

Embracing Change: NDIS Practice Standards Guidebook

**AN ESSENTIAL GUIDE FOR
PSYCHOSOCIAL SUPPORT
SERVICE PROVIDERS**



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Disclaimer

The content of this document is published in good faith by Mental Health Coordinating Council. This resource provides guidance on the NDIS Practice Standards which may differ depending on the context of the work and individual needs of people engaging with various models and programs, as well as the diversity of service provided.

All references in this document were up to date at the time of publication. Changes may have occurred in relation to the law, standards, regulations, professional and ethical guidelines affecting organisational policy and practice post publication. MHCC recommend that the reader check currency as necessary.

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Choice and Control: Refers to a person deciding what will enable them to live a fulfilling life. In the context of the NDIS, this may include an NDIS participant determining what services will best support them and meet their aspirations.

Community Managed Organisations: The term 'Community Managed Organisations' or 'CMOs' represents the language used by the community managed mental health sector in preference to the term 'non-government organisations (NGOs)'. The sector prefers this terminology because it more closely describes the organisation, as opposed to defining it by what it is not - a government organisation.

Consent: Agreeing to treatment is called 'consent'. A provider must take reasonable steps to make sure that a person is able to give informed consent to treatment. This means a person must be able to understand key aspects of any treatment suggested before asked whether they agree to the treatment. Key aspects include, for example, what the treatment involves and the potential risks of that treatment. A person agreeing to a treatment, once given the information and stating that they have understood what they have been told, is called 'informed consent'.

Dignity of Risk: Supporting a person's right to engage in experiences and situations which could present risks to their safety, including participating in decision-making which could have adverse impacts on their safety and wellbeing. People have the right to make mistakes, and this is often how we learn and develop as individuals. Dignity of Risk is a process that if implemented correctly, can result in improved independence, health, social participation, autonomy, and self-worth.

Formal Support Network: This network includes the participant's medical professionals, psychologists, allied health professionals such as social workers and support workers, as well as any other paid persons they have in their life to support their recovery.

Informal Support Network: This network includes the participant's family, friends, informal carers, kinship groups and their chosen community. Informal support networks play a significant role in supporting a person's day-to-day functioning. The extent of their caring role can be transient.

Outcomes: In the context of the NDIS Practice Standards and this resource, each module of the NDIS Practice Standards and Quality Indicators include a series of high-level, participant-focused outcomes.

Participant: Is a person with a disability who receives services and supports from an organisation funded through an NDIS package. Historically services may have, and continue to use, the term consumer or client. The NDIS refers to people receiving goods and services as a participant.

Provider: Is a service that supports people with a disability under the National Disability Insurance Scheme.

Psychosocial Disability: Is not about a diagnosis; it refers to the social and economic consequences related to living with a mental health condition. It is a recognised term used to describe the challenges, or limits, a person experiences in life that are related to their mental health condition. Not everyone living with a mental health condition has a psychosocial disability.

Quality Indicator: Represents each outcome in the NDIS Practice Standards which is broken down into a series of indicators that NDIS providers must use to demonstrate adherence to the 'Outcomes'. Auditors will use these indicators to assess a provider's compliance to the NDIS Practice Standards.

Recovery: Individual or personal recovery is defined as being able to create and live a meaningful and contributing life within a community of choice, with or without the presence of mental health difficulties. Recovery can mean different things to different people; but generally it means gaining and retaining hope; understanding of one's abilities and difficulties; engagement in an active life; personal autonomy; social

identity; meaning and purpose in life, and a positive sense of self.

Recovery-Oriented Practice: Refers to the application of skills and capabilities that support people to undertake their journey of individual recovery. This assists people to recognise and take responsibility for their own recovery and wellbeing, and define their own goals, wishes and aspirations.

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. Except in cases of emergency where a person's liberty must be reasonably restricted to prevent them or someone else experiencing serious harm, restrictive practices are generally unlawful in the absence of the person's consent. Restrictive practices may be included in NDIS behaviour support plans which have been developed by behaviour support practitioners and authorised by the NDIS Quality and Safeguards Commission.

There are five types of restrictive practice:

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

Chemical Restraint: Is the use of medication or a chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of symptoms of a diagnosed mental health condition, to prevent relapse of mental illness, a physical health or coexisting condition.

Mechanical Restraint: Is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes.

Physical Restraint: Is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their

body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care and necessary treatment for a person at risk of harm.

Environmental Restraint: Involves restricting a person's free access to all parts of their environment, including items, funds, or activities.

Size, Scale and Scope: This term is used throughout the NDIS, generally prefaced by 'relevant' and/or 'proportionate'. Size refers to the number of staff a service has, and the number of participants supported. Scale refers to the number of service delivery locations a service has, and where these are located (i.e., metro, regional, rural and/ or remote). Scope refers to the types of services and supports a service provides in line with the relevant NDIS registration groups, and their associated level of risk and complexity.

Supported Decision-Making: Is the process of supporting participants identify and pursue their identified goals, aspirations and make choices and decisions about their life. The participant is always at the centre of the process, driven by their needs and wants and their decision-making style. The approach sets out to maximise independence by supporting a participant to exercise control over the things that are important to them.

Trauma-Informed Care & Practice: Is a strengths-based approach that emphasises physical and psychological safety, creating opportunities for people using mental health and other human services to rebuild a sense of control and empowerment. It supports services moving from a caretaker to a collaborator role, as well as providing a supportive environment for workers, reducing the risk of vicarious and secondary trauma. It is integral to the most contemporary recovery-oriented practice approach in mental health and psychosocial support services.

ACRONYMS

CALD	Culturally and Linguistically Diverse
CMO	Community Managed Organisation
CEO	Chief Executive Officer (or Executive Officer or Managing Director)
HR	Human Resources
KPI	Key Performance Indicator
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LHD	Local Health District
MHCC	Mental Health Coordinating Council
NDIA	National Disability Insurance Agency (Administrators of the NDIS)
NDIS	National Disability Insurance Scheme
NDIS Commission	NDIS Quality and Safeguards Commission
NGO	Non-government organisation
PHN	Primary Health Networks
PPE	Personal Protective Equipment
SIL	Supported Independent Living
SDA	Specialist Disability Accommodation
UNCRPD	United Nations Convention on the Rights of Persons with Disability
WAAMH	Western Australian Association for Mental Health

A note about language

Mental Health Coordinating Council acknowledge the differences in the language and terminology used across the mental health, health, disability and alcohol and other drugs sectors and other related human services. Across many disciplines, mental health practitioners and workers quite confusingly use different terminology and forms of expression. Throughout this resource we have used specific terms because they have a particular meaning in that context. In some places we use the terms 'person', 'client' or 'service user' rather than 'consumer' or 'person with lived experience'. The NDIS uses the term 'participant' for all their clients, and services may wish to adapt this terminology when using this resource.

Purpose of the NDIS Practice Standards Guidebook

Mental Health Coordinating Council was funded by the NDIS Quality and Safeguards Commission to develop a resource to support and build the capacity of psychosocial disability service providers and their workforce to operate in compliance with the NDIS Quality and Safeguards Commission's requirements. All service provider who intend to deliver NDIS supports must comply with the requirements specified by the NDIS Commission. The NDIS Practice Standards set an important benchmark for service providers to assess their performance, and to demonstrate how they provide high quality and safe supports and services to NDIS participants.

This guidebook was developed to support services and promote self-confidence in understanding the NDIS Practice Standards, assisted by the NDIS Practice Standards Self-Assessment tool also developed by MHCC.

Core Module 1

RIGHTS AND RESPONSIBILITIES

- person-centred supports
- individual values and beliefs
- privacy and dignity
- independence and informed choice
- violence, abuse, neglect, exploitation, and discrimination

These NDIS Practice Standards set out the rights of participants and the responsibilities of providers that deliver supports and services to them.



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds, and respects individual rights to freedom of expression, self-determination and decision-making.

To achieve this outcome, the following indicators should be demonstrated:

1.1.1 Each participant's legal and human rights are understood and incorporated into everyday practice

What does this mean? Supports are delivered in a way that promotes, respects, and protects participants rights. Services are provided consistent with current legislation and other regulatory requirements, including the UN Convention on the Rights of Persons with Disability (UNCRPD), the NDIS Practice Standards & Quality Indicators and NDIS Code of Conduct, as well as Commonwealth, Territory and State legislation.

Further information:

- UN Convention on the Rights of Persons with Disabilities
- *Disability Services Act 1986* (Cth)
- *Mental Health Act 2007* (NSW)
- Australian Human Rights Commission
- Australian Charter of Healthcare Rights
- Australian Human Rights Commission – Know your rights: Disability discrimination
- MHCC Mental Health Rights Manual – Chapter 12: The National Disability Insurance Scheme
- Australian Commission on Safety and Quality in Health Care – Achieving great person-centred care fact sheet

1.1.2 Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand

What does this mean? Your service communicates in a language and format that meets the communication needs of the participant. This may include using plain language/easy read resources, utilising interpretation, or translation services, as well as other age, literacy, or cultural considerations to maximise a participant's understanding of what is being conveyed to them.

Further information:

- Translating and Interpreting Service (TIS): TIS National – Certified NDIS Service
- Hemingway App – tool to assist you in writing in plain language
- HelpingMinds - What is the NDIS? Animation – an example of communicating a message and information in an alternative format
- Web Content Accessibility Guidelines (WCAG)
- UNCRPD AUSLAN (Australian Sign Language)
- Women with Disabilities Australia - Your Rights Toolkit, Easy English
- Department of Social Services - National Standards for Disability Services: translations
- VIC government – Make content accessible – digital guide

1.1.3 Each participant is supported to engage with their support network and chosen community as directed by the participant

What does this mean? With participant consent and guidance, their informal support network is involved in their support and recovery journey. Policies and procedures are in place to support the inclusion and involvement of participant's informal networks throughout support provision.

Further information:

- *Carer Recognition Act 2010* (Cth)
- Mental Health Australia - A Practical Guide for Working with Carers of People with a Mental Illness
- Mental Health Carers Australia – Carer Inclusive Practice
- Department of Health - Mental Health Statement of Rights and Responsibilities of Carers and Support Persons
- NDIS - Nominee Operational Guidelines
- Carer Gateway

Standard 1.2 - Individual values and beliefs



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses supports that respect their culture, diversity, values, and beliefs

To achieve this outcome, the following indicators should be demonstrated:

1.2.1 At the direction of the participant, the culture, diversity, values, and beliefs of that participant are identified and sensitively responded to

What does this mean? Your service prioritises the identification, understanding and consideration of the uniqueness of a participant's culture, diversity, values, and beliefs, and then demonstrates dutiful inclusion of these components into service delivery.

Further information:

- Reconciliation Australia – Acknowledgement of Country
- Embrace Multicultural Mental Health – Framework for Mental Health in Multicultural Australia
- Embrace Multicultural Mental Health – Cultural Competence Online Training
- VIC Public Sector Commission – Aboriginal Cultural Capability Toolkit
- MHCC – A guide to working collaboratively with Australia's First Nation's People
- Reimagine – Aboriginal and Torres Strait Islander Hub

1.2.2 Each participant's right to practice their culture, values and beliefs while accessing supports is supported

What does this mean? Your service actively supports, promotes, and upholds the participant's right to practice their culture, diversity, values and beliefs during service delivery, and supports are provided in a manner that reflects the participant's cultural needs.

Further information:

- Head to Health – Supporting CALD people
- Reimagine – Aboriginal and Torres Strait Islander Hub
- Reimagine – Multicultural Hub
- NDS Sector Development Podcast – Zero Tolerance: Support for people from diverse cultural backgrounds
- Reimagine – LGBTQ+ Hub
- First Peoples Disability Network Australia – Training

Standard 1.3 – Privacy and dignity



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses supports that respect and protect their dignity and right to privacy.

To achieve this outcome, the following indicators should be demonstrated:

1.3.1 Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant

What does this mean? Your service has policies and procedures that ensure the privacy and dignity of each participant is always valued and protected. Your service has documented protocols to ensure that participant information cannot be accessed by unauthorised persons.

Further information:

- *Privacy Act 1988* (Cth)
- *Disability Discrimination Act 1992* (Cth)
- Australian Privacy Principles
- Not-for-Profit Law – Information on Privacy

1.3.2 Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand

What does this mean? Your service conveys information about confidentiality in a way that meets the communication needs and preferences of participants. This may include plain language/easy read resources, interpretation or translation, or other age, literacy, and cultural considerations. Your service must check and note that participants confirm that they have understood the meaning of messages communicated.

Further information:

- Privacy for Health Service Providers
- Australian Privacy Principles Poster
- NDIS Privacy Easy Read

1.3.3 Participants understand what information about them your service is collecting and why. Procedures are in place for how participant consent for information collection is obtained.

What does this mean? Participants understand what information about them your service is collecting and why. Procedures are in place for how participant consent for information collection is obtained.

Further information:

- NDIS – Consent Forms

Standard 1.4 – Independence and informed choice



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant is supported by the provider to make informed choices, exercise control, and maximise their independence relating to the supports provided.

To achieve this outcome, the following indicators should be demonstrated:

1.4.1 Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand

What does this mean? Your service demonstrates practices and procedures to support a participant's right to exercise choice and control in decision-making. This may involve the facilitation of supported decision-making, whilst maintaining the principles of person-centred supports and recovery-oriented practice. Decision-making processes consider the participant's communication needs and preferences to maximise comprehension of information provided to the participant.

Further information:

- NDS - People with Disability and Supported Decision-Making and the NDIS
- VIC Department of Health - Recovery and Supported Decision Making
- New Paradigm - People making choices: supporting the needs and preference of people with psychosocial disability
- Melbourne Social Equity Institute - Options for Supported Decision-Making: Enhance the Recovery of people experiencing Severe Mental Health Problems

- Mental Health Coordinating Council - Introduction to Supported Decision-Making - Free self-paced online training modules

1.4.2 Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration

What does this mean? Your service supports participants to make informed choices when they involve potential risks to their safety and wellbeing. Your service empowers participants to have opportunities for positive risk-taking and learning. Open discussions should be facilitated to understand why the participant wants to undertake the potentially risky activity, and the positives and negatives of doing so.

Further information:

- MHCC - Introduction to Supported Decision-Making - two Free self-paced online training modules
- Mental Health Australia - Supported Decision-Making Factsheet
- NDS - People with Disability and Supported Decision-Making in the NDIS: A Guide for NSW Providers

1.4.3 Each participant's autonomy is respected, including their right to intimacy and sexual expression

What does this mean? Your service ensures participant's autonomy and independence is supported, including decisions about relationships and sexual expression. This may involve helping identify, and respecting participant wants and needs from relationships, intimacy, and sexual expression.

Further information:

- Head to Health - Sexuality and Intersex People
- Reimagine - LGBTIQ+ Communities Hub
- National LGBTI Health Alliance
- Family Planning NSW - Supported decision making in reproductive and sexual health for people with disability
- People with Disability Australia - Sex Work and the NDIS: Frequently Asked Questions
- QLife have a range of guides for health professionals working with LGBTIQI people
- ACON - 'QueerAbility: A Toolkit to Access the NDIS'

1.4.4 Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review, and exit

What does this mean? Your service provides support so participants can understand and make informed decisions about the supports they seek and receive. Decision-making processes, and review of options, is an individual process and should not be restricted or compromised by time.

Further information:

- Healthtalk Australia - Mental Health & Supported Decision-Making
- Mental Health Australia - Supported Decision Making, Psychosocial Disability & NDIS

1.4.5 Each participant's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present

What does this mean? Your service ensures participants understand the role of, and their right to access an advocate. Services should make service delivery advocates available at the participant's request. An advocate may be a member of the participant's informal support network, or an independent advocate.

Further information:

- Mental Health Law Centre
- HelpingMinds - Mental Health Carer Advocacy and Support
- Multicultural Futures - Mental Health Advocacy for individual from a CaLD background
- COPMI - Children of Parents with a Mental Illness
- Ask Izzy - Find a Disability Advocate
- Department of Social Services - Disability advocacy fact sheet

Standard 1.5 – Violence, abuse, neglect, exploitation and discrimination



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses supports free from violence, abuse, neglect, exploitation, or discrimination.

To achieve this outcome, the following indicators should be demonstrated:

1.5.1 Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation, or discrimination

What does this mean? Policy, procedures, and practices are established to actively prevent violence, abuse, neglect, exploitation, and discrimination. These protocols are based on upholding human rights, participant empowerment, safeguarding, and promoting a zero-tolerance approach.

Further information:

- NDS - Zero Tolerance Framework – Preventing Abuse
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- Women with Disability Australia – Human Rights Toolkit for Women and Girls with Disability

1.5.2 Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation, or discrimination have been made

What does this mean? Participants are well informed and understand that your service can support access to advocates when allegations of violence, abuse, neglect, exploitation, or discrimination are made.

Further information:

- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- Mental Health Law Centre
- HelpingMinds – Mental Health Carer Advocacy and Support
- Multicultural Futures – Mental Health Advocacy for individuals from a CaLD background
- COPMI – Children of Parents with a Mental Illness
- Sunny App – supports women with disability to learn about violence, know their rights and reach out for support

1.5.3 Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again

What does this mean? Your service has clear policies, procedures, and processes in place to respond and act upon allegations and incidents of violence, abuse, neglect, exploitation, or discrimination. This includes procedures on how to best support participants through this process, such as facilitating access to an advocate. Procedures and processes include advice on recording, reviewing, and investigating any allegations or incidents, and what action your service is taking to prevent future incidents. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has highlighted that, like intimate partner violence, violence perpetrated by support workers has the potential to inflict complex and lasting harm. This is because of the nature of the relationship with the worker, including physical proximity, presence in the home and involvement in personal affairs.

This emphasises the importance of strong policies and procedures within services to ensure swift and serious responses to allegations and incidences of violence toward NDIS participants.

Further information:

- NDIS Commission – Incident Management & Reportable Incidents – a wide range of factsheets, information for providers, workers and participants, and videos on incident management
- NDIS (*Incident Management and Reportable Incidents*) Rules 2018 (Cth)
- NDS – Zero Tolerance Framework
- NDS – Responding to Abuse – a set of short films and an accompanying guide to help workers to respond to incidences of abuse, neglect, and violence of people they support
- Disability Royal Commission – Overview of responses to the Violence and abuse of people with disability at home Issues paper

Core Module 2

PROVIDER GOVERNANCE & OPERATIONAL MANAGEMENT

- governance and operational management
- risk management
- quality management
- information management
- feedback and complaints management
- incident management
- human resource management
- continuity of supports
- emergency and disaster management

These NDIS Practice Standards set out the governance and operational management responsibilities for NDIS Providers

Standard 2.1 – Governance and Operational Management



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.

To achieve this outcome, the following indicators should be demonstrated:

2.1.1 Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights

What does this mean? Participants are actively involved in organisational planning, governance decision-making and policy and procedure development. Your service demonstrates how you support and listen to participants, taking into consideration their opinions, ideas, and aspirations, particularly regarding service delivery and participant rights.

Further information:

- Mental Health Australia – Co-Design in Mental Health Policy
- ACI - A Guide to Build Co-design Capability
- NSW Mental Health Commission - Lived Experience Framework
- NDS – Involvement of participant in the governance, operations and/or leadership of your organisation factsheet

2.1.2 A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants

What does this mean? Your organisation has identified and delegated its financial, legislative, regulatory, and contractual responsibilities. Each individual or group/s (e.g., the board, senior management, committees) roles and level of authority are clear, including responsibilities in relation to the quality and safeguarding of participants.

Further information:

- Australian Centre for Healthcare Governance - Quality and Safety of NDIS Services Governance Tool
- Australian Institute of Company Directors – Board Charter and Role of The Board
- Australian Institute of Company Directors – Board Committees
- NDS - Governance Structure and Charter
- NDS - NDIS Toolkit for Directors
- MHCC – Embracing Change 'Governance, Operations, Risk, Quality and Information Management' Webinar
- MHCC – Embracing Change 'Governance, Operations, Risk, Quality and Information Management' Webinar Resources
- NDS Sector Development Podcast – Safer and Stronger: Contemporary Board Models in Disability Services

2.1.3 The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps

What does this mean? Your board identifies the knowledge and skills required to successfully govern the service. If any gaps in skills or knowledge are identified, the board seeks training to appropriately address the areas required.

Further information:

- Australian Institute of Company Directors – Assessing Board Composition
- Australian Institute of Company Directors – Guide for Preparing a Board Skills Matrix
- NDS - Fundamentals for Boards resource – operating under the NDIS
- Ethnic Communities Council of Victoria – Good Governance for an NDIS Environment
- MHCC – Embracing Change ‘Governance, Information Management and Privacy for Registered NDIS Providers’ Webinar
- MHCC – Embracing Change ‘Governance, Information Management and Privacy for Registered NDIS Providers’ Webinar Resource Pack

2.1.4 The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants’ and workers’ needs and the wider organisational environment

What does this mean? When developing strategic and business plan/s, the board and leadership team include obligatory legislative requirements, NDIS registration requirements, organisational risks, and adherence to the NDIS Code of Conduct and Practice Standards. These documents should also incorporate meeting participant and staff needs consistent with these requirements.

Further information:

- NDS - Developing a Strategic Plan – organisational resource
- NDIS Commission – Registered Provider requirements under the NDIS Quality and Safeguards Commission
- *NDIS (Provider Registration and Practice Standards) Rules 2018* (Cth)
- *NDIS (Registered Provider Notice of Changes and Events) Guidelines 2019* (Cth)
- NDS - NDIS Provider Toolkit – Self-Assessment for Organisational Capability
- NDIS Provider – Legal Requirements

2.1.5 The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices

What does this mean? The board of your organisation actively monitors the performance of the CEO and leadership team and ensures that they are meeting performance requirements. The CEO and leadership team are appropriately managed and opportunities for continuous quality improvement are accessible and encouraged.

Further information:

- Australian Institute of Company Directors – Improving Board Effectiveness
- Australian Institute of Company Directors – Board Evaluation and Director Appraisal
- Deloitte – The Effective Not-for-Profit Board: a value driving force
- NDS – Not-for-profits and the NDIS: Questions for directors

2.1.6 The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports

What does this mean? The leadership team have suitable skills and knowledge to fulfill their expected roles and responsibilities. The leadership team are also responsible and accountable for ensuring that staff who report to them, maintain best practice service delivery standards

Further information:

- CPA Australia - Information on Internal Controls for Not-for-profit organisations
- Governance Institute of Australia - Good Governance Guide – separation of authority between board and management
- NDS – Supporting practice leadership, a collation of resources

2.1.7 There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place

What does this mean? Your organisational service plans and documents escalation and delegation pathways, to ensure all roles and responsibilities are maintained by an appropriately qualified person, should the assigned staff member be unavailable.

Further information:

- NDS - Governance Structure Charter – delegations of authority information on pages 9-11
- Summer Foundation - Internal and External Escalation Guideline

2.1.8 Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies

What does this mean? Any perceived or actual conflicts of interest are acknowledged, documented, and managed to preserve the standard of service quality and safeguarding for all participants. The documentation and management of identified conflict of interest are protected by organisational policies and procedures.

Further information:

- TSP for all – Conflict of Interest Policy, Procedure, Declaration Form and Register Templates (under Tools and Templates)
- NDIS Code of Conduct
- Yooralla - Example Conflict of Interest Policy



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Risks to participants, workers and the provider are identified and managed

To achieve this outcome, the following indicators should be demonstrated:

2.2.1 Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated

What does this mean? Your service has recognised risks that may present and affect business operations, service provision, participants, and staff. Risks to consider include NDIS pricing changes, issues involving the Board or management which may affect operations, the IT system failing, natural disasters, property damage, and financial risks such as misuse of money or funding withdrawal, as well as safety risks such as avoidable death or failure of infection control procedures. These risks are assessed and prioritised according to potential outcomes and their possibility of occurrence. Plans to manage and mitigate these risks are implemented and documented.

Further information:

- NDS - Home Visit Checklist
- SA Department of Health - Hazard Identification and Risk Assessment for Challenging Behaviour Toolkit

2.2.2 A documented risk management system that effectively manages identified risks in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided

What does this mean? Your organisation effectively identifies and manages risks, supported by a documented risk management system, relative to the complexity of your service and the supports you provide. The risk management system collects data (such as audit, IT, and health and safety reports) to monitor and manage risk and inform prevention strategies. Your service ensures all staff are aware of how to identify, report and respond to possible risks.

Further information:

- NDIS (Risk Management) Rules 2013 (Cth)
- AUS Gov - Guidance on how to manage business risk

2.2.3 The risk management system covers each of the following:

- Incident management
- Complaints management and resolution
- Financial management
- Governance and operational management
- Human resource management
- Information management
- Work health and safety
- Emergency and disaster management

What does this mean: Your organisational risk management system is designed to identify, analyse, and prioritise risks relative to areas of:

- Incident management
- Complaints management and resolution
- Financial management
- Governance and operational management
- Human resource management
- Information management
- Work health and safety
- Emergency and disaster management

Further information:

- NDS - OHS Management System Audit - Risk Management Resource
- NDS - Risk Management and Controls for Disability Services

2.2.4 Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks

What does this mean: Your service's risk management system includes the identification of, and procedures to measure, the prevention and control of infections and outbreaks, such as COVID-19 risk management protocols.

Further information:

- NDIS Coronavirus information and support for providers

2.2.5 Supports and services are provided in a way that is consistent with the risk management system

What does this mean: The delivery of services is conducted in a way that mitigates risk through the employment of risk management systems and protocols, such as timely incident reporting.

Further information:

- NDS - Risk Management and Controls Model for Disability Services

2.2.6 Appropriate insurance is in place, including professional indemnity, public liability and accident insurance

What does this mean: Adequate and regularly reviewed insurance cover is in place, such as for professional indemnity which protects an individual against claims for alleged negligence or breach of duty arising from an act, error, or omission in the performance of their duties. Public liability insurance will protect the service in the event a third party suffers an injury or property damage because of worker negligence. Accident insurance will protect workers who become ill or are injured and ensure services have an income to cover running expenses.

Further information:

- NDS - 'The smart way to ensure you meet minimum insurance requirements'



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

To achieve this outcome, the following indicators should be demonstrated:

2.3.1 A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery

What does this mean? Your organisation has a system for monitoring and managing quality of service that is appropriately overseen, reviewed, and updated on a regular basis to make sure that the service is providing the best possible supports for its participants. This includes documented evidence on how your service meets its legislative requirements, as well as the requirements under the NDIS Practice Standards, to continually improve service delivery.

Further information:

- NDS – Quality Management Guide
- NDS – Embedding Quality Webcast – this webcast provides services with strategies and resources to help expand quality processes beyond compliance with the NDIS Practice Standards
- MHCC – Embracing Change ‘NDIS Quality Management’ Webinar resource pack

- MHCC – Embracing Change ‘NDIS Quality Management’ Webinar
- MHCC – Embracing Change ‘Demonstrating Compliance with NDIS Practice Standards’ Webinar
- MHCC – Embracing Change ‘Demonstrating Compliance with NDIS Practice Standards’ Webinar Resources

2.3.2 The provider’s quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered

What does this mean? Your organisation creates an internal audit schedule and undertakes regular internal audits across all operational areas. Results and findings should be documented and contribute to continuous quality improvement.

Further information:

- NDS – Internal Audit Factsheet
- NDS – Quality Management and Continuous Quality Improvement Webcast
- NDS – Quality Management Guide – includes templates to assist in undertaking your internal audit
- MHCC – NDIS Practice Standards Self-Assessment tool

2.3.3 The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers

What does this mean? Your organisation adopts a culture of continuous quality improvement across all areas of operation, especially within direct service provision. This culture means that the day-to-day operations of your service are informed by outcomes, risk related data, evidence-based practices, and feedback from consultations with participants and staff.

Further information:

- Department of Health - Example Quality Improvement Register
- NSW Department of Communities and Justice (formerly Family and Community Services) - Quality Management System for Disability Service Providers – including tools and templates
- Department of Social Services – All about audits: information for people who use disability services



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

To achieve this outcome, the following indicators should be demonstrated:

2.4.1 Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law

What does this mean? Your service has clear policies and procedures regarding obtaining participant consent to collect, use, store and share their personal information. This process includes explaining why this information is collected, who has access to it, who it might be shared with, and when information may be shared without first obtaining their consent, for example reporting incidents to the NDIS Commission or under legislative requirements to share information with other agencies.

Further information:

- NDIS Consent Forms
- MHCC – Embracing Change 'Governance, Information Management and Privacy for Registered NDIS Providers' Webinar
- MHCC – Embracing Change 'Governance, Information Management and Privacy

for Registered NDIS Providers' Webinar Resources

- NDIS – Sharing participant information

2.4.2 Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information, and withdraw or amend their prior consent

What does this mean? Your organisation has clear processes to ensure participants know how their personal information is stored and used within your service. Participants must know how and when they can access their information, correct, or add to their information, and how previously obtained consent can be changed or withdrawn.

Further information:

- Office of the Australian Information Commissioner - Australian Privacy Principles – Information on Consent
- Office of the Australian Information Commissioner - Consent to the handling of personal information
- Office of the Australian Information Commissioner - Collection of personal information
- Office of the Australian Information Commissioner - Use and disclosure of personal information

2.4.3 An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant's information in an accurate and timely manner

What does this mean? Your organisation's information management system securely manages hard copy and electronic participant information and is easily accessible for staff use. The information held is relevant to the needs of your service, is regularly updated and maintained to ensure its ongoing accuracy.

Further information:

- Disability Support Guide – Importance of record keeping and information management for NDIS providers
- NDIS Operational Guideline: Recording, disclosing, and using information
- NDS - FAQs: Reliable Record Keeping
- NDS Sector Development Podcast – Safer & Stronger: Software solutions for disability service providers – Nikki Fraser, SASI

2.4.4 Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered

What does this mean? Your service has policies and procedures in place to direct how confidential information is stored, accessed, shared, and disposed of.

Further information:

- NDIS Information handling operational guideline
- Office of the Australian Information Commissioner - Australian Privacy Principles
- Disability Support Guide – the importance of record keeping and information management for NDIS Providers
- NDS Sector Development Podcast – Safer and Stronger: Cyber security for disability service providers

Standard 2.5 – Feedback and Complaints Management



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

To achieve this outcome, the following indicators should be demonstrated:

2.5.1 A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*

What does this mean? In compliance with the relevant NDIS Rules, your complaints system actively receives, manages, and resolves feedback and complaints in a fair and timely manner. Your service should ensure that the participant is informed about the progress of their complaint, be involved in the resolution of the complaint, and be informed of any outcomes and actions taken because of the complaint.

Further information:

- NDIS Commission - Effective Complaint Handling Guidelines for NDIS Providers
- Commonwealth Ombudsman
- Human Rights Commission - Good Practice Guidelines for Internal Complaint Processes
- *NDIS (Procedural Fairness) Guidelines 2018* (Cth)

- *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018* (Cth)
- MHCC - Embracing Change 'Feedback, Complaints, Incident and Human Resources Management and Continuity of Supports' Webinar
- MHCC - Embracing Change 'Feedback, Complaints, Incident and Human Resources Management and Continuity of Supports' Webinar Resources

2.5.2 Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints

What does this mean? Participants understand the different avenues in which they can make a complaint or provide feedback about the supports they receive. Your organisation has procedures in place to support participants to access an advocate should they wish to provide feedback and/or complain.

Further information:

- NDIS Commission - How to make a complaint about a provider
- NDIS Commission - Fact sheet: how we deal with complaints
- VIC Disability Services Commissioner - Key elements to an effective person centred complaints resolution process
- ACCC - Your consumer rights: a guide for consumers with disability

2.5.3 Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation

What does this mean? Your service regularly reviews your complaints and feedback processes and ensures that participant views are sought to inform the accessibility of your complaints processes.

Further information:

- NDIS Commission - Complaints Management and Resolution Guidance
- NDIS Commission - Effective Complaint Handling Guidelines for NDIS Providers

2.5.4 All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling

What does this mean? Staff employed by your service understand their roles and responsibilities regarding managing internal complaints processes and are trained to understand their duties as set out by the NDIS Commission.

Further information:

- NDIS Commission - Effective Complaint Handling Guidelines for NDIS Providers
- MHCC - Embracing Change 'Worker Screening and Works Requirements for Registered NDIS Providers' Webinar
- MHCC - Embracing Change 'Worker Screening and Works Requirements for Registered NDIS Providers' Webinar Resources



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from

To achieve this outcome, the following indicators should be demonstrated:

2.6.1 An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*

What does this mean? Your service has an incident management system which meets the requirements under the NDIS Rules. The incident management system in place should identify, assess, respond, and resolve reported incidences.

Further information:

- NDIS Commission – Reportable Incidents Guidance
- NDIS Commission – Incident Management Systems: guidance for NDIS providers
- MHCC – Embracing Change 'Worker Screening and Works Requirements for Registered NDIS Providers' Webinar
- MHCC – Embracing Change 'Worker Screening and Works Requirements for Registered NDIS Providers' Webinar Resources

2.6.2 Each participant is provided with information on incident management, including how incidents involving the participant have been managed

What does this mean? Participants are provided with information about incident management at your service in a way which best meets their communication needs. Participants are kept up to date with incident management processes which involve them.

Further information:

- Australian Commission on Safety and Quality in Health Care - Open Disclosure
- SA Health - Incident Management and Open Disclosure Diagram

2.6.3 Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation

What does this mean? Your organisation incident management systems are regularly reviewed, with views from participants and staff sought to inform its ongoing development and quality improvement particularly following the response to an incident. Identified areas of improvement are addressed and implemented in a timely manner to ensure continuous improvement.

Further information:

- NDIS Commission – Face sheet: Incident Reporting, Management, and Prevention
- NDIS Commission – Fact sheet: Benefits of effective incident management
- NDS – Investigations Workbook

2.6.4 All workers are aware of, trained in, and comply with the required procedures in relation to incident management

What does this mean? Your service must ensure that staff receive adequate training and supervision to ensure they have the skills, knowledge and support necessary to successfully manage incidents and understand their roles and responsibilities regarding incident management. Staff must be aware of, and follow, the guidelines of your internal organisational processes, and understand the circumstances in which an incident must be reported externally in line with the NDIS Commission Rules.

Further information:

- NDIS (*Incident Management and Reportable Incidents) Rules 2018* (Cth) – Incident Management and Reportable Incidents
- NDIS Commission - Reportable Incidents: Resources for NDIS Workers
- MHCC – Embracing Change 'Worker Screening and Workers Requirements for Registered NDIS Providers' Webinar
- MHCC – Embracing Change 'Worker Screening and Workers Requirements for Registered NDIS Providers' Webinar Resources



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who can demonstrate relevant expertise and experience to provide person-centred supports.

To achieve this outcome, the following indicators should be demonstrated:

2.7.1 The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position

What does this mean? The skills, knowledge and expertise that are required for each role within your service are clearly identified, documented, and understood by staff. This includes a clear outline of the responsibilities, limitations, time and reporting lines of each role.

Further information:

- MHCC – Trauma-Informed Care and Practice – Training, Publications and Resources
- Fairwork Ombudsman – Managing performance & warnings
- Fairwork Ombudsman – ‘My employee isn’t doing their job properly’
- MHCC – Embracing Change ‘Worker Screening and Works Requirements for Registered NDIS Providers’ Webinar
- MHCC – Embracing Change ‘Worker Screening and Works Requirements for Registered NDIS Providers’ Webinar Resources

2.7.2 Records of worker pre-employment checks, qualifications and experience are maintained

What does this mean? Pre-employment checks for all new staff members are completed by your service which meet the NDIS Commissions pre-employment requirements. Documented records are retained and checked at specified intervals to ensure worker screening checks, qualifications and registrations are valid at all times.

Further information:

- NDIS Commission - Worker Screening Requirements
- NDIS (Practice Standards – Worker Screening) Rules 2018 (Cth)
- NDIS Commission - Portal Quick Reference Guides: Worker Screening QRGs
- MHCC – Embracing Change ‘Worker Screening and Workers Requirements for Registered NDIS Providers’ Webinar
- MHCC – Embracing Change ‘Worker Screening and Workers Requirements for Registered NDIS Providers’ Webinar Resources

2.7.3 An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program

What does this mean? All staff participate in an orientation and induction process that familiarises them with the service and their role. As part of this induction process, new employees complete the NDIS worker orientation module, ‘Quality, Safety, and You’ which outlines what is expected of them in line with the NDIS Code of Conduct.

Further information:

- NDIS Commission - Worker Orientation Module: ‘Quality, Safety and You’
- NDIS Commission - Induction Module: Training module for individuals brand new to disability services
- NDIS Commission – The NDIS Code of Conduct – Guidance for Workers

2.7.4 A system to identify, plan, facilitate, record, and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other NDIS rules

What does this mean? Your service has processes in place to identify learning and development opportunities for staff to ensure that they are able to meet the needs of participants and comply with the requirements under the NDIS Practice Standards and Rules. Any training undertaken is evaluated and recorded in a staff training register. Training may include but is not limited to: NDIS Worker Orientation Module, Incident Management, Participant Rights, Complaints Management, Risk Management, and Positive Behaviour Support.

Further information:

- NDS Training and Development
- MHCC Training – MHCC offers a range of highly regarded training pathways for the mental health workforce such as ‘Introduction to Supported Decision-Making’, ‘Connecting Physical and Mental Health’, ‘Understanding and responding to trauma’, and ‘Understanding Medication’.

2.7.5 Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered

What does this mean? Regular formal and informal supervision of staff is in place, as well as relevant support and resources being made available and accessible, to enable staff to provide safe and evidence-based services to participants.

Further information:

- Industry Development Fund - A Person-Centred Approach to Supervision Factsheet

- Employee Assistance Professional Association of Australasia – Information on an Employee Assistance Program and finding a service provider
- NDS Sector Development Podcast – Safer and Stronger: Thinking creatively about supervision at ADEC

2.7.6 The performance of workers is managed, developed and documented, including through providing feedback and development opportunities

What does this mean? As part of your HR management systems, staff understand their expected roles and responsibilities, and how their performance is monitored and managed. Staff are provided with regular feedback on their performance and supported to access professional development when required. Feedback on staff performance and professional development is documented.

Further information:

- NDIS Commission - NDIS Workforce Capability Framework

2.7.7 Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified

What does this mean? Your service actively identifies the skills and capabilities relevant to emergency or disaster responses in the recruitment and onboarding of staff. Job descriptions and staff performance reviews assist in identifying and reviewing the relevant emergency response capabilities and which staff hold these capabilities.

Further information:

- Department of Health – Providing Disability Support Services during Covid-19
- Safe Work Australia – Emergency Plans and Procedures

2.7.8 Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster

What does this mean? Policies and procedures are in place that include workforce planning, recruitment, and selection, as well as induction and orientation for recruitment in the event of an emergency or disaster which requires additional staff or specially trained emergency staff.

Further information:

- NDIS Commission - Fact sheet: Coronavirus (COVID-19) - Outbreak preparedness, prevention, and management

2.7.9 Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants

What does this mean? Staff who provide face-to-face support to participants are regularly trained in up-to-date infection prevention and control measures. The Australian Government Department of Health has developed a free online training module 'infection prevention and control for COVID-19', which ensures workers understand the basics about COVID-19 and how to protect NDIS participants and the workforce.

Further information:

- Department of Health - Infection prevention and control for COVID-19 free online training module
- NDIS Commission - Training for NDIS Workers During Covid-19

2.7.10 For each worker, the following details are recorded and kept up to date:

- Their contact details
- Details of their secondary employment (if any)

What does this mean? Services must ensure that staff records are regularly kept up to date, including relevant contact details and information pertaining to details of secondary employment such as emergency contact information and working days.

Further information:

- Fairwork Ombudsman - Record-keeping and Payslips

Standard 2.8 – Continuity of Supports



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant has access to timely and appropriate support without interruption.

To achieve this outcome, the following indicators should be demonstrated:

2.8.1 Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports

What does this mean? Your service has well developed processes in place to ensure participants do not experience issues in accessing their supports due to possible organisational disruptions. Plans are in place for all foreseeable risks in this context, such as when staff illness and turnover, and emergencies/disasters.

Further information:

- SA Department of Human Services - Scenario Planning Template and Business Continuity Management Plan Template
- MHCC - Embracing Change 'Worker Screening and Works Requirements for Registered NDIS Providers' Webinar
- MHCC - Embracing Change 'Worker Screening and Works Requirements for Registered NDIS Providers' Webinar Resources

2.8.2 In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role

What does this mean? Your service has processes in place to ensure that if a staff member is unavailable, someone with the relevant skills and knowledge is available or recruited to perform the role at short notice.

Further information:

- When I work - Example template for staff scheduling

2.8.3 Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences

What does this mean? Participants are included and ideally lead their support planning process, to identify their support preferences and needs. Clear documentation and record keeping processes will help ensure that the participant's needs are best met and prioritised. Participant needs and preferences are regularly reviewed with the participant, and at times when a participant specifically requests a review, or circumstances have changed.

Further information:

- Department of Health - National Practice Standards for the Mental Health Workforce - Standard 6: Individual Planning

2.8.4 Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider

What does this mean? Your service delivers supports as directed by the participant's service agreement. These services are provided in line with the complexity of supports your service offers and are regularly reviewed to ensure they are best suited to the participant's needs.

Further information:

- NDIS Service Agreements Information
- NDS – Practical Guide to Service Agreements

2.8.5 Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:

- **Explained and agreed with them; and**
- **Delivered in a way that is appropriate to their needs, preferences and goals**

What does this mean? Your service is transparent with participants when disruptions or changes to their supports are unavoidable, and alternative arrangements are developed in collaboration with the participant.

Further information:

- NDIS Commission - Fact sheet: Coronavirus (COVID-19) – Case studies of the NDIS Commission's compliance approach
- Australian Commission on Safety and Quality in Health Care - National Safety and Quality Digital Mental Health Standards – Guide for service providers

Standard 2.9 – Emergency and Disaster Management



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety, and wellbeing of participants in an emergency or disaster.

To achieve this outcome, the following indicators should be demonstrated:

2.9.1 Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster

What does this mean? Processes are in place to identify potential disasters that could impact the delivery of critical supports. Plans have been developed to appropriately respond and manage service delivery during these times to ensure supports continue to be provided that meet the participant's needs both during and after a disaster.

Further information:

- Community Services Industry Alliance - Business Continuity and Disaster Management Planning Template
- Disability Services Consulting - Developing a Business Continuity Plan
- Department of Health - information for health and mental health workers supporting people with disability
- Australian Commission on Safety and Quality in Health Care - National Safety and Quality Digital Mental Health Standards – Guide for service providers
- NDS Sector Development Podcast – Safer & Stronger: Comms in Crisis Part 1: Tech and Tools

2.9.2 The measures include planning for each of the following:

- preparing for, and responding to, the emergency or disaster;
- making changes to participant supports;
- adapting, and rapidly responding, to changes to participant supports and to other interruptions;
- communicating changes to participant supports to workers and to participants and their support networks

What does this mean? Processes are in place to appropriately respond and manage emergencies and/or disasters to ensure critical supports for participants wellbeing continue to be delivered both during and after disruptive events. Planning for disruptive events must include preparing alternative arrangements for supports provided to participants and being prepared for additional needs and supports in the time of emergencies; and planning clear communication of these changes to participants, and their informal and formal supports.

Further information:

- Community Services Industry Alliance - Business Continuity and Disaster Management Planning Template
- QLD Government 'Get Ready Queensland' – Disaster preparedness for people with disability
- NDIS Commission coronavirus (COVID-19) information
- Safe Work Australia – Emergency Plan Template
- NDS Sector Development Podcast – Safer & Stronger: Comms in Crisis Part 2: Principles and Practice
- NDS Sector Development Podcast – Safer & Stronger: Understanding the experiences of CALD Disability Support Workers and participants during the COVID-19 pandemic

2.9.3 The governing body develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place

What does this mean? Your organisation's Board and/or executive team develop emergency and disaster plans collaboratively with participants and their relevant support networks to ensure the plans continue to be in the best interest of the participants.

Further information:

- Safe Work Australia - Emergency Plans and Procedures
- Disability Royal Commission - Emergency Response Planning

2.9.4 The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.

What does this mean? Emergency and disaster plans that are developed provide clear guidance as to how the Board and executive team are to respond in the event of an emergency or disaster, including clear explanation of roles and responsibilities of staff in the case of emergencies.

Further information:

- Safe Work Australia - Emergency Plan Template

2.9.5 Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster

What does this mean? The service's emergency and disaster plans include a schedule for periodic review by the Board and executive team, as well as direction to be reviewed following their use in times of emergencies or disasters. Relevant changes are promptly implemented following a plan's review and in accordance with relevant legislative requirements or advice from reputable sources.

Further information:

- Australian Institute for Disaster Resilience - Emergency Planning Handbook

2.9.6 The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.

What does this mean? The organisation's emergency and disaster plans are periodically reviewed by the Board and executive team to ensure that the plan is appropriate and relevant to the situation being responded to.

Further information:

- Australian Institute for Disaster Resilience - Emergency Planning Handbook

2.9.7 The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans

What does this mean? Your organisation's Board and/or executive team review the emergency and disaster plans collaboratively with participants and their relative support networks, to ensure the plans continue to be in the best interests of the participants.

Further information:

- National Mental Health Commission - National Lived Experience (Peer) Workforce Development Guidelines
- Victorian Council of Social Science - Equitable and inclusive emergency planning and responses

2.9.8 The governing body communicates the plans to workers, participants and their support networks

What does this mean? Your organisation's Board and/or executive team clearly communicate the emergency and disaster plans and any changes to the plan to relevant staff, participants, and their support networks. The governing body should ensure that the plan can be accessible in various

communication formats to meet the differing communication needs of participants.

Further information:

- Australian Institute for Disaster Resilience - Australian Disaster Resilience Handbook: Communicating with people with a disability: national guidelines for emergency managers

2.9.9 Each worker is trained in the implementation of the plans

What does this mean? Your service provides staff with relevant training to ensure they can fulfil their roles and responsibilities as directed by the emergency and disaster plan.

Further information:

- Cerebral Palsy Alliance - Fire safety and emergency response online training
- NDIS Commission - Training for NDIS workers during COVID-19

Core Module 3

PROVISION OF SUPPORTS

- access to supports
- support planning
- service agreements with participants
- responsive support provision
- transitions to or from a provider

These NDIS Practice Standards set out the responsibilities for NDIS Providers when providing supports to participants

Standard 3.1 – Access to Supports



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

To achieve this outcome, the following indicators should be demonstrated:

3.1.1 The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand

What does this mean? Your service has clear, documented information on the supports you provide, as well as what the eligibility criteria are to access these services and any required costs. Any barriers or challenges to accessing services should be discussed openly with participants prior to entering a service agreement. Information is communicated in a format, mode and language that best meet the communication needs and preferences of the participant.

Further information:

- NDIS Price Guide and Support Catalogue
- NDIS Eligibility – an example of how you can communicate eligibility criteria
- NSW Health – Communicating effectively with people with mental illness and psychosocial disability

3.1.2 Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant’s health, privacy, dignity, quality of life and independence is supported

What does this mean? Each participant’s needs and preferences are unique, and an organisation’s service delivery needs to be sufficiently flexible to ensure that the supports provided are best suited to the participant’s individual requirements. In working with people living with psychosocial disability, ensuring a trauma-informed approach to flexibility of service delivery is imperative.

Further information:

- Mike Slade for Rethink Mental Illness - 100 ways to support recovery
- MHCC - Mental Health Rights Manual
- MHCC - TICPOT - Trauma-informed Care and Practice Organisation Toolkit (audit and resources)

3.1.3 Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant

What does this mean? Participants are supported by your organisation to understand when services and/or supports may be stopped or withdrawn due to change of circumstance or due to a decision made by the participant. Participants have the right to make their own decisions, and supports should not be withdrawn or denied purely based on the potential risks perceived by the service.

Further information:

- Momentum Collective - Example Service Delivery Policy
- Allied Health Professions Australia - Example Dignity of Risk and Duty of Care Policy and Procedure



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals and are regularly reviewed'

To achieve this outcome, the following indicators should be demonstrated:

3.2.1 With each participant's consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan

What does this mean? To conduct a holistic assessment of the participant's needs, services should seek consent to collaborate with the participant, their informal support network, and existing formal supports. The assessment should take into account the participant's preferences, support requirements, strengths, and goals as this will inform the development of a support plan to assist their recovery journey.

Further information:

- NDS - Empowerment Circle – to assist participants to identify what's important to them, and how they can be more empowered in the different areas of their life
- National Wraparound Initiative - Example strengths-based intake assessment
- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar

- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar Resources

3.2.2 In collaboration with each participant, risk assessments are regularly undertaken, and documented in their support plans; and appropriate strategies are planned and implemented to treat known risks to them

What does this mean? When appropriate, staff collaborate with participants in completing regularly scheduled risk assessments. The outcomes of these assessments must be clearly documented and easily accessible in the participant's support plan. Should any risks be identified, supports and planning must be implemented to manage and alleviate the potential impacts of these risks.

Further information:

- Safety Culture - Example Electronic Mental Health Risk Assessment Form

3.2.3 Risk assessments include the following:

- **consideration of the degree to which participants rely on the provider's services to meet their daily living needs**
- **the extent to which the health and safety of participants would be affected if those services were disrupted**

What does this mean? When completing risk assessments, workers must consider and discuss with participants the extent to which they are dependent on the service to meet their day-to-day needs and how their health and safety would be impacted should the service be unable to assist their day-to-day functioning.

Further information:

- Safety Culture - Example Electronic Mental Health Risk Assessment Form
- Define Fitness - Example Participant Risk Assessment

3.2.4 Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required

What does this mean? To uphold the safety and manage risks to the participant, services should regularly review and adapt any risk management strategies or safety plans to ensure that the strategies and supports in place are protecting the participant from harm.

Further information:

- Square - Example Suicide Risk Assessment

3.2.5 Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes

What does this mean? To ensure that the participant's support plan is effective in meeting the needs of the participant and helping to achieve their hopes and aspirations, workers should regularly review the plan in collaboration with participants. Plan reviews should occur annually at a minimum, and when there are identified changes to the needs or circumstances of the participant. The timing of the appointment to assess the progress of support plan in meeting the participant's identified recovery goals should be determined by their associated risks, the participant's needs and wishes.

Further information:

- Physical Disability Council of NSW - Plan Review Toolkit
- Centre for Excellence in Child and Family Welfare - Plan Review Guide

3.2.6 Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan

What does this mean? If a participant feels that the current support plan does not achieve their desired outcomes, collaboration with the participant and their support network to review and amend the support plan is undertaken to ensure that the supports in place best suit the participant's needs and preferences.

Further information:

- Intellectual Disability Behaviour Support Program UNSW – Doing an effective case review with a person with disability: A person-centred approach

3.2.7 Each participant's support plan is:

- **provided to them in the language, mode of communication and terms they are most likely to understand; and**
- **readily accessible by them and by workers providing supports to them**

What does this mean? The support plan is developed and provided to the participant in the mode of communication which the participant will best be able to understand. It is important that the Plan is easily accessible to the participant and their relevant support workers to ensure they continue to refer to their Plan and be aware of the needs and goals/outcomes the plan is intended to support.

Further information:

- Hemingway App – tool to assist you in writing in plain language
- NSW Health – Communicating effectively

3.2.8 Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies

What does this mean? With participant consent, the support plan is shared with the participant's support network, and other providers or government agencies to ensure that all those supporting the participant are working towards the same, person-led goals and outcomes.

Further information:

- McPin Foundation - Wellbeing Networks and Asset Mapping: Useful tools for recovery-focused mental health practice

3.2.9 Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services

What does this mean? Your service ensures that all participant's support plans include arrangements for routine preventative health care, such as planning for vaccinations, dental care, and allied health services. Considerations of supports to access and complete these appointments should be included in the support plan.

Further information:

- Department of Health – National Preventive Health Strategy 2021-2030

3.2.10 Each participant's support plan:

- anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
- is understood by each worker supporting them

What does this mean? The participant's support plan should include strategies and precautions informed by the participant's risk assessment, and the organisational emergency and disaster plan to holistically protect the safety and wellbeing of the participant during service delivery. The provisions in the support plan, and the organisational emergency and disaster plan should be clearly understood by all staff who are supporting the participant.

Further information:

- ACT Community Services – Person-Centred Emergency Preparedness Planning for Covid-19

Standard 3.3 – Service Agreements with Participants



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant has a clear understanding of the supports they have chosen and how they will be provided.

To achieve this outcome, the following indicators should be demonstrated:

3.3.1 Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached

What does this mean? To ensure that the participant has a comprehensive understanding of their plan, a service agreement is to be developed in collaboration with the participant. The agreement clearly explains such things as what the participant can expect to receive from the service, the specific supports which are put in place to help achieve their intended outcomes, price predictions, any conditions attached to supports, and mandatory reporting requirements. Being transparent about these things from the outset is important in building rapport with the participant, and ensuring they have a clear understanding of the roles and expectations of the service.

Further information:

- NDIS – Making a Service Agreement information
- TSP for All – Service Agreements in the NDIS – Online Training Module
- TSP for All – NDIS Service Agreement Template
- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar

- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar Resources

3.3.2 Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand

What does this mean? Your service ensures that the participant clearly understands the conditions of the service agreement by communicating the information in the language, format and mode which best meets the participant's communication needs and preferences.

Further information:

- NDIS Checklist – Things to think about when making a service agreement
- NSW Health – Communicating Effectively
- NDIS Commission – Supporting effective communication module

3.3.3 Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement

What does this mean? Your service provides all participants with a signed copy of their service agreement. If providing the written copy is not possible, or the participant does not wish to have a copy, the circumstances, and reasons for this are well documented within participant records.

Further information:

- NDS - Practical Guide to Making a Service Agreement
- NDIS – Things to think about when making a service agreement

3.3.4 Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:

- How a participant's concerns about the dwelling will be communicated and addressed
- How potential conflicts involving participant(s) will be managed
- How changes to participant circumstances and/or support needs will be agreed and communicated
- In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account; and
- How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant

What does this mean? If your organisation delivers supported independent living (SIL) supports within a specialist disability accommodation (SDA) setting, the SIL must have a separate service agreement with each participant and their SDA provider. The agreement should outline the roles and responsibilities of the SIL and SDA in relation to identifying and managing participant concerns. This includes conflicts of interest, change of circumstances and support needs, filling vacancies in reference to participant needs and preferences, as well as risk management and behaviour plans.

Further information:

- NDIS Information on SIL, SDA and Independent Living Options
- NDIS Supported Independent Living Operational Guideline
- NDIS Specialist Disability Accommodation Operational Guideline
- Summer Foundation – Example SIL Service Agreement

3.3.5 Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster

What does this mean? Each service agreement outlines the plans that are in place to ensure critical services for the participant's safety and wellbeing continue to be delivered in the event of an emergency or disaster.

Further information:

- Victoria Department of Health and Human Services – Planning for emergencies
- NDIS – Making a service agreement

Standard 3.4 – Responsive Support Provision



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

To achieve this outcome, the following indicators should be demonstrated:

3.4.1 Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes

What does this mean? Supports provided to participants endeavour to be unobtrusive and are delivered utilising evidence-based practice to meet the participant's needs and their identified goals and outcomes.

Further information:

- MHCC – Recovery Oriented Language Guide Edition 3
- Department of Health – A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers
- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar
- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar Resources

3.4.2 For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs

What does this mean? Effective collaboration with a participant's formal support network is important for the participant to achieve their desired outcomes and have their needs met in a holistic manner. To do this, services must obtain written consent from the participant to share information and discuss the participant's progress toward their goals with other providers.

Further information:

- NDIS – NDIS and other government services
- NDIS – Consent forms
- Brightwater Group – Governance and Partnership: Sector guidance and tools for effective delivering supports in partnership for people with complex and challenging needs
- Community Door - article and resources on Collaboration

3.4.3 Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports

What does this mean? During intake processes, participant needs and preferences are identified and considered when allocating workers to support them, supporting their right to choice and control and self-determination. This includes participant preferences regarding staff gender, especially when delivering personal care services – considerations like this ensure that your service is using a trauma-informed approach to care and practice.

Further information:

- Care Careers - Information on matching staff and participants – includes downloadable resource and interactive tool to identify what participants might need and want from their support staff
- MHCC – Trauma-informed Care and Practice Organisation Toolkit (TICPOT)

3.4.4 Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences

What does this mean? Your organisation ensures that all staff are suitably trained and supported to understand a participant's unique needs and preferences, and competently deliver the appropriate supports. This is particularly important when participants require daily supports or have specific needs that require supervising and/or examining.

Further information:

- Developmental Disability WA - Mapping Needs tool
- NDIS Commission – E-Learning Training courses

Standard 3.5 – Transitions to or from a provider



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant experiences a planned and coordinated transition to or from the provider.

To achieve this outcome, the following indicators should be demonstrated:

3.5.1 A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed

What does this mean? Procedures are in place to effectively plan the transition of a participant from one provider to another. This includes collaborating with the participant to ensure the transition is in the participant's best interests and meets their needs and preferences. Likewise, communication with the participant and other agencies is transparent and well documented in participant records.

Further information:

- NDIS - Change of Situation Form
- NDIS Commission – Transitions of care between disability services and hospitals
- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar
- MHCC – Embracing Change 'Provision of Supports and Provision of Supports Environment' Webinar Resources

3.5.2 Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation

What does this mean? Any risks associated with a participant's transition to or from your service (both temporary and permanent transitions) are identified and management and mitigation strategies to respond to these risks put in place, documented, and monitored

Further information:

- Safety Culture - Example Electronic Mental Health Risk Assessment Form
- Nurse & Midwife Support - Example Wellness Plan
- Safe Work Australia – How to manage risks during the transition of support from one provider to another

3.5.3 Processes for transitioning to or from the provider (including temporary transitions referred to in 3.5.2) are developed, applied, reviewed and communicated

What does this mean? Through policies and procedures, your organisation has developed processes for participants transitioning to or from your service. This includes how these processes are implemented and communicated as well as the frequency of the review of the existing transition process.

Further information:

- ConnectAbility - Example Service Access and Exit Policy

Core Module 4

PROVISION OF SUPPORTS ENVIRONMENT

- safe environment
- participant money and property
- management of medication
- mealtime management
- management of waste

These NDIS Practice Standards set out the environment in which supports are to be provided to participants

Standard 4.1 – Safe environment



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant accesses supports in a safe environment that is appropriate to their needs.

To achieve this outcome, the following indicators should be demonstrated:

4.1.1 Each participant can easily identify workers who provide supports to them

What does this mean? Participants can identify and understand who the supports workers are that have been engaged to help the participant meet their desired outcomes. Workers should have photo identification badges or some proof of employment by the provider.

4.1.2 Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them

What does this mean? Your organisation has procedures and processes in place to support workers to ensure a safe work environment when working in a participant's home. Workers collaborate with participants to identify any potential risks and jointly develop strategies to mitigate and manage the occurrence of any risks. This ensures the safety of both the participant and their in-home support workers.

Further information:

- MePACS - Example Home Visiting Risk Assessment Template
- Mable - Home visiting guide and risk assessment
- MHCC – Embracing Change ‘Provision of Supports and Provision of Supports Environment’ Webinar

- MHCC – Embracing Change ‘Provision of Supports and Provision of Supports Environment’ Webinar Resources

4.1.3 Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences

What does this mean? Your organisation has policies and procedures in place to identify, manage and mitigate risks in collaboration with the participant's formal support network. In addition, collaboration with other service providers is undertaken to ensure support environments are safe, and actively prevent and manage injuries.

Further information:

- Neami National - Consumer Risk Assessment Guidelines

4.1.4 For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns

What does this mean? During intake processes, services must identify the communication needs and preferences of the participant and ensure that the worker's assigned to support them can best meet the identified communication needs. In developing the participant's support plan, workers should have a transparent discussion with participants to develop a plan for how the participant will communicate their needs, including any health concerns or worsening day-to-day functioning. With consent from the participant, this discussion may be more beneficial with inclusion of both the participant's formal and informal support network.

Further information:

- NDIS Commission – Supporting effective communication

4.1.5 To avoid delays in treatments for participants:

- protocols are in place for each participant about how to respond to medical emergencies for them; and
- each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations)

What does this mean? For each participant, there is consideration within their support plan and risk assessments to identify and respond to any potential medical emergencies which may arise for the participant. Workers should be fully informed of any risks and be suitably trained and competent to respond to any medical emergencies which may occur for the participant.

Further information:

- Leap in – Emergency planning: All you need to know
- Carer Gateway – Emergency Care Plan

4.1.6 Systems for escalation are established for each participant in urgent health situations

What does this mean? There are processes in place which ensure that support workers understand their roles and responsibilities in the event of urgent health situations, and the escalation procedures are understood which determine the management and actions required in the event of an urgent health situation.

Further information:

- Summer Foundation – NDIS & Health ‘Working Together’
- Australian Commission on Safety and Quality in Health Care – Escalation Mapping Template

4.1.7 Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants

What does this mean? Your organisation has policies and procedures in place to ensure that all staff are practicing infection prevention and control standards in all their service provision environments. This includes following State Health advice and directives, such as during the COVID-19 pandemic.

Further information:

- NDIS Commission – NDIS Commission coronavirus (COVID-19) information
- NDIS – For providers: Coronavirus (COVID-19)
- NDS Sector Development Podcast – Safer and Stronger: Minimising risk of COVID-19 infection transmission from work to home – key infection prevention and control considerations for disability workers Pt1
- NDS Sector Development Podcast – Safer and Stronger: Minimising risk of COVID-19 infection transmission from work to home – key infection prevention and control considerations for disability workers Pt 2

4.1.8 Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces

What does this mean? Your service has a regular cleaning schedule in place in support environments (other than the participant’s home) to aid in preventing infection. There should be particular attention paid to cleaning frequently touched services.

Further information:

- WA Department of Health – Infection Prevention and Control Advice for Environmental Cleaning in Non-Healthcare Settings (Home and Workplace)

4.1.9 Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette

What does this mean? All staff participate in infection prevention and control standard precaution training. This includes hand hygiene practices, respiratory hygiene, and cough etiquette. Routine reviews and refresher training of these practices are facilitated.

Further information:

- Hand Hygiene Australia
- Royal Melbourne Hospital - Hand hygiene and proper respiratory etiquette 101 video
- Department of Health – COVID-19 Infection Control Training

4.1.10 Each worker who provides supports directly to participants is trained, and has refresher training in the use of PPE

What does this mean? All staff in client facing roles are trained and confident in the use of personal protective equipment (PPE), for example masks, eye protection and gloves. Routine refresher training in the use of PPE is facilitated for all staff delivering direct supports to participants.

Further information:

- Department of Health – Donning and doffing personal protective equipment in primary care video
- Department of Health – The use of face masks and respirators in the context of COVID-19
- NDIS Commission – Information for providers on the use of Personal Protective Equipment
- NSW Health – Mental Health PPE Quick Reference Guide

4.1.11 PPE is available to each worker, and each participant, who requires it

What does this mean? To ensure the use of PPE, and promote a culture of workplace health and safety, your service provides appropriate PPE for all staff and participants who require it.

Further information:

- NDIS Quality and Safeguards Commission – Information for providers on the use of Personal Protective Equipment
- NDIS providers and self-managing participants who can no longer access personal protective equipment (PPE) supplies through usual means can contact the National Medical Stockpile by emailing NDISCOVIDPPE@health.gov.au

Standard 4.2 – Participant Money and Property



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Participant money and property is secure, and each participant uses their own money and property as they determine.

To achieve this outcome, the following indicators should be demonstrated:

4.2.1 Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant

What does this mean? Your organisation has clear policies and processes in place to direct the management, protection and accountability for participant money and property and ensure funds are only accessed with participant consent and used in line with their wishes.

Further information:

- Ausmed - An article on Respecting Client Money and Property
- HECIS - Example 'Management of client money and property' policy

4.2.2 If required, each participant is supported to access and spend their own money as the participant determines

What does this mean? Your service promotes participant self-determination, and choice and control when supporting participants to access and spend their NDIS funds to help achieve their desired outcomes and meet their needs.

Further information:

- MHCC - Introduction to Supported Decision-Making free online training
- MHCC - Mental Health Rights Manual - Decision-making and the NDIS
- ACCC - Your consumer rights: a guide for consumers with disability
- NDIS - Ways to manage your funding

4.2.3 Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan

What does this mean? Your organisation has processes in place to ensure that staff do not provide guidance or information regarding participant finances which extends outside of the staff's role and responsibilities as outlined in their job description.

Further information:

- Relationships Australia - Maintaining personal and professional boundaries

Standard 4.3 – Management of Medication



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant requiring medication is confident their provider administers, stores, and monitors the effects of their medication and works to prevent errors or incidents.

Please note: While this is a component of the core modules of the NDIS Practice Standards, the management of medication may not be relevant to your service and its registered supports.

To achieve this outcome, the following indicators should be demonstrated:

4.3.1 Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication

What does this mean? Your service ensures that each participant's medication needs are identified clearly in the participant records to ensure they receive correct dosage and type of medication. This is important particularly when there are several staff or new staff members supporting a participant in administering medication, and when medications or dosages are altered. The service ensures that workers receive suitable training and education to conduct these activities.

Further information:

- District 360 Supports - Example Medication Management Policy and Procedure
- NSW Department of Communities and Justice (formerly Family and Community Services) - Medication Procedures Tools and Templates - provides resources to be completed when supporting a person with the safe administration, recording and review of medication

4.3.2 All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication

What does this mean? Staff responsible for safe administration of a participant's medication are aware of the potential side effects and are trained to respond appropriately in the event of an incident involving medication, including first responder procedures, and reporting of incidents.

Further information:

- NDS - Learning Guide for Disability Support Workers to assist clients with medication
- NPS - Medicine and side effects
- NDS - Assist with Medication, online theory

4.3.3 All medications are stored safely and securely, can be easily identified, and differentiated, and are only accessed by appropriately trained workers.

What does this mean? Your service has clear procedures and processes in place to ensure that all medications are safely and securely stored. Processes should include restricting medication access only to appropriately trained staff, as well as the clear labelling of medications to support ease of identification and monitoring.

Further information:

- Australian Commission on Safety and Quality in Health Care - Safe and Secure Storage and Distribution of medicines
- Woden Community Service - Example medication policy and principles

Standard 4.4 – Mealtime Management



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned and prepared in an environment and manner that meets their individual needs and preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

Please note: While this is a component of the core modules of the NDIS Practice Standards, the management of meals may not be relevant to your service and its registered supports.

To achieve this outcome, the following indicators should be demonstrated:

4.4.1 Providers identify each participant requiring mealtime management.

What does this mean? Your service has processes in place during intake processes to effectively identify any mealtime management needs of the participant.

Further information:

- NSW Department of Communities and Justice (formerly Family and Community Services) – Nutrition and Swallowing Procedures Tools and Templates
- CPL Disability Supports - Example Mealtime Management Checklist

4.4.2 Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:

- a. undertaking comprehensive assessments of their nutrition and swallowing; and

- b. assessing their seating and positioning requirements for eating and drinking; and
- c. providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
- d. reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed

What does this mean? If a participant has identified mealtime needs, a comprehensive assessment of these needs is conducted by relevant qualified health practitioners. A mealtime management plan is then developed based on the findings of the assessment and reviewed annually, or when there is a change in circumstances. The assessment must include the nutrition and swallowing needs of the participant, as well as the seating and positioning requirements for eating and drinking. Time allocated to mealtime needs must consider the participant's specific requirements.

Further information:

- NDIS Commission – Dysphagia, safe swallowing, and mealtime management Practice Alert
- Allied Health 2U – Swallowing assessment/mealtime management plan
- NGO Learning Centre – Mealtime Management Online Courses
- Recovery Station – Changes to NDIS Standards for mealtime management video

4.4.3 With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans

What does this mean? Your service promotes self-determination and choice and control by ensuring that, with participant consent, participants are active in the assessment and development of their mealtime management plan.

Further information:

- NSW Department of Communities and Justice (formerly Family and Community Services) – Nutrition and Swallowing Procedures Tools and templates
- NDS – Choice and control policy

4.4.4 Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids

What does this mean? The mealtime needs of participants must be clearly documented in participant records to ensure that all workers responsible for providing support have thorough understanding of the participant's specific mealtime requirements. All workers responsible for providing mealtime support should be well trained to respond appropriately to potential safety incidents such as coughing or choking.

Further information:

- NDIS Commission – Dysphagia, safe swallowing, and mealtime management Practice Alert
- NDS – Safe and enjoyable mealtime resources
- Health Direct – Choking

4.4.5 Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks

What does this mean? All workers that hold mealtime support responsibilities are trained to safely prepare and provide meals, employing safe food-handling practices and being equipped with appropriate first aid responses

to coughing and choking. All meals that are prepared by support workers for participants should be appetising and low risk for choking hazards or other mealtime challenges which the participant may experience.

Further information:

- QLD Department of Communities, Disability Services and Seniors – Mealtime Support Resources
- NDIS Commission – Supporting safe and enjoyable meals e-learning module
- The Disability Research Network UTS – 'Co-creating safe and enjoyable meals for people with swallowing disability' resources and training modules

4.4.6 Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them

What does this mean? Should a participant require a mealtime management plan, the plan should be easily accessible in participant records and on sites where the participant's mealtime needs are being met. This is to ensure all support workers have a clear understanding of the participant's specific mealtime needs.

Further information:

- NSW Department of Communities and Justice (formerly Family and Community Services) – Nutrition and Swallowing Procedures Tools and templates
- QLD Department of Communities, Disability Services and Seniors – Mealtime Support Resources

4.4.7 Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:

- be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
- if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks

What does this mean? Participants should be exercising choice and control in mealtime planning to ensure that they are being provided meals which are both nutritious and enjoyable. Meal planning should also occur in collaboration with appropriately qualified health professionals to best plan around any nutritional, safety, and health needs during mealtimes.

Further information:

- The Disability Research Network UTS – ‘Co-creating safe and enjoyable meals for people with swallowing disability’ recipes and support videos for disability support workers
- QLD Department of Communities, Disability Services and Seniors – Mealtime Support Resources

4.4.8 Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans

What does this mean? For a person who experiences difficulties when chewing and swallowing, changing food texture is a key strategy to support their health and

safety as changing the texture can help the person chew, prepare, and have more control when moving the food in their mouth and when swallowing. Your service should have procedures in place so that workers responsible for mealtime management feel confident to prepare and provide texture-modified meals as directed by a participant’s mealtime management plan.

Further information:

- International Dysphagia Diet Standardisation Initiative – The IDDSI Framework
- QLD Department of Communities, Disability Services and Seniors – Mealtime Support Resources – page 31
- NDIS Commission – Dysphagia, safe swallowing, and mealtime management Practice Alert

4.4.9 Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants

What does this mean? To avoid incidences of allergic reactions, choking, or foodborne illness (e.g., food poisoning), it is important that your service has procedures and processes in place to ensure the safe storage and clear identification of the participant’s meals. All workers should be aware of the potential dangers to participants should they accidentally be provided with another participant’s meal.

Further information:

- NDIS Commission – Supporting safe and enjoyable meals e-learning modules

Standard 4.5 – Management of Waste



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Outcome: Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

To achieve this outcome, the following indicators should be demonstrated:

4.5.1 Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice, complies with current legislation and local health district requirements

What does this mean? Your service has waste management policies and procedures in place to ensure the safe storage and disposal of infectious or hazardous waste (including used PPE) as specified by relevant legislation and local health requirements.

Further information:

- District 360 Supports - Example Waste Management Policy and Procedures
- CDNI Care - Example Waste Management Policy
- Allied Health Professionals Australia - Example management of waste ‘standard and spiel’

4.5.2 All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated, and reviewed

What does this mean? To prevent future incidents involving infectious, bodily, or hazardous substances, your service has policies and procedures in place to ensure all incidences that occur are appropriately reported, documented, assessed, and reviewed.

Further information:

- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)

4.5.3 An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required

What does this mean? Your service has a specified emergency plan established to respond to incidences or accidents related to clinical waste or hazardous substances. The emergency plan should be reviewed and revised following its use to ensure that it is effective for future events. There should be relevant policies and procedures in place to assure the development and evaluation of the emergency plan.

Further information:

- VIC Department of Families, Fairness and Housing – Template emergency management plan
- ACT Community Services – Person-centred emergency preparedness planning for COVID-19

4.5.4 Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances

What does this mean? Your service provides or facilitates appropriate training and education for all staff to competently and safely handle waste, bodily or hazardous substances. This includes education on best-practice approaches to the disposal of any PPE or other handling equipment utilised in managing waste or substances.

Further information:

- Department of Health – Coronavirus: Wearing personal protective equipment for disability support workers video
- DSC – Safe waste management e-learning module

Specialist Behaviour Support Module

- Behaviour Support in the NDIS
- Restrictive Practices
- Functional Behaviour Assessments and Behaviour Support Plans
- Supporting the Implementation of the Behaviour Support Plan
- Behaviour Support Plan Monitoring and Review
- Reportable Incidents involving the Use of a Restrictive Practice
- Interim Behaviour Support Plans

These NDIS Practice Standards apply to NDIS providers who are registered to provide specialist behaviour support to NDIS participants.



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

To achieve this outcome, the following indicators should be demonstrated:

5.1.1 The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 are understood and applied

What does this mean? Behaviour support practitioners must meet the requirements outlined in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Behaviour support focuses on evidence-based strategies and person-centred supports that address the needs of the participant and the underlying causes of behaviours of concern. Your service should have procedures in place to ensure that all staff providing behaviour support, understand and work in accordance with the Rules.

Further information:

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NDIS Commission – Behaviour support

5.1.2 All NDIS behaviour support practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessment and development of behaviour support plans

What does this mean? NDIS behaviour support practitioners are practitioners the NDIS Quality and Safeguards Commissioner considers suitable and have been issued a practitioner identification number. Behaviour support practitioners are considered provisionally suitable with the Commission pending their assessment against the Positive Behaviour Support Capability Framework. The practitioner suitability assessment involves assessment of a behaviour support practitioner against the Positive Behaviour Support Capability Framework and an application to the NDIS Commission for consideration of suitability. Your service has policies and procedures in place to ensure all behaviour support practitioners have been appropriately assessed to deliver specialised supports.

Further information:

- NDIS Commission - Self-Assessment Resource Guide for the Positive Behaviour Support Capability Framework (2020)
- *NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020* (Cth)
- NDIS Commission - Positive Behaviour Support Capability Framework
- NDIS Commission – Behaviour Support Practitioner Suitability Assessments

5.1.3 Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support

What does this mean? Your service has policies and procedures in place to support the continual professional development of behaviour support practitioners to ensure they are employing evidence-based approaches

in their practice, and working in the least restrictive, trauma-informed way.

Further information:

- NDIS Commission - Self-Assessment Resource Guide for the PBS Capability Framework (2020)
- NDIS Commission - Self-assessment Tools for the PBS Capability Framework
- MHCC – Embracing Change ‘Understanding Behaviour Support Under the NDIS’ Webinar Resources
- MHCC – Embracing Change ‘Understanding Behaviour Support Under the NDIS’ Webinar
- NDS – Behaviour Support Practitioner Recorded Webinars

5.1.4 A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner

What does this mean? The NDIS Commission recognises supervision as an important tool for strengthening practice and building capability of the behaviour support workforce. Supervision helps develop a behaviour support practitioner’s knowledge, skills, confidence, competence, and professionalism. Supervision sessions can facilitate reflective practice, debriefing, and discussion of regulatory context and evidence-based practice. Your service has policies and procedures in place to ensure that behaviour support practitioners receive regular, ongoing clinical or other relevant supervision.

Further information:

- Health Workforce Australia – National Clinical Supervision Competency Resource
- Health Education and Training Institute (HETI) – Clinical supervision ‘Superguide’
- NDIS Commission – Self-assessment resource guide for the Positive Behaviour Support Capability Framework (pages 61-65)
- My Disability Practitioners – Clinical Supervision

5.1.5 Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices

What does this mean? A restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. The decision to use a restrictive practice needs careful clinical and ethical consideration, upholding a person’s human rights and the right to self-determination and dignity. To support the reduction and elimination of restrictive practices, your service has policies and procedures in place to promote the safety of participants within service delivery to reduce harm and improve quality of life. The policies and procedures ensure that restrictive practices are solely used where authorised and in accordance with a behaviour support plan.

Further information:

- NDIS Commission - Regulated Restrictive Practices Guide
- NDIS Commission - Regulated Restrictive Practices with Children and Young People with Disability: Practice Guide
- Department of Social Services - National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.
- Empowered Community Services - Example ‘Use of restrictive practices’ policy and procedure
- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant is only subject to a restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

Please note: In the past, restrictive practices were often a first response to behaviours that caused significant harm to the person or others. It is now recognised that restrictive practices may represent serious human rights infringements.

To achieve this outcome, the following indicators should be demonstrated:

5.2.1 Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any restrictive practices included in a behaviour support plan

What does this mean? The *NDIS Act 2013* defines a restrictive practice as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Certain types of restrictive practices are defined as regulated restrictive practices by the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*. The use of regulated restrictive practices is subject to provisions and reporting

requirements. The NDIS Commission does not authorise the use of restrictive practices, authorisation remains the responsibility of the state or territory in which the regulated restrictive practice is used. Under the Behaviour Support Rules, the implementing provider is required to obtain authorisation and lodge evidence of that authorisation with the NDIS Commission.

Further information:

- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NSW Department of Communities and Justice (formerly Family and Community Services) – Restrictive Practices Authorisation Procedural Guide
- WAAMH – Procedure Guidelines for Authorisation of Restrictive Practices in NDIS Funded Disability Services

5.2.2 Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices

What does this mean? Professional development is a commitment to maintain, improve and broaden personal and professional knowledge, expertise, and competence. Ongoing professional development is key for behaviour support practitioners, to ensure their practice reflects current best practice. Your service has processes in place to facilitate training and professional development opportunities for any behaviour support practitioners to remain knowledgeable of restrictive practice and the potential risks to participants should these practices be exercised.

Further information:

- NDIS Commission – Behaviour Support in the NDIS Commission (for practitioners) video
- NDIS Commission – Behaviour Support in the NDIS (for providers) video

- Developmental Educators Australia Incorporated – Restrictive Practices Resources
- MHCC - Embracing Change 'Understanding behaviour support under the NDIS Resource Pack'

5.2.3 Each participant and with the participant's consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices, and they understand the risks associated with their use. Alternatives to the use of restrictive practices are promoted as part of these discussions

What does this mean? 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. Strategies to reduce or eliminate the use of restrictive practices should be discussed and included in the behaviour support plan, and alternatives to the use of restrictive practices be planned with the participant and their support networks, and always attempted before prior to the use of restrictive practices.

Further information:

- ACT Department of Community Services – Positive Behaviour Support Plan Guideline
- Early Start Australia - Example Positive Behaviour Support Policy
- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services

5.2.4 Each participant and, with the participant's consent, their support network, their providers implementing behaviour support plans and other relevant stakeholders, are engaged in the development of behaviour support strategies that are proportionate to the risk of harm to the participant or others

What does this mean? To develop a comprehensive behaviour support plan, a behaviour support practitioner completes a functional behaviour assessment and develops the behaviour support plan in collaboration with the participant, their family, carers, guardian, and other relevant people, as well as the service providers who will implement the plan. A statement of intent to include a restrictive practice in the behaviour support plan should be given to the participant and their family, carers, guardian, and other relevant people in an accessible format. When planning behaviour supports with the participant and their support networks, all strategies to prevent risk of harm to the participant and others must be discussed and included in the plan, with practitioners always utilising the least restrictive practices prior to resorting to regulated restrictive practice. Your service should work under the premise that the aim of positive behaviour support is to reduce and eliminate restrictive practices.

Further information:

- WA Department of Communities - Positive behaviour support
- UNSW – Understanding Behaviour Support Practice Guide (pages 35-38)

5.2.5 Restrictive practices are only included in a participant's behaviour support plan in accordance with relevant Commonwealth legislation and/or policy requirements and relevant state or territory legislation and/or policy requirements for obtaining authorisation (however described) for the use of any restrictive practices

What does this mean? The aim of positive behaviour support is to reduce and eliminate restrictive practice. The primary emphasis should be to uphold the rights of the person with disability by looking to support them through evidence-informed, person-centred strategies reflected in a behaviour support plan. There may be limited circumstances in which a regulated restrictive practice is used. The *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* specify that any use of restrictive practices must be used only in response to a risk of harm to the person with disability or others, as a means of last resort. Any restrictive practice used must be authorised in accordance with any state or territory legislation and/or policy requirements. Behaviour support plans that do not contain a regulated restrictive practice do not need to be lodged with the NDIS Commission. Use of restrictive practices that are not detailed in a behaviour support plan or do not have the required authorisation and consent may constitute a reportable incident under the *NDIS (Incident Management and Reportable Incidents) Rules 2018*. Where a state or territory does not have an applicable authorisation process, the requirements under the NDIS Act and Behaviour Support Rules continue to apply. This means the regulated restrictive practice is required to be included in a behaviour support plan, and the behaviour support practitioner is required to lodge the behaviour support plan with the NDIS Commission, regardless of whether state or territory authorisation is required.

Further information:

- NDIS Commission – Behaviour support NDIS Participants
- ACT Senior Practitioner website
- NSW Restrictive Practices Authorisation Portal
- NT Restrictive Practices Authorisation
- QLD Department of Communities, Disability Services and Seniors – Authorising restrictive practices
- TAS Department of Communities Office of the Senior Practitioner website
- VIC Department of Families Fairness and Housing Authorisation Guidelines
- WA Department of Communities – Authorisation of restrictive practices

5.2.6 Regulated restrictive practices in behaviour support plans comply with the conditions prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

What does this mean? Under the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* certain restrictive practices are subject to regulation. These include seclusion, chemical restraint, mechanical restraint, physical restraint, and environmental restraint. The *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* specify that any use of restrictive practices must be used only in response to a risk of harm to the person with disability or others, as a means of last resort. Any restrictive practice used must be authorised in accordance with any state or territory legislation and/or policy requirements, and the use of restrictive practices must be in proportion to the risk of harm and used only for the shortest possible time.

Further information:

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- ACT Department of Community Services – Positive Behaviour Support Plan Guideline
- WA Department of Communities – Behaviour Support Plan requirements
- MHCC - Embracing Change 'Understanding behaviour support under the NDIS' webinar

5.2.7 Each participant's behaviour support plan or interim behaviour plan includes strategies that will lead to the reduction and elimination of any restrictive practices included in the plan

What does this mean? In working in a person-centred, dignity driven approach, a participant's behaviour support plan should aim to reduce and eliminate restrictive practices. There may be limited circumstances whereby a restrictive practice must be included in planning, should the risk of harm to a participant or others require its use. The behaviour support plan should include strategies, developed in collaboration with the participant and their support networks, to reduce and eliminate the need for restrictive practices.

Further information:

- Open Minds – What is Positive Behaviour Support
- NDIS Commission – Compendium of Resources for Positive Behaviour Support
- NDIS Commission – Regulated Restrictive Practices Guide
- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services

5.2.8 Support is provided to other providers implementing a behaviour support plan, in delivering services, implementing strategies in the plan and evaluating the effectiveness of current approaches aimed at eliminating restrictive practices

What does this mean? Behaviour support practitioners are to provide support and advice to other NDIS providers that are delivering services to the participant and are implementing the behaviour support plan. Working closely with these other services will allow for greater evaluation of the effectiveness of the strategies and interventions in place to reduce the behaviours of concern.

Standard 5.3 – Functional Behaviour Assessments and Behaviour Support Plans



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs

To achieve this outcome, the following indicators should be demonstrated:

5.3.1 Work is undertaken with each participant and their support network to undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern

What does this mean? To develop a holistic positive behaviour support plan, your service should actively collaborate with the participant and their support networks, and the plan should be informed by a thorough functional assessment. Functional assessments are used to better understand the function/purpose of complex or challenging behaviours from the perspective of the participant. Assessments are informed by observation and analysis of the participant in their environment and social relationships to help identify potential triggers or motivators for their challenging behaviours. Completing these assessments utilising a trauma-informed approach will help understand the relationship between complex behaviours and unmet needs, and the use of challenging behaviours to have a person's needs met (e.g., hitting a carer to communicate needing help).

Further information:

- VIC Department of Health and Human Services – Behaviour support plan toolkit (pages 9-13)

5.3.2 Behaviour support plans take into account all appropriate sources of information such as behaviour support assessment, and with the consent of the participant's support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers and mainstream service providers

What does this mean? Your service should employ a holistic, multidisciplinary approach to developing behaviour support plans, actively collaborating with the participant and their informal and formal support networks. Behaviour support plans which are informed by behaviour support assessments as well as other allied health and primary health assessments will have greater outcomes in effectively achieving the participant's goals and having their needs met, as well as holistically understanding the underlying reasons for challenging behaviours.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework

5.3.3 Behaviour support plans are consistent with evidence-informed practice, including proactive strategies

What does this mean? Your service should develop and implement behaviour support plans based on facts and research, not opinions. Evidence-based practice will ensure that your supports are person-centred and outcome-focused, as well as proactive and preventative of challenging or complex behaviours.

Further information:

- ACT Department of Community Services – Positive Behaviour Support Plan Guideline

5.3.4 The interface between a reasonable and necessary supports under a participant's plan and any other supports or services under a general system of service delivery that the participant received, are considered, and strategies and protocols are developed to integrate supports/services as practicable

What does this mean? A participant may receive a diversity of mainstream mental and physical health services and community-based services. It is important to establish collaboration across these services as far as is possible, with policies and procedures in place to support this. For example, somebody may receive an NDIS package of supports whilst also receiving community supports such as HASI/CLS supports, and other services such as meals on wheels or social inclusion activities.

Further information:

- NDIS – Mainstream and community supports overview
- NDIS – NDIS and other government services
- NDIS – Mainstream and community supports interfaces

5.3.5 Behaviour support plans are developed in consultation with the providers implementing behaviour support plans, and the behaviour support plan is given to those providers for their consideration and acceptance

What does this mean? Behaviour support plans should be developed collaboratively with other service providers who will be implementing the behaviour support plan to ensure that the service has the capacity and capability to support the assessed needs of the participant and carry out the plan when required.

Further information:

- NDIS Commission – Interim behaviour support template
- NDIS Commission – Comprehensive Behaviour Support Plan

5.3.6 All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

What does this mean? Any behaviour support plan containing a regulated restrictive practice must be lodged with the NDIS Commission. NDIS service providers must regularly report the use of a regulated restrictive practice with a NDIS participant to the NDIS Commission. In most instances reporting is done monthly, however providers in South Australia are required to report fortnightly on use of a restrictive practice under a short-term approval, and reportable incident reporting requirements also apply. Behaviour support plans that do not contain a regulated restrictive practice do not need to be lodged with the NDIS Commission. If a restrictive practice is used and it is not included in a participant's behaviour support plan, the implementing provider needs to lodge this as a reportable incident to the NDIS Commission within 5 days of the provider being made aware of this occurrence.

Further information:

- NDIS Commission – Behaviour support NDIS Participants

Standard 5.4 – Supporting the Implementation of the Behaviour Support Plan



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.

To achieve this outcome, the following indicators should be demonstrated:

5.4.1 Assistance is given to ensure that the providers implementing behaviour support plans understand the relevant state or territory legislative and/or policy requirements for obtaining authorisation (however described) for the use of a restrictive practice included in a behaviour support plan, including any conditions around the use of restrictive practices

What does this mean? Following the development of a behaviour support plan by a behaviour support practitioner, the implementing provider is required to obtain authorisation of any restrictive practice from the relevant state or territory body and provide this to the NDIS Commission as well as complete monthly reports on the use of restrictive practices to the NDIS Commission. The behaviour support practitioner is to provide support to implementing providers to understand their legislative and policy requirements for obtaining authorisation for the use of restrictive practice.

Further information:

- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- *NDIS (Incident Management and Reportable Incidents) Rules 2018* (Cth)

- NDIS Commission - Positive Behaviour Support Capability Framework
- NDIS Commission - Regulated Restrictive Practices Guide

5.4.2 Reasonable measures are taken to ensure that participant, and with the participant's consent, the participant's support network, and the providers implementing behaviour support plans, understand the rationale underpinning the behaviour support plan. Instructions and guidance are developed to support the participant, the providers implementing behaviour support plans and the participant's support network to effectively implement the behaviour support plan

What does this mean? The behaviour support practitioner must have transparent and open conversations with the participant, their support networks, and the service provider so that there is clear, mutual understanding as to why the behaviour support plan is in place and how it should be implemented. These discussions should be collaborative, person-centred, and recovery-oriented to continue to uphold the dignity, choice and control of the participant.

Further information:

- NDIS Commission – Behaviour support NDIS Participants
- DHHS – Positive practice framework: A guide for behaviour support practitioners (pages 37, 47 – 51)

5.4.3 Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

What does this mean? An implementing service provider who uses regulated restrictive practices is required to keep records of their use of restrictive practices and provide monthly reports of use to the

NDIS Commission. If your service only has short-term approval for the use of a regulated restrictive practice, a report must be provided to the Commissioner every 2 weeks. The NDIS Commission's Regulated Restrictive Practices Guide outlines NDIS providers' obligations when implementing regulated restrictive practices.

Further information:

- NDIS Commission - Regulated Restrictive Practices Guide
- NDIS Commission – For Providers: Behaviour Support in the NDIS Commission video
- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

5.4.4 Person-focused training, coaching and mentoring is facilitated or delivered to each of the providers implementing behaviour support plans, and, with each participant's consent, their support network (where applicable). It covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies

What does this mean? Your service is supported by a behaviour support practitioner to receive person-focused training, coaching, and mentoring, with this opportunity extended to the participant's informal and formal support. It is the provider's responsibility to ensure that any workers implementing behaviour support in accordance with a behaviour support plan have been appropriately trained to provide those supports. Facilitation of evidence-based, person-centred, positive behaviour support will ensure that the participant's human rights are upheld, and their quality of life is maximised when implementing behaviour support plans.

Further information:

- DHHS – Positive practice framework: A guide for behaviour support practitioners

- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Compendium of Resources for Positive Behaviour Support
- MHCC - Embracing Change 'Understanding behaviour support under the NDIS' webinar
- MHCC - Embracing Change 'Understanding behaviour support under the NDIS' webinar resources
- NDIS Commission – Worker Orientation Module 'Quality, Safety and You'

5.4.5 Development of behaviour support plans for each participant, in collaboration with the providers implementing the behaviour support plan

What does this mean? NDIS behaviour support practitioners are responsible for developing the behaviour support plan and lodging this with the NDIS Commission. Other relevant implementing providers should play an active role in the development of behaviour support plans in collaboration with the behaviour support practitioner, as well as the participant and their support networks.

Further information:

- ACT Department of Community Services – Positive behaviour support plan guideline

5.4.6 Where the specialist behaviour support provider recommends that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice included in a plan, oversight is retained to ensure the training addresses the strategies contained within each participant's behaviour support plan

What does this mean? It is your service's responsibility to ensure that any workers implementing behaviour support in accordance with a behaviour support plan have been appropriately trained to provide those supports, acknowledging the specific needs of each participant.

The NDIS Commission has released the Positive Behaviour Support Capability Framework for NDIS providers and behaviour support practitioners to assist in the professionalisation of the sector and build the capacity of practitioners

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Compendium of Assessment Resources

5.4.7 Ongoing support and advice is offered to providers implementing behaviour support plans, and, with the participant's consent, their support network (where applicable), to address barriers to implementation

What does this mean? Behaviour support practitioners should work with implementing behaviour support service providers to ensure that their staff are adequately trained and supported to implement the plan. Regular reviews of the behaviour support plan with the implementing provider, the participant and their support network will allow the behaviour support practitioner to address any barriers to implementation.

Standard 5.5 – Behaviour Support Plan Monitoring and Review



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant.

To achieve this outcome, the following indicators should be demonstrated:

5.5.1 The progress and effectiveness of implemented strategies are evaluated through regular engagement with the participant, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans

What does this mean? Behaviour support plans should be regularly reviewed with the participant to ensure that the strategies in place are maximising their quality of life and minimise behaviours of concern. Your service should have policies and procedures in place to continually review, record and monitor the effectiveness of the interventions in place, this should include seeking regular feedback from the participant and their support networks, as well as receiving and reviewing data from other implementing providers.

Further information:

- DHHS – Positive practice framework: A guide for behaviour support practitioners (page 55)

5.5.2 Modifications to the strategies contained in each participant's behaviour support plan are made based on engagement with the participant and the results of the information and data analysis, and with the participant's consent, these changes are communicated, and training is provided (where required) to their support network on the modified strategies

What does this mean? Should the participant's behaviour support plan require an alteration to better meet their needs and minimise behaviours of concern, these changes should be based on the feedback provided by the participant, as well as any formal assessments or reviews. Any changes that are made to the behaviour support plan should be clearly communicated with the participant and their relevant support networks. Appropriate training on the agreed interventions should be facilitated for the implementing providers and other relevant supports should this be required/requested.

5.5.3 Opportunities to reduce the use of restrictive practices based on documented positive changes are pursued

What does this mean? The focus of positive behaviour support is to improve a participant's quality of life. This includes the use of the least restrictive intervention, with the aim of further reduction with the potential to phase-out the practice over time (if possible). If it is identified in the functional assessment that preventative/ skills building strategies alone can manage a behaviour of concern without the use of regulated restrictive practices, the behaviour support practitioner needs to work with the implementing provider to develop phase-out strategies of the restrictive practice. If a restrictive practice is deemed necessary, consideration should be given from the outset as to how to gradually reduce and eliminate the practice over time, with these strategies included in the comprehensive behaviour support plan.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services

5.5.4 The Commissioner is notified, and work is undertaken with the Commissioner to address such situations:

- Where effective engagement with providers implementing behaviour support plans is not possible for any reason; or
- If the supports and services are not being implemented in accordance with the behaviour support plan

What does this mean? If a behaviour support practitioner has concerns that an implementing provider is using unauthorised restrictive practices, this must be reported to the NDIS Commission within 5 business days. The Commissioner must also be notified if an implementing provider is not taking all reasonable steps to facilitate the development and implementation of a behaviour support plan. Reporting incidents helps the NDIS Commission understand the extent to which participants are adversely impacted by incidents they are exposed to while receiving NDIS supports and services, including unauthorised restrictive practices.

Further information:

- NDIS Commission – Incident management and reportable incidents
- NDIS Commission – Implementing providers: facilitating the development of behaviour support plans that include regulated restrictive practices

5.5.5 Each participant's behaviour support plan is reviewed at least every twelve months. Consideration is given to whether the participant's needs, situation or progress create a need for more frequent reviews, including if the participant's behaviour changes, or if a new provider is required to implement the plan

What does this mean? Reviews of behaviour support plans are to occur if there is a change in circumstances which require the plan to be amended (including behaviour changes, or the introduction of a new implementing service provider). The review should occur as soon as practicable after the change in circumstance. Reviews should also occur at least every 12 months while the plan is in force. Reviews of the behaviour support plan should include consideration of how well the interventions in place are maximising the participant's quality of life and reducing any targeted behaviours of concern.

Further information:

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth) (section 22)

5.5.6 The Commissioner is notified of changes in each participant's behaviour support plan in the manner and timeframe prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

What does this mean? The registration of an implementing provider is subject to the condition that a behaviour support plan that contains a regulated restrictive practice (including a reviewed plan), must be lodged with the Commissioner as soon as practicable after it is developed. Registered NDIS providers are required to notify the use of a restrictive practice that is not authorised by the relevant state or territory (where required), within five business days of becoming aware of the incident. Reviews of behaviour support plans are to occur if there is a change in circumstances which require the plan to be amended (including behaviour changes, or the introduction of a new implementing service provider). The review should occur as soon as practicable after the change in circumstance.

Further information:

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* (Cth)

Standard 5.6 – Reportable Incidents involving the Use of a Restrictive Practice



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

To achieve this outcome, the following indicators should be demonstrated:

5.6.1 Support is given to the providers implementing each participant's behaviour support plan in responding to a reportable incident involving the use of a restrictive practices

What does this mean? Unauthorised use of a restrictive practice by an implementing provider constitutes a reportable incident. The provider must notify the NDIS Commission within 5 business days of becoming aware of the incident. When the Commission receives a reportable incident report, they can take a range of actions. This might include requiring the provider to undertake specified remedial steps, carry out an internal investigation about the incident, or engage an independent expert to investigate and report on the incident. Behaviour support practitioners are required to support other implementing providers in responding to an incident involving the use of restrictive practices to ensure they have taken appropriate action in line with the behaviour support plan and the needs of the participant.

Further information:

- NDIS Commission – Incident reporting management and prevention fact sheet
- NDIS Commission – Supporting information requirements for notification

- NDIS Commission – Reportable Incidents Guidance
- NDIS Commission – Incident management and reportable incidents (NDIS providers)
- NDIS Commission – Reporting on Restrictive Practices in the NDIS Commission Portal webinar

5.6.2 Each participant, and with the participant's consent, their support network, the providers implementing behaviour support plans and other stakeholders are included in the review of incidents

What does this mean? Organisational procedures are in place on how to best support and assist participants, their support networks, and other stakeholders through the review of incidents. Involving participants in the incident management process empowers them and their support networks. It allows them to improve the types of supports and services they receive and the environment in which they receive them. This reinforces the key NDIS principles of person-centred support and responsive service provision.

Further information:

- NDIS Commission – Incident management and reportable incidents (NDIS providers)

Standard 5.7 – Interim Behaviour Support Plans



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan which minimises the risk to the participant and others.

To achieve this outcome, the following indicators should be demonstrated:

5.7.1 When a participant develops an immediate need for behaviour support, the participant and the providers implementing behaviour support plans are involved in evaluating the risks posed to the participant and others by the participant's behaviour, and an interim behaviour support plan is developed that appropriately manages that risk

What does this mean? When it is evident that there is a need for a behaviour support plan or there is a change in participant's behaviour that might necessitate initiating a behaviour support plan, then the provider is required to take reasonable steps to develop an interim behaviour support plan. A collaborative risk assessment should be conducted by a behaviour support practitioner with the participant and the implementing providers following an incident requiring the use of an unauthorised restrictive practice. This risk assessment should guide the development of an interim behaviour support plan which will include strategies to minimise the behaviours of concern and maximise the safety and quality of life of the participant and their supports. The interim plan must be developed within 1 month from the use of the unauthorised restrictive practice.

Further information:

- NDIS Commission – Interim behaviour support plan template
- NDIS Commission – New Arrangements for Behaviour Support and Restrictive Practices
- NSW Department of Communities and Justice (formerly Family and Community Services) – Interim Authorisation

5.7.2 Advice and guidance is given to the providers implementing behaviour support plans and, with the participant's consent, their support network on the effective implementation of the interim behaviour support plan

What does this mean? The behaviour support practitioner who developed the behaviour support plan should provide implementing providers with advice and guidance in alignment with best practice approaches to implementing a behaviour support plan. Advice and guidance can also be provided to the participant's support networks to ensure that they clearly understand the purpose and conditions of the plan.

Implementing Behaviour Support Plans Module

- Behaviour Support in the NDIS
- Regulated Restrictive Practices
- Supporting the Assessment and Development of Behaviour Support Plans
- Behaviour Support Plan Implementation
- Monitoring and Reporting the Use of Regulated Restrictive Practices
- Behaviour Support Plan Review
- Reportable Incidents involving the Use of a Restrictive Practice
- Interim Behaviour Support Plans

These NDIS Practice Standards apply to NDIS providers who are registered to provide specialist behaviour support to NDIS participants. They also apply to providers using restrictive practices in the delivery of any NDIS supports and services.



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

To achieve this outcome, the following indicators should be demonstrated:

6.1.1 Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks

What does this mean? Services implementing behaviour support plans that use regulated restrictive practices, must meet the requirements outlined in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Your service has policies and procedures in place to ensure that all staff providing behaviour support, understand and work in accordance with the Rules. States and territories have their own unique authorisation policies and legislation that are required to be understood and complied with.

Further information:

- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018* (Cth)
- *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* (Cth)

6.1.2 Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support

What does this mean? Behaviour support focuses on evidence-based strategies and person-centred supports that address the needs of the participant and the underlying causes of behaviours of concern. Positive behaviour support is a pragmatic approach that relies on valid and reliable data to support its practices, and the science of behaviours that determine that much of human behaviour is learned and affected by environmental factors and, therefore, can be altered as the environment changes. Your service needs to have documented evidence that all staff delivering behaviour support services that are required to use authorised restrictive practices, are trained and aware of evidence-based practice approaches to behaviour support.

Further information:

- DHHS – Positive practice framework: A guide for behaviour support practitioners
- NDIS Commission – Compendium of Resources for Positive Behaviour
- NDIS Commission – Regulated Restrictive Practices Guide
- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Self-assessment Resource Guide for the Positive Behaviour Support Capability Framework
- DSC – ‘What are a Support Coordinator’s behaviour support responsibilities’
- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services

6.1.3 Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices

What does this mean? A restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. The decision to use a restrictive practice needs careful clinical and ethical consideration, whilst upholding a person’s human rights and the right to self-determination and dignity. To support the reduction and elimination of restrictive practices, your service has policies and procedures in place to promote the safety of participants within service delivery to reduce harm and improve quality of life. Your organisation’s policies and procedures ensure that restrictive practices are solely used where they’re authorised and in accordance with a behaviour support plan.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- NDIS Commission – Regulated Restrictive Practices with Children and Young People with Disability: Practice Guide
- Department of Social Services – National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.
- Empowered Community Services – Example ‘Use of restrictive practices’ policy and procedure
- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services

Standard 6.2 – Regulated Restrictive Practices



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant is only subject to a regulated restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

To achieve this outcome, the following indicators should be demonstrated:

6.2.1 Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any regulated restrictive practices included in a behaviour support plan

What does this mean? The *NDIS Act 2013* defines a restrictive practice as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Certain types of restrictive practices are defined as regulated restrictive practices by the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*. The use of regulated restrictive practices is subject to provisions and reporting requirements. The NDIS Commission does not authorise the use of restrictive practices. The responsibility for authorisation remains the responsibility of the state and territory. States and territories differ in how they regulate restrictive practice, and services are required to understand the specific regulations they must adhere to.

Following authorisation from your state or territory, you are required to lodge evidence of this authorisation with the NDIS Commission.

Further information:

- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NSW Department of Communities and Justice (formerly Family and Community Services) – Restrictive Practices Authorisation Procedural Guide
- WAAMH – Procedure Guidelines for Authorisation of Restrictive Practices in NDIS Funded Disability Services

6.2.2 Where state or territory legislation and/or policy requires authorisation (however described) to, the use of a regulated restrictive practice, such authorisation is obtained, and evidence submitted.

What does this mean? The NDIS Commission does not authorise the use of restrictive practices, authorisation of the use of regulated restrictive practice remains the responsibility of the state or territory in which the regulated restrictive practice is used. Under the Behaviour Support Rules, the implementing provider is required to obtain authorisation and lodge evidence of that authorisation with the NDIS Commission. States and territories determine what documents can be used to confirm the authorisation of restrictive practices and can provide further information.

Further information:

- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NSW Department of Communities and Justice (formerly Family and Community Services) – Restrictive Practices Authorisation Procedural Guide
- NDIS Commission – Regulated restrictive practices
- ACT Senior Practitioner website
- NSW Restrictive Practices Authorisation Portal
- NT Restrictive Practices Authorisation
- QLD Department of Communities, Disability Services and Seniors – Authorising restrictive practices

- TAS Department of Communities Office of the Senior Practitioner website
- VIC Department of Families Fairness and Housing Authorisation Guidelines
- WA Department of Communities – Authorisation of restrictive practices

6.2.3 Regulated restrictive practices are only used in accordance with a behaviour support plan and all the requirements as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Regulated restrictive practices are implemented, documented and reported in a way that is compliant with relevant legislation and/or policy requirements

What does this mean? Under the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* certain restrictive practices are subject to regulation. These include seclusion, chemical restraint, mechanical restraint, physical restraint, and environmental restraint. Where an NDIS participant's behaviours of concern place them 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 providers using regulated restrictive practices when delivering NDIS supports are required to meet conditions of registration. The conditions include that a restrictive practice can only be used when it is part of a behaviour support plan developed by an NDIS behaviour support practitioner, if a restrictive practice is used it must be the least restrictive response possible in the circumstances and reduce the risk of harm to the person or others. The regulated restrictive practices must also be used for the shortest possible time to ensure the safety of the person or others. An implementing provider who uses regulated restrictive practices needs to provide monthly reports to the NDIS Commission and record all use of restrictive practices.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- NDIS Commission – Behaviour support and restrictive practices fact sheet

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)

6.2.4 Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan

What does this mean? If your service implements a behaviour support plan, collaboration with a behaviour support practitioner should occur to evaluate the effectiveness of the strategies and interventions included in a participant's behaviour support plan to ensure that they are minimising the behaviours of concern whilst also maximising the participant's quality of life.

Further information:

- NDIS Commission – Regulated restrictive practices

6.2.5 Workers maintain the skills required to use restrictive practices and support the participant and other stakeholders to understand the risks associated with the use of restrictive practices

What does this mean? Your service facilitates and supports regular training for workers providing behaviour support services to ensure they are employing contemporary evidence-based approaches to behaviour support practice and use of regulated restrictive practices. Workers should also remain up to date with evidence-based understanding of the risks associated with the use of restrictive practices and be able to effectively communicate these risks to participants, their support networks, as well as other relevant stakeholders.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide

Standard 6.3 – Supporting the Assessment and Development of Behaviour Support Plans



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs

To achieve this outcome, the following indicators should be demonstrated:

6.3.1 The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments

What does this mean? During the development of a participant's functional behavioural assessment, the behaviour support practitioner should collaborate with the participant, their informal and formal support networks, including other NDIS service providers to ensure that the information gathered to inform the assessment is holistic and reflective of the participant's needs.

Further information:

- NDIS Commission – Functional Behaviour Assessment and the Positive Behaviour Support Capability Framework

6.3.2 Collaboration occurs with the specialist behaviour support provider to develop each participant's behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan

What does this mean? A behaviour support plan is a document prepared in consultation with the person with disability, their family,

carers, and other support people that addresses the needs of the person identified as having behaviours of concern. Although a behaviour support plan can only be developed by practitioners who are considered suitable by the Commissioner to undertake functional behaviour assessments and develop behaviour support plans, active collaboration throughout the plan's development between the behaviour support practitioner with other implementing providers should occur to ensure that there is clear understanding of the roles and responsibilities of each provider in implementing, documenting, reporting, and reviewing the plan.

Further information:

- NDIS Commission - Behaviour support NDIS Participants
- NDIS Commission – June 2019 Roadshow Behaviour Support Questions and Answers

6.3.3 Relevant workers have the necessary skills to inform the development of the participant's behaviour support plan

What does this mean? A behaviour support plan can only be developed by practitioners who are considered suitable by the Commissioner to undertake functional behaviour assessments and develop behaviour support plans. They will be considered suitable pending assessment against the Positive Behaviour Capability Framework. Behaviour support practitioners (whether a sole provider or employed by a provider) must be registered with the NDIS to provide specialist behaviour support (Registration group 110).

Further information:

- NDIS Commission – Positive Behaviour Capability Framework
- NDS – Behaviour Support Practitioner Recorded Webinars
- NDIS Commission – Functional Behaviour Assessment and the Positive Behaviour Support Capability Framework

6.3.4 Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices

What does this mean? Workers that are providing behaviour support services should be facilitated and supported by their service to receive appropriate training to ensure they are using best-practice approaches to behaviour support and regulated restrictive practices.

Further information:

- NDS – Behaviour Support Practitioner Recorded Webinars
- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Self-assessment Resource Guide for the Positive Behaviour Support Capability Framework

Standard 6.4 – Behaviour Support Plan Implementation



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.

To achieve this outcome, the following indicators should be demonstrated:

6.4.1 Policies and procedures that support the implementation of behaviour support plans are developed and maintained

What does this mean? Your service must have documented, up-to-date policies and procedures which support the implementation of behaviour support plans. This includes a commitment to meeting the legislative requirements of implementing behaviour support plans in everyday practice.

Further information:

- Empowered Community Services - Example Restrictive Practices Policy and Procedure

6.4.2 Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support

What does this mean? Your service should actively work with the relevant behaviour support practitioner to implement the plan and align support delivery with evidence-informed practice and positive behaviour support; and where necessary, collaborate with other providers that work with the

participant to implement strategies in their behaviour support plan. This will ensure that there is clear understanding across all service providers supporting a participant as to why the interventions in a plan were included, and the best-practice approach to delivering the strategies and interventions. Consistency across service delivery to the commitment to evidence-informed practice will lead to greater outcomes for the participant.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- DHHS – Positive practice framework: A guide for behaviour support practitioners

6.4.3 Workers are supported to develop and maintain the skills required to consistently implement the strategies in each participant's behaviour support plan consistent with the positive behaviour support capability framework

What does this mean? Staff that are providing behaviour support services are supported to develop and maintain the relevant skills required to apply the strategies and interventions in a participant's behaviour support plan into practice. Your service supports staff skill development with regular training, and routine clinical and practice supervision.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Self-assessment Resource Guide for the Positive Behaviour Support Capability Framework
- NDS – Behaviour Support Practitioner Recorded Webinars

6.4.4 Specialist behaviour support providers are supported to train the workers of the providers implementing behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support

What does this mean? Workers in your service providing behaviour supports are supported to receive person-focused training, coaching, and mentoring from behaviour support practitioners who have developed a participant's behaviour support plan. Facilitation of evidence-based, person-centred, positive behaviour support training will ensure that the participant's human rights are upheld, and their quality of life is maximised when implementing and monitoring behaviour support plans.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Self-assessment Resource Guide for the Positive Behaviour Support Capability Framework

6.4.5 Workers receive training in the safe use of restrictive practices

What does this mean? All workers that are providing behaviour support services must receive training in the safe use of regulated restrictive practices to minimise the risk of harm to participants and themselves.

Further information:

- NDS – Recognising Restrictive Practices Workshop
- NDIS Commission – Regulated Restrictive Practices Guide

6.4.6 Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant's behaviour support plan

What does this mean? If a participant is supported by multiple service providers, active collaboration and communication should be employed. This will ensure that there is clear understanding across all service providers supporting a participant as to why the interventions in a plan are in place, and when and how the strategies are to be used. Consistency across service delivery will lead to greater outcomes for the participant.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework

6.4.7 Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately

What does this mean? To ensure that staff are delivering evidence-based behaviour support services that are continuing to uphold the rights of the participant whilst minimising behaviours of concern, your service has a formal performance management system in place. Regular clinical and practice supervision will also allow for frequent review of staff capability and capacity to implement a participant's behaviour support plan.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Self-assessment Resource Guide for the Positive Behaviour Support Capability Framework
- NDS – Zero Tolerance practice advice 2: Supervision and Safety

Standard 6.5 – Monitoring and Reporting the Use of Regulated Restrictive Practices



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant is only subject to a restrictive practice that is reported to the Commission.

To achieve this outcome, the following indicators should be demonstrated:

6.5.1 Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

What does this mean? Registered NDIS providers and NDIS behaviour support practitioners need to be aware of their reporting obligations to the NDIS Commission on the use of regulated restrictive practices. They also need to follow State and Territory authorisation, consent and reporting requirements consistent with relevant legislation, policy and/or procedures. In most instances reporting is done monthly, however providers in South Australia are required to report fortnightly on use of a restrictive practice under a short-term approval, and reportable incident reporting requirements also apply. Reporting must be completed monthly until the practice is ceased.

Further information:

- NDIS Commission Portal User Guide Monthly Reporting of Restrictive Practices
- NDIS Commission – June 2019 Roadshows Behaviour Support Questions and Answers (page 10)

6.5.2 Data is monitored to identified actions for improving outcomes

What does this mean? The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Sector has identified that a core strategy for reducing and eliminating restrictive practices is the use of data to inform practice. All incidents of regulated restrictive practices are to be recorded and monitored to measure the effectiveness and any adverse effects of the support strategies. Monitoring the use and effectiveness of positive behaviour support strategies used instead of restrictive practices is another important tool in improving outcomes for participants and reducing the need for restrictive practice in behaviour support plans.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- Department of Social Services – National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector

6.5.3 Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices

What does this mean? Your service uses the data collected throughout the implementation of a behaviour support plan to provide tangible feedback to relevant workers, and with the consent of the participant, their support network and behaviour support practitioner, to discuss the effectiveness of the strategies implemented and inform the reduction and elimination of restrictive practices.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- Department of Social Services – National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector

Standard 6.6 – Behaviour Support Plan Review



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

To achieve this outcome, the following indicators should be demonstrated:

6.6.1 The implementation of the participant's behaviour support plan is monitored through a combination of formal and informal approaches, including through feedback from the participant, team meetings, data collection and record keeping, other feedback and supervision

What does this mean? Both formal and informal approaches to monitor and evaluate the effectiveness of the behaviour support plan should be utilised by your service. Formal approaches may include data collection, formal multidisciplinary team meetings and clinical and practice supervision. Informal approaches may include discussions with the participant and their informal support network and informal feedback from people in the participant's life.

Further information:

- Department of Social Services – National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector
- NDS – Reliable Record Keeping
- NDS – Zero Tolerance practice advice 2: Supervision and Safety

6.6.2 Information is recorded, and data is collected as required by the specialist behaviour support provider and as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

What does this mean? NDIS providers implementing regulated restrictive practices need to keep records on their use of restrictive practices and report use to the NDIS Commission. Your service has policies and procedures in place to support record keeping and data collection in line with the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Relevant information and data is collected and provided to the behaviour support practitioner to inform their review of the implementation of the behaviour support plan.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)

6.6.3 Identification of circumstances where the participant's needs, situation or progress create a need for more frequent review, including if the participant's behaviour changes

What does this mean? Your service has processes in place to regularly monitor the circumstances of a participant which may warrant a behaviour support plan review. Changed circumstances may include observed changes in behaviour, environmental change, informal or formal support changes, or change in needs or desired outcomes. Reviewed behaviour support plans must be lodged by a behaviour support practitioner with the NDIS Commissioner.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- NDIS Commission – Behaviour support and restrictive practices

6.6.4 Contributions are made to the reviews of the strategies in a participant's behaviour support plan, with the primary focus of reducing or eliminating restrictive practices based on observed progress or positive changes in the participant's situation

What does this mean? The review of the effectiveness of behaviour support plans should be strengths-based and person-centred. Strong focus on the positive outcomes resulting from positive behaviour support strategies employed will aid in the reduction and elimination of restrictive practices. Contributions to the review of behaviour support plans should be sought from the participant, their support networks, and other implementing providers.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- Department of Social Services – National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector
- NDIS Commission – Regulated Restrictive Practices Guide
- DHHS – Positive practice framework: a guide for behaviour support practitioners

Standard 6.7 – Reportable Incidents involving the Use of a Restrictive Practice



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

To achieve this outcome, the following indicators should be demonstrated:

6.7.1 The participant's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident

What does this mean? Where necessary, following an incident involving the use of a restrictive practice the participant is immediately referred to and assessed by an appropriate medical practitioner. Your service should have policies and procedures in place to ensure all staff understand and follow this action.

Further information:

- NDIS Commission – Incident management and reportable incidents
- NDIS Commission – Identifying and responding to incidents: 6 step Guide for workers
- NDIS Commission – Regulated Restrictive Practices Guide

6.7.2 Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of a restrictive practice

What does this mean? In the event of the use of unauthorised restrictive practice, a joint response from mainstream service providers such as emergency services, acute mental health, primary health, and allied health practitioners should be utilised to ensure appropriate support and action is in place for the participant.

Further information:

- NDIS Commission – Incident management and reportable incidents
- NDIS Commission – Identifying and responding to incidents: 6 step Guide for workers
- NDIS Commission – Regulated Restrictive Practices Guide
- NeuroRehab Allied Health Network – Example Incident Management Procedure

6.7.3 The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

What does this mean? All reportable incidents involving the use of an unauthorised restrictive practice are reported to the NDIS Commission within 5 business days of becoming aware of the incident.

Further information:

- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)
- NDIS Commission – Behaviour support and restrictive practices

6.7.4 Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented

What does this mean? Following the unauthorised use of a restrictive practice, an immediate 'post event' debriefing should be completed, with the goal of this immediate debriefing to ensure that everyone is safe, and that satisfactory information is gathered to inform a later structured debriefing process. A formal debrief should occur within days of the event with provider management and include all persons involved. Participants and their support networks should be involved in debriefing and review processes to ensure their perspectives and experiences are captured and understood. The outcomes of the debriefing sessions should be well documented to clearly identify areas for improvement and set necessary actions.

Further information:

- Department of Social Services – National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector
- MHCC – Mental Health Rights Manual: Receiving Quality Services, Complaints, Reviews and Appeals
- NDIS Commission – Incident management and reportable incidents (NDIS Participants)
- NDIS Commission – Incident management and reportable incidents (NDIS providers)

6.7.5 Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

What does this mean? Following an incident of unauthorised use of restrictive practice, a review of the current behaviour support plan should be undertaken with a behaviour support practitioner to ensure the plan reflects the needs of the participant. If the use of regulated restrictive practice is likely to be required again, an updated behaviour support plan should reflect this. Should any changes be required to support any behaviours of concern in the future, the behaviour support practitioner is to lodge a new behaviour support plan with the Commission.

Further information:

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NDIS Commission – Behaviour support NDIS Participants

6.7.6 Authorisation processes (however described) are initiated as required by their jurisdiction

What does this mean? States and territories are responsible for the authorisation of restrictive practice. Where a state or territory does not have an applicable authorisation process, the requirements under the NDIS Act and the Restrictive Practices and Behaviour Support Rules continue to apply. This means the regulated restrictive practice must be in a behaviour support plan and lodged with the NDIS Commission by the behaviour support provider, regardless of whether state or territory authorisation is required.

Further information:

- NDIS Commission – Unauthorised use of restrictive practices: Questions and answers
- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)
- NDIS Commission – Regulated restrictive practices

6.7.7 The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents

What does this mean? Organisational procedures are in place on how to best support and assist participants, their support networks, and other stakeholders through the review of incidents. Involving participants in the incident management process empowers them and their support networks. It allows them to improve the types of supports and services they receive and the environment in which they receive them. This reinforces the key NDIS principles of person-centred support and responsive service provision.

Further information:

- NDIS Commission – Incident management and reportable incidents (NDIS providers)



Click here to go to the Self-Assessment Tool, and view examples of documented evidence and everyday practice to support this standard

Please note: This standard does not have a corresponding number in the NDIS Practice Standards.

Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.

To achieve this outcome, the following indicators should be demonstrated:

6.8.1 Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider

What does this mean? A collaborative approach with a diversity of mainstream service providers including primary health, allied health, and mental health professionals is utilised to holistically assess the person's circumstances and environment. Likewise, the context in which the behaviour support plan will be used informs the plan's development by the behaviour support practitioner.

Further information:

- NDIS Commission – Regulated Restrictive Practices Guide
- NDIS Commission – Positive Behaviour Support Capability Framework

6.8.2 Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan

What does this mean? Your service actively collaborates with the behaviour support practitioner to facilitate the development of a participant's interim behaviour support plan.

Further information:

- NDIS Commission – Interim behaviour support plan template
- NDS – Interim response: debriefing, dignity and risk
- ACT Community Services – Behaviour Support Planning Workshop slides

6.8.3 Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan

What does this mean? If your service identifies that will be delivering behaviour support services, your service appropriately supports staff to undertake training to develop evidence-based practice skills and knowledge to implement interim behaviour support plans.

Further information:

- NDIS Commission – Positive Behaviour Support Capability Framework
- NDIS Commission – Self-assessment Resource Guide for the Positive Behaviour Support Capability Framework
- NDS – Interim response: debriefing, dignity and risk
- ACT Community Services – Behaviour Support Planning Workshop slides



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