

ACCOUNTABLE:	<i>General Manager Home & Living Services & General Manager Day Service</i>
OWNER (RESPONSIBLE):	<i>All staff, Line Managers, ARO, APO</i>
NEXT REVIEW DATE:	<i>April 2026</i>

OUR VISION: *For all people with intellectual disability to lead a full and enriched life*
OUR MISSION: *We value the inherent worth of every individual. We create opportunities for adults with intellectual disabilities to explore and grow. We build inclusive community connections*

1. STATEMENT

Bayley House is committed to improving the quality of life of people with a disability and to ensuring that each person’s human rights are respected and upheld.

We work with clients, families, and carers to develop a shared understanding about each person with a disability, we use a positive behaviour support framework to work with our client’s and their support networks to uphold their dignity and respect. We recognise that all behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern. We work with our client’s, their families, and their behaviour support practitioners to develop behaviour support through creating individualised strategies that are responsive to clients’ needs in a way that reduces the occurrence and impact of behaviours of concern and minimises the use of restrictive practices.

2. SCOPE

This policy applies to all Bayley House clients who display or are at risk of displaying behaviours of concern and our staff, volunteers and agency workers who deliver services on behalf of Bayley House, regardless of funding type.

3. RESPONSIBILITIES

All Staff are responsible for:

- a) implementing positive behaviour and active support with clients
- b) providing opportunities for clients to increase skills and personal development
implementing and monitoring approved behaviour support plan or support strategies through the agreed approach
- c) escalating concerns to the Team Leader or Manager / On-call
- d) immediately reporting any incident of unplanned or unapproved use of a restrictive practice through the Bayley House incident reporting process
- e) undertaking mandatory training.
- f) Participating in reflective practice sessions following the use of any prn restrictive practice

The **Line Manager** is responsible for:

- a) providing support and mentoring staff in implementing positive behaviour support plans

- b) working with the Behaviour Support Practitioner to provide training for all staff supporting the client, implementing strategies and achieving the best outcomes for the client
- c) ensuring that a Medication Purpose Form is completed by a medical practitioner at any medication review to capture chemical restraint medications that may be prescribed
- d) immediately reporting any incident of unplanned, prn or unapproved use of a restrictive practice, through the Bayley House incident reporting process
- e) for emailing all Medication Purpose Forms or medication changes completed by medical practitioners within 24 hours to Medications@bayleyhouse.org.au
- f) for providing support to clients, carers and staff as required.
- g) Completing the initial notifications of any incident of unauthorised use of a restrictive practice to NDIS via PRODA portal
- h) Organising Reflective Practice Sessions with relevant support staff following the implementation of a prn restrictive practice and completion of the Restrictive Practice Reflection Tool

General Manager / Delegate is responsible for:

- a) providing support and mentoring to staff in implementing positive behaviour support
- b) reviewing and managing any incident report involving behaviours of concern or unauthorised use of a restrictive practice. This includes:
 - referral to and assessment by a medical practitioner, collaboration with mainstream providers or Police, debriefing for staff and identifying areas for improvement
 - notifying NDIS Quality and Safeguards Commission within five business days of becoming aware of the unauthorised use of restrictive practice in accordance with directives
 - reporting use of unauthorised restrictive practices to the CEO.
- c) monitoring and updating the restrictive practice and Positive behaviour Support plan register
- d) reviewing and analysing aggregate related incident data and trends to identify strategies to safely eliminate the use of restrictive interventions, and to inform policy and practice improvement opportunities
- e) ensuring that changes in relation to best practice for positive behaviour support are communicated and resourced across the organisation where identified.
- f) Completing the approval process for any reportable incident of unauthorised use of a restrictive practice to NDIS via PRODA portal

The **Authorised Program Officer** (APO) is responsible for the protection of the rights of any person subject to a Restrictive Intervention. The APO

- a) is required to review behaviour support plans and authorise the use of all regulated restrictive practices in line with the requirements of the Disability Act and NDIS Rules, that is, that the use of a regulated restrictive practice is:
 - necessary to prevent a person from causing physical harm to the person or another person
 - the least restrictive option for the person as is possible, in the circumstances
 - included and used in accordance with the person's NDIS behaviour support plan
 - not applied for longer than necessary, and in accordance with the NDIS Commission's requirements (under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth))

- uses the *Behaviour Support Plan Approval Checklist (GCP-467)* to guide the authorisation of the plan
- b) may only authorise the use of seclusion as a regulated restrictive practice in consideration of specific requirements. They must not authorise any forms of physical restraint that have been prohibited under section 27(5B) of the Disability Act 2006.
- c) provides the NDIS behaviour support plan (and other documentation as required, including functional behaviour assessment) to the Victorian Senior Practitioner through RIDS
- d) ensures the person with a disability is consulted prior to a BSP being authorised and implemented and there is clear and documented evidence the person and / or their advocate has been consulted and is happy to proceed with the plan.
- e) ensures an independent person is available to explain to the person with a disability what is in the BSP and their rights. An independent person is someone independent of the NDIS provider; that is, someone who has no connection to the provider and is not a paid support
- f) ensures that an Interim Behaviour Support Plan is available to assist clients whilst waiting for the completion of a comprehensive plan
- g) monitors the currency of Behaviour Support Plans.

The Authorised Reporting Officer is responsible for:

- a) accepting behaviour support plans once authorised and submitting monthly reports of an authorised restrictive practice
- b) monitoring all medications prescribed through the Medications@bayleyhouse.org.au process, and identifying reporting requirements
- c) monitoring the currency of Behaviour Support Plans
- d) implementing systems to ensure that all NDIS Commission reporting requirements can be verified as required.
- e) Completing the approval process for any reportable incident of unauthorised use of a restrictive practice to NDIS via PRODA portal
- f) Working with the relevant operation team to submit any weekly reporting requirements to PRODA

The Behaviour Support Practitioner is responsible for:

- a) developing high quality, evidence based Positive Behaviour Support to participants
- b) undertaking functional behaviour assessments
- c) providing training and education to the clients support team
- d) undertaking reviews at minimum annually and earlier as required
- e) uploading plans and RIDS authorisation to the NDIS Commission Portal.

An **Independent Person** must be available to explain inclusion of a restrictive practice in a NDIS behaviour support plan to a person with a disability. This person must not:

- a) be a NDIS provider or disability service provider to the person
- b) have an interest in an NDIS provider or disability service provider to the person, or
- c) have any responsibility in relation to the development or review of the person NDIS behaviour support plan.

The **Bayley House Positive Behaviour and Restrictive Practice Committee** meets to support the reduction and elimination of restrictive practices and client behaviour support. The committee meets regularly to review and approve behaviour support plans and to make recommendations to continue

or modify existing plans depending on the progress and success of existing strategies (*Refer TOR-012=Positive Behaviour and Restrictive Practice Committee*).

4. PROCEDURE

The primary focus of the behaviour support plan is always to improve the quality of life of the customer with a secondary focus on eliminating or reducing behaviours of concern. Restrictive practices approved for use are always used in a way that is deemed least restrictive and only as a last resort.

Assessment, Plan Development Review

Prior to a PBSP development a functional behaviour assessment must be completed by the practitioner to understand the reason for the behaviour. A Behaviour Support Plan is then developed that details strategies for improving the person's life and addressing any identified needs. The plan is for both the PWD and anyone involved in their life so that everyone can work together. The plan will include prevention, responding to early warning signs, reactive strategies and the development of functionally equivalent behaviours.

If the plan involves any form of restrictive practice then it must be developed by a NDIS registered specialist Behaviour Support Practitioner, and once authorised by the APO must be approved by the Victorian Senior Practitioner through the Restrictive Interventions Data System (RIDS)

The authorisation of behaviour support plans is guided by the *Behaviour Support Plan Approval Checklist (GCP-467)*.

Once a plan has been developed, and prior to authorisation, an independent person must be available to explain the inclusion of a restrictive practice in a NDIS behaviour support plan to a person with a disability and advise that the person may seek a review of the decision by the Victorian Civil and Administrative Tribunal (VCAT).

The APO must provide information to the Victorian Senior Practitioner that an independent person has been made available to the person.

The process for developing, authorising, reviewing, and reporting restrictive practices within Behaviour Support Plans is completed as per the *Restrictive Practice Reporting Framework (REF-138)*.

The Behaviour Support Practitioner will review the client's Behaviour Support Plan at planned intervals, where client needs change, but at least on an annual basis.

Plans will be reviewed with the client, specialist providers and an independent person (which may include any person the client chooses). It considers whether strategies are effective and continue to reflect the least restrictive supports.

Client Behaviour Support Plans are discussed at the Bayley House Positive Behaviour and Restrictive Practice Committee as referred.

Incident Reporting

Internal Reporting

Staff should contact their Team Leader, Program Manager or General Manager or call On-Call for advice, prior to the use of an unauthorised restrictive practice or prn authorised restrictive practice.

All episodes of prn authorised, or unauthorised restrictive practice must be reported through Bayley House's internal Client Incident Reporting procedure immediately following the incident, or as soon

as possible but within 24 hours. Staff report all incidents in accordance with the *Client Incident Reporting Policy 4.5*.

All incidents involving the use of unauthorised restrictive practice must be reported to the NDIS via PRODA portal within 5 working days, following the initial notification a five-day report is required.

Incidents are reviewed and managed, and actions implemented to ensure the safety and well-being of all clients, staff, and volunteers, reduce the risk of reoccurrence, meet mandatory reporting requirements, and identify areas for improvement.

Such actions may include referral to and assessment by a medical practitioner, collaboration with mainstream providers or police and debriefing for staff.

All identified unauthorised restrictive practice must be assessed using GCP-471=URP Risk Assessment. Relevant General Managers alongside senior staff will assess all risk to clients and ensure that controls are in place to ensure the safety of the client which may include seeking urgent medical review and urgent review by the clients behavioural practitioner. The General Manager will consider the risk assessment and decide if Bayley House can safely support implementation of the restricted practice whilst awaiting it's inclusion within the clients behavioural support plan.

External reporting process

Bayley House is required to report unauthorised use of restrictive practices in relation to a person with a disability. Where unauthorised restrictive practice occurs, the line manager will complete the initial notification (must occur within 5 days of becoming aware that an unauthorised restrictive practice has been used) and subsequent 5-day report. The ARO or relevant Operation Manager are responsible for reviewing and approving both notifications.

If a Medication Purpose Form identifies a medication to control or subdue behaviour, that is not on a behaviour support plan, and is administered, then it is classified as an unauthorised restrictive practice which must be reported to the NDIS Commission within 5 business days.

Whenever the use of any restrictive practice results in serious injury to a person, it must be reported to the NDIS Commission as a reportable incident within 24 hours.

Clients and/or their representatives will be invited to be involved in the review of any incidents involving restrictive interventions.

Staff Training and Reflective Practice

Staff will receive training in restrictive practices and positive behaviour support, both through working collaboratively with specialist behaviour support providers and through organisation training provided to ensure they are aware of and working within agreed guidelines and implementing approved strategies.

The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector identified that Debriefing and undertaking reflective practice reviews are a core strategy for reducing and eliminating restrictive practices. Accordingly, reflective practice sessions will be completed post the implementation of any prn or unauthorised restrictive practice. Reflective practice is, in its simplest form, thinking about or reflecting on a situation, and identifying what you would do differently next time. Reflective Practice sessions will be run with the staff involved in the use of the restrictive practice as well as other members of the client's support team. The *Restrictive Practice Reflection Tool* will be used to guide the session and will be uploaded to the clients Supportability file once completed and made available to all team members.

5. RELATED DOCUMENTS

Policies:	4.5 Incident Reporting
Forms:	GCP-416=Client Incident Form GCP-419=Medication Purpose Guide and Form GCP-467=Behaviour Support Plan Approval Checklist QMS-112=BH Restrictive Practice Audit Identification Tool GCP-465=Restrictive Practice Reflection Tool GCP-470=Notification of Approval to use Restrictive Practice GCP-471=URP Risk Assessment
References:	REF-117=VSP Regulated Restrictive Practices Authorisation Checklist REF-118=Information for Authorised Program Officers REF-119=NDIS Commission Portal User Guide – reporting Restrictive Practices REF-120=NDIS Behaviour Support and Restrictive Practices Fact sheet REF-121=Using restrictive practices in Victoria REF-122=Reducing restrictive practices red flags NDIS REF-138=Regulated Restrictive Practice Flowchart REF-139= BH Restrictive Practice and Behaviour Support – Easy read REF-140= Bayley House – Introducing Restrictive Practice TOR-012=Positive Behaviour and Restrictive Practice Review Committee

6. STANDARDS / LEGISLATION

NDIS Code of Conduct
NDIS Practice Standards and Quality Indicators
National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
Reportable Incidents Detailed Guidance for Registered NDIS Providers June 2019

7. DOCUMENT HISTORY

Positive Behaviour Support and Restrictive Practices

Version	V5
Approved by	CIC
Effective Date	Jan 24

Appendix 1: BAYLEY HOUSE RESTRICTIVE PRACTICE REPORTING FRAMEWORK



Restrictive Practice Reporting Framework

Environmental	Chemical	Seclusion	Mechanical	Physical
Restricting a person's free access to all parts of their environment, including items or activities e.g. locked refrigerator, cupboards, pantry, or doors.	The use of medication or chemical substance for the primary purpose of influencing a person's behaviour. Does not include medications prescribed by a medical practitioner for the treatment of a diagnosed mental disorder, a physical illness or condition.	The confinement of a client 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.	The use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour. Does not include the use of devices for therapeutic or non-behavioural purposes	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. Does not include guiding and showing the way or redirecting a person from harm.

