Behaviour support plan toolkit

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Victorian Senior Practitioner

VICTORIA State Government | Health and Human Services

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(2006752 – toolkit figures)

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Section 1: Developing quality behaviour support plans

Developing a behaviour support plan

The Victorian Senior Practitioner has combined several guides and support documents to produce the revised *Behaviour support plan toolkit*.

The revised *Behaviour support plan toolkit* is divided into three sections:

- **Section 1: Developing quality behaviour support plans:** Overview of key components to be included in a quality behaviour support plan and important questions that need to be asked/considered.
- **Section 2: Useful assessment tools and forms:** Useful assessment tools and forms that are vital in developing a behaviour support plan. These include recording forms for behaviours of concern (STAR, ABC, frequency recording) and functional behaviour assessment forms (e.g. Questions About the Behaviour Function (QABF), Motivation Assessment Scale (MAS)).
- **Section 3: Reporting within the Restrictive Intervention Data System – Behaviour support plan (RIDS Behaviour support plan):** A step-by-step approach on how to upload an electronic copy of the behaviour support plan onto the Restrictive Intervention Data System (RIDS).

What is a behaviour support plan?

The *Disability Act 2006* (the Act) defines a behaviour support plan as a plan developed for a person with a disability that specifies a range of strategies to be used in supporting the person who shows behaviours of concern, including proactive strategies to build on the person's strengths and increase their life skills.

Around 20 per cent of people with an intellectual disability will use behaviours of concern. Behaviours of concern are those 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 that is likely to seriously limit the use of, or result in, that person being denied access to ordinary community facilities.[1] A behaviour of concern can therefore act as a barrier to the person participating and contributing to their community. It can pose a risk to their health and safety and those with whom they work and live.

Service/implementing providers should try to understand the nature and function of a person's behaviour and respond appropriately to that behaviour. This will ensure restrictive practices are only used as a last-resort intervention and in proportion to the risk posed by the behaviour it is intended to address.

Positive behaviour support combines a range of proactive strategies that identify and address the underlying causes of behaviours of concern though a functional behaviour assessment and a behaviour support plan. Positive behaviour support strategies should include:

- changes to the environment that are based on the person's preferences (e.g. social interaction styles)
- supporting the person to learn functionally equivalent replacement behaviours (FERBs)
- other targeted positive strategies based on the function of the behaviour.

1 NDIS Quality and Safeguards Commission website

In developing a behaviour support plan the following considerations are essential:

- the context the person lives and engages in
- that the support plan is part of a larger planning process for the person and includes other activities or programs such as active support, person-centred planning and healthcare planning
- consultation with the person, family members and other significant people in the person's life
- that the support plan is an ongoing and dynamic plan that requires regular review to ensure it reflects the person's support needs over time.

Why develop a good quality behaviour support plan?

Research conducted by the Victorian Senior Practitioner has found that **good-quality behaviour support plans are associated with reductions in the use of regulated restrictive practices**.[2] Other research shows that the quality of a behaviour support plan can directly influence the quality of support provided to people with a disability.[3]

The Act requires that a behaviour support plan is developed for anyone subject to restrictive practices. A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with a disability. A behaviour support plan needs to focus on person-centred interventions that address underlying causes of behaviours of concern, including any other diagnoses, and aim to improve quality-of-life outcomes and reductions in the use of restrictive practices.

The Victorian Senior Practitioner uses the revised Behaviour Support Plan Quality Evaluation Tool II[4] (BSP-QEII) to assess the quality of behaviour support plans. Refer to section 2 of this toolkit for more information.

For more information on behaviour support planning refer to the *Positive practice framework: a guide for behaviour support practitioners*. January, 2018.[5]

2 Webber, L., Richardson, B., Lambrick, F., & Fester, T. (2012). The impact of the quality of behaviour support plans on the use of restraint and seclusion in disability services. *International Journal of Positive Behavioural Support*, 2(2), 3–11.

3 Blood, E., & Neel, R. S. (2007). From FBA to implementation: A look at what is actually being delivered. *Education and Treatment of Children*, 67–80.

4 Browning-Wright, D., Mayer, G.R.D & Saren, D (2003). Downloadable from the Positive Environments, Network of Trainers website <http://www.pent.ca.gov>.

5 Available from the Victorian Senior Practitioner's Information for behaviour support practitioners webpage <https://www.dhhs.vic.gov.au/information-behaviour-support-practitioners>.

Behaviour support plan – what to include

General details

Information required	Example	Guidance
Name of the person with a disability	Ms Mary Johns	
Person's date of birth	31/01/1972	
Start date of BSP	14/02/2019	This date should be the same as what is entered in RIDS
End date of BSP	13/02/2020	This date should be the same as what is entered in RIDS and not exceed 12 months
Name of independent person	Ms Edna George	Name of the person who explained to the person subject to restrictive practices the proposed use of the regulated restrictive practices and their right to a review. Refer to s. 6B 132ZS of the Disability Act (amended) for details
Independent person's contact number	Ph: 9766 2345	
Name of the authorised program officer (APO)	Mr George Benson	This is the person responsible for authorising the plan. APO appointment is required before restrictive practices can be used. Refer to Part 6A of the amended Act for details
Name of the author / behaviour support practitioner	First and last name of the person	
Telephone number of the author / behaviour support practitioner	Telephone number for the author / behaviour support practitioner primarily responsible for writing this BSP and name of organisation they work for they work.	An APO who authorises the plan cannot also be the behaviour support practitioner. See direction issued by the Senior Practitioner dated 10/9/19
Author/practitioner's email	xxx@jjjj.com	

Culturally diverse?

Yes		No	

Indigenous status

Neither Aboriginal nor Torres Strait Islander origin	
Aboriginal but not Torres Strait Islander origin	
Both Aboriginal and Torres Strait Islander origin	
Torres Strait Islander origin but not Aboriginal origin	

Implementing providers

These will be the providers who will be implementing the regulated restrictive practice(s) in this plan. **Remember: one person, one plan. All APOs need to sign off on the restrictive practices in this BSP before it can be approved for use by implementing providers.**

Information required	**Example**
Primary provider's name The Authorised Program Officer in this organisation uploads the BSP and needs to invite other APOs to share the BSP	Century Support Services
Provider's ABN	123 456 789
Service address	22 Stanley Street Maryvale
APO	Mary Johns
Phone	5676 2345
Email	xxxx@ee.com
Secondary provider's name	Jan Jan Services
Provider's ABN	
Service address	64 Melissa Ave Cowes
APO	Jerry Smith
Phone	9876 5432
Email	vvv@ww.com.au

About the person

History

Think about the person's history and the impact this has had on their behaviours.

Then think about if there are any of these factors that may affect the person's ability to build on their strengths and increase their life skills.

Summarise in this section:

- Important information about the person:
  - Name the type of syndrome (e.g. Down syndrome), genetic (e.g. Fragile X) or other (e.g. acquired brain injury).
  - Reference any supporting documentation referring to the person's formal diagnosis.
  - How does the person's disability affect them?
  - Are there any significant life events that would impact on the person's behaviour or support needs (e.g. trauma or loss of a loved one)?
  - Is there any recorded evidence of the person experiencing abuse, neglect or emotional deprivation?
  - What are the person's current and historical living arrangements? Who do they live with and what is their involvement with other services? (employment/day placement)
  - Does the person have a support network? Who are they?
  - What is the person's educational background?
  - Are there any cultural factors that need to be considered?
  - Does the person have a history of engaging in behaviours of concern?
  - What interventions/strategies have been previously tried and what was the effect of these interventions?

Health

This section relates to the person's physical, neurological and mental health.

Refer to the person's mental health and other health plans and reference the person's health needs and recommendations regarding treatment and support.

Refer to section 2 for a copy of the medication purpose form.

Summarise in this section:

- Note the impact of the person's health needs and consider how they may link to the behaviours of concern.
- Does the person have a chronic medical condition? (e.g. epilepsy, diabetes, dysphagia, hypertension, cholesterol, arthritis)

Evidence of the person having a comorbid psychiatric disorder:

- Is the person currently receiving treatment for a mental illness? Yes/No
- Name the mental illness.
- Does the person have a mental health plan? Yes/No

- If yes, attach the mental health plan to the BSP or reference the symptoms associated with the mental illness and what they look like for the person.
- Consider if there are any implications or side effects of the person's medication(s) on their physical health. If that is relevant, then mention how the impact on their physical heath will be treated and monitored.

Think about:

- List all medications, doses and the rationale for medication(s) prescribed to treat the mental illness.
- Do not include medication considered a regulated restrictive practice or chemical restraint here.
- Are there any recent medical and dental reports? Medical and dental needs should be reviewed frequently to determine if these influence the person's behaviour.

Communication skills

Has a communication assessment been completed?

Communication difficulties that have not been identified can pose a significant barrier to strategy selection and to successfully implementing the strategies documented within a BSP.

Think about:

- How do the person's communication abilities affect the selection of proactive strategies that are aimed at building on the person's strengths and increasing their life skills?
- Understanding the person's learning profile, personality and communication needs will be helpful in determining appropriate environmental and teaching strategies.
- If the person has communication aids, does the person and the staff know how to use them? The need for communication aids and use of language that a person understands needs to be considered throughout the development of a BSP (environmental changes, teaching and reactive strategies).

Summarise in this section:

- What are the person's receptive language abilities? Can the person follow a conversation or pick up on keywords only? Does the person require a combination of speaking and showing them a reference (e.g. an object, photo, line drawing)?
- Does the person communicate verbally? Is their speech fluent?
- Do they communicate using sentences, phrases or one- to two-word responses?
- Does the person communicate via non-speaking methods? (e.g. keyword sign (Auslan), idiosyncratic signs, leading, pointing, eye gaze, voice output devices)
- What communication aids does the person use? (e.g. chat books, visual timetables, community request cards)
- Where are the person's communication aids located?
- What visual medium does the person use/require? (e.g. real objects, photographs, line drawings – Boardmaker, black and white pictures only)
- Does the person have functional literacy? Does the person have keyword recognition? Can they recognise letters of the alphabet?
- Does the person need written information to be presented in alternative forms such as Braille, Easy English (with pictures), Plain English (simplified language)?
- How does the person communicate pain and discomfort? Has a pain checklist (e.g. DisDAT) been completed?

Attach/upload the communication assessment with the BSP.

Likes/dislikes

The environment the person lives in, needs to be tailored to the needs and preferences of the person.

Knowing the person's likes and dislikes will help when choosing environmental strategies that support a reduction in the need for a person to use behaviours of concern, as well as what will be a good motivation for the person to use their replacement behaviour.

Summarise in this section:

- What does the person like? Include interaction styles, level and type of activities, opportunities for making meaningful choices throughout the day.
- What does the person dislike? Include interaction styles, level and type of activities. (These will be especially important if they act as triggers or setting events to behaviours of concern.)
- What is important to the person that they have, or don't have in their life?

Think about:

How can access to the person's likes, wants and needs be integrated into the BSP? For example, what changes can be made to the person's everyday environment? Think about predictability, structure and interaction styles.

Sensory needs

- Has a sensory assessment been completed? If not, is an assessment required?
- Think about how the person's sensory needs impact on their engagement with their environment and on the behaviours of concern.
- Information based on a sensory assessment can identify any potential barriers to engagement and guide the selection of appropriate strategies.

Summarise in this section:

- Does the person have a visual impairment?
- Does the person have a hearing impairment?
- Does the person seek out sensory experiences?
- Does the person avoid any sensory experiences?
- Does the person's engagement in behaviours of concern seem related to their sensory needs?

Think about:

- Incorporate recommendations made in a sensory assessment into the person's BSP.

Attach/upload the sensory assessment with the BSP.

Other relevant information

Personal goals and relationships

Knowing the person's likes, dislikes and personal goals will help to choose environmental strategies that support a reduction in the need for the person to use behaviours of concern.

Summarise in this section:

- The person's personal goals. What does the person want to achieve in their life? What are the steps needed to help the person achieve these goals? What skills does the person require to achieve these goals?
- Who is in the person's family? What is the level of contact and type of support provided by the family?
- Does the person have, or has had, any intimate relationships apart from family?
- How does the person spend their time when in the community? Are they employed or engaged in a day program?
- What are the person's short- and long-term goals?

Think about:

Use standardised quality-of-life measures to evaluate the person's sense of quality of life and wellbeing.

Behaviours of concern

Select one or more from below:

Harm to self – describe in a way that is measurable and observable	
Harm to others – describe in a way that is measurable and observable	
Destruction of property that may cause harm to self or others	

Think about why the person uses behaviours of concern

Most behaviours of concern serve a purpose or function and may be occurring to have a need met. The need may be to avoid, get or express something. It may be occurring because the person does not know other ways to get their needs met. Often the behaviour has worked for the person in the past or previous attempts to have their needs met have been ignored (McVilly 2002[6]). It is also extremely rare that the behaviour of any person can be explained by a single reason. A combination of factors may be involved including developmental (the type and impact of their disability), biological (health, sensory or physical issues), psychological (mental health, trauma, thinking and problem-solving abilities), social issues (communication difficulties, lack of meaningful opportunities, unmet needs) and what has worked for the person in the past.

Think about:

Is the identified behaviour of concern actually a behaviour of concern? Does it cause harm to self or others?

Behaviour description

Summarise in this section:

- Describe what the behaviour looks like in specific and measurable terms.
- Include how often it occurs (frequency), how long it lasts (duration), what harm is caused (intensity), the last time the person used the behaviour and how long the person has been using this behaviour, if known.

It is important that everyone agrees on the description of what the behaviour looks like so that people can recognise the behaviour when it occurs and respond in a consistent manner and that everyone is measuring the same thing.

Think about:

- Include the frequency, intensity and duration of the behaviour so you can measure change over time.
- Reference baseline evidence (where applicable) and how that information was gathered and summarised.
- **It is best to limit a behaviour support plan to one or two distinct and separately occurring behaviours of concern that cause harm to self or others.**

6 McVilly K.R 2002 Positive behaviour support for people with intellectual disability. Evidence based practice. Promoting quality of life. Putney, NSW Australia

Triggers and setting events

Select one or more triggers and setting events from below:

For every selection a description is required under each heading.

Triggers and setting events	To think about
Activity	**Trigger:** Are there any activities, events or tasks that trigger the behaviour? Why? What behaviour will this lead to? **Setting event related to the trigger:** What are the setting events that directly relate to this trigger? What activities, events or tasks make it more likely that the behaviour of concern will occur? Why? Refer to the likes/dislikes section in **About the person**.
Communication	**Trigger:** Is there a form of communication or phrasing (e.g. the word 'no') that triggers the behaviour? Refer to the communication skills section in **About the person**. What are the setting events that directly relate to this trigger? What behaviour does this lead to?
People	Are there certain people (e.g. regular/casual staff) whose presence or absence will trigger the behaviour? What is it about this person or group of people that triggers the behaviour? Is there a related setting event? What behaviour does this lead to? Refer to the likes/dislikes section in **About the person**.
Physical environment	Are there any environments, or aspects of certain environments (e.g. loud noises, crowding, location, temperature, materials or objects in the environment), that trigger the behaviour or act as a setting event for a behaviour? What behaviour does this lead to? Refer to the likes/dislikes section in **About the person**.
Place	Are there any locations (e.g. the pool, doctor's waiting room) that trigger the behaviour or act as setting events? Why? What behaviour does this lead to? Refer to the likes/dislikes section in **About the person**.
Routine	Are there any changes to a routine or schedule that will trigger the behaviour? Are there related setting events? What behaviour does this lead to? Refer to the likes/dislikes section in **About the person**.
Time	Are there any times of the day or year that will trigger the behaviour?
Other	Describe anything else not listed above that may act as a trigger or setting event for the behaviour of concern (e.g. being unwell, or when experiencing symptoms of mental illness or another condition). Refer to the health section in **About the person**.

Things to think about:

- What usually happens just before the behaviour of concern occurs that leads to the behaviour of concern occurring (**trigger**)?
- What happens before the trigger to make the behaviour more likely to occur (**setting event**)?

Consider any triggers and setting events you may have identified in **About the person**.

Example:

If a person has a headache (**setting event**) they may be more likely to react negatively to the presence of a **trigger** such as another person shouting in order to protest, avoid or escape the noise (function).

Function of the behaviour

What is the person trying to communicate by using a behaviour of concern?

Behaviours occur for a reason, and all behaviours are purposeful. We all use behaviours to get something or get away from something.

All behaviours of concern serve a purpose or have a function. Correctly identifying the function of a behaviour can lead to effective strategy selection that supports the person and ultimately reduces the frequency, intensity or duration of that behaviour by replacing it with something that is functionally equivalent, also known as functionally equivalent replacement behaviours (FERB).

When we say 'function' of a behaviour we basically need to ask 'what is the person trying to communicate by using the behaviour?'. While it might be difficult to understand why a person does something (e.g. self-injury or aggression), there will always be an underlying function.

Behaviours generally occur, and are maintained, to meet the following functions:

- To get social attention
- To get tangibles or activities
- To escape or avoid someone or something
- To get sensory stimulation
- To meet a physical need (e.g., to get out of pain).

Refer to section 2 for a copy of Questions About Behavioural Function (QABF) and the Motivation Assessment Scale (MAS).

Functional behaviour assessments

FBA is a broad term used to describe several different methods that allow practitioners to identify the reason a specific behaviour of concern is occurring.

These assessments should be used to identify the causes of behaviours of concern (e.g. aggression towards others or destructive behaviours).

An FBA assesses the individual, interpersonal and environmental variables that make an identified behaviour of concern more likely to occur.

Although there are different methods for carrying out an FBA, they all have the same goal: to identify the function of an identified behaviour of concern, so an intervention can be put in place to reduce this behaviour and/or increase more adaptive or functionally equivalent behaviours.

An FBA undertaken across environments and settings can incorporate a wide evidence base including a combination of some of the following: file audits; a person's history; incident reports; standardised interviews with the person and key stakeholders; data recording; and direct and indirect observation.

Important

The function should logically link to the triggers and setting events and behaviours you have listed above.

There can be multiple functions for one behaviour; for example, the person uses one behaviour for social interaction and the same behaviour to avoid something *or* the person may use multiple behaviours (kicks, bites) for the same function – to avoid something.

Select one or more function from below:

For every selection a description is required under each heading.

Common functions	Description
Seeking social **interaction** or attention	Is the person attempting to communicate their need to seek relationships, company or interaction with another person? A person may engage in certain behaviour to gain some form of social interaction or to get a reaction from other people. For example, a person might engage in a behaviour to get other people to look at them, laugh at them, play with them, hug them or shout at them. While it might seem strange that a person would engage in a behaviour to deliberately have someone shout at them, it can occur because, for some people, it's better to obtain 'bad' attention than no attention at all. Refer to **About the person**.
Wanting **tangible** objects or activities	Is the person attempting to obtain a particular item or engage in a particular activity by using this behaviour? Some behaviour occurs so the person can obtain a tangible item or gain access to a desired activity. For example, someone might hit their head with enough force to cause significant bruising until their parents buy them a new toy (tangible item) or take them to the playground (activity). Refer to **About the person**.
Protest, **avoidance** or escape	Is there something the person wants to escape, avoid, reduce or delay by using this behaviour? Not all behaviours occur so the person can 'obtain' something. Often, behaviour occurs because the person wants to get away from something or avoid something altogether. For example, a person might engage in pinching support workers with enough force to cause bruising to stop doing a particular task with them, or another person may engage in self-injury (e.g. scratching with enough force to break their skin) to avoid having to go outside. Note that escape can be related to people (social) or places (environment). Refer to **About the person**.

Common functions	Description
Sensory processing	Is the person is trying to seek or avoid, increase or reduce any sensory experiences such as touch, taste, sight, sound, smell, movement or body awareness through muscles and joints? The function of some behaviour does not rely on anything external to the person and instead is internally pleasing in some way – they are self-stimulating. They function only to give the person some form of internal sensation that is pleasing or to remove an internal sensation that is displeasing such as pain. **It is important to clarify if the person is seeking or avoiding a particular sensation.** For example, a person may rock back and forth because it is enjoyable for them, while another person might rub their knee to soothe pain after accidentally banging it on the leg of a table. Refer to **About the person (Sensory needs)**.
Physical need	Physiological or basic needs here might include needing to use the toilet or wanting a drink or food. Refer to **About the person (Communication skills)** and consider the person's 'communication passport' or personal communication dictionary. Are the person's methods of communication understood and responded to consistently by support workers? Has a DisDAT been completed so support workers are aware of how the person communicates pain and discomfort? **Refer to section 2 for a copy of the Disability Distress Assessment Tool (DisDAT).**

Explanation about why the behaviour is occurring (case formulation/hypothesis)

Hypothesising the function/s of a behaviour before deciding on strategies (environmental/ background changes, skill development) will help identify the most critical variables to change.

Hypotheses of function/s helps when examining environmental variables to identify causation and need for change. Formulation is a hypothesis (an explanation) about the nature of the behaviour of concern and its causal (or functional) relationship between variables, events and the behaviour. It is an individualised story (or written narrative) that seeks to describe and explain how the person's diagnoses, skills/abilities, experiences and beliefs shape their thoughts, mood and the presenting behaviour of concern.

It should include what is being 'strived for' (i.e. the person's goals) and how the person can benefit from implementing strategies described in the BSP to reduce the frequency, intensity and duration of the behaviour of concern and the restrictive practices that are in place.

Features of a formulation are based on a functional assessment and should include:

- the identified behaviour
- setting events that relate to the behaviour of concern
- triggers that relate to the behaviour of concern
- the environmental strategies and FERB
- short-term change strategies (reinforcers and motivators).

The case formulation should be constantly revisited and revised throughout the life of the BSP to monitor progress and evaluate the effectiveness of the agreed interventions.

Positive behaviour support

Positive behaviour support is a 'multi-component framework for:

- developing an understanding of the behaviour of concern displayed by a person based on assessing the social and physical environment and broader context within which it occurs
- including stakeholder perspectives and involvement
- using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support
- enhancing quality of life for the person through changing the person's environment and teaching them skills they can use instead of their behaviours of concern.

To be effective, positive behaviour support strategies need to focus on:

- **Changing the environmental/background factors that lead to behaviours of concern**
  - What changes could be made in the person's environment that would lessen the likelihood that the person will be triggered to use their behaviour of concern?
  - Think about how to help the person understand changes in their routine or environment.
- **Teaching the person new skills to use to replace their behaviour of concern**
  - What functionally equivalent replacement behaviour/s (FERB/s) could the person learn to use to get their needs met and replace their need to use their behaviours of concern?
- **Teaching the person other skills to make them more independent and improve their quality of life.**
  - What other general skills would the person like to learn that would improve their quality of life?

Many studies have found that strategies to support people with disabilities and behaviours of concern that are based on the principles and aims of positive behaviour support are more successful than those that are not (McClean & Grey 2012; La Vigna & Willis 2012).[7]

Proactive strategies – Change the environmental/background factors

- Identify possible background factors that may be predisposing the person to engage in behaviours of concern.
- **Consider how to change these background factors so they don't trigger the use of the behaviour of concern.**

Address triggers and setting events

- What needs to change to reduce or eliminate the triggers or setting events or to minimise their impact on the person?

Communication skills

- What communication skills does the person have and what supports does the person need to ensure successful two-way communication? How will this be implemented and maintained over time?

Physical and mental health wellbeing

- What do the team need to do to address any health concerns?
- Does the person require medical treatment?
- If the person has been prescribed psychotropic medication, is a medication review required? Are the side effects associated with prescribed medications known?
- Is the person's disability type or medical conditions understood?

Address other 'About the person' factors

- Address any other issues that were identified when completing **About the person**.

For example: the person lives in an overcrowded and unstimulating environment, the person has limited opportunities to interact with family and friends and few opportunities to exercise choice.

Other

Use this section to address any other issues not covered above. For example, the person may have a large appetite and only gets to eat at main mealtimes or there is a lack of predictability in the activities of the day.

7 McClean, B., & Grey, I. (2012). A component analysis of positive behaviour support plans. *Journal of Intellectual and Developmental Disability, 37*(3), 221–231.

LaVigna, G. W., & Willis, T. J. (2012). The efficacy of positive behavioural support with the most challenging behaviour: The evidence and its implications. *Journal of Intellectual and Developmental Disability, 37*(3), 185–195.

Proactive strategies – Skill development strategies

Teaching functionally equivalent replacement skills (FERBs)

- What new skills can the person use to get their needs met that would replace the need to use their behaviour/s of concern?
- How will the person be supported to learn these skills?
- Is a task analysis required?

Skill teaching the functionally equivalent replacement behaviour

Once we know the function(s) that the behaviour serves for the person, we need to figure out how they can achieve the same result through using an alternative behaviour of skill (FERB). These could include learning new communication skills (use of keyword signing, photos, line drawings and so on to make their needs known) if the function of their behaviour is to communicate to others to get or get away from something.

Important: The chosen FERB must be as effective, if not more effective, in performing the same function as the behaviour. Otherwise there will be no point for the person to use the chosen replacement skill instead of the behaviour.

In selecting FERB, it is important to consider the following:

- **This is a skill that needs to be taught:** The replacement skill needs to serve the same function as the behaviour of concern. For example, if the function of the behaviour is to get something, the person will need to be taught to use a way to communicate this. If they already have a way to communicate they may just need a new key word or sign etc. for 'I want someone to talk to' or 'I want more to eat'. If they don't have a way to communicate, a way to communicate needs to be found with help from a speech pathologist.
- **Time for a result:** Learning a new way to do things takes time and won't occur immediately. It's estimated that to become an expert in anything takes approximately 10,000 hours of practice, so helping the person practice using their new skill is the key.
- **Reward and reinforcement to learn a new way:** When a new skill is being taught to replace an old behaviour, it will take time and effort on the part of the learner, so rewards and reinforcement are essential to help make the effort worthwhile.

Describe in this section or attach as an action plan:

1. Describe the chosen replacement skill, what materials/tools are needed and what is expected of the person.
2. The plan to teach or prompt the replacement behaviour needs to include the conditions under which it will be used (when the behaviour is not occurring, when the warning early signs are present) and how its use will be encouraged and reinforced.
3. A goal around who, what, when, how and what level of proficiency is expected during the life of the plan as well as how progress will be measured.

Example: Mary – Replacement skill communication

Background factor	Antecedent	Behaviour	Result
Very few stimulating activities or interactions with others	Someone walks in	Mary kicks a chair	Mary is told to pick up the chair

Function	Mary wants to interact with others in an otherwise unstimulating environment
Message	I am bored; spend time with me

Positive strategies

Environmental change	Involve Mary in more stimulating activities and increase positive interactions with others
Replacement skill	As Mary is non-speaking, staff need to teach Mary to build on her existing use of keyword signs to include the sign for I'm bored, and I want to talk to you.

Important

- Rewards and reinforcers need to be meaningful to the person and should be something they would not normally experience or receive as part of their daily activities. They can be tangible like a treat or verbal, such as 'great work!'.

Reinforcers and rewards for using the replacement behaviour

- How will the person be rewarded with something positive when they use the replacement behaviour?
- What are the reinforcers/rewards? Have at least two that can be used, so they don't become boring.
- Reinforcers need to be specific and contingent (provided in response to the person using the replacement behaviour)?
- Are the reinforcers effective (something the person likes)?
- When will reinforcers be provided? They should be used immediately the person uses their new behaviour.
- Who will use the reinforcement? This should include all staff.

Goal setting

These are behavioural goals and describe:

- The behaviour that needs to decrease (i.e., the behaviour/s of concern)
- The behaviour that needs to increase (the functionally equivalent replacement behaviours)

An example:

Goal:

- to reduce self-harming behaviour
  - by when (Date)?
  - How much? (once a week?), and

- to increase use of the FERB
  - by when (Date)
  - how much? (e.g., twice a week?).

Consider developing an action plan that documents:

- what the person will do
- under what conditions
- at what level of proficiency
- by when
- how it will be measured
- who will measure it.

This is your benchmark for when you will know if your strategies are working or not. It must be evidence-based and reflect what the behaviour was like before you intervened and what it is like after the intervention.

Other goals

Include goals for the other skill development such as physical and mental health and wellbeing.

De-escalation (response strategies

- To de-escalate/manage a serious episode of the behaviour.
- These strategies do not produce long-term behavioural change.

Refer to section 2 for a copy of the behaviour cycle template.

Summarise in this section:

- What should staff do when each behaviour of concern identified occurs to ensure the safety of all, to avoid escalating the behaviour and to minimise its impact on all people in the least restrictive way?
- For each behaviour of concern, clearly state what staff should do at each stage of behaviour escalation before considering a restrictive practice.
- The strategies listed need to work for the person involved, the different places the behaviour may occur in, and the staff who may have to use them.

De-escalation strategies need to include:

Assessing safety

Describe how staff should assess the safety of everyone before intervening.

Prompting the replacement behaviour

If safe to do so, how should staff prompt the person to use the replacement behaviour being taught?

Other (de-escalation strategies)

The following de-escalation strategies may be useful:

- active listening
- validation
- providing the need/want
- removing the cause
- engaging the person

- apologising
- providing verbal direction
- removing others
- leaving.

Using restrictive practices as a de-escalation strategy

Section 141(2)(a) 'State the circumstances in which the proposed form of regulated restrictive practice it to be used'.

Important: If the team plans to use restrictive practice(s), response strategies need to state the circumstances under which the proposed form of regulated restrictive practice is to be used, including what the person's presentation looks like – that is, the point at which the restrictive practice will be implemented and the details of how it will be carried out.

Note what the person's presentation looks like (warning signs) and how staff should respond.

Post-incident debriefing

After any critical incident, describe how everyone will be de-briefed to ensure the wellbeing of all involved as well as learning how to do things differently next time to avoid another critical incident.

Best practice suggests there should be both informal and formal debriefing. The debriefings need to be done in a nonpunitive and supportive way. The immediate debriefing needs to look at the emotional support needed for the person and staff involved and any immediate changes required to the BSP. The formal debriefing should occur within 48 hours of the incident and needs to examine the incident to discover the cause.

Debriefing may occur between staff, but also with the person.

Progress monitoring – team coordination and review

BSPs frequently fail when team members don't know what to do or don't think the strategies will work.

Establishing effective communication requires a team approach among all stakeholders.

Refer to section 2 for a sample team communication template.

Summarise in this section:

Team coordination

- Which staff are responsible for implementing this BSP?
- **Consider developing an action plan that specifically documents who will do what, by when and in what manner.**

Communication and review of goals

- Gain agreement on which skills will be increased and which behaviours will be decreased.
- How will these changes be communicated to others involved in implementing the strategies described in the BSP? (communication dyads, method: phone/email, frequency, etc.)
- When and how do goals get reviewed?
- What communication processes do you have in place to ensure everyone has the information they need to implement the plan and support the person?

Regulated restrictive practice

Regulated restrictive practice is defined in the amended Act as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. A restrictive practice is a regulated restrictive practice if it is, or it involves, chemical restraint, mechanical restraint, seclusion, physical restraint or environmental restraint.

Restrictive practices can *only* be used to prevent physical harm to self or others.

Important: Part 7, s. 141: The use of regulated restrictive practice must be included in the BSP and be approved by the APO before it can be used.

Need more information on restrictive practices?

Refer to the Restrictive Intervention Self Evaluation Tool (**RISET**) for more information on restrictive practices and how they use can be reduced.

Questions to consider about restrictive practices that must be answered in a BSP:

- Is it necessary to prevent the person from causing physical harm to themselves or others?
- Is it the least restrictive option under the circumstances?
- Is there a plan to decrease the use of this restrictive practice in the BSP?
- Is the use and form of the proposed regulated restrictive practice included in the BSP?
- Is the proposed application of the regulated restrictive practice for no longer than necessary to prevent the person from causing physical harm to themselves or others?
- In relation to seclusion, is the person provided with appropriate bedding, clothing, food, drink and toilet arrangements?
- In relation to physical restraint, is it to be used as PRN? Are any of the prohibited physical restraints being proposed?

Chemical restraint

Administration type

Pro Re Nata (PRN) or as required, or routine (e.g., every day)

Definition

The use of medication or a 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.

Guidelines

If PRN restrictive practice has been prescribed, the de-escalation section needs to state what the person's presentation looks like in order to use that restrictive practice. That is, at what point do you implement the restriction as well as the way (how) the restrictive practice will be implemented.

PRN chemical name (drug)

- Dose (must be a measure, not drops)
- Route (oral or injection)
- How often it can be given (frequency of doses)
- If more than one dose, how long you must wait between doses?
- Maximum amount you can give in 24 hours
- Maximum and minimum doses. What level of use is allowed within this plan?
- **Any change in medication will require a review of the BSP.**
- **An increase in medication does not require review. Report the increase via the NDIS portal.**
- Why the medication is prescribed – what is it targeting?
- How do you know if it has been effective?
- Why the dosage would change
- Prescriber's name and job title

Routine chemical name(s) drug

- Dose (must be a measure)
- Frequency (mane, midi, nocte, TDS, BD)
- Prescriber's name and job title

Think about:

How will this restrictive practice be gradually reduced based on when the behavioural goals outlined in Behaviours of concern are achieved?

Mechanical restraint

Administration type

PRN or routine

Definition

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.

Mechanical restraint can include, but is not limited to:

- belts/straps
- helmets
- protective head gear
- harnesses
- bedrails
- splints
- cuffs
- gloves
- wheelchairs
- tables/furniture
- restrictive clothing (bodysuits, wheelchair belt or tray).

Consider:

- What is being used?
- Why is this restriction being applied?
- How is this restriction applied?
- When and for how long will the restriction be applied? How long will each episode of restraint last? (frequency, duration, maximum time)
- How often will the person be checked?
- In what ways is this restriction the least restrictive option under the circumstances?
- How will the regulated restrictive practice be reduced over time?

The maximum time and frequency of mechanical restraint needs to be reasonably based on evidence.

Think about:

- How does using the restrictive intervention reduce the risk of harm to the person or others? What is the benefit to the person?
- Note that restrictive interventions do not improve 'quality of life'.
- For mechanical restraint, is there an assessment from an occupational therapist or physiotherapist?
- Reports should include what type of mechanical restraint is used and how long it is used for, how it will be applied and when and how the restraint will be reviewed.

Refer to the mechanical restraint practice guide for more information.

Seclusion

Administration type

PRN or routine

Definition

The sole confinement of a person with a disability in a room or a physical space at any hour of the day or night where the voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

Seclusion can include, but is not limited to, exclusionary time out in a car/vehicle, the person's own room, in other room or outside.

Guidelines

Seclusion can only be used on a person to:

1. prevent the person from causing physical harm to themselves or any other person; or
2. prevent the person from destroying property where to do so could involve the risk of harm to themselves or any other person.

A BSP must also state why the use of seclusion is the least restrictive as is possible in the circumstances.

The least amount of time possible and 15-minute visual observations should be maintained. If this is not possible a verbal response should be obtained, particularly if PRN medication has been administered.

Consider:

- Where will seclusion occur?
- What is the person prevented from accessing?
- How is the restriction applied? Is the person provided with the necessary food, water, toilet, etc.?
- When and for how long will the restriction be applied? (frequency and duration)
- How is this the least restrictive option under the circumstances?
- How will the regulated restrictive practice be reduced over time?

Think about:

- How does the use of the restrictive intervention reduce the risk of harm to the person or others. Specify the benefit to the person.
- Note that restrictive interventions do not improve 'quality of life'.
- How will this restrictive practice be gradually reduced based on when the behavioural goals outlined in **Behaviours of concern** will be achieved?

Environmental restraint

Administration type

PRN or routine

Definition

Other restrictive practices that restrict a person's free access to all parts of their environment, including items or activities.

Environmental restraint can include, but is not limited to:

- electronic monitoring devices
- CCTV cameras
- tracking devices
- door/window buzzers
- locked doors/cupboards/fridge/gates
- time out directed to remain in a particular place or position
- consequence-driven strategies (withdrawing activities or other items, e.g. phone, preferred activities until the person 'behaves').

Consider:

- What is the person prevented from accessing? (What activity, item or objects?)
- Why is the restriction applied? (What behaviours of concern does it stop?)
- How the restriction applied? (Lock, alarm, etc.)
- What is the impact of the restraint? (Who else does this affect?)
- When and for how long will the restriction be applied? (frequency and duration)
- How will the regulated restrictive practice be reduced over time?

Think about:

- How will this restrictive practice be gradually reduced based on when the behavioural goals outlined in **Behaviours of concern** will be achieved?

For more information, refer to the Victorian Senior Practitioner webpage and search for: *Is this practice environmental restraint?* and *What Victorian services need to know about environmental restraint*.

Physical restraint

Administration type

PRN or routine

Definition

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 using 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.

Note: Using the arms/hands to block or redirect physical aggression from another person is not considered a restrictive practice.

Important

Information must be submitted to the Victorian Senior Practitioner for authorisation of planned PRN physical restraint.

Refer to the Physical Restraint Direction Paper 2019 (amended version).

Summarise in this section:

- Why is this restriction applied?
- How is this restriction applied?
- When and for how long will the restriction be applied? (frequency and duration)
- In what ways is this the least restrictive option under the circumstances?
- How will the regulated restrictive practice be reduced over time?

Prohibited restraints

The following restraints are **prohibited in Victoria and cannot be used**:

- prone restraint (subduing a person by forcing them into a face-down position)
- supine restraint (subduing a person by forcing them into a face-up position)
- pin-downs (subduing a person by holding down their limbs or any part of the body such as their arms or legs)
- basket holds (subduing a person by wrapping your arms around their upper or lower body)
- takedown techniques (forcing them to free-fall to the floor or by forcing them to fall to the floor with support)
- any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
- any physical restraint that has the effect of pushing the person's head forward onto their chest
- any physical restraint that has the purpose or effect of compelling a person's compliance through inflicting pain, hyperextension of joints or by applying pressure to the chest or joints.

Stakeholder involvement

Who has been involved in preparing this behaviour support plan and what are their responsibilities?

The following table with some example text shows how this information could be presented.

Name	Agency	Role/ relationship	Task	Due date	Comments
Mary Johns		Person with a disability	To learn…		
Simon Johns		Guardian/father	To teach Mary…		
Neroli Manfred	Century Support Services	Authorises BSP APO	Meet with the support team to assist them to decrease their use of restrictive practices		
Silvia Docking	ABC Behaviour Support Services Pty Ltd	Author of BSP External clinician	Meet with the support team to assist them to decrease their use of restrictive practices		
Jane Tovey	Century Support Services	Support worker	Teach Mary…		
Tom Rode	ABC	Support worker	Teach Mary…		

Collaboration is critical to successfully implementing and reviewing strategies included in a BSP.

Remember that behaviour support planning is not a linear process where you start at one end and finish at the other. Planning involves a number of steps that continue over the life of the plan and begin again at the end of each cycle when you evaluate.

Section 2: Useful assessment tools and forms

For more resources please refer to Victorian Senior Practitioner's Resources for behaviour support practitioners <https://www.dhhs.vic.gov.au/information-behaviour-support-practitioners> and *Compendium of resources for positive behaviour support* on the NDIS Quality and Safeguards Commission's website <https://www.ndiscommission.gov.au/document/1456>.

Positive practice framework

The positive practice framework is a model of positive behaviour support. It acknowledges the idea that difficult behaviour is a language used by people who have no other way to relay their message. Please see 'Positive practice framework' at the Victorian Senior Practitioner's Resources for behaviour support practitioners <https://www.dhhs.vic.gov.au/information-behaviour-support-practitioners>.

It is based on a two-part assessment that involves **getting to know the person** and **getting to understand their behaviour**. The two-part assessment forms the foundation that focuses on not only reducing the behaviour but also on improving the person's quality of life by supporting the person the learn skills to create a better match between the environment they are in and one they prefer. ABC and STAR charts can be used help understand when the person uses a behaviour of concern and what might lead to the behaviour. Functional behaviour assessments can be used to think about possible reasons why the person uses the behaviour of concern. Copies of these tools can be found below.

The other important aspect of positive behaviour support is finding ways to support the person get their needs met. Deciding what skill/s the person needs to learn that could replace their need to use their behaviours of concern. Often these are communication skills that provide a way to communicate their needs.

The Positive Practice Framework also recognises that to support an individual effectively, their family and circles of support need to be consulted in order to work constructively, creatively and responsively together. It uses skills teaching as a central intervention because a lack of critical skills is often a key contributing factor to developing and maintaining behaviours of concern.

Included below is a copy of the Victorian Senior Practitioner template to use to develop a BSP and other tools to use to assist in completing a good quality behaviour support plan.

Behaviour support plan: For use by disability service providers and registered NDIS providers – template

General details

Plan type

Comprehensive		Interim	

Name of the person with a disability	
Person's date of birth	
Start date of BSP	
End date of BSP	
Name of independent person	
Independent person's contact number	
Name of the authorised program officer (APO)	
Name of the author / behaviour support practitioner	
Organisation	
Telephone number of the author / behaviour support practitioner	
Author/practitioner's email	

Culturally diverse?

Yes		No	

Indigenous status

Neither Aboriginal nor Torres Strait Islander origin	
Aboriginal but not Torres Strait Islander origin	
Both Aboriginal and Torres Strait Islander origin	
Torres Strait Islander origin but not Aboriginal origin	

Implementing providers

Primary provider's name	
Provider's ABN	
Service address	
Authorised program officer	
Phone	
Email	
Secondary provider's name	
Provider's ABN	
Service address	
Authorised program officer	
Phone	
Email	
Additional provider's name	
Provider's ABN	
Service address	
Authorised program officer	
Phone	
Email	

About the person

History

Provide brief dot points about the person and things that are positive about them as well as main events in the person's life that may explain or influence their current behaviours of concern and point to support needed, for example trauma or loss of a loved one.

This could include:

- The person's supports (family/friends), and daily activities (e.g. employment/day placement)
- Their education and culture
- Their disability and the impact on their life
- Any significant life events, if linked to their behaviour
- Information about interventions that have been tried previously.

Health

Provide a brief description of current physical and mental health. Consider briefly the ways health may be linked to their behaviours of concern and support needs. Only include information that is necessary for the person to be supported well. This should also include any diagnosed conditions.

Communication

Describe how the person communicates with others (consider both: understanding what is communicated **to person**, and being able to communicate **to others)**. Consider:

- Does the person have difficulty communicating their needs?
- Do staff have difficulty understanding the person?
- Has a speech pathologist assessment been completed recently?
- What communication strategies are in place? Are they meaningful to the person's level of ability?
- How are communication difficulties influencing their behaviours of concern?

Likes/dislikes

The environment the person lives in needs to be tailored to the preferences of the person.

Describe the person's likes and dislikes. This information will help when choosing environmental strategies that support a reduction in the need for a person to use behaviours of concern, as well as what will be a good motivator/reinforcer for the replacement behaviour.

Sensory needs

Has a sensory assessment been completed? If not, is an assessment required?

Think about how the person's sensory needs impact on their engagement with their environment and on the behaviours of concern.

Information based on a sensory assessment can identify any potential barriers to engagement and guide the selection of appropriate strategies.

Is the person seeking or avoiding particular sensory experiences (eg noise)? Is this seeking or avoiding related to their behaviours of concern?

Other relevant information

Knowing the person's personal goals and needs may help to choose environmental strategies that support a reduction in the need for the person to use behaviours of concern.

Behaviours of concern

Types of behaviours of concern

Select one or more from below.

Harm to self	
Harm to others	
Other – Destruction of property that may cause harm to self or others	

Behaviour description

For each behaviour describe what the behaviour looks like, how often it occurs, how long it lasts, what harm is caused, the last time the behaviour was used, and how long the person has been using this behaviour.

Triggers and setting events

Describe the triggers and setting events in the boxes below for any that apply.

Activity

Are there any activities, events or tasks that trigger the behaviour? Why? What behaviour will this lead to?

Communication

Is there a particular form of communication or phrasing that triggers the behaviour? (e.g. the word ‘no’)

Refer back to the Communication part of the ‘About the person’ section.

People

Are there certain people whose presence or absence will trigger the behaviour? (e.g. regular/casual staff)

Physical environment

Are there any environments, or aspects of certain environments, that trigger the behaviour or act as a setting event for a behaviour?

Place

Are there any locations (e.g. the pool, doctor's waiting room) that trigger the behaviour or act as setting events?

Routine

Are there any changes to a particular routine or schedule that will trigger the behaviour?

Time

Are there any times of the day or year that will trigger the behaviour?

Other

Is there anything else not listed above that may act as a trigger or setting event? For example, feeling unwell, or when experiencing symptoms of mental illness or an underlying medical condition.

Function of the behaviour

Provide a description under each heading that applies.

Seeking social interaction or attention

Is the person attempting to communicate their need to seek relationships, company or interaction with another person?

Wanting tangible objects or activities

Is the person attempting to obtain a particular item or engage in a particular activity by using this behaviour(s)?

Protest, avoidance or escape

Is there something the person wants to escape, avoid, reduce or delay by using this behaviour(s)?

Sensory processing

Is the person is trying to seek or avoid, increase or reduce any sensory experiences?

Physical need

Does the person have any unmet physiological or basic needs? For example, do they need to use the toilet, or want a drink or food?

Explanation about why the behaviour is occurring (case formulation/hypothesis)

What is causing the behaviour to occur? What could be done differently so the person doesn't need to use their behaviour? How can the team best support the person to learn to use other skills so they don't have to use their behaviour to communicate?

Positive behaviour support (proactive strategies)

Change the environmental/background factors

Identify possible background factors that may be predisposing the person to engage in behaviours of concern and describe how the team can do things differently.

Provide a description under each heading that applies.

Address triggers and setting events

Address ‘About the person’ factors

Physical and mental wellbeing

Other

Skill development strategies

Provide a description under each heading that applies.

Independence skills

Functionally equivalent behaviour that can be taught

Reinforcers and motivators

What will the person get if they use their functionally equivalent replacement behaviour?
Who will provide it?
When will it be given?

Response strategies (de-escalation)

Provide a description under each heading that applies.

Assess safety

Other (e.g., redirection)

Post incident debriefing

Plan implementation and monitoring progress

What are the goals of this behaviour support plan?

What is the plan to decrease the use of restrictive practices and increase new behaviours?

Team co-ordination

Which staff are responsible for implementing this BSP?

Specifically, who will do what?

What is the timeline?

Communication and review of goals

1. Which skills will be increased?
2. Which behaviours will be decreased?

How will these changes be communicated to important others?

Behaviour support plan: team communication action plan

Person's name	
Date of meeting	
Staff involved	
Date of next meeting	

Goal	**Actions to achieve the goal**	**By when?**	**People responsible**	**Progress**	**Goal achieved?** **Actions to achieve the goal**

Regulated restrictive practices

Chemical restraint

Definition

The use of medication or a 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.

Copy boxes if more medications are required.

Administration type – Routine or PRN	
Drug name	
Dosage	
Measure	
Frequency	
Route	
Medical practitioner	
Medical practitioner name	
Why is this restrictive practice required?	

Administration type – Routine or PRN	
Drug name	
Dosage	
Measure	
Frequency	
Route	
Medical practitioner	
Medical practitioner name	
Why is this restrictive practice required?	

Administration type – Routine or PRN	
Drug name	
Dosage	
Measure	
Frequency	
Route	
Medical practitioner	
Medical practitioner name	
Why is this restrictive practice required?	

Mechanical restraint

Definition

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.

Administration type – Routine or PRN	
For **Routine**, time in restraint	
For **PRN**, maximum time in restraint (mins)	

Select one or more from below.

Belts/straps	
Gloves	
Restrictive clothing	
Cuffs	
Helmet	
Wheelchairs	
Bedrails	
Tables/furniture	
Other – please specify	

Seclusion

Definition

The sole confinement of a person with a disability in a room or a physical space at any hour of the day or night where the voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

Description of Seclusion	
Administration type – Routine or PRN	
For **Routine**, time in restraint	
For **PRN**, maximum time in restraint (mins)	

Environmental restraint

Definition

Restrictive practices that restrict a person's free access to all parts of their environment, including items or activities.

Copy boxes if more Environmental restraints are required

What is the person prevented from accessing?

Select one or more from below.

Food or drink	
Internal area(s)	
External area(s)	
Personal item(s)/property	
Household items	
Activity	
Personal privacy	
Other – enter specific details (e.g. coffee, kitchen, garden, watching TV)	

Why is the restriction applied?

What is the behaviour of concern the use of environmental restraint is preventing

How is the restriction applied?

Select one or more from below.

Locked door	
Locked cupboard, fridge, pantry	
Removal of object/item	
Electronic surveillance	
Supervision	
Disabling of utility (e.g. internet)	
Placing object out of reach	
Other – enter specific details	

What is the impact of the restraint?

Are other people impacted?

When and for how long is it applied?

Administration type – Routine or PRN	
For **Routine**, time in restraint	
For **PRN**, maximum time in restraint (mins)	

Physical restraint

Definition

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 using 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.

Note: Using the arms/hands to block or redirect physical aggression from another person is not considered a restrictive practice.

Administration type –PRN only	
For **PRN**, maximum time in restraint (mins)	

Select one or more from below.

Physically restraining one hand	
Physically restraining two hands	
Physically restraining one arm	
Physically restraining two arms	
Physically restraining one foot	
Physically restraining two feet	
Physically restraining one leg	
Physically restraining two legs	
Physically restraining head and neck movement	
Physically restraining torso	

Other – enter specific details	

Stakeholder involvement

Who has been involved in preparing this plan and what are their responsibilities?

Name	Agency	Role/relationship	Task	Due date	Comments

Useful tools to develop a good quality behaviour support plan

ABC charts

For ABC charts, ask a person who knows the person with disability well to tell you about a recent incident where the person with disability used a behaviour of concern. It's often easier to start with a description of the behaviour and then ask:

1. What happened just before the behaviour? What was the person doing just before they used the behaviour? (These are the Antecedents or possible causes of the behaviour), then ask,
2. What happened as a result of the behaviour? (These are the Consequences; consequences might also have an impact on either continuing or stopping the behaviour)
3. Do this for all behaviours of concern and see if there are similar patterns occurring to work out the main setting events and triggers to different behaviours and the impact of the consequences.

Day, date, location and time	**Antecedent** What happens immediately before the behaviour? (include triggers, signs of distress and environmental information)	**Behaviour** What actually happened during the behaviour? What did the behaviour look like?	**Consequence** What happened immediately after the behaviour? (include information about other people's responses to the behaviour and the eventual outcome for the person)

STAR charts

A STAR chart can be used to separate out setting events (what was happening in the environment at the time?, e.g., it was a birthday party, and triggers (what happened just before the behaviour occurred? That is, what triggered the behaviour, e.g., the cake was brought out and everyone started singing happy birthday).

The information gleaned from these charts should be able to help decide what can be changed or done differently in the person's environment that would lessen the same behaviour happening in the future, these are short-term change strategies.

Name		Location	

Date	**Time**	**Duration**	**Setting events** **See instructions below**	**Trigger** **What happened immediately before?**	**Action** **What did the person do?**	**Result** **What happened?** **How did staff respond?** **How did the person respond?**

STAR chart prompt sheet

Setting events

These are the general conditions that may influence whether the behaviour will happen, some of which may have happened some time before the incident.

- Factors may be external to the person (e.g. staff changes, level of structure, activity, noise and stress or tension)
- Factors may be internal to the individual (e.g. pain, hunger, stress, tension, depression, tiredness, frustration, medical factors – medical conditions, medication). Look at the following factors:

Atmosphere

- Tension
- Conflict
- Lack of purpose
- High noise level

Internal state

- Lack of sleep
- Thirst
- Pain
- Hunger
- Depression
- Menstruation
- Illness

Activities

- Uninteresting
- Lack of activities
- Waiting
- Too routine
- Lack of routine
- Too difficult
- Lack of structure
- Being hurried

People

- Too many
- Lack of interaction
- Being refused an object/activity
- Was reprimanded
- Disappointing news

Triggers

These are events that occur immediately before the behaviour that provide a ‘cue’ for the behaviour. The person’s own thoughts and emotions in response to the setting events may also serve as triggers.

- A demand is made
- Certain tasks
- Certain people
- Objects
- Sights
- Sounds
- Unexpected changes

Actions

The person’s behaviour in response to the trigger.

- Write down exactly what the person did

Results

The events that occur following the behaviour that may achieve an important result for the person in getting or getting away from something. For example, the person gets material items (food, preferred items), interaction, escape from undesirable or feared situations.

Also note the way the carer/staff respond to the person’s behaviour may also impact on the person as this may reward the person to use the behaviour again to get their desired outcome. For example, the person removes their clothing at a certain stage when visiting the park. As a result, staff wrap her in a blanket and take her home. She appears happy to get back home. It appears that the person wanted to leave the park and knows that removing their clothes will achieve this outcome, and the staff/carers actions in this example, the staff/carers are assisting the person’s to achieve their desired outcome.

Frequency recording form

Client's name:		Date:	

This recording form can be used to find out when behaviours occurs and how frequently. Choose the two main behaviours you are concerned about. List each identified behaviour in a box across the top of the table. Ask carers and staff to put a tick in the relevant timeslot for every time the behaviour occurred. This recording sheet can be changed from hourly recording to daily or weekly recording.

Record the behaviour for 2–3 weeks (less time might be needed if the behaviour occurs every day; more time may be needed if it only occurs weekly).

- frequency (how often the behaviour occurred for the time period; e.g. 3 weeks)
- duration (how long the behaviour or the incident usually lasts)

Time	**Tick**	**Behaviour 1**	**Behaviour 2 (optional)**	**Other information, e.g., Incident reports**
7.00 – 8.00 am				
8.00 – 9.00 am				
9.00 – 10.00 am				
10.00 – 11.00 am				
11.00 –12.00 pm				
12.00 – 1.00 pm				
1.00 – 2.00 pm				
2.00 – 3.00 pm				
3.00 – 4.00 pm				
4.00 – 5.00 pm				
5.00 – 6.00 pm				
6.00 – 7.00 pm				
7.00 – 8.00 pm				
8.00 – 9.00 pm				
9.00 – 10.00 pm				

Functional behaviour assessments

People often use behaviour to get something or get away from something. Functional behaviour assessments are used to try to determine what the person wants to get or get away from; that is, the function of the behaviours of concern.

Wanting something:

- Recognition
- Maintenance of attention
- Access to objects
- Sensory feedback

Escape or avoidance:

- Uninteresting activities
- Difficult tasks
- Feared objects, activities or people

Protest:

- Expressing views about something they do not want or like

The Questions about Behavioural Function (QABF) and the Motivational Assessment Scale are two types of functional behaviour Assessments that can help in deciding the main function or functions of the behaviours.

Questions About Behavioural Function (QABF)[8]

The following questions may assist when deciding on the function(s) of a behaviour of concern. For more detail visit the Disability Consultants website <http://www.disabilityconsultants.org>.

Function: Attention

1.	Engages in the behaviour to get attention.	
2.	Engages in the behaviour because he/she likes to be reprimanded.	
3.	Engages in the behaviour to draw attention to him/herself.	
4.	Engages in the behaviour to try to get a reaction from you.	
5.	Does he/she seem to be saying 'come see me' or 'look at me' when engaging in the behaviour?	

Function: Escape

1.	Engages in the behaviour to escape work or learning situations.	
2.	Engages in the behaviour when asked to do something (brush teeth, work, etc.).	
3.	Engages in the behaviour when he/she wants to do something.	
4.	Engages in the behaviour to try to get people to leave him/her alone.	
5.	Does he/she seem to be saying 'leave me alone' or 'why are you asking me to do this' when engaging in the behaviour?	

Function: Non-social

1.	Engages in the behaviour as a form of 'self-stimulation'.	
2.	Engages in the behaviour even if he/she thinks no one is in the room.	
3.	Engages in the behaviour because there is nothing else to do.	
4.	Engages in the behaviour in a highly repetitive manner, ignoring his/her surroundings.	
5.	Does he/she seem to enjoy the behaviour, even if no one is around?	

8 Adapted from Matson JL, Tureck K, Rieske R 2011, 'The Questions About Behavioural Function (QABF): Current status as a method functional assessment', *Research in Developmental Disabilities,* 33, 630–634.

Function: Physical

1. Engages in the behaviour because he/she is in pain.	
2. Engages in the behaviour more frequently when he/she is ill.	
3. Engages in the behaviour when there is something bothering him/her physically.	
4. Engages in the behaviour because he/she is physically uncomfortable.	
5. Does the behaviour seem to indicate to you that he/she is not feeling well?	

Function: Tangible

1. Engages in the behaviour to get access to items such as preferred toys, food or beverages.	
2. Engages in the behaviour when you take something away from him/her.	
3. Engages in the behaviour when you have something he/she wants.	
4. Engages in the behaviour when a peer has something he/she wants.	
5. Does he/she seem to be saying ‘give me that (toy, item, food)’ when engaging in the behaviour?	

Motivation Assessment Scale (MAS)

Authors	Durand VM, Crimmins DB 1992, *The motivation assessment scale administration guide*, Topeka, KS: Monaco & Associates
Description	To assess the function of behaviours of concern 16-item informant-based scale (that can be administered as an interview) that assesses for the functions of behaviour across four domains: • sensory • escape • attention • tangible
Setting	Any
Implementation	Completion in consultation with those who know the person well
Administration qualifications	Speech pathologists, psychologists or other allied health professionals
Administration time	10–15 minutes
Evidence	For independent evidence of internal consistency and inter-rater reliability, and construct validity see: Koritsas S, Iacono T 2013, 'Psychometric comparison of the Motivation Assessment Scale (MAS) and the Questions About Behavioural Function (QABF)', *Journal of Intellectual Disability Research*, 57, 747–757
Available resource	Refer to the Monaco & Associates website <http://store.monacoassciates.com/motivationassessmentscale-25formsenglish.aspx>

Disability Distress Assessment Tool (DisDAT)

Authors	Regard C, Reynolds J, Watson B, Matthews D, Gibson L, Clarke C 2007, 'Understanding distress in people with severe communication difficulties: developing and assessing the Disability Distress Assessment Tool (DisDAT)', *Journal of Intellectual Disability Research*, 51(4), 277–292
Description	The DisDAT helps identify distress cues in people who, because of cognitive impairment or physical illness, have severely limited communication. It is designed to describe a person's usual content cues, thus enabling distress cues to be identified more clearly. It documents what many staff have done instinctively for years, therefore providing a record against which subtle changes can be compared. This information can be transferred with the client to any environment.
Setting	Any
Implementation	This assessment tool is completed by family members or carers who know the person well. It is recommended that the tool be completed by a team rather than just one individual.
Administration qualifications	None; the assessment tool is easy to use
Administration time	30 minutes
Evidence	Refer to abovementioned article
Available resource	The assessment tool can be downloaded for free from the resource section of the Mencap website <http://www.mencap.org.uk>.

Formulation of the problem

Questions to answer to develop a formulation of the problem:

1. Why is the person using the behaviour (based on the FBA)
2. What keeps the behaviour occurring? (based on the ABC or STAR charts)
3. What triggers the behaviour to occur? (based on the ABC or STAR charts)
4. What can the person be taught to do to reduce their need to use the behaviour? (Functionally equivalent replacement behaviour—this needs to be a skill that replaces the behaviour of concern and also enables the person to get their functional needs met).

Functionally Equivalent Replacement Behaviour – implementation plan

Purpose: To describe the behaviour being replaced, the chosen replacement skill, how the replacement skill will be implemented, under what conditions, expected level of proficiency, who and how it will be measured.

Name of person	

The behaviour of concern

Specify in observable and measurable terms what the BoC looks like.

Function of the behaviour of concern

State the function of the behaviour as per the FBA.

What is expected?

State in observable, measurable terms the new skill that will achieve the same outcome for the person as the BoC.

Under what conditions?

State the conditions when the person would likely use a BoC but will now use the FERB to achieve the desired outcome.

At what level of proficiency?

How often will alternative behaviour be expected?

By when

Specify when full mastery of the goal is expected.

As measured by whom, and how measured

Who will measure and how?

Reactive strategies

What might help when the behaviour occurs

Aim: To de-escalate/manage a serious episode of the behaviour; beginning with least restrictive strategies

From least restrictive to most restrictive:

- Redirect or distract a person by offering a choice of preferred activities
- Reflective/active listening by acknowledging the person's current situation
- Use space if needed
- Inject humour if appropriate
- Encourage relaxation
- Respond to early warning signs
- Specific strategies for managing a serious episode of the behaviour while ensuring the safety of the person and others

See BSP template for what needs to be included in a response strategy:

- Last resort strategies
- Restrictive practices

Behaviour response plan

	Early warning signs	Low level behaviour	Severe behaviour	Calming Down	Recovery
What does this look like?					
How to support person Intervention strategies					
What do staff need to know/do?					

Who is involved in the person's Behaviour Support Plan?

Name	Role/Responsibility	Contact

BSP-QEII review and feedback form

The Behaviour Support Plan Quality Evaluation Tool (BSP-QEII) is a standardised tool with 12 quality components that is used to assess the quality of a behaviour support plan. The results of the BSP-QEII can be used to inform the development of an effective behaviour support plan. High-quality behaviour support plans reduce the use of restraint and seclusion by support providers; poor-quality behaviour support plans increase their use. More information on the BSP-QEII can be found at the Positive Environments, Network of Trainers website <http://www.pent.ca.gov>.

The Victorian Senior Practitioner has adapted the BSP-QE II template for use in Victoria.

Name of client	
Date of birth	
Disability service provider	
Service outlet	
Behaviour support practitioner	
Service type	
Authorised Program Officers (APOs)	
Restrictive practices	
BSP beginning and end dates	

	Quality components of Behaviour support plans	**Comments**	**Score options**	**Score**
1	Describe the behaviour(s) of concern (e.g. harm to others)		2, 1, 0	
2	What triggers the behaviour(s) of concern? (e.g. communication)		2, 1, 0	
3	Setting events for the behaviour of concern		2, 1, 0	
4	Environmental supports that address the triggers and setting events		2, 1, 0	
5	Function(s) of all behaviours of concern (e.g. protest)		2, 1, 0	

	Quality components of Behaviour support plans	**Comments**	**Score options**	**Score**
6	Replacement behaviour that meets the same function as behaviour of concern		2, 0	
7	What strategies, tools or materials will be used to teach the replacement behaviour?		2, 1, 0	
8	How the person will be encouraged to use the replacement behaviour		2, 1, 0	
9	What to do when the behaviour of concern occurs and how to de-escalate the situation		2, 1, 0	
10	Behavioural goals		2, 1, 0	
11	Team coordination		2, 1, 0	
12	Communication and review of behavioural goals		2, 1, 0	
Total score (out of 24)				

Date of evaluation	

Comments

Scoring

The BSP-QEII has a total achievable score of 24, with a total of 2 for each of the 12 components, where:

- 2 means the component has been addressed in the BSP completely
- 1 means the component has been partially addressed in the BSP
- 0 means the component has not been addressed correctly or is not included in the BSP.

Please note that there is no partial scoring for replacement behaviours. That is, the replacement behaviour(s) must serve the same function as the behaviour of concern to score 2.

We are carrying out BSP reviews in order to assist disability service providers develop good quality BSPs. Our evidence-based findings show that the use of restraint and seclusion can be reduced if a minimum score of 13 is reached.

More information on the BSP-QEII can be found in *Behavior intervention plan quality evaluation scoring guide II* <http://www.pent.ca.gov/beh/qe/bipscoringrubric.pdf> (please note that the BSP-QE II is now referred to as the BIP-QEII).

This template was adapted December 2013 from BIP-QE II (Browning-Wright, Mayer, G. R., D., & Saren, D., (2013). *Behavior intervention plan quality evaluation scoring guide* (retrieved 15 December 2013, from Positive Environments, Network of Trainers website <http://www.pent.ca.gov>).

Medication purpose form

A form to be completed by the treating medical practitioner that describes the purpose of each of the medications prescribed.

The form is available at the Victorian Senior Practitioner's Information for Behaviour Support Practitioners webpage <https://www.dhhs.vic.gov.au/information-behaviour-support-practitioners>.

Behaviour support plan authorisation checklist

The checklist is available at the Victorian Senior Practitioner's Information for Authorised Program Officers webpage <https://www.dhhs.vic.gov.au/information-authorised-program-officers>.

Questions about good practice

The questions below will not be used to determine authorisation but are provided to help services develop good-quality BSPs.

Questions	Comments	Yes/No			
1. Are the results of the functional behaviour assessment incorporated into the response strategy for each behaviour of concern?	A function(s) should be identified for each behaviour and related to the triggers and warning signs outlined in the response strategy.	Yes		No	
2. Are the environmental and teaching strategies based on the person's actual communication level?	Understanding the person's learning profile, personality and communication needs will be helpful in determining appropriate environmental and teaching strategies.				
3. Does the replacement behaviour replace the need for the person to use the behaviour of concern?	The replacement behaviour is more likely to work if it is based on the function of the behaviour and the person is being taught to use the replacement behaviour.				
4. If the person has communication aids, do they and the staff know how to use them?	The need for communication aids, and use of language that a person understands such as short and simple instructions, needs to be considered when developing a BSP. This includes in developing environmental and teaching strategies as well as response strategies.				
5. Does reinforcement specify: (a) what (b) why (c) when the person gets a reward 6. staff members responsible?	Reinforcement is provided in addition to what the person should already have access to. It is only effective if it is something that the person wants. Reinforcement can be social (e.g. a 'high five' or verbal praise) and/or tangible (e.g. a special activity or treat).				
7. Are the attached assessment reports: (a) recent (within the last 5 years) (b) actioned in the BSP?	Recent assessment reports may provide information about the person's support needs and what strategies may be useful to include in the BSP.				

Questions	Comments	Yes/No			
8. For mechanical restraint, is there an assessment from an occupational therapist or physiotherapist?	Reports should include what type of mechanical restraint is used and how long it is used, how it is applied, and when and how the restraint will be reviewed.				
9. Are there recent medical and dental reports?	Medical and dental needs should be reviewed frequently to determine if these influence the person's behaviour.				

Section 3: Reporting within the Restrictive Intervention Data System – Behaviour support plan

Introduction to the RIDS BSP

Section 3 of this guide has been developed to support you to use the new online RIDS interface called the RIDS BSP.

The intended audience for this guide is:

- disability support professionals – including support workers, team leaders and behaviour specialists
- Authorised Program Officers (APOs).

Please contact the system administrator at Victorian Senior Practitioner for more help in using the RIDS BSP on (03) 9096 8427.

We would like to acknowledge the RIDS user reference group and the disability service providers that contributed to this process for all their assistance and feedback in developing the RIDS BSP.

What am I supposed to do in my RIDS role?

Service recorders

Report restrictive interventions

- Go to the ‘RI Transaction’ tab.
- Search for a person with a disability’s profile.
- Select the administration type such as ‘Routine’ or ‘PRN’.
- Follow the prompts to report one or multiple restrictive intervention events.
- Submit the change to the service outlet authority for endorsement.
- If all interventions are entered for the month or there is a ‘nil report’ – go to ‘End of Month Process’ to complete the monthly report.

End-of-month process

- If all interventions are entered for the month and authorised, or there is a ‘nil report’ for your service:
- Go to the ‘Reporting’ tab.
- Select ‘End of Month Process’.
- Select ‘Complete Monthly Reports’.

Report a BSP

- Go to the ‘Person Profile’ tab.
- Search for a person with a disability’s profile.
- Require access? See ‘Person summary’ section.
- ‘Add BSP’ or select from the ‘BSP Summary’ to edit.
- Enter the BSP details (dates and independent person).
- Use the information from an existing BSP (or create new information) to fill in all fields that relate to behaviours of concern such as ‘Function’ or ‘De-escalation’.
- Add restrictive interventions per the behaviour to the BSP.
- Add any additional behaviours of concern as required.
- Add any attachments.
- ‘Save as Draft’ for further editing later or ‘Submit’ to the service outlet authority for endorsement.

Sharing a BSP – request access to a profile

- Go to the ‘Person Profile’ tab.
- Search for a person with a disability’s profile.
- Request access.
- Once approved by the relevant authorities, you will have access to the person’s profile.

Create a new profile for a person with a disability in RIDS

- Go to the ‘Person Profile’ tab.
- Select ‘New Person’.
- Select the service outlet.
- Complete all details.
- Save.

Service outlet authority

Report restrictive interventions

- Go to the ‘RI Transaction’ tab.
- Search for a person with a disability’s profile.
- Select the administration type such as ‘Routine’ or ‘PRN’.
- Follow the prompts to report one or multiple restrictive intervention events.
- Your submission will be endorsed and submitted to an APO for authorisation.

Endorse restrictive intervention transactions

- Go to ‘To Do Items’.
- Go to ‘RI Transactions’.
- Review and endorse the use of restrictive interventions.

End-of-month process

- If all interventions are entered for the month and authorised, or there is a ‘nil report’ for your service:
- Go to the ‘Reporting’ tab.
- Select ‘End of Month Process’.
- Select ‘Complete monthly reports.

Report a BSP

- Go to the ‘Person Profile’ tab.
- Search for a person with a disability’s profile.
- Require access? See ‘Person summary’ section.
- ‘Add BSP’ or select from ‘BSP Summary’ to edit.
- Enter the BSP details (dates and independent person).
- Use the information from an existing BSP (or create new information) to fill in all fields that relate to behaviours of concern such as ‘Function’ and ‘De-escalation’.
- Add restrictive interventions per the behaviour to the BSP. Add any additional behaviours of concern as required.
- Add any attachments.
- ‘Save as Draft’ for further editing later or ‘Submit’ to the service outlet authority for endorsement.

Sharing a BSP – request access to a profile

- Go to the ‘Person Profile’ tab.
- Search for a person with a disability’s profile.
- Request access.
- Once approved by the relevant authorities, you will have access to the person’s profile.

Grant access to a service outlet

- Go to ‘To Do Items’.
- Go to ‘System Access Requests’.
- Review the request and approve access.

Create a new profile for a person with a disability in RIDS

- Go to the ‘Person Profile’ tab.
- Select ‘New Person’.
- Select the service outlet.
- Complete all details.
- Save.

Authorised Program Officer (APO)

Report restrictive interventions

- Go to the ‘RI Transaction’ tab.
- Search for a person with a disability’s profile.
- Select the administration type such as ‘Routine’ or ‘PRN’.
- Follow the prompts to report one or multiple restrictive intervention events.
- The submission will be authorised.

Authorising restrictive intervention transactions

- Go to ‘To Do Items’.
- Go to ‘RI Transactions’.
- Review and approve the use of restrictive interventions.

End-of-month process

- If all interventions are entered for the month and authorised, or there is a ‘nil report’ for your service:
- Go to ‘Reporting’.
- Select ‘End of Month Process’.
- Select ‘Complete Reports to Senior Practitioner’.
- Select ‘Submit’ to complete monthly reporting.

Report a BSP

- Go to the ‘Person Profile’ tab.
- Search for a person with a disability’s profile.
- Require access? See ‘Request access’ in the Sharing access and information between disability service providers.
- ‘Add BSP’ or select from ‘BSP Summary’ to edit.
- Enter the BSP details (dates and independent person).
- Use the information from an existing BSP (or create new information) to fill in all fields that relate to behaviours of concern such as ‘Function’ and ‘De-escalation’.
- Add restrictive interventions per the behaviour to the BSP.
- Add any additional behaviours of concern as required.
- Add any attachments.
- ‘Save as Draft’ for further editing later or ‘Submit’ to the service outlet authority for endorsement.

Approve a BSP

- Go to ‘To Do Items’.
- Go to ‘BSP’.
- Review, approve and report the BSP.

Grant access to a profile

- Go to ‘To Do Items’.
- Go to ‘Person Access’.
- Review the request and approve access.

Grant access to a service outlet

- Go to ‘To Do Items’.
- Go to ‘System Access Requests’.
- Review the request and approve access.

Create a new profile for a person with a disability in RIDS

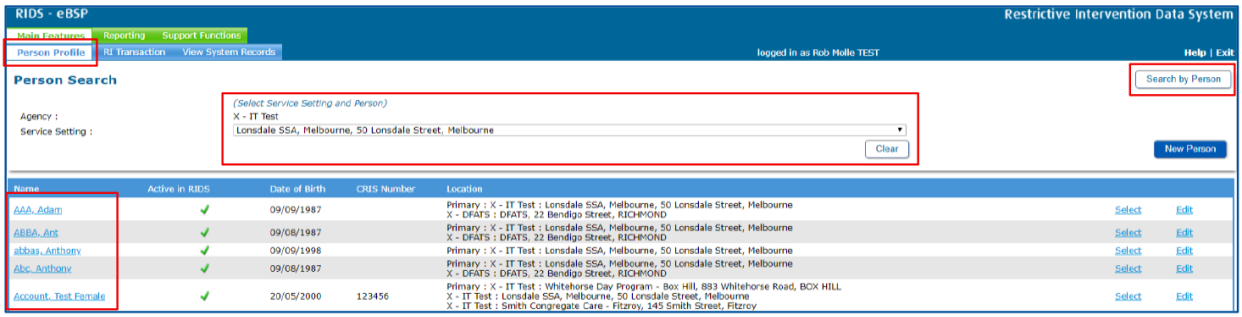
- Go to the ‘Person Profile’ tab.
- Select ‘New Person’.
- Select the service outlet.
- Complete all details.
- Save.

Finding a person's profile in the RIDS BSP

Go to the '**Person Profile**' tab:

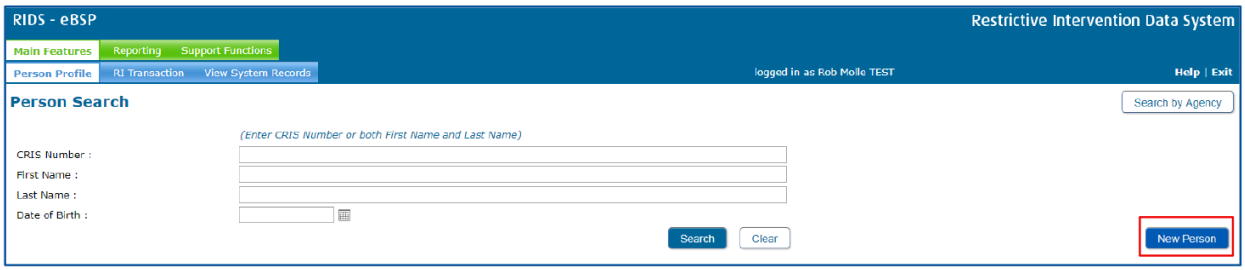
- Drop-down selection lists for '**Service outlet**' produces a list of people associated with that service outlet.
- You can also open a person's profile by clicking on their name or clicking '**Select**'.

By clicking the '**Search by person**' option you can search for people you wish to find or share access to.



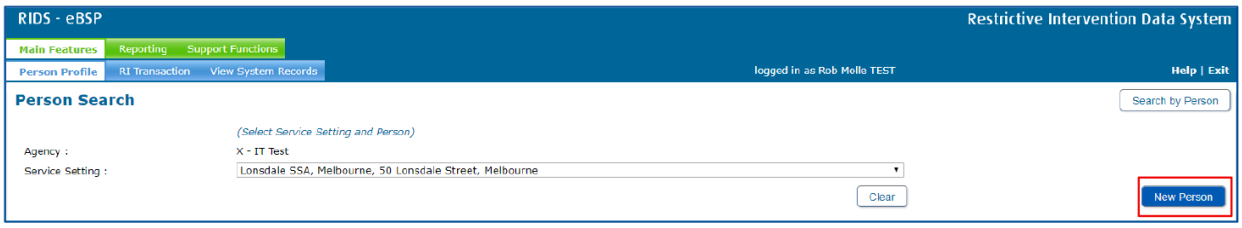
Search by person:

1. Enter the search data (ensuring correct spelling) into '**First Name**' and '**Last Name**'. '**CRIS Number**' and '**Date of Birth**' are optional.
2. Select '**Search**' and if the person is in RIDS, their name will appear below the search criteria.
3. Click '**Select**' to go into the person's profile. '**Search by Agency**' takes you back to a search by service outlet
4. If the person is not in the RIDS BSP then click on '**New Person**' (see 'Creating a new profile in the RIDS BSP' next).

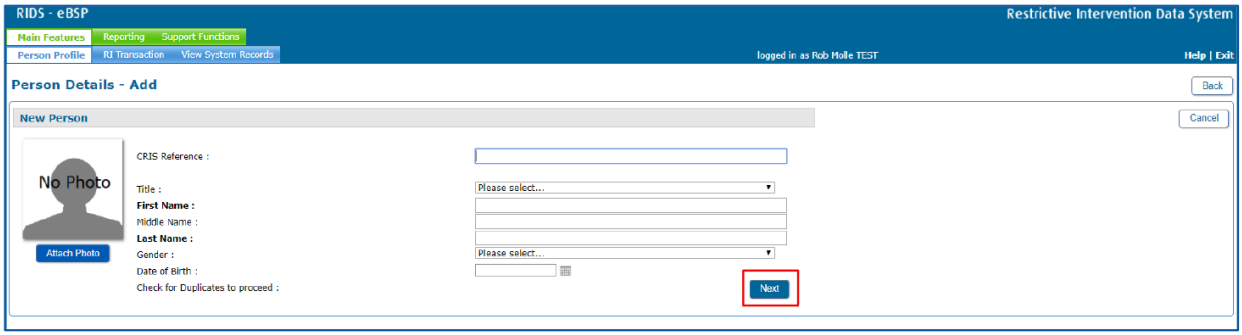


Creating a new profile in the RIDS BSP

1. Select the service outlet and click '**New Person**'.

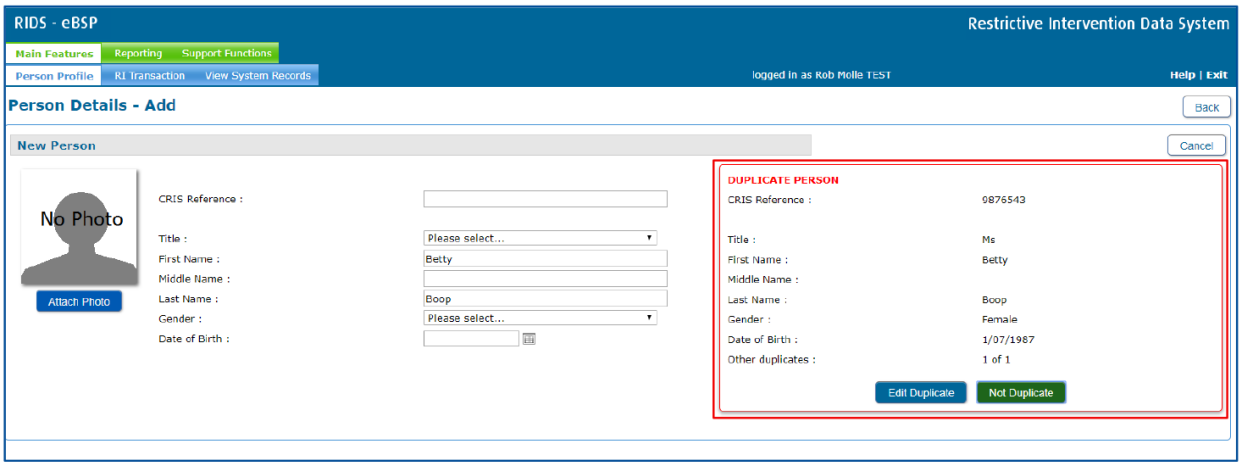


2. Fill out the person's details. All fields are mandatory except '**CRIS Reference**' and '**Middle Name**'.
3. You can attach a photo of the person by clicking '**Attach Photo**'. If you are going to attach a photo of the person then you need to gain the person's consent.
4. Click '**Next**' to check for a duplicate profile in the RIDS BSP.



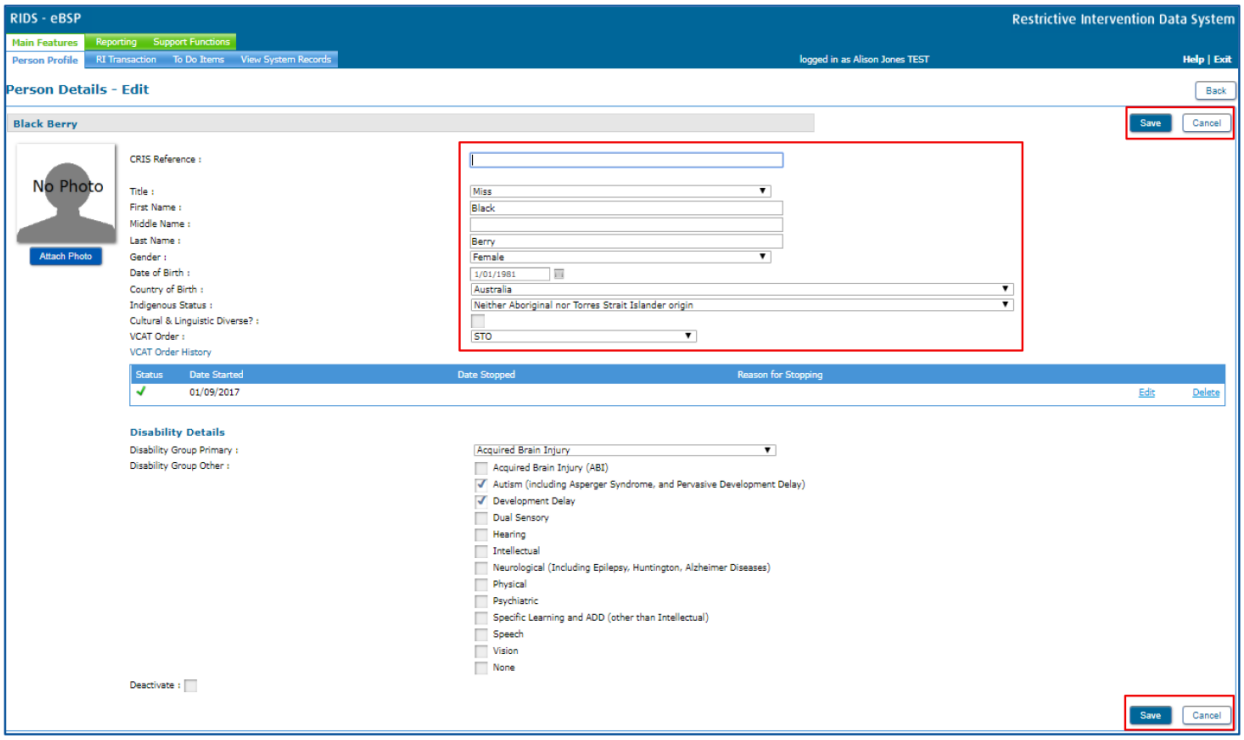
5. If a similar profile appears then confirm whether it is the same person by clicking '**Duplicate**' or '**Not Duplicate**'.

If you are unsure contact the RIDS System Administrator to check for correct spelling and confirmation that you are not creating a duplicate profile that will be deleted.



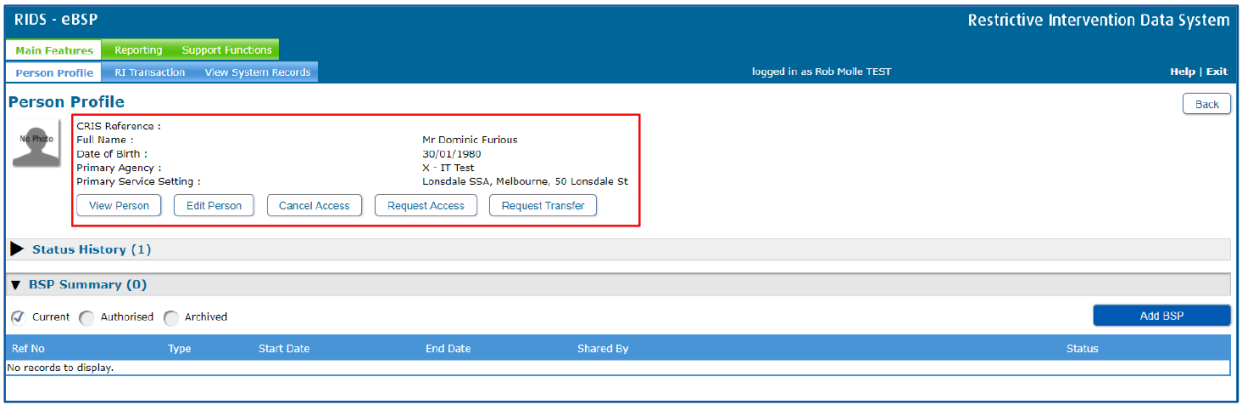
Adding more of the person's details

1. Select and enter the person's details as necessary.
2. All details are mandatory except for '**CRIS Reference**', '**Middle Name**' and '**Cultural & Linguistic Diverse**?'.
3. If the person has an intellectual disability as their primary disability and does not have a secondary disability, then '**None**' must be selected for '**Disability Group Other**'.
4. Click '**Save**' to save this information.



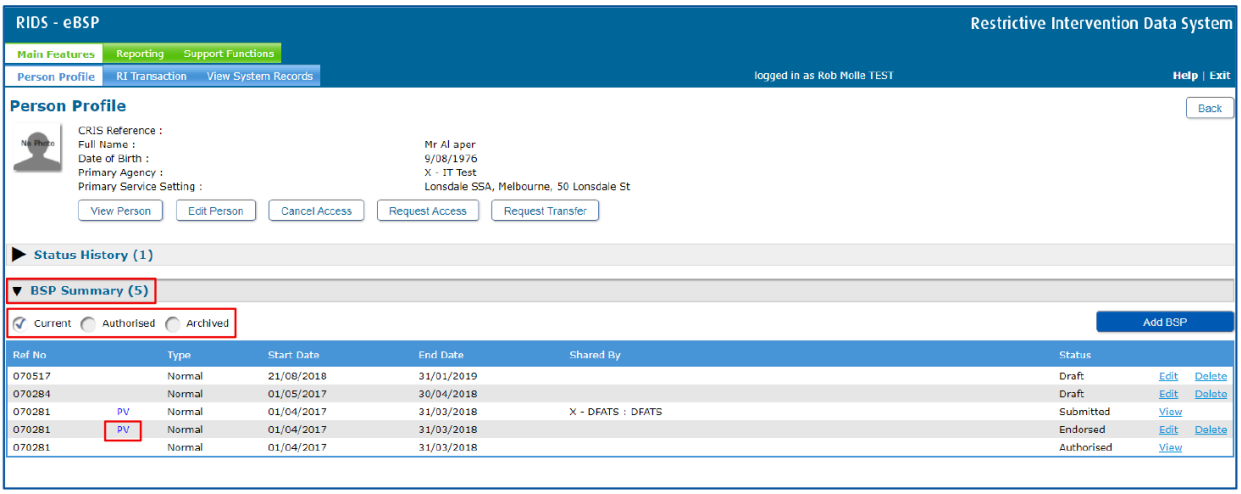
Person Summary

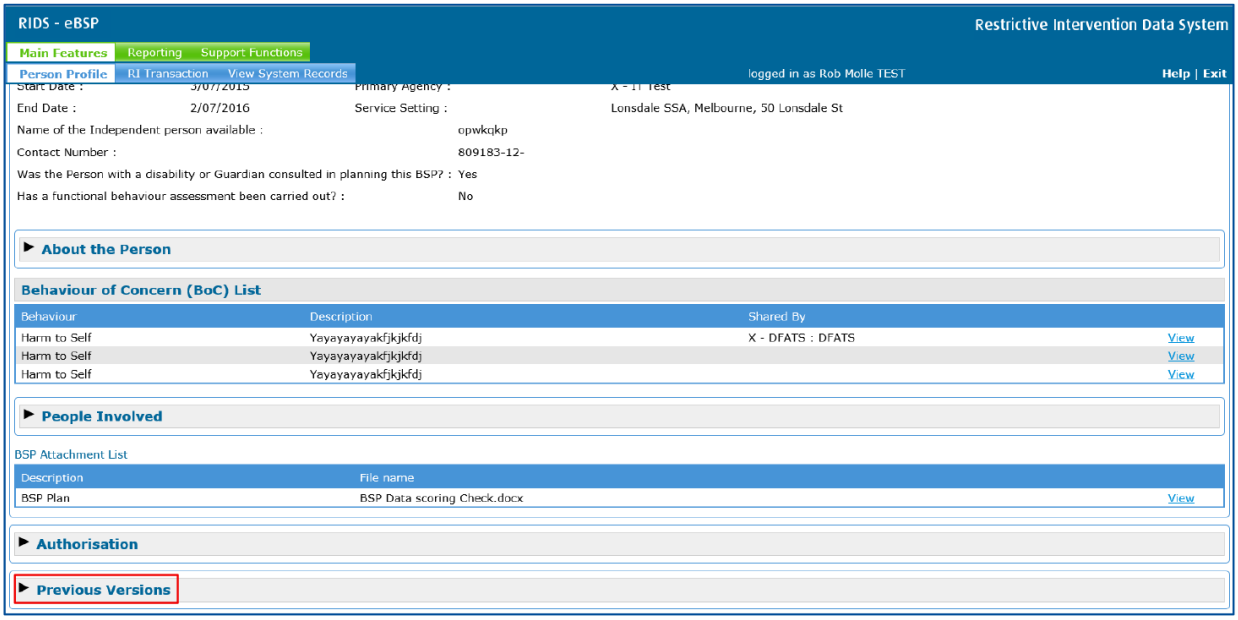
1. If you have access to the person's profile there are three to five options depending on services you access:
    - '**View Person**' – view personal details
    - '**Edit Person**' – edit personal details or attach a photo
    - '**Cancel Access**' – used if the person is no longer active in the RIDS BSP due to being deceased, no longer receiving restrictive interventions or no longer receiving services from your organisation
    - '**Request Access**' – share access to the person where the BSP is created by the primary service outlet
    - '**Request Transfer**' – to become the primary service outlet and create the BSP.



2. Further down on the screen are two options to select from. Beside each option is a '+' sign. When clicking on either of these options, the information below these sections is expanded. The '+' then turns into a '–' (see screen next page) Click on the option again and the title will collapse back to one line with a '+' sign beside it. Note: This concept is used throughout the RIDS BSP.
3. Beside each of these three options is a number in brackets. These indicate:
    - **BSP Summary** – the total number of BSPs entered
    - **Status History** – shows if the person is active in the RIDS BSP.
4. '**BSP Summary**' details:
    - Ref No – a reference number
    - Type – a BSP type (Normal / Emergency Transaction / Treatment Order)
    - Start and End date of each BSP
    - Shared By – service providers who share that BSP
    - Status – the BSP stage of approval

5. You can click '**Edit**' and change the data in a BSP if there is already a BSP for the person at your organisation in the RIDS BSP.
    - If the BSP has been submitted for approval to the APO you can either select '**View**' to look at the BSP or modify the restrictive intervention – for example, if there is a change in medication dosage or to eliminate a restrictive intervention that is no longer used.
    - You can click '**Delete**' if you wish to delete a BSP. This can only be used before you submit a BSP.
6. '**Status History**' shows whether the person's status is '**Active**' or '**Inactive**', the date last changed, who made this change and the reason for making them inactive. For example, the person may be deceased, no longer receiving restrictive interventions or no longer accessing disability services.
7. '**BSP Summary**' Indicates the number of current, authorised and archived BSPs.
    - **Current** – will display all the last '**Normal**' type BSPs up to 23 months and '**Emergency Transaction**' type BSPs up to six months.
    - **Authorised** – will display the all authorised BSPs for the last '**Normal**' type BSPs up to 23 months and '**Emergency Transaction**' type BSPs up to six months.
    - **Archived** – will display all the '**Normal**' type BSPs greater than 23 months old and '**Emergency Transaction**' type BSPs over six months old.
8. '**PV**' on the BSP indicates the BSP has had previous versions (e.g. a change in medications) and by viewing the BSP you can drill down to view the older BSP(s).




RIDS - eBSP
Restrictive Intervention Data System
Main Features
Reporting
Support Functions
Person Profile
RI Transaction
View System Records
logged in as Rob Molle TEST
Help | Exit
Start Date : 3/07/2015
Primary Agency : X - IT Test
End Date : 2/07/2016
Service Setting : Lonsdale SSA, Melbourne, 50 Lonsdale St
Name of the Independent person available : opwkqkp
Contact Number : 809183-12-
Was the Person with a disability or Guardian consulted in planning this BSP? : Yes
Has a functional behaviour assessment been carried out? : No
About the Person
Behaviour of Concern (BoC) List
Behaviour
Description
Shared By
Harm to Self
Yayayayayakfjkjkfdj
X - DFATS : DFATS
View
Harm to Self
Yayayayayakfjkjkfdj
View
Harm to Self
Yayayayayakfjkjkfdj
View
People Involved
BSP Attachment List
Description
File name
BSP Plan
BSP Data scoring Check.docx
View
Authorisation
Previous Versions

Adding a Behaviour Support Plan

1 July 2019, the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission (NDIS Commission) commenced operating in Victoria and became responsible for quality and safeguards for NDIS participants in line with the National Disability Insurance Scheme Act 2013 (the NDIS Act) and the NDIS Quality and Safeguarding Framework (the Framework).

The Framework provides a nationally consistent approach to regulating services provided under the NDIS. It also outlines that restrictive practices are a shared responsibility between the Commonwealth, states and territories. The NDIS Commission has oversight and monitors the use of restrictive practices in Australia, while states and territories remain responsible for authorising or prohibiting the use of restrictive practices in their jurisdiction.

The 2006 Disability Act was amended by the *Disability (National Disability Insurance Scheme Transition) Amendment Act 2019* ('Amending Act') to facilitate transition to the NDIS in Victoria. The Amending Act made amendments to the Disability Act to include a mechanism by which the rights of NDIS participants are protected in relation to using restrictive practices and compulsory treatment.

The Amending Act provides:

- a process for authorising the proper use of regulated restrictive practices
- the Victorian Senior Practitioner with powers in relation to registered NDIS providers' use of restrictive practices on NDIS participants in Victoria.

The following changes have now been introduced to RIDS to accommodate these requirements.

NDIS requirements

Authorisation process of regulated restrictive practices in RIDS

The APO will need to complete the following fields to authorise the BSP via RIDS:

1. Independent Person name
2. Independent Person contact number
3. Behaviour Support Practitioner Name
4. Behaviour Support Practitioner Contact email (*email for authorisation/rejection letter to be sent*)
5. All restrictive practices must be listed – these are to be listed and approved by the APOs.
6. If the BSP is shared, the Provider name and the Outlet Address must also be supplied for other providers. The BSP restrictive practices require authorisation by all APOs involved in the BSP. The process will require the APOs for the additional outlets to authorise the restrictive practices occurring at their outlets.

The following are the minimum requirements for each restraint type.

Chemical

Chemical – Routine

- Drug
- Dosage
- Measure
- Frequency
- Route

Chemical – PRN

- Drug
- Dosage
- Measure
- Max per day
- Route

Mechanical

Mechanical – Routine

- Type from:
  - Belts/Straps
  - Gloves
  - Restrictive Clothing

  - Cuffs
  - Helmet
  - Wheelchairs
  - Bedrails
  - Tables/Furniture
  - Other – Enter specific details
- Start Time
- End Time

Mechanical – PRN

- Type from:
  - Belts/Straps
  - Gloves
  - Restrictive Clothing
  - Cuffs
  - Helmet
  - Wheelchairs
  - Bedrails
  - Tables/Furniture
  - Other – Enter specific details
- Maximum restraint time

Seclusion

Seclusion – Routine

- Description
- Start Time
- End Time

Seclusion – PRN

- Description
- Maximum restraint time

Physical (PRN only)

Physical – PRN

- Physically restraining one hand
- Physically restraining two hands
- Physically restraining one arm
- Physically restraining two arms
- Physically restraining one foot
- Physically restraining two feet
- Physically restraining one leg

- Physically restraining two legs
- Physically restraining head and neck movement
- Physically restraining torso
- Other – Enter specific details

Environmental restraint

The use of restrictive practices must meet relevant Victorian Government authorisation processes and be documented in a behaviour support plan. This is also subject to regulation through the NDIS Quality and Safeguards Commission.

What is environmental restraint?

Environmental restraint refers to restrictions put in place to prevent access to activities (e.g. playing cricket), places (e.g. the kitchen) or objects (e.g. the television).

Under the NDIS rules 2018 it is a reportable restraint. Please refer to the NDIS *Restrictive practices and behaviour support rules 2018* for guidance on the conditions under which restrictive practices may be used.

What was the person prevented from accessing?

- Food or drink
- Internal area(s)
- External area(s)
- Personal item(s) / property
- Household items
- Activity
- Personal privacy
- Other – *Enter specific details (e.g. coffee, kitchen, garden, watching tv)*

How was the restriction applied?

- Locked door
- Locked cupboard, fridge, pantry
- Removal of object/item
- Electronic surveillance
- Supervision
- Disabling of utility (e.g. internet)
- Placing object out of reach
- Other – *please specify*

Enter specific details

What is the environmental restraint and how will the it be used?

Environmental – Routine

- Start Time
- End Time

Environmental – PRN

- Maximum restraint time

If environmental restraint is event-based:

- Enter details of specific event (e.g. during football matches).

Is the environmental restraint required by a court or tribunal order?

- Yes
- No

If you are required to report this practice via RIDS (i.e. for a state-funded client), the following will be required monthly.

How many other clients are impacted by this restraint?

Enter number.

Are there mitigating strategies in place to minimise the impact of environmental restraint on the other clients?

- Yes
- No

Some types of environmental restraint applied to one person may affect the rights and freedoms of other residents. Providers should have strategies in place to minimise the impacts of environmental restriction on other residents who do not require the restriction.

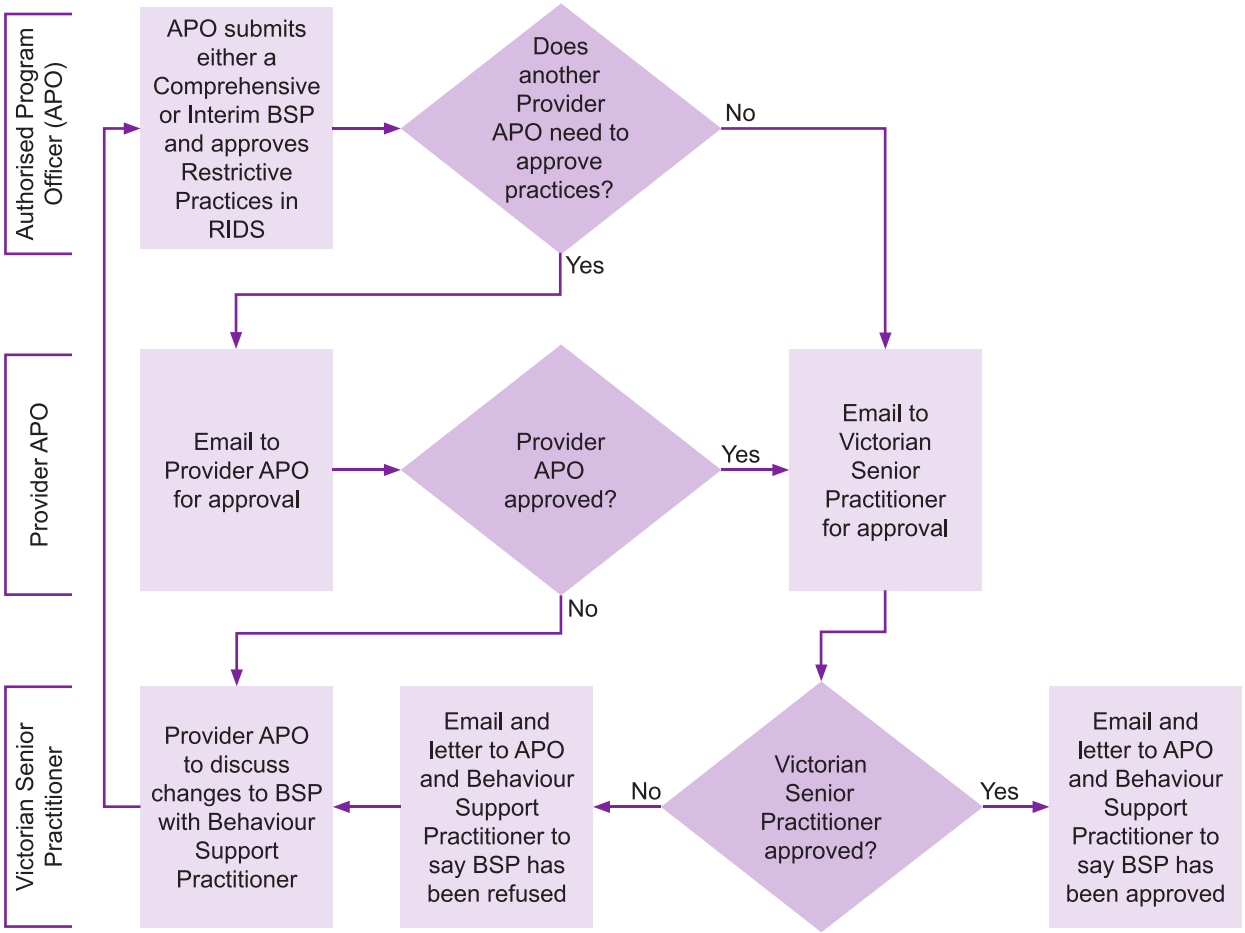
BSP authorisation

When all the information has been entered, the APO must attach a copy of the Comprehensive or Interim BSP provided by the behaviour support practitioner to the RIDS BSP. As per the Victorian Senior Practitioner's direction, the BSP template should be either on the NDIS or Victorian Senior Practitioner template.

Important note

If the BSP is shared, all Provider names and the Outlet Addresses must be included. Restrictive practices require authorisation from all APOs involved in the BSP. For this to happen the restrictive practice information is required to automate the APO authorisation process. Below is a flowchart depicting the authorisation process.

BSP approval process – NDIS Providers



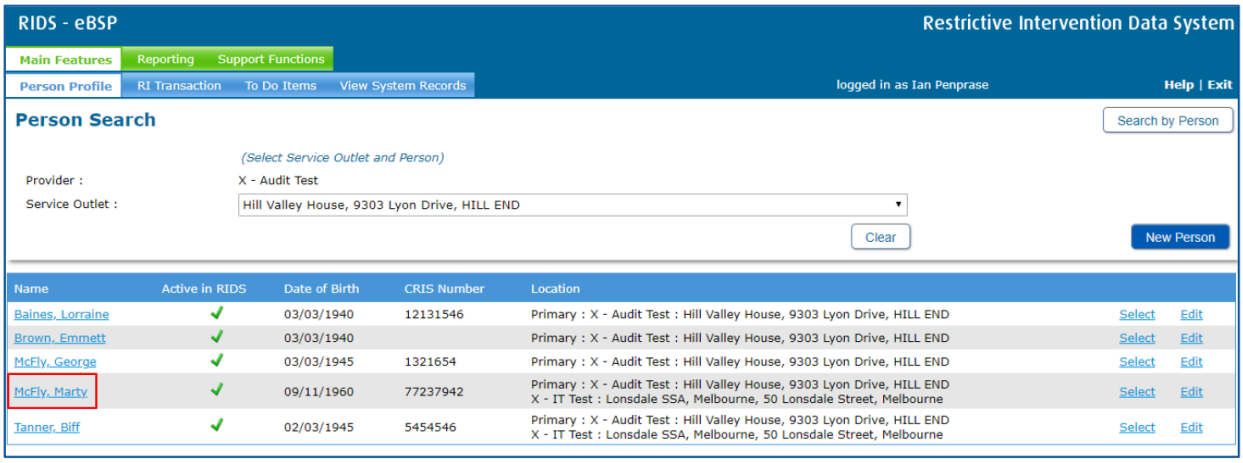
Text-equivalent description of BSP approval process – NDIS providers

For State Funded (non-NDIS) people receiving restrictive practices at a disability service provider in Victoria, BSP submissions and restrictive practice reporting remain unchanged, except for the addition of the 'Environmental Restraint' option. This replaces the 'Other Restraints' option and must be reported monthly in RIDS.

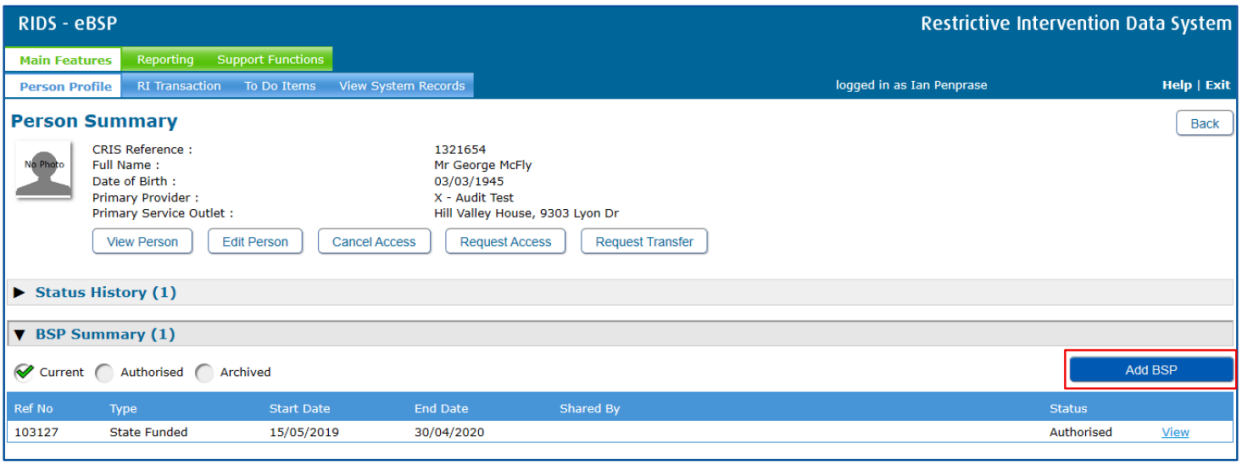
Lodgement of the BSP for authorisation via RIDS

Authorisation process

1. Find the person in RIDS via '**Person Profile**'.



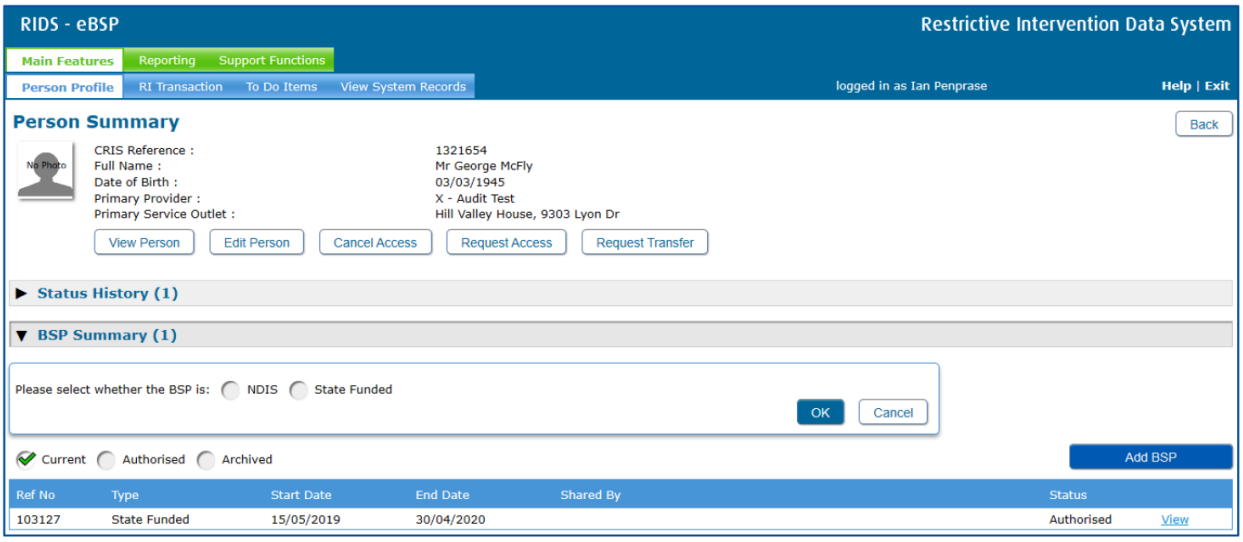
2. Once you select the person click '**Add BSP**'.



3. RIDS will prompt you to select the type of BSP – '**NDIS**' or '**State Funded**'.

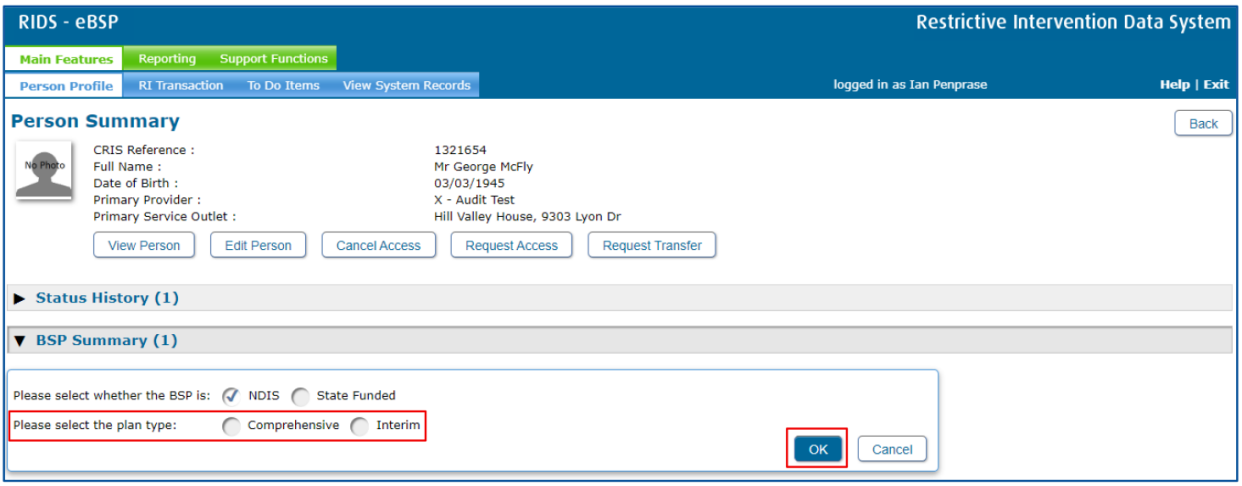
NDIS selection will replace the current Interim Process of BSP authorisation, which will produce the letter of evidence of Authorisation for the Behaviour Support Practitioner, to lodge the BSP with the NDIS Quality and Safeguards Commission.

'**State Funded**' will be the same as the old BSP lodgement via RIDS.

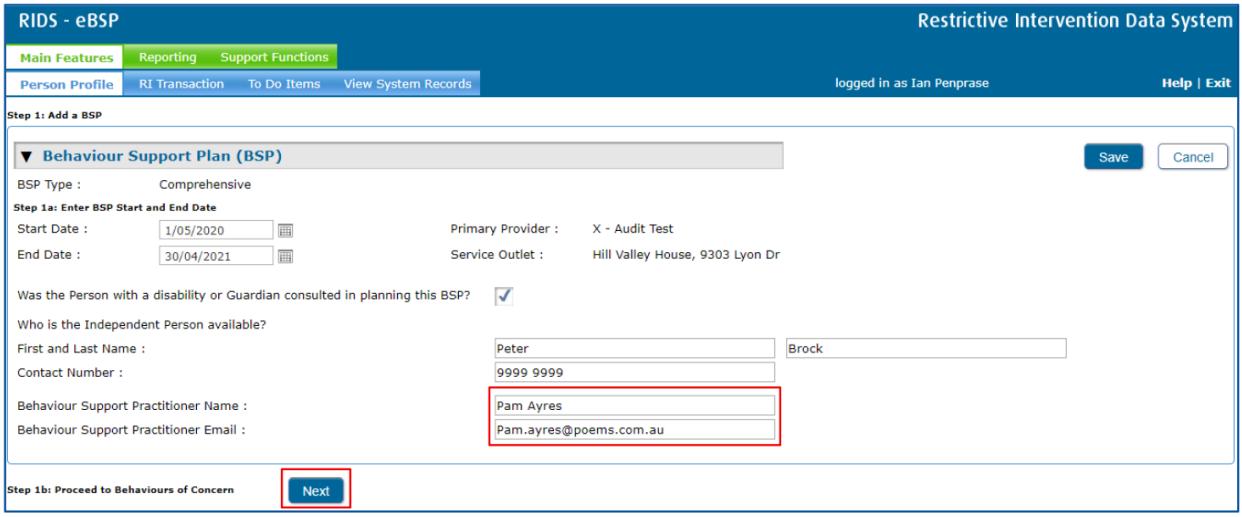


4. When you select '**NDIS**', the system will prompt you as to the type of plan has been submitted for authorisation:
    - '**Comprehensive**' – up to 12 months
    - '**Interim**' – up to six months (there can only be one).

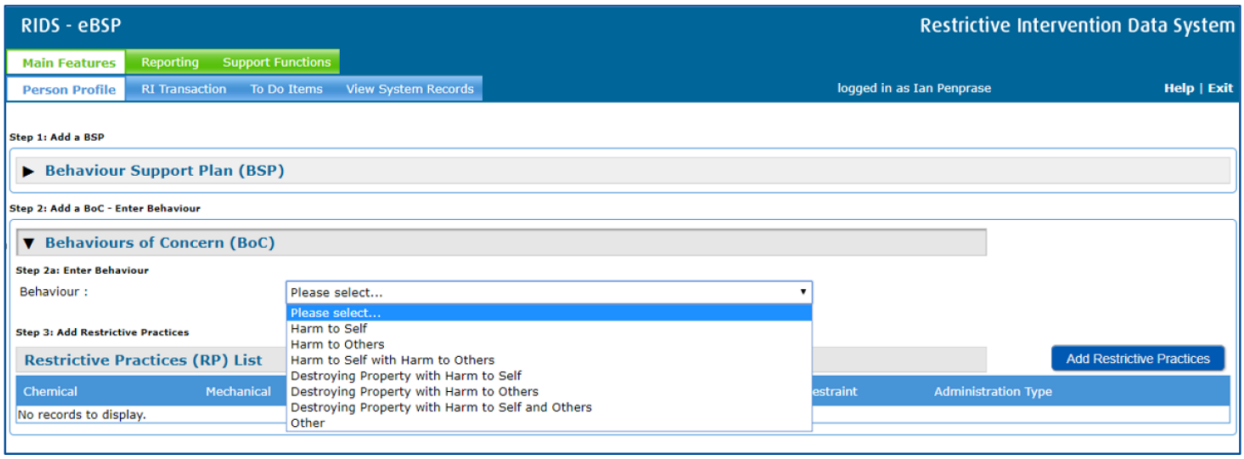
By selecting '**Comprehensive**' or '**Interim**' the requirements within RIDS will be the same. Select either then click '**OK**'.



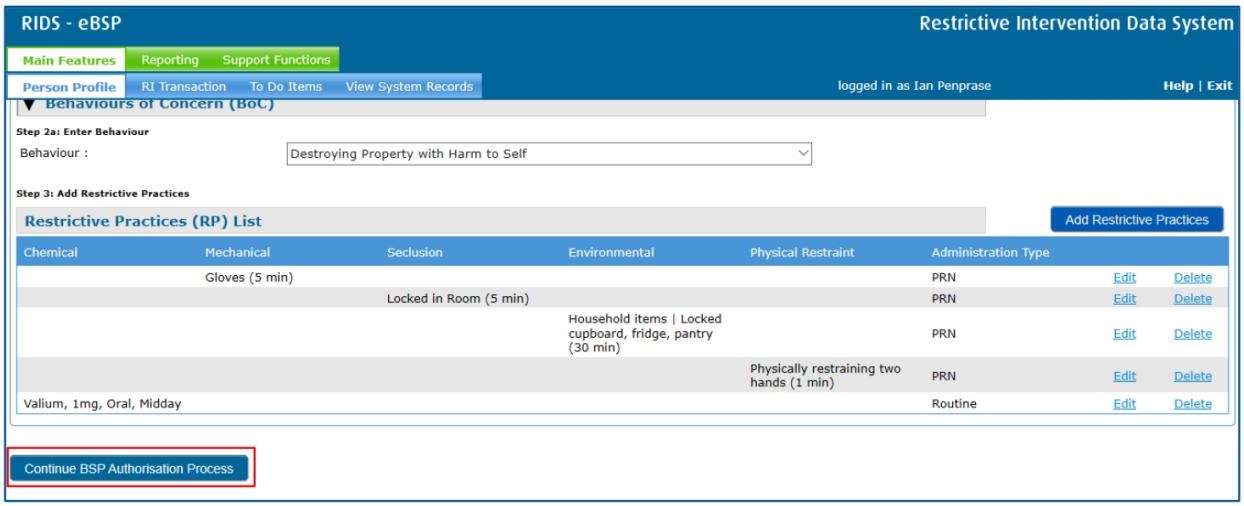
5. All the following fields are mandatory. Behaviour Support Practitioner information must be entered for the letter of approval to be sent to the practitioner at the same time it is sent to the APO. Please ensure the email provided is correct. On completion click '**Next**' to continue.



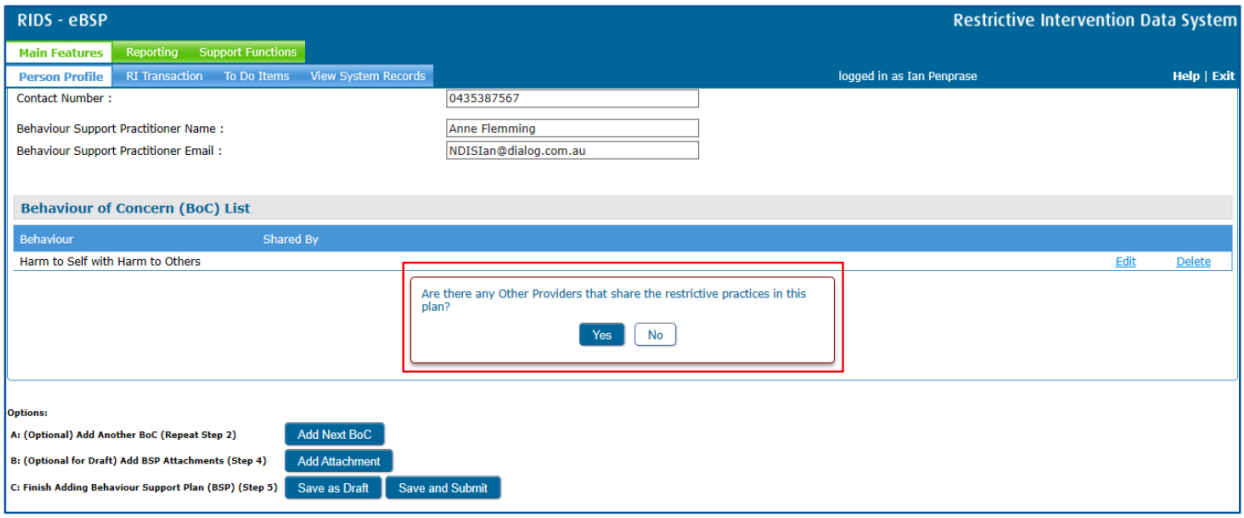
6. Select '**Behaviours of Concern**' and then click '**Add Restrictive Practices**'.



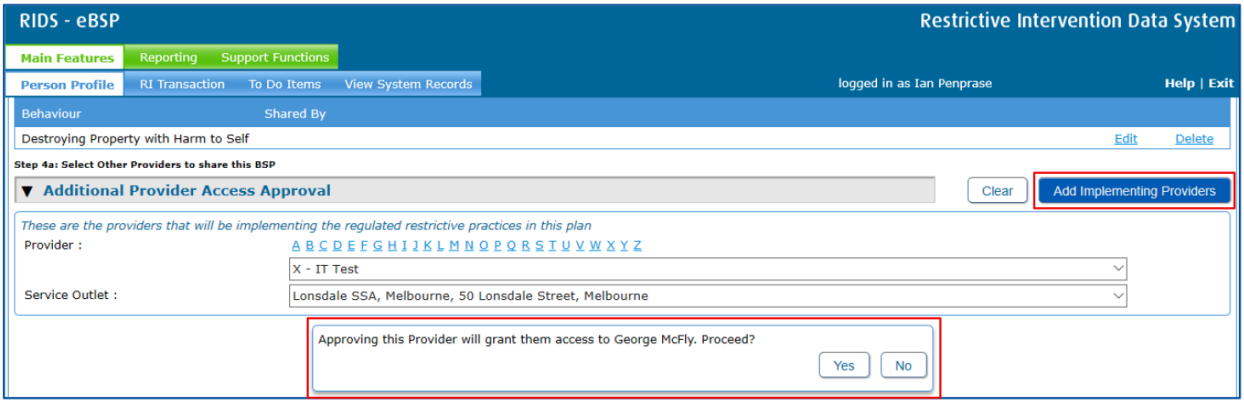
7. Add all the restrictive practices included in the BSP submitted by the Behaviour Support Practitioner that will require authorisation by the different providers, then select '**Continue BSP Authorisation Process**'.



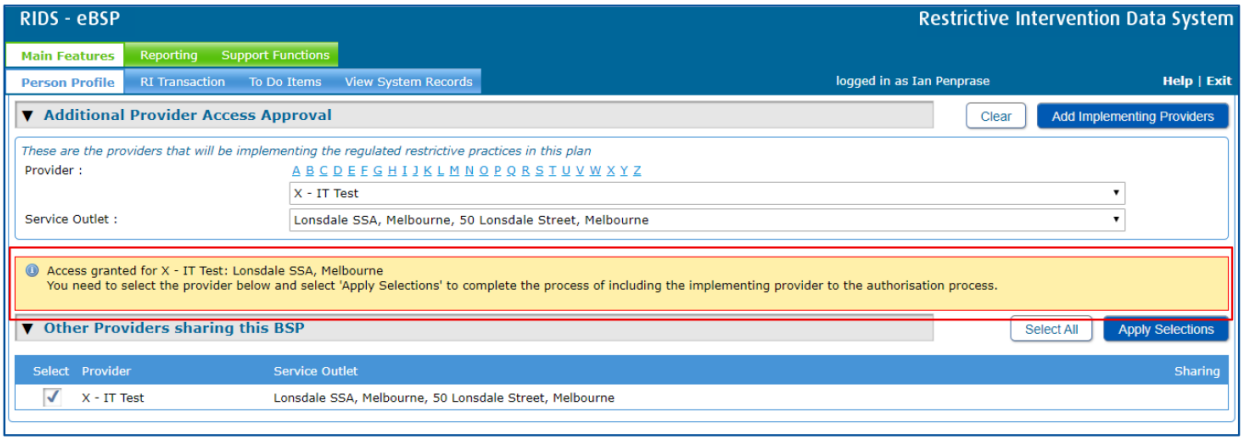
8. As already mentioned, if the BSP is shared, all Provider names and the Outlet Addresses must be included. The BSP's restrictive practices requires authorisation by all APOs involved in the BSP. These should be included within the attached plan. Please note that if it is not done at this point the BSP will need to be resubmitted. A prompt will appear '**Are there any Other Providers that share the restrictive practices in this plan?**' Selecting '**Yes**' will allow those providers to be added.



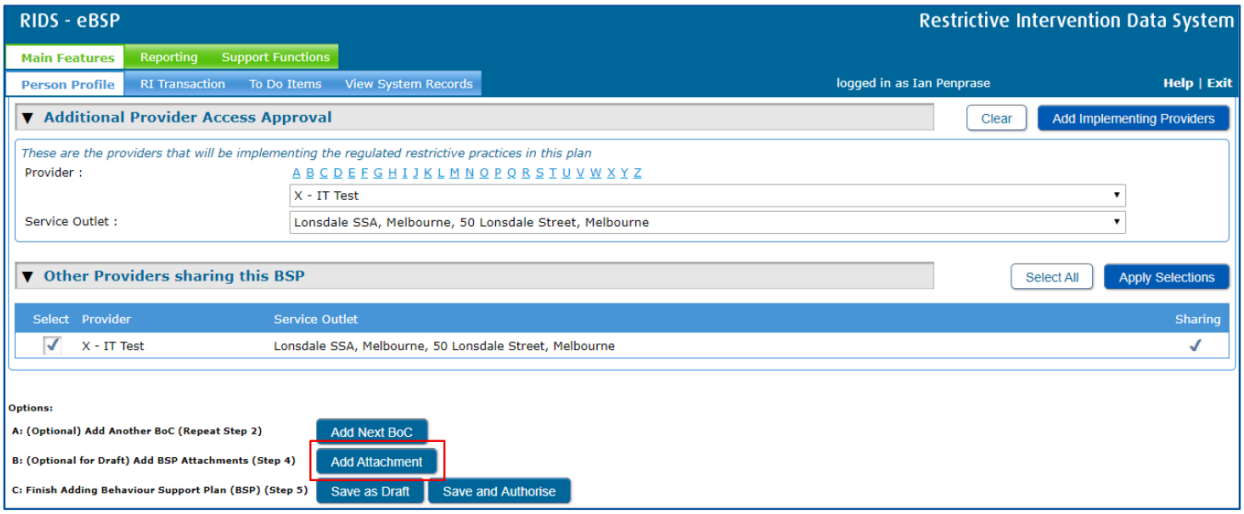
9. Click '**Add Implementing Providers**' to include the other providers included in the BSP. It is also important to note that once this share has been created, it can only be cancelled by the provider. Please ensure you are selecting correctly.



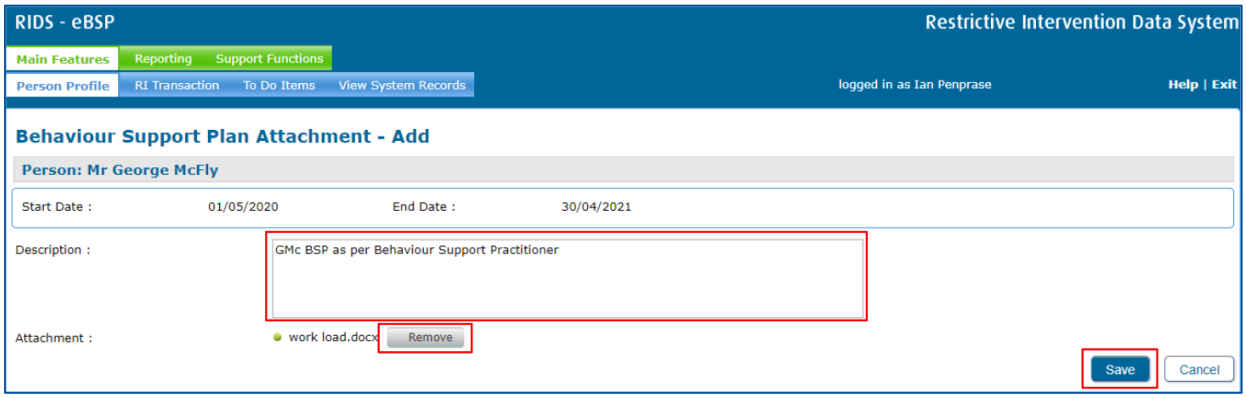
10. A box will appear confirming that access has been granted. You will now need to select the '**Service Outlet**' and click '**Apply Selections**'. This will apply a tick and will enable the restrictive practices to be approved by the APO of the other Provider Outlets once the plan is submitted.



11. The plan will now have sharing applied and the Behaviour Support Practitioner's BSP can be added by selecting the '**Add Attachment**' option.

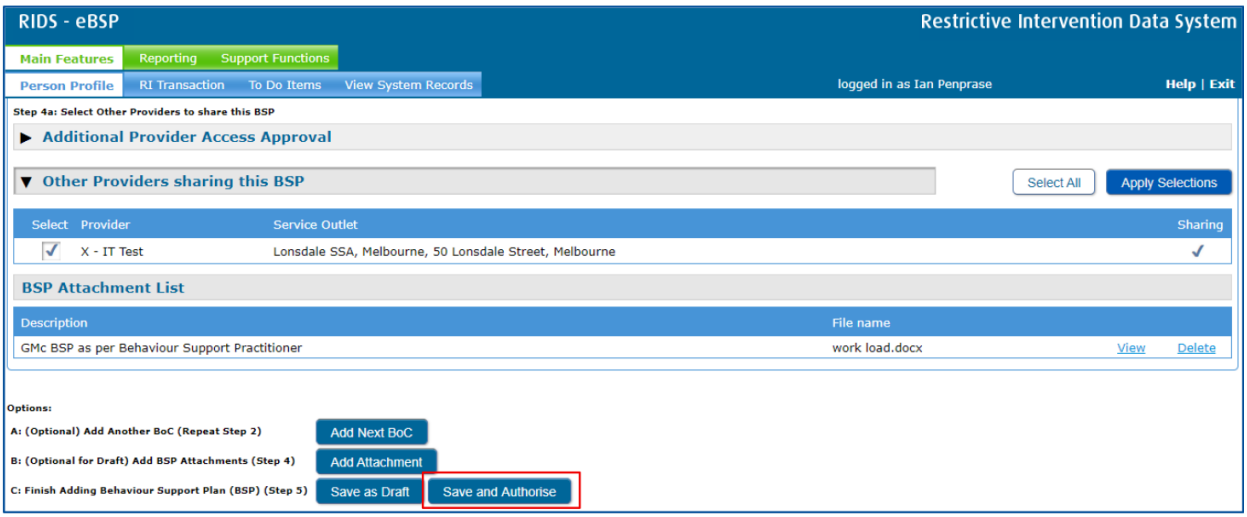


12. You will need to type a description of the BSP and then browse to add the attachment. Please note that the Victorian Senior Practitioner will only accept attached BSPs submitted on the NDIS or Victorian Senior Practitioner template. Click '**Save**' to continue.

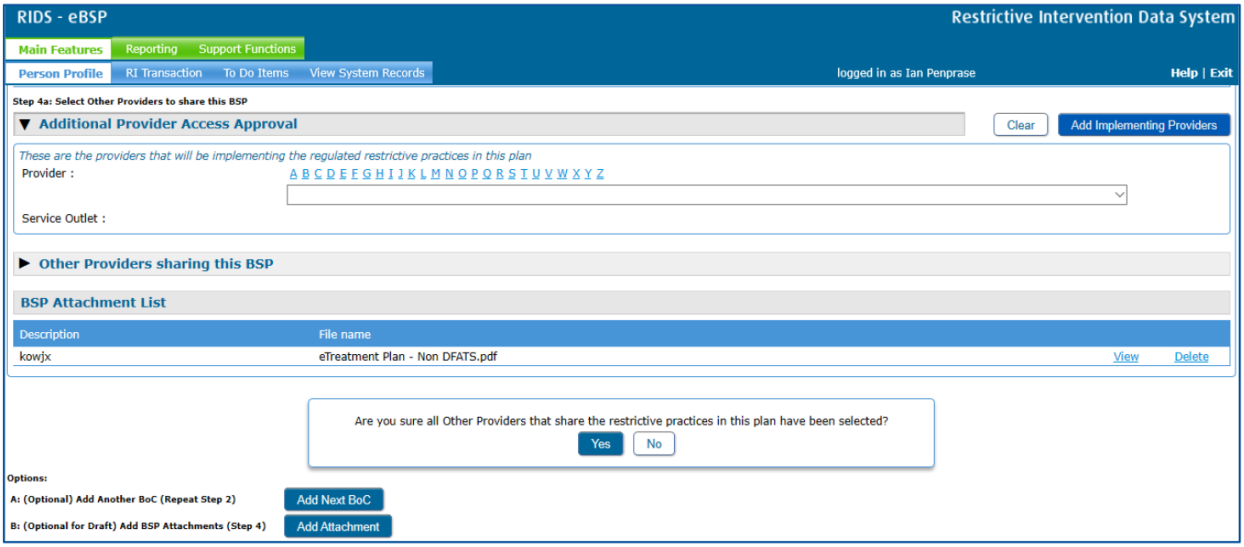


13. You can '**Save as Draft**' and come back later. Submit by clicking '**Save and Authorise**' to progress the authorisation process.

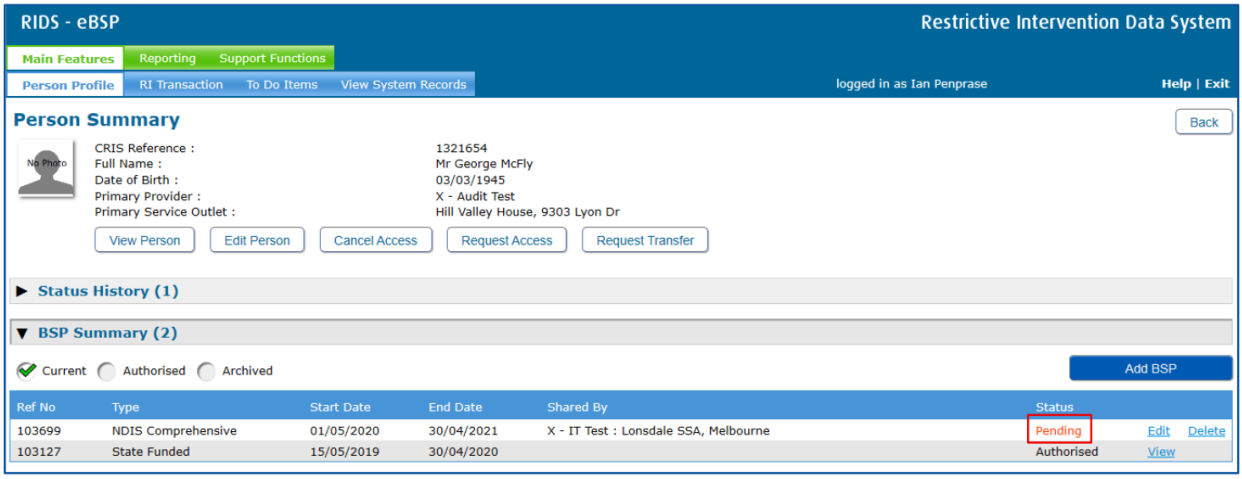
If the BSP and the restrictive practices are shared with another provider, the provider's APO will be notified by email that they will need to authorise their part in the plan.



14. A final reminder, '**Are there any Other Providers that share the restrictive practices in this plan?**' will appear. As already mentioned, if the BSP is shared, all Provider names and the Outlet Addresses must be included. The BSPs restrictive practices requires authorisation by all APOs involved in the BSP. These should be included within the attached plan. If it is not done at this point the BSP will need to be resubmitted.



15. The BSP will remain as pending until:
    - all APOs have signed off on the plan's restrictive practices
    - the Victorian Senior Practitioner has authorised the restrictive practices to be used in the plan.



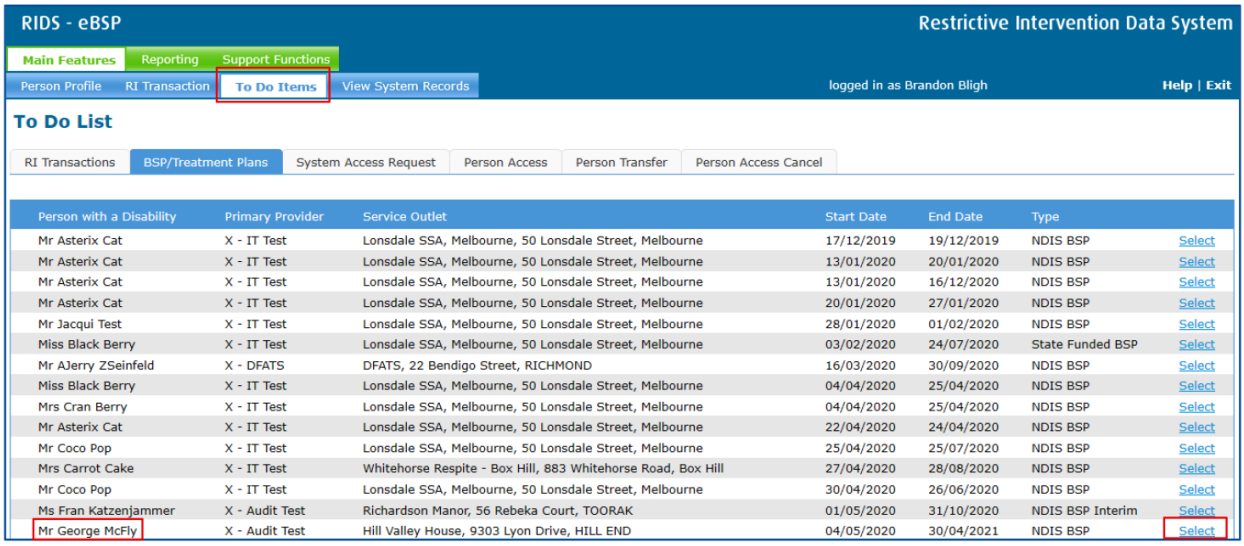
Process for secondary provider APOs included in the BSP's restrictive practice authorisation

If you are a secondary provider that supplies services to a client, your APO must approve the restrictive practices at your service outlet via RIDS.

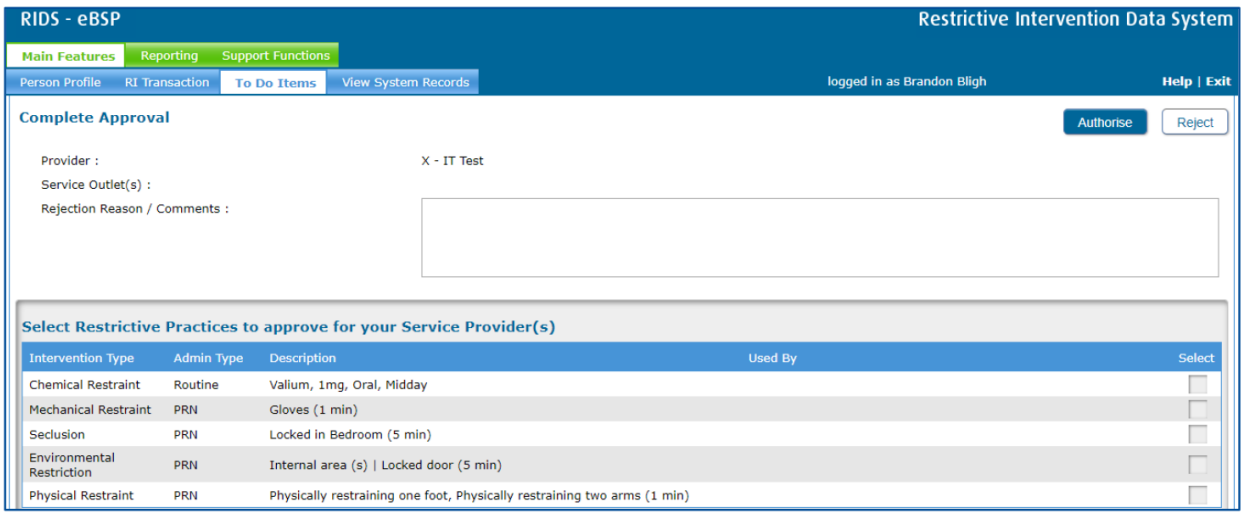
The service outlet APOs will receive an email requesting approval of the restrictive practices that appear on the BSP provided by the Behaviour Support Practitioner. These were entered as in the above examples by the primary provider's APO who submitted the plan to RIDS for authorisation.

Secondary APOs must enter RIDS and follow the following authorisation process.

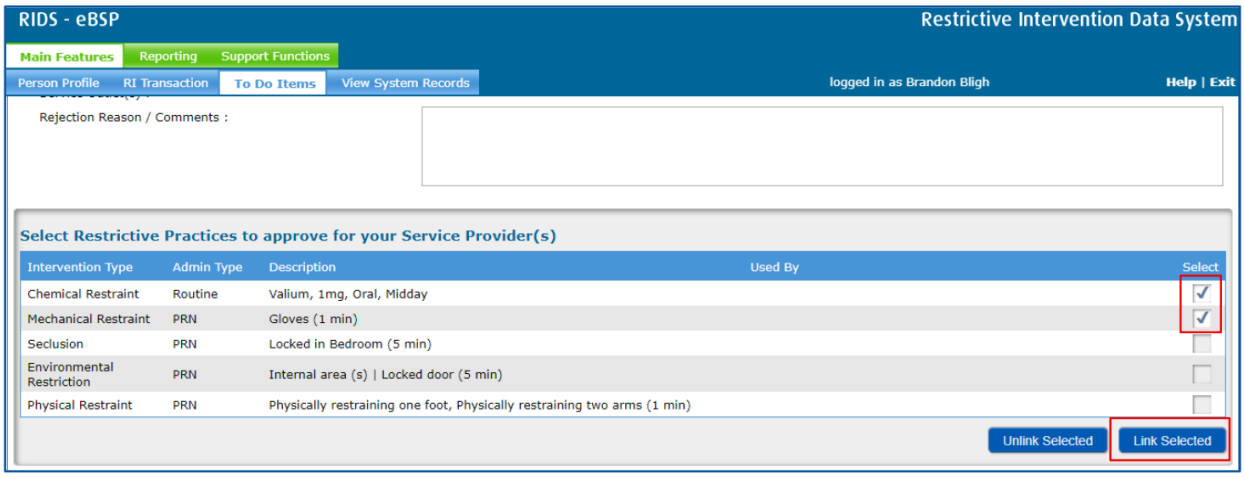
1. Under '**Main Features**' on entering RIDS, select '**To Do Items**' and then the '**BSP/Treatment Plans**' tab. Find the person requiring authorisation and select.



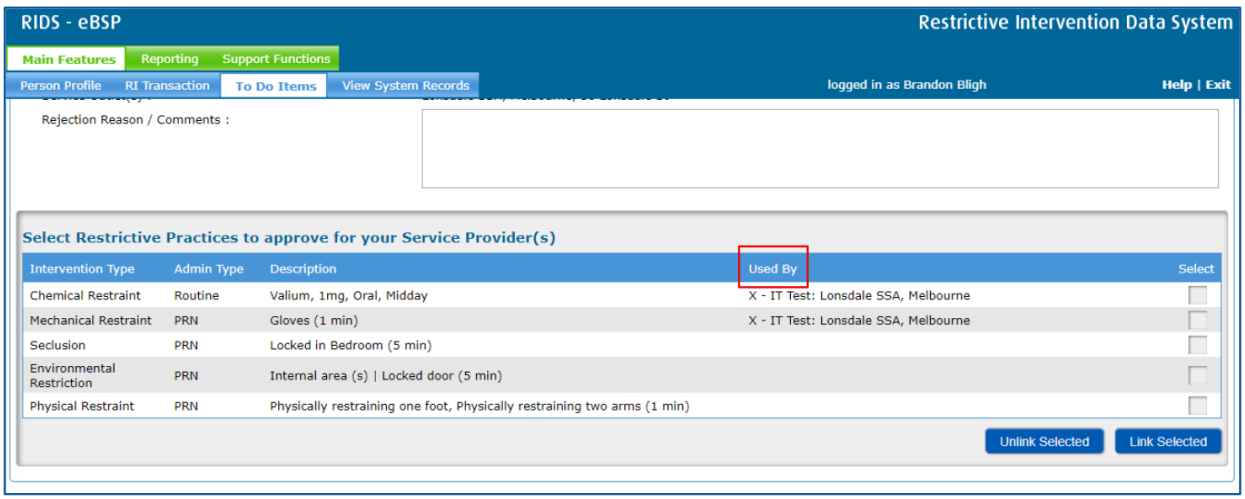
The BSP will open and the restrictive practices will be visible.



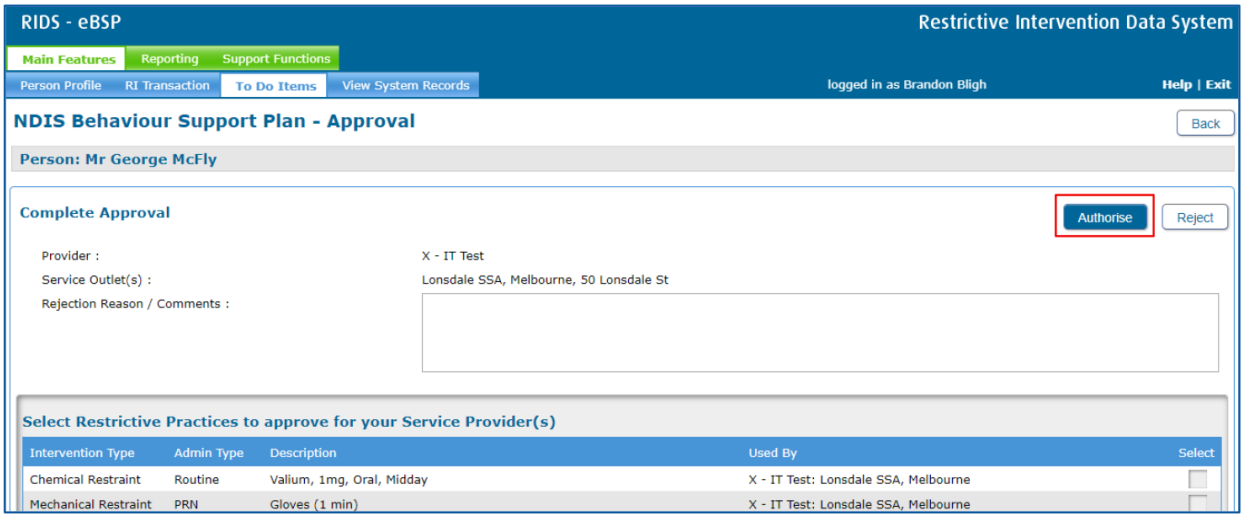
2. The secondary APO must then select the restrictive practices they are authorising for their outlet. Once they have selected them, they will need to link the restrictive practices by clicking the '**Link Selected**' button.



The outlet will appear in the '**Used By**' column, which will indicate where the restrictive practices have been authorised to be used.



3. If satisfied that they will use the restrictive practice, the APO can scroll to the top of the page and click '**Authorise**'.

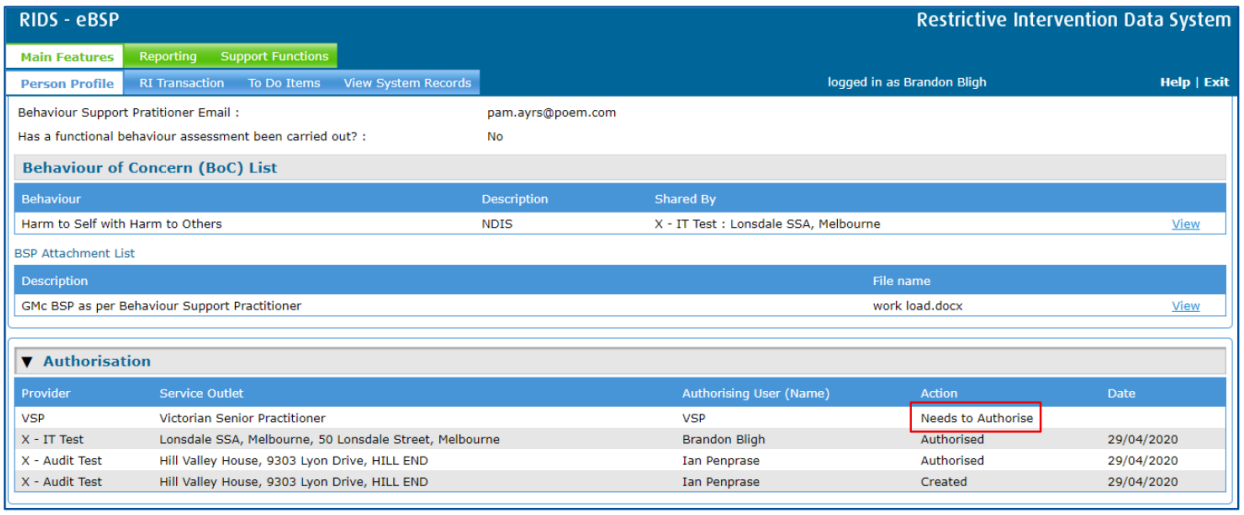


The BSP will remain pending until all APOs have signed off on the plan and the Victorian Senior Practitioner has also authorised the restrictive practices to be used in the plan.

The Victorian Senior Practitioner will review the restrictive practices and, via RIDS, the APOs and the Behaviour Support Practitioner will receive an email about the outcome of the authorisation request.

If authorised, the Behaviour Support Practitioner can then finalise the submission of the BSP and the evidence of authorisation via the NDIS Quality and Safeguard Commission's portal.

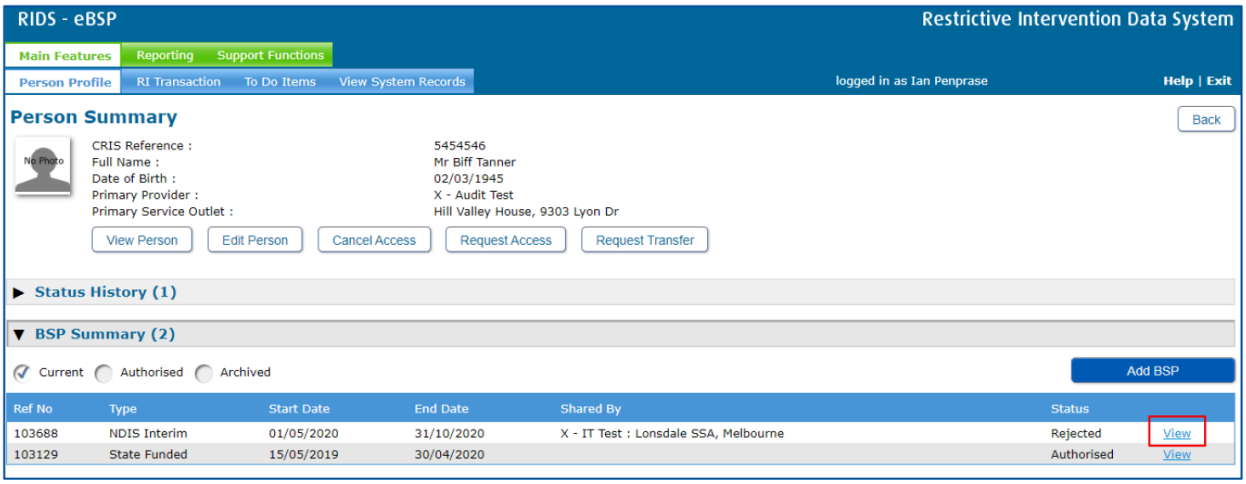
If rejected, the BSP will need to be resubmitted. The rejected BSP can be copied to retain the restrictive practices and providers. The new BSP will need to be reattached.



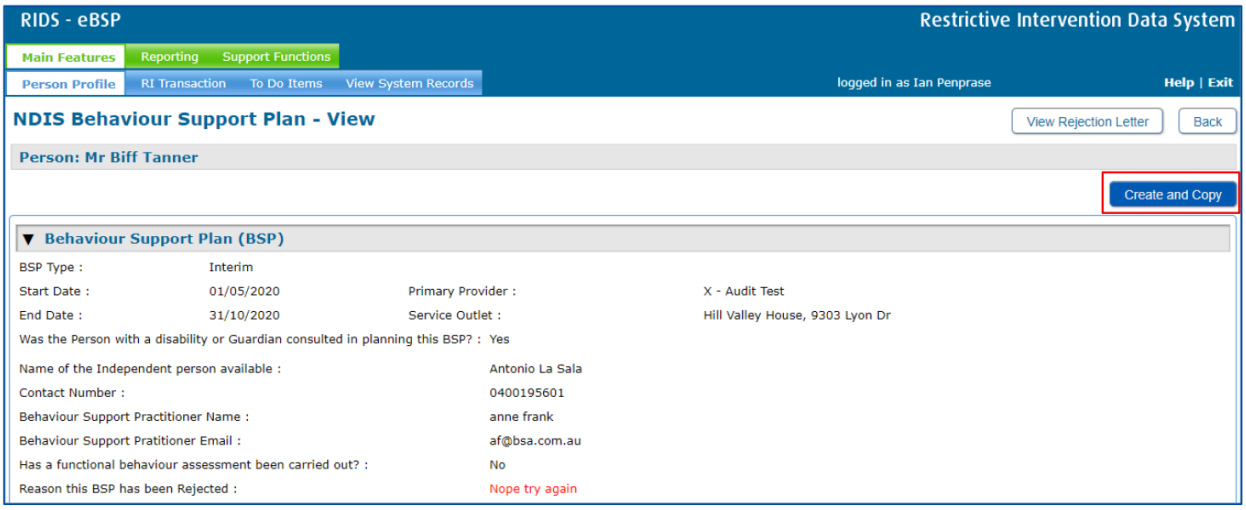
What to do if a BSP is refused

If refused or rejected by another APO or the Victorian Senior Practitioner, the BSP will need to be resubmitted.

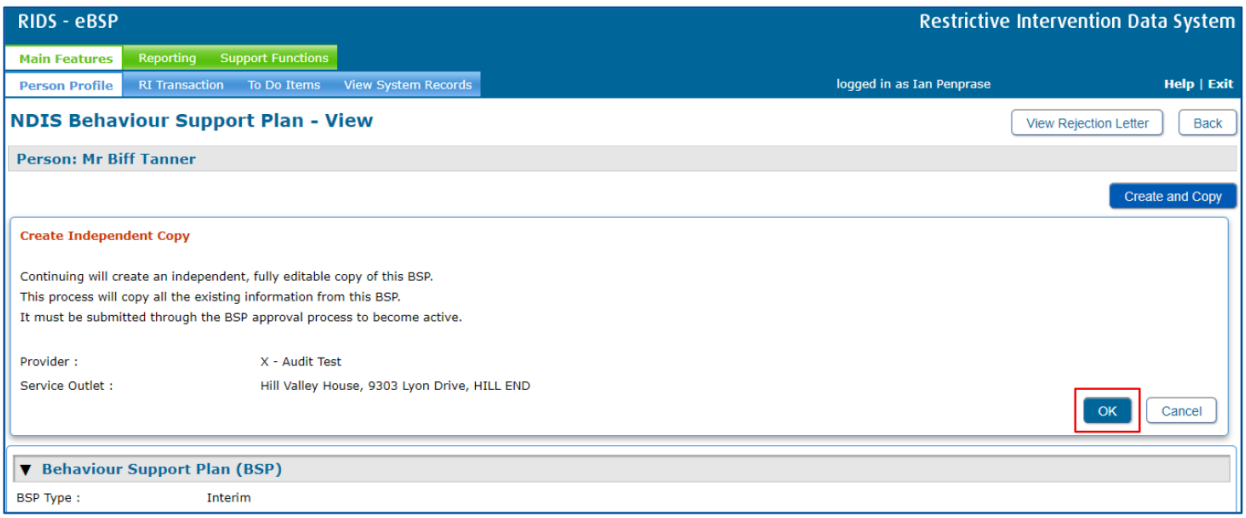
1. Find the person and rejected BSP and click '**View**'.



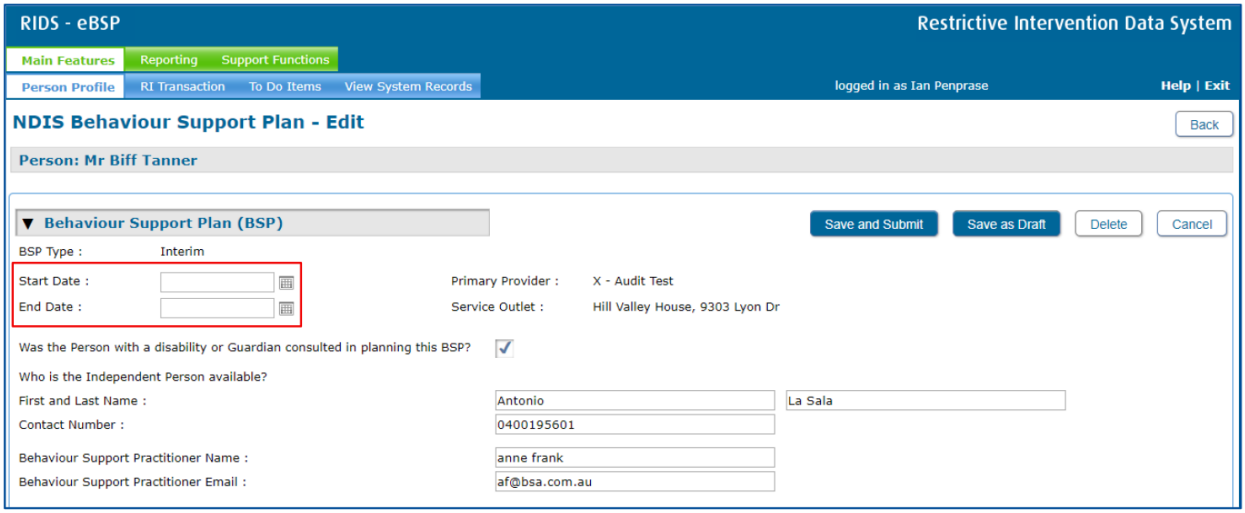
2. The rejected BSP can be copied to retain the restrictive practices and providers. To do this, click '**Create and Copy**'.



3. Click '**OK**' to create.

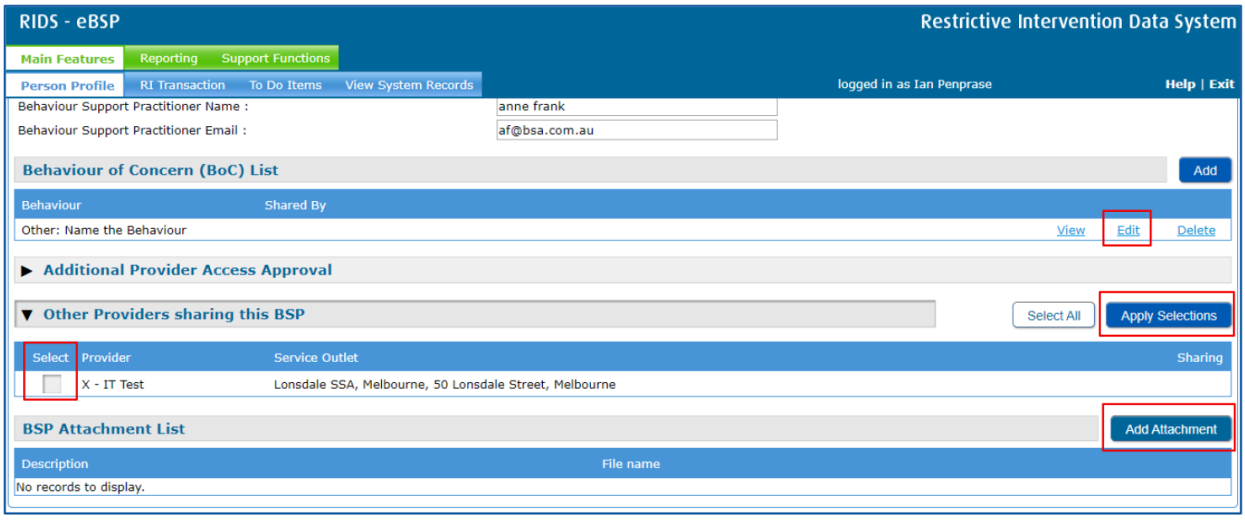


4. Re-enter the start and end dates – they will have changed and cannot be backdated.

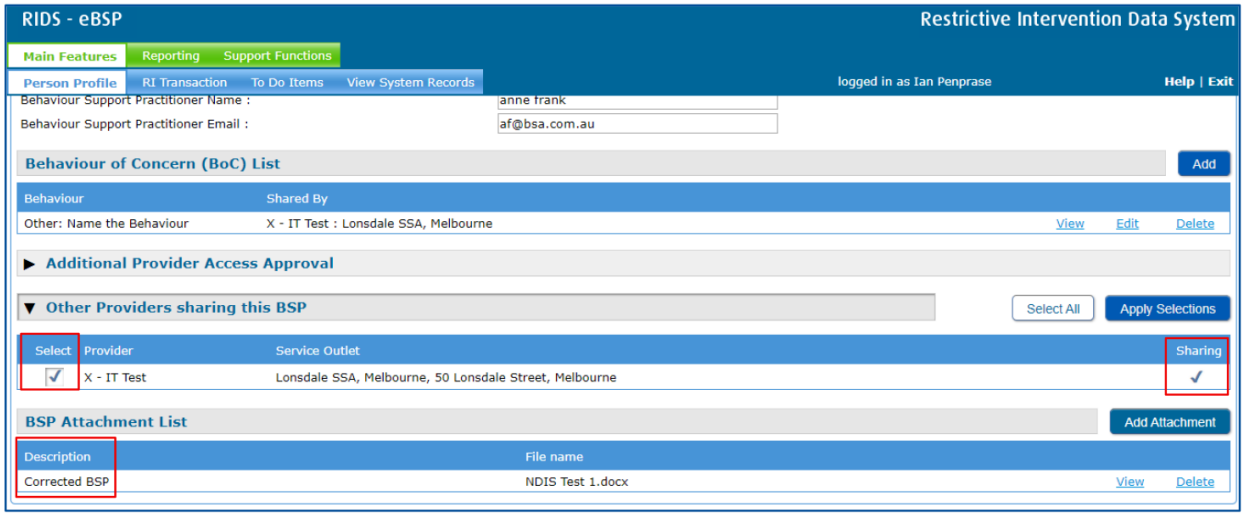


5. The restraints and providers will be copied. Restraints can be changed by clicking '**Edit**' under '**Behaviour of Concern List**'.

6. You will need to reapply the sharing of the other providers. Some may no longer be valid with the updated version of the BSP. Click the tick box to re-establish and click '**Apply Selections**'. The new BSP with suggested changes will need to be reattached.

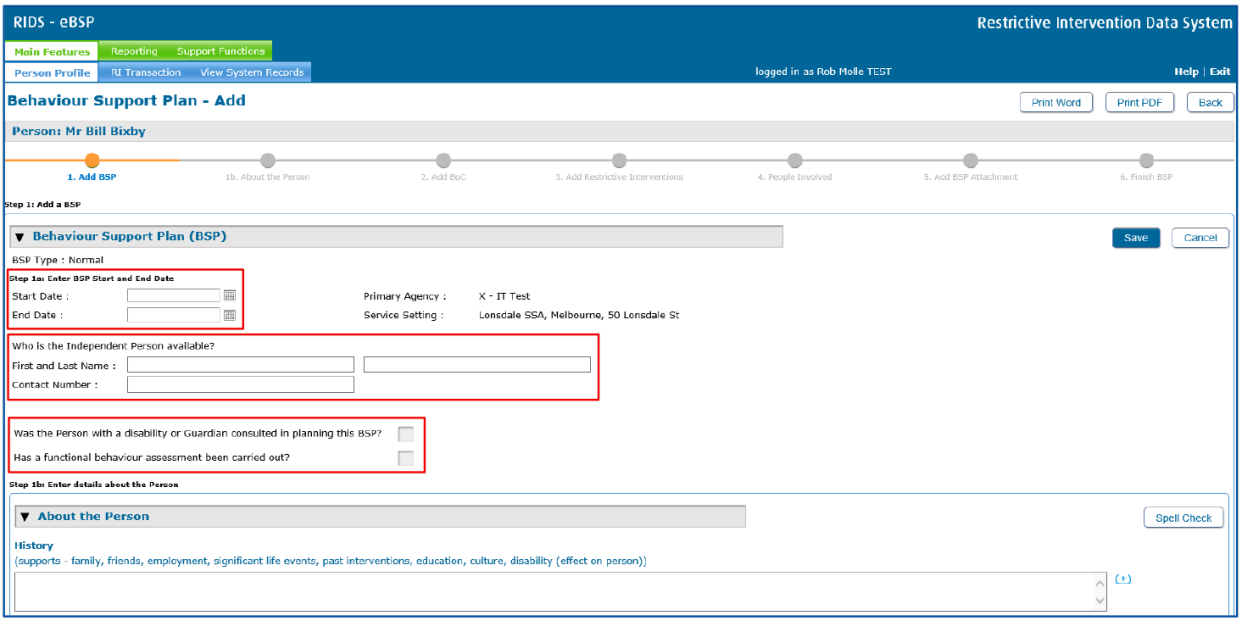


7. Once all completed scroll up the page and click '**Save and Submit**' to start the authorisation process again.



State Funded requirements for adding a BSP

1. Click '**Add BSP**' button on the right-hand side of the screen to add a new BSP.
2. After clicking this you will see the screen below. The BSP type will default to '**Normal**' (unless reporting emergency use of restrictive interventions; in this case it would come up as '**Emergency**').
3. Enter the start and end dates of the BSP – the duration must be no longer than 12 months. Dates exceeding 12 months cannot be entered; for example, 23/4/2020 to 23/4/2021 exceeds 12 months by one day – the end date should be 22/4/2021.
4. The primary agency and service outlet will self-populate from the person's personal details. If there is a shared BSP (more than one disability service provider involved), these will show as well.



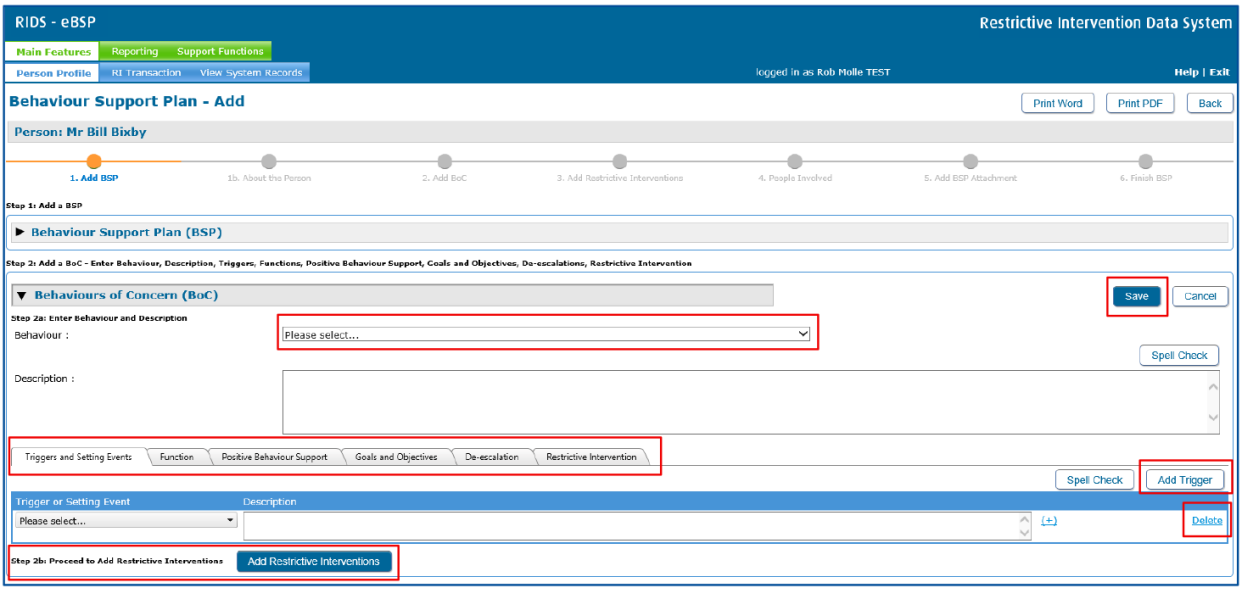
5. Enter the name of the independent person who was made available to assist the person with a disability and this person's contact phone number (in line with s. 143 of the Disability Act).
6. It is important to indicate whether the person with a disability or guardian was consulted in planning the BSP (s. 141(3b) of the Act). This box must be ticked.
7. Tick the box if you have completed a functional behaviour assessment.

Adding About the Person details

Provide a brief description in the mandatory categories – '**History**', '**Health**' and '**Communication**'. Other categories are optional because they may not apply to everyone.

Adding behaviours of concern

1. Select a '**Behaviour**' from the drop-down menu and determine the justification for using restraint as per the Act:
   - to prevent the person from causing physical harm to themselves or any other person, or
   - to prevent the person from destroying property where to do so could involve the risk of harm to themselves or any other person.
2. Underneath '**Behaviour**', fill out a description of the behaviour. The description of a behaviour of concern needs to be clear, specific, easily understood by others and one that can then be used to gain reliable documentation on when the behaviour does and does not occur.
3. There are six tabs to fill in: '**Triggers and Setting Events**', '**Function**', '**Positive Behaviour Support**', '**Goals and Objectives**', '**De-escalation**' and '**Restrictive Intervention**' (see section 2 of toolkit).
4. For all tabs except '**Restrictive Intervention**' there are specific prompts to select from. Choose a prompt then type the description alongside. It is mandatory to fill in a minimum of one prompt/description for each tab.
5. To add a new prompt, select, for example, '**Add Function**'. You can enter as many as you like. You can delete text if you make a mistake.
6. '**Spell Check**' and then '**Save**' the BSP.



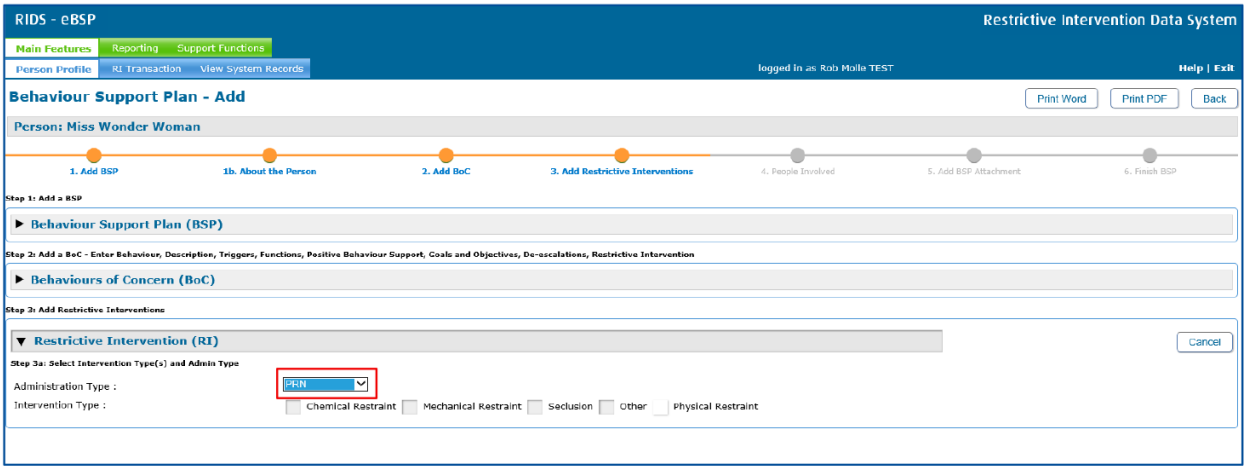
Adding a restrictive intervention to the BSP

This is any intervention that is used to restrict the rights or freedom of movement of a person with a disability and is also the least restrictive option. Restrictive interventions can be chemical or mechanical restraint, seclusion or 'other'.

To add a restrictive intervention, as seen in the screen images:

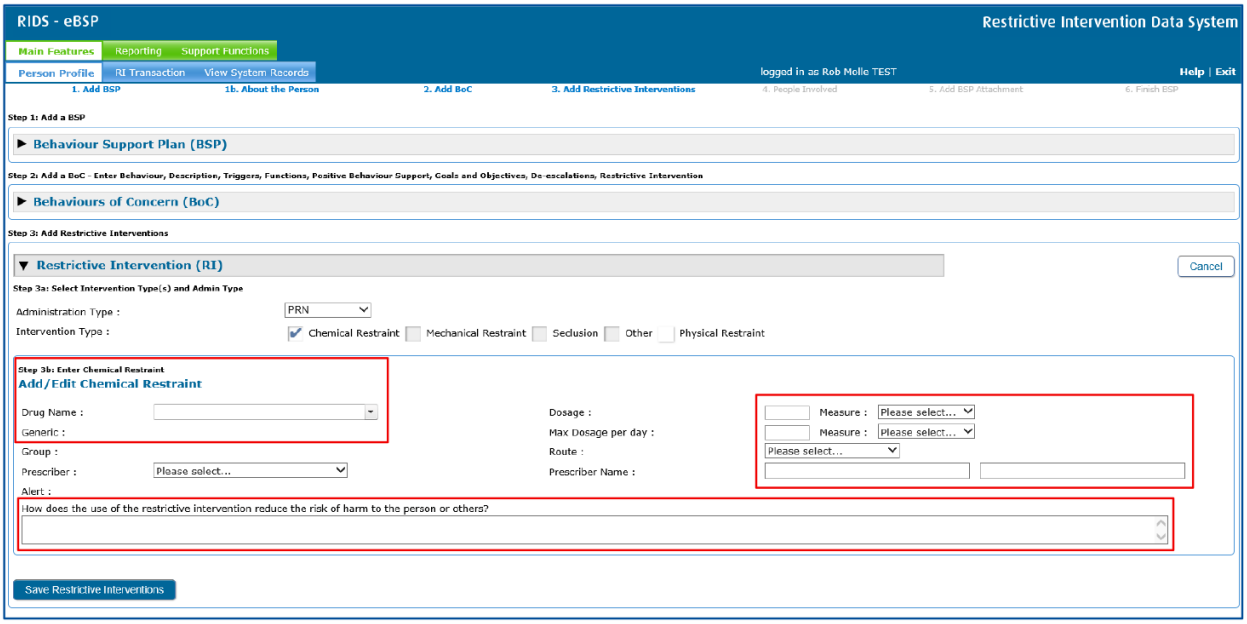
1. Select '**Administration Type**' – '**PRN**' or '**Routine**'.
2. Select '**Intervention Type**'. This refers to the form of restrictive intervention administered that applies to the event in question.

   Note: On checking an intervention type, different fields become available.
3. Click '**Add**' to add a new type of that restraint.



Details required for chemical restraint

- Drug Name – begin typing the name of the drug and suggestions will appear based on spelling.
- Dosage – individual dose of drug.
- Measurement – the options of g, mcg, mg and ml will appear in a drop-down menu.
- Frequency – how many times per day, week, month and so on.
- Route – drop-down options of Implant, Injection, Oral, PEG, PV (per vagina), Rectal.
- Prescriber – General Practitioner, Gynaecologist, Neurologist, Paediatrician, Psychiatrist.
- Prescriber's Name – free text fields for first and last name.
- Click '**Save Restrictive Interventions**'.



Details required for mechanical restraint

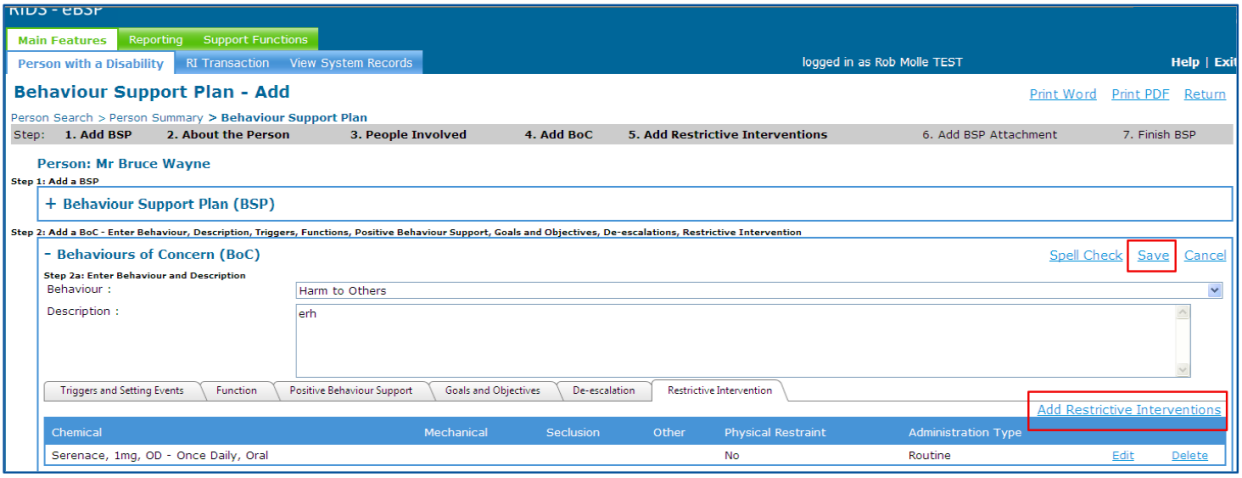
- Type – if '**Other**' is selected, you must describe what the proposed restrictive intervention is.
- Fill in the start and end times.

Details required for seclusion

- Describe the seclusion method.
- Fill in the start and end times.

Behaviours that do not require restrictive intervention

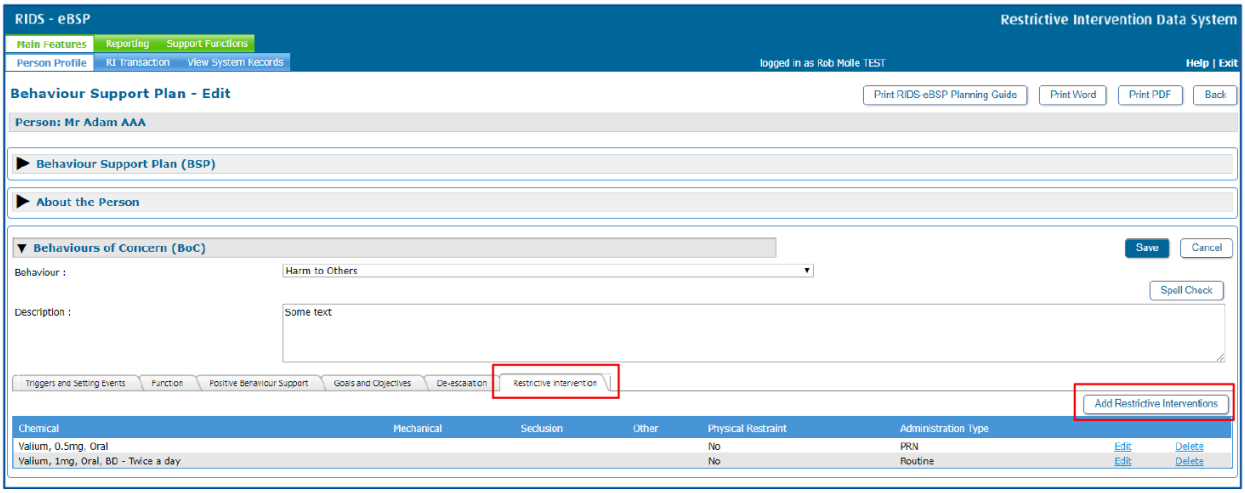
If the person has several different behaviours of concern and some don't require the use of restrictive interventions to support the person, then you must select '**Add Restrictive Intervention**', then select '**Other**' and '**Routine**' from the administration type. Select '**Add**' and then tick the box that says '**None**'.



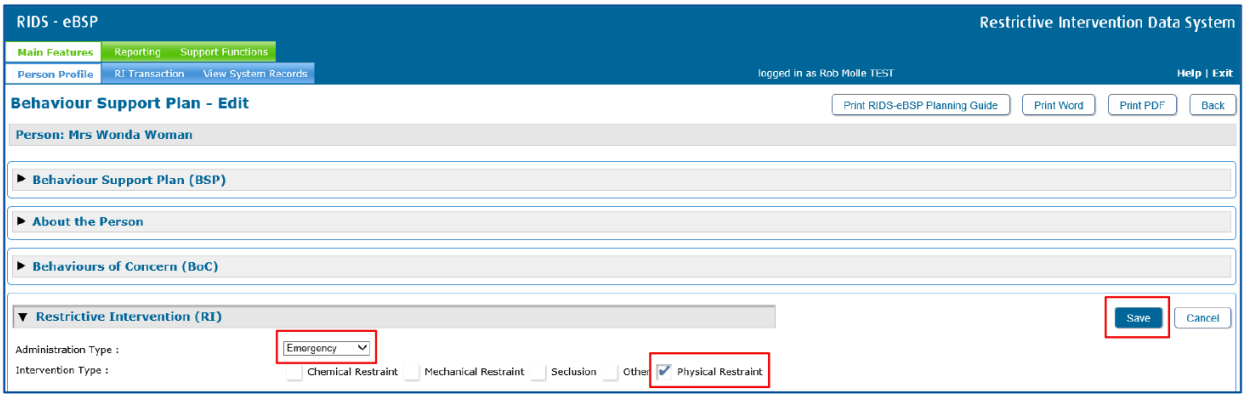
Adding a physical restraint planned emergency response to a BSP

If you feel you have a requirement for a planned emergency response for a physical restraint, please contact a practice leader or practice advisor from the Senior Practitioner – Disability **before** you add this to the BSP.

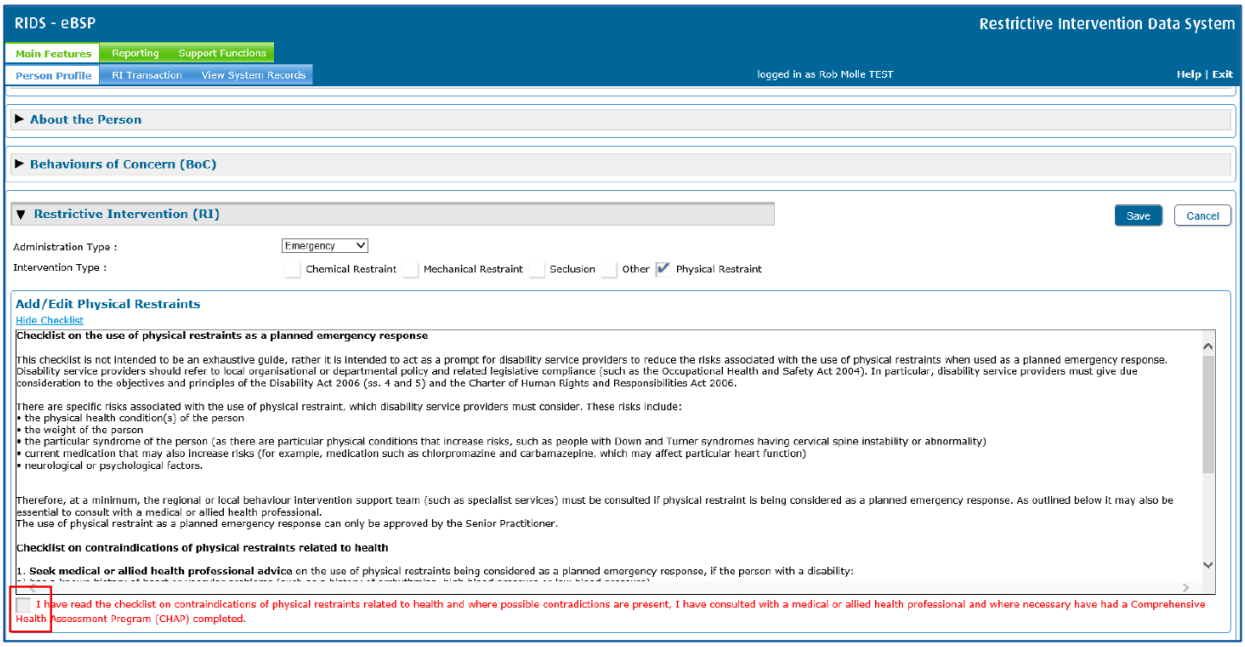
1. In the 'Restrictive Intervention' tab click '**Add Restrictive Interventions**'.



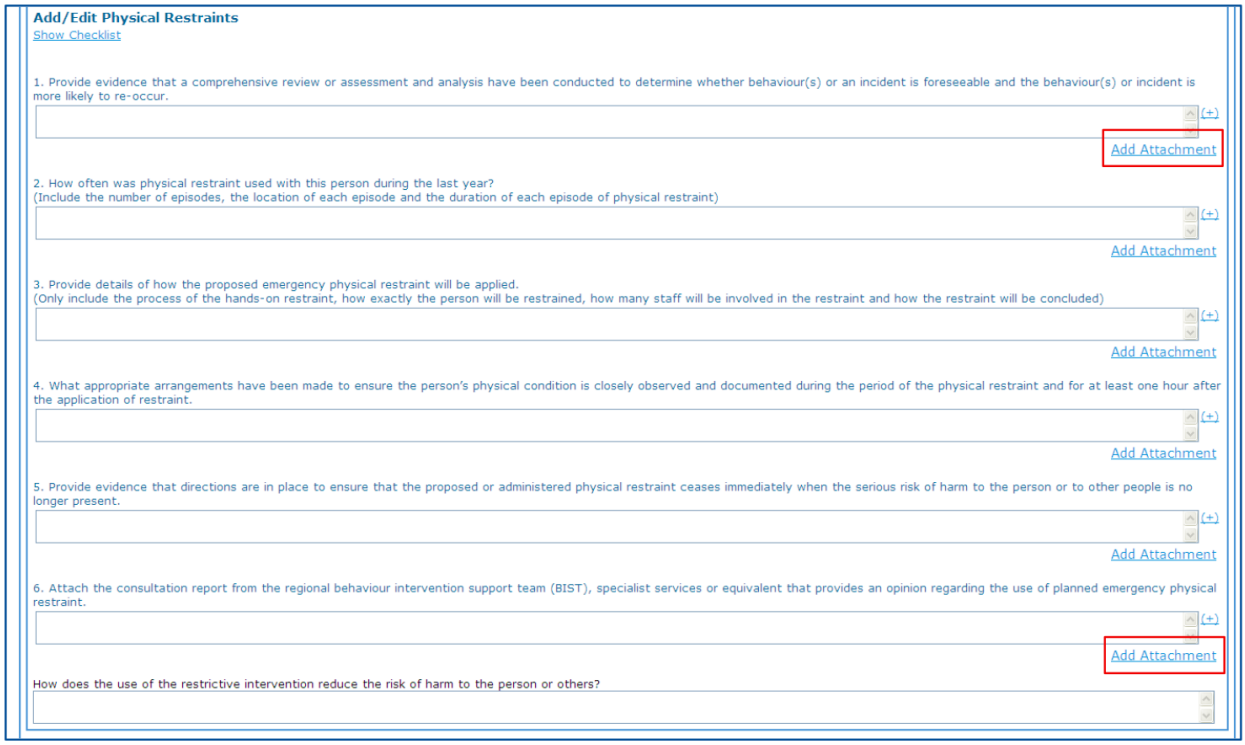
2. Click on the '**Emergency**' option from the '**Administration Type**' drop-down menu.



3. This will automatically select the '**Emergency**' option of intervention type and display a checklist that you must read and a question tick box to select to confirm you have read it.

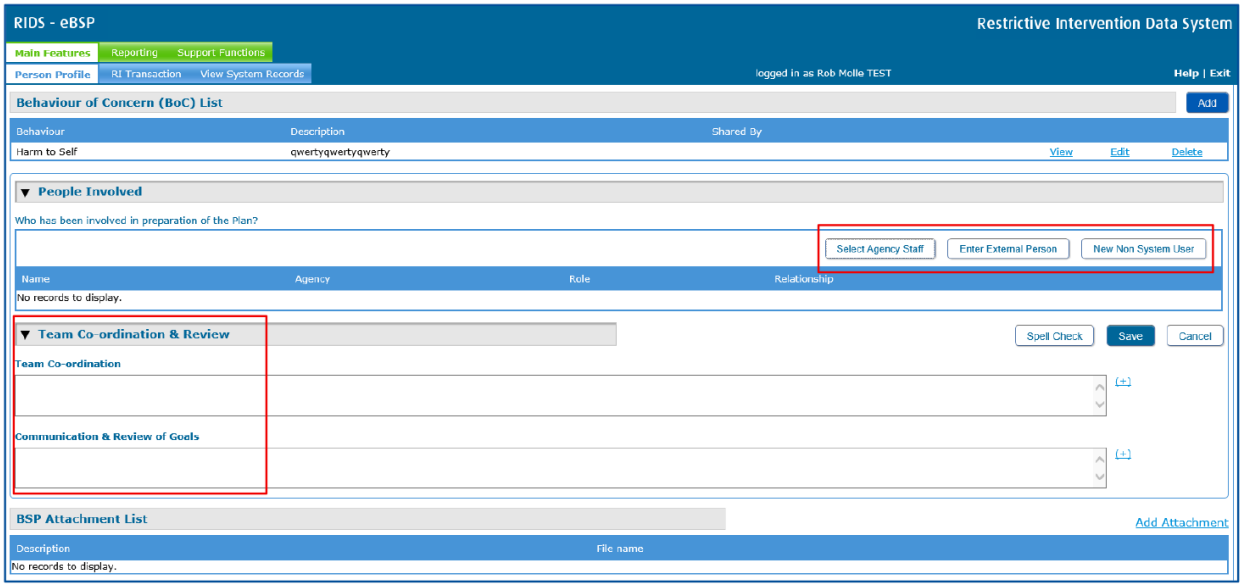


On ticking this box, a detailed template will be displayed for the mandatory requirements of the planned emergency response.



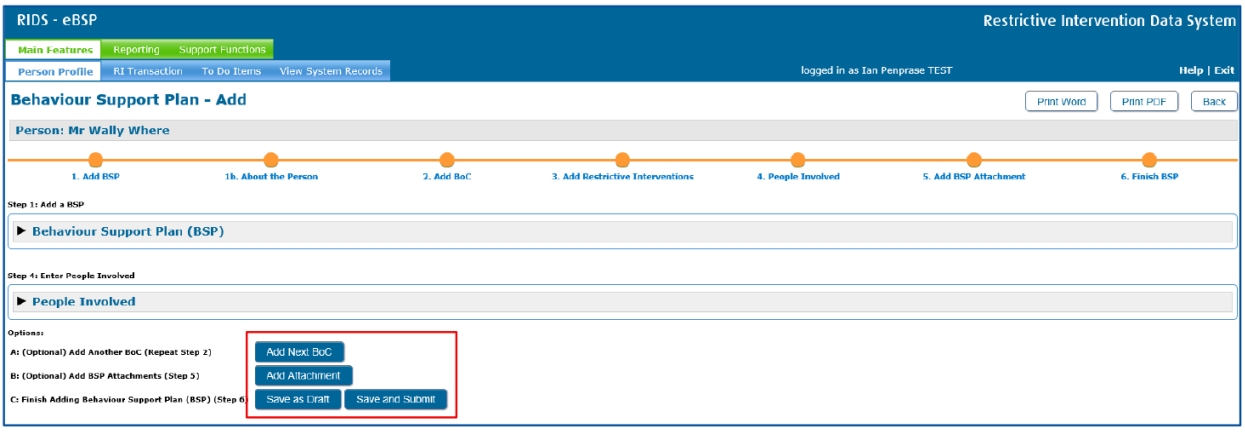
Adding ‘people involved’ details

1. Complete the ‘**People Involved**’ table using the ‘**Select Agency Staff**’, ‘**Enter External Person**’ and ‘**Add Non System User**’ buttons. There must be at least one person involved in the BSP.
2. Provide a description in the mandatory categories of the ‘**Team Co-ordination & Review**’ section – ‘**Team Co-ordination**’ and ‘**Communication & Review of Goals**’.



Adding additional behaviours of concern

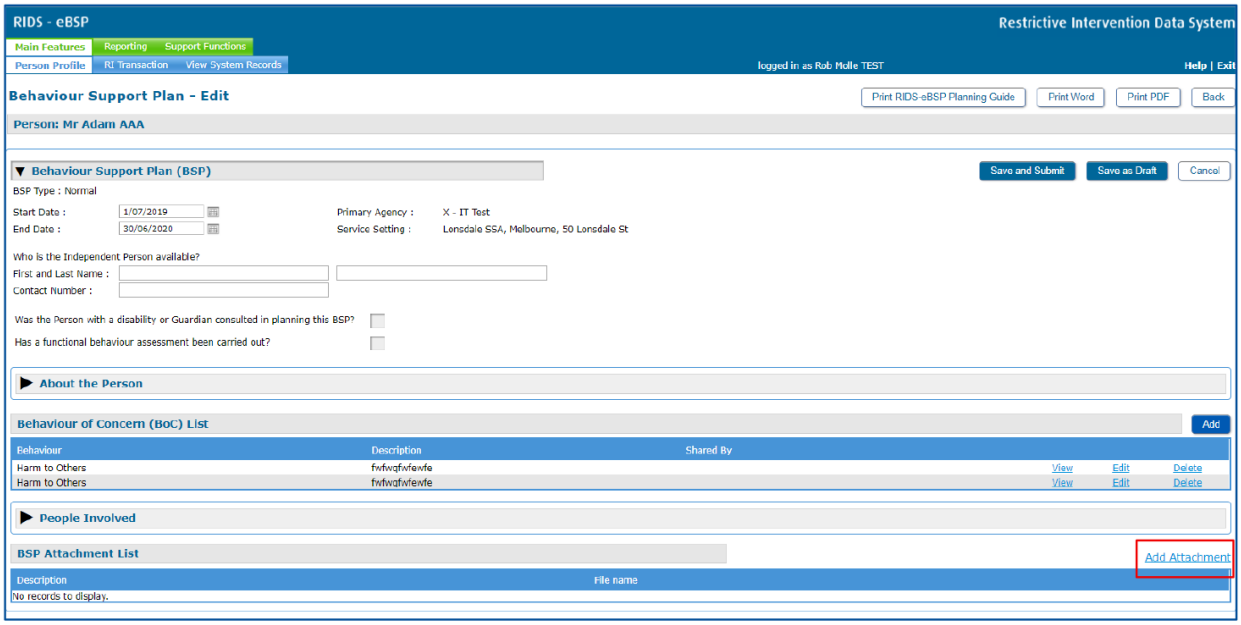
1. Click '**Add Next BoC**' – there may be one or multiple behaviours of concern. You need to record each behaviour of concern separately; for example, a person may display harm-to-self behaviours and also property damage with harm to others.
2. Click '**Add Attachment**' to attach documents to the BSP such as a person-centred plan, referrals, medical/psychiatric reports, BIST reports and other documentation.



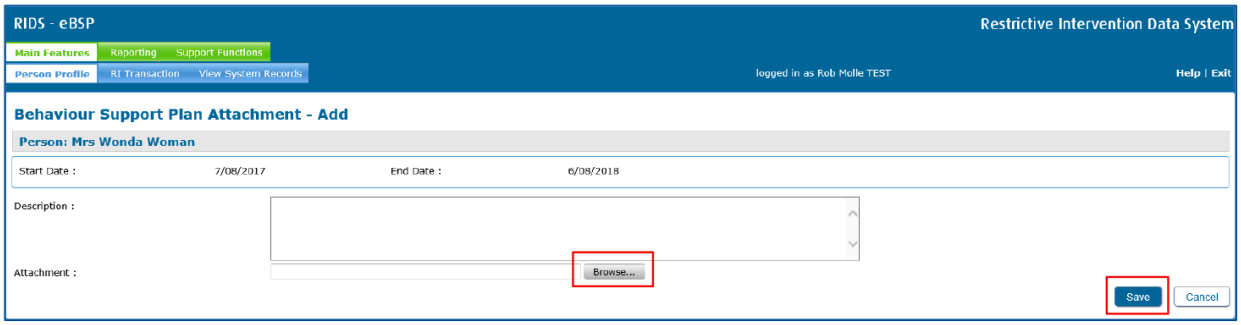
3. If you are not ready to submit, click '**Save as Draft**' – this button allows you to come back and finish the report at a later date. (Note: The BSP/restrictive intervention is not approved for use until submitted and confirmation of approval is received.)
4. When ready to submit, click '**Save and Submit**' so the BSP is submitted for APO approval.

Adding an attachment

1. When adding an attachment, scroll to the bottom of the screen and select '**Add**', then click '**Browse**' to find the file.
2. Type a description such as *Person-centred plan* or *Psychiatric report*. Include details such as the name of the document, author and date.



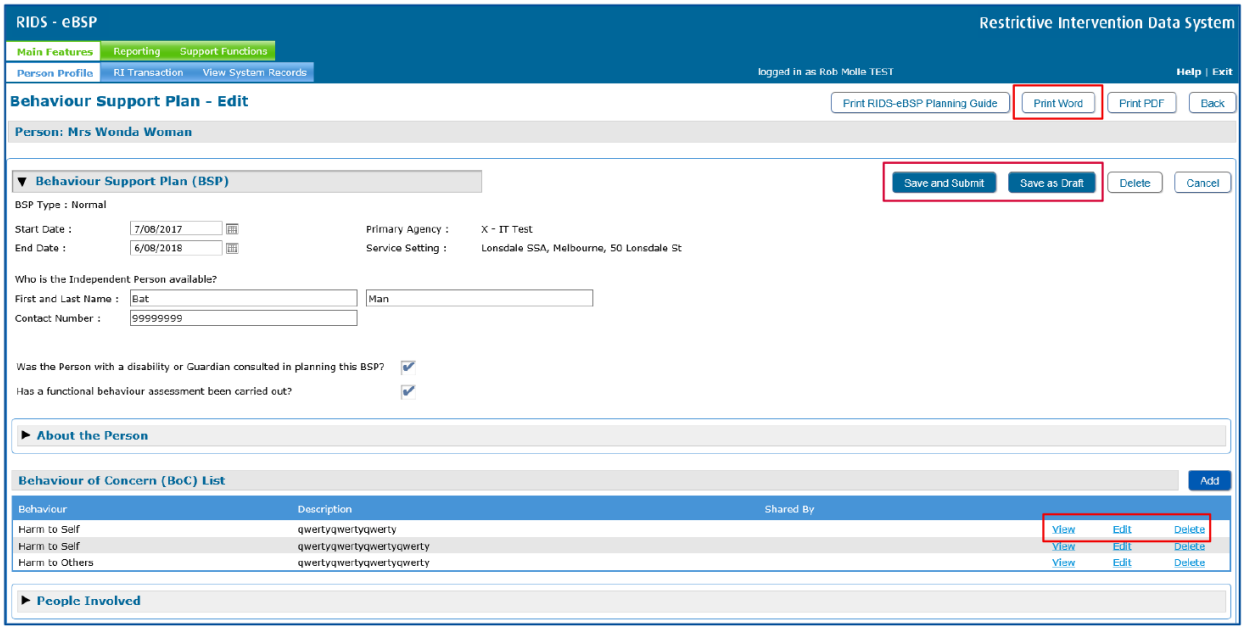
3. Click '**Save**'.



Confirming the BSP details before submitting to the APO

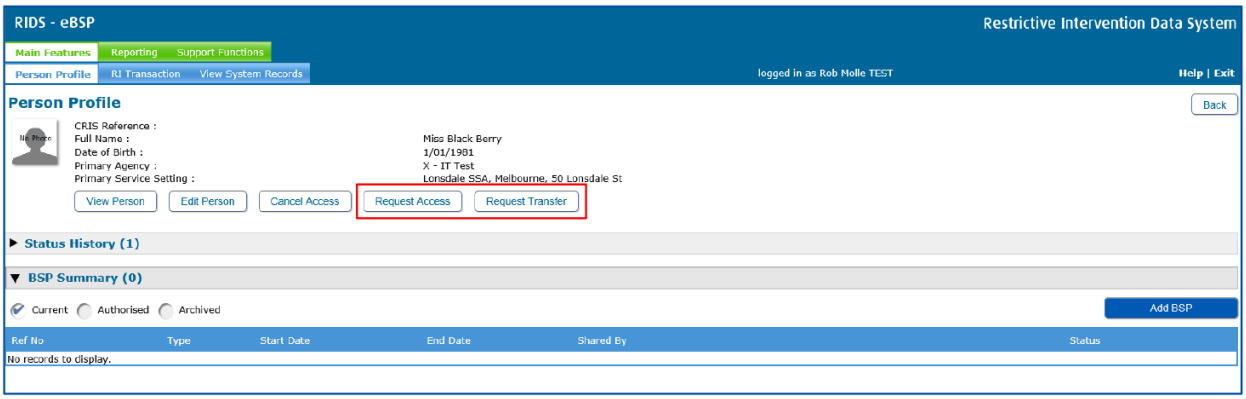
Note: The screen will appear slightly different if you have previously saved as a draft and are finishing the BSP at a later period.

1. Here, you can add, edit and delete behaviours of concern.
2. '**Save and Submit**' the BSP for APO approval. Once the BSP has been submitted and subsequently approved by the APO, their name and the approval date will appear above the behaviour of concern list.
3. At any time when creating the BSP you can save the BSP as a PDF and print it by clicking '**Print**'.

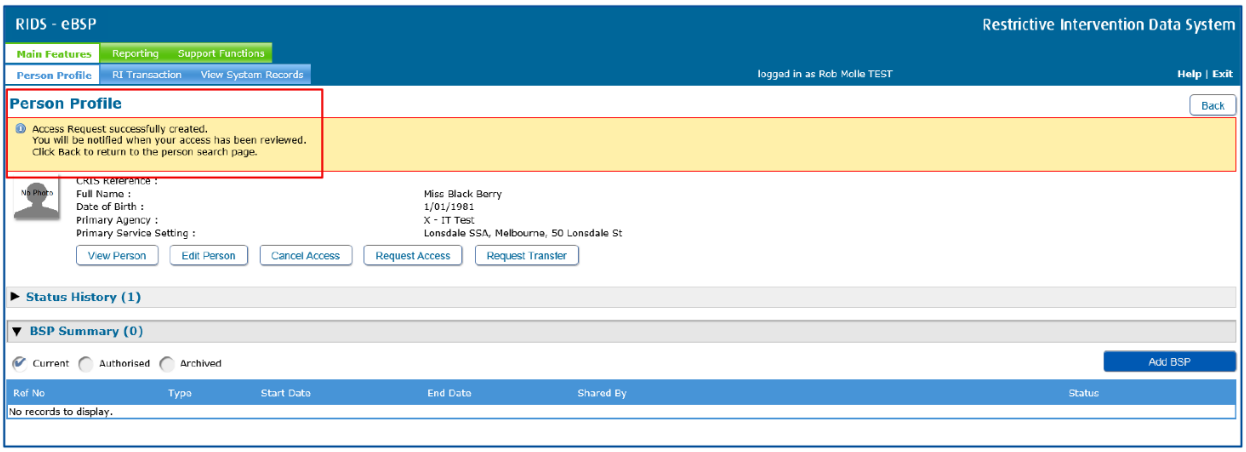


Sharing access and information between disability service providers

1. Find a person with a disability's profile (refer back to Adding new person) and select it. Beneath the person's demographic details are two options:
   - '**Request Access**' – an email is automatically generated to your APO to approve the request and (where applicable) to the other agency for APO approval. In the event that the APO is absent or unable to approve access, you can contact the RIDS System Administrator, who may grant emergency access until the APO is able to approve access.
   - '**Request Transfer**' – when clicking on this option you can request the transfer of the lead APO responsibilities from one APO or organisation to another. For example, this may be needed if the person has moved to another organisation or region.



2. After requesting access to the person's profile, you are asked to make sure you want access to that person for that service outlet. Click '**Yes**'.
3. A message will appear notifying you that an email has been automatically generated to both your APO and the other service's APO requesting access.
4. The APO from your disability service provider must first approve that you are requesting access to the profile of a person from another service.
5. Once this is complete, the APO from the disability service provider where the person currently accesses services must approve your access to the person's profile.
6. When this is complete, both agencies will have access to that person's profile.

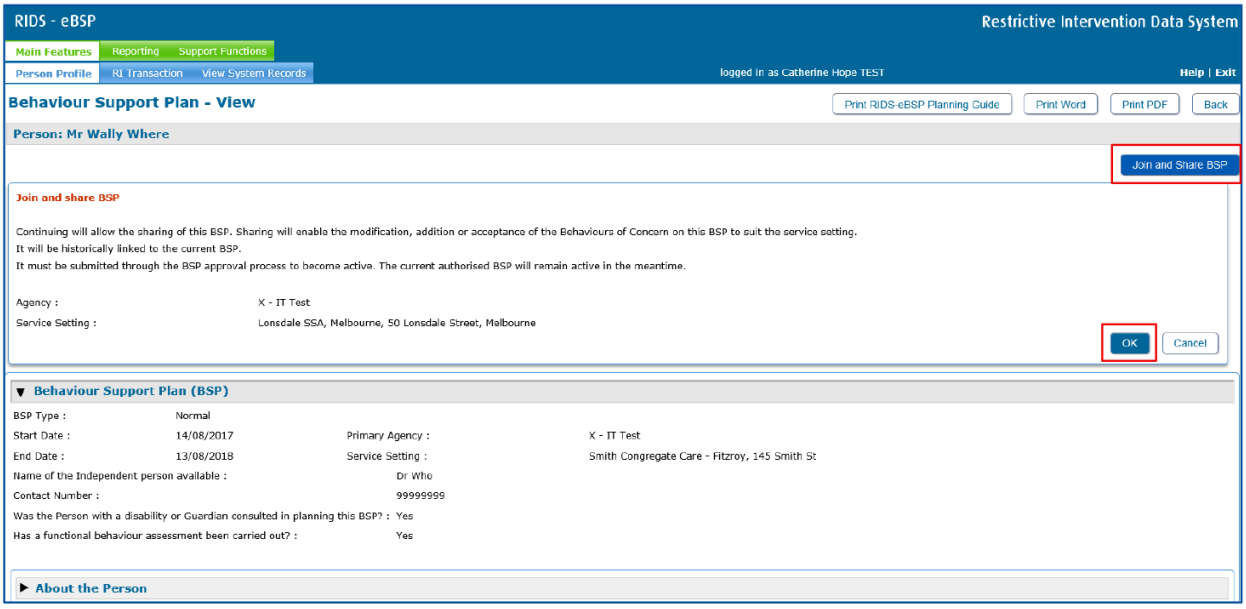


Sharing a BSP

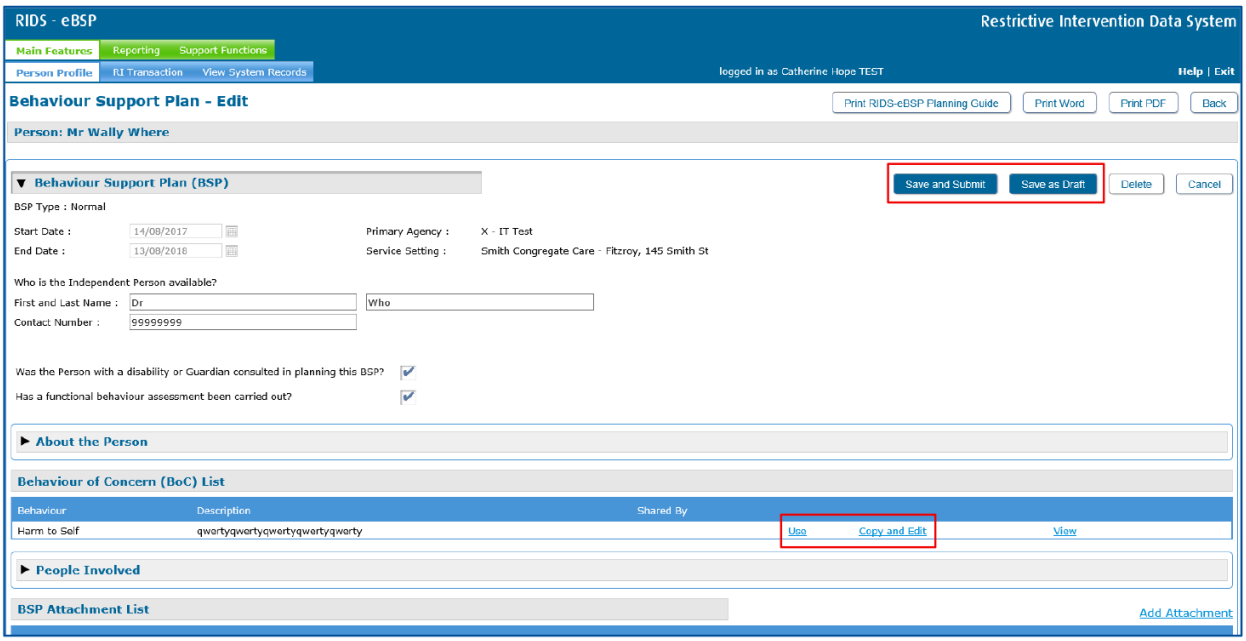
'Sharing' is used when there is more than one disability service provider or service outlet providing disability support to the person. These services must be involved in preparing the BSP and sharing this information to effectively support the person.

In the event that neither the disability service provider nor the service outlet has developed a BSP in the RIDS BSP:

1. All disability service providers should be consulted in planning the person's BSP.
2. The lead agency (the disability service provider where the person accesses disability services most of the time or otherwise mutually agreed) enters the BSP using the information from all parties.
3. This BSP can be submitted for approval (it will automatically be cancelled once the other disability service provider(s) submits the same BSP and an approval application will be sent to both APOs).
4. After gaining access to the person's profile, the second (and so on) disability service provider can view the BSP and make changes by clicking '**Join and Share BSP**'. You will then have to confirm that you want to create a new 'shared' BSP by clicking '**OK**'.



5. Record additional behaviours of concern by selecting '**Copy and Edit**' or '**Add**', or select '**Use**' for behaviours that might occur at both settings and submit these for approval. This submission goes to both APOs to approve the sharing of a BSP.



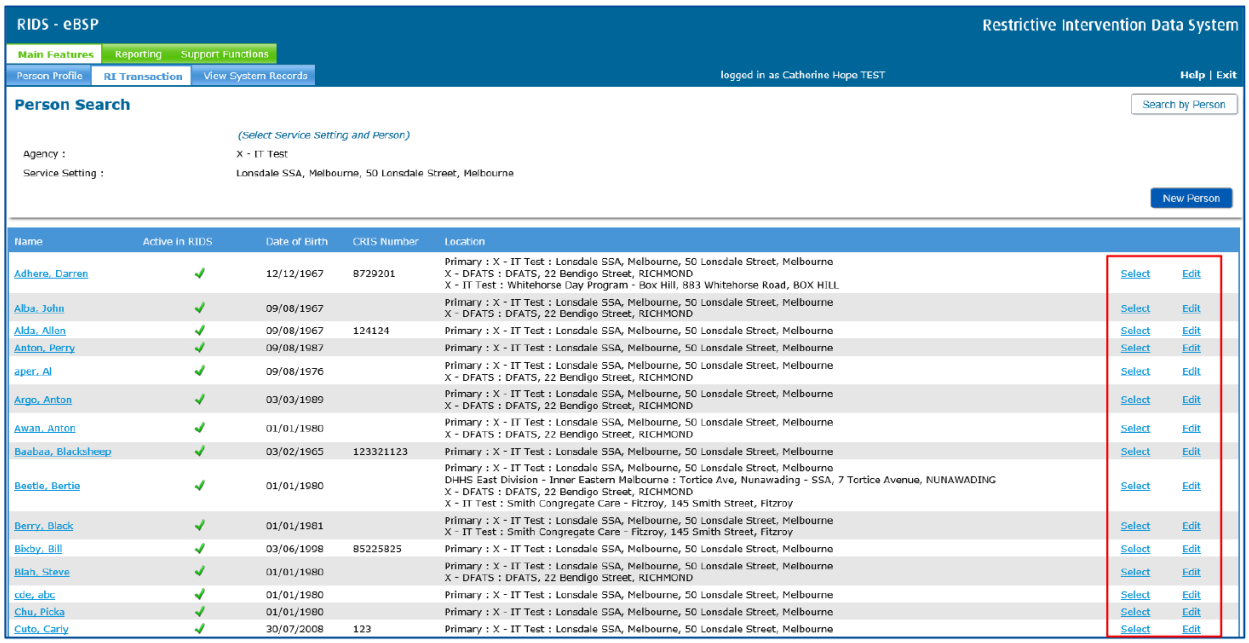
Note:

1. When a BSP is shared then all APOs have to approve it.
2. Where a BSP was previously shared it will need to be re-joined when the new BSP has been created. Notifications will go out to all services that previously shared the BSP so that if the sharing is still required the BSP can be reviewed and shared and/or modified by the sharing service.

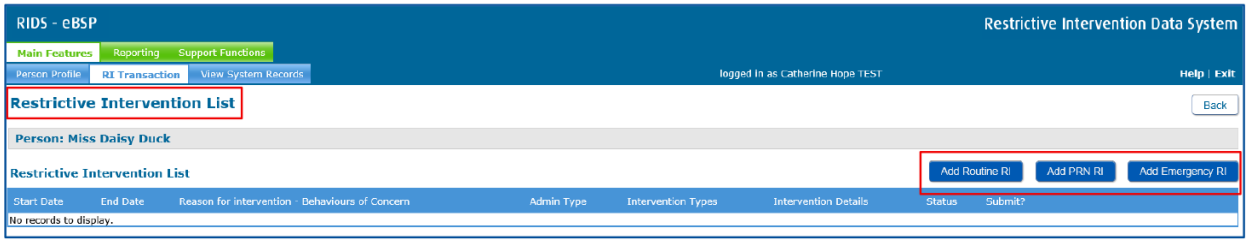
This will ensure that if the access is no longer required, it can be cancelled by the service. This should not stop the consultation that should go on as per s. 142(3)(c) of the Disability Act.

Reporting restrictive intervention transactions

1. Click '**RI Transaction**'.
2. Search for the person's profile.



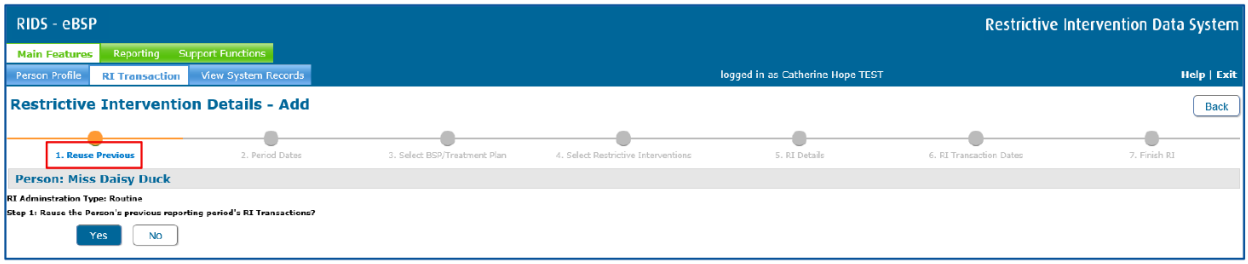
3. If this is the first time you are entering restrictive intervention transactions then there will be no records to display. If you have previously entered restrictive intervention events then these will appear in a list form.
4. To add a new event select either '**Add Routine RI**' (restrictive interventions that are on the BSP and were used on a routine basis) or '**Add PRN RI**' (restrictive interventions that are on the BSP and were on an 'as needed' basis). Alternatively, select '**Add Emergency RI**' (restrictive interventions that are not on the BSP that have been used under s. 147 of the Act).



Step 1

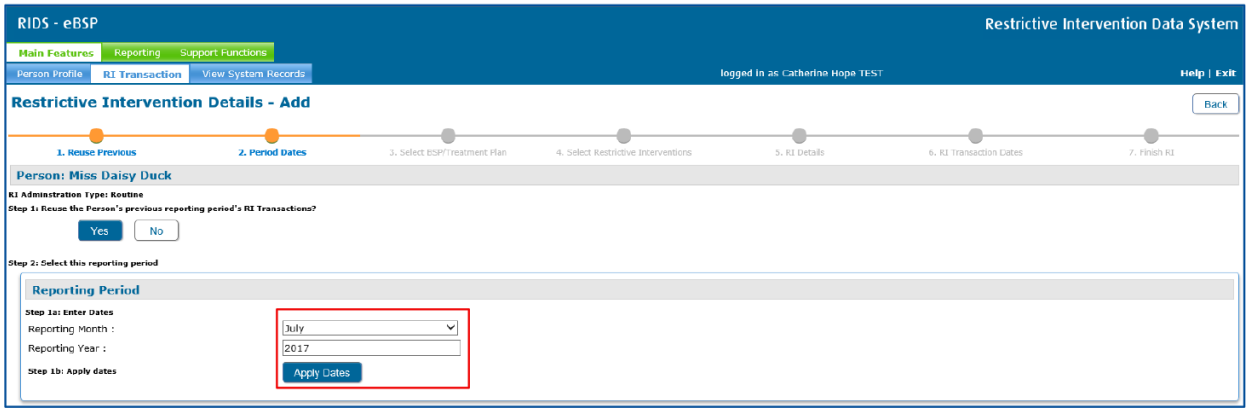
Do you want to reuse the person's previous reporting period's RI transactions?

- Click '**Yes**' or '**No**'.
- **If this is the first time you are entering restrictive intervention transactions then click 'No'.**
- If '**Add PRN RI**' was selected then you are taken straight to Step 2 – Reporting Period.



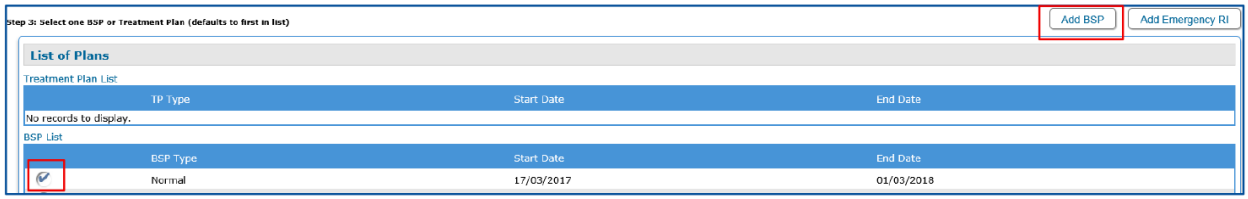
Step 2

- Select the reporting period – month and year.
- Click '**Apply Dates**'.



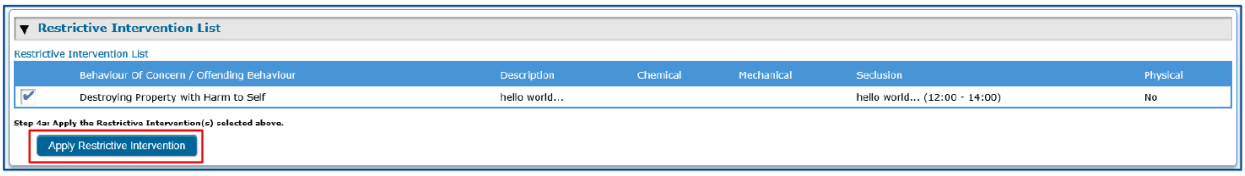
Step 3

- Select a BSP from the BSP list.
- You can add a new BSP here if you wish.



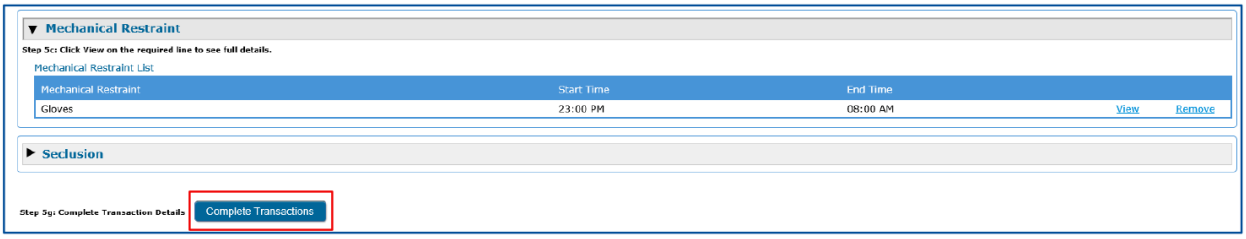
Step 4

- Select the restrictive interventions you need to report – you can select one or many by ticking/ un-ticking the tick box.
- Click '**Apply Template**'.



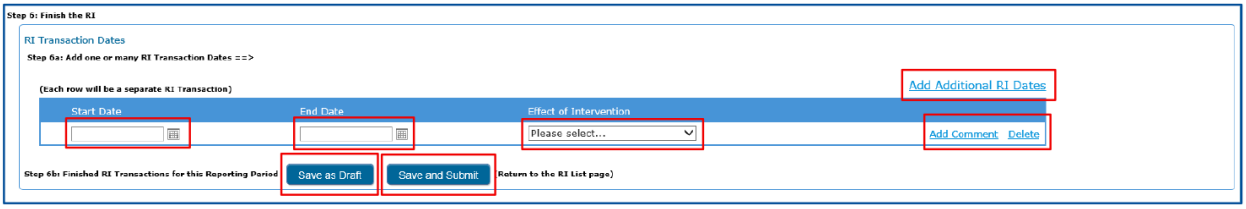
Step 5

- A list of either chemical, mechanical and seclusion restrictive interventions appear based on what was previously entered into the BSP.
- You can edit or remove restrictive interventions here.
- Click '**Complete Transactions**'.



Step 6

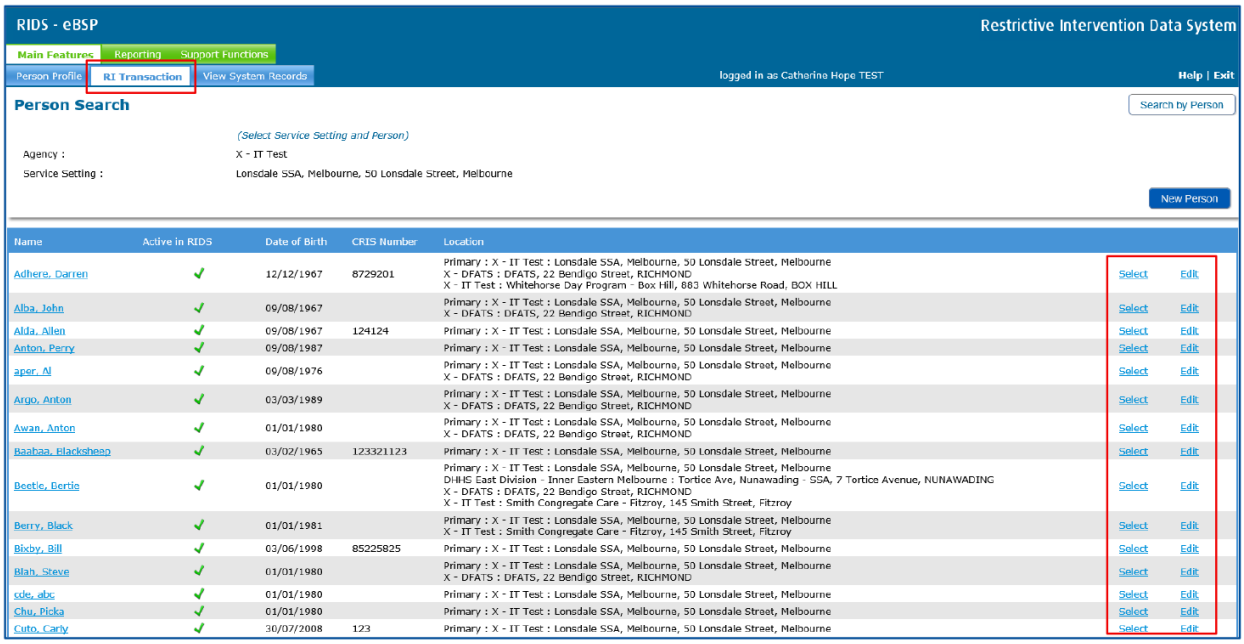
- Select RI transaction dates (start and end dates) by clicking the calendar icons.
- Select the effectiveness of the intervention from the drop-down menu.
- You can delete transactions if you have made a mistake.
- You can add multiple RI transactions – for example, if a person has attended respite twice in one month at two different periods and is on restrictive interventions. Do this by clicking '**Add RI Dates**'.
- Select '**Save as Draft**' to come back at a later time to add other restrictive intervention transactions or select '**Save and Submit**' to finish these transactions for submission.



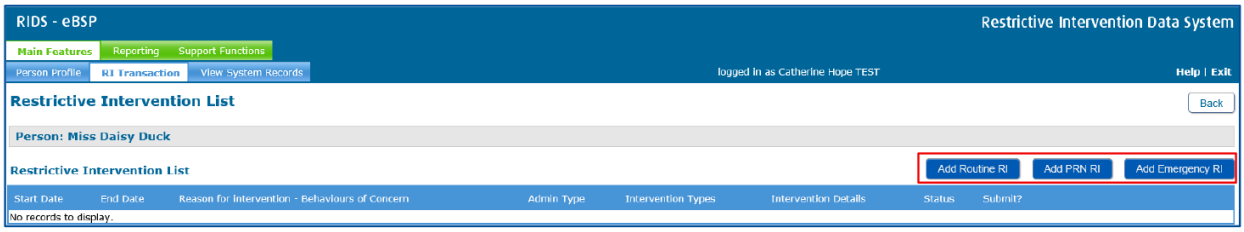
Note: The start and end dates must be within the reporting month selected earlier and must also be within the BSP start and end dates.

Emergency transaction

1. Click '**RI Transaction**'.
2. Search for the person's profile (refer back to adding new person if needed).



If this is the first time you are entering restrictive intervention transactions then there will be no records to display. If you have previously entered restrictive intervention events then these will appear in a list form.



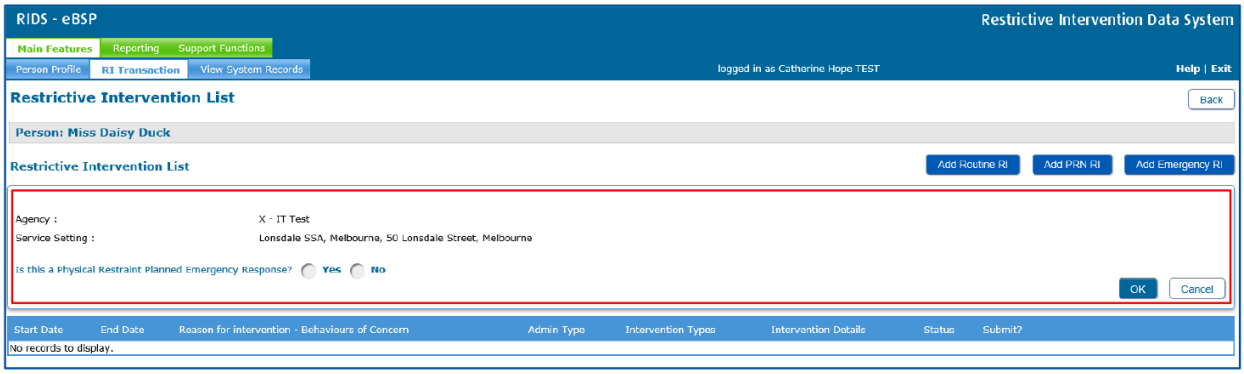
Note: Any emergency transaction BSPs on the person summary page will be archived unless they are in a status of '**Draft**', '**Submitted**' or '**Endorsed**'. You will therefore need to either action the '**Submitted**' or '**Endorsed**' emergency transaction BSPs or delete or action any existing draft emergency transaction BSPs. Please contact the RIDS helpdesk if you are unsure.

3. Entering '**Emergency**' will prompt three categories:
    - Emergency transaction for an '**Emergency**' intervention
    - Emergency transaction for a '**Routine**' restrictive intervention – no BSP
    - Emergency transaction for '**PRN**' – no BSP.

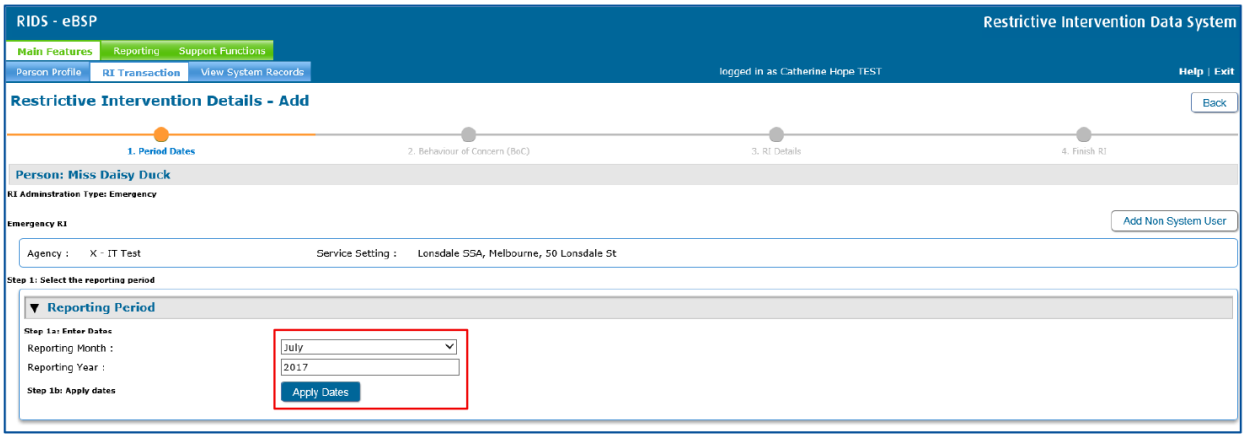
Emergency transaction for an ‘Emergency’ intervention

This includes physical restraint or where the intervention applied was not covered by a current BSP. This will go into an emergency entry. You will need to enter the behaviour and a description of the restraint.

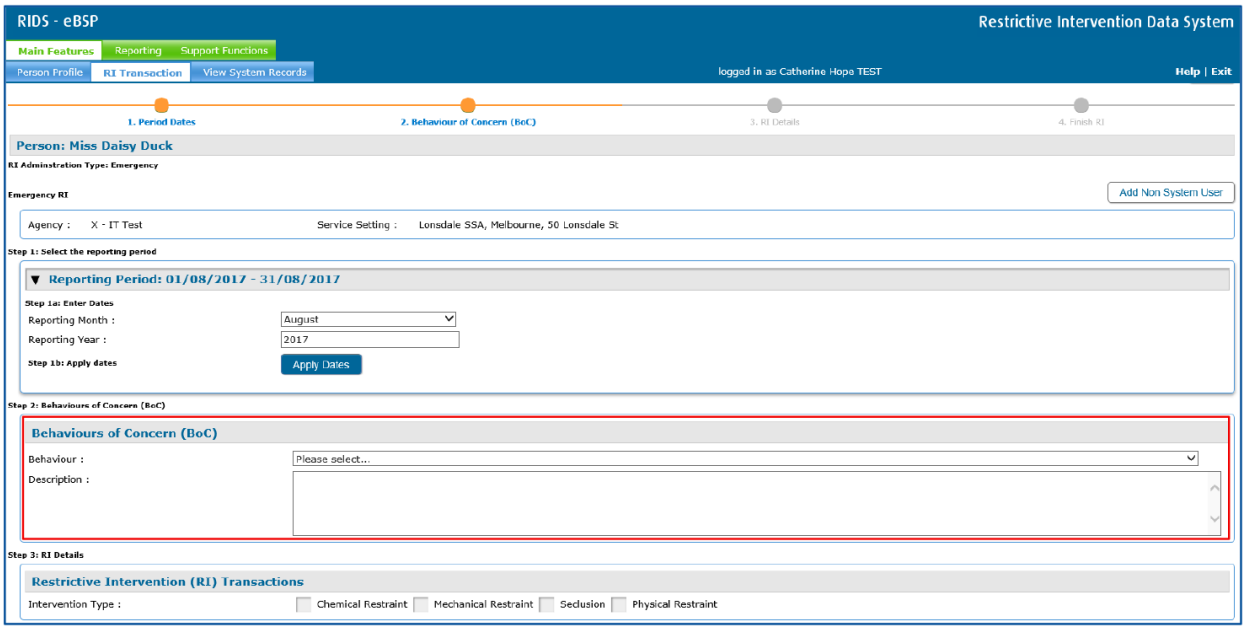
- Go to the ‘**RI Transaction**’ tab.
- Find and select the person.
- Click ‘**Add Emergency RI**’.
- Fill out the details to define if the transaction is related to a planned emergency response to a physical restraint.



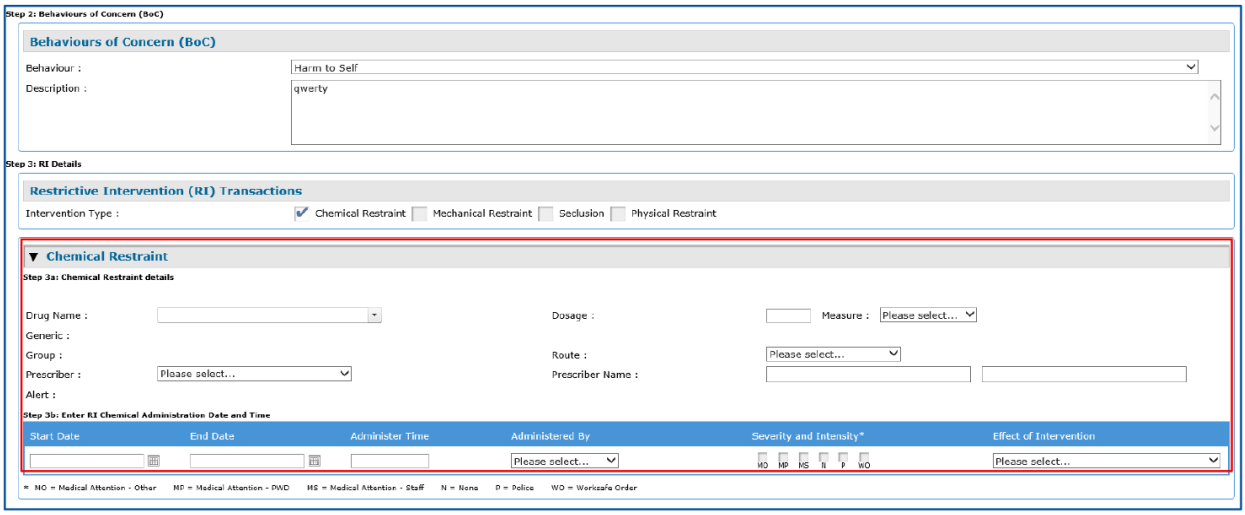
Complete the transaction month.



Enter the behaviour and description and the details of the restraint.



Complete the transaction.



Emergency transaction for a ‘Routine’ restrictive intervention

This is where there is no authorised BSP (the BSP has expired and there is no BSP in place for the restrictive intervention or there is no authorised BSP for the person with a disability at the time of administering the restrictive intervention).

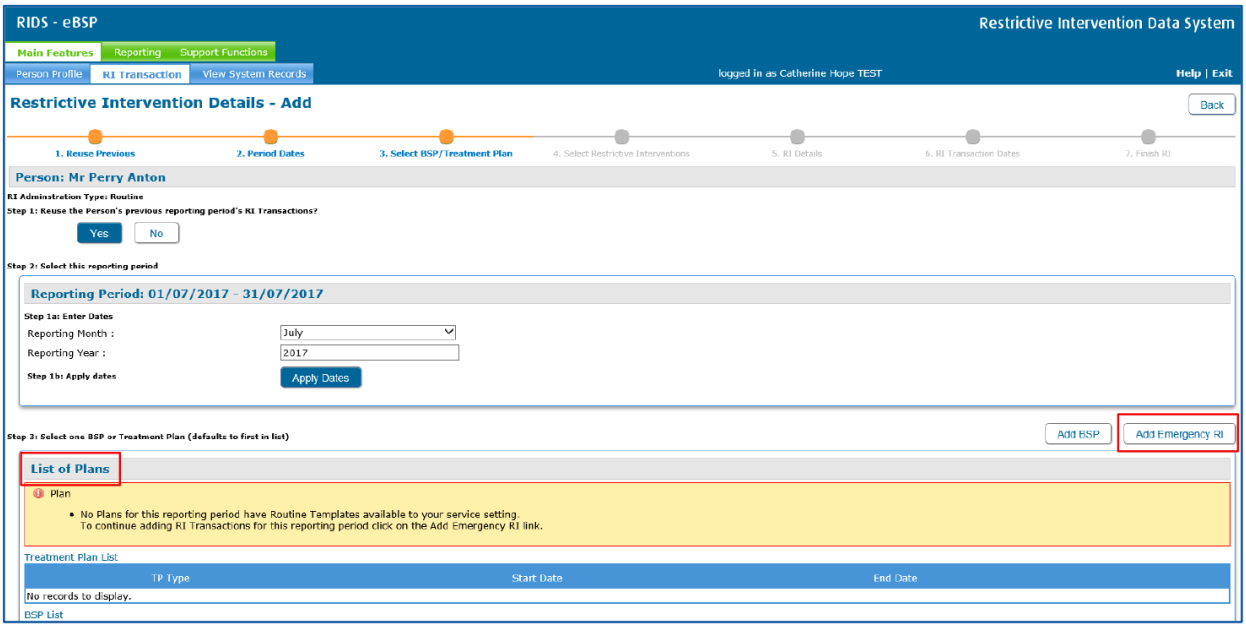
Note: Where these emergency transactions have been reported for two consecutive reporting periods they will be identified as not having a current BSP and the divisional directors will be informed as a part of their key performance indicators for failing to meet their targets.

If there is no BSP for that period there will be a prompt for entry. You will need to click the '**Add Emergency RI**' option to complete the entry for the month (this option will also be available if the BSP has expired mid-month).

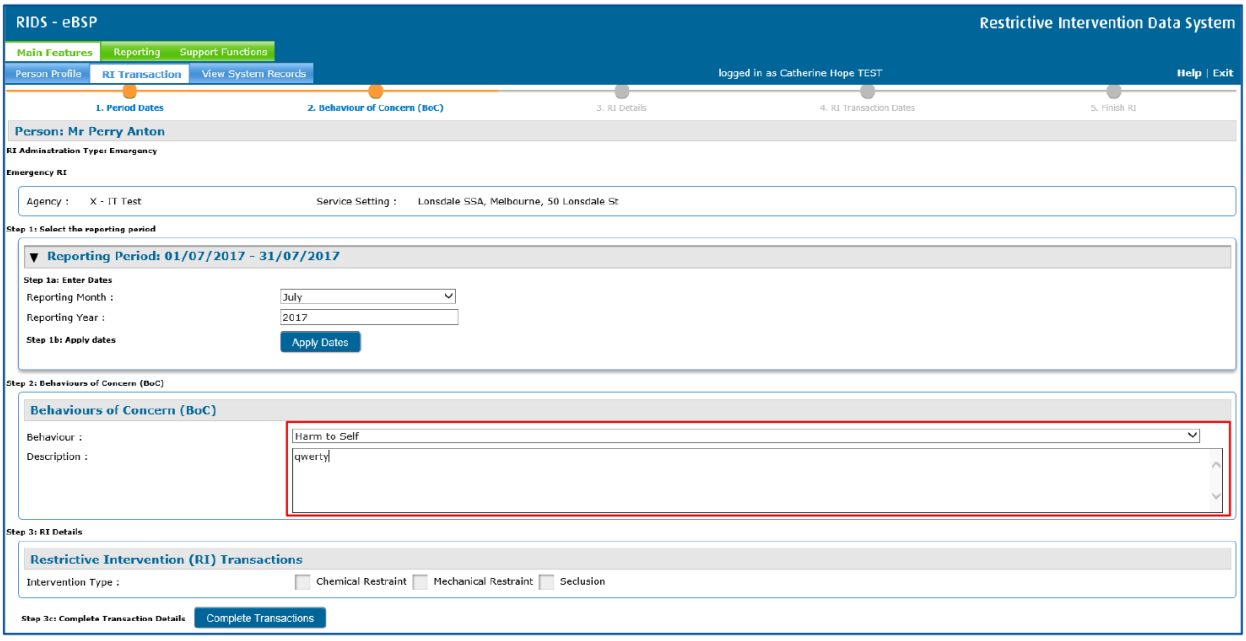
- Go to the '**RI Transaction**' tab.
- Find and select the person.
- Click '**Add Routine RI**'.

If the BSP is not available for reporting period:

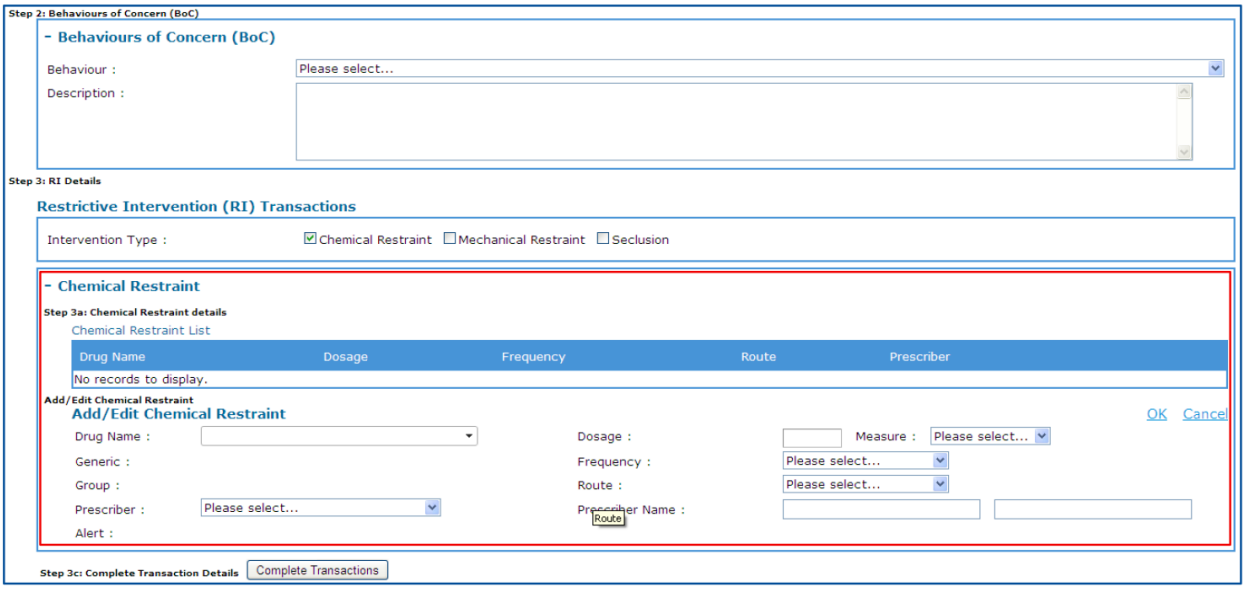
- Click '**Add Emergency RI**'
- Complete the transaction.



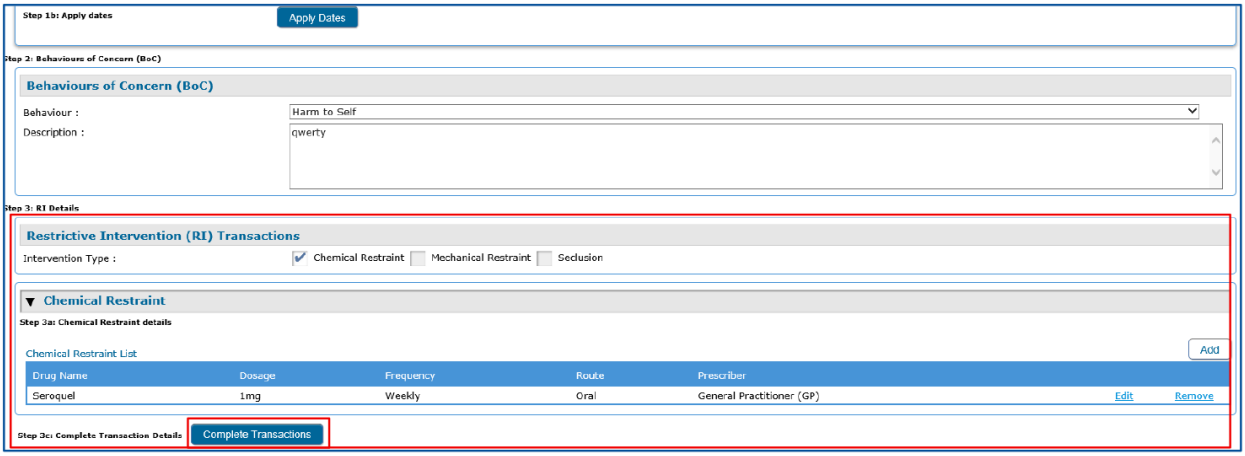
You will need to select the behaviour and type a description.



Click '**OK**' to complete the entry or add additional medications.



You can add multiple medications. When you're finished, click '**Complete Transactions**' to finalise the entry with the dates of the restraint.



Emergency transaction for a 'PRN' restrictive intervention

This is where there is no authorised BSP (the BSP has expired and there is no BSP in place for the restrictive intervention or there is no authorised BSP for the person with a disability at the time of administering the restrictive intervention).

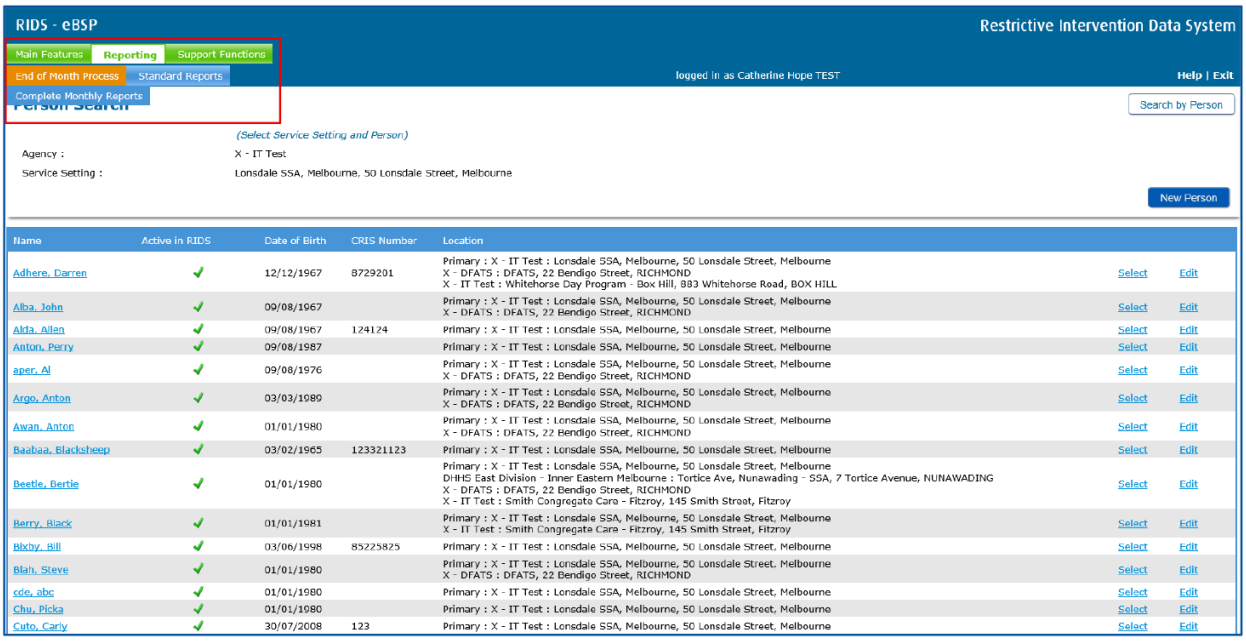
- Go to the '**RI Tranasaction**' tab.
- Find and select the person.
- Click '**Add PRN RI**'.

If the BSP is not available for the reporting period:

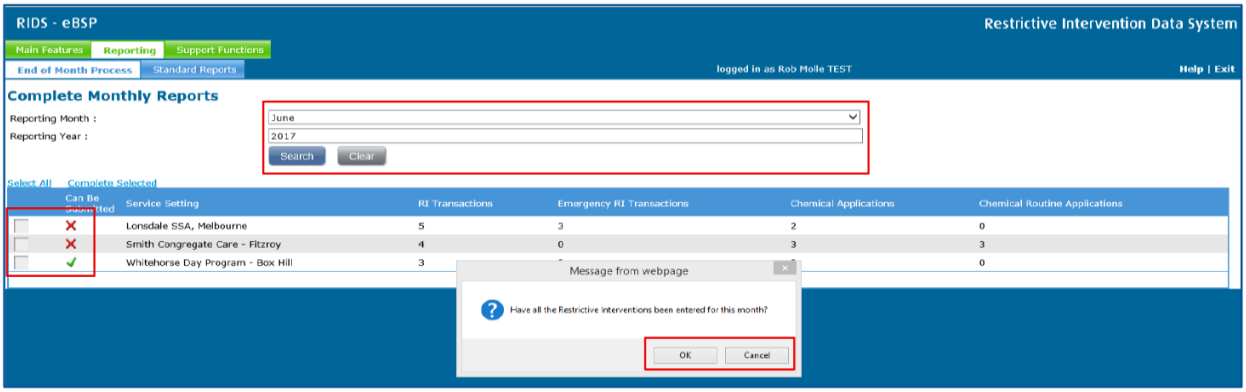
- Click '**Add Emergency RI**'.
- Complete the transaction.

End-of-month process for service recorder or service outlet authority

1. Go to the '**Reporting**' tab.
2. Select '**End of Month Process**'.
3. Select '**Complete Monthly Reports**'.

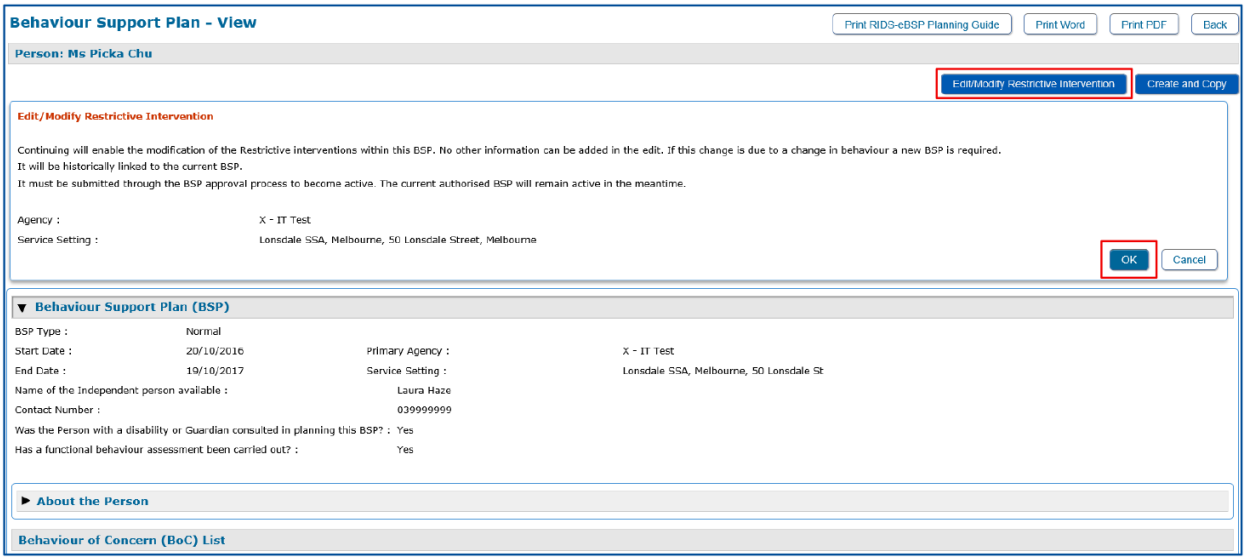


4. Select the reporting month and year and click '**Search**'.
5. Tick the box to complete selected services and then click '**Complete Selected**'. You will be asked if all the restrictive interventions have been entered for that month. If so, click '**OK**'. Please note if there is a red cross then this report cannot be submitted. Please go back and check all transactions have been authorised.

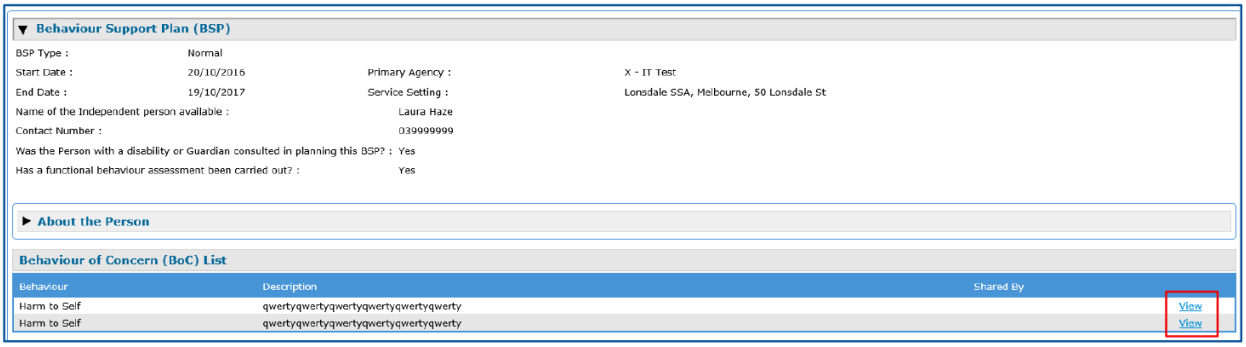


What if there is a change in restrictive interventions before the BSP expires?

If you have submitted a BSP and it has been authorised by your APO, you can edit the restrictive interventions.



1. Select '**Edit/Modify Restrictive Intervention**' in the BSP.
2. A message will appear to remind you that the BSP will need to be resubmitted for approval to become active. Click '**OK**'.
3. View the behaviours of concern.
4. '**Edit**' the restrictive intervention(s).
5. Go through the process to edit/add restrictive interventions by viewing the behaviours of concern and restrictive interventions.
6. Click to '**Save and Submit**' the BSP.



If you wish to add other behaviours of concern, triggers, positive behaviour support strategies and so on, then you will need to create a new BSP. A BSP can be copied or edited once it has been authorised by selecting the '**View**' option associated the BSP.

Copying a new BSP

Copy

To create a new version of an old BSP, select the '**Create and Copy**' option. This will copy the whole BSP but not the dates or the independent person because it will need new dates for a new period. It is important to review and modify the BSP information where necessary and delete and/or attach the relevant documents associated with the new BSP. For example, if a new medication with increased restrictive effects is added this would indicate that the BSP needs to be reviewed. This would then trigger the 'copy' option and also require that the independent person is consulted because this would qualify as an increase in restriction. See s. 61 of the Disability Amendment Act for changes to the role of the independent person in the review of a BSP.

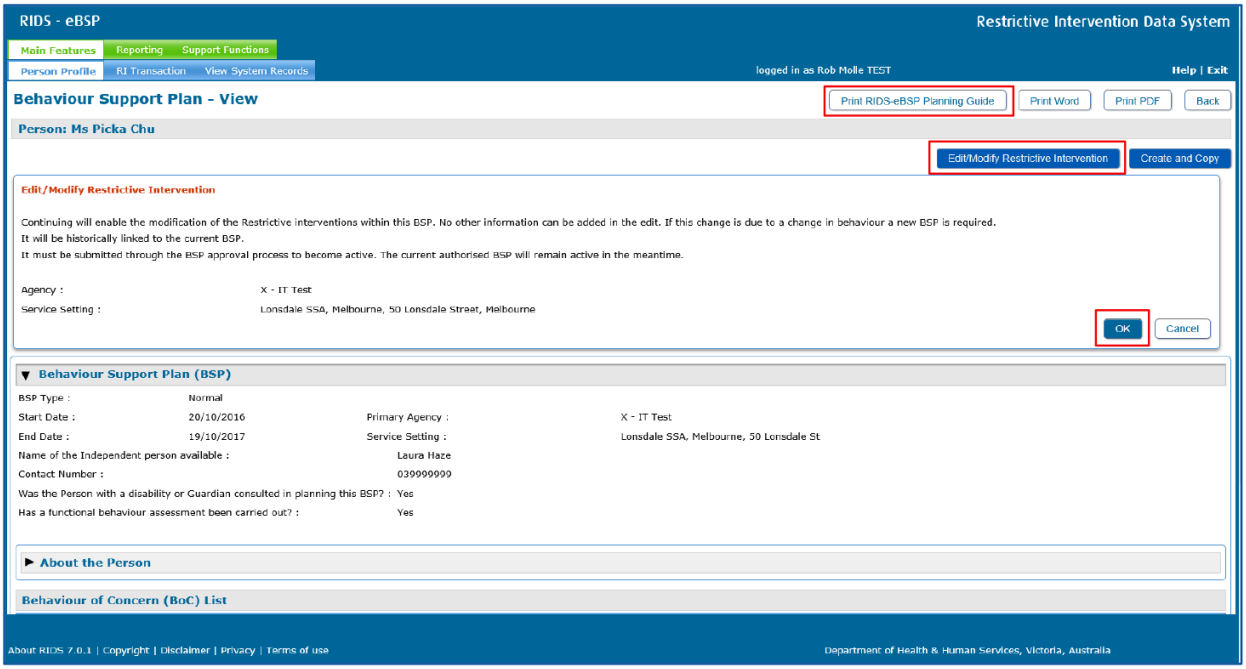
Only use 'Create and Copy' when:

- **you want to create a new version of an old BSP, or**
- **you need to change the BSP (due to a material change).**

Please note: If the restrictive intervention has been changed because of a change in behaviour of concern you will need a new BSP. Select '**Copy**' to be able to make changes to the behaviours of concern for a new period.

Edit

Use the '**Edit/Modify Restrictive Intervention**' option to update the restrictive interventions during the BSP period, but only if the change is *not* something significant. This will copy the whole BSP including the dates (which cannot be changed) and the name of the independent person because it will be an edit of the existing BSP for the same period. For example, if a medication change is a reduction, this would trigger the 'edit' option and would not necessitate the independent person being involved. **Only use 'edit' to update an existing BSP.**



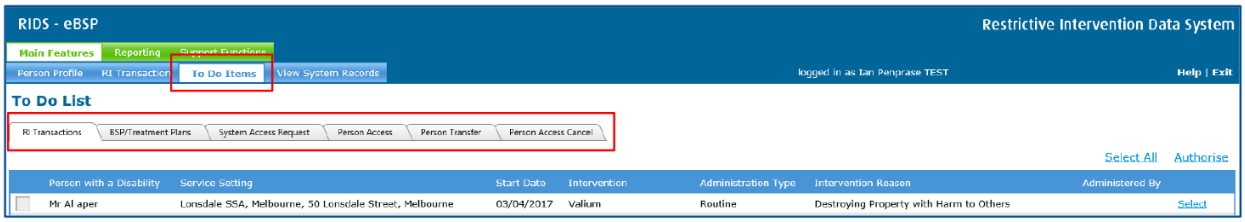
The RIDS BSP planning guide

The RIDS BSP planning guide has been developed to help behaviour support teams write high-quality behaviour support plans that comply with legislation (Disability Act 2006). Our recent research (see Webber, Richardson, Lambrick & Fester 2012) has shown that quality behaviour support plans result in less use of PRN. Other research (see McClean & Grey 2012) has found that the single most important factor in implementing a successful support plan is that all members of the support team believe the plan will work. It is therefore critical to include all members in the planning stage. The RIDS BSP planning guide is paper-based so it can be taken to a meeting and used to record input from all team members. The link to the RIDS BSP planning guide can be found at the top of the behaviour support plan.

Authorised Program Officer duties

Approving the BSP

1. Select '**To Do Items**'. There are six tabs where there may be items that need to be reviewed and, where appropriate, approval or rejection is required.
2. '**RI Transactions**' – approving and providing feedback or follow-up where necessary on the use of restrictive interventions.
3. '**BSP**' – approving a BSP and the use of the proposed restrictive intervention(s).
4. '**System Access Request**' – approving access to the RIDS-(behaviour support plan) from either a service recorder or service outlet authority.
5. '**Person Access**' – another service requires access to a person because they may be receiving more than one disability service.
6. '**Person Transfer**' – when a person who accesses disability services at your service moves to another disability service provider.
7. '**Person Access Cancel**' – when a person is no longer accessing disability services.

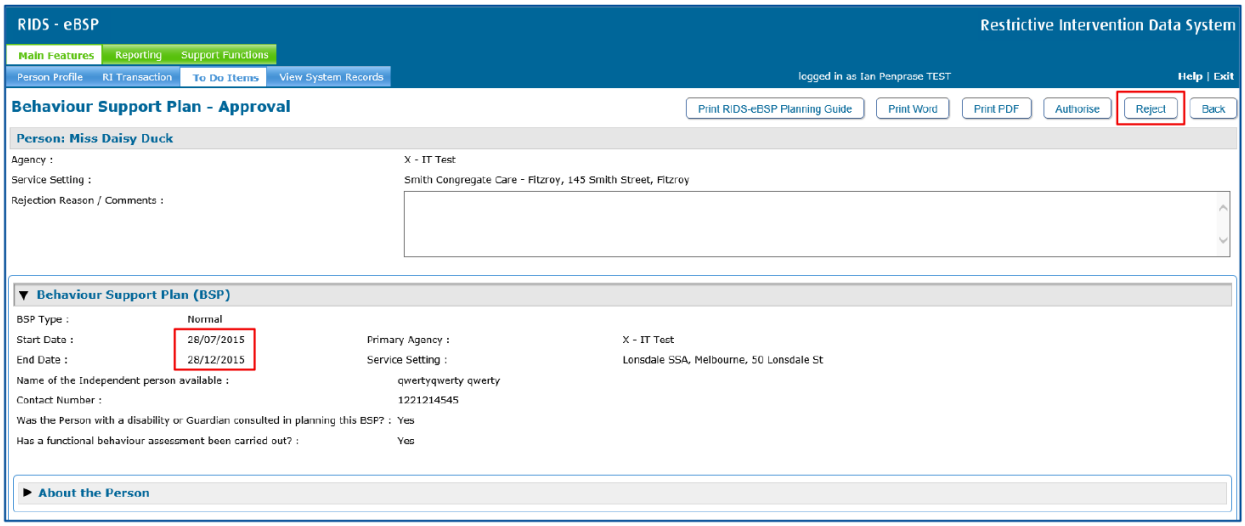


Viewing the BSP for approval/rejection

1. Go to the '**BSP**' tab in the To Do List.
2. Select the BSP that you are wishing to view to determine whether it is appropriate for approval.
3. When selecting '**View**' next to a behaviour of concern, you can then select the different tabs ('**About the Person**', '**Triggers and Setting**', '**Function**', '**Positive Behaviour Support**', '**De-escalation**' and '**Restrictive Intervention**').

4. Select '**Return**' to go back to the previous screen to view more behaviours of concern or attachments.
5. After viewing the whole BSP, you can approve or reject it. You can also review the BSP by clicking '**Print Word**' or '**Print PDF**'. If you are rejecting the BSP then you need to fill in the '**Rejection Reason**' box. You will not be able to proceed with the rejection unless you fill in this box with text – for example, *This is a duplicate BSP*.
6. If the dates of the BSP need to be adjusted this can be done here also.

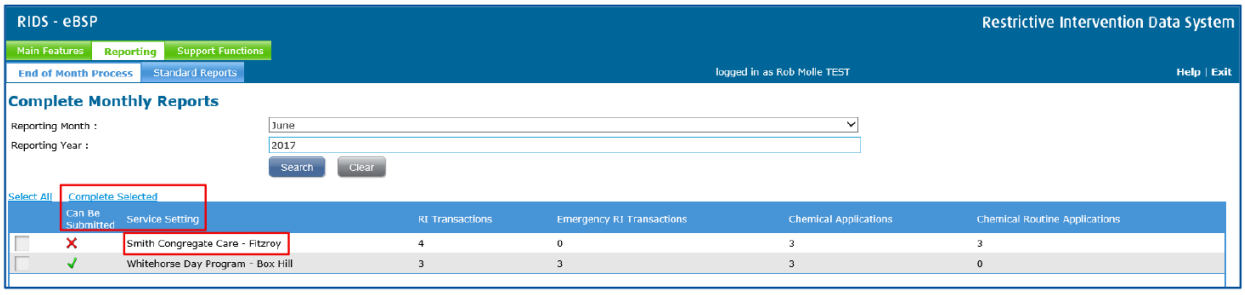
Note: Before rejecting a BSP, we encourage you to attempt to resolve issues in another way such as discussing it over the phone with the author. If you reject a BSP then this will delete the BSP from RIDS and the whole BSP will have to be re-entered. Modifications cannot be made after a rejection.



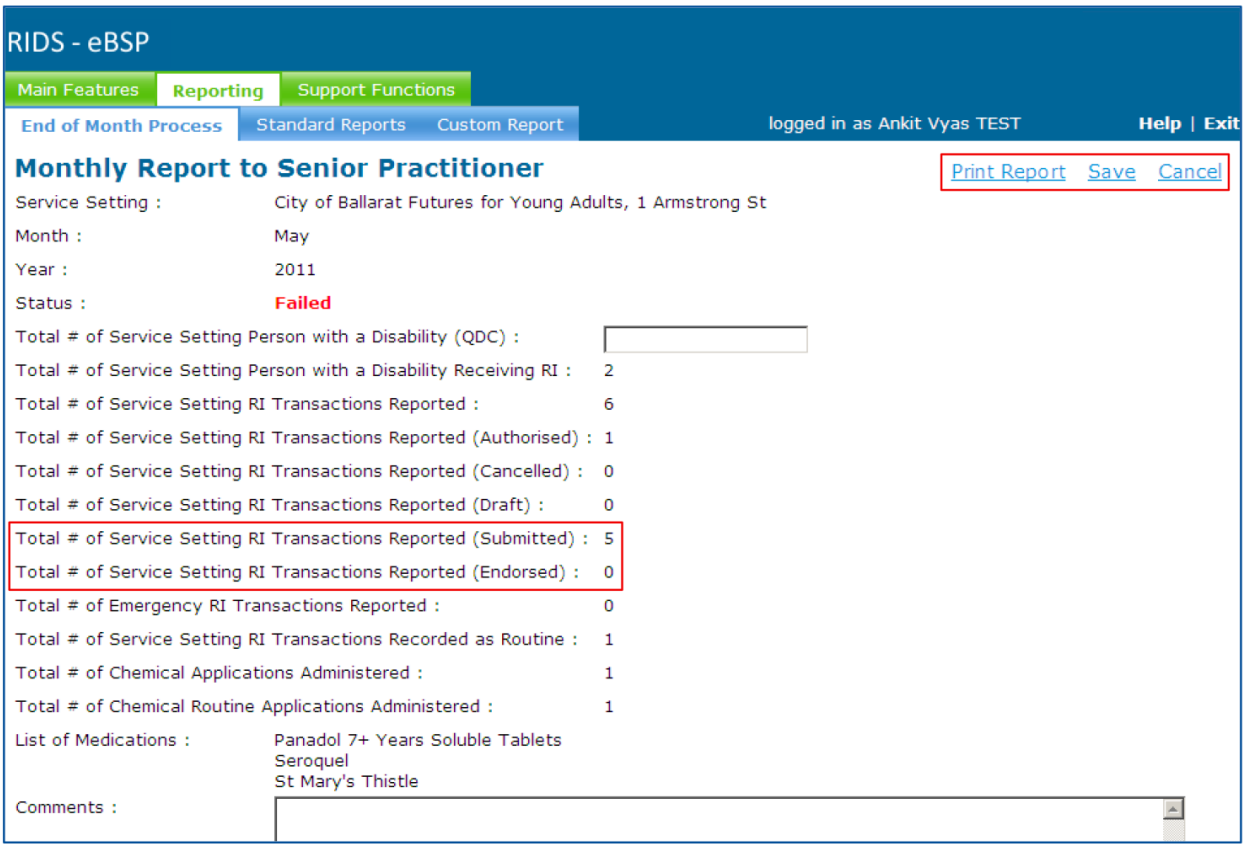
End-of-month process for APO

1. Go to the '**Reporting**' tab.
2. Select '**End of Month Process**'.
3. Select '**Monthly Reports to Senior Practitioner**' > '**Submit**'.

4. Select the reporting month and year and click '**Generate Reports**'.
5. Select your reports to be submitted by ticking the box on the left-hand side (or select all).
6. If there is a red cross under the '**Can Be Submitted**' column then there is a problem in the reporting line.



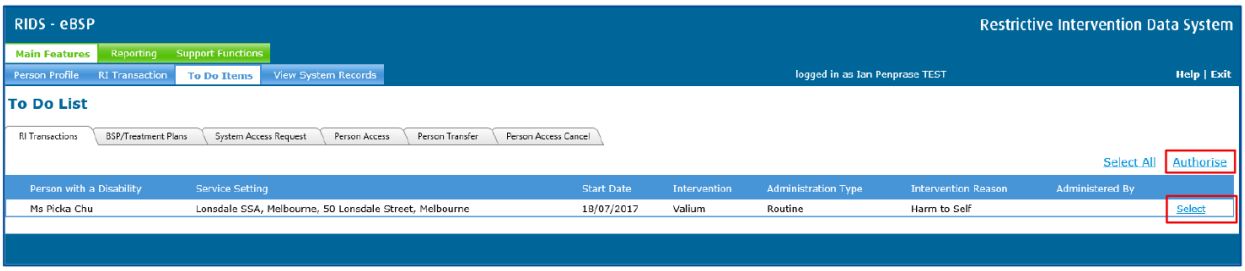
7. Click your service outlet to view further.
8. As you can see in this case there are five outstanding restrictive intervention transactions that are submitted and need to be authorised.
9. The appropriate person would then have to go back to their To Do List and ensure they are correctly authorised.



10. Enter your total number of people at that service outlet with a disability and then click '**Save**'. Once you are back to the original page, click 'Submit'.

Authorising a restrictive intervention transaction

1. Select the '**To Do Items**'.
2. You will already be on the first tab, '**RI Transactions**'.
3. You will see a list of the transactions that need to be viewed and authorised.
4. '**Select**' to view the transaction or cancel.



For adding or creating a new compulsory treatment entry see the eTreatment plan guide.

Text-equivalent description of BSP approval process – NDIS Providers

Flow chart of the approval process. There are multiple pathways for the process, depending on the outcome at three decision points.

The most direct pathway is:

- APO submits either a Comprehensive or Interim BSP and approves Restrictive Practices in RIDS
- Decision point 1: Does another Provider APO need to approve practices?
- If the response at Decision point 1 is No, Email to Victorian Senior Practitioner for approval
- Decision point 3: Victorian Senior Practitioner approved?
- If the response at Decision point 3 is Yes, Email and letter to APO and Behaviour Support Practitioner to say BSP has been approved (end of process)

If the response at Decision point 1 is Yes:

- Email to Provider APO for approval
- Decision point 2: Provider APO approved?
- If the response at Decision point 2 is Yes, Email to Victorian Senior Practitioner for approval, and continue to Decision point 3

If the response at Decision point 2 is No:

- Provider APO to discuss changes to BSP with Behaviour Support Practitioner
- Return to beginning of process: APO submits either a Comprehensive or Interim BSP and approves Restrictive Practices in RIDS

If the response at Decision point 3 is No:

- Email and letter to APO and Behaviour Support Practitioner to say BSP has been refused
- Provider APO to discuss changes to BSP with Behaviour Support Practitioner
- Return to beginning of process: APO submits either a Comprehensive or Interim BSP and approves Restrictive Practices in RIDS

Return to text following the flow chart