

**ECSN
Program**

nulsen
group



Webinar 4: What Does Evidenced-based Practice Look Like for Behaviour Practitioners?

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Acknowledgement of Country

We would like to respectfully acknowledge the Traditional Custodians of the lands on which we are meeting either virtually or in person, and pay our respects to Elders past, present and emerging.

Acknowledgements

These webinars are developed and hosted by the NDIA ECSN Program.

Webinar content is informed by and contributed to from a range of sources including:



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



Today we are talking about

Behaviour Practitioners and meeting the Quality and Safeguarding standards

- What does good practice look like
- What are behaviour practitioners gaining from the NDS Practitioner Capability Training
- and how does this impact on developing a participant's plan and measuring outcomes?

The NDS project is coordinated by National Disability Services (WA), in partnership with Ability Centre, Brightwater Care Group, Cam Can, Calm and Connected, Department of Communities, Far North Community Services, MacKillop Family Services, Microboards Australia, Nulsen Group, Patches, Purple Patch Therapy and RKT Psychology. Funded by the Department of Communities.



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



Microboards
Australia | a board just for me



What is the role of a
behaviour practitioner?

For
implementing
providers

Where an NDIS participant's behaviours of concern place themselves or others at risk of harm, and subsequently a regulated restrictive practice is required, a behaviour support plan must be developed and lodged with the NDIS Commission

- All RP must be reported
 - Monthly where a BSP is in place
 - Weekly if not attached to a BSP – this is deemed a Reportable Incident
- **Must seek to engage a behaviour practitioner to develop a Behaviour Support Plan.**
 - **Aim to access a practitioner within 1 month to focus on an interim plan.**
 - **Aim to engage a practitioner within 6 months to complete a comprehensive plan.**
- Must follow state Authorisation process including the implementation of a RP authorisation

For registered Behaviour Support Providers

- Partner with an implementing provider or family to develop an understanding of the participant's needs and develop supports plans.
- Provide support in the implementation of daily supports to meet that person's needs with the aim to increase quality of life and reduce RP.
- Work with the implementing provider to ensure that regulated restrictive practices in the behaviour support plan are authorised where required.
- Sit on RP panels.
- Develop behaviour support plans containing regulated restrictive practices in accordance with any state or territory authorisation and consent requirements
 - An interim response plan within 1 month of being engaged.
 - A comprehensive plan within 6 months of being engaged
 - Lodge behaviour support plans containing regulated restrictive practices with the NDIS Commission
- Meet NDIS Q&S practitioner standards

For Families

Families do not have to report to the Commission for any RP they use in the family home.

Where behaviour support funding is accessed and RP are in place by the family

- **Family must engage a registered behaviour practitioner**
- **Practitioner submits plan but no reporting required.**

Where a family or registered implementing provider are employing support workers or other employees to support the participant and where RP are being used by these employees.

- Rules apply for reporting and regulation
- Due to legislation someone needs to be registered with the commission. (see webinar on implications for families who self or plan manage)

Capability Framework

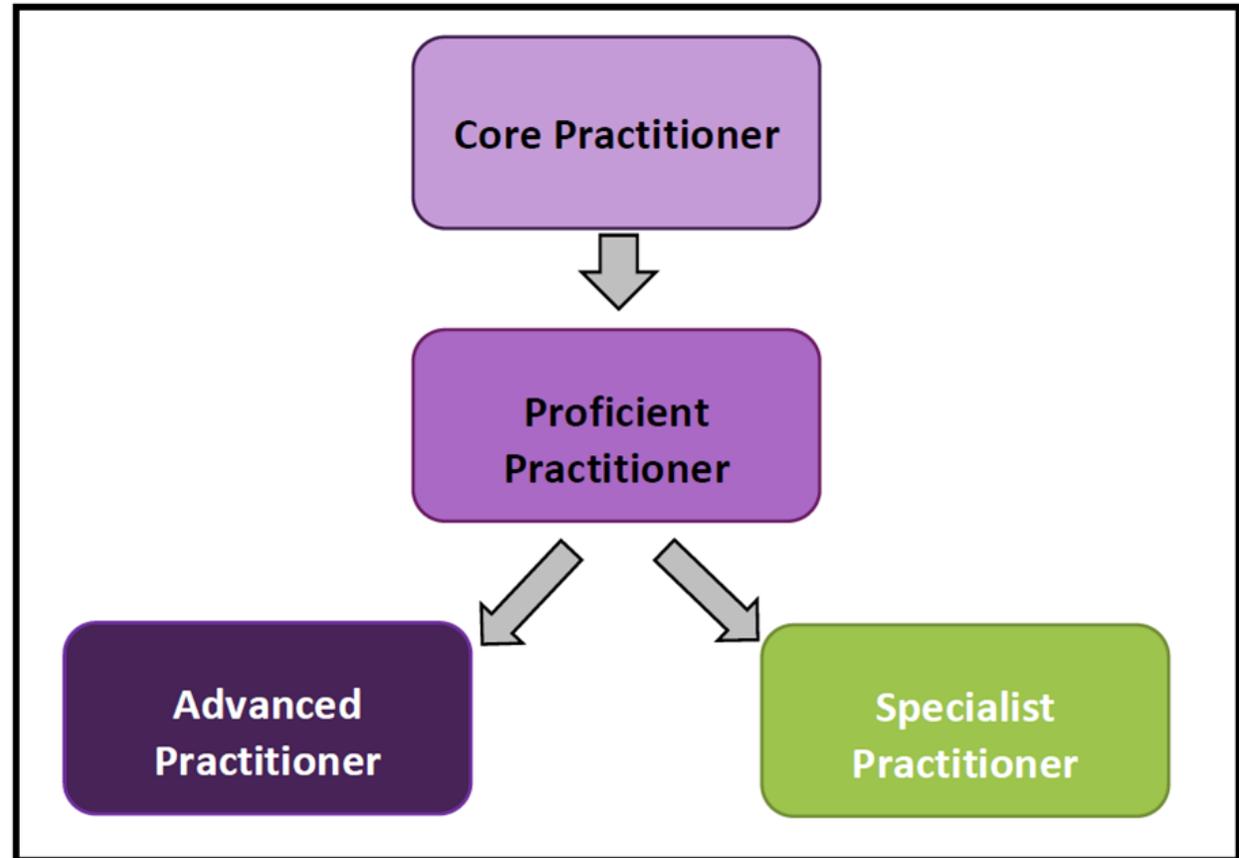


Figure 1: Progression pathway for NDIS behaviour support practitioners through the PBS Capability Framework

Preparation for suitability

Own skills and
knowledge

National
requirements

Contemporary
practice

Self-
assessment

For plans written after 1 Dec 2020 in WA that include regulated restrictive practices, a NDIS behaviour support practitioner must be engaged and develop:

- An interim Behaviour Support Plan within 1 month (for NEW plans or supports)
- A Comprehensive Behaviour Support Plan within 6 months, including a functional behaviour assessment

Authorisation must be obtained using existing state or territory legislation

- Authorisation must be obtained by an Implementing Provider for each regulated restrictive practice that is proposed to be implemented for a person with disability. This requires:
 1. a Behaviour Support Plan;
 2. consent; and
 3. an authorisation decision by an Authorisation Panel.

Interim and comprehensive behaviour support plans must be lodged online with the NDIS Commission

- Not necessarily with their templates
- Balancing family and provider needs with reporting requirements

Capability Framework

- **Principles and Values**
- Central to the PBS Capability Framework are its values and principles.
- **Values**
- • Respect, protect and fulfil human rights, through meeting obligations under the United Nations' Convention on the Rights of Persons with Disabilities (CRPD)
- • Person-centred approaches
- • Strengths-based approaches to increase capacity of individuals, families and carers
- • A holistic approach (recognising the connections between a person's physical, emotional, spiritual and family wellbeing)
- • Recognise the importance of mainstream (e.g., medical, justice and education systems) and specialist disability services, and their roles in the team supporting with the person
- • Respect for the person's 'voice'
- • Full participation of people with disability as citizens in their communities
- • Collaboration as recognition of the value of teamwork
- • Transparency and openness
- **Principles**
- • Legally and ethically sound practice
- • Culturally competent practice
- • Reflective practice
- • Evidence-based practice and data-driven decision-making
- • Recognition that behaviours of concern are often the result of interactions between the person and their environment, and may be affected by multiple factors
- • Acknowledgement of a lifespan perspective and that as people grow and develop, they face different challenges
- • Commitment to the principles of supported decision-making.

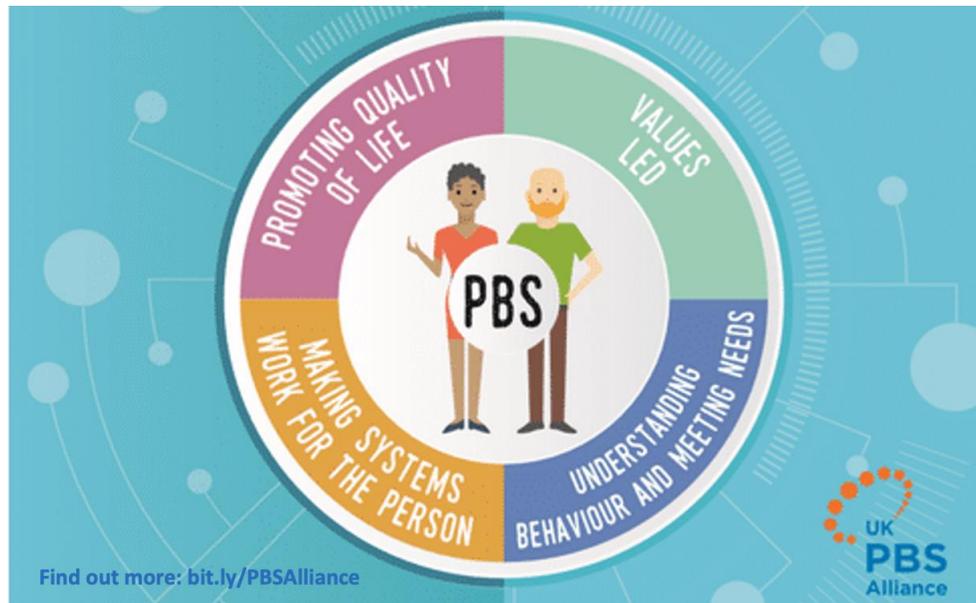
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PBS principles of support

Much of this paradigm shift is about supporting people to feel safe, connected and regulated. To support people to have a good quality of life and feel good, rather than behaviour change.

This is a shared foundation to most interpretations of Behaviour Support



POSITIVE BEHAVIOUR SUPPORT



VALUES LED

PBS supports human rights and promotes respect, dignity, inclusion and a life without unnecessary restriction. PBS means treating people equally and working in partnership with the person and their family to make things better for everyone.



PROMOTING QUALITY OF LIFE

The overall aim of PBS is to improve the quality of a person's life and that of the people around them. This includes children, young people and adults, as well as older people. PBS provides the right support at the right time for a person so they can lead a meaningful and interesting life participating in activities and learn new skills.



UNDERSTANDING BEHAVIOUR AND MEETING NEEDS

PBS uses different methods to gather information to work out what people's behaviour means. It improves support and empowers people to use better and less harmful ways to get their needs met. This often involved using a range of different approaches that enhance a person's life.



MAKING SYSTEMS WORK FOR THE PERSON

Giving the right support at the right time so people can thrive and fulfil their potential. This may mean changing the way the person is supported. Carers and staff may need training, and service structures and cultures may need to change. Continuous review is important to make sure support carries on working well for the person and those around them.



Quality of
life



Lifespan
perspective



Valuing
natural
expertise



System
change



Focus on
prevention



Socially
relevant



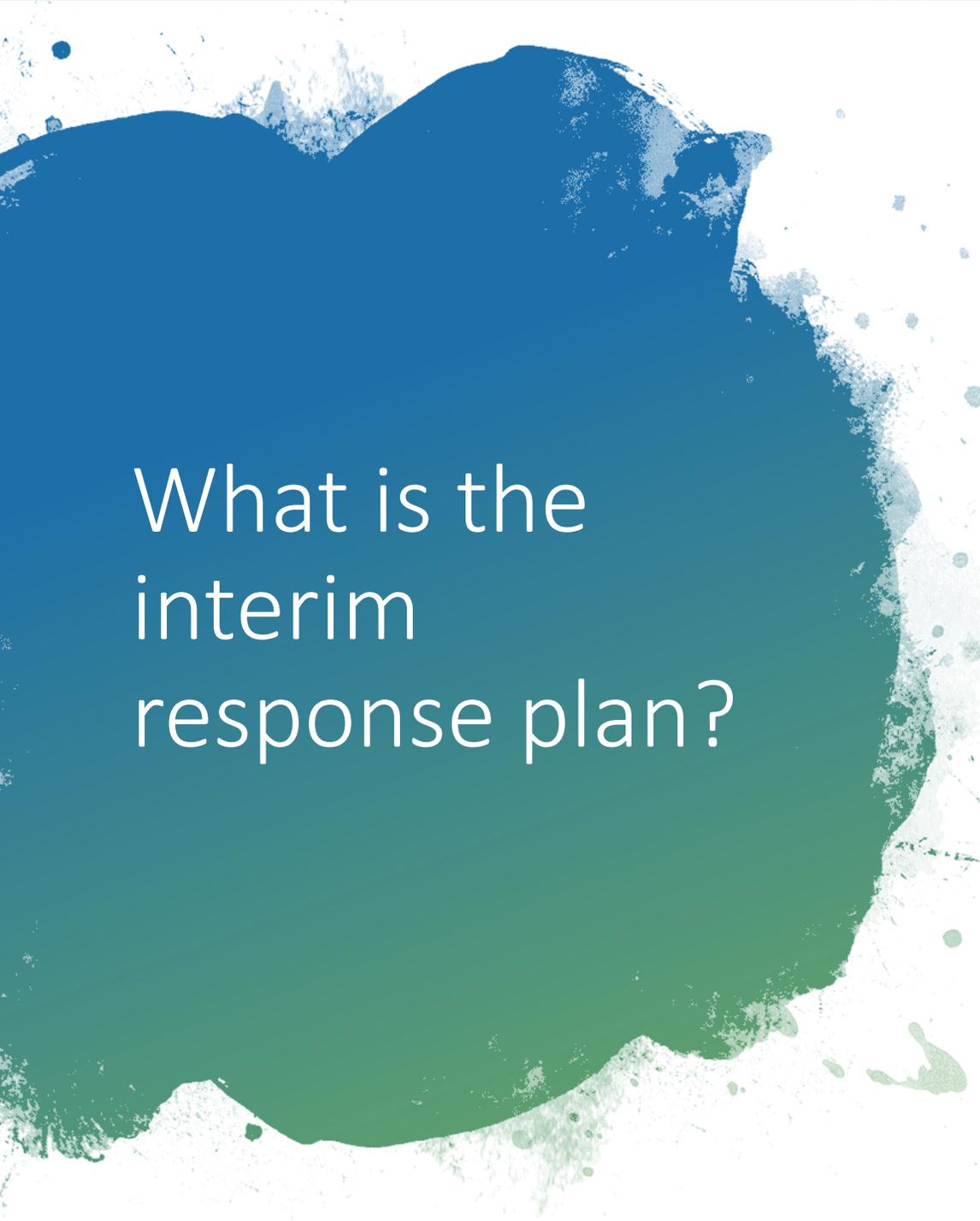
In a nutshell
the primary
role of a
practitioner is
to

Support the understanding and insight as to the needs of a person and what may contribute to their experiences... and which we identify through reading their signs of stress

Partner with the natural network of support to contribute to the development of support that improves the quality of life for the person and others who are involved with them.

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What is the interim response plan?

- Focus is on safety
- Snapshot of what is known right now.
- Includes supports known to support the person well at this person at this point in time
- Capture RP currently in place
- Within 1 month of practitioner engaged..... So focus really is a snapshot



The Comprehensive BSP

The Quality and Safeguarding Commission have produced some templates for Practitioners to potentially use in creating and submitting a BSP.

Commission Templates

Information does not have to be captured using the commission templates

The templates do provide guidance for the type of information they are seeking and need to report on

What does a
good plan
look like?

Captures what is known about a person's needs

Provides context and understanding of what a person may experience that leads to behavior that others may find challenging.

Summarises strategies and supports in place that help meet a person's needs and therefore reduce likelihood of behavior

Builds empathy for the person

Builds an understanding of how to support a person when experiencing distress.

Summarises team processes and RP considerations (where required)

A plan is not to inform, direct or teach others how to support a person, but to capture what knowledge and therefore support practices have been developed by the team. It's a summary of what is known.

And if RPs are being used:

- ✓ Document the type of RP
- ✓ Clear guidance on why and how they will be used
- ✓ Plan for how the RP will be reviewed and eliminated over time – supports being put in place or explored to lessen the need for the RP over time.

How to support
a person may
be captured in
various types
of plans



Written Plan

reporting
organisational reference



Support plan

Designed with audience in mind
Summary of how to support me
well



Regulation response plan

Captures how to read signs of
stress and distress
How to adjust supports

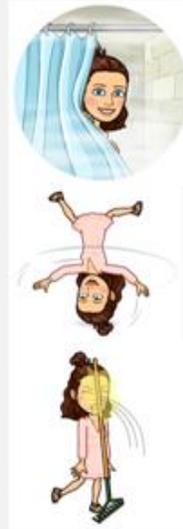


Safety plan

How to respond and support in
specific high risk contexts

Resource example by Tracey Campbell

Is There a Better Way Sensory Processing.



- I can be a bit heavy handed as I don't always have good control of my body.
- My head is very sensitive to touch and getting my hair washed is very hard. I need a lot of time for this. Also light touch can be painful, try not to brush past me.
- My balance is much better now I get older. Exercises that help my core strength are good. Spinning and swinging help me.
- Please break things down into smaller steps to help with motor planning.
- I still need help to know the best thing to do to regulate my senses.

Is There a Better Way Choices and decision making

I like to be involved in decisions about my life. I have used Talking Mats to ensure I am getting to do all the activities I want to and participate in person centred planning.

I have new decision making pages in my talker, please model them to me.

For quick choices that may change, I have a page in my talker that you can quickly add things. Or you can give me choices using your hands like in the video. Of course you can give me a few more choices than the dog. Just make sure you give me discreet areas to point to.



Is There a Better Way Routines and transitions

- Think ahead of time.
- Read social stories if appropriate.
- Arrange visits with no time pressures.
- No negativity allowed!!
- Spell out each stage. Before, travelling, during and after.
- Print my daily schedule.
- Organise timings together.
- Rest if needed throughout the transition, build in time for it.
- Talk throughout about feelings using talker and ZoR.
- Stop if it's going badly, is it needed, can you be late?

Sometimes I find transitions difficult. Please give me plenty of warning before we are going to change what we are doing. You can use my decision making page to help this process.





Plans are not the end point

It's the process that matters

Plan should be seen a living document, adjusted and continuously developed by champions in the system



Involving the person

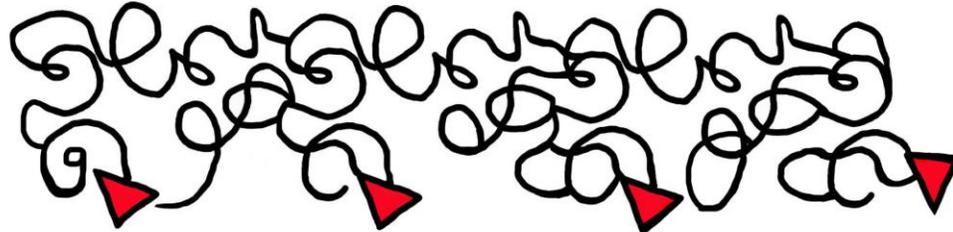
- Engagement
- Consent
- Supported Decision Making
- Ongoing Involvement

The Plan



SUCCESS!!!!

The Reality



SUCCESS!!!!

So when engaging a practitioner, consider, how do we fund

- Working with the system at a pace that is needed for them
- Strengthening the system through developing insight and understanding in relation to the person's experiences and needs
- Bringing people together to support foundations for planning and supports
- Building rapport and embed supported decision making with the individual
- Capturing information
 - To support understanding
 - To summarise support practices
 - To develop reports for the Commission and NDIS
 - To develop RP schedules and plans for elimination alongside implementers

Other webinars in this series



Why RP rules? Implications on provider practice and operations

See Nulsen ECSN webpage



Understanding the RP authorisation process for WA

Monday 24 August, 12:30pm to 1:30pm



Clarifying what Restrictive Practices are, exploring the 'grey' areas

Monday 7 September, 12:30pm to 1:30pm



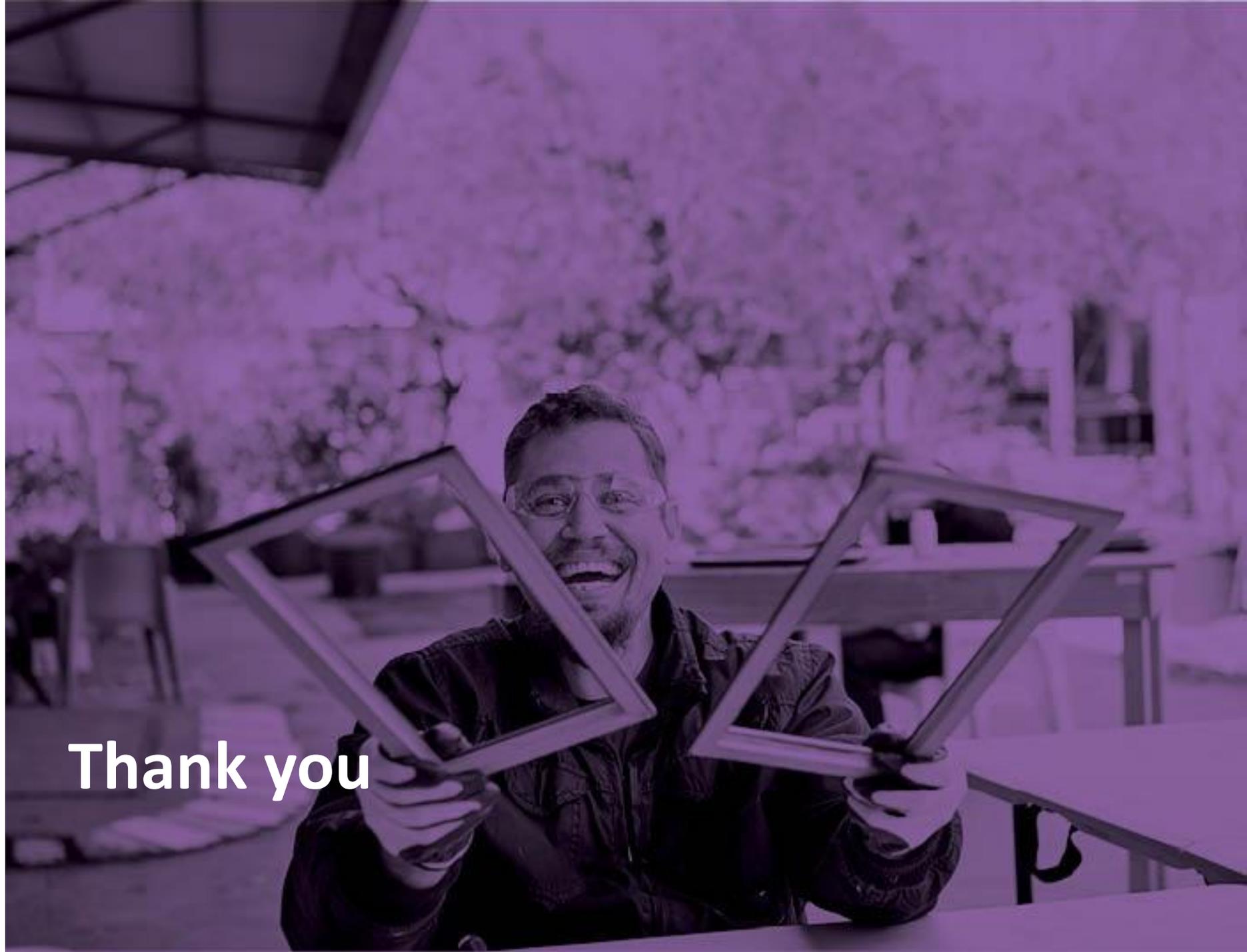
What does evidenced based practice look like for Behaviour Practitioners?

Monday 21 September, 12:30pm to 1:30pm



Implications of Restrictive Practice rules for Self Management.

Thursday 22nd October, 12:30pm to 1:30pm



Thank you