**(Prompt)** Additional guidance and instructions for use are offered throughout the template.

Delete these prompts prior to finalising the Interim Behaviour Support Plan.

Interim Behaviour Support Plan

## CONFIDENTIAL

## Person details

|  |  |  |  |
| --- | --- | --- | --- |
| **Person’s name:** |  | **NDIS Participant #:** |  |
| **Date of Birth (age):** |  | **Gender:** |  |
| **Address:** |  | **State or Territory:** |  |

## Plan dates

|  |  |  |  |
| --- | --- | --- | --- |
| **Interim BSP date:** |  | **Comprehensive BSP due date:** |  |

## Practitioner and provider details

|  |  |  |  |
| --- | --- | --- | --- |
| **NDIS Behaviour Support Practitioner:** |  | **Contact details:** |  |
| **Specialist Behaviour Support Provider:** |  | **Registration ID:** |  |

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# Purpose

The purpose of this Interim Behaviour Support Plan is to:

* Provide **brief information about the person** with disability and their needs.
* Outline **general preventative and response strategies** to keep the person and others safe.
* Respect and uphold the person’s [**rights**](https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd) **and dignity**.
* Where relevant, **identify any regulated restrictive practices** used and how they will be reduced and eliminated. Note restrictive practices should **only be used as a last resort** and may not be necessary to minimise the risk of harm.
* Safeguard and minimise the risk of harm whilst a functional behavioural assessment is undertaken and a Comprehensive Behaviour Support Plan is developed with the person.

# Consultation

(Prompt) In this section, document who was consulted in developing the Interim BSP, including in relation to the intent to include regulated restrictive practices.

## Consultation with the Person

(Prompt) Use the first table below to describe how the person with disability was consulted in an appropriately accessible format. Outline what they were consulted about, when and how this occurred.

| **What was the person consulted about, when and how** | **Details provided about intent to include RRP** |
| --- | --- |
|  | (Yes / No / NA) |

(Prompt) For information and resources about how to facilitate supported-decision making in developing the plan see the [Deciding with Support](https://decidingwithsupport.flinders.edu.au/) toolkit.

## Consultation with Others

(Prompt) Use the following table to document how the person’s family and other relevant people such as implementing providers, specialists and mainstream services were consulted.

| **Name, role and contact details** | **What were they consulted about, when and how** | **Details provided about intent to include RRP** |
| --- | --- | --- |
|  |  | (Yes / No / NA) |
|  |  |  |
|  |  |  |

# About the Person

(Prompt) In this section, provide information that helps others get to know the person in a meaningful way. Provide a brief overview (1-2 page profile) of what is important to, and for, the person and outline their needs. This information will not be based on a comprehensive assessment. The type and amount of information shared should reflect the person’s wishes and respect their right to privacy.

(Prompt) Provide information in bullet form and / or under a series of sub-headings which are tailored to the person’s needs and preferences. For example, this could utilise [person-centred thinking tools](http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/) and include the following types of information:

* **All about me** – how would the person describe themself? What do they want others to know about them, their current circumstances, living arrangement, employment / education, their history and cultural identify?
* **Strengths, goals and aspirations** – what are they good at? What are their goals and dreams?
* **Disability, health, communication, sensory and other support needs** (based on confirmed diagnoses)
* **People, places, activities and events of importance to the person**
* **Likes and dislikes**.

# Risks of harm

(Prompt) In this section, outline any behaviours which present a risk of harm to the person, others or their environment. Provide preliminary information about the behaviour(s), triggers (if known) and the risks that need to be minimised. This information will not be based on a comprehensive functional behavioural assessment.

This information can be recorded in the second column of the table below, replacing the definitions.

|  |  |
| --- | --- |
| **Description of behaviour** | Clearly describe the behaviour(s) that present a risk of harm here. Describe the behaviour(s) in observable and measurable terms. E.g., hits others with a closed fist.  |
| **Frequency / Duration** | Include information about how often and / or for how long the behaviour currently occurs. If this information is not readily available at the time of writing this plan, provide an estimation or delete this row. |
| **Intensity** | Include information about the intensity of the behaviour here. If this information is not readily available at the time of writing, provide an estimation or delete this row. |
| **Triggers** | Include information about triggers here. If this information is not readily available at the time of writing, delete this row. |
| **Risks** | Identify the risks associated with the behaviour. What are the risks of harm to the person, others and / or the environment? What are the immediate risks that need to be minimised? |

# Preventative strategies

(Prompt) In this section, provide general preventative strategies that are evidence-based, person-centred and proactive. Provide strategies that meet the person’s immediate needs and minimise the risk of harm. Includes changes within the environment that address any known triggers and that may reduce or remove the need to use regulated restrictive practices.

* Outline preventative strategies here.
* Use sub-headings if needed to organise information.
* Alternatively, you may choose to use a table (as shown below) to outline preventative strategies for each type of behaviour.

| **Behaviour** | **Preventative Strategies** |
| --- | --- |
| Name the behaviour here. | Insert preventative strategies here. |

# Response strategies

(Prompt) In this section, provide strategies that focuses on safety and which minimise the risk of harm to the person, others and / or their environment. Provide strategies to meet the person’s immediate needs.

(Prompt) There are many different ways that response strategies can be presented. Choose a presentation style that best meets the needs of those implementing the Interim Behaviour Support Plan. Present information in a way that helps others to understand and effectively implement the strategies. This may involve the use of visual supports. Examples of a few layout options are offered below or you may choose to present the response strategies in a different way.

* Examples 1: Strategies could be listed in bullet form.
* Example 2: A table (as shown below) could be used to outline the response strategies for each type of behaviour.

| **Behaviour** | **Response Strategies** |
| --- | --- |
| Name the behaviour here. | Insert response strategies here. |

* Example 3: Response strategies could be mapped against an escalation cycle, as shown below.



| **What this looks like** | **What to do** |
| --- | --- |
|  | **Baseline** * Describe what this looks / sounds like.
 | * Refer to the [preventative strategies](#_Preventative_strategies) section.
 |
|  | **Early Warning Signs** * Describe what this looks / sounds like.
 | * Insert response strategies here to help people to respond early and de-escalate the situation.
 |
|  | **Peak of Escalation** * Describe what this looks / sounds like.
 | * Insert response strategies here to help keep people safe and minimise the risk of harm.
 |
|  | **De-escalation / Recovery*** Describe what this looks / sounds like.
 | * Insert response strategies here to support de-escalation and calm the situation. Also include supports needed following the incident.
 |

# Regulated Restrictive Practices

Restrictive practices infringe on the [rights](https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd) and freedom of movement of people with disability. All reasonable steps must be taken to reduce and eliminate their use.

(Prompt) In this section, outline the any regulated restrictive practices to be used as part of the Interim BSP. There are five types of regulated restrictive practices:

* Chemical restraint
* Environmental restraint
* Mechanical restraint
* Physical restraint
* Seclusion.

(Prompt) Definitions of each practice and conditions of use are set out in [legislation](https://www.legislation.gov.au/Details/F2020C01087). For more information see the [Regulated Restrictive Practices Guide](https://ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-2729), [RRP with Children and Young People Practice Guide](https://ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-2730), [Surveillance Technology Practice Guide](https://ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-5316), and [Safe Transportation Practice Guide.](https://ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-6345)

(Prompt) Delete this section if there are no regulated restrictive practices to be used as part of the Interim BSP.

## Summary of Regulated Restrictive Practices (RRP)

(Prompt) Use the table below to list any NDIS providers and other people who are implementing the RRPs.

| **Person / Provider** | **Registration ID or ABN** (if relevant) | **Location** (e.g., service outlet) | **Type of RRPs used**(i.e., chemical, environmental, mechanical, physical restraint, seclusion) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

## Authorisation

Note: Behaviour support plans that include the use of regulated restrictive practices **must** be developed and authorised in accordance with any [authorisation and consent requirements](https://www.sa.gov.au/__data/assets/pdf_file/0008/851687/Restrictive-practices-authorisation-frameworks.pdf) in the relevant state or territory. A [copy of the behaviour support plan](https://www.ndiscommission.gov.au/resources/fact-sheets-and-guides/ndis-commission-portal-quick-reference-guides#paragraph-id-3889) and [evidence of authorisation must also be lodged](https://www.ndiscommission.gov.au/resources/fact-sheets-and-guides/ndis-commission-portal-quick-reference-guides#paragraph-id-3890) with the NDIS Commission consistent with the [Rules](https://www.legislation.gov.au/Details/F2020C01087).

# Regulated Restrictive Practice Protocol(s)

(Prompt) Write protocols for each RRP to outline why they are needed and the conditions under which they can be used. Include a plan to reduce and where possible eliminate their use. Record this information in the second column of the table below, replacing the definitions.

## Environmental / Mechanical / Physical Restraint / Seclusion

|  |  |
| --- | --- |
| **Description of RRP** | Describe the regulated restrictive practice here. What does it involve? |
| **Implementers** | List the providers and people who will implement the RRP. There is no need to include registration or service location details provided that this is already outlined in the summary table above. |
| **Rationale** | Outline here why the RRP is needed? What behaviour does it aim to decrease or stop? Demonstrate how it is **proportionate** and the **least restrictive** way of **reducing risk of harm**. How is it used as a **last resort** and for the **shortest possible time**? |
| **Circumstances to be used** | State here whether the use is **Routine** (i.e., in constant / daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour). Provide any additional information here as required. |
| **Strategies to be used first** | Outline here the evidence-informed, person-centred and proactive strategies to be used before the RRP; or provide details about where this information is contained in the behaviour support plan. |
| **Procedure** | Provide detailed instructions here about how the RRP will be used. The procedure should demonstrate that the RRP is only used as a last resort and for the shortest time possible. Outline any debriefing or other strategies that are required after the RRP is used. |
| **Impacts and Safeguards** | Describe here the anticipated effects of using the RRP. What are the impacts on the person and others? How will any risks be mitigated? Outline any strategies or safeguards needed to prevent misuse. |
| **Training, monitoring and review** | Describe here any specific training requirements in relation to the use of the RRP. How and when will use of the RRP be recorded, reported, monitored, and reviewed? |
| **Plan to reduce and eliminate RRP** | Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when this should occur. In context of the Interim Behaviour Support Plan, this may also include work that is to be undertaken to understand the function of the presenting behaviour and develop comprehensive strategies to meet the person’s needs and reduce the need to use RRPs in the future. |

## Chemical Restraint Protocol

(Prompt) Attach a [Medication purpose form](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/medication-purpose) and / or provide medication details in the table below. Record this information in the second column, replacing the definitions. To limit duplication, multiple routine medications can be included in the one protocol if the other protocol details are the same.

* Any information included is for reporting purposes **only**. It is **not** for administration purposes.
* Medication should **only** ever be administered in accordance with the prescriber’s instructions, noting the prescribed medication, dose and frequency may change over time.

|  |  |
| --- | --- |
| **Medication Details**Including medication name, dose, route and frequency / circumstances to be used | Describe here the * **Medication or drug name**
* **Dosage amount** and unit of measurement. Note, the Commission’s portal will ask for a total daily dose.
* **Route of administration**. E.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch.
* **Frequency / circumstances to be used** - **Routine** (i.e., in daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour of concern). Provide additional information as required.

e.g., Lithium, 300mg, orally, morning and night (routine use)  |
| **Medical practitioner / prescriber’s name** | Record here the name and role of the medical practitioner who prescribed or last reviewed the medication. |
| **Date prescribed or** **last reviewed** | Insert the date the medication was prescribed or last reviewed. |
| **Date of next review** | Insert details regarding when the medication will next be reviewed. |
| **Implementers** | List the providers and people who will implement the RRP.  |
| **Rationale** | Outline here why the medication is needed. Demonstrate how is it **proportionate** and the **least restrictive** way of **reducing risk of harm.** How is it used as a **last resort** and for the **shortest possible time**? |
| **Strategies to be used first** | Outline here the evidence-informed, person-centred and proactive strategies to be used before the medication; or provide details about where this information is contained in the behaviour support plan. |
| **Procedure** | Provide detailed instructions here about how the medication will be used, consistent with the prescriber’s instructions. |
| **Impacts and Safeguards** | Describe here the anticipated effects of using the RRP. Outline any potential **side effects**. Outline any strategies or safeguards needed to prevent misuse or medication errors? E.g., maximum daily dose. |
| **Training, monitoring and review** | Describe here any specific training requirements in relation to the medication. How and when will use of the medication be recorded, reported, monitored and reviewed? |
| **Plan to reduce and eliminate RRP** | Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when they should occur. It includes work to identify the function of behaviour and develop comprehensive strategies to reduce RRPs. |

# Practices to be ceased immediately

(Prompt) In this section, document any advice provided about practices that should be ceased. Delete this section if there are nil practices to be ceased.

Some practices present a [high and unacceptable risk of harm](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-975) to people with disability and / or should not be used for legal, ethical or other clinical reasons.

The following practice(s) should be CEASED (stopped) immediately:

* + (Prompt) Insert any practices to be stopped.

**Rationale**

(Prompt) Outline the safety, legal, human rights, ethical, clinical, and / or other reasons why the practice should be ceased. Clearly outline the risks of harm.

**Alternate Strategies**

(Prompt) Specify the strategies that should be used instead or refer to where information about these strategies can be found in the behaviour support plan.

# Implementation support and monitoring

(Prompt) In this section, identify the key roles, responsibilities, actions and communication pathways required to effectively implement the Interim Behaviour Support Plan. Outline how the plan and strategies will be monitored (e.g., through regular engagement with the person, incident reports and data collection). Identify how this information will then inform the functional behavioural assessment and the development of a Comprehensive Behaviour Support Plan.

| **Action area** | **Task** | **Person(s) responsible** | **Timeframe** |
| --- | --- | --- | --- |
| **RRP Authorisation** (if required) |  |  |  |
| **Training** |  |  |  |
| **Implementation of strategies** |  |  |  |
| **Monitoring** (e.g., feedback from the person, incident reports and data collection)  |  |  |  |
| **Reporting** (e.g., to NDIS Commission) |  |  |  |
| **Communication** (including post incident de-briefing)  |  |  |  |
| **Development of Comprehensive BSP** |  |  |  |

# Practitioner declaration

I declare that:

* I have been considered suitable as an NDIS behaviour support practitioner as defined in section 5 of the[*NDIS (Restrictive Practices and Behaviour Support) Rules 2018*](https://www.legislation.gov.au/Details/F2020C01087) (the Rules)*.*
* I am duly authorised by the specialist behaviour support provider (as stated in this form) to submit this behaviour support plan.
* I understand the requirements of registered NDIS providers in relation to [reporting the use of regulated restrictive practices](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/reporting-use).
* I have read the NDIS Quality and Safeguards Commission’s (NDIS Commission) [Practice Guidance](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-971) about regulated restrictive practices and behaviour support.
* I understand that I can use the [Behaviour Support Plan (BSP) Checklists](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-6797) to check the quality of the behaviour support plan and ensure compliance with requirements.
* I have developed this behaviour support plan in accordance with the legislative requirements as set out in the [Rules](https://www.legislation.gov.au/Details/F2020C01087) and in accordance with the state or territory’s restrictive practice [authorisation and consent requirements](https://www.sa.gov.au/__data/assets/pdf_file/0008/851687/Restrictive-practices-authorisation-frameworks.pdf), however described.
* I understand that behaviour support plans containing regulated restrictive practices must be [lodged](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/submitting-behaviour#paragraph-id-2755) with the NDIS Commission, consistent with the [Rules](https://www.legislation.gov.au/Details/F2020C01087).
* I understand that the NDIS Commission is bound by the [*Privacy Act 1988*](https://www.legislation.gov.au/Series/C2004A03712) in relation to the collection and use of personal information, and that more information can be found in the Privacy Collection Statement and Privacy Policy at [www.ndiscommission.gov.au/privacy](http://www.ndiscommission.gov.au/privacy).
* I understand that the NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the [*National Disability Insurance Scheme Act 2013*](https://www.legislation.gov.au/Details/C2023C00345)(the Act)and any Rules established under the Act.
* I acknowledge the NDIS Commission may share the information contained in the behaviour support plan with relevant Commonwealth, State, and Territory agencies including the Police.
* To the best of my knowledge, the information provided in this behaviour support plan is true, correct and accurate.
* I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the [*Criminal Code Act 1995*](https://www.legislation.gov.au/Details/C2023C00283).

**Practitioner’s electronic signature:**

**Practitioner’s name:**

**Practitioner ID #:**

**Job title:**

**Date:**

Note: If the practitioner is considered suitable at the ‘core’ level as per the [Positive Behaviour Support Capability Framework](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/self-assessment#paragraph-id-2750), they should be supervised by a practitioner at the ‘proficient’ level or above. Supervisors of core practitioners should sign below to indicate their endorsement and oversight if the behaviour support plan contains the use of regulated restrictive practices.

**Supervisor’s electronic signature:**

**Supervisor’s name:**

**Supervisor’s Practitioner ID #:**

**Job title:**

**Date:**

***-------------------------------------------- Delete this page prior to printing -------------------------------------------***

## Document information

The Interim Behaviour Support Plan template V3.0 is approved by the NDIS Quality and Safeguards Commissioner for the purposes of section 23 of the [*National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*](https://www.legislation.gov.au/Details/F2020C01087)*.*

The NDIS Commission make no representation about, and accepts no liability for the accuracy of information in the Interim Behaviour Support Plan.

 The NDIS Commission is bound by the [*Privacy Act 1988*](https://www.legislation.gov.au/Series/C2004A03712) in relation to the collection and use of personal information. More information can be found in the Privacy Collection Statement and Privacy Policy at [www.ndiscommission.gov.au/privacy](http://www.ndiscommission.gov.au/privacy). The NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the [*NDIS Act 2013*](https://www.legislation.gov.au/Details/C2023C00345)(the Act)and any Rules established under the Act.

The NDIS Commission would like to gratefully acknowledge the important contributions made by people with disability, family members, practitioners, providers, peak bodies and the state and territory restrictive practice authorisation bodies who have informed the revised Interim Behaviour Support Plan template.

### Document owner

Practice Quality Division

NDIS Quality and Safeguards Commission

### Version

Interim Behaviour Support Plan V 3.0

### Date

December 2023

### Contact

behavioursupport@ndiscommission.gov.au

### Feedback

[Click here to provide feedback via an anonymous online survey or scan the QR code below](https://www.surveymonkey.com/r/LYW89XF)

 