



# ATLAS Service Handbook

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# 1 INTRODUCTION

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## 1.1 HISTORY

ATLAS (Access To Leisure And Sport Inc) is a non-profit organisation established for the purpose of supporting people with disabilities and their families living in the Mid-West.

The services offered by ATLAS include individual support to access leisure and sporting activities equitably, various inclusive activities and events, and community education.

ATLAS operates from a philosophy that all people have the right to live in welcoming and supportive communities. Our work with individuals and families strives to uphold and promote the Values of Inclusion by;

- Sharing ordinary places and activities
- Developing abilities and skills
- Offering meaningful choices
- Accepting socially valued roles
- Encouraging freely given relationships

The organisation focuses on individual's dreams and aspirations, and its practices have a strong emphasis on providing flexible options with an individual focus

Access is about making the physical facilities suitable for all people to be able to participate

Inclusion is about the culture of a group or organization. It is how it feels to get involved. It is about whether you feel welcome and able to get involved in areas that interest you to your full capacity.

To achieve improvements in access and inclusion we work both with people with disabilities and with community members, club and association organisers and developers directly.

This is a two-way process designed to bring people together to enable better decisions about how we make a better community now and in the future.

We don't run programs, we help people to get involved in what-ever is happening in the community.



In 2001, the Midwest Office of the Department of Sport and Recreation recognised that there were a large number of people with disabilities in the Mid-West region that had limited access to meaningful sport and recreation opportunities.

A WA Disability Sporting Association (WADSA) Project Officer had been previously employed in Geraldton until 1998 and was able to establish a range of opportunities for people with disabilities. However, since redirection of resources to other regions, established opportunities had steadily diminished.

Various sporting and community organisations indicated an interest in being involved in a project aimed at improving sport and recreation opportunities for people with disabilities.

The Geraldton Midwest Sports Federation (GMWSF) was eager to establish a sustainable program that services people with disabilities in the greater Geraldton area, in response to the needs identified from within the community.

A steering committee was formed in February 2000, under the auspices of the GMWSF to develop a project aimed at enhancing opportunities for people with disabilities to participate in sport and recreation and leisure activities in the local community.

In December of 2003 the GMWSF received funds from Lottery West to further enhance opportunities for people with disabilities to participate in sport and recreation activities and ATLAS was born and has worked tirelessly since to increase people with disabilities access and inclusion in our community.

## **1.2 SERVICE DELIVERY**

This document consists of ATLAS' service policies and procedures to meet our obligations under the 6 National Disability Service standards.

The Standards are:

### **1. Rights**

The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

### **2. Participation and inclusion**

The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.

### **3. Individual outcomes**

Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.

### **4. Feedback and complaints**

Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.

### **5. Service access**

The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.

### **6. Service management**

The service has effective and accountable service management and leadership to maximise outcomes for individuals.

This document acts as a guideline to our individual participants, families and employees to ensure they are aware of the rights and responsibilities relating to the successful provision of ATLAS quality services.

## **1.3 GENERAL**

Amendments to this Service Handbook will be issued from time to time.

This Service Handbook does not form part of staff members' contracts of employment, unless expressly stated otherwise. However, in any event, the Employee Handbook may be considered when interpreting rights and obligations under staff terms of employment

## 2 COMPLAINTS AND DISPUTES

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The organisation is committed to ensuring that all Participants of the organisation, and their families, are free to lodge grievances, to have those grievances dealt with promptly, fairly and non-threateningly by the organisation and to have those grievances resolved if possible. Treatment of disputes and grievances will be fair to both the complainant and respondent, will be responded to courteously and will be given high priority for resolution and remediation.

The policy has been framed around natural justice principles and individuals' rights as they are specified in the Standards Australia Complaint Handling Standard AS 4269-1995, the Disability Services Act (1993) and Standard 4 of the National Disability Service standards

### 2.1 PROCEDURES

The following procedures are to be implemented to enable the organisation to meet its policy objective of ensuring that all Participants are free to lodge and have resolved any disputes or grievances regarding the organisation, its staff or its services as outlined in the Complaints Management File.

Agencies are required to follow these procedures when dealing with a complaint or grievance.

#### **The Procedure for individuals accessing ATLAS services to raise a formal complaint**

1. Any individual accessing ATLAS services or the individual's family or advocate, who is dissatisfied with the service they are receiving from ATLAS, is encouraged to speak to the Operations Manager or the CEO and always have the option of putting their complaint in writing and/or to email it to [atlas@sportshouse.net.au](mailto:atlas@sportshouse.net.au).

Any individual who has a complaint of a sensitive nature and would prefer not to put their complaint in writing, is encouraged to telephone the ATLAS CEO direct 0409212329 or email [zane@transitionprograms.com.au](mailto:zane@transitionprograms.com.au)

The CEO is the nominated person within ATLAS who is responsible for investigating, mediating and resolving formal individual service user's complaints.

2. The individual should complete the attached 'Complaint Form' and email the completed form to the CEO. Alternatively, the participant may telephone the CEO, and the CEO will complete the form on behalf of the participant or access an advocate to do so. Please note that the CEO must document all participant complaints, however notified, and report these to the ATLAS Board on a monthly basis.
3. The CEO will suggest a face to face meeting with the individual within two business days to discuss and document the complaint in detail, however the complainant may opt not to meet, and instead instruct the CEO to communicate with them (and/or their independent advocate) either by telephone or in writing
4. Any individual raising a complaint will be offered the right to nominate an independent advocate (eg family member, friend, community member or disability advocate) to mediate the complaint direct with the ATLAS CEO
5. If the complaint is about the CEO of ATLAS the individual should complete the 'Complaint Form' and forward to the ATLAS Chairperson. The contact details for the Chairperson can be found on the ATLAS website by clicking on 'About ATLAS' and then 'Board'. The ATLAS Chairperson will investigate the complaint and attempt to resolve the complaint to the individual's satisfaction, and will document the details of any resolution so reached, and forward to the individual.

6. After receiving a formal complaint, an investigation must be initiated within two business days. Details of activities undertaken as part of the investigation must be documented in ATLAS Complaints Register. The ATLAS Board reviews the information contained in the Complaints Register on a monthly basis
7. After the investigation has been completed and a possible resolution of the complaint identified, the CEO (or Chairperson, as appropriate) will contact the individual and/or family member or advocate to explain the outcome of the investigation and the proposed resolution. If the participant is satisfied and agrees with the proposed resolution, the CEO (or Chairperson, as appropriate) will write to the participant to confirm the details of the resolution, and the complaint will be officially 'closed' on the Complaints Register.
8. If the CEO and/or Board of ATLAS are unable to resolve the complaint within a reasonable timeframe (not more than four weeks), or the complaint has not been resolved to the participant's satisfaction, the participant is encouraged to raise the complaint with HaDSCO, the Health and Disability Services Complaints Office. HaDSCO is an independent statutory authority offering an impartial resolution service for complaints relating to health and disability services in Western Australia (WA) and the Indian Ocean Territories. This service is free and available to all users and providers of health and disability services. To lodge a complaint, go to [www.hadsco.wa.gov.au](http://www.hadsco.wa.gov.au).
9. Any individual accessing ATLAS services and/or family is welcome to provide feedback, comments or suggestions in relation to ATLAS service. Feedback is welcomed, as it enables ATLAS to continuously improve its services to Participants

#### **The Procedure for ATLAS staff in relation to informal complaints**

1. For the purposes of this policy, a complaint is defined as:
 

Any comment, verbally or in writing, made by an individual accessing ATLAS services or family in relation to being dissatisfied with some aspect of the service they are receiving from ATLAS.

This may be the result of a single event, or may have developed over time. The complaint may be made informally, for example verbally in general discussion, or formally, for example in writing. Regardless of what led to the complaint and how it is made, it is critical that all participant complaints be treated with the utmost respect by ATLAS staff.
2. Any ATLAS staff member who in their dealings with an individual accessing our services becomes aware of a complaint, even if the complaint is delivered informally or in general discussions with the participant/family, must immediately notify the Recreation Inclusion officer i.e. on the same business day. The Coordinator must inform the Operations Manager and/or CEO, and log the complaint in the 'Complaints Register'. The complaint must be logged no later than close of business on the same day that the Coordinator becomes aware of the complaint.
3. After becoming aware of an informal participant complaint, the Recreation Inclusion officer must consult with the Operations Manager and/or CEO, and then contact the individual the same day and attempt to immediately resolve the complaint. If the complaint is resolved, details of the resolution must be logged in the 'Complaints Register'. If the complaint cannot be resolved on the same business day, the ATLAS CEO will contact the participant to suggest that a formal complaint be logged and that a face to face meeting take place between the CEO and the participant and/or their independent advocate.
4. A breach of this policy by ATLAS staff is considered serious and will result in disciplinary action that may include immediate termination of employment

#### **The Procedure for ATLAS staff in relation to feedback, comments and suggestions from Participants**

1. Any ATLAS staff member who in discussions with a participant and/or family becomes aware of:
  - a. Positive feedback from a participant, or



- b. An idea, comment or suggestion for improving ATLAS's service must immediately notify the Recreation Inclusion officer i.e. on the same business day. The Recreation Inclusion officer must log details of the feedback in the 'Feedback Register' and advise the Operations Manager and/or CEO, who will decide whether any actions are required as a result of the individual feedback.

## **2.2 PERFORMANCE STANDARDS**

The following performance standards need to be met to ensure that the procedures specified in the Complaints Management File are implemented effectively. We reserve the right not to apply full capability and disciplinary procedures during your probationary period.

- All staff members are aware of the existence of, and have ready access to, a copy of the Complaints Management File.
- There is a nominated person within the organisation who is responsible for co-ordinating complaints and to whom all complaints are referred.
- Participants have been advised of their rights to take their complaint to wherever and whomever they feel comfortable and informed of their right to use an independent advocate.
- If participant has elected to have the complaint dealt with internally, the complaints co-ordinator has met with the complainant within five working days of being advised that the participant wishes to proceed with the complaint internally.
- The complaints co-ordinator has clarified and documented the nature of the complaint or concern and the resolution sought by the complainant.
- The complaints co-ordinator has interviewed the involved parties and assembled a proposed course of remedial action within ten working days of meeting with the complainant.
- In the event of the proposed course of remedial action being unacceptable to the complainant, the complaints co-ordinator has advised the complainant of his or her rights and avenues to take the matter further.
- All complaints, resolved and unresolved, have been recorded in a confidential complaints log book and a non-identifying summary of any complaints has been tabled at the next Management Committee meeting to inform future service improvement efforts

### **3 CRIMINAL RECORD CHECKS FOR EMPLOYEES, BOARD MEMBERS, VOLUNTEERS AND CONTRACTORS**

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The organisation requires that all staff, Board members, volunteers and contractors have received satisfactory criminal records checks prior to commencement of duties. Evidence of a criminal records check will include a National Police Certificate. Staff members will also be required to undergo a Working with Children check. If the staff, Board member, volunteer or contractor has resided overseas, a criminal records check from the relevant jurisdiction(s) will also be required.

The criminal records and Working with Children checks will also be updated every 2 years for the duration of the person's involvement with the organisation.

While the principles of natural justice will apply in all decisions, the overriding consideration will always be given to the safety and well being of people with disabilities.

#### **3.1 PROCEDURES**

The following procedures are to be implemented to ensure that staff, Board members, volunteers and contractors have appropriate records checks prior to undertaking any duties for the organisation.

The organisation will:

- Require potential Board members to obtain a satisfactory criminal records check prior to appointment to the Board.
- Require all contractors doing work for the organisation and likely to have contact with its Participants to satisfy the organisation that criminal records and working with Children checks have been obtained.
- Inform all prospective staff and volunteers that they will be required to provide a criminal records and Working with Children check prior to commencing duty.
- Require short-listed applicants (staff or volunteers) to provide documentary proof of identity, such as a passport or driver's licence, when attending the selection interview.
- Require the recommended applicants (staff or volunteers) to obtain a satisfactory criminal records and Working with Children check prior to commencing duty.
- If any recorded criminal convictions or working with children concerns are identified, refer the matter to the Management Committee for a determination as to whether the specified conviction would be likely to place the Participants of the organisation at any risk or breach the organisation's duty of care obligations.
- Base its determination on whether the conviction or concern has been for an offence which directly relates to the duties, whether the position being sought would offer unsupervised opportunities for a similar offence to take place, whether the offence has occurred recently, whether there are single or multiple convictions and whether the conviction(s) reflect generally on the suitability of the person to become an employee or volunteer with the organisation.

- Update all records checks every 2 years for all staff, Board members, volunteers and contractors.

### **3.2 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 3.1 are implemented effectively:

- All prospective staff, Board members, volunteers and contractors have been informed of the requirement to provide a satisfactory criminal records check.
- Applicants (staff and volunteers) have provided proof of identity at the interview and the nature of those documents are recorded in the interview notes.
- All recommended staff, Board members, volunteers and contractors have received a satisfactory criminal records check in all jurisdictions in which they have resided over the past ten years and copies have been stored on the personal file.
- In the event of any criminal convictions having been recorded against the person, the Management Committee has made a formal determination about the person's suitability as a staff member, Board member or volunteer and a copy of the determination has been appropriately filed.
- The organisation is satisfied that satisfactory criminal records checks have been obtained for all its contractors.

## **4 INDIVIDUAL NEEDS**

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The organisation is committed to ensuring that all Participants of the organisation receive services that are designed and delivered around their individual circumstances, needs and preferences.

ATLAS is committed to providing a quality service with sensitivity to and an awareness of the cultural beliefs and practices of people from culturally and linguistically diverse (CaLD) backgrounds. This includes an awareness of the needs of individuals from Aboriginal and Torres Strait Islander backgrounds.

### **4.1 PROCEDURES**

The following procedures are to be implemented to ensure that the organisation meets its policy objective of designing and delivering services around Participants' individual circumstances, needs and preferences.

The organisation will:

- Involve the participant and key family members, where appropriate, in the development of an individual service plan for the participant.
- Collect necessary information on the participant to properly inform the individual service planning process.
- Seek the participant's and family's input in the determination of their specific support needs.
- Seek the participant's and family's input in constructing an individual service plan that meets the agreed support needs.
- As far as practicable, given the availability and flexibility of organisation resources, construct an individual service plan that reflects the preferences of the participant and family.
- Fully document the individual service plan and provide a copy to the participant and family.
- Commit the organisation to delivering services in accordance with the agreed individual service plan.
- Review the individual service plan at least annually or sooner if the Participants or family's circumstances, needs or preferences change significantly or a request is made to undertake a review.

### **4.2 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 4.1 are implemented effectively:

- All Participants and their families have been provided with a copy of the organisation's Policy on Individual Needs.

- All employees have been provided with a copy of the organisation's Policy on Individual Needs and a staff copy of the policy is kept in the staff area of each service outlet.
- Participants and families have been involved from the outset in designing the individual service plan.
- Necessary information is held by the organisation and treated in accordance with the Policy on Privacy, Dignity and Confidentiality.
- Participants and families have contributed in a meaningful way to the determination of their support needs.
- Participants and families have had a primary decision making role about how agreed services are delivered.
- Participants and families, as well as involved employees, have a current written copy of the individual service plan.
- Individual service plans have been reviewed annually, or sooner if:
  - the participant's or family's circumstances, needs or preferences have changed significantly, or
  - a request has been made to undertake a review by the participant or family.
- Any grievances have been addressed in accordance with the individual needs principles outlined in this policy and the Policy on Consumer Grievances.

## **5 DECISION MAKING AND CHOICE**

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The organisation is committed to ensuring that all Participants of the organisation retain maximum control over their own lives by having primary involvement in, and influence over, decisions that affect them.

### **5.1 PROCEDURES**

The following procedures are to be implemented to enable the organisation to meet its policy objective of ensuring that Participants have primary involvement in, and influence over, decisions that affect them.

The organisation will:

- Structure its programs and services to be as flexible and responsive to the individual needs and preferences of current and future Participants.
- Advise the participant, family members and/or advocates of the full range of services that the organisation currently provides.
- Commit the organisation to exploring other service delivery options within the constraints of available resources.
- Involve the participant, family members and/or advocates in the development of an individual service plan for the participant and invite them to state their preferences with respect to the services that they would like to receive.
- Make every effort, within available resources, to accommodate the participant's service preferences and choices in the individual service plan.
- Seek the formal authorisation of the participant, family members or advocates by having them countersign the agreed individual service plan.
- Jointly review the individual service plan at least annually and make any agreed amendments.
- Involve Participants, families and advocates in the organisation's strategic planning activities.
- Involve Participants, families and advocates in the development of the organisation's service policies and procedures.
- Involve Participants, families or advocates in the selection and induction of new staff and volunteers.

### **5.2 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 5.1 are implemented effectively:

- All Participants and their families or advocates have been provided with a copy of the organisation's Policy on Decision Making and Choice.

- All employees have been provided with a copy of the organisation's Policy on Decision Making and Choice and a staff copy of the policy is kept in each service outlet.
- The organisation's programs and services have been structured in a way as to permit maximum flexibility and responsiveness to individual Participants' preferences and choices.
- The organisation's full range of services has been portrayed in an easy-to-read hand-out which is provided to all current and prospective Participants.
- A written, current individual service plan has been held for all Participants in accordance with the Policy on Individual Needs and a copy has been provided to the participant, family members and advocates.
- Written individual services plans have been countersigned by the participant, family members and/or advocates.
- Individual services plans have been jointly reviewed at least annually, or more frequently if requested by the participant, family members or advocates.
- Participants, families or advocates have participated in the organisation's strategic planning activities.
- Participants, families or advocates have participated in the development of the organisation's policies and procedures.
- Participants, families or advocates have participated in the selection and induction of organisation staff and volunteers.

## **6 PARTICIPATION AND INTEGRATION**

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The organisation is committed to ensuring that, wherever practicable, Participants:

- Have access to the same places as the rest of the community.
- Receive their services in community settings alongside other members of the community.
- Have the opportunity to socialise and build relationships with members of the wider community.

### **6.1 PROCEDURES**

The following procedures are to be implemented to enable the organisation to meet its policy objective of ensuring that Participants enjoy maximum participation and integration in and with the community.

The organisation will:

- Structure its programs and services to be provided in a way that facilitates the integration and participation of Participants with other members of the community.
- Build into the organisation's programs strategies to make the greatest possible use of community facilities and services.
- Use community facilities and services in a manner and at times that co-incide with those of the wider community.
- Select volunteers on the basis of their own involvement and connection with the wider community, amongst other attributes.
- Involve other members of the community in the integration of the organisation's Participants in participative community activities.
- Collaborate with other community groups, and their members, to facilitate the inclusion of organisation Participants in their activities.
- Avoid large group activities for Participants that are likely to have the unwanted effect of stigmatising or excluding them from community contact, acceptance or involvement.

### **6.2 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 6.1 are implemented effectively:

- All Participants and their families or advocates have been provided with a copy of the organisation's Policy on Participation and Integration.
- All employees have been provided with a copy of the organisation's Policy on Participation and Integration and a staff copy of the policy is kept in each service outlet.



- The organisation's programs and services have been structured in a way that facilitates the integration and participation of Participants with other members of the community.
- Organisation volunteers are themselves well connected and involved with the local community.
- The organisation has collaborated closely with community groups and clubs that offer recreational, sporting or other activities of interest to the organisation's Participants.
- The organisation has arranged its community activities in manner that minimises the possibility of stigmatisation or exclusion of its Participants.

## **7 PRIVACY, DIGNITY AND CONFIDENTIALITY**

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The organisation is committed to ensuring that all Participants of the organisation have the same level of privacy, dignity and confidentiality as is expected by the rest of the community.

### **7.1 PROCEDURES**

The following procedures are to be implemented to ensure that the organisation meets its policy objective of ensuring that all Participants of the organisation have the same level of privacy, dignity and confidentiality as is expected by the rest of the community.

The organisation will:

- Only collect information about the participant that can be shown to be directly relevant to effective service delivery and the organisation's duty of care responsibilities.
- Seek the written consent of the participant or family prior to obtaining information from any other source.
- Seek the written consent of the participant or family prior to releasing information to any other source.
- Ensure that personal information is stored securely and is not left on view to unauthorised organisation staff or the general public.
- Ensure that only those organisation staff who need access to the above information will be granted access.
- Advise the participant and family of the nature of the personal information that is held by the organisation about the participant.
- Advise the participant and family of their right to view the information that the organisation keeps in respect of the participant.
- Ensure that personal information about a participant is only held by the organisation as long as it remains relevant to the delivery of effective services and the organisation's duty of care obligations.
- Promptly investigate, remedy and document any consumer grievance regarding privacy, dignity or confidentiality.

### **7.2 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 7.1 are implemented effectively:

- All Participants and their families have been provided with a copy of the organisation's Policy on Privacy, Dignity and Confidentiality.
- All employees have been provided with a copy of the organisation's Policy on Privacy, Dignity and Confidentiality and a staff copy of the policy is kept in each service outlet.

- Participants and families have been informed why the information sought is required by the organisation.
- Authority to Release Information forms have been completed by Participants or families prior to information being collected from other sources.
- The organisation maintains a participant information system that houses all personal information pertaining to an individual participant in the one locality.
- Participant files are stored in lockable filing cabinets in a non-public place in the office and files are returned to their proper location as soon as they are no longer required.
- Participant names or other identifying information is not displayed on whiteboards or notice boards that may be open to view by other Participants or the general public.
- Photographic, video or other identifying images are not displayed or aired publicly without the written prior permission of the participant or family.
- Participant files have been periodically reviewed to ensure that personal information that is no longer relevant, and unlikely to be relevant in the future, is culled from files.
- Any grievances have been addressed in accordance with the privacy, dignity and confidentiality principles outlined in this policy and the Policy on Consumer Grievances.

## **8 PROTECTION OF HUMAN RIGHTS AND FREEDOM FROM ABUSE AND NEGLECT**

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The rights of Participants are respected, their wellbeing is safeguarded and they are not exposed to abuse, neglect or exploitation. Everyone who is associated with ATLAS (including employees, students, volunteers, advocates, Board members and contractors), and involved in providing services to Participants, will share a commitment to maintaining a culture that:

- upholds the value and dignity of Participants;
- builds trusting relationships with Participants, their families and carers;
- provides services in an environment that is safe and welcoming for everyone;
- empowers Participants by helping them to understand their rights;
- makes Participants, families and employees feel safe to raise concerns;
- responds appropriately to concerns and complaints when they arise; and
- collaborates with other organisations in upholding Participants' human rights and preventing abuse and neglect.
- conforms with the DSC Standard 9 Training Manual

### **8.1 PROCEDURES**

ATLAS will promote the human rights of all Participants.

Minimise the risk of Participants' rights being infringed or being subjected to abuse and neglect.

Maintain its recruitment procedures to a high standard including:

- Pre-appointment criminal screening of new employees, Board members, contractors and volunteers - including Police Certificates and Working with Children Cards (where required);
- Referee checks for all new employees;
- Three-month probationary period for all new employees, with performance being closely monitored during the probationary period;
- Formal induction and orientation procedures for all new employees;

- Regular supervision of all employees.

Use team meetings to remind employees of their responsibilities for safeguarding Participants and to raise any matters of concern.

Identify resources to assist and support ATLAS to empower Participants in relation to issues of human rights and self-advocacy.

Foster a safe, supportive environment that encourages everyone to raise concerns without fear of retribution.

Reflect in its services the protection of human rights and freedom from abuse and neglect.

Seek consumer feedback via consumer feedback mechanisms to establish levels of satisfaction with the service.

Ensure that any instances of abuse or neglect are responded to promptly, professionally and sensitively.

Protect Participants' rights to dignity, confidentiality and privacy in accordance with ATLAS Policy on Privacy and Confidentiality and ATLAS duty of care obligations.

Respond to any concerns or allegations relating to an infringement of human rights, or abuse or neglect of a consumer by;

- Encouraging and supporting all Participants to report any concerns to either a ATLAS employee representative, or the Consumer Representative on ATLAS Board of Management, immediately;
- Requiring all employees and volunteers to report any concerns to that person's relevant line manager or an appropriate line manager, immediately;

If the line manager believes that the consumer is at immediate risk, take whatever steps are required to mitigate the risk and ensure the consumer's safety while the matter is fully investigated;

Will respond to any allegations of abuse and neglect within seven (7) working days. The relevant line manager will determine how and when to proceed to;

- discuss the matter with the consumer,
- involve family members or advocates,
- seek the advice and expertise of other professionals,
- involve other government organisations as required,
- determine whether to take or not take action, and continue to monitor the situation and review at a specified later date;
- Record and document the decisions taken and the reasons that led to the decisions.

If the matter is assessed to involve any actions that are unlawful immediately advise the Chief Executive Officer.

If the matter is considered to be a serious incident, report the matter to the Disability Services Commission in accordance with the Disability Services Commission's Serious Incident Reporting policy.

Once the matter has been finalised identify areas of service improvement with the aim of preventing any similar incidences occurring in the future.

Provide Participants and their families or advocates access to ATLAS Policy on Protection of Human Rights and Freedom from Abuse and Neglect and access to a full copy on request.

## 9 SERVICE ACCESS

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### **Eligibility for ATLAS services can be defined in the following:**

Meeting the Disability Services Commission's current policy on Eligibility and Access for Disability Services Commission Functions and Services limits service access to the following groups included in the Disability Services Act (1993) definition: as a person having a disability that:

- is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination of such impairments;
- is permanent or likely to be permanent;

Which results in a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and the need for continuing support services.

Disability Services Commission WA policy also limits service access to people who are under the age of 60 at the point at which they apply to be eligible for services.

ATLAS deliver funded activities, as stated in its funding agreement with the Disability Services Commission, Individualised funding plans, and these are delivered in its geographic area of operation is the City of Greater Geraldton and the Midwest (individually negotiated in each circumstance)

The organisation recognises the right of Participants to transfer to an alternative service and will release any funds tied to that individual back to the Disability Services Commission for re-allocation, at its discretion, to another organisation.

Other programs/services delivered by ATLAS require individuals to meet the Disability Services Act (1993) criteria for eligibility-

Spinout Wheelchair Basketball program is a cross community, fully inclusive service that does not require disability specific criteria for participation.

The organisation also reserves the right to withdraw services in situations where its duty of care responsibilities to either its Participants or its staff is demonstrably compromised.

### **THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)**

The National Disability Insurance Scheme (NDIS) is the new way of providing support for people with disability, their families and carers in Australia.

The NDIS will provide about 460,000 Australians under the age of 65 with a permanent and significant disability with the reasonable and necessary supports they need to live an ordinary life.

Reasonable and necessary supports help people with disability achieve their goals, including independence, community involvement, employment and wellbeing.

Supports may include personal care and support, access to the community, therapy services and essential equipment.

The NDIS also provides people with disability, their families and carers with information and referrals to existing support services in the community.

To access the NDIS, people with disability (including permanent mental health disability) need to meet certain eligibility requirements. These are based on age, residence and either disability or early intervention requirements.

#### Age requirements

You need to be aged less than 65 years at the time of your eligibility request to access the NDIS.

#### Residence requirements

To be eligible you need to:

- be an Australian citizen or have a permanent visa or a protected Special Category Visa (subclass 444); and
- permanently live in an area where the NDIS is available.

#### Disability or Early Intervention requirements

You meet the disability requirements for the NDIS if you have a disability that:

- is caused by an intellectual, cognitive, neurological, sensory or physical impairment or to one or more impairments caused by a psychiatric condition; and
- the impairment or impairments are, or are likely to be, permanent; and
- you are likely to require support for your lifetime.

Alternatively, you meet the early intervention requirements if you:

- have one or more intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent; or
- have one or more impairments that are caused by a psychiatric condition and are, or are likely to be, permanent; or
- are a child who has developmental delay.

These are the basic eligibility requirements only. For further information, please go to [www.disability.wa.gov.au](http://www.disability.wa.gov.au) > NDIS > Eligibility. You can also complete the Am I Eligible? checker to get an idea of your potential eligibility.

**Further information** Visit: [www.disability.wa.gov.au](http://www.disability.wa.gov.au)

Email: [WANDIS@dsc.wa.gov.au](mailto:WANDIS@dsc.wa.gov.au)

Call: 1800 996 214

TTY: 9426 9315

**NDIS commences on 1 July 2019 in the Midwest-Gascoyne region.**



## 9.1 INDIVIDUALS WHO ARE NOT PART OF NDIS

The organisation provides a range of recreation inclusion services on a fee for service to individuals who may meet disability criteria but fall outside of the NDIS eligibility criteria.

## 9.2 PROCEDURES

The following procedures are to be implemented to enable the organisation to meet its policy objective of ensuring that, within the constraints of available funding and resources, those people with disabilities who most need the services provided by the organisation are accepted for services and that services are only withdrawn at the participant's initiative or when the organisation's duty of care responsibilities to its Participants or staff are demonstrably compromised.

The organisation will:

- Develop an information brochure in appropriate formats on the organisation's services and distribute it through local area co-ordinators and major health, welfare, local government and education outlets in the area.
- Accept referrals from Participants, family members, advocates, local area co-ordinators or other government or non-government agencies.
- Within two weeks of receiving the referral, meet with the referred person, involved family members and advocates to determine the person's eligibility for services and collect background information in accordance with the Policy on Privacy, Dignity and Confidentiality.
- Make a determination about offering services to persons found eligible based on the organisation's available resources and the person's relative need.
- If no other eligible persons are currently seeking services, and the organisation has spare service capacity, accept the eligible person for services.
- If a person is found to be ineligible for services from the organisation, refer that person to an alternative service, where such a service exists.
- If a person is found to be eligible for services, but the organisation is not in a position to provide a service, offer to place the person on a waitlist for organisation services and inform the person of the possible waiting time before services might become available.
- Contact persons who are on the organisation's waitlist at least every three months and advise them of their current status on the waitlist.
- Maintain record of people who have been referred to the organisation and denied a service summarising reasons for their being found ineligible or, if found eligible, reasons for being placed on the waitlist.
- Withdraw services only if requested by the participant or family or if the organisation's duty of care responsibilities to its Participants or staff is severely compromised and reasonable efforts to rectify the problem have been made and shown to have failed.

- If the participant has elected to no longer receive services from the organisation, ask that the request be put in writing by the participant or family. If the organisation is holding any tied funding on behalf of a person who no longer wishes to receive services from the organisation, advise the Disability Services Commission immediately.
- If the organisation is contemplating withdrawing services, first arrange a meeting with the participant, family and any advocate(s) they nominate to discuss the reasons why the organisation is contemplating withdrawing services.
- If after the meeting the organisation decides to withdraw services, write to the participant, family and advocates outlining the reasons behind the decision and advising them of their rights under the organisation's Policy on Complaints and Disputes.

### **9.3 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 9.1 are implemented effectively:

- An information brochure describing the organisation's services has been distributed at least annually to local area co-ordinators and major health, welfare, education and local government outlets in the area.
- Persons referred for services have been interviewed within two weeks of the referral being received by the organisation.
- Services have been offered on the basis of eligibility, relative need and available services.
- Records have been kept on a central file of people who were found to be ineligible or found to be eligible, but denied services based on insufficient resources or relativity of need.
- Eligible persons who were unable to access services, and so chose, have been placed on a waitlist and were contacted at least three monthly with respect to their progress up the waitlist.
- Records are kept on a central file of people who are on the organisation waitlist and the contact they have had with the organisation while on the waitlist.
- Where a participant or family has elected to no longer receive services from the organisation, the organisation has endeavoured to secure that request in writing, has placed the written request on the participant's file and has advised the Disability Services Commission if it held tied funding on the participant's behalf.
- Where the organisation has withdrawn services, the organisation has first arranged a meeting with the participant, family and any advocate(s) they nominate to discuss the reasons why the organisation was contemplating withdrawing services and has formally written to them to explain the reasons behind the decision.
- The organisation has advised the participant, family and advocates in writing of their rights under the organisation's Policy on Complaints and Disputes and has provided them with a copy of the policy.

## 10 USE OF VOLUNTEERS

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The organisation recognises and values the unique contributions that volunteers can make to the organisation's overall services from the perspectives of: the increased involvement of the wider community, through volunteers, with the organisation's Participants; the qualitatively different relationship that volunteers develop with the organisation's Participants; their greater freedom to advocate for the organisation's Participants; their capacity to supplement the services that the organisation's paid employees can provide; their industrial flexibility in undertaking their duties; their cost effectiveness to the organisation. The policy aims to establish the conditions under which volunteers are utilised, volunteers' responsibilities to the organisation and its Participants, and the organisation's obligations to volunteers.

The policy will assist the organisation to meet its obligations under Standard 8 of the Disability Services Standards (1993) to practice sound management standards which maximise outcomes for Participants.

### 10.1 PROCEDURES

The following procedures are to be implemented to ensure that the organisation meets its policy objective of establishing the conditions and mutual responsibilities under which volunteers are engaged by the organisation.

The organisation will:

- Use volunteers to enhance, not replace, the services usually provided by paid employees.
- Assign duties to volunteers on the basis of their skills, interests and availability.
- Develop duty statements and selection criteria for each volunteer position.
- Designate an employee within the organisation to co-ordinate the recruitment, selection, orientation and supervision of volunteers.
- Recruit volunteers by the most appropriate means according to the circumstances that prevail, and the needs of the organisation, at the time.
- Assemble a selection panel, incorporating organisation employees, management committee members and/or consumer representatives, and formally interview all prospective volunteers.
- Require that volunteers supply the names of two referees and also provide a current copy of an "Authority to Release Record of Convictions and Other Matters Pending", the cost of which will be reimbursed if the volunteer is successful in securing a position with the organisation.
- Establish formal induction procedures and organise necessary basic training for all volunteers in accordance with the Policy on Staff Training and Development and the Policy on Occupational Health and Safety.
- Establish formal supervision procedures for volunteers, ensure that all volunteers are allocated a supervisor and receive regular supervision in a manner and at a frequency that is appropriate to their tasks and responsibilities.

- Re-imburse volunteers for approved out-of-pocket expenses and vehicle running costs in accordance with the Policy on Organisation Use of Private Vehicles.
- Include volunteers in the organisation's policy cover under directors' and officers' liability insurance, professional indemnity, personal accident insurance and contingent motor vehicle insurance in accordance with the Policy on Insurance and Indemnity Arrangements.
- Promptly investigate, remedy and document any volunteer grievance.

## **10.2 PERFORMANCE STANDARDS**

The following performance standards must be met to ensure that the procedures specified in Section 10.1 are implemented effectively:

- All new volunteers have been provided with a copy of the organisation's Policy on Use of Volunteers and a staff copy of the policy is kept in each service area.
- New volunteers have successfully completed the induction program within one month of appointment.
- New volunteers have successfully completed the training specified in the Policy on Occupational Health and Safety within six months of appointment.
- Duty statements have been written for all volunteers.
- All volunteers have been selected against appropriate selection criteria and have undergone reference and police checks.
- All volunteers have a designated supervisor and receive regular supervision in line with their duties and responsibilities.
- Volunteers have been reimbursed for approved out-of-pocket expenses and vehicle running costs.
- Volunteers are covered under directors' and officers' liability insurance, professional indemnity, personal accident insurance and contingent motor vehicle insurance.
- Any grievances have been addressed in accordance with the principles and procedures outlined in this policy and the Policy on Staff Grievances.

## 11 VALUED STATUS

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The organisation is committed to ensuring that all Participants of the organisation have the opportunity to develop and maintain skills and the opportunity to participate in activities that enable them to achieve valued roles in the community.

### 11.1 PROCEDURES

The following procedures are to be implemented to enable the organisation to meet its policy objective of ensuring that Participants developed needed skills and achieve valued social roles in the community.

The organisation will:

- Structure its programs and services in a culturally normative and age appropriate manner.
- Design and deliver its training programs and activities in a culturally normative and age appropriate manner.
- Ensure that every participant has a current, written training and development plan that builds on existing competencies and increases the prospect of fulfilling valued roles in the community.
- Involve the participant, family members and/or advocates in the training and development component of the individual service plan for the participant and invite them to state their preferences with respect to the training that they would like to receive.
- Make every effort, within available resources, to accommodate the participant's skills development preferences.
- Wherever practicable, deliver training to Participants in appropriate community settings.
- Ensure that organisation staff and volunteers are properly equipped to co-ordinate and/or deliver the skills development activities specified in the participant's training and development plan.

### 11.2 PERFORMANCE STANDARDS

The following performance standards must be met to ensure that the procedures specified in Section 11.1 are implemented effectively:

- All Participants and their families or advocates have been provided with a copy of the organisation's Policy on Valued Status.
- All employees have been provided with a copy of the organisation's Policy on Valued Status and a staff copy of the policy is kept in each service outlet.
- Participants live in organisation operated or supported homes that conform as closely as possible to prevailing community standards and which offer opportunities for maximum privacy, security, comfort and community involvement.

- Participants receive out-of-home respite in settings that, as far as is practicable, are appropriate to their age, gender, cultural background and support needs.
- Participants engage in community access and training activities that build on existing competencies and increase the prospect of fulfilling valued roles in the community.
- All Participants have a current, written individualised plan.
- Organisation staff and volunteers are properly equipped to co-ordinate and/or deliver the skills development activities in accordance with the Policy on Staff Training and Development.

## APPENDIX A

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### NATIONAL STANDARDS FOR DISABILITY SERVICES

At the 18 December 2013 meeting of the Standing Council on Disability Reform ministers from all jurisdictions endorsed the revised National Standards for Disability Services (NSDS).

These standards have a greater focus on person centred approaches and promote choice and control by people with disability. These are considered critical under the National Disability Insurance Scheme.

The Australian Government adopted the standards for its employment and advocacy services for people with disability from 1 January 2014 for employment service providers, and from 1 July 2014 for advocacy agencies funded under the National Disability Advocacy Program.

The National Standards underwent extensive consultation, validation and user testing, culminating in a set of six standards that are able to be applied across a broad range of circumstances.

They are:

- Rights
- Participation and Inclusion
- Individual Outcomes
- Feedback and Complaints
- Service Access
- Service Management.

### STANDARD ONE: RIGHTS

The intent of this standard is to promote ethical, respectful and safe service delivery which meets, if not exceeds, legislative requirements and achieves positive outcomes for people with disability. The Human Rights principles are relevant across all the standards and each standard supports the achievement of basic rights. This standard has a focus on particular rights such as self-determination, choice, privacy and freedom from discrimination.

The standard recognises people's inherent right to freedom of expression and the right to make decisions about and exercise control over their own lives. It reinforces the fundamental right of people with disability to have respect and dignity. This includes the dignity of risk - the right to choose to take some risks in life.

The standard acknowledges the risks of harm, neglect, abuse or violence which some people with disability may face when using services or supports. The standard highlights the roles for services and supports, families, friends, carers and advocates in reducing these risks. The standard promotes individual rights and individual and service responsibility.

The standard emphasises the importance of:

- dignity and respect;
  
- freedom of expression;
  
- self-determination;
  
- choice and control;
  
- confidentiality and privacy;
  
- freedom from discrimination, exploitation, abuse, harm, neglect and violence;
  
- the role of families, friends, carers and advocates in the safeguarding of rights; and
  
- comprehensive systems to prevent or promptly respond to any breaches of rights.

**i) Rights for people**

I have the right to exercise control and choice when I use services or supports. I also have the right to dignity of risk and to be free from discrimination or harm.

**ii) Outcomes for people**

I can make choices about the services and supports I use, and how I use them. When I use a service or support, I am respected and safe

**iii) Standards for service**

The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

**Indicators of Practice**

1. The service, its staff and its volunteers treat individuals with dignity and respect.



2. The service, its staff and its volunteers recognise and promote individual freedom of expression.
3. The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.
4. The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.
5. The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.
6. The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.
7. The service supports individuals with information and, if needed, access to legal advice and/or advocacy.
8. The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.
9. The service keeps personal information confidential and private.

## **STANDARD TWO: PARTICIPATION AND INCLUSION**

The intent of this standard is to promote the connection of people with disability with their families, friends and chosen communities. It also requires that services work together with individuals to enable their genuine participation and inclusion.

This standard recognises the role that services can play in enabling the contribution and inclusion of people with disability and their valued participation in the community including work and learning. In meeting this standard, services will actively support and encourage individuals to connect with family and friends and to feel included in their chosen communities. This should be based on an individual's interests, identity, heritage and aspirations. Importantly, the focus on 'valued role' needs to be one of the individual's choosing. Services will also work with the wider community to promote participation and inclusion.

The standard emphasises the importance of:

- promoting a valued role for people with disability in public and private life;
- connection to family, friends and chosen communities;
- economic and community participation and associated benefits to the individual and the broader community;

- participation based on an individual's interests, identity, heritage, preferences, goals and aspirations (which may change over time); and
- the role of family, friends, carers, advocates and other organisations in promoting participation and inclusion.

**iv) Rights for people**

I have the right to participate in my chosen community. I also have the right to decide how I have contact with family, friends and community.

**v) Outcomes for people**

I follow my interests, with the support of my services, family, friends, carers or advocates.

**vi) Standards for service**

The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.

**Indicators of Practice**

1. The service actively promotes a valued role for people with disability, of their own choosing.
2. The service works together with individuals to connect to family, friends and their chosen communities.
3. Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.
4. Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.
5. The service works in partnership with other organisations and community members to support individuals to actively participate in their community.
6. The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.

**STANDARD THREE: INDIVIDUAL OUTCOMES**

The intent of this standard is to promote person-centred approaches to service delivery whereby individuals lead and direct their services and supports.

Services used by people with disability are expected to be flexible and tailored to each individual's strengths and needs and deliver positive outcomes. This includes an individual's disability as well as the need for service providers to competently recognise and respond to issues related to age, gender, culture, heritage, language, faith, sexual identity, relationship status and other relevant factors.

Achieving individual outcomes requires collaboration between the individual and service provider to ensure active choice and decision-making. This means joint effort based on mutual respect rather than the service

making all the decisions. A focus on individual outcomes includes individuals and services working together to review progress against planned and measurable outcomes.

The standard also recognises the potential role, with the individual's consent, of families, friends, carers and advocates in planning, delivery and review. It encourages active dialogue between an individual, their family, friends, carers and/or advocates and a service regarding the nature of the service or supports provided while focussing on the minimal restrictive options.

The standard emphasises the importance of:

- people with disability leading and directing their supports with support from family, friends, carers and advocates (with consent);
- service planning, implementation and review being based on individual strengths, needs and life goals;
- collaboration and dialogue,
- responsiveness to diversity; and
- minimal restrictive options.

**vii) Rights for people**

I have the right to lead and direct decisions about my life and how the services I use support me.

**viii) Outcomes for people**

I use services and supports which build on my strengths and support me to reach my life goals.

**ix) Standards for service**

Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.

**Indicators for Practice**

1. The service works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.
2. Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.
3. The service plans, delivers and regularly reviews services or supports against measurable life outcomes.
4. Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.

5. The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.

## **STANDARD FOUR: FEEDBACK AND COMPLAINTS**

The intent of this standard is to ensure that both positive and negative feedback, complaints and disputes are effectively handled and seen as opportunities for improvement. To meet this standard, service providers are required to have clearly communicated and effective systems in place to address and resolve issues raised by individuals, families, friends, carers and advocates.

This standard recognises that robust and timely feedback, including compliments and complaints, is a key driver for continuous improvement. Services should have a range of opportunities to seek feedback from individuals ranging from day to day feedback, formal consultation & engagement, regular satisfaction surveys or consumer groups.

In addition, this standard recognises that people need to feel safe to make a complaint or provide negative feedback. This includes being able to access independent mechanisms for complaints, appeals or disputes without fear of adverse consequences or loss of service. The standard also includes being able to have access to advocates and independent information, support, advice and representation.

The standard emphasises the importance of:

- clear and regular communication about how to provide feedback including how to make a complaint;
- the use of feedback and complaints to continuously drive service improvements;
- regular, proactive and inclusive feedback systems;
- effective complaints management and resolution;
- transparent dispute management; and
- access to independent information, support, advice and representation to ensure people are able to provide feedback or make a complaint.

### **x) Rights for people**

I have the right and freedom to give positive and negative feedback about all aspects of my supports and services and expect to see improvements as a result. I also have the right to independent advice and support to provide feedback or make a complaint when I need it.

**xi) Outcome for people**

I have a range of ways to speak up about my supports and services and play an active role in working out how things will improve. I know how to access independent support and advice when providing feedback or making a complaint.

**xii) Standard for service**

Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.

### **11.3 INDICATORS OF PRACTICE**

1. Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.
2. Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.
3. Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.
4. The service seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.
5. The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.
6. The service effectively manages disputes.

### **STANDARD FIVE: SERVICE ACCESS**

The intent of this standard is to ensure that access to services and supports is fair, equal and transparent so that, individuals are supported when services are not available and barriers to access are identified and removed. The standard applies across service entry or commencement, service use and, where relevant, exit or leaving a service processes.

Access to services and supports is dependent on a range of factors, including location; an individual's identified needs; and the resource capacity of a service.

This standard recognises that individuals should be supported to understand criteria and processes regarding access to, and use of, a service. This also includes clear explanations when a service is not available to an individual and referral to alternative service options.

The standard emphasises the importance of:

- accessible information to respond to diversity of need;

- transparent and consistently applied service commencement and leaving a service processes;
- information provision and active referral when a service is not available;
- the value of partnerships with other agencies and relevant community members to enable referral; and
- regular reviews to identify and respond to any potential barriers to access.

**i) Rights for people**

I have the right to access services based on fair and equal and transparent criteria, and support for referral when a service is not available.

**ii) Outcome for people**

I understand what the service offers; access to the service is fair and equal and I am supported with other options when I can't access a service.

**iii) Standard for service**

The service manages access, commencement and leaving a service in a transparent, fair and equal and responsive way.

**Indicators for Practice**

1. The service systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.
2. The service provides accessible information in a range of formats about the types and quality of services available.
3. The service develops, applies, reviews and communicates commencement and leaving a service processes.
4. The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.
5. The service monitors and addresses potential barriers to access.
6. The service provides clear explanations when a service is not available along with information and referral support for alternative access.
7. The service collaborates with other relevant organisations and community members to establish and maintain a referral network.

## **STANDARD SIX: SERVICE MANAGEMENT**

The intent of this standard is to ensure that services are managed effectively and efficiently. It requires services to be person-centred and to ensure flexibility to respond to individual strengths and needs. It also requires services to promote a culture of continuous improvement as a basis for quality service delivery.

A range of systems and processes are required to support quality service provision and these are reflected in the standard. The standard refers to the active involvement of people with disability, families, friends, carers and advocates in service and support planning, delivery and review. Support for organisational learning and skills development is considered integral to a culture of quality service delivery and continuous improvement. This includes support and training for staff and volunteers. Additionally, service delivery that is reflective in practice and based on contemporary evidence will support the best possible outcomes for individuals.

Adherence to workplace related legislative and regulatory frameworks is an expectation within the standard. This will support accountability through sound governance and enable services to be delivered in a safe environment by appropriately qualified and supervised personnel.

The standard emphasises the importance of:

- sound governance and management in all aspects of service planning, development and provision;
- clear communication to staff, people with disability and other stakeholders;
  
- continuous improvement and evidence based practice;
  
- a range of methods for active participation of people with disability and their family, friends, carers and advocates in planning, delivery and review at the individual, service and organisational levels; and
  
- compliance with workplace related legislation and regulation including Work Health Safety, human resource management and financial management.

### **iv) Rights for people**

I have the right to services and supports that are effectively managed, regularly reviewed, accountable and contemporary.

### **v) Outcome for people**

My strengths and needs are effectively supported through soundly managed services.

### **vi) Standard for service**

The service has effective and accountable service management and leadership to maximise outcomes for individuals

### **Indicators of Practice**

1. Frontline staff, management and governing bodies are suitably qualified, skilled and supported.

2. Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.
3. The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.
4. The service has monitoring feedback, learning and reflection processes which support continuous improvement.
5. The service has a clearly communicated organisational vision, mission and values which are consistent with contemporary practice.
6. The service has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.
7. The service uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.



## APPENDIX B

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### CODE OF PRACTICE FOR THE ELIMINATION OF RESTRICTIVE PRACTICES

This Code of Practice for the Elimination of Restrictive Practices is part of the Positive Behaviour Framework and should be read in conjunction with other Positive Behaviour Framework documents such as:

- Positive Behaviour Framework Effective Service Design
- Positive Behaviour Support Information for Disability Sector Organisations
- Towards Responsive Services for All!
- Positive Behaviour Framework Substantive Equality Project 4
- Evaluation of the Sector Workforce and Development Project to Promote the Use of Positive Behaviour Support in Disability Services.

This is the second edition of the Code of Practice (“the Code”) which provides the basis for the disability sector to develop operational policy and guidelines for eliminating the use of **restrictive practices** (see 1.4). It applies to all services provided and funded by the Disability Services Commission for children and adults with disability.

The first edition, released in November 2012, by a coalition of partners from across the disability sector, included a commitment to a review of the Code, 12 months after implementation. This edition is the result of that review, in which representatives from a broad range of disability sector organisations, people with disability, families, carers, advocacy organisations and other government agencies were consulted.

A significant change since the introduction of the Code in 2012, has been the launch of new National Standards for Disability Services (National Standards), which have been adopted by all States and Territories. West Australian organisations are strongly encouraged to adopt the Code as a means of demonstrating compliance with Standard 1 of the National Standards:

“The service promotes individual rights to freedom of expression, self-determination, decision-making and actively prevents abuse, harm, neglect and violence.”

The intent of National Standard 1 is to promote ethical, respectful and safe service delivery that meets, if not exceeds, legislative requirements and achieves positive outcomes for people with disability. The **human rights** (see 1.4) principles which underpin Standard 1 are relevant across all six National Standards, each of which supports and reinforces the fundamental right of people with disability to have respect and dignity. This includes the dignity of risk — the right to choose to take some risks in life.

The Standard emphasises the importance of:

- dignity and respect
- freedom of expression
- self-determination
- choice and control
- confidentiality and privacy

- freedom from discrimination, exploitation, abuse, harm, neglect and violence
- the role of families, friends, carers and advocates in the safeguarding of rights
- comprehensive systems to prevent or promptly respond to any breaches of rights.

This second edition of the Code reflects the requirements of the National Standards.

It is divided into two parts:

- part one, which provides an overview of the purpose and context for the Code
- part two, which is to inform the development of operational policy and guidelines to assist with service implementation.

## PURPOSE

The purpose of the Code is to:

- raise awareness of the human rights of people with disability
- contribute to the elimination of the use of restrictive practices for people with disability who experience **challenging behaviours** (see 1.4)
- ensure safeguards are in place in exceptional circumstances where it is necessary to use restrictive practices to protect the welfare of individuals and the safety of third parties
- assist disability sector organisations to demonstrate compliance with the National Standards for Disability Services, the Commission's Quality Management Framework and Serious Incident Reporting requirements.

## ACCESSABILITY

The Code will be available in a plain English format and other formats to meet the communication and cultural needs of diverse stakeholders. This includes, but is not limited to, people with intellectual disability, people with vision impairment, Aboriginal people and people from cultural and linguistically diverse backgrounds.

## CONTEXT

In WA, the Code is one of a number of related strategies implemented to support the Commission's Positive Behaviour Framework. The Framework was guided by the 'Towards Responsive Services for All' report which promoted a coordinated, state-wide approach to **Positive Behaviour Support** (see 1.4).

The essential elements of Positive Behaviour Support, and its strong evidence base, were also reflected in the Effective Service Design report, which was developed after sector-wide consultations. It highlights those elements of service design and delivery that, if applied, would lead to a significant reduction or elimination in the need for use of restrictive practices. In the first edition, the Code drew on Standard 9 of the WA Disability Services Standards, now replaced by Standard 1 of the National Standards for Disability Services 2013.

International, national and state obligations and legislation in relation to the human rights of people with disability underpin the development of the Code (refer to Appendix 1).

A key tool to support the elimination of restrictive practices, that is being supported by the Commission, is the **Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII)**.

## **POSITIVE BEHAVIOUR SUPPORT AND SYSTEMATIC CHANGE IN SERVICE DELIVERY**

The implementation of the Code requires systemic change. The key systemic change required is the implementation of Positive Behaviour Support within organisations.

Positive Behaviour Support is a set of research-based strategies used to increase quality of life and decrease challenging behaviour by teaching new skills and making changes in a person's environment. Positive Behaviour Support strategies are considered effective when intervention results in increases in a person's success and personal satisfaction, and the enhancement of positive social interactions across work, academic, recreational and community settings. Valued outcomes include increase in quality of life as defined by the person's unique preference and needs and positive lifestyle changes that increase social belonging (source: [http://www.apbs.org/new\\_apbs/general-introduction.html#definition](http://www.apbs.org/new_apbs/general-introduction.html#definition)).

The wellbeing and safety of people with disability, their families and/or carers and the staff who provide services, will be primary considerations as the Code is implemented and embedded.

To implement Positive Behaviour Support and eliminate restrictive practices, individual disability sector organisations and the sector collectively must plan for:

- significant organisational cultural change
- significant changes in current service design, policies, practices and tools that support person-centred practice
- increased interdisciplinary liaison and collaboration between disability sector organisations, and between the disability services sector and other sectors
- adapting the Code so that it has cultural relevance
- some new content and changed requirements for staff training
- closer and more informed relationships between service providers, people with disability, families and carers.

Operational implementation of the Code is the responsibility of each service provider and should take into account the types of service provided and the assessed needs and abilities of each person for whom the services are provided.

## **SERVICE GUIDELINES**

The following service guidelines are to be considered when delivering services to people who experience challenging behaviours. The guidelines are underpinned by recognition that people with disability are in the best position to make decisions and choices for themselves and have the **capacity** to communicate this.

- The service provider will develop services that uphold **human rights** and the wellbeing, inclusion, safety, quality of life and **substantive equality** for people with disability.
- Service providers will recognise that people with disability have the same rights as all people to equality before the law and to equal protection under the law, without discrimination.

- Service providers will have policies, procedures and tools in place to safeguard the rights of people with disability and to identify and monitor the use of restrictive practices.
- Service providers will ensure that services are person-centred, proactive and enhance the quality of life for the person.
- Service providers will adopt practices that recognise and support the person's authority in decision-making, choice and control.
- Service providers will recognise that people with disability, their families and carers are the natural authorities for their own lives and are in the best place to communicate their choices and decisions.
- Service providers will ensure whatever supports necessary are put in place to help people with disability communicate their wishes.
- Service providers will actively facilitate the person's engagement with family, carers, other friends and advocates who know them well (or if applicable, their guardian or relevant authority) to support discussion around the needs and wishes of the person with disability.
- Service providers working with people of Aboriginal or cultural and linguistically diverse backgrounds will demonstrate **cultural competence** in their governance, values, behaviours and practices.
- Cultural relevance and appropriateness of services, in a person-centred context, is an important consideration but does not over-ride the requirement for the human rights of the person with disability to be the paramount consideration.
- **Behaviour Support Plans** are key practice and accountability documents and must be in place for all people identified as experiencing challenging behaviours.
- Service providers will recognise the importance of understanding the nature and function of the person's behaviour in order to minimise the use of restrictive practices, and will seek specialist guidance (for example, from a **Behaviour Support Consultant**) to assist in developing this understanding when necessary.
- The Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII) will support the development, implementation, monitoring and review of quality Behaviour Support Plans.
- Service providers will ensure Behaviour Support Plans consider the key components required by the BSP-QEII in their development (refer to Appendix 4).
- Service providers will put in place **Positive Behaviour Support Panels**.
- Service providers will develop terms of reference for such panels and ensure panels include a representative external to the disability sector organisation.
- Service providers will maintain a register of all restrictive practices in place which will include progress towards developing action plans to minimise and eliminate the use of restrictive practices.

## USE OF RESTRICTIVE PRACTICES

- Restrictive practices will be minimised by service providers ensuring evidence-based policies and procedures are in place, along with adequate staff numbers, quality training and supervision and due care for the welfare and professional development of staff.
- Restrictive practices cannot be approved for organisational or staff convenience or to overcome a lack of staff, inadequate training, a lack of staff support and/or supervision.

- Service providers will recognise that the use of restrictive practices are not effective long-term strategies to manage risks and behaviours and can result in long-term physical and psychological harm.
- Service providers will reduce and eventually eliminate restrictive practices in place wherever possible.
- A restrictive practice may only be implemented when it is agreed to by the service provider's Positive Behaviour Support Panel as the **minimally restrictive** intervention to address the person's identified needs and risks. This agreement will be based on a written submission to the service provider's Positive Behaviour Support Panel, to confirm:
  - all less restrictive practices have been carefully evaluated and cannot be applied
  - without the intervention the person is a risk to themselves and/or to others
  - there has been consideration of the impact of the intervention on the rights and wellbeing of others who share the person's environment
  - the restrictive practices is considered in the context of a Positive Behaviour Support Plan and a **person-centred plan**
  - any other considerations the panel deems necessary.
- A restrictive practice that has been supported by the Positive Behaviour Support Panel must be implemented:
  - with the informed consent of the person involved, using the organisation's procedures in place for determining capacity to consent, or
  - when the person is determined not to be able to provide consent, the consent of the person with the authority to make decisions on behalf of the person, or from an appointed guardian with the relevant authority
  - for the shortest possible time while a more appropriate arrangement for support is developed.
- A restrictive practice that has been supported by the Positive Behaviour Support Panel must be applied under the supervision of a designated, experienced staff member who is on duty at the time, and form part of a Behaviour Support Plan.
- Approved restrictive practices must be reviewed by a senior manager at intervals of no less than once every three months, and by the Positive Behaviour Support Panel, no less than once every year, from the date of the first approval.
- Restrictive practices must be recorded at each event, and reviewed by the service provider at least once every 12 months.
- A restrictive practice for which there has been no prior Behaviour Support Plan, including **seclusion** and **physical restraint**, might be necessary in an emergency, to save a person's life or to prevent them from experiencing serious physical or psychological harm, or to prevent the person causing serious physical or psychological harm to another person.
- When a restrictive practice is used that has not had prior Positive Behaviour Support Panel agreement, is not documented in the Behaviour Support Plan and for which consent has not been obtained:
  - the circumstances in which the intervention was used must be reviewed and recorded by the service provider as soon as possible to minimise the risk of a recurrence

- the person's family or guardian must be advised as soon as possible
- if it is a serious incident, it must be reported to the Commission as a Serious Incident Report within seven days.

## WITHDRAWING RESTRICTIVE PRACTICES

It is dangerous to withdraw existing restrictive practices before the service provider is satisfied that:

- safe and more respectful alternatives have been developed, trialled and demonstrated to be effective for the person concerned
- staff have had the appropriate training in how to apply the new practices and have demonstrated the skills required to support the person under the new arrangements
- the person has given informed consent or where they are assessed as not having the capacity to consent, a person with the relevant authority is involved, or a guardian has been appointed, and he/she has consented to the withdrawal of the existing practice.

## ISSUES TO CONSIDER IN DEFINING A RESTRICTIVE PRACTICE

### Use of a therapeutic device

The use of any device (eg arm splints) for the management of behaviour is a restrictive practice and the Challenging Behaviour and Restrictive Practices Decision-Making Flow Chart should be the reference (refer to Appendix 3).

The use of a **therapeutic device** does not constitute a restrictive practice when it is clinically prescribed for the purpose of:

- improving the quality of life of a person with disability, by preventing or minimising body shape distortions and the directly-related secondary complications that result in pain, discomfort and poor health, and/or
- assisting a person to participate in a desired task or activity by minimising factors that impede them and enabling their engagement in an activity which would not otherwise be possible, and/or
- providing **treatment** where, if there were no restriction of the person, an adverse health outcome would occur.

A device may be used for these purposes if its use:

- is clinically prescribed by an appropriately qualified **health professional**
- is formally and regularly reviewed
- the person has given informed consent or where they are assessed as not having the capacity to consent, a person with the relevant authority is involved, or a guardian has been appointed, and he/she has consented to the withdrawal of the existing practice.

The prescribed device must be:

- the **minimal intervention** to achieve the desired result
- based on evidence from current best practice.

### **Use of medication**

The use of psychotropic and other drugs to reduce symptoms and behaviours associated with conditions such as anxiety, depression and other mood disorders or a psychosis, does not constitute a restrictive practice when:

- the medication is prescribed for a person who has a psychiatric condition diagnosed by a qualified psychiatrist and is reviewed at least annually or
- the medication is prescribed by a general practitioner who is treating the person as part of a Medicare-approved mental health plan and the medication is reviewed at least annually.

When the service provider is responsible for attending a mental health medical appointment with a person for whom they provide support, the person must be supported by someone who knows them well.

When medication is prescribed at the appointment, the staff member must request a written statement from the doctor to confirm the reason for the prescription, and the statement must be placed on the person's medical records held by the service provider.

When a **PRN medication** is prescribed, each occasion it is given to the person must be authorised by the most senior service staff member on duty, who must enter full details of the dose, time and circumstances leading to the decision to use it onto a PRN medication register.

### **Use of environmental or psycho-social restraints**

Whether or not an **environmental restraint** or a **psycho-social restraint** would be considered to be a justifiable restrictive practice for the purposes of this Code requires the service provider to make a case-by-case decision which takes into account:

- the age of the person – some interventions, inappropriate for adults, might reflect acceptable community practices in relation to the protection of children
- whether the intent is to punish or overprotect or is to meet a duty of care or an occupational health and safety requirement
- the balance between the rights of the person and the rights of all others who share the person's environment.

Such practices, when agreed by a Positive Behaviour Support Panel, must be documented in the Behaviour Support Plan and be formally and regularly reviewed.

## **CONSENT**

- Service providers will ensure that the person provides informed consent in relation to all matters that affect them and understands the nature and consequences of their consent. This includes understanding the impact on them of implementing or removing any restrictive practice that might result from their consent.
- The service provider will use the organisation's internal policy and procedures for determining capacity to give informed consent.
- The service provider will use whatever strategies are necessary, taking into account the person's cultural and communication needs and understanding, to facilitate the person's capacity to communicate their choice and decisions.

When:

- there is uncertainty about the person's capacity to provide informed consent, and/or
- there is an absence of engaged family, carers, other friends and advocates to assist the person to make decisions, and/or
- there are conflicts around what decisions and actions are in the person's best interests

the service provider will seek the advice and guidance of the Office of the Public Advocate for adults, and the Department for Child Protection and Family Support for children under 18 years of age, as to the correct action to take.

## **GRIEVANCES**

When a person, or a guardian, or another person with authority to make decisions on behalf of the person, disagrees with any actions a service provider undertakes in relation to the requirements of the Code, the service provider will ensure that the person is aware of all options available to assist in the resolution of the matter. This support includes:

- ensuring the person (and/or their representative) understands how to access the service provider's internal grievance procedure, and the various external agencies with a mandate to receive and respond to a grievance from a person with a disability
- providing advice to the person of their right to external advocacy support and assistance to make contact with an advocacy organisation if they so choose.



## APPENDIX C

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### Definitions and key terms

There are various interpretations in the disability services sector of key terms associated with the identification, reduction and elimination of restrictive practices but the following definitions are adopted for the purpose of this Code.

#### **Behaviour Support Consultant**

Behaviour Support Consultants act as mentors and/or frontline coordinators to assist organisations to implement the Positive Behaviour Framework reform agenda. These positions also act as a point of contact across the sector to encourage collaboration, evidence-based practice and support transparency for organisations in the development of behavioural responses for people with disability who sometimes experience challenging behaviour. Behaviour Support Consultants play an active part in the ongoing development and planning for the Positive Behaviour Support Panel process and assessing the quality of Behaviour Support Plans.

#### **Behaviour Support Plan**

An individual/behaviour support plan is a plan developed for a person with disability which specifies a range of strategies to be used in supporting the person's behaviour, including proactive strategies to build on the person's strengths and increase their life skills. Source: <http://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-framework-for-reducing-and-eliminating-the-use-of-restrictive-practices-in-the-disability-service-sector>

#### **Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII)**

The BSP-QEII is an evidence-based guide for assessing the quality of Behaviour Support Plans.

#### **Capacity**

The extent to which a person is capable of making reasonable judgements about their personal welfare and treatment.

(This definition is from the Office of the Public Advocate's 'A Guide to Enduring Power of Guardianship in Western Australia')

#### **Challenging behaviour**

Challenging behaviour is defined as "culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities"

(Emerson, E, 1995. Cited in Emerson, Eric, 2001, "Challenging Behaviour: Analysis and Intervention in People with Severe Learning Disabilities", Cambridge University Press, p 3.)

#### **Cultural competence**

The specific knowledge and skills required in working with a specific community. The ability of agency staff to respond in a culturally responsive manner to culturally and linguistically diverse and Aboriginal people to whom they provide services (Equal Opportunity Commission, 2005, Understanding the Policy Framework for Substantive Equality Key Terms).

### **Health professional**

The definition of a 'health professional' is a person registered under the "Health Practitioner Regulation National Law (Western Australia)" as set out in the Civil Liability Act, 2002, Section 5PA below.

"health professional" means –

- (a) a person registered under the Health Practitioner Regulation National Law (Western Australia) in any of the following health professions –
  - (i) chiropractic
  - (ii) dental
  - (iii) medical
  - (iv) nursing and midwifery
  - (v) optometry
  - (vi) osteopathy
  - (vii) pharmacy
  - (viii) physiotherapy
  - (ix) podiatry
  - (x) psychologyor
- (b) any of the following –
  - (i) a medical radiation technologist as defined in the Medical Radiation Technologists Act 2006 section 3
  - (ii) an occupational therapist as defined in the Occupational Therapists Act 2005 section 3
  - (iii) any other person who practices a discipline or profession in the health area that involves the application of a body of learning.

### **Human Rights**

Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. Source: <http://www.ohchr.org/en/issues/pages/whatarehumanrights.aspx> .

### **Minimal restriction or minimal intervention**

The term 'minimal restriction' or 'minimal intervention' recognises any restrictions on choice and control should be minimal and evidence based. Clear information should be provided to people with disability, their families and carers so that restrictions are transparent and easily understood.

### **Positive Behaviour Support Panel**

A Positive Behaviour Support Panel is a panel to guide the development and delivery of services that are respectful of human rights of people with disability, in accordance with the Disability Services Commission's Positive Behaviour Framework and Code of Practice for the Elimination of Restrictive Practices. The Positive Behaviour Support Panel is responsible for monitoring the use of restrictive practices and reaching agreement (including interim agreement) or non-agreement of a restrictive practice to be used to support individuals accessing services.

### **Positive Behaviour Support**

Positive Behaviour Support is a set of research-based strategies used to increase quality of life and decrease challenging behaviour by teaching new skills and making changes in a person's environment. Positive Behaviour Support strategies are considered effective when interventions result in increases in a person's success and personal satisfaction and the enhancement of positive social interactions across work, academic, recreational and community settings. Valued outcomes include increase in quality of life as defined by the person's unique preference and needs and positive lifestyle changes that increase social belonging (Association for Positive Behaviour Support, 2013).

### **PRN medication**

Most medications are prescribed with instructions that they should be taken once in the morning, three times a day, etc. The term 'PRN' is a shortened form of the Latin phrase, which translates roughly as "as the thing is needed". PRN, therefore, means a medication that is not to be taken at regular times but only at times when it is necessary that symptoms are relieved.

### **Restrictive practice**

The definitions for the terms 'restrictive practice', 'chemical restraint', mechanical restraint, 'physical restraint and 'seclusion' are from the 'National Framework for Reducing and Eliminating the Use of Restrictive Practices' (2014).

A 'restrictive practice' is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

- **Chemical restraint**

A 'chemical restraint' means the use of medication or 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 a diagnosed mental disorder, a physical illness or physical condition.

- **Environmental restraint**

An 'environmental restraint' restricts a person's free access to all parts of their environment. Examples of environmental restraints include but are not limited to:

- barriers that prevent access to a kitchen, locked refrigerators and restriction of access to personal items such as a TV in a person's bedroom
- locks that are designed and placed so a person has difficulty in accessing or operating them
- restrictions to the person's capacity to engage in social activities by not providing the necessary supports they require to do so.

- **Mechanical restraint**

To be consistent with the international research evidence, it is important to differentiate mechanical vs physical restraints. A 'mechanical restraint' means the use of a device (may include any mechanical material, appliance or equipment) to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes. For example, purposes may include the use of a device to assist a person with functional activities, as part of occupational therapy, or to allow for safe transportation.

- **Physical restraint**

A 'physical restraint' means the sustained or prolonged (eg a physical force or action lasting longer than approximately 30 seconds, that is not a reflexive manual restraint) 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 a person's behaviour. Physical restraint is distinct from the use of a hands-on technique in a reflexive (eg momentary contact to guide or redirect a person, lasting for no more than approximately 30 seconds) way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

(McVilly, K, 2008, 'Physical restraint in disability services: current practices; contemporary concerns and future directions'. A report commissioned by the Office of the Senior Practitioner, Department of Human Service, Victoria, Australia)

- **Psycho-social restraint**

'Psycho-social restraint' is the use of 'power-control' strategies. Examples of psycho-social restraints include but are not limited to:

- requiring a person to stay in one area of the house until told they can leave
- directing a person to stay in a unlocked room, corner of an area, or stay in a specific space until requested to leave (also known as 'exclusionary time-out')
- directing a person to remain in a particular physical position (such as laying down) until told to discontinue
- 'over-correction' responses (such as requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen)

- ignoring
- withdrawing 'privileges' or otherwise punishing, as a consequence of non-cooperation.
- **Seclusion**

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

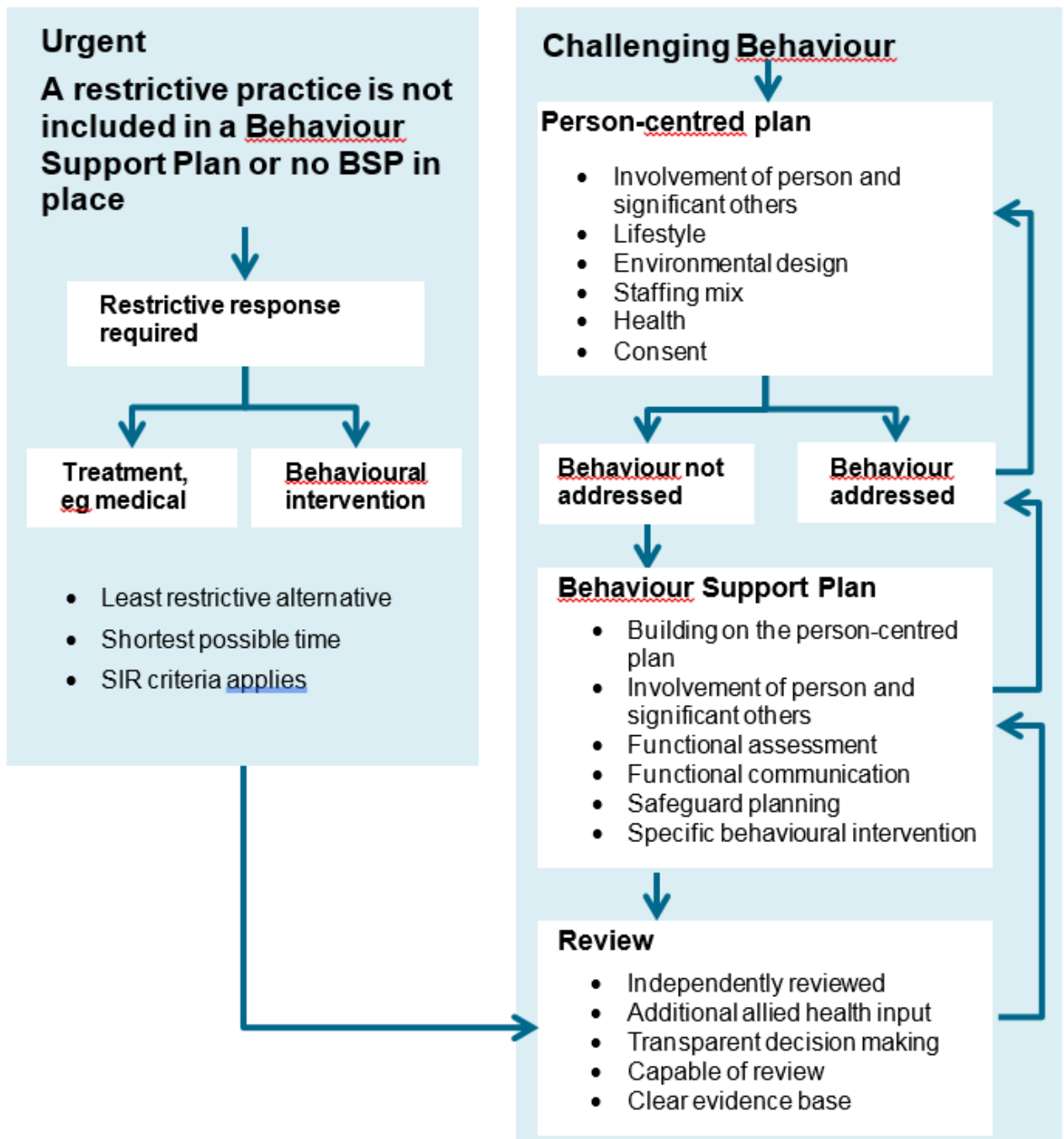
### **Person-centred planning**

Person-centred planning may be defined as: a process of individual discovery and action that assist

## APPENDIX D

### Decision-making Flow Chart

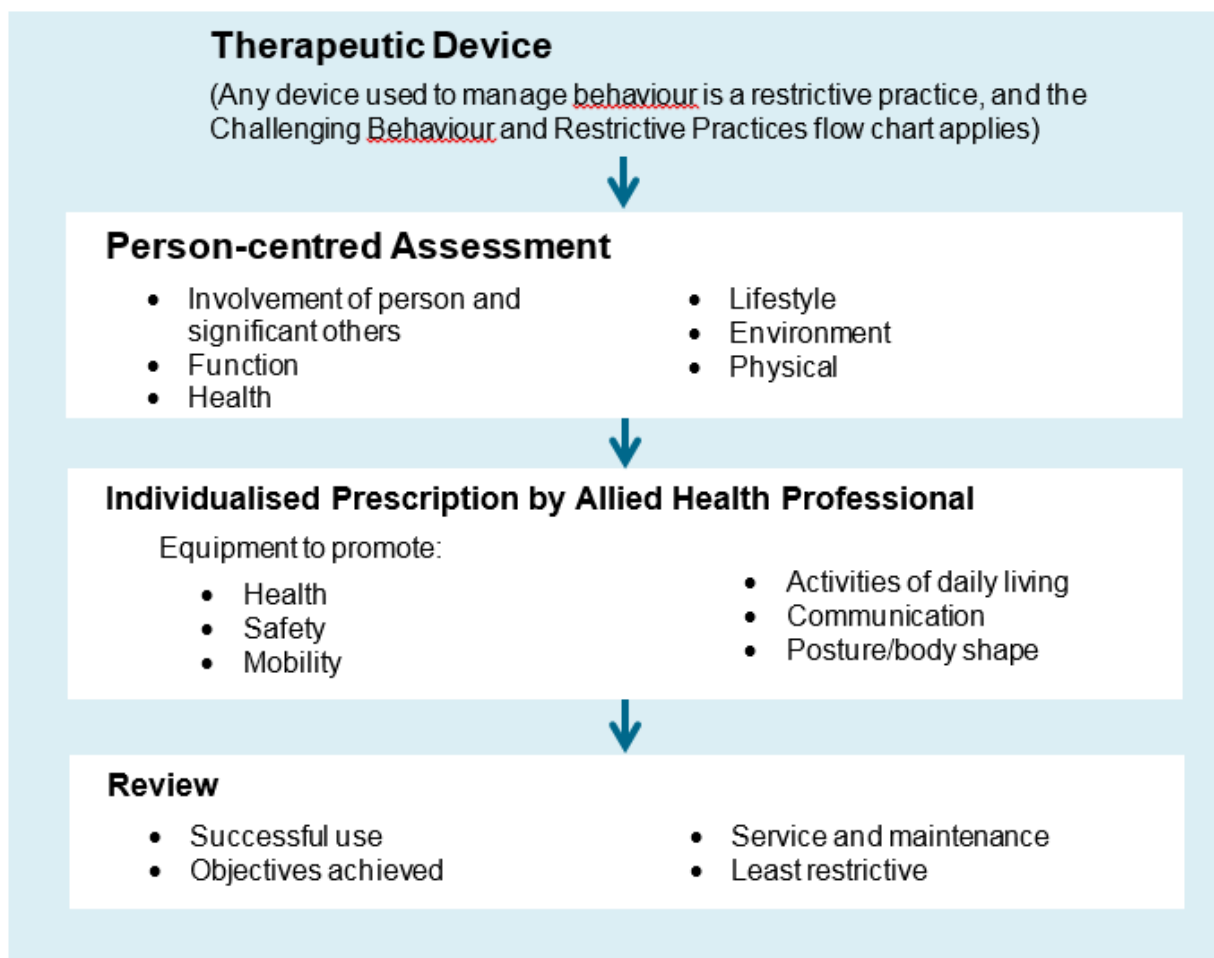
#### Challenging Behaviour and Restrictive Practices



**Note:** Outside of an emergency situation, with any Behaviour Support Plan (BSP), the aim is not to have a restrictive practice in place.

### Decision-making Flow chart

#### Therapeutic Device



## APPENDIX E

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### Behaviour Support Plan Quality Evaluation II (BSP-QEII)

#### What is the Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII)?

The BSP-QEII is an evidence-based guide for assessing the quality of Behaviour Support Plans (Browning Wright, D, Cafferata, G, Keller, D, and Saren, D, 2009).

#### Why use the BSP-QEII?

The BSP-QEII has been well researched within and outside of Australia. Several studies show the guide is effective in assessing the quality of Behaviour Support Plans and can result in benefits for the person with a disability, the staff supporting the person and the organisation. Research shows that:

- high quality Behaviour Support Plans lead to reductions in the frequency and severity of behaviour, **reductions in the use of restrictive practices** and improvements in quality of life for people with disability (Webber, Richardson, Lambrick and Fester 2012, and Chan, LeBel and Webber 2012)
- use of the BSP-QEII increases staff ability to develop and implement Behaviour Support Plans and leads to increased theoretical knowledge of Positive Behaviour Support without specific training in Positive Behaviour Support (Browning Wright, Mayer, Cook, Crews, Kraemer and Gale 2007, and Maclean and Grey 2012).

The BSP-QEII is a way an organisation may demonstrate meeting the new National Standards for Disability Services, particularly Standard One: Rights.

#### How is the sector using the BSP-QEII?

The BSP-QEII can be used to assess the quality of Behaviour Support Plans, particularly plans which contain a restrictive practice and are presented to a panel for consideration. The BSP-QEII serves to provide a common language that assists disability sector organisations and their panels to discuss and address Behaviour Support Plan quality.

#### How does the BSP-QEII relate to Positive Behaviour Support?

The BSP-QEII covers six key elements of Positive Behaviour Support including function of behaviour, situational specificity, environmental behaviour support factors and functionally equivalent skills, reinforcement, reactive strategies, team coordination and progress review. Twelve components of a Behaviour Support Plan are assessed according to standard criteria. Each component scores 2, 1 or 0 with a maximum possible score of 24 points (Browning Wright, D, Cafferata, G, Keller, D, and Saren, D, 2009).

#### What elements are important to include in a Behaviour Support Plan according to the BSP-QEII?

- For a Behaviour Support Plan to be considered to have reasonable quality it needs to include several components which cover the key elements of Positive Behaviour Support. These include:
  1. **Function of behaviour:** This is a description of why the behaviour occurs (or what the purpose of the behaviour may be) and is usually described in terms of the person getting or avoiding something.
  2. **Situational specificity:** This refers to identified factors which lead to the behaviour being more likely to happen. These factors are often described as 'setting events' and 'triggers' in a plan.



These factors reflect the underlying unmet needs leading to the behaviour.

3. **Environmental behaviour support factors and functionally equivalent skills:** These are the proactive strategies put in place to reduce the likelihood of the behaviour occurring. They are preventative strategies implemented before behaviour occurs. They are developed from information regarding the situational specificity and function of the behaviour (as described above). Plans should include preventative strategies relating to changes to the environment and skill development.
4. **Reinforcement:** This is what is put in place to encourage the person to use appropriate behaviour to get their needs met instead of using challenging behaviour to get their needs met.
5. **Reactive strategies:** These are the strategies put in place to support the person during and after the behaviour of concern. It is essential that reactive strategies adequately address the safety of everyone involved.
6. **Team coordination and progress review:** This relates to the plan including clear evidence of team work/collaboration in implementing and reviewing progress of the plan. This also relates to the plan including specific goals (usually to increase positive behaviour or reduce challenging behaviour) and includes the method and timing for regular review.

Within the West Australian context several additional factors are considered important to include in a Behaviour Support Plan:

- Evidence of a person-centred approach: It is important that a culturally sensitive, holistic picture of the person is presented, rather than just a focus on the behaviours of concern.
- Evidence of involvement of the whole team supporting the person including formal and informal supports such as family/friends and carers at every stage in the development, implementation and review of the plan.
- Focus on addressing broad environmental factors to meet the person's needs.
- Inclusion of quality of life goals which enhance the person's independence, participation and inclusion in society.
- Attention to communication and relationship development with the goal of meeting the person's need for belonging.

## APPENDIX F

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### COMPLAINT FORM

**Instructions:**

If you would like to lodge a formal complaint about any aspect of ATLAS service, please complete this form and email it to [atlas@sportshouse.net.au](mailto:atlas@sportshouse.net.au) OR [Zane@transition.org.au](mailto:Zane@transition.org.au)

The CEO will contact you within 24 hours after receiving the form and arrange a time to discuss your complaint, either in person or by telephone. You may nominate an independent advocate to mediate the complaint on your behalf.

ATLAS actively encourages participant feedback and complaints.

Name:		Date:	
Email:		Phone:	

**Details of complaint:**

*Please include as much detail as possible eg when did you first experience a problem with ATLAS service, how often have you experienced problems, how is the issue or problem affecting you?*

**What would you like done to fix the problem:**

**Would you like to nominate an independent advocate (eg a friend or community member) to be involved in mediation with the ATLAS CEO in an attempt to resolve your complaint?**

**Yes/No**

**If yes, what is the person's name and contact details?**



## ACKNOWLEDGEMENT FORM

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I \_\_\_\_\_ (please print name) acknowledge that I received a copy of this Service Handbook and that I have read and understood it.

Signed:

Dated: