CS5.1 NDIS Positive Behaviour Support Capability Framework

Purpose

1. P4 Movement believes that all Participants have a right to equal and full enjoyment of human rights and fundamental freedoms without discrimination of any kind. P4 Movement is committed to pursuing this belief through the provision of person-centred support services to all Participants that respects their inherent dignity, individual autonomy including the freedom to make one's own choices, and independence.

2. P4 Movement acknowledges that through delivering support services for its Participants, including those with complex needs, a small proportion may need additional support to address behaviours of concern.

3. This policy outlines P4 Movement's:
    a. Role in implementing Behaviour Support Plans and in particular those which include Regulated Restrictive Practices
    b. Approach to implementing restrictive practices for exceptional and short-term support
    c. Responsibilities in implementing Behaviour Support Plans
    d. Commitment to reducing and eliminating the use of restrictive practices
    e. Zero tolerance for Prohibited Practices

4. This policy aligns with best practice outlined in Australia's National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector (National Restrictive Practices Framework), requirements under the NDIS Quality and Safeguards Commission Behaviour Support Competency Framework, Authorisation Rules under the NSW Restrictive Practices Authorisation Procedural Guide and promotes each Participants' human rights as outlined by the United Nations Committee on the Rights of People with Disabilities (UNCRPD).

Alignment with Practice Standards

1. Module 3: Provision of supports

Legislative Alignment

1. UN Convention on the Rights of persons with Disability
2. National Disability Insurance Scheme Act 2013
3. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support Rules 2018)
4. NDIS (Provider Registration and Practice Standards) Rules 2018
5. NDIS (Incident management and Reportable Incidents) Roles 2018 (the Rules)
6. National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Service Sector 2014
7. Disability Discrimination Act 2014
8. The Privacy Act 1988 and the Australian Privacy Principles (March 2014)
9. NSW Disability Inclusion Act 2014 and Disability Inclusion Regulation 2014
10. NSW Children and Young Personas (Care and protection) Act 1998 and the Children and Young Persons (Care and protection) Regulation 2012
11. NSW Guardianship Act (1987) and Guardianship Regulations 2010
12. NSW Child Protection (Working with Children) Act 2012
13. NSW Ant-Discrimination Act 1977
14. NSW Work health and Safety Act 2011 and Work Health and Safety Regulation 2017 (WHS Regulation)
15. FACS Behaviour Support in Out-of-Home Care Guidelines (2018)

Key Responsible Executive

General Manager

For More Support

General Manager

Policy Statement

1. P4 Movement supports the use of Positive Behaviour Support Plans as best practice when working with Participants with behaviours of concern

2. P4 Movement is committed to the reduction and elimination of the use of restrictive practices, and to ensure when they are used, the least restrictive option is implemented.

3. A P4 Movement employee, volunteer or contractor must not use Prohibited Practices at any time

4. When a Participant whose Positive Behaviour Support Plan includes a Restrictive Practice, it must;
   a. be developed by an experienced practitioner, in consultation with the Participant, their guardian and P4 Movement
   b. be authorised through a properly constituted RPA Panel and
   c. have Participant consent.

5. All Authorised use of Restrictive practices must be for an authorised time period that must not exceed 12 months.

Definitions

1. Behaviours of concern: ‘behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in, the person being denied access to ordinary community facilities’ (NDIS Quality and Safeguarding Framework, 2016, p. 98).

2. Behaviour support: The NDIS Quality and Safeguarding Framework (2016) defines the requirements for the delivery of behaviour support. Note that the term includes positive behaviour support as an evidence-based method of intervention, and that the term “positive behaviour support” is applied on occasions in NDIS policy. (NDIS Behaviour Support Competency Framework, 2018, p. 16)

3. Restrictive practice: means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

4. Regulated restrictive practice:
   a. *Seclusion:* which is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;
   b. *Chemical restraint*: which is the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition;
   c. *Mechanical restraint:* which is the use of a device to prevent, restrict, or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes;
   d. *Physical restraint:* which is the use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
   e. *Environmental restraint:* which restricts a person’s free access to all parts of their environment, including items or activities.

5. Prohibited practice: Some practices are prohibited and must never be used. A Prohibited Practice is any practice which interferes with a Participant’s basic human rights, are unlawful or unethical in nature, and are incompatible with the objects and principles of the Disability Inclusion Act 2014. A Prohibited Practice includes any of the following:
   a. Aversion, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful
   b. Overcorrection, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred
   c. Misuse of medication, which is administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician
   d. Seclusion of children or young people, which is isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident.
   e. Denial of key needs, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports
   f. Unauthorised use of a Restrictive Practice, which is the use of any practice that is not properly authorised and /or does not have validity or does not adhere to requisite protocols and approvals or any practice that:
      i. is degrading or demeaning to the person

ii. may reasonably be perceived by the person as psychological abuse, harassment or vilification.

Delegations

Roles	Responsibilities
Board of Directors	● Review and monitor all reports of the use of Restrictive Practices ● Endorse and ensure compliance with the Abuse and Neglect Policy and procedures ● Be familiar with legislative requirements of this policy ● Commit to the reduction and elimination of restrictive practices within the organisation
GM	● Keep the Board informed of restrictive practices as these occur ● Ensure appropriate authorities are notified, as relevant ● Manage and monitor compliance with this policy ● Support staff competence and compliance with this policy and procedure ● Support the organisation to effectively reduce and eliminate the use of restrictive practices for service users
Management	● Manage and monitor compliance with this policy ● Support staff competence and compliance with this policy and procedure ● Provide effective supervision to monitor the use of restrictive practice and proactively support staff to implement strategies to reduce and eliminate restrictive practices for service users.
Staff, volunteers, contractors and students	● Comply with the Restrictive Practices Policy and Procedure ● Use Restrictive practices only in accordance with these policies and procedures ● Report the use of any authorised or unauthorised restrictive practice ● Ensure service users are provided with appropriate support when a restrictive practice has been used ● Proactively consider and implement (in consultation with management), strategies to reduce or eliminate the use of restrictive practices for service users.

Procedures

1. P4 Movement's role in Behaviour Support Plans and Regulated Restrictive Practices
    a. Where behaviours of concern are displayed by an existing or new Participant, P4 Movement will refer the Participant, with Participant consent, to a qualified Behaviour Support Practitioner that is registered with the NDIS Commission. P4 Movement will work with the Participant, independent practitioner and the Participants support network to;
        i. Undertake a functional behaviour assessment and;
        ii. Develop a positive behaviour support plan
    b. If the Positive Behaviour Support Plan includes a Regulated Restrictive Practice, P4 Movement will ensure that;
        i. The plan is appropriately authorised according to the NSW Restrictive Practices Authorisation Policy (RPA Policy);
        ii. Restrictive practices outline the time period for the Restrictive Practice to be applied and reviewed;
        iii. The plan specifies person centred strategies that should be applied first, so that restrictive practices are only used as a last resort in response to a risk of harm to the person or others;
        iv. The plan is focused on reducing and eliminating the use of Regulated Restrictive practices;
        v. The plan has informed consent from the Participant or Participants guardian.
    c. When implementing Behaviour Support Plans, P4 Movement will ensure that;
        i. Prior to a plan being implemented in P4 Movement, an authorisation memo will be drafted, approved and sent from the Director, Participant Services. This will be shared with the Participant's key workers and added to the Participants file
        ii. Only authorised regulated restrictive practices are used;
        iii. Workers assigned to the Participant's care are provided training and information by the practitioner who developed the plan
        iv. Consent is given and communication channels established for the worker, management and the Participants behaviour specialist practitioner to allow for support, mentoring, coaching or advice where necessary
        v. Supporting materials are provided by the Participant's practitioner on how to implement the support plan effectively for workers to follow.
        vi. In the event that an unplanned or unapproved restrictive practice is applied, P4 Movement will report the incident to the NDIS Commission as a reportable incident within 24 hours;
        vii. P4 Movement provides an accurate monthly report to the NDIS Commission on any use of Restrictive Practices;
        viii. Participants are supported to know that consent can be withdrawn at any time and that the plan can be reviewed at any time on their request before the stated review date;
        ix. Only appropriately trained employees who meet the NDIS Positive Behaviour Support Capability Framework support a Participant in a situation where there is the potential for a restrictive practice to be applied.
        x. All instances of a restrictive practice being used must be recorded in a Participant's notes.

d. Provide ongoing training, development and supervision for P4 Movement employees who support Participants with a behaviour support plan to ensure that employees;
    i. Understand the legislative and policy framework related to Restrictive Practices
    ii. Have the opportunity to develop best practice knowledge of the delivery of positive behaviour supports
    iii. Are committed to an outcome-based approach, including reducing and eliminating restrictive practices and improved quality of life for Participants.

2. Authorisation of Restrictive Practices
    a. P4 Movement in its role as a support provider will not take on the role of a specialist Behaviour Support Practitioner and will therefore not manage the authorisation process.
    b. P4 Movement will ensure that plans developed for their Participants by an appropriate practitioner are appropriately authorised through a Restrictive Practice Authorisation Panel
    c. An appropriate P4 Movement employee will be nominated to sit on an RPA panel in each case to ensure P4 Movement can effectively implement the Behaviour Support Plan.

3. Consent
    a. P4 Movement takes responsibility for gaining consent from the Participant or their guardian for a developed Behaviour support plan.
    b. Consent for Children and Young Persons: Consent for a child in relation to a Positive Behaviour Support Plan will be obtained from the parent or guardian. Where a child is under the parental responsibility of the Minister for Family and Community Services, consent for the use of a Restrictive Practice, including chemical restraint, will always be obtained from the person with parental responsibility. This consent will be documented in the child or young person's Positive Behaviour Support Plan and the Positive Behaviour Support Plan must be approved by the Director, Child and Family, Community Services.
    c. Consent for Adults: Where a Participant does not have the capacity to consent to the use of a Restrictive Practice as a component of a Positive Behaviour Support Plan, and where there is no appropriate person(s) to consent or agree to the use of the practice on their behalf, a legally appointed guardian will be required. In such cases, specific authority to consent may be granted to a guardian by the Guardianship Division of the NSW Civil and Administrative Tribunal. This guardian must be appointed with a Restrictive Practice function.

4. Crisis response to a critical incident
    a. A crisis response may be required in situations where a Participant engaged in anew behaviour or there is a previously unexperienced degree of severity in the escalation of their behaviour, there is a clear and immediate risk of harm linked to that behaviour(s) and there is no interim or comprehensive Positive Behaviour Support Plan in place to manage this.
    b. In such circumstances, use of an authorised Restrictive Practice may be considered necessary under P4 Movement's duty of care to manage the risk. This is referred to as a crisis response, which should only be used after the P4 Movement care provider has tried to de-escalate the situation using non-restrictive strategies. In responding to a crisis, P4 Movement carers should use the minimum amount of a restriction or force necessary, the least intrusion and apply the strategy only for as long as is necessary to manage the risk. A crisis response is never used as a de facto routine behaviour support strategy.
    c. Only regulated restrictive practices may be used. Even in a crisis, a prohibited practices must not be used.

d. The care worker must inform their supervising manager immediately if an unauthorised restrictive practice is used.
e. The supervisor shall notify the Director, Participant Services and GM, who will also notify the Board.
f. Where the response to a crisis includes the use of a Restrictive Practice, The Supervisor is also responsible for working with the care worker to facilitate the following actions;
    i. The Participants immediate referral to, and assessment by a medical practitioner, where appropriate;
    ii. Collaboration as required 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 a restrictive practice.
    iii. Reporting through a reportable incident to the NDIS Commissioner (within 24 hours)
    iv. Debriefing with the care worker, Participant and the Participant's specialist behaviour support practitioner (where one exists for an existing behaviour support plan) to identify areas for improvement and to inform further action.
    v. The outcomes of the referrals, NDIS report, collaborations and debrief are documented in the Participants file.
g. P4 Movement may not need to use the Restrictive practice again, however where it is anticipated it will be needed again, it must be included in a comprehensive or interim Positive Behaviour Support Plan and authorisation for its further use must be sought.
    i. Where a plan already exists, the relevant practitioner will be engaged to work through the review, update and authorisation process, including the development of an interim behaviour support plan if necessary.
    ii. Where no behaviour support plan currently exists, the Participant will be referred as a matter of urgency to a behaviour support practitioner for an interim Positive Behaviour Support Plan that can be applied for no longer than 28 days, the Participant, practitioner, P4 Movement and the Participants support network work through the process of developing a longer term behaviour support plan.
    iii. Where an interim plan is required prior to a specialist practitioner being engaged, the Director, Participant Services will be responsible for assessing and developing an interim plan in collaboration with the Participant, the Participant's carers / guardians. The plan must not be in place for more than 28 days and will be superseded by an interim plan developed by the specialist practitioner as soon as the referral can be made and followed through.
    iv. The Director, Participant Services and a Senior care worker, will undertake specialist behaviour support training in order to support this unlikely scenario.

References to other P4 Movement policies and external sources

1. Org2.7 NDIS Reportable Incident Response and Management
2. HR1 Code of Conduct
3. HR8 Learning and Development
4. HR10 Work Health & Safety
5. CS1.1 Human Rights
6. CS1.5 Abuse and Neglect
7. CS3.1 Participant Care
8. CS3.5 Participant Record Management

Summary of attachments

1. Nil

Version Control

1. 1 April 2026 - New Policy Creation