

BEHAVIOUR SUPPORT AND RESTRICTIVE PRACTICES

Service providers are obligated to comply with NDIS Quality and Safeguards Commission (Restrictive Practices and Behaviour Support) in regards to restrictive interventions.

The NDIS defines restrictive intervention as "any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability". The standard is in place to ensure the safety of a person and their human rights when being supported by disability service providers. Behaviour support is not a judgement on the individual's behaviour or restrictive practices used, rather a best practice approach to individual support and human rights.

Restrictive intervention practices fall into these categories:

CHEMICAL

MECHANICAL

ENVIRONMENTAL

PHYSICAL

SECLUSION

CHEMICAL RESTRAINT

The use of medication/chemical substance to influence or control 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 health condition, a physical illness or a physical condition. Commonly used restrictive medications include Risperdal, Lovan, Melatonin, Phenergan, Zoloft (without a diagnosis of depression and/or other mood disorder), Concerta and Catapres.

MECHANICAL RESTRAINT

The use of a device to prevent or restrict a person's movement to control behaviour. For example, the use of splints to prevent a person obsessively sucking their fingers, or wheelchair/stroller used for the purpose of controlling a person's behaviour. This does not include the use of therapeutic devices or devices used for a non-behavioural purpose, such as leg braces to support mobility.

ENVIRONMENTAL RESTRAINT

Restricting a person's free access to all parts of their environment, including items or activities. For example, locking a door/cupboard or preventing access to communal areas or a person's possessions including iPad.

PHYSICAL RESTRAINT

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 a person's arm so they can't hit their head.

SECLUSION

The confinement of a person with disability in a room or a physical space; for example locking a bedroom at night. Or locking an individual in a car for the purpose of controlling their behaviour for their safety or someone elses.

All participants who require restrictive practices when being supported by a disability service provider require a behaviour support plan (BSP) to be in place. If the person does not have any restrictive interventions, a BSP is not required. However, a BSP may be requested by a disability service provider to provide support to an individual who has behaviours of concern.

BEHAVIOUR SUPPORT PLANS - BSP

A behaviour support plan (BSP) is used to ensure best practice behaviour support is provided to an individual. It outlines the strategies in place to assist the person to reduce the behaviours of concern and that ensures that any restraints used are the least restrictive option.

The plan is developed to manage a person's behaviour using proactive strategies. All participants that require the use of restrictive intervention must have a behaviour support plan created prior to receiving services or they must have NDIS funding for a BSP to be developed. The plan must be created in consultation with the person's family and/or other relevant person e.g. occupational therapist or behavioural specialist.

Anyone who is subject to any form of restraint must have an approved behaviour support plan in place. All behaviour support plans need to be either an *interim* or *comprehensive* plan that meet the requirements of the Office of Professional Practice. If these guidelines are not met we are unable to use the plan or provide supports to the individual.

Behaviour support plans need to be developed by a **NDIS registered behaviour support practitioner**. Interchange Outer East have a team of practitioners who are able to provide this service, or you can seek alternate services that will provide specialist behaviour support and develop and/or review a plan.

IMPORTANT:

IOE cannot register and commence services for a participant who has restrictive intervention as part of their support until the person has an approved BSP.

BSP Funding and NDIS Plan Review

If you currently do not have BSP funding in your/participant's NDIS plan please ensure that you discuss this with a support coordinator, local area coordinator or NDIS planner at the next NDIS plan review. It is important that BSP funding is included in the next NDIS plan and should be considered at each plan review.

If you would like a quote for behaviour support services from Interchange Outer East to take to your next NDIS plan review, please contact the IOE Behaviour Consultancy Team or complete the online referral form: https://ioe.formstack.com/forms/ioe_services_eoi

There are three item numbers under NDIS category *Capacity Building; Improved Relationships* that you can request in your plan. These are as follows:

11_022_0110_7_3	Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices.
11_023_0110_7_3	Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due the persons disability.
11_024_0117_7_3	Individual social skills development	Social skills development with an individual, for participation in community and social activities.

If you would like further information in regards to behaviour support, please contact the Interchange Outer East Intake Team on 9758 5522 or ioe@ioe.org.au.