NDIS Quality and Safeguards

SECTOR READINESS PROJECT for Psychosocial Service Providers

2023 UPDATE: GUIDE TO READINESS WORKBOOK

MODULE 2A IMPLEMENTING BEHAVIOUR SUPPORT PLANS

Assisting registered psychosocial disability service providers who implement Behaviour Support Plans.

Updated 2A Module Guide developed by

Western Australian Association for Mental Health (WAAMH)

National Disability Insurance Scheme (NDIS) Quality and Safeguards Sector Readiness Project Team

December, 2023

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For more Sector Tools/Resources, click here to register on CAREHub and get full access to the WAAMH NDIS Sector Legacy Toolbox.

Disclaimer

Information provided in WAAMH publication material is accurate and up to date at the time of publication, and it is the responsibility of the user to exercise independent skill and judgment about the use of information in its application. This guide does not replace NDIS specific advice relevant to the NDIS framework and obligations.

Please direct any specific NDIS Quality Indicators and Safeguarding regulatory queries to NDIS directly. Click here for NDIS information and contact details.

ACKNOWLEDGEMENTS

We wish to acknowledge the traditional custodians of the land on which we are based, the Wadjuk people of the Nyoongar nation and pay our respects to the Elders, past, present and future. We extend this acknowledgement to all Aboriginal Peoples throughout Australia acknowledging their continuing culture and connection to land, sea, sky, and community.

We acknowledge the essential contribution made by people with a living or lived experience of mental health issues. We recognise the generosity, courage, and resilience of those who share this unique perspective for the purpose of learning and growing together and working towards better outcomes for all. We would like to thank those consumers and carers who contributed to the development of this Workbook.

We would also like to thank the following organisations for their contributions to the WAAMH NDIS Project:

- 360 Health and Community
- Helping Minds
- Rise Network

Plus acknowledge the following resources and key documents that informed the development of this workbook/guide:

- Code of Conduct (for Providers) (National Disability Insurance Scheme (NDIS))
- NDIS Practice Standards and Quality Indicators
- Quality and Safeguards Commission Legislation, Rules and Policies (NDIS)
- Authorisation of Restrictive Practices (Department of Communities)
- Positive Behaviour Support Capability Framework (NDIS)
- Recovery Orientated Language Guide (Mental Health Coordinating Council)
- Mental Health Outcomes: Indicators and Examples of Evidence (Mental Health Comission WA)
- Map of the National Safety and Quality Health Service (NSQHS) Standards (2nd ed.) with the National Standards for Mental Health Services
- User Guide for Health Services Providing Care for People with Mental Health Issues (NSQHS)
- NSQHS Accreditation Workbook

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

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THE WAAMH NDIS QUALITY AND SAFEGUARDS SECTOR READINESS PROJECT

The WAAMH NDIS Quality and Safeguards Sector Readiness Project Team was funded from May 2020 to December 2023 by the WA Department of Communities. The primary objective was to support the capacity building of psychosocial disability service providers to operate in compliance with the NDIS Commission requirements, including the NDIS Practice Standards and Quality Indicators.

The Project aims included:

- Assisting providers to understand and address the NDIS Commission requirements.
- Develop strategies to address identified gaps in provider capacity to meet the NDIS Commission requirements.

The works alongside psychosocial service providers in building capacity for supporting individuals and navigating the NDIS Commission requirements.

Why did we create a Workbook?

Firstly, the Project Team has been committed to creating up to date, accessible and dynamic resources. For more Sector Tools/Resources, click here to register on CAREHub and get full access to the WAAMH NDIS Sector Legacy Toolbox.

Secondly, the updated 2A Readiness Workbook was developed to:

- Help service providers to navigate and understand the NDIS Practice Standards and Quality Indicators;
- Identify potential evidence under each Indicator and be better prepared for auditing;
- Increase understanding of the use of Restrictive Practices (RP) in the Western Australian (WA) context.

The Project Team created an accompanying Implementing Behaviours Support Plans (IBSP) Map as an alterntive and more visual way of working through the module. There are direct links to this updated guide for the 2A Workbook within the framework of the NDIS Standards and Quality Indicators.

In recognition of the mulitple terms used in NDIS service provision and in the navigation of regulatory requirements, please see Appendix 1 for a list of *acronyms, terms and definitions* used in this workbook.

Secondly, keeping the participant at the centre of what we do as well as recognising the complexities of psychosocial disablities in a mental health and trauma-informed perspective is vital. This is also discussed in detail in the Appendix 7 at the end of this workbook.

BEHAVIOUR SUPPORT AND IMPLEMENTING PLANS UNDER THE NDIS COMMISSION IN WA

This section provides a brief overview of positive behaviour support (PBS), a description of what it means to be an implementing provider of RP and outlines the authorisation of restrictive practices under the Authorisation of Restrictive Practices Policy (ARP Policy) in WA.

When a participant needs behaviour support services or if a regulated RP (described in detail below) is observed and likely to be ongoing, the participant must have a Behaviour Support Plan(s) (BSP) in place. BSP must be monitored, implemented, reported against and reviewed in line with the NDIS Practice Standards and Quality Indicators and the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (NDIS Rules).

RP is an area of the NDIS that the Federal and State governments are jointly responsible for implementing. In WA this means the authorisation process for RP is governed by the Department of Communities (DoC) via the Authorisation of Regulated Restrictive practices in Funded Disability Services Policy (ARP Policy).

What is PBS?

PBS is an evidence-based collaborative approach to assessment, planning and intervention focused on addressing a person's needs, their environments and overall quality of life. Some examples of areas that may need to be addressed are communication, environmental stimulation (such as noise levels) and engagement in meaningful activities.

Key aspects of a PBS approach include:

- Person-centred (Environmental, Physical, Emotional, Mental)
- Inclusive of stakeholders
- Assessment based intervention
- Behaviour support planning
    1. Primary prevention – meet the need
    2. Responding to early signs of escalation
    3. Reactive strategies
- Reduction and elimination of restrictive practices
- Skill building

DOES YOUR ORGANISATION NEED TO DO MODULE 2A?

Short answer is, if you are a registered NDIS provider and using RP, then you are required to implement BSPs. That means you are an implementing provider and therefore, you need to complete module 2A.

Longer answer is additional NDIS Quality and Safeguards compliance obligations apply to you/ your organisation. You will be audited against these i.e.- specifically Module 2A of the NDIS Standards and Quality Indicators (p. 28-31) as well as the NDIS Rules.

As an NDIS implementing provider your organisation is responsible for the effective implementation of the BSP, staff training to implement the strategies and/or RP outlined in the BSP, the monitoring of the progress of the BSP (including collecting data on the implementation of the plan) and the progress of strategies aimed at the reduction and elimination of RP.

A BSP is developed by a NDIS behaviour support practitioner/provider who must be registered and audited against Module 2A. It is the responsibility of the behaviour support practitioner to upload the BSP to the NDIS Commission Behaviour Support Portal.

This updated workbook has been to help you navigate the Module 2A of the NDIS Practice Standards and Quality Indicators and incorporates checklists for the NDIS Rules and the NDIS (Incident Management and Reportable Incidents) Rules 2018. All NDIS providers implementing BSPs must comply with the aforementioned documents and the relevant state authorisation of RP process.

Please note:

*It is recognised that BSPs may be implemented by families, carers, schools and/or registered NDIS service providers.

*The updated Module 2A Implementing Behaviour Support Plans and the accompanying IBSP Map is designed to:

- help support you in best practice as guided by NDIS Standards and Quality Indicators and your organisational policies; and
- navigating the NDIS obligations for audit readiness and confidence.

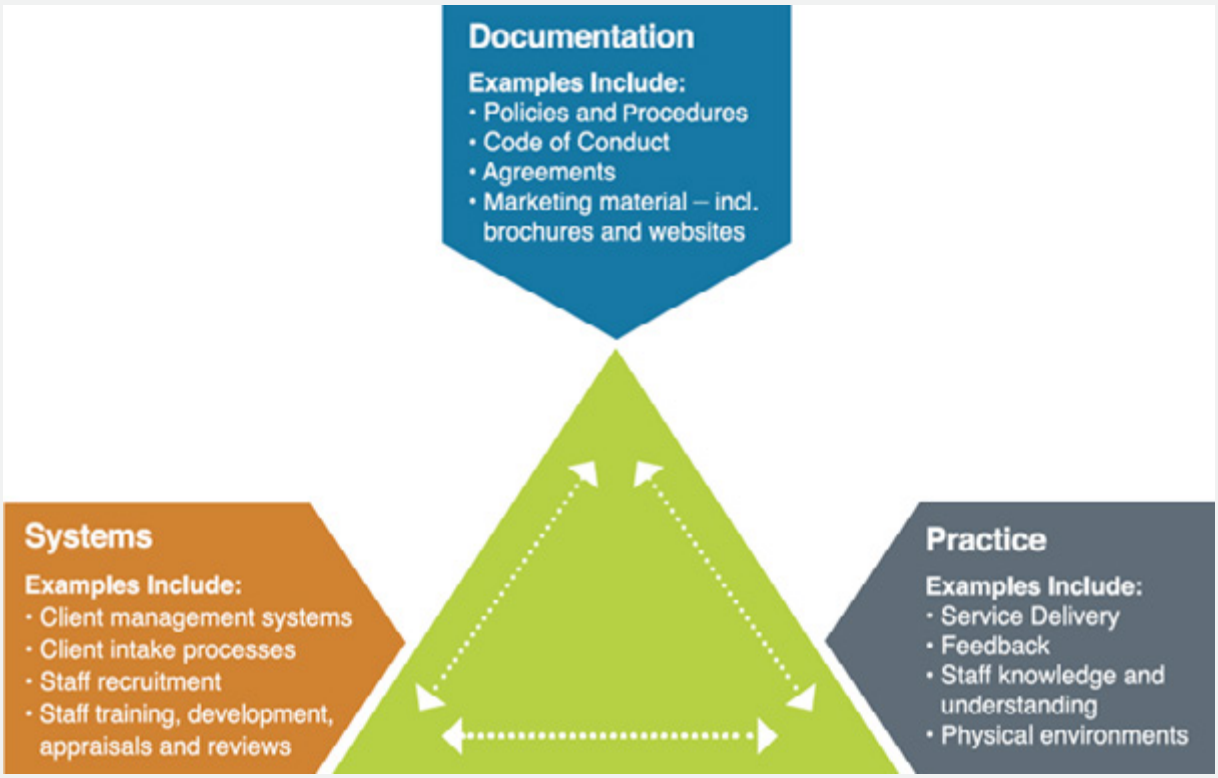
THE UPDATED 2A WORKBOOK EXPLAINED

This updated workbook for Module 2A contains a two page worksheet for each of the related NDIS Standards and Indicators. Each indicator has an interpretation provided as well as evidence examples and implementation into everyday practice. IBSP Map is an additional resource to use.

'Evidence and Implementation into Everyday Practice' sections provide information about how your organisation can satisfy an Approved Quality Auditor for NDIS funding. The listed evidence and examples are not exhaustive; however, they will provide guidance on the types of things you could provide as evidence or demonstrate through service provision. It is important to note that not all listed examples will be relevant to all providers, so ensure you have what is relevant to the size, scale and scope of your organisation.

See Appendix 4 for more information about key types of evidence.

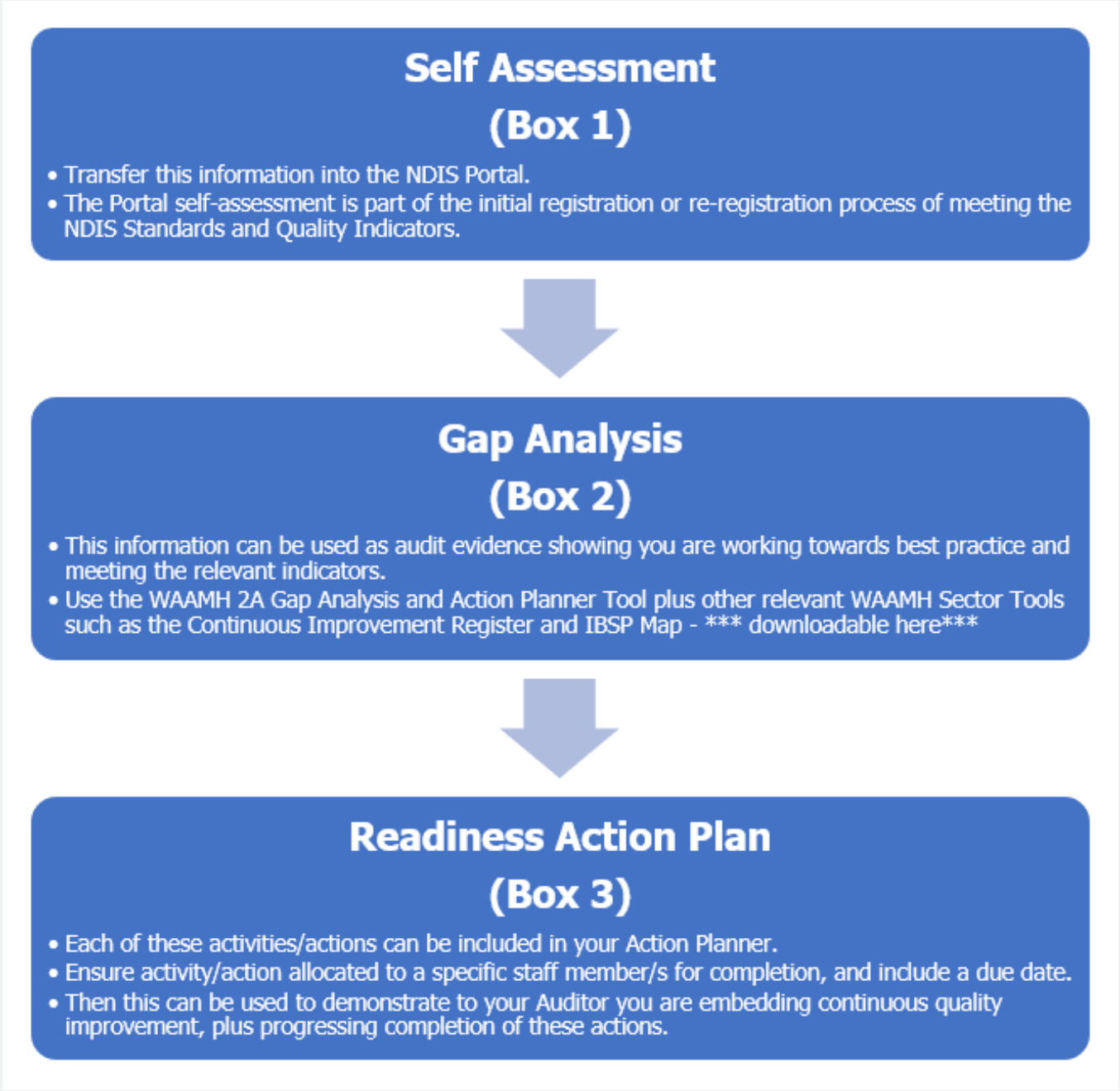
Documented evidence and everyday practice interaction is explained through the following diagram, it is important to remember they do not exist in silos, they are interconnected:



Once you have completed this updated workbook, you have done considerable work in preparing your organisation for complying with the NDIS requirements.

HOW TO USE INFORMATION IN 2A WORKBOOK…

Once you have completed this workbook, you have done considerable work in preparing your organisation for complying with the NDIS requirements. See below for more information about the next steps:



**Note: Box 1-3 refers to the second page of each corresponding Indicator in this workbook. See p. 10-11 for examples.*

HOW TO FOLLOW EACH SECTION IN 2A WORKBOOK...

Standards as written in the NDIS Practice Standards and Quality Indicators.

Purple text references to relevant pages and links to the NDIS Standards and Quality Indicators + IBSP Map (visual map for workbook).

Quality Indicator as written in the NDIS Practice Standards and Quality Indicators.

Bold words indicate what needs to be evidenced to meet this indicator for best practice and for auditing.

An interpretation of the NDIS language used in each indicator to increase accessibility.

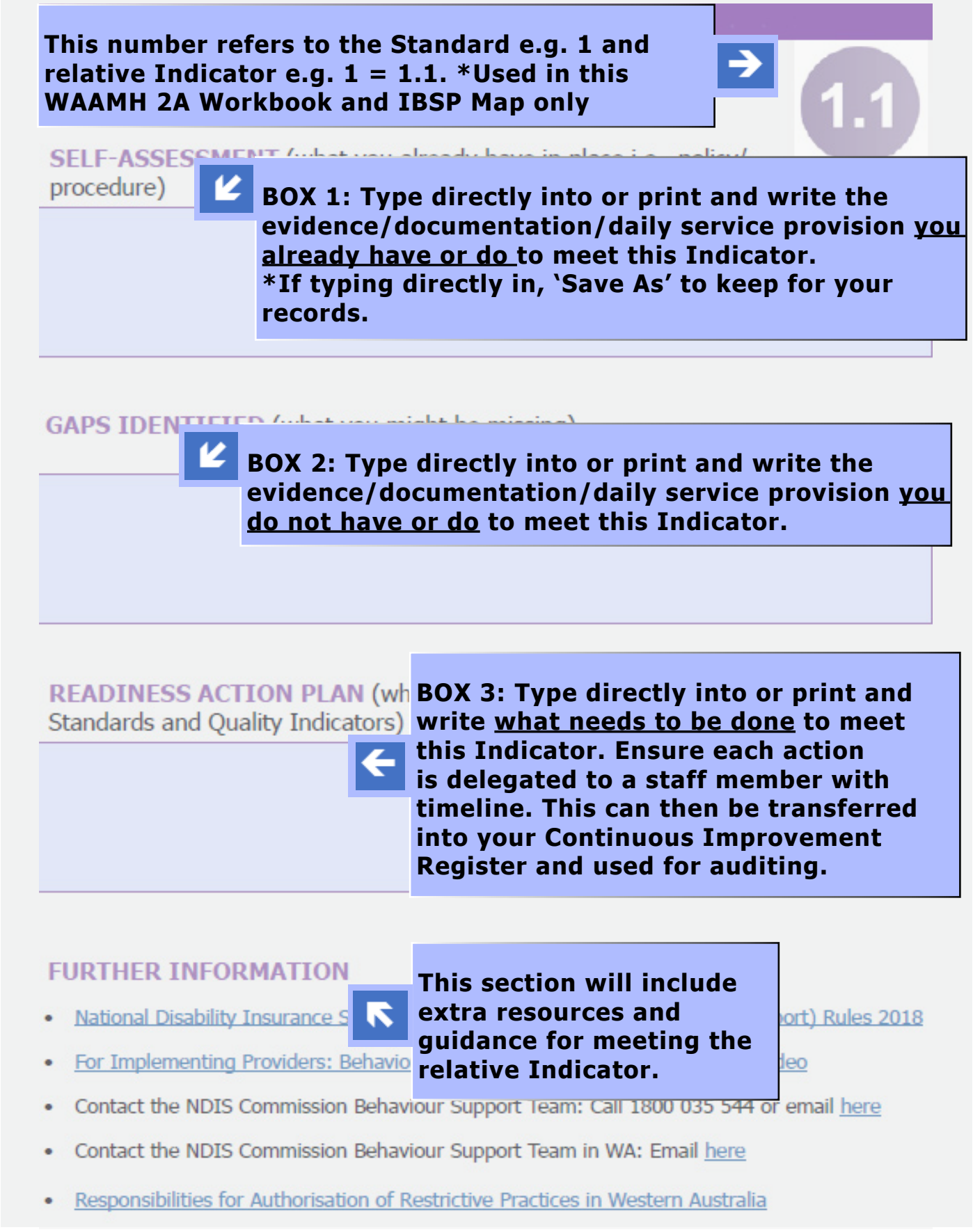
Some suggested evidence examples to demonstrate compliance or meeting the needs of this indicator.

Tick the boxes if you already have this evidence.

Some ways that the indicator evidence can be demonstrated in your service delivery/ what it looks like in practice.
***Tip: if you do it, then you will have the supporting documentation/evidence.**

Tick the boxes to show which ones your service already does.

HOW TO FOLLOW BOXED SECTIONS IN 2A WORKBOOK…



2A STANDARD 1: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 1 & Indicator 1, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p5 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

STANDARD 1.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Knowledge and **understanding** of the **NDIS** and State/Territory behaviour support **legislative** and **policy frameworks.**

INTERPRETATION

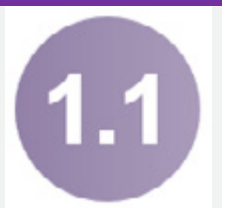
Relevant legislation and policy frameworks are understood by management and staff and applied in the behaviour support implementation. This includes the NDIS Rules 2018 and the ARP Policy.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures incorporate relevant legislation and policy frameworks are embedded into everyday practice
- ☐ Staff demonstrate knowledge and understanding of relevant policy and legislation and describe how it is enacted in service delivery i.e.- staff meeting reviews, supervision
- ☐ Organisational processes demonstrate the application of relevant legislation and policy frameworks in service delivery

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training on NDIS and State/Territory behaviour support legislative and policy frameworks are included in orientation and induction; plus are recorded in the staff Training Register
- ☐ Staff confirm knowledge and understanding of NDIS, and State/Territory behaviour support legislative and policy frameworks
- ☐ Supervision and support of staff to ensure they uphold NDIS, and State/Territory behaviour support legislative and policy frameworks



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- National Disability Insurance Scheme (Restrictive Practice and Behaviour Support) Rules 2018
- For Implementing Providers: Behaviour Support and the NDIS Commission Video
- WAAMH NDIS Sector Training Register
- Contact the NDIS Commission Behaviour Support Team via 1800 035 544 or via email for WA here
- Responsibilities for Authorisation of Restrictive Practices (Government of WA)

2A STANDARD 1: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 1 & Indicator 1, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p5 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

STANDARD 1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Demonstrated appropriate **knowledge** and **understanding** of **evidence-informed practice** approaches to behaviour support.

INTERPRETATION

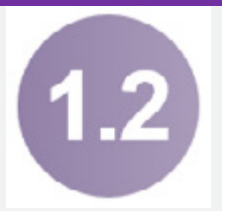
Staff in your organisation know about, understand, and implement evidence-based approaches to delivering positive behaviour supports (PBS).

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures relating to staff implementation of evidence-informed practice/service delivery to behaviour support
- ☐ Training documents/staff register
- ☐ Regular meetings with authorising behaviour support practitioners to review evidence-informed practices approaches
- ☐ Feedback to staff and supervision is documented demonstrating understanding of evidence-informed practice

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff supervision, mentoring and training
- ☐ Join Communities of Practice which share information on evidence-informed practice approaches to behaviour support
- ☐ Subscribing to sector updates to demonstrate your organisation is keeping up to date with new evidence-informed research surrounding the delivery of behaviour support



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- An Introduction to PBS (Centre for the Advancement of PBS at BILD)
- PBS Capability Framework (NDIS Quality and Safeguards Commission)
- Compendium of Resources for PBS (NDIS Quality and Safeguards Commission)

2A STANDARD 1: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 1 & Indicator 1, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p5 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

STANDARD 1.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Demonstrated commitment to **reducing and eliminating RP** through **policies, procedures, and practices.**

INTERPRETATION

Documented policies and procedures outline your organisational commitment and approach to reducing and eliminating RP. This is embedded into everyday practice.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures provide clear direction on how staff can monitor, record and progress reduction and elimination strategies contained in a participant's BSP Training documents/staff register
- ☐ Documented self-assessment process that shows where your organisation can further reduce and eliminate RP e.g. staff meetings to specifically discuss this topic
- ☐ Training Register shows that each worker that implements RP is trained on the reduction and elimination strategies prescribed in each participant's BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ All BSP implemented include a RP reduction and elimination plan
- ☐ Staff training is provided at orientation, as needed and reviewed in supervision to ensure ongoing commitment and capability towards the reduction and elimination of RP
- ☐ Review of policy, procedure and processes in the area of reduction and elimination of RP is part of your continuous quality improvement cycle

1.3

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- National Framework, Reducing and Eliminating the Use of RP (Department of Social Services)
- Reducing Restrictive Practices (National Mental Health Commission)
- Evidence-based Guidelines to Reduce the Need for RP (Australian Psychological Society)
- Reducing Restrictive Practices Checklist (Restraint Reduction Network)

2A STANDARD 2: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 2 & Indicator 1, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p6 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a regulated RP that meets any State/Territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

STANDARD 2.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Knowledge and understanding of regulated RP as described in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and **knowledge and understanding** of any relevant state or territory legislation and/or policy **requirements and processes** for obtaining authorisation (however described) for the use of any regulated RP included in a BSP.

INTERPRETATION

Your organisation has knowledge and understanding of the requirements outlined in the above linked NDIS Rules, plus processes of authorisation RP in your State/Territory. In WA this refers to ARP Policy and Procedure Guidelines.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures satisfy the requirements of the NDIS Rules and the ARP Policy and are embedded into everyday practice
- ☐ Training Register recording staff training in processes/requirements/responsibilities for obtaining authorisation for the use of any regulated RP
- ☐ Staff can identify when they have used an unauthorised RP and can demonstrate knowledge and understanding of the processes to follow if they use an unauthorised RP in service delivery

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff are trained on the requirements and processes for obtaining authorisation of use of any RP used in service delivery
- ☐ Regular staff meetings, supervision and mentoring is undertaken to review RP use.

2.1

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- ARP Policy/Procedural Guidelines (Government of WA)
- Regulated RP Guide (NDIS Quality and Safeguards Commission)
- Email here for WA Department of Communities re: Authorisation of RP
- ARP resources and information (Government of WA)

2A STANDARD 2: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 2 & Indicator 2, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p6 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a regulated RP that meets any State/Territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

STANDARD 2.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Where State/Territory legislation and/or policy requires authorisation (however described) to, the **use of a regulated RP,** such **authorisation is obtained, and evidence submitted.**

INTERPRETATION

Authorisation for the use of regulated RP is sought and guided policy, and evidence is documented, submitted and saved. In WA under the ARP Policy, evidence of authorisation is recorded in the Quality Assurance Outcome Summary Report and submitted to the NDIS Commission Portal.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures provide clear guidance on how to obtain authorisation for the use of restricted RP
- ☐ Documented policies and procedures provide governance guidelines for the Quality Assurance Panel
- ☐ Completed Outcomes Summary Report signed by the Quality Assurance Panel and evidence of submission to the NDIS Behaviour Support Portal

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training includes processes and requirements for obtaining authorisation for the use of restrictive RP
- ☐ Members of the Quality Assurance Panel can demonstrate they understand the policies and procedures that govern them

2.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- ARP Policy/Procedural Guidelines (Government of WA)
- Regulated RP Guide (NDIS Quality and Safeguards Commission)
- Email here for WA Department of Communities (DOC) re: Authorisation of RP
- ARP resources and information (Government of WA)

2A STANDARD 2: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 2 & Indicator 3, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p7 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a regulated RP that meets any State/Territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

STANDARD 2.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Regulated RP are **only used in accordance with a BSP** and all the requirements as prescribed in the NDIS Rules 2018. Regulated RP are **implemented, documented, and reported** in a way that is **compliant** with relevant legislation and/or policy requirements.

INTERPRETATION

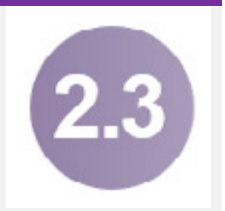
Service providers ensure that regulated RP used as part of participants BSP are done so in line with the NDIS Rules and use is implemented, documented, and reported meeting the relevant legislation and/or policy requirements.

EVIDENCE EXAMPLES

- ☐ Staff are supervised and monitored to ensure only authorised regulated RP are implemented as outlined in the participant's BSP. This supervision is documented
- ☐ Copies of staff records on the use of approved regulated RP in compliance with relevant legislation and/or policy requirements
- ☐ Records of reported regulated RP submitted via the NDIS Commission Portal is in compliance with relevant legislation and/or policy requirements

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training is provided, and documented, on how to report and document the use of regulated RP in line with legislative reporting requirements
- ☐ Regular review of internal systems and processes to ensure regulated RP are only used in accordance with BSP and all the requirements prescribed in the NDIS Rules



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Regulated RP Guide (NDIS Quality and Safeguards Commission)
- Understanding BSP and RP (NDIS Quality and Safeguards Commission)
- Reporting the use of RP (NDIS Quality and Safeguards Commission)
- Fact Sheet – PBS and RP (Mental Health Comission)

2A STANDARD 2: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 2 & Indicator 4, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p7 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a regulated RP that meets any State/Territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

STANDARD 2.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Work is undertaken with specialist behaviour support providers to **evaluate** the effectiveness of current approaches aimed at **reducing and eliminating RP,** including the **implementation** of strategies in the BSP**.**

INTERPRETATION

Collaboration occurs with specialist behaviour support practitioners/ providers to ensure that the implementation of BSP is evaluated, and that approaches are focused on the reduction and eventual elimination of RP.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures outline how existing approaches will be evaluated for effectiveness in reducing and eliminating RP
- ☐ Documented strategies to reduce and eliminate a RP in a participant's BSP and evidence of how these have been implemented in service delivery
- ☐ Schedule and timelines outlining when each participant's BSP will be reviewed to monitor effectiveness at reducing and eliminating RP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training is provided at orientation and at regular intervals to ensure the evaluation of existing approaches. Staff are committed and have the capability to reduce or eliminate RP. All training should be documented
- ☐ All BSPs implemented by your organisation that include regulated RP should include a RP reduction plan

2.4

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Reducing RP Practices Checklist (Restraint Reduction Network)
- Person-Centred Plan Report Scoring Criteria and Checklist (Kansas Institute for Positive Behavior Support)
- Implementing Providers: Facilitating the development of BSP that include regulated RP (NDIS Quality and Safeguards Commission)

2A STANDARD 2: BEHAVIOUR SUPPORT IN THE NDIS

(For more information about Standard 2 & Indicator 5, refer to p28 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p7 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a regulated RP that meets any State/Territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

STANDARD 2.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Workers **maintain** the skills required to use RP and **support** the participant and other stakeholders to **understand** the risks associated with the use of restrictive practices.

INTERPRETATION

Staff maintain the required skills and knowledge to implement RP in line with a participant's BSP. This includes supporting the participant and others in their support network to understand the associated risks of using RP.

EVIDENCE EXAMPLES

- ☐ Training Register that records staff training in the use and risks associated with the use of RP
- ☐ Records of meetings with the participant's support network advising them of the risks associated with the use of RP
- ☐ Records of meetings with behaviour support practitioners seeking advice on the use and risks of RP in the participant's BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff supervision, mentoring and training to ensure they have the necessary skills and capabilities to use RP and support the participant in service delivery
- ☐ Staff can demonstrate knowledge and understanding of the risks associated with the use of RP and can educate others in the participant's network of these risks
- ☐ Joining Communities of Practice which share information on the use and risks of RP

2.5

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Regulated RP Guide (NDIS Quality and Safeguards Commission)
- Taking Care of Challenging Behaviours (South Australian Health)
- Preventing and responding to challenging behaviour (South Australian Health)

2A STANDARD 3: SUPPORTING THE ASSESSMENT AND DEVELOPMENT OF BEHAVIOUR SUPPORT PLANS

(For more information about Standard 3 & Indicator 1, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p8 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 3.1 QUALITY INDICATOR TO BE DEMONSTRATED:

The specialist behaviour support provider is **supported** to **gather information** for the functional behavioural assessment and other relevant assessments.

INTERPRETATION

Your organisation supports the specialist behaviour support practitioner/ provider to gather sufficient information and undertake appropriate assessments to inform development of the BSP.

EVIDENCE EXAMPLES

- ☐ Documented processes on how to collect participant data for a participant's functional behavioural assessments and other relevant assessments
- ☐ Participant's behaviours of concern (including frequency/duration and intensity), triggers (events, times, environments), low risk and high-risk scenarios, strengths, goals, quality of life and changes over time are recorded by staff and kept on the participant's file. Records include detailed examples for staff.

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff have the training and skills to effectively participate in data collection e.g., observation-based data on the occurrence and nature of any current challenging behaviours and/or use of RP
- ☐ Staff are supported to collect data and contribute to the development of a functional behavioural assessment and other assessments
- ☐ Staff use trauma-informed approaches when collecting data from the participant's support network

3.1

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Positive BSP Example (iCare)
- Different types of Assessment Tools (Challenging Behaviours Foundation)
- Comprehensive BSP Example (NDIS Quality and Safeguards Commission)

2A STANDARD 3: SUPPORTING THE ASSESSMENT AND DEVELOPMENT OF BEHAVIOUR SUPPORT PLANS

(For more information about Standard 3 & Indicator 2, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p8 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Collaboration occurs with the specialist behaviour support provider to **develop** each participant's BSP and the clear **identification** of key responsibilities in **implementing and reviewing** the plan.

INTERPRETATION

Each participant's BSP is developed collaboratively with the specialist behaviour support practitioner/provider, and clearly outlines key stakeholders' roles and responsibilities in implementing and reviewing the participant's BSP. RP in a participant's plan may be implemented by more than one provider and/or family members.

EVIDENCE EXAMPLES

- ☐ Records of current use of unauthorised RP and strategies to reduce and eliminate them
- ☐ Evidence data/feedback relating to behaviours of concern are collected from the participant and their support network e.g., surveys, emails etc
- ☐ Meeting agendas and minutes from meetings with key stakeholders outlining roles and responsibilities in the implementation and review of the participant's BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff are available to assist with the development of both the interim and comprehensive plans and are available to assist with the review of the plan 12 months after it is developed
- ☐ Staff are supervised and monitored to ensure they understand their responsibilities and can effectively implement and review the BSP

3.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- PBS Capability Framework (NDIS Quality and Safeguards Commission)
- Interim BSP (NDIS Quality and Safeguards Commission)

2A STANDARD 3: SUPPORTING THE ASSESSMENT AND DEVELOPMENT OF BEHAVIOUR SUPPORT PLANS

(For more information about Standard 3 & Indicator 3, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p9 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Relevant workers have the **necessary skills** to inform the development of the participant's BSP.

INTERPRETATION

Staff develop and maintain the appropriate and necessary skills to the support and inform the development of a participant's BSP.

EVIDENCE EXAMPLES

- ☐ Staff understand and can demonstrate their understanding of what information they need to collect to inform the development of the participant's BSP
- ☐ Feedback from behaviour support practitioners about the skills and knowledge of the staff supporting them to develop the participant's BSP
- ☐ Skills appraisals and records of competencies of the staff involved in the development of the participant's BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Invite behaviour support practitioners to conduct training with staff on how to collect information to develop a participant's BSP
- ☐ Seek feedback from behaviour support practitioners about your staff's skills and use this information to better tailor one on one support for your staff
- ☐ Have a mechanism in place for staff to record any queries/concerns they have regarding their skills to inform the development of a participant's BSP

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- RP and Behaviour Support Rules 2018 (NDIS Quality and Safeguards Commission)
- Factsheet - Behaviours of Concern (Scope Australia)

2A STANDARD 3: SUPPORTING THE ASSESSMENT AND DEVELOPMENT OF BEHAVIOUR SUPPORT PLANS

(For more information about Standard 3 & Indicator 4, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p9 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 3.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Relevant workers have access to **appropriate training** to enhance their skills in, and knowledge of, PBS and RP.

INTERPRETATION

Staff who are involved in the delivery of PBS and RP can access relevant training to enhance their skills and knowledge in these areas to effectively support participants.

EVIDENCE EXAMPLES

- ☐ Documented Staff Training Register showing internal and external training staff have attended in PBS and RP
- ☐ Policy documents about orientation and training in PBS and RP
- ☐ Documented staff skills appraisals and supervision relating to PBS and RP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Invite behaviour support practitioners to conduct training on PBS and RP
- ☐ Subscription service or similar that demonstrates your organisation is keeping up to date with new research and information surrounding PBS and RP
- ☐ Review staff skills during performance reviews, record their competencies, provide regular one on one support where this is needed including documented Professional Development Plans

3.4

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- NDIS and Psychosocial specific training (Team DSC- Disability Services Consulting)
- Worker training and modules (NDIS Quality and Safeguards Commission)
- WAAMH NDIS Sector Training Register

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 1, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p10 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 4.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Policies and procedures that **support the implementation** of BSP are **developed and maintained.**

INTERPRETATION

As an implementing provider of behaviour supports, you have clearly documented policies and procedures that outline how your organisation supports the implementation of the BSP into practice on a day-to-day basis.

EVIDENCE EXAMPLES

- ☐ Policy and procedure documents that describe the processes for the development, implementation, and maintenance of BSP
- ☐ Demonstrated application of relevant legislation and policy frameworks in the development and maintenance of BSP
- ☐ Register of policy document reviews, including the date of effect and dates that the policy documents were amended
- ☐ Documented communication with staff on new or updated policies

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff are trained on the policies and procedures that support the implementation of BSP
- ☐ Mechanisms are in place to review policies and procedures and make necessary updates.
- ☐ Staff are informed of all updates to policies and procedures

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- The PBS Capability Framework (NDIS Quality and Safeguards Commission)
- PBS Plans Guide (Government of ACT)

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 2, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p10 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 4.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Work is **actively undertaken with** the specialist behaviour support providers to **implement** each participant's BSP and to align support delivery with **evidence-informed** practice and PBS.

INTERPRETATION

Your organisation actively collaborates with the specialist behaviour support providers and takes an individualised approach when implementing BSP for participants. Support delivery is aligned with evidence-informed practice and the principles of PBS.

EVIDENCE EXAMPLES

- ☐ Training Register that documents staff training on implementing a participant's BSP by the authoring behaviour support provider/practitioner
- ☐ Resources on how to implement a participant's BSP using evidence-informed practice and PBS are developed and available at all locations where a participant is supported
- ☐ Documented regular review of participant's plans with the specialist behaviour support practitioners to ensure staff are implementing plans in a manner that is aligned with evidence-informed practice and PBS

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Regularly seek feedback from participants and their support network, both formally and informally to ensure staff are using evidence-informed practice to behaviour support in service delivery
- ☐ Allocate staff meeting time to discuss case studies on how to use evidence-informed practice approaches and PBS in the implementation of BSP

4.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Behaviour Intervention and PBS (National Center for Pyramid Model Innovations)
- How to spot a PBS Plan (UK PBS Alliance)
- PBS Capabilty Framework (NDIS Quality and Safeguards Commission)

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 3, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p11 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 4.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Workers are **supported** to **develop and maintain** the **skills required to consistently implement** the strategies in each participant's BSP consistent with the behaviour support skills descriptor.

INTERPRETATION

Staff at your organisation are supported to access training to develop and maintain the required skills to consistently implement strategies within the participant's BSP.

EVIDENCE EXAMPLES

- ☐ Training Register/resources on how staff can consistently implement the strategies in each participant's BSP
- ☐ Skills appraisals and performance management is undertaken, and documented, outlining staff competencies in different skill descriptors as well as areas for further training/ development
- ☐ Documented staff position descriptions, resumes and qualifications showing how staff have been matched to roles their undertaking

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Provide time and resources for staff to read and absorb each participant's BSP
- ☐ Have a mechanism in place for staff to record any queries/concerns they have regarding the skills required to consistently implement strategies in a participant's BSP
- ☐ Invite participant feedback on the skills and knowledge of your organisation's staff in implementing RP

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Workforce Capability Framework (NDIS Quality and Safeguards Commission)
- PBS/Practitioner training (National Disabilty Services (NDS))
- WAAMH NDIS Sector Training Register

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 4, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p11 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed PBS that are responsive to their needs.

STANDARD 4.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Specialist behaviour support providers are **supported to train** the workers of the providers implementing BSP in the **use and monitoring** of behaviour support strategies in the BSP, including PBS.

INTERPRETATION

Supported by the specialist behaviour support practitioner/provider, your organisational staff are trained in how to implement, use, and monitor strategies outlined in BSPs.

EVIDENCE EXAMPLES

- ☐ Documented Staff Training Register showing training with behaviour support practitioners on how staff can implement, use, and monitor behaviour support strategies in BSPs
- ☐ Staff feedback on the training they have received from behaviour support providers/ practitioners on how to implement, use and monitor behaviour support strategies in BSPs
- ☐ Quality improvement feedback from behaviour support providers/practitioners following training with staff which have been implemented

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Behaviour support practitioners are invited to team meetings to provide staff with updates and training on the use and monitoring of behaviour support strategies
- ☐ Seek feedback from staff about the usefulness of training with the behaviour support practitioner

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Online training on PBS and BSP (Health Care Australia)
- Behaviour support information for Implementing Providers (National Behaviour Support Team)
- PBS Capability Framework (NDIS Quality and Safeguards Commission)

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 5, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p12 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 4.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Workers **receive training** in the **safe** use of RP.

INTERPRETATION

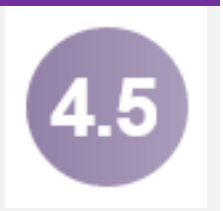
To ensure the safe use of RP, workers are trained in how to implement them in line with best practice.

EVIDENCE EXAMPLES

- ☐ Documented training and development policy and procedures that includes training in the safe use of RP and training in the implementation of the participant's BPS
- ☐ Documented Staff Training Register showing appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and RP
- ☐ Staff supervision roster and/or schedule. Notes from supervision sessions.
- ☐ Evaluation reports following training showing staff feel confident to safely use RP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ New staff complete orientation and induction around the safe use of RP and the Code of Conduct
- ☐ Staff are regularly trained to ensure they have the necessary skills and capabilities in the safe use of RP
- ☐ Joining Communities of Practice which share information on the safe use of RP



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Considering Additional Risk resources (NDS)
- Safe application of RP and recovery (SA Health)
- Mental Health Professional Online Development Program (requires creating free account)

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 6, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p12 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 4.6 QUALITY INDICATOR TO BE DEMONSTRATED:

Collaboration is undertaken with other providers that work with the participant to **implement strategies** in the participant's BSP.

INTERPRETATION

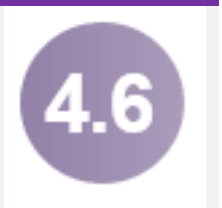
Where the participant is supported by multiple providers, collaboration occurs to ensure collective and transparent implementation of the strategies outlined in the participant's BSP.

EVIDENCE EXAMPLES

- ☐ Documented BSP including identification of the key stakeholders involved as well as their roles and responsibilities in implementation of the BSP
- ☐ Frequent communication occurs between the participant's providers and is documented within the participant record
- ☐ Clear collaborative meeting agendas and minutes including actions and responsiblities are documented

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Processes are in place which enable other providers that work with the participant to share information and feedback easily and frequently
- ☐ Other providers who work with the participant are included in communication to behaviour support practitioners
- ☐ Delegates from all implementing providers are included on the Quality Assurance Panel during the RP authorisation process



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Collaborative service models (Community Door)

2A STANDARD 4: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 4 & Indicator 7, refer to p29 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p12 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 4.7 QUALITY INDICATOR TO BE DEMONSTRATED:

Performance management ensures that workers are **implementing** strategies in the participant's BSP **appropriately**.

INTERPRETATION

To ensure staff are correctly implementing strategies in the participant's BSP, their work should be monitored and supported as part of a formal and documented performance management system.

EVIDENCE EXAMPLES

- ☐ Documented HR Performance Management policy and procedure. This should include specific procedures around monitoring of staff implementation of BSP
- ☐ Performance Review documents which provide staff feedback and relevant training to address skill development
- ☐ Supervision summaries, supervisor and staff reflections and participant feedback in staff files

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff performance reviews (and probation reviews) occur periodically and include identification and discussion of training and education needs
- ☐ Ongoing staff monitoring, supervision, mentoring and training to ensure they have the necessary skills and capabilities to implement strategies in the participant's BSP appropriately
- ☐ Your organisation requests feedback on the implementation of the participant's BSP from the participant's support network on a regular basis

4.7

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Performance management considerations for employers (Workplace Strategies for Mental Health)
- Employee Performance Management/Improvement Template (Fair Work WA)

2A STANDARD 5: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 5 & Indicator 1, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p13 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a RP that is reported to the Commission.

STANDARD 5.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Demonstrated compliance with **monthly online reporting requirements** in relation to the use of regulated RP, as prescribed in the NDIS Rules 2018.

INTERPRETATION

Procedures are in place to ensure that the use of regulated RP are adhering to the NDIS Rules 2018. They are recorded, collated, and reported through the NDIS Commission Portal, by the appropriate individual and within the required timeframes.

EVIDENCE EXAMPLES

- ☐ Policies and procedures document how to collect and report the use of regulated RP on the NDIS Commission Portal
- ☐ Documented data collection relating to the use of regulated RP for each participant your organisation supports
- ☐ Job Description of the Authorised Reporting Officer showing responsibility for monthly reporting

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Training to ensure staff have the necessary skills and capabilities to comply with required data collection and monthly online reporting on the NDIS Commission portal
- ☐ Ongoing supervision and monitoring of staff to ensure that data is collected, and reporting is completed within the required timeframes through the NDIS Commission portal

5.1

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Commission Portal User Guide for Monthly Reporting of RP (NDIS Quality and Safeguards Commission)
- RP monthly reporting form template (NDIS Quality and Safeguards Commission/ Kats Care services)
- WAAMH RP Internal Audit Tool and Guide

2A STANDARD 5: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 5 & Indicator 2, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p13 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant is only subject to a RP that is reported to the NDIS Commission.

STANDARD 5.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Data is **monitored** to **identify actions** for improving outcomes.

INTERPRETATION

As part of your quality improvement processes, data recorded on the use of RP is regularly reviewed to identify opportunities to improve outcomes for both for the participant and your organisation.

EVIDENCE EXAMPLES

- ☐ Policy documents that describe the processes for monitoring data to identify actions to improve outcomes
- ☐ Documented processes to gather both qualitative and quantitative data for the purposes of identifying areas to improve outcomes e.g., feedback from participants, their families etc
- ☐ Examples of improvement activities that have been implemented

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Hold monitoring reviews with staff and communicate findings e.g., current levels of performance, training needs identified, areas for improvement etc
- ☐ Identify successful and best practice actions that can be put in place and discuss how these will be implemented to improve outcomes
- ☐ Include reviewing data informing quality improvements as a permanent meeting agenda item. Auditors will want to see how this is managed over time to become a continuous process rather than only reviewed periodically, purely for compliance purposes

5.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Outcomes and Goals (NDIS Quality and Safeguards Commission)
- WAAMH Continuous Improvement Register
- Collecting Meaningful Data and Measuring Outcomes (NDS)
- Improving Outcomes for People with Disability Under NDS and the NDIS (Department of Social Services)

2A STANDARD 5: BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

(For more information about Standard 5 & Indicator 3, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p14 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant's quality of life is maintained and improved by tailored, evidence-informed BSP that are responsive to their needs.

STANDARD 5.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Data is used to **provide feedback** to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the **implementation** of the BSP to **inform** the **reduction** and **elimination** of RP.

INTERPRETATION

Data gathered on the implementation of a participant's BSP informs how the use of regulated RP could be reduced and eliminated. With participant consent, this information is shared with staff as well as their informal and formal support networks.

EVIDENCE EXAMPLES

- ☐ Signed participant Consent Forms on their records
- ☐ Minutes from staff meetings and specialist behaviour support practitioners addressing participant's feedback; record new actions staff members need to implement
- ☐ Documented performance management to ensure staff are provided feedback about their implementation, reduction and elimination of RP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff supervision/mentoring/training needs are tailored to ensure correct implementation of BSP
- ☐ Ensure processes for reporting feedback/complaints/incidents/quality improvement ideas are accessible for everyone
- ☐ Discuss feedback and complaints at team meetings as a permanent agenda item to foster a culture of transparency and ongoing quality improvement

5.3

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- The Importance of Record Keeping and Information Management for NDIS Providers (Disabilty Support Guide)
- Managing complaints (NDIS Quality and Safeguards Commission)
- Supported Decision-making Guide (WA Individualised Services)

2A STANDARD 6: BEHAVIOUR SUPPORT PLAN REVIEW

(For more information about Standard 6 & Indicator 1, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p15 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant has a current BSP that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

STANDARD 6.1 QUALITY INDICATOR TO BE DEMONSTRATED:

The **implementation** of the participant's BSP is **monitored** through a combination of formal and informal approaches, including through **feedback** from the participant, team meetings, **data collection** and **record keeping**, other feedback and supervision.

INTERPRETATION

Formal and informal approaches are used to monitor the implementation of the participant's BSP. This could include feedback from the participant themselves, or other stakeholders involved, from team meetings, collected data and records from service provision, and staff supervision.

EVIDENCE EXAMPLES

- ☐ Written and/or verbal feedback from the participant and their support network e.g. through support sessions, surveys meetings and/or complaints forms
- ☐ Agendas and minutes from team meetings where participant and other feedback is discussed, and actions items noted
- ☐ Documented critical incident debriefing for all involved parties (when necessary)

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ At a minimum, any BSP that contains a regulated RP needs to be reviewed every 12 month or earlier if the participant's circumstances change
- ☐ Staff performance reviews (and probation reviews) occur periodically and include identification and discussion of training and education needs for implementing a BSP e.g. trauma-informed practice, reduction and elimination of RP, working with challenging behaviours

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Foundations to Understanding Behaviour Online Training (Developmental Disabilty WA)
- Effective Complaint Handling Guidance for NDIS Providers (NDIS Quality and Safeguards Commission)
- Reliable Recording Keeping FAQs (NDS)

2A STANDARD 6: BEHAVIOUR SUPPORT PLAN REVIEW

(For more information about Standard 6 & Indicator 2, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p15 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant has a current BSP that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of RP.

STANDARD 6.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Information is **recorded** and data is **collected** as required by the specialist behaviour support provider and as prescribed in the NDIS Rules 2018.

INTERPRETATION

Your organisation collects any relevant data and records information associated with the implementation of the BSP and use of regulated RP in accordance with the NDIS Rules. This data is provided to the behaviour support practitioner.

EVIDENCE EXAMPLES

- ☐ Your organisation has a data collection policy and procedure that includes how to collect data and where to record/store information
- ☐ Training Registers record staff training on how to collect data and record information as prescribed in the NDIS Rules
- ☐ Specialist behaviour support practitioners confirm that your staff are collecting and recording data/information they need in line with the NDIS Rules

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure staff have the training and skills to effectively participate in data collection for the review of a participant's BSP e.g. observation-based data on the occurrence and nature of any current behaviours of concern and/or use of RP
- ☐ The participant and their support network are supported to contribute to the data collection for purposes of reviewing the participant's BSP

6.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Various WAAMH NDIS Sector Legacy Toolbox resources

2A STANDARD 6: BEHAVIOUR SUPPORT PLAN REVIEW

(For more information about Standard 6 & Indicator 3, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p16 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant has a current BSP that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of RP.

STANDARD 6.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Identification of circumstances where the participant's needs, situation or progress create a need for more frequent **review**, including if the participant's behaviour changes.

INTERPRETATION

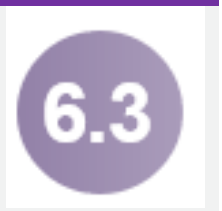
Your organisation monitors participant's circumstances with the aim of timely identification of the need for a review of their BSP. This includes where the participant's behaviour, needs, situation or progress change so they no longer appropriately met by the current BSP.

EVIDENCE EXAMPLES

- ☐ Documented behaviour support review policy and procedure – including identification of circumstances where a more frequent review would be required
- ☐ Documented staff training in the relevant policies and procedures
- ☐ Participant records document information and data relating to changes in the participant's needs, situation, progress, behaviour, or circumstances

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure staff have the training and skills to effectively identify any changes in the participant's needs, situation or progress that may require a plan review
- ☐ Staff performance reviews (and probation reviews) occur periodically and include identification and discussion of training and education needs for implementing a BSP e.g. trauma-informed practice, reduction and elimination of RP, working with challenging behaviours



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Submitting BSP and reports (NDIS Quality and Safeguards Commission)
- Evidence you can use - Implementing BSP (Inclusion Australia)
- WAAMH RP Internal Audit Tool and Guide

2A STANDARD 6: BEHAVIOUR SUPPORT PLAN REVIEW

(For more information about Standard 6 & Indicator 4, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p16 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant has a current BSP that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of RP.

STANDARD 6.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Contributions are made to the **reviews** of the strategies in a participant's BSP, with the primary focus of reducing or eliminating RP based on **observed progress or positive changes** in the participant's situation.

INTERPRETATION

Your organisation records any observable progress or positive changes in the participant's behaviour and provides this information during the behaviour support review to facilitate a reduction and elimination in the use of RP.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures outline the process for documenting changes in participant behaviour to support plan reviews
- ☐ Documented communication between staff and the specialist behaviour support practitioner/ provider regarding positive changes in the participant's needs, situation, progress, or behaviour
- ☐ Staff Training Register which documents how to record observable progress or positive changes in a participant's behaviour

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff document changes in the participant's needs, situation, progress, or behaviour and provide this information during the BSP review
- ☐ Staff confirm any idenitfied changes with participant's support network and provide them with mechanisms to contribute to the data collection for review purposes

6.4

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- National Framework for Reducing and Eliminating the Use of RP (Disability Service Sector)
- WAAMH Bite-sized NDIS #3 "Everything PBS"

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 7 & Indicator 1, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS laguage); & p17 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.1 QUALITY INDICATOR TO BE DEMONSTRATED:

The participant's immediate **referral** to, and **assessment** by a medical practitioner (where appropriate) is **supported** following an incident.

INTERPRETATION

Where an incident occurs, a participant is referred to and assessed by a medical practitioner, where required.

EVIDENCE EXAMPLES

- ☐ Documented evidence showing that your organisation called an ambulance, or referred the participant to a medical practitioner for assessment e.g. hospital records, doctor assessment notes etc
- ☐ Documented actions taken as a results of the medical practitioner's assessment
- ☐ Incident is recorded, responded to, and managed in accordance with your organisations incident management system and procedures

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Partnership with a local medical practice or practitioner to enable the immediate referral and assessment – depending on the participant, this could be their regular GP
- ☐ Staff are aware of what constitute reportable incidents, how to manage and report incidents. Plus staff are trained, supervised, and mentored in this area with regular response reviews
- ☐ Scenario planning during meetings which includes potential incidents

7.1

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Incident Identification, Guidance and Reporting (NDIS Quality and Safeguards Commission)
- Fact Sheet - Notifying the NDIS Commission about a reportable incident (NDIS Quality and Safeguards Commission)
- Resources to support incident reporting, management and prevention (NDIS Quality and Safeguards Commission)

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 7 & Indicator 2, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p17 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Collaboration is undertaken **with mainstream service providers**, such as police and/or other emergency services, mental health and emergency department, treating medical practitioners and other allied health clinicians, **in responding to the unauthorised use** of RP.

INTERPRETATION

Where there is an unauthorised use of RP (e.g. use of an RP not listed in a participant's BSP), your organisation collaborates with other mainstream service providers to respond to the use. External agency involvement will depend on the nature and severity of the incident as well as findings from your organisation's incident investigation.

EVIDENCE EXAMPLES

- ☐ Your incident management system and relevant policies/procedures are clear on how to report incidents to other agencies, responsibilities of each party, and when incidents must be reported to the NDIS Commission
- ☐ Reports/emails or similar documented evidence showing that your organisation reported the incident to other relevant organisations
- ☐ Agenda and team minutes recording lessons learnt relating to the reporting of incidents to other mainstream service providers

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training, supervision and mentoring on how to manage, record and report incidents to other mainstream providers
- ☐ Invite mainstream providers to planning meetings to ensure a streamlined process to incident management

7.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Risk, Incidents and Complaints Management (NDS)
- Unauthorised Use of RP: Questions and Answers (NDIS Quality and Safeguards Commission)
- The Applied Principles and Tables of Support to Determine Responsibilities NDIS and other service (Department of Social Services)

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF RP

(For more information about Standard 7 & Indicator 3, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p18 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.3 QUALITY INDICATOR TO BE DEMONSTRATED:

All reportable incidents involving the use of an **unauthorised RP are reported** to the NDIS Commission **within the required timeframe**.

INTERPRETATION

Where an incident occurs, a participant is referred to and assessed by a medical practitioner, where required.

EVIDENCE EXAMPLES

- ☐ Documented Incident Management policy, procedure and register
- ☐ Documented Incident Report Form
- ☐ Policies and procedures on how to manage, respond to and report the use of an unauthorised RP
- ☐ Documented staff training on the relevant policies and procedures

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Internal escalation processes are documented, and ensure that staff know who they are required to report any reportable incidents to
- ☐ Identified staff are nominated and aware of their responsibility to report these incidents externally to the NDIS Commission
- ☐ Staff training and supervision on how and what information to collect when reporting reportable incidents to the NDIS Commission

7.3

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Unauthorised Use of Restrictive Practices Webinar (NDIS Quality and Safeguards Commission)
- Reportable Incidents FAQs (NDIS Quality and Safeguards Commission)
- A Guide to NDIS Incident Reports and Templates (Shift Care Blog)

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 7 & Indicator 4, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p18 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.4 QUALITY INDICATOR TO BE DEMONSTRATED:

Where an **unauthorised RP** has been used, the workers and management of providers implementing BSP engage in **documented debriefing** to **identify areas for improvement**, to inform **further action** and outcomes.

INTERPRETATION

Your organisation undertakes debriefing sessions to identify areas for improving the implementation of BSP in the event of the use of an unauthorised RP. The process and outcomes identified from these debriefing sessions are recorded.

EVIDENCE EXAMPLES

- ☐ Documented unauthorised RP Incident Report Forms and Register are used to guide the discussion in the debriefing session and lessons learnt
- ☐ Review existing procedures and processes showing areas for improvement in the use of unauthorised RP
- ☐ Agenda and team minutes document identified areas for improvement following the use of unauthorised RP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff are encouraged to identify areas for improvement following incidents, and record on the Incident Register for future debriefing sessions
- ☐ Staff and management discuss and agree on areas likely to improve outcomes for participants
- ☐ A timeline is drawn up to action identified areas for improvement

7.4

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Prohibited practices and RP (DoC)
- Refer to your organisation policies and procedures

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 7 & Indicator 5, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p19 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.5 QUALITY INDICATOR TO BE DEMONSTRATED:

Based on the **review** of incidents, the supports to the participant are **adjusted**, and where appropriate, the **engagement** of a specialist behaviour support provider is **facilitated** to **develop or review** the participant's BSP or interim BSP, if required, in accordance with the NDIS Rules 2018.

INTERPRETATION

Your organisation uses information from the review of incidents to adjust, develop or review a participant's BSP or interim BSP. Where appropriate, this is done with the help of a specialist behaviour practitioner. If a reportable incident involves the use of an unauthorised RP your organisation acts on the information gathered during the incident investigation to change the way the participant is supported. If the RP cannot be eliminated a specialist behaviour support provider is engaged to develop or review the BSP.

EVIDENCE EXAMPLES

- ☐ Records of adjustments made to the participant's BSP with a NDIS behaviour support practitioner following review of incidents
- ☐ Record of new BSP/interim BSP developed with/for the participant
- ☐ Incident Management System includes details of when a specialist behaviour support provider should be engaged to review/develop the participant's BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff supervision, mentoring and training to ensure they have the necessary skills and capabilities to identify when a participant's BSP/interim BSP requires a review based on incidents and to record required adjustments to a participant's BSP

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Factsheet - Facilitating the Development of BSP that include Regulated RP (NDIS Quality and Safeguards Commission)

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 7 & Indicator 6, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS laNguage); & p19 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.6 QUALITY INDICATOR TO BE DEMONSTRATED:

Authorisation processes (however described) are **initiated** as required by their jurisdiction.

INTERPRETATION

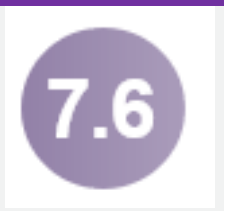
When authorisation of a regulated RP is required, your organisation collaboratively works with the relevant stakeholders to seek this authorisation. In WA regualted RP must be authorised in accordance with the Authorisation of RP in Funded Disability Services Policy. The process must also include BSP development and the convening of a Quality Assurance Panel.

EVIDENCE EXAMPLES

- ☐ Documented policies and procedures provide clear guidance for obtaining authorisation for the use of a RP and the convening of a Quality Assurance Panel.
- ☐ Documentation submitted to the Quality Assurance Panel including: BSP, evidence of less restrictive options attempted, responsibilities of those implementing RP, evidence of previous and current implementing practice of RP and governance arrangements in place for reporting, supervision, practice monitoring and regular reviews
- ☐ Completed Outcomes Summary Report signed by the Quality Assurance Panel and uploaded to the NDIS Commission Behaviour Support Portal

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff education and training includes the processes and requirements on how to obtain authorisation for the use of regulated RPs
- ☐ Processes to monitor the use of less restrictive options previously attempted with the participant. This information is provided to the Quality Assurance Panel during the authorisation process



SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Procedure Guidelines for Authorisation of RP (DoC)
- Quality Assurance Panels (DoC)

2A STANDARD 7: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 7 & Indicator 7, refer to p30 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p19 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant that is subject to an emergency or unauthorised use of a RP has the use of that practice reported and reviewed.

STANDARD 7.7 QUALITY INDICATOR TO BE DEMONSTRATED:

The **participant**, and with the participant's consent, **their support network** and **other stakeholders** as appropriate, are **included** in the **review of incidents**.

INTERPRETATION

Your organisation seeks feedback from the participant, their support network and other relevant stakeholders when reviewing incidents.

EVIDENCE EXAMPLES

- ☐ Participant consent to include support network in incident investigation process
- ☐ Documented Incident Management System
- ☐ Records of feedback provided by the participant and their support network (e.g., emails or surveys)

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff supervision and mentoring and to ensure they know how and when to include the participant and (where appropriate) their support network and other stakeholders in the review of incidents
- ☐ Set aside meetings to review incidents and invite the participant and (where appropriate) their support network and other stakeholders to be involved in these meetings
- ☐ Your organisation ensures incidents are documented immediately and that participant's and their support network (where appropriate) are asked to review this information as part of the organisation's incident management process

7.7

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Risk Incidents and Complaints Management Resource Guide (NDS)
- Resources to support incident reporting, management and prevention (NDIS Quality and Safeguards Commission)

2A STANDARD 8: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 8 & Indicator 1, refer to p31 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p20 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant with an immediate need for a BSP receives an interim BSP based on evidence-informed practice, which minimises risk to the participant and others.

STANDARD 8.1 QUALITY INDICATOR TO BE DEMONSTRATED:

Collaboration is undertaken with **mainstream service providers** contributing to an interim BSP developed by a specialist behaviour support provider.

INTERPRETATION

Your organisation identifies and ensures that formal supports (including mental health professionals, medical practitioners, allied health professionals and emergency services) are included in the development of the interim BSP by a specialist behaviour support practitioner/ provider e.g. interviews with relevant stakeholders as part of your incident investigation included in the data collection for the BSP development.

EVIDENCE EXAMPLES

- ☐ Documented meeting minutes that include the participant and their formal support network contributing to the development of the interim BSP
- ☐ Any records or documentation that demonstrate liaison with mainstream service providers to gather information to contribute to the development of a participant's interim BSP
- ☐ A completed interim BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff have the training and skills to effectively participate in data collection from mainstream service providers to inform the development of a participant's interim BSP
- ☐ Easily accessible mechanisms are in place for mainstream providers to contribute to a participant's BSP e.g. an online portal for mainstream providers to upload evidence/feedback that can help with the development of the interim BSP

8.1

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Interim Behaviours Support Plans Information and Template (NDIS Quality and Safeguards Commission)
- Interim Response - debriefing, dignity and risk (NDS)

2A STANDARD 8: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 8 & Indicator 2, refer to p31 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p20 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant with an immediate need for a BSP receives an interim BSP based on evidence-informed practice, which minimises risk to the participant and others.

STANDARD 8.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Work is undertaken **with** the **specialist behaviour support provider** to support the development of the **interim BSP**.

INTERPRETATION

Your organisation actively collaborates with the specialist behaviour support provider/practitioner to facilitate the creation of a participant's interim BSP.

EVIDENCE EXAMPLES

- ☐ Documented procedures outline how to collect participant data to support the development of the interim BSP
- ☐ Records/documentation demonstrate liaison with the behaviour support practitioner about unauthorised RP used on a participant. This may include the RP used, why it was used, description of the participant's behaviour that led to the use etc.
- ☐ Meeting agendas and minutes from meetings with behaviour support practitioners/providers

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Ensure staff can support the specialist behaviour support practitioner to develop the interim BSP e.g., by providing detailed information
- ☐ Support the participant and their support network to contribute to the development of the interim BSP e.g., through interviews
- ☐ Ensure staff have the training and skills to effectively participate in developing an interim BSP

8.2

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Interim BSP Checklist (NDIS Quality and Safeguards Commission)

2A STANDARD 8: REPORTABLE INCIDENTS INVOLVING THE USE OF A RP

(For more information about Standard 8 & Indicator 3, refer to p31 in the NDIS Practice Standards & Quality Indicators (for specific NDIS language); & p20 in the IBSP Map (for visual mapping of identified evidence and/or gaps for action planning).

STANDARD OUTCOME:

Each participant with an immediate need for a BSP receives an interim BSP based on evidence-informed practice, which minimises risk to the participant and others.

STANDARD 8.3 QUALITY INDICATOR TO BE DEMONSTRATED:

Workers are **supported** and **facilitated** to receive training in the **implementation** of the interim BSP.

INTERPRETATION

When a participant has an interim BSP your organisation appropriately supports staff to undertake training to effectively implement it.

EVIDENCE EXAMPLES

- ☐ Documented staff Training Register showing training by the specialist behaviour support practitioner on how to implement interim BSP
- ☐ Performance management systems which ensure staff are using strategies outlined in the participant's interim BSP
- ☐ Staff are given resources on how to implement different aspects of interim BSP

IMPLEMENTATION INTO EVERYDAY PRACTICE

- ☐ Staff training on implementing interim BSP. This should also include how to safely use authorised regulated RP, which should be guided by the specialist behaviour support practitioner/provider who wrote the plan
- ☐ Behaviour support practitioners are invited to team meetings as needed and answer any specific questions staff have about a participant's BSP
- ☐ Staff are provided a simplified day to day version of the interim plans to make implementation easier

8.3

SELF-ASSESSMENT (what you already have in place i.e.- policy/ procedure)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN (what you will do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

- Behaviour Intervention and PBS (National Centre for Pyramid Model Innovations)
- Behaviour Support Practitioner Webinars (NDS)

APPENDICES

Extra NDIS Sector information can be found here. Additionally, more Tools/Resources can be found in the **WAAMH NDIS Sector Legacy Toolbox.**

CONTENTS

- Appendix 1: Definitions of terms and abbreviations p86-88
- Appendix 2: Mapping NDIS Standards to National Mental Health Standards p89
- Appendix 3: Why map these Standards and RP types p90-91
- Appendix 4: Key types of evidence p92
- Appendix 5: WA process of authorising RP p93
- Appendix 6: Consent and regulated RP p94
- Appendix 7: Participant/person-centred workbook p95

APPENDIX 1: DEFINITIONS

- **Authorisation of Restrictive Practice (RP):** The authorisation of RP seeks to ensure the human rights of people with disability. Authorisation must be obtained by an implementing provider for each regulated RP that is proposed to be implemented for a person with disability. This need to comply with the authorisation requirements contained in the Authorisation of Restrictive Practices in Funded Disability Services Policy (DoC). To learn more, click here.
- **Behaviour Support Plan (BSP):** BSP is a document prepared by a registered PBS Practitioner, in consultation with the person with disability, their family, carers, and other support people. It addresses the needs of the person identified as having complex behaviours, which may be deemed 'challenging behaviours' or 'behaviours of concern'. The BSP contains evidence-informed strategies and seeks to improve the person's quality of life (NDIS Quality and Safeguards Commission). To learn more, click here.
- **Consent:** There are five characteristics of consent, it must be voluntary, informed, specific, current and the participant must be deemed to have capacity. To learn more about informed consent, click here.
- **Dignity of Risk:** Supporting an individual's right to participate in life experiences that could pose a risk to their safety, including making a choice that could result in a negative consequence. We all have the right to make mistakes, and this is often how we learn and develop as individuals. Dignity of Risk is a process that, if implemented correctly, may result in improved independence, health, social participation and interaction, autonomy and self-worth (Everyday Practice 2020). To learn more, click here.
- **Formal Support Network:** This network includes the participant's medical professionals, psychologists, social workers and support workers, as well as any other paid supports they have in their life to support their recovery.
- **Implementing Behaviour Support Plans (IBSP) Map:** The IBSP Map is a visual map for psychosocial service providers implementing Behaviour Support Plans (BSP). This tool was designed around relevant National Disability Insurance Scheme (NDIS) Practice Standards and Quality Indicators as well as an accompnayment to this updated 2A workbook.
- **Informal Support Network:** This network includes the participant's family, friends, informal carers and chosen community.
- **Leadership Team:** We use 'leadership team' and consider it to include the heads of each department of your organisation, who report to the Chief Executive Officer, but you might use something different – management team, executive team etc.
- **National Disability Insurance Scheme (NDIS):** Funding provided to eligible people with disability to achieve greater independence, capacity, access to new skills, and improved quality of life. Also connecting participants to services in their community. In the context of this 2a workbook and any other resources developed by the Project Team, disability is relating to psychosocial parameters.
- **National National Disability Insurance Scheme (NDIS) Rules:** This refers to the rules developed under the NDIS Act (2013), which legislate certain processes within the NDIS. To learn more, click here.

DEFINITIONS (continued)

- **NDIS Practice Standards and Quality Indicators:** These Standards provide the framework for practice and a series of indicators that NDIS providers use to demonstrate conformity with the outcomes. Auditors will use these indicators to assess a provider's compliance. This document has informed the development of this workbook and IBSP Map. Page numbers are referred to in this document plus the IBSP Map for ease of access. Click here for full access to the NDIS Standards and Quality Indicators.
- **Outcomes:** Each module of the NDIS Practice Standards and Quality Indicators includes a series of high-level, participant-focused outcomes. You can see a list of the Practice Standards and Quality Indicators here as well as referred to within this workbook.
- **Participant:** A person with a disability that receives services and supports from your organisation, which are funded through an NDIS Plan – you might use the term consumer or client within your organisation.
- **Positive Behaviour Support (PBS):** PBS is an evidence-based approach to assessment, planning and intervention focused on addressing a person's needs, their environments and improving their overall quality of life. PBS takes a collaborative approach with the participant, their family and carers as well as implementing providers to develop a shared understanding about a participant's unmet need that may be expressed as behaviours of concern. To learn the elements of PBS, click here.
- **Provider:** An organisation that provides services and supports to people with a disability under the National Disability Insurance Scheme (NDIS 2013). Providers may be registered (with the NDIS Commission) or unregistered. Participants whose funds are NDIA managed can only use registered providers.
- **Psychosocial Disability:** Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and **impact on their recovery (NDIA 2020). To learn more, click here.**
- **Recovery:** A deeply personal and unique experience of being able to live a good life as defined by the individual, with or without symptoms. It is a process of developing meaning and purpose to live a satisfying, hopeful and contributing life beyond the impact of mental health challenges (Department of Health 2010). To learn more, click here.
- **Recovery-oriented Practice:** From the perspective of the individuals who have experienced mental health challenges, recovery means gaining and retaining hope, understanding one's abilities and limitations, engaging in an active life, personal autonomy, social identity, meaning and purpose, and a positive sense of self. Practice principles from this perspective (noted below) ensure service provision supports the recovery of mental health consumers (Department of Health 2010):
  - Uniqueness of the individual • Real choices • Attitudes and rights • Dignity and respect
  - Partnership and communication • Evaluating recovery

  Recovery-oriented practice maximises self-determination and self-management of mental health and wellbeing and involves person-first, person-centered, strengths-based and evidence-informed treatment, rehabilitation and support.

DEFINITIONS (continued)

- **Restrictive Practice (RP):** RP refers to any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with a disability, with the primary purpose of protecting the person or others from harm (NDIS 2013). Under the NDIS Commission there are five types of regulated restrictive practice: seclusion, chemical restraint, physical restraint, mechanical restraint and environmental restraint (Department of Communities 2020). Throughout this workbook restrictive practice (RP) refers to regulated restrictive practices. To learn more, click here.
- **Safeguarding:** Safeguarding refers to the obligation of service providers to certify that participant human rights are upheld and safety is ensured. To learn more, click here. Additionally, the WAAMH NDIS Project Team developed a Safeguarding Safety Toolbox, click here for access.
- **Size, Scale and Scope:** This term is used throughout the NDIS Practice Standards and Quality Indicators, generally prefaced by relevant and proportionate. Size refers to the number of staff you have, and the number of participants you support. Scale refers to the number of service delivery locations you have, and where these are located (i.e. metro, regional, rural and/or remote). Scope refers to the types of services and supports you provide in line with your NDIS registration groups, and their associated level of risk and complexity.
- **Supported Decision-Making:** Is a practical way for participants to make sure they are at the centre of making their own decisions and are heard by those around them. Support is provided by someone the participant trusts, in their informal or formal support network. Supported decision-making may also help the participant build their skills in decision making and develop the confidence to decide more for themselves (Family and Community Services). The NDIS has a Supported Decision-Making Policy. To learn more, click here.
- **Trauma-informed practice:** An approach that recognises and acknowledges trauma and its prevalence, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery. Trauma-informed practice is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and the associated impacts for persons who receive support through mental health services.

  Trauma-informed practice is founded on five core principles:

  - Safety (internal and external) • Trust • Choice • Collaboration • Empowerment

  Additional factors of relationship and respect for diversity are essential. To learn more, click here.

This definition list is up to date and complete at the time of completion (December 2023).

APPENDIX 2: MAPPING NDIS PRACTICE STANDARDS FOR 2A TO NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES (NSMHS)

[refer to prev edition for info context]

Match Partial Match No Match

NDIS	NSMHS Primary	NSMHS Secondary
2A 1.1		
2A 1.2		
2A 1.3	2.2	
2A 2.1		
2A 2.2		
2A 2.3		
2A 2.4		2.2
2A 2.5		2.10
2A 3.1		
2A 3.2		
2A 3.3		
2A 3.4		2.10
2A 4.1		
2A 4.2		
2A 4.3		
2A 4.4		
2A 4.5		2.10
2A 4.6		
2A 4.7		
2A 5.1		
2A 5.2		
2A 5.3		2.2
2A 6.1		
2A 6.2		
2A 6.3		
2A 6.4		
2A 7.1		
2A 7.2		
2A 7.3		
2A 7.4		
2A 7.5		
2A 7.6		
2A 7.7		
2A 8.1		
2A 8.2		
2A 8.3		2.10

APPENDIX 3: WHY MAP NDIS PRACTICE STANDARDS TO NSMHS

The National Standards for Mental Health Services (NSMHS) take a very different approach to RP in comparison to the NDIS Practice Standards and Quality Indicators. It is important to note the significant difference - where the NSMHS approach RP as largely the domain of clinical in-patient services during an acute crisis, the NDIS Standards and Quality Indicators approach RP with a greater focus on human rights and implementing appropriate behaviour support to reduce and eliminate the use of RP in community service settings. This means RP that may be routinely used in Mental Health Services (MHS), such as limiting free access to sharps in the kitchen, and that may have been considered 'safeguarding' under the NSMHS, would be considered an environmental restraint under the NDIS Standards and Quality Indicators.

The NSMHS are designed to be applicable across inpatient and hospital settings as well as community-based services. There are two NSMHS standards where the wording "least restrictive" appears, these are listed below and in each instance the standards refer to the physical environment in which treatments are delivered. This conceptualisation of 'restrictive' demonstrates that the NSMHS consider how, because of the episodic nature of mental illness, a hospital and involuntary hospital admission is sometimes determined to be necessary. This NSMHS conceptualisation, does not pertain to the detail of daily practice in a community mental health service. In this context "least restrictive" means consumers should have access to community activities if and when it is safe for the consumer and their support network. The NSMHS Implementation Guidelines for Non-Government Community Services (2010) explain that generally, services delivered in the community setting are considered the 'least restrictive' environment.

- **NSMHS Standard 1. Rights and Responsibilities.**

1.9 The MHS upholds the right of the consumer to be treated in the least restrictive environment to the extent that it does not impose serious risk to the consumer or others.

- **NSMHS Standard 10. Delivery of Care**

10.5.5 The MHS provides the least restrictive and most appropriate treatment and support possible. Consideration is given to the consumer's needs and preferences, the demands on carers, and the availability of support and safety of those involved.

Under the NSMHS seclusion and restraint are the two practices that are recognised as RP whereas under the NDIS Standards and Quality Indicators there are 5 types of RP that are regulated by the NDIS Commission.

See the following page for the list of NDIS identified RP.

RP TYPES AS REGULATED BY NDIS

See the Regulated RP Guide (NDIS Quality and Safeguards Commission) for comprehensive details of each RP type.

Under the NSMHS there is a single standard that speaks to the reduction and elimination of RP:

- **NSMHS Standard 2. Safety**

2.2 The MHS reduces and where possible eliminates the use of restraint and seclusion within all MHS settings.

Under the NDIS providers that use RP in the delivery of NDIS supports must comply with and are regulated by Implementing Behaviour Support Plans (Module 2A). This means that a MHS accredited against the NSMHS may find some evidence applicable to an NDIS audit within their organisational documentation, systems and practice that demonstrates a commitment to the reduction and elimination of restrictive practices.

As seen in Appendix 2, the NSMHS listed as the 'primary' standard is where you will find most evidence for the corresponding NDIS Practice Standard. Whereas in 'secondary' you may find limited evidence to use against the corresponding NDIS practice Standard.

For further information on regulated RP contact the WA Behaviour Support team at the NDIS Commission by email here.

APPENDIX 4: KEY TYPES OF EVIDENCE

- **Policy and procedure documents** – A policy is a documented statement, consistent with organisational objectives, that formalises an approach to a task or concept. A procedure is documented instructions and recommended steps to be taken for the completion of a task or specific process. A policy and procedure may exist for a single indicator, include several indicators, or address an entire outcome. The number of policy and procedure documents your organisation has, and the amount of detail in each document will depend on the size, scale and scope of your organisation. Several sample policy and procedure documents have been included here in the 'Further Information' section, but these are to be used as a guide only.
- **Forms** – Forms are templates used to gather certain types of information. This could range from gathering staff or participant information, collecting feedback from stakeholders, or obtaining participant consent, for example.
- **Registers** – registers can be used to hold lots of key information in a central location. Registers to be used for evidence against could include a risk management register, incident and accident register, feedback and complaints register, staff training register and quality improvement register, to name a few. These registers could be as simple as an excel spreadsheet, or more complex and be housed within a software program – this will depend on how your organisation operates.
- **Service Agreements** – a service agreement is a document that is agreed to and signed by two (or more) parties (i.e., your organisation and a participant) which outlines the roles and responsibilities of all parties and lays the ground work for expectations about what a participant will or will not receive whilst being supported by your organisation.
- **Participant Information or Orientation Pack** – a participant Information Pack is ideally handed out when a participant first begins being supported by your organisation. It gives them all the vital information they need about receiving supports, including things such as cancellation policies, how to provide feedback and complaints, how their rights will be upheld and how they will be protected from violence, abuse, neglect and exploitation. There is a great factsheet to guide what you must inform participants about.

Some examples of Participant Information Packs can be found below:

Example One (Possabilty, Oak Tasmania)

Example Two (NDIS Quality and Safeguards Commission)

APPENDIX 5: WA PROCESS OF AUTHORISING REGULATED RP

In WA the authorisation process for regulated RP is governed by the WA Department of Communities (DoC) via the ARP Policy. In WA the authorisation of RP involves the convening of a Quality Assurance Panel.

A Panel must consist of at least two members with a decision-making role:

1. A senior manager (or their delegate) with the implementing provider with operational knowledge and relevant experience in behaviour support.
2. An NDIS behaviour support practitioner who is not the BSP author and not employed by the implementing provider.

Additional members may be included in the Panel, this may be the practitioner who authored the BSP, or a representative from other implementing providers.

Under the ARP policy implementing providers responsibilities include:

- Develop internal policies and procedures to govern the operations of any Quality Assurance Panel that it convenes.
- For individuals who require support to make decisions, use strategies to facilitate supported decision making so people with disability can access the support they need to make decisions and to communicate their needs and choices.
- Report any unauthorised use of RP to the NDIS Commission.
- Monitor the use of RP, including the regular reporting of authorised use of RP to the NDIS Commission.
- Support participants to make and resolve complaints.
- Ensure an appropriate medical or allied health assessment is undertaken to identify whether behaviours are non- intentional risk behaviours and serve no intentional function.
- Ensure an appropriate medical or allied health prescription of therapeutic and safety devices.

These responsibilities are outlined in the Procedure guidelines for Authorisation of Restrictive Practices in NDIS Funded Disability services - Stage Two please refer to these procedure guidelines for further information and/or contact the Department of Communities via email here.

APPENDIX 6: CONSENT AND REGULATED RP

There are numerous places in the NDIS Practice Standards and Quality Indicators that require the provider to seek participants' consent, however the authorisation and use of RP, is not one of them. The ARP policy does not require consent for the authorisation of RP in WA. However, consent for the use of RP is required under common law and the collaborative process involved in the development of the BSP should include consent. This means that if the BSP does not contain participant consent to implement RP and if no consent is obtained throughout the authorisation process to implement RP the provider must obtain consent before implementing the BSP.

For more information on consent for the use of restrictive practices contact the Office of the Public Advocate via email here.

All participants should be deemed to have capacity to provide their own consent. A family member, carer, advocate, guardian, nominee, or other suitable individual may need to be involved in decision making and obtaining of consent, where a participant does not have this capacity. Your organisation should support the participant to make their own decisions as much as possible but facilitate the involvement of others, where supported or substituted decision making is required. Extra consideration may need to be taken depending on the participant's age and maturity.

Sometimes, participants may not have the capacity to provide their own consent, or their capacity may change over time, requiring a substitute decision maker. Given the ever-changing nature of psychosocial disability, capacity should be reassessed each time consent is required. Where this is the case, this substitute decision maker relationship should be documented, and should still involve the participant in the decision-making process as much as possible.

For more information about deeming an individual's capacity to consent, please see some of the below resources:

- Assessing Whether a Person has Decision Making Capacity (Office of the Public Advocate, VIC)
- Capacity and the Mental Health Act 2014 (Office of the Chief Psychiatrist, WA)
- Review of Mental Health Act 2014 (Government of WA)
- What is Impaired Decision-Making Capacity? (Office of the Public Guardian, QLD)

APPENDIX 7: PARTICIPANT/PERSON CENTRED WORKBOOK

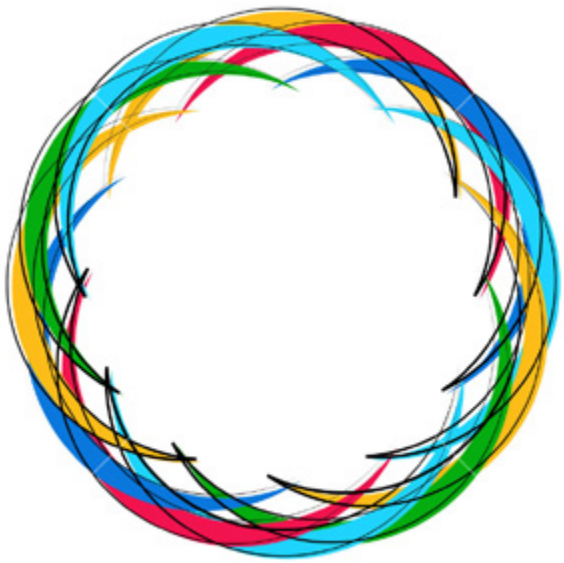
A focus group of consumer and carers were asked to provide feedback to WAAMH on what they consider best practice when it comes to their involvement in the development, implementation, and review of BSP and their inclusion in the review of incidents.

A common theme emerged on the importance of implementing providers listening to consumers and carers in an authentic and respectful manner, ensuring there was no imbalance of power and recognising that they are experts in their own/participant's life.

Consumers and carer representatives also indicated that providers should use person-centred, trauma informed approaches when gathering data, checking with them to ensure correct understanding and being open to both positive and negative feedback. During this process, providers should offer consumers/carers a variety of ways to offer feedback and should make these methods explicit; they should also call for feedback on a regular basis.

Further, consumers/carers stated the importance of providers developing a knowledge partnership with them so that they can assist in the development of a list of potential triggers which may require a more frequent review of a BSP.

Finally, where incidents occur, consumers/carers expressed that they would like their input to be as valued as that of team members and as carers, the importance of providers notifying them of incidents as soon as they occur and before they heard about it from the participant they care for.



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For more Sector Tools/Resources, click here to register for CAREHub and get full access to the WAAMH NDIS Sector Legacy Toolbox.

Disclaimer

Information provided in WAAMH publication material is accurate and up to date at the time of publication, and it is the responsibility of the user to exercise independent skill and judgment about the use of information in its application. This guide does not replace NDIS specific advice relevant to the NDIS framework and obligations.

Please direct any specific NDIS Quality Indicators and Safeguarding regulatory queries to NDIS directly. Click here for NDIS information and contact details.