



**A guide to understanding, accessing and implementing a behaviour support plan under the NDIS.**

Presenting tonight:

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- **Henry Ellen** - Behaviour Support Practitioner, Plus

## Acknowledgement

I would like to begin today by acknowledging the Traditional Custodians of the land on which we meet today, and pay my respects to their Elders past, present and emerging. I extend that respect to Aboriginal and Torres Strait Islander peoples here today.



## Welcome Henry

- Henry Ellen, Behaviour Support Practitioner at [Plus](#), a leading integrated program for people with complex behaviours
- Worked in the Fighting Chance Group for over 5 years
- Began as a Support Worker at Avenue



## What is positive behaviour support & who is it for?

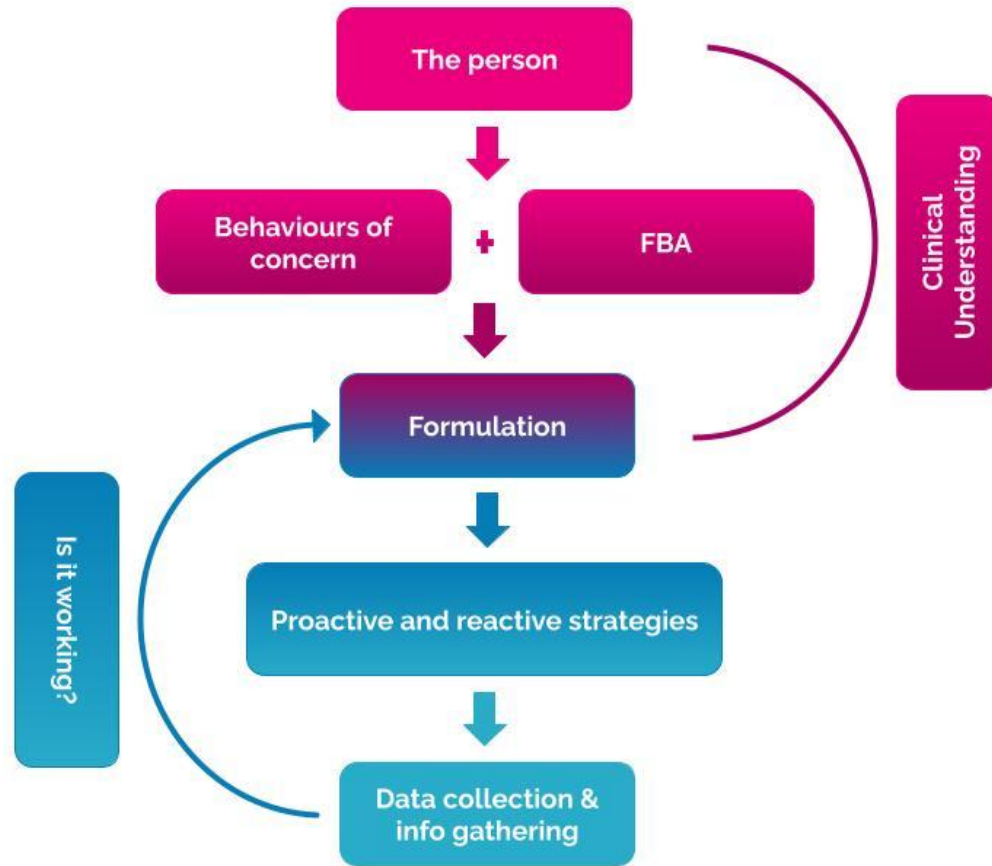
- A clinical support using a person centered framework for NDIS participants that have behaviours of concern.
- A behaviour of concern is a behaviour which negatively impacts upon the quality of life or safety of a person with a disability, their family or support network.
- PBS is used to support the participant and their network, better understand the behaviour and why it may occur. Create proactive strategies/ ecological supports, skill development and crisis management is implemented by the clinician through training.
- A focus on positive intent.



## What is a behaviour support plan?

- When NDIS funding is provided for behaviour support it usually includes funding for a behaviour support plan.
- A behaviour support practitioner will assess and gather information.
- A behaviour support plan is a document prepared and contains evidence-informed strategies and seeks to improve the person's quality of life.





## What to expect from a Practitioner?

- Identify approved funding and discuss appropriate support
- If the person has received funding for a behaviour support plan and training then it is expected that the clinician will:
  1. Work collaboratively with participant and their supports.
  2. Involve all key stakeholders.
  3. Provide ongoing training and support to implement strategies.
  4. Provide the documentation that has been agreed upon, eg. a comprehensive behaviour support plan or Behaviour Assessment Report.
  5. They are NDIS registered





## How can a positive behaviour support plan help?

- Can give your person's support network a clear understanding of the "why" behind their behaviour creating empathy, understanding and a framework for their support.
- Provide the person's support network with detailed strategies to improve their quality of life.
- Assist in training new support workers.
- Have NDIS safeguarding for your person, eg. Implementing provider reporting requirements.





## How to get behaviour support funding in an NDIS plan?

- Can be challenging but possible if it meets the reasonable and necessary criteria.
- Supporting evidence is imperative.
- A person who has a NDIS plan and whose disability that they have met access for directly relates to the behaviour of concern they are experiencing or expressing.



## What does behaviour support funding include?

- Under the persons Capacity Building Category in the sub category " Improved Relationships" there are two categories of funding for assessment and planning as well as training.
- Within these two categories, a behaviour support practitioner can provide a range of different services; behaviour support plans, transition plans, SIL compatibility assessments, NDIS funding letters, weekly or monthly team meetings, staff training



# A behaviour support case study

## The situation

- Luca is 13 years old, has a diagnosis of Autism (level 3) and is mostly non-verbal.
- Luca's parents note that he was largely a happy child and have been struggling with a recent dramatic change in his behaviour - resulting in significant physical escalations and self-harm in the family home every evening. Luca's school reports that nothing has changed.
- Luca has been working with a speech pathologist and occupational therapist for the past few years, but he has never seen a psychologist.

## A behaviour support case study

### What next?

- Their Support Coordinator suggests going for a change in situation to get funding for specialised behaviour support.
- Luca receives 20 hours and is on a waiting list for 2-3 months.

# A behaviour support case study

## What next?

- When they get access to a practitioner they begin conducting an assessment which includes meeting/observing them in person, across a couple of environments and talking with their support network. The questions they ask, include:
  - Quality of life
  - Your previous history with allied health
  - Family/schooling history
  - Any major life events
  - Communication styles
  - Diagnosis
  - Support network
  - Behaviours of concern (and ask you to collect data about it)
  - How you respond to the behaviour

# A behaviour support case study

## What next?

- The Practitioner will develop the agreed upon plan. This may be;
  - Interim Behaviour Support Plan
  - Comprehensive Behaviour Support Plan
- In Luca's case, the practitioner identified the use of a chemical restraint (a medication diagnosed primarily for the use of influencing his behaviour). This means that an Interim plan must be developed within 1 month and the NDIS commission must be notified.
- In other cases, where there has been no restrictive practice identified, the practitioner will take a longer period of time to develop a more in-depth, comprehensive Behaviour Support Plan.

# A behaviour support case study

## The outcome

- The practitioner provides Luca and his informal and formal supports with the Interim behaviour support plan. This will include his profile information, understanding about Luca/his behaviours of concern, changes to the environment, strategies to support him day to day. skill development and crisis response strategies.
- The Interim BSP is uploaded to the NDIS commission
- The practitioner provides training and ongoing implementation support to each NDIS provider/informal supports as required.



## What is a restrictive practice?

- A restrictive practice is a restrictive intervention prescribed for the primary purpose of influencing behaviour when there is risk of harm to the person themselves or people around them.
- A restrictive practice is only prescribed when all other, less restrictive alternatives have been unsuccessful.



# Types of restrictive practices

There are five categories of regulated restrictive practices that are monitored by the NDIS Commission. These are:

- **Seclusion** - 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.
- **Chemical restraint** - 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.
- **Mechanical restraint** - 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.
- **Physical restraint** - 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.
- **Environmental restraint** - which restrict a person's free access to all parts of their environment, including items or activities.

## What is the relationship between behaviour support and restrictive practices?

- It must be prescribed in a behaviour support plan.
- The Behaviour Support Practitioner will assess the requirement for a restrictive practice and potentially prescribe one accordingly. The behaviour support plan will detail exactly how and when the restrictive practice is to be used.
- If a service is using restrictive practices without a behaviour support plan, they must be actively supporting the development of a plan.
- Restrictive practices must be faded out over time whilst the team works on improving the person's quality of life via skill building and proactive/ecological strategies.
- Restrictive practices should not be used in isolation from PBS. This could be illegal and does not provide the participant with an opportunity to increase their quality of life.



# Guardianship

- In the state of NSW, you need NCAT Guardianship with a restrictive practices function to consent to the use of **most** restrictive practices within an NDIS service provider.

[https://www.facs.nsw.gov.au/\\_data/assets/pdf\\_file/0003/593319/Restrictive-Practices-Authorisation-Procedural-Guide.pdf](https://www.facs.nsw.gov.au/_data/assets/pdf_file/0003/593319/Restrictive-Practices-Authorisation-Procedural-Guide.pdf)

Restrictive Practice	Previous NSW term	Approval	Supporting Evidence	Author	Authorisation	Consent
Seclusion	<ul style="list-style-type: none"> <li>Seclusion</li> <li>Exclusionary</li> <li>Time out</li> </ul>	Interim	Interim behaviour support plan	Behaviour Support Practitioner	Organisation's RPA delegate	U18: Prohibited
		General	Behaviour support plan Functional analysis of behaviour	Behaviour Support Practitioner No requirement	RPA Panel	+18: Either: <ul style="list-style-type: none"> <li>The person if have capacity, or</li> <li>Guardian with RP function</li> </ul>
Physical restraint	Physical intervention / restraint	Interim	Interim behaviour support plan	Behaviour Support Practitioner	Organisation's RPA delegate	U16: Parent/Guardian
		General	Behaviour support plan Functional analysis of behaviour	Behaviour Support Practitioner No requirement	RPA Panel	+16: Either: <ul style="list-style-type: none"> <li>The person if have capacity, or</li> <li>Guardian* with RP function</li> </ul>
Mechanical restraint	Physical intervention / restraint	Interim	Interim behaviour support plan	Behaviour Support Practitioner	Organisation's RPA delegate	U16: Parent/Guardian
		General	Behaviour support plan Functional analysis of behaviour	Behaviour Support Practitioner No requirement	RPA Panel	+16: Either: <ul style="list-style-type: none"> <li>The person if have capacity, or</li> <li>Guardian* with RP function</li> </ul>
Chemical restraint	<ul style="list-style-type: none"> <li>PRN Psychotropic medication</li> <li>Routine dose medication for behaviour</li> </ul>	Interim	Interim behaviour support plan Medical report	Behaviour Support Practitioner Medical practitioner	Organisation's RPA delegate	U16: Parent/Guardian
		General	Behaviour support plan Functional analysis of behaviour Medical report	Behaviour Support Practitioner No requirement Medical practitioner	RPA Panel	+16: Either: <ul style="list-style-type: none"> <li>The person if have capacity</li> <li>Person responsible</li> <li>Guardian*</li> </ul>
Environmental restraint	<ul style="list-style-type: none"> <li>Restricted access</li> <li>Response cost</li> </ul>	Interim	Interim behaviour support plan	Behaviour Support Practitioner	Organisation's RPA delegate	U16: Parent/Guardian
		General	Behaviour support plan Functional analysis of behaviour	Behaviour Support Practitioner No requirement	RPA Panel	+16: Either: <ul style="list-style-type: none"> <li>The person if have capacity</li> <li>Guardian*</li> <li>RPA panel<sup>‡</sup></li> </ul>

\* A person with court ordered parental responsibility is deemed a guardian

‡ The RPA mechanism may direct that an authorised environmental restraint strategy may be implemented in the absence of consent in certain circumstances

## Behaviour support/engaging a day program or SLES program

- If your person has Behaviours of Concern, an NDIS day program or SLES provider may require that they also have a behaviour support plan.
- This is not designed to be a piece of red tape but rather to set your person up for success in their new environment.
- Identifying any behaviours of concern and initiating a behaviour support assessment prior to applying to Day programs/SLES will help expedite the processes involved.



# Questions?

