Unauthorised to Authorised Restrictive Practices

Key steps for implementing providers in Western Australia







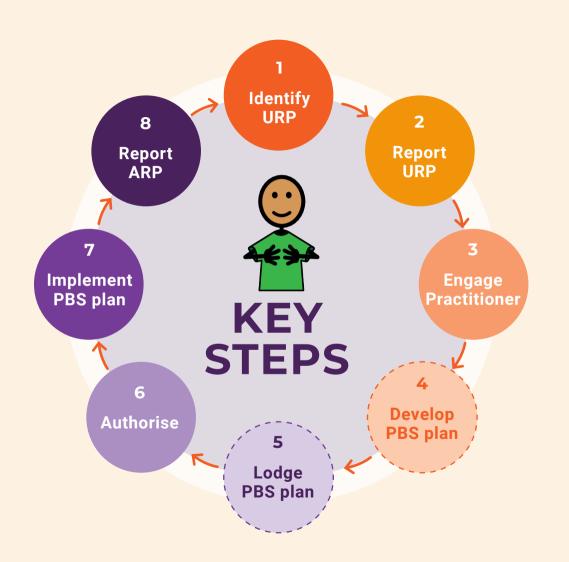


Government of **Western Australia** Department of **Communities**

This resource is designed to be used by registered and unregistered providers in Western Australia to assist in understanding whether a regulated restrictive practice is being used in the delivery of NDIS supports.

It highlights the key responsibilities for implementing providers and Behaviour Support Practitioners to work towards the reduction and elimination of the use of restrictive practices for people with disability in WA and what is needed to meet the requirements of the NDIS Quality and Safeguards Commission and the State Government.

This step-by-step guide offers a practical approach to move from an unauthorised restrictive practice (URP) to authorised restrictive practice (ARP) with definitions of key terms, links to more information and suggestions for key contacts.





Identify an unauthorised restrictive practice (URP)

An implementing provider identifies the use of an unauthorised restrictive practice in connection with the delivery of NDIS funded services and supports.











Implementing Provider: Any service provider that uses a restrictive practice in the course of delivering National Disability Insurance Scheme (NDIS) supports.

Implementing providers need to be:

- registered for the type of support they are providing
- assessed and audited against Practice Standard Module 2A: Implementing behaviour support plans

They do not need to be registered specifically for Specialist Behaviour Support (registration group 110) which is for behaviour support practitioners only.

Unauthorised: A restrictive practice is unauthorised if it

 has not been captured in a behaviour support plan (BSP); or

- has not been authorised by the implementing provider; or
- is not being used in accordance with the BSP or the authorisation conditions.
 This includes the emergency use of a restrictive practice.

Restrictive Practice: The NDIS Act 2013 defines a restrictive practice as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. It is now recognised that restrictive practices can have profoundly negative effects on a person's quality of life and can represent serious human right infringements.

The primary purpose of a restrictive practice should be to protect the person with disability or others from harm, in response to a behaviour of concern.

The NDIS Quality & Safeguards Commission (NDIS Commission) regulates the use of five types of restrictive practice.

- Seclusion: When a person is left on their own or put in a place which they can't leave or think they can't leave, when they want to;
- Chemical restraint: When a person is given medication to change their behaviour;
- Mechanical restraint: When another person puts something on or around someone's body to stop them moving freely;
- Physical restraint: When another person uses their hands or body to stop someone from moving or doing what they want;
- Environmental restraint: When another person decides what someone can do, what they can get, who they can see or contact and where they can go.

In connection with: The NDIS Commission ONLY monitors restrictive practices used in the context of delivering NDIS services and supports.

The NDIS Commission does not regulate restrictive practices used by unpaid family members, or in the health, education or justice systems. If the implementing provider becomes aware of restrictive practices being used in these other settings, it is not necessary to report them to the NDIS Commission.

However, a provider has a duty of care and responsibility to ensure that people are safe from abuse and neglect. This is reflected in the NDIS Code of Conduct. A provider may choose to inform other authorities (eg. police) and respond according to their own internal incident management processes.



Where can I find more information?

- 1. For an overview of behaviour support and restrictive practices for both implementing providers and behaviour support providers:
 Behaviour Support and Restrictive Practices Factsheet, 2020 www.ndiscommission.gov.au/sites/default/files/documents/2020-08/fact-sheet-behaviour-support-under-ndiscommission-july-2020-final.pdf
- **2.** For detailed information on regulated restrictive practices including definitions, decisions trees and case studies:

Regulated Restrictive Practices Guide, 2020 www.ndiscommission.gov.au/sites/default/files/ documents/2021-03/regulated-restrictive-practice-guiderrp-20200.pdf

Regulated Restrictive Practices with Children and Young People with Disability Practice Guide, 2021

www.ndiscommission.gov.au/sites/default/files/documents/2021-05/rrp-children-and-young-people-disability.pdf

- **3.** For frequently asked questions about the use of restrictive practices: Unauthorised use of restrictive practices Questions & Answers www.ndiscommission.gov.au/document/2711
- **4.** For information about prohibited practices in WA:
 Authorisation of Restrictive Practices in Funded Disability Services Policy,
 Government of Western Australia Department of Communities
 www.wa.gov.au/government/publications/authorisation-of-restrictive-practicesfunded-disability-services-policy
- **5.** For information on the *NDIS Act 2013* www.ndis.gov.au/about-us/governance/legislation

Important!

There are some restrictive practices that can never be used in WA. These are called **prohibited practices** and will never be authorised for use. If a prohibited practice has been used, this may be considered abuse and if implemented in the delivery of NDIS funded supports, must be reported to the NDIS Commission within 24 hours.

Who can I talk to about this?

Is this a restrictive practice? What are my provider obligations?

Refer to the Regulated Restrictive Practices Guide, 2020, contact WAbehavioursupport@ndiscommission.gov.au or phone the NDIS Commission on 1800 035 544.



I'm unsure whether or not the person's medication meets the definition of chemical restraint?

Confirm the purpose of the medication with the prescriber and discuss with the NDIS registered behaviour support practitioner.

I'm an implementing provider and I need further advice

Seek best practice advice from the NDIS registered behaviour support practitioner. This advice must be aligned with the NDIS Commission's Positive Behaviour Support Capability Framework, 2019 (updated 2021)

www.ndiscommission.gov.au/pbscapabilityframework

I'm an NDIS registered behaviour support practitioner and I need further advice

Seek clinical best practice advice from your supervisor. This advice must be aligned with the NDIS Commission's Positive Behaviour Support Capability Framework www.ndiscommission.gov.au/pbscapabilityframework



Only REGISTERED NDIS Providers can implement restrictive practices.

Is your organisation registered and audited as meeting the relevant NDIS Practice Standards including Module 2A: Implementing Behaviour Support Plans?

Yes

Continue to **Step 2**

No

If there is ongoing use of a restrictive practice to keep a person and/ or others safe, an UNREGISTERED provider can:

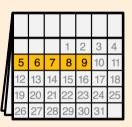
- 1. apply to the NDIS Commission to become a registered provider; or
- 2. find a way to cease using the restrictive practice, if safe to do so; or
- **3.** support the person to engage a registered provider to deliver the supports and services that involve the use of a restrictive practice.

For more information on the registration requirements for the use of restrictive practices: www.ndiscommission.gov.au/document/2911



Report the unauthorised restrictive practice (URP)

The implementing provider reports
each use of URP to the NDIS
Commission within 5 days of key
personnel becoming aware of its use.





Report: An unauthorised restrictive practice is considered an incident that must be reported to the NDIS Commission by registered providers. The report is done using the **5 day notification** form in the My Reportable Incidents tab on the NDIS Commission portal. However, if the use of the restrictive practice results in serious injury, this must also be reported as a serious injury notification on the **Immediate**Notification Form within 24 hours.

Your organisation's delegated Authorised Reportable Incidents Approver reports this (and can be supported in this process by the Authorised Reportable Incidents Notifier).

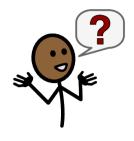
Each use: Each and every time a URP is used, this must be reported within 5 days to the NDIS Commssion. The NDIS Commission will assess URP reports to determine suitability for weekly reporting, as required.

Key personnel: Individuals who hold key executive, management or operational positions in an organisation, such as directors, managers, board members, the chief executive officer or chairperson, who have been assessed for suitability by the NDIS Commission and are registered as key personnel in the NDIS Commission portal.



Where can I find more information?

- **1.** For steps on how to notify the NDIS Commission about a reportable incident: www.ndiscommission.gov.au/providers/how-notify
- 2. For detailed, practical information on meeting provider obligations, see the NDIS Quality & Safeguards Commission Quick Reference Guides:
 - Getting access to the NDIS portal www.ndiscommission.gov.au/document/1476
 - Complete the 5 day notification form www.ndiscommission.gov.au/document/1471
 - Weekly reporting of unauthorised routine chemical & routine environmental restrictive practices www.ndiscommission.gov.au/document/1761
 - Add or manage key personnel www.ndiscommission.gov.au/document/681
- **3.** For detailed reportable incidents guidance for registered NDIS providers: www.ndiscommission.gov.au/document/596 (See pp 29-30 for 'provider non-reporting').



Who can I talk to about this?

I am an implementing provider and have questions about how to report on unauthorised restrictive practices.

You can direct any information or queries relating to URPs to the National Taskforce via URPnationaltaskforce@ndiscommission.gov.au or phone 1800 035 544 and ask to speak to someone in the URP National Taskforce.

Important!

- **1.** The implementing provider CONTINUES to report each URP within 5 days right up until the point the URP is authorised. They then switch to monthly reporting.
- 2. If a registered NDIS provider (such as a support coordinator or allied health professional) witnesses an incident or conduct involving another NDIS provider and thinks that the URP has not been reported by the implementing provider, they can raise this as a concern of 'provider non-reporting' to the NDIS Commission by phone 1800 035 544 or email waURPMonitoring@ndiscommission.gov.au



If the URP will continue to be used, it must be captured in a Behaviour Support Plan (BSP).

Is there funding for Specialist Behaviour Support (CB Improved Relationships 0110) in the person's NDIS plan?

Yes

Continue to **Step 3**

No

An unscheduled NDIS plan review is required.

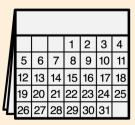
The person with disability is supported by the implementing provider to:

- **1.** gather supporting evidence (therapy reports, reportable incidents register); and
- 2. submit
 - Change of Circumstances Form s48 to request funding for NDIS www.ndis.gov.au/participants/using-your-plan/changing-yourplan/change-circumstances; or
 - Residential Aged Care Providers Funding Request Form https://ndissupport.agedservicesworkforce.com.au/behavioursupport-funding-request-form



Engage an NDIS registered behaviour support practitioner

If the URP will continue to be used, the implementing provider must take 'all reasonable steps' to engage an NDIS registered behaviour support practitioner within 1 month after the first use of the URP.





All reasonable steps: Steps to demonstrate that the implementing provider has met their obligations to facilitate the development of a PBS plan within a prescribed timeframe. These steps may include:

- working with the person with disability to engage an NDIS registered 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 other mainstream providers (e.g. Allied Health, GP) in the development of an interim plan

Types of evidence that demonstrate reasonable steps have been taken may include:

- a completed interim or comprehensive behaviour support plan
- a portal plan ID for an interim or comprehensive behaviour support plan demonstrating compliance with the prescribed timeframes
- any records or documentation that demonstrate:
 - liaison with the person to enable the engagement of a practitioner and/or to seek a plan review with the NDIA for further funding (if appropriate)
 - 2. liaison/consultation with the person, support coordinator, practitioner, direct service staff, mainstream and other NDIS providers to inform the development of behaviour support plans

- 3. protocol, incident reports and data collection related to the use of the restrictive practice/s, and other relevant service delivery records
- referrals to other NDIS providers for support, medical and allied health specialists for the person or other NDIS provider and subsequent reports or assessments
- 5. risk assessment documentation.

NDIS registered behaviour support practitioner: A person (or the provider they are working for) who is registered for Specialist Behaviour Support (registration group 110), and who is deemed suitable by the NDIS Commission under the Positive Behaviour Capability Framework requirements to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.

Important!

If you are not the primary NDIS provider, you may need to liaise with the person, their support coordinator or the primary provider to provide information that supports the plan review, and work collaboratively to engage an NDIS registered behaviour support practitioner. Continue to keep records of your efforts to facilitate the development of a behaviour support plan which meets your provider obligations around the demonstration of 'all reasonable steps'.

Where can I find more information?

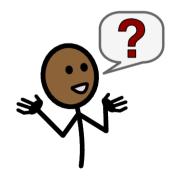
1. The Positive Behaviour Support (PBS) Capability Framework aims to establish expectations of best practice person centred, rights-based behaviour support for NDIS participants.



www.ndiscommission.gov.au/pbscapabilityframework

2. Fact sheet which explains how implementing providers can demonstrate they have taken reasonable steps to facilitate the development of interim and comprehensive behaviour support plans related to the use of regulated restrictive practices

www.ndiscommission.gov.au/NODE/2156



Who can I talk to about this?

Do I have enough evidence to demonstrate 'reasonable steps'?

Contact the NDIS Commission on 1800 035 544 or email WAbehavioursupport@ndiscommission.gov.au



Develop a behaviour support plan (for Behavious Support Practitioners)

The NDIS registered behaviour support practitioner has 1 month from the date they are engaged to develop an INTERIM behaviour support plan and 6 months from the date they are engaged to complete a **COMPREHENSIVE** behaviour support plan. Both an interim plan and then a comprehensive plan must be developed.







Interim behaviour support plan:

This is developed when there is an immediate need for behaviour support that minimises the risk to the person and others. It is a brief plan that provides preventative and response strategies that focus on keeping people safe.

Comprehensive behaviour support plan: This is a proactive, person-centred and evidence informed plan that contains a range of individualised strategies that address the person's needs and the function of the behaviour.

If the behaviour support plan includes a restrictive practice, it must also include strategies to reduce and eliminate the restrictive practice.

Important!

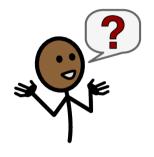
- **1.** The behaviour support plan should be developed in consultation with the person, using a supported decision making process and include their family, carers, guardian, service provider and other relevant people. The plan should seek to discover what a good life looks like for the person, with a view to reducing and eliminating restrictive practices.
- 2. The plan must be reviewed within 12 months.
- **3.** Any restrictive practice should be used as a **last resort**, be the **least restrictive** response, be proportionate to and **reduce the risk of harm** and be used for the **shortest possible time**.
- **4.** Behaviour support plans which do not contain a restrictive practice do not need to be lodged with the NDIS Commission.

Where can I find more information?

- Plan templates:
 - Interim Behaviour Support Plan template www.ndiscommission.gov.au/document/1446
 - Comprehensive Behaviour Support Plan template www.ndiscommission.gov.au/document/1441



- How to ensure that the person with a disability is included in decision making about their own life, see WA's Individualised Services (WAiS) Supported Decision Making resources
 - https://waindividualisedservices.org.au/resources/supported-decision-making www.ndiscommission.gov.au/workers/supporting-effective-communication
- The NDIS Commission's "Supporting Effective Communication" e-learning module for NDIS workers demonstrates what effective communication looks like, and how it supports choice and control
 - www.ndiscommission.gov.au/workers/supporting-effective-communication
- Introduction to positive behaviour support, see BILD animation www.youtube.com/watch?v=epjud2Of610



Who can I talk to about this?

I'm a behaviour support practitioner and I need further advice

Seek advice from your supervisor which is aligned with the Positive Behaviour Support Capability Framework www.ndiscommission.gov.au/pbscapabilityframework

Contact the NDIS Quality & Safeguards Commission on 1800 035 544

Email WAbehavioursupport@ndiscommission.gov.au



Lodge the behaviour support plan with the NDIS Commission

(for Behaviour Support Practitioners)

All plans that include a restrictive practice should be lodged by the behaviour support practitioner via the NDIS Commission portal as soon as practicable after it has been developed. The behaviour support practitioner creates a draft plan in the NDIS Commission portal and shares it with the implementing provider for authorisation.





Authorisation: Approval of the use of a restrictive practice by a Quality Assurance Panel, convened by the implementing provider (Step 6). The WA State Government has established the arrangements for authorisation in WA.

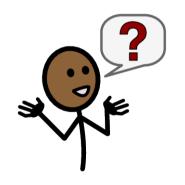
Important!

- **1.** All plans (interim and comprehensive) which include a restrictive practice should be lodged by the behaviour support practitioner, even if the restrictive practice will only be used by family members or informal, unpaid supports. The behaviour support practitioner is required to do this under the NDIS Commission rules.
- **2.** If the restrictive practice is only used by family members, it does not need to be authorised or reported to the NDIS Commission.
- **3.** If a comprehensive behaviour support plan is being lodged, a functional behaviour assessment should be available to be uploaded (tip save and label it as "FBA").
- **4.** If there are no restrictive practices in the plan, the plan is not lodged in the NDIS Commission portal.

Where can I find more information?

 Use of the NDIS Commission Behaviour Support Portal, see, Lodging a behaviour support plan user guide www.ndiscommission.gov.au/document/1451





Who can I talk to about this?

I'm a behaviour support practitioner and I need further information

Speak to your supervisor about this process or contact the NDIS Quality & Safeguards Commission on 1800 035 544 or email the NDIS Commission Behaviour Support team in WA at wabehavioursupport@ndiscommission.gov.au



Authorise the restrictive practice

For each URP, the implementing provider convenes a Quality Assurance Panel which includes (at a minimum) a senior manager or delegate from the implementing provider and an independent behaviour support practitioner to decide whether the restrictive practice can be authorised for use. The panel's decision is recorded in the Quality Assurance Outcome **Summary Report.**

Quality Assurance Panel: The panel decides on whether the restrictive practice can be approved for use together with any conditions of authorisation. Approval to use a restrictive practice must be supported unanimously by all panel members with a decision-making role. There is no requirement for panels to be face to face. Other stakeholders (e.g. family members or the author of the PBS plan) can participate in panel discussions but are non-decision-making participants.

Senior manager or delegate: A person who works for the implementing provider who has operational knowledge and relevant experience in behaviour support.

Independent behaviour support practitioner: The behaviour support practitioner must be registered to provide Specialist Behaviour Support (110); have NDIS Commission 'suitability' status; cannot be the author of the PBS plan and cannot be employed by the implementing provider.

Authorised for use: To be authorised, any recommended restrictive practices must meet ALL the following criteria:

- be clearly identified in the behaviour support plan;
- be used only as a last resort;
- be the least restrictive response available;
- reduce the risk of harm to the person with disability and/or others;
- be in proportion to the potential negative consequence or risk of harm

- be used for the shortest possible time to ensure the safety of the person with disability and/or others; and
- the plan includes opportunities for the person to develop new skills which have the potential to avoid the need for a restrictive practice.

Quality Assurance Outcome Summary Report: The report captures the panel's decision and authorisation conditions for each restrictive practice. It is uploaded by the implementing provider as evidence of authorisation via the NDIS Commission Behaviour Support Portal.

Important!

- **1.** An implementing provider keeps on reporting each URP within 5 days right up until the point the restrictive practice is authorised.
- **2.** Prohibited practices cannot be authorised.
- **3.** Restrictive practices can only be authorised for a maximum of 12 months.
- **4.** The panel specifies the length of time for which the authorisation applies as part of the conditions of authorisation. Once the agreed authorisation period has expired, the restrictive practice becomes a URP again.
- **5.** In circumstances where there are multiple providers that will be implementing the restrictive practice(s) captured in a BSP for one individual, the providers should come together to contribute to the Quality Assurance Panel process outcome, as best practice.



Where can I find more information?

1. The Authorisation of Restrictive Practices in Funded Disability Services Policy will operate for an interim period while a legislative framework is developed. This interim period is expected to coincide with the transition to full NDIS in WA, which is due to be completed by 1 July 2023, but may conclude earlier with the commencement of legislation.

For WA Department of Communities policy, resources and information sheets about the authorisation of restrictive practices, including the QA Panel Outcomes Summary Report template (see Forms):

www.wa.gov.au/government/document-collections/authorisation-of-restrictive-practices-resources

2. WAiS, in partnership with the WA Department of Communities, has established a register of independent behaviour support practitioners for implementing providers. For the register and payment information, see https://waindividualisedservices.org.au/register-of-behaviour-support-practitioners



I am an implementing provider and have a question about my responsibilities regarding authorisation

Contact arp@communities.wa.gov.au

I am an implementing provider and want more information about the independent behaviour support practitioner register or payments

Contact WAiS on 08 9481 0101 or ceo@waindividualisedservices. org.au

Stop!

- Do the decision-making members of the QA panel agree unanimously that the restrictive practice meets the authorisation principles?
- Does the approval detail any conditions that need to be imposed, including the length of time for which the authorisation applies?
- Is the decision recorded in the Quality Assurance Outcome Summary Report & signed by 2 panel members?

Yes

Continue to

Step 7

No

Further information, additional assessments or changes to the behaviour support plan may be required.



Implement the PBS plan

The implementing provider's **Authorised Reporting Officer** accepts the behaviour support plan in the NDIS Commission portal and attaches **evidence of authorisation**.

The implementing provider together with Behaviour Support Practitioner ensures that staff have appropriate training and supervision to implement positive behaviour strategies or use restrictive practices as outlined in the behaviour support plan.





Authorised Reporting Officer (ARO): This is the person who is responsible for accepting a behaviour support plan and monthly reporting on the use of authorised restrictive practices. You can have as many AROs as you need. Your organisation can decide who will be the AROs. The ARO role must be approved by the Authorised Access Delegate in your organisation's NDIS Commission Portal.

Evidence of authorisation:

In WA, implementing providers are required to upload the Quality Assurance Outcome Summary Report as evidence. This is signed by panel members and specifies the length of time for which the authorisation applies.

Where can I find more information?



- 1. For steps to log onto the NDIS Commission portal; request access for the ARO role; to accept a behaviour support plan; and to attach evidence of authorisation, see the Portal User Guide for Monthly Reporting of Restrictive Practices
 - www.ndiscommission.gov.au/document/1536
- 2. For information about behaviour support and restrictive practices, including responsibilities for training of workers in the plan, see Fact Sheet: Behaviour Support and Restrictive Practices
 - www.ndiscommission.gov.au/document/2236
- 3. For case studies and protocol examples including training, see the Regulated Restrictive Practices Guide 2020 www.ndiscommission.gov.au/document/2386

Important!

- **1.** Evidence of authorisation must be uploaded for **each** restrictive practice used.
- 2. It is the implementing providers' responsibility to ensure that any workers implementing behaviour support in accordance with a behaviour support plan have been appropriately trained to provide those supports. The behaviour support practitioner supports the implementation of the plan through the provision of person-centred training, coaching and mentoring. If the behaviour support funding runs out before training has finished, the implementing provider must support the person to seek a plan review with the NDIA for further funding and maintain records or documentation that demonstrate reasonable steps to support this.
- **3.** The implementing provider must ensure that their staff use the restrictive practice only as per the behaviour support plan and authorisation conditions otherwise, it is considered an URP and requires reporting as in Step 2.



Who can I talk to about this?

I am an implementing provider and have questions about implementing the plan and training staff

Refer to the Regulated Restrictive Practices Guide 2020 or Factsheet: Behaviour support and restrictive practices www.ndiscommission.gov.au/document/2236

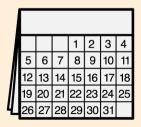
Contact WAbehavioursupport@ndiscommission.gov.au or phone the NDIS Commission on 1800 035 544.



Report the authorised restrictive practices (ARP)

The implementing provider's authorised reporting officer (ARO) completes a **monthly report** on authorised restrictive practice (ARP) via the NDIS Commission portal (Behaviour Support Plan tab).





Monthly report:

Monthly reporting should be completed for all regulated restrictive practices in the behaviour support plan, including reporting if they are not used. Reporting should be completed retrospectively, within 5 business days of the following month. Only the ARO role can submit the reports.

Important!

- **1.** If a restrictive practice is not used during the preceding month, the provider is still required to report it as 'nil usage' in the monthly report.
- 2. Once the authorisation period has expired, any continued use of a restrictive practice must be reported as an URP until new authorisation is obtained. (Process begins again at Step 2)
- **3.** Any change to the implementation of regulated restrictive practices that is not strictly in accordance with the behaviour support plan or authorisation conditions must be reported as an URP within 5 days of its use.

Where can I find more information?

- **1.** Getting access to the NDIS Commission portal www.ndiscommission.gov.au/document/1476
- 2. NDIS Commission Portal User Guide for Monthly Reporting of Restrictive Practices

www.ndiscommission.gov.au/document/1536





Who can I talk to about this?

I am an implementing provider and have a question about monthly reporting

Call the NDIS Commission on 1800 035 544 or email: wabehavioursupport@ndiscommission.gov.au





Government of **Western Australia** Department of **Communities**

www.waindividualisedservices.org.au

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The information in this resource is relevant for people receiving and delivering behaviour support in Western Australia and is current as of April 2022.

