following an incident, the client will be referred to a medical practitioner for assessment as soon as is practical.

When appropriate, First Call Nursing will collaborate with mainstream services providers to support and resolve incidents related to the use of unauthorised practices.

First Call management will notify the NDIS Commissioner of any unauthorised uses of restrictive practice.

Where an unauthorised restrictive practice has occurred, First Call management will brief support staff implementing behaviour support plans on areas for improvement and strategies to prevent the use of restrictive practice in future. The outcomes of these meetings are documented with formal minutes.

Following the review of an adverse event relating to the implementation of a behaviour support plan, First call management will review or develop a behaviour support plan for the client if appropriate.

Please see ‘Adverse Event Reporting Framework’ in P001 – Complaints and Feedback for more information about reportable incidents.

## Record keeping

First Call Management will maintain a record of the following information relating to our use of restrictive practices for seven years:

* A description of the use of the regulated restrictive practice, including:
	+ The impact on the client.
	+ Any injury to the client.
	+ Whether the use of the restrictive practice was a reportable incident.
	+ 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.

# PROCEDURE

## Restrictive practice

The following procedure describes the typical process of applying restrictive practices. In the case of crisis responses, the required procedure may deviate from what is considered typical.

1. Care worker notifies First Call about a concern regarding a client’s behaviour.
2. First Call management decides whether a Behaviour Support Plan needs to be developed.
3. If a Behaviour Support Plan needs to be developed, First Call management liaise with a Behaviour Support Practitioner who will assess the client’s behaviour.
4. First Call management and the Behaviour Support practitioner liaise with the client to co-design a Behaviour Support Plan. If the client consents, other key stakeholders such as the client’s family and friends will also be involved in these discussions. If restrictive practices are to be used, these must be specified within the Behaviour Support Plan.
5. First Call management seek consent from the client or their guardian for the use of restrictive practices.
6. First Call management submits a request for Restrictive Practices Authorisation via the NSW RPA system.

RPA Panel discusses request and 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 Behaviour Support Practitioner who conducted the assessment and prepared the BSP, or a similarly knowledgeable person, must participate in the RPA Panel meeting to answer questions from the Panel.

The following information and evidence must be submitted to the RPA Panel before they make a recommendation:

* 1. A Behaviour Support Plan prepared by a registered Behaviour Support Practitioner, including information about any proposed restrictive practice. This Plan is developed in the NDIS Commission online portal.
	2. A functional behaviour analysis.
	3. Evidence of consent to the use of any proposed restrictive practice.
	4. Information about previous and current use of any restrictive practice.
	5. Supporting documentation demonstrating that Behaviour Support strategies are appropriate to minimise or eliminate the use of restrictive practices.
	6. Evidence to demonstrate the existence of adequate governance arrangements, for example, information on arrangements for reporting, supervision, staff training and monitoring.
	7. Evidence to demonstrate compliance with any conditions imposed on a prior authorisation.
1. Formally record decisions of the RPA Panel in an Outcomes Summary on the NSW (FACS) RPA system.
2. First Call management and the Behaviour Support Practitioner is notified of an approval to administer restrictive practices if the application has been successful.
3. First Call management notifies the NDIS Commission of the approval to use restrictive practices through the online NDIS Portal.
4. First Call management meets with the relevant Specialist Behaviour Support practitioner, the client and the client’s family and friends (if appropriate) to determine how best to implement the Behaviour Support Plan.
5. First Call management briefs relevant care worker/s on regulations and policies regarding behaviour support and restrictive practices as well as key strategies for implementing the Behaviour Support Plan.
6. Care worker implements strategies outlined in the Behaviour Support Plan.
7. The RPA panel continues to meet regularly to ensure regular monitoring, review and reporting of restrictive practices in accord with the requirements set out by the NDIS Commission.
8. First Call management delivers monthly reports to the NDIS Commissioner regarding our use of restrictive practices. This report must be in the form specified by the NDIS, which can be found [here](file:///C%3A%5CUsers%5CBKelly%5CAppData%5CLocal%5CMicrosoft%5CWindows%5C2017%20FC%20P%20%26%20P%5C20161201%20New%20P%20%26%20P%5CForms%5CF060%20ndis-commission-restrictive-practices-monthly-reporting-form.docx).
9. First Call management liaise regularly with First Call staff, the client, their friends and family (if appropriate) their Specialist Behaviour Support Practitioner and any other relevant medical practitioners to evaluate the client’s health status and the effectiveness of the behaviour support plan. Opportunities to reduce the use of restrictive practices will be explored with the client. Key information from these meetings is to be forwarded to the client’s friends and family if appropriate. If necessary, the client’s behaviour support plan will be reviewed and updated based on the client’s changing needs. Behaviour support plans will also be reviewed twice yearly (or more frequently if required by the client) in concurrence with a review of the client’s care plan.

# DOCUMENTS

* [National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2018L00632)
* [Restrictive Practice Authorisation Policy 2018](https://www.facs.nsw.gov.au/download?file=592755)
* [Restrictive Practices Authorisation Procedural Guide](https://www.facs.nsw.gov.au/download?file=593319)
* [RPA Panel Process](https://www.facs.nsw.gov.au/download?file=593977)
* [NDIS Behaviour Support Plan Template](https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/Comprehensive%20behaviour%20support%20plan.pdf)
* [NSW (FACS) RPA System User Guide](https://www.facs.nsw.gov.au/download?file=635814)

# Appendix 1: Restrictive practices authorisation process map

