



# ATLAS

## Service Delivery Handbook

Updated September 2023

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# 1 INTRODUCTION

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## WELCOME!!

We want to ensure your time with us is a positive experience. This booklet is designed to let you know about ATLAS and what it means to be part of our organisation as we work with you. We discuss the way we work and what you can expect from us, what we need from you and what you can do if you aren't happy with our service.

### 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.

We are based in Geraldton, Western Australia and have been serving the community since 2003. We work to increase people with disabilities access and inclusion in community.

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

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.



## 1.2 SERVICE DELIVERY

ATLAS is an accredited provider for the National Disability Insurance Scheme (NDIS), providing a wide range of services to people living with a disability.

We work in accordance with the standards set out in the National Standards for Disability Services, the NDIS Practice Standards and the NDIS Code of Conduct. This ensures we are doing a good job. If NDIS finds we are not doing the right thing, they can take away our registration and stop us from providing NDIS services.

It's important you know what you can expect from us. The information in this booklet is designed to provide you and your families with an understanding of the way we work and the policies which guide our service.

It explains the standards which underpin our work, your rights and responsibilities as an NDIS Participant as well as the rights and responsibilities of ATLAS.

It outlines what we do to protect your rights, health and safety, consent and privacy, and the opportunities we provide for advocacy, feedback and complaints – all the things we believe are necessary to form a respectful partnership between us.

At the back of the booklet we've also included a list of the national NDIS Policies which guide everything we do. If you would like to see a copy of any policy at any time, please ask us.

We work under the standards set out in the Australian Government's The National Standards for Disability Services, and the NDIS Practice Standards, which you can find at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

National standards ensure that ATLAS has a responsibility to provide Participants with high quality support and care, incorporating our underlying values and beliefs.

The Standards are:

**1. Rights and Responsibilities**

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. Including the following

- Access to Supports
- Support Planning
- Service Agreements with Participants
- Responsive Support Provision
- Transition to or from the Provider

**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 individual including the following

- Governance and Operational Management
- Risk Management • Quality Management
- Information Management
- Feedback and Complaints Management

- Incident Management
- Human Resource Management
- Continuity of Supports

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.

ATLAS is committed to delivering services in compliance with these standards and in continuously improving its service delivery. We operate in accordance with comprehensive policies and procedures, which are reviewed regularly and incorporate participant and other stakeholder feedback.

### 1.3 NDIS CODE OF CONDUCT

ATLAS uphold the **NDIS Code of Conduct** in all of its practices.

The NDIS Code of Conduct promotes safe and ethical service delivery, by setting out expectations for safe and ethical services and supports for both NDIS providers and workers. The NDIS Code of Conduct sets minimum expectations, shapes the behaviour and culture of NDIS providers and persons employed or otherwise engaged by NDIS providers, and empowers consumers in relation to their rights.

It requires workers and providers delivering NDIS supports to:

- act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions
- respect the privacy of people with disability
- provide supports and services in a safe and competent manner with care and skill
- act with integrity, honesty, and transparency
- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse
- take all reasonable steps to prevent sexual misconduct.

The Code supports the rights of people with disability in the National Disability Insurance Scheme to have access to safe and ethical supports, and reflects the core values and principles set out in the National Standards for Disability Services, the National Mental Health Standards and the National Disability Insurance Scheme Act 2013.

This code applies to all NDIS providers, registered and unregistered, and all persons employed or otherwise engaged by an NDIS provider. See appendix E

## **1.4 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

A complaint is considered to be "any expression of dissatisfaction either written or verbal". Participants and carers will be encouraged to express concerns and complaints arising from service provision. Complaints can be made in writing, by telephone, by email or in person. All staff will encourage Participant/carers to make a written complaint regardless of the degree of Complaint and if Participant/carer declines then the staff member must ensure the complaint or concern is documented on a "feedback/concerns/complaint form".

Complaints must be freely expressed by all Participants without fear of reduction or withdrawal of service or any other recrimination or repercussion. Any dissatisfaction in relation to our service shall be dealt with following principles of fairness and natural justice, consistency and confidentiality will be ensured at all times. In all our dealings with

Participants, Carers, individuals and agencies, we aim to be polite, responsive, fair, impartial, prudent, effective and efficient. All staff receives complaints handling training to enable them to support Participants and carers to make a complaint and to also gain awareness of their role in preventing any negative impact for Participants.

Staff should offer assistance to Participants and family members with an identified need. Types of assistance may include, interpreter and advocate services, offering to arrange a culturally appropriate support person and arranging assistance to put a complaint in writing. Each Participant is informed of their right to have an advocate or support person to assist them to resolve any complaint that they have. NWDS Coordinators can assist the Participant and their family with information on how to apply for the assistance of an advocate.

Participant representation (i.e. Participant/advocate or carer) will be invited and encouraged on relevant decision-making Boards. The service aims to promote and respect the legal and human rights of the Participant. Complaints expressed by Participants will be dealt with in a constructive and respectful manner by relevant personnel or Board of Directors.

Board of Directors meetings held to discuss complaints attended by Participant/carer, advocate or other nominated person will be conducted in an atmosphere designed to facilitate open discussion of the complaint. The Board of Directors reserves the right to make a final decision concerning complaint resolution based on consideration of Participant, carer and service provider rights and responsibilities.

The Service shall provide all staff and volunteers with ongoing training on the importance of immediate recording and action on all complaints and the correct application of procedures for receiving and resolving complaints, in order to increase understanding and assist in the positive implementation of complaints handling policies and procedures. Through this policy we show our commitment to actively seek and use feedback to improve and enhance our service delivery.

## 2.1 PROCEDURES

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent government body that works to improve the quality and safety of NDIS funded services and supports.

Anyone can make a complaint. This includes NDIS participants, other people with disability, friends, families, carers, advocates, workers etc. It's always okay to speak up.

Participants or their advocates can contact the NDIS at any time if they feel unsafe or unhappy with ATLAS NDIS supports or services.

**To lodge a complaint,  
The NDIS Commission**

Call 1800 035 544

Visit <https://www.ndiscommission.gov.au/about/complaints>

**National Relay Service**

[www.relayservice.gov.au](http://www.relayservice.gov.au)

then 1800 035 544

**Translating and Interpreting Service**

131 450

**NDIA or Commonwealth Ombudsman**

Call 1800 800 110

Visit [www.ndis.gov.au](http://www.ndis.gov.au)

[www.ombudsman.gov.au](http://www.ombudsman.gov.au)

The following procedures are to be implemented to enable Atlas 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 the NDIS Quality and Safeguards Commission (NDIS Commission) <https://www.ndiscommission.gov.au/about/complaints> or 1800 035 544.
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
10. **WHAT IS ADVOCACY?**

Advocacy is when an independent person can support, encourage, and enable you as an individual to express your views, to protect and promote your rights and interests.

An advocate will help you understand information.

An Advocate will work in partnership with you to resolve personal issues including: Accommodation › Education › Employment › NDIS › Services

Who can receive disability advocacy? People living with disabilities › Family, carers and supporters of people living with disabilities.

How can an advocate assist you? An advocate will offer support to you to express your views, promote your own interests and to access service.

If you need one, there are professional advocates working at these places who will try to help you fix the problem.

You or someone you trust can call to speak to an independent advocate. For your reference, a list of independent advocates are listed below:

**Disability Discrimination unit**

The Disability Discrimination Unit is accessible to people through WA.

29 Sussex Street, East Victoria Park WA 6101

Phone: 08 62539500

1300 648 655

TTY: 9470 1805

Email: [sscls@sscls.asn.au](mailto:sscls@sscls.asn.au)

**Individual Advocate People with Disabilities WA inc.**

1800 193 331 or 089485 8900 email: [infor@pwdwa.org](mailto:infor@pwdwa.org) 1/37 Hampden Rd Nedlands WA 6009

**Developmental Disability WA**

9420 7203

City West Lotteries House

2 Delhi Street, West Perth

**Ethnic Disability Advocacy Centre**

9388 7455

320 Rokeby Road

Subiaco 6008

**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 and where applicable, undertake NDIS worker screening check prior to commencement of duties. ATLAS are responsible for identifying which roles are NDIS worker risk assessed roles, and ensuring all workers in these roles have an NDIS Worker Screening clearance.

Evidence of a criminal records check may 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 and where applicable, undertake NDIS worker screening 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, working with Children checks and where applicable, NDIS worker screening check have been obtained.
- Inform all prospective staff and volunteers that they will be required to provide a criminal records check, Working with Children check and where applicable, undertake NDIS worker screening 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 Working with Children and where applicable, NDIS worker screening 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 and where applicable, NDIS worker screening 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 and where applicable, NDIS worker screening 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 and control over their services.

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.
- All Employees respect the rights of people with disability in exercising choice and control about matters that affect them.
- The organisation will collaborate and consult with people with disability (and other key stakeholders where appropriate) to promote and ensure active choice and control in relation to the services.
- The organisation supports people with disability in a way that is appropriate to their circumstances and cultural needs so as to maximise people's opportunities to make choices and have control over decisions that affect their lives.
- The organisation recognises the role of family, carers and advocates in representing people's interests and promoting choice and control in the planning and delivery of supports
- 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.

## **MONEY MANAGEMENT FOR PARTICIPANTS REQUIRING ASSISTANCE**

One of the areas in which Participants are particularly vulnerable to exploitation is with respect to the management of their financial affairs. This policy intends to ensure that where ATLAS is responsible for providing a Participant with assistance in managing their money or making a purchase, that this is done in an honest and accountable manner, and in the best interests of the Participant.

This policy is made in accordance with the NDIS Practice Standards Module 4 - Provision of Supports, Participant Money and Property: 'participant money and property is secure, and each participant uses their own money and property as they determine'.

## **Purpose**

The purpose of this procedure is to ensure that where ATLAS has responsibility for providing a client with assistance in managing their financial affairs that this is done in an honest, transparent and accountable manner and in the best interests of the participant.

## **Scope**

This policy applies to all employees who are directly or indirectly responsible for providing a Participant assistance in managing their financial affairs.

## **Definitions**

- Financial abuse: any act which involves misusing the money or property of a vulnerable person without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.
- Promoting autonomy
- Participants should manage their own funds wherever possible. Staff should not manage or make decisions regarding Participants' funds where Participants are capable of doing so themselves.
- Responsibility for assisting a Participant with money handling should only be assumed by staff when the Participant or their authorised representative has requested and consented to receiving this assistance from ATLAS. [An authorised representative may be a legal guardian or an appointed nominee, under the Participant's NDIS plan]
- Assistance, where required, should promote autonomy and choice, and enhance the Participant's independence.

## **Participant consent**

Where assistance in managing financial affairs is required, a Consent Form must be obtained from the Participant and retained on their file. Participants' money may only be used for the purposes intended by the Participant. (ATLAS – Money Handling Consent Form V1 2021)

The arrangements for supporting Participants to manage their finances is also clearly set out in the ATLAS NDIS Service Agreement and Support Plan, which are reviewed on at least an annual basis.

## **Participant cash**

It is important for Participants to have ready access to their own cash to purchase personal items and for day to day expenses which are for the direct benefit of the Participant.

Participants will usually withdraw cash from their personal savings accounts for this purpose. There may be other arrangements by which Participants gain access to personal spending money.

Including but not limited to; family providing participant with cash amount for a day outing, entry fees to activities etc.

Participants will be permitted choice to decide how much assistance they require with their cash. Some Participants will choose to retain control with minimal assistance, while others will rely on staff.

When making purchases for a Participant, staff members must keep all receipts as proof of purchase, and these must be returned to ATLAS or Family members for recording, as per instructions in participant plan.

### **Participant bank accounts**

Many Participants receiving supports from ATLAS will have a personal savings account. Payments made into this account may include government benefits and payments from families. Withdrawals from this account may include debits or cash withdrawals to meet personal expenses.

Participants will be permitted choice to decide how much assistance they require with their bank accounts. Some Participants will choose to retain control with minimal assistance while others will rely on staff. This should be documented in the Participant's service agreement.

Leisure Buddies may assist Participants with transactions into and out of their savings account. Where possible, a witness should be present for the handing over of a Participant's personal cash. All monies from a Participant's personal savings account must be applied to the direct benefit of that person.

Records of all these transactions must also be entered in the daily activity records or the handover document (whichever is relevant.) \* What is the most effective and simple way of recording expenditure for Buddies on a daily basis?

### **Secure storage**

Participants' cash funds, bank books should be held by the Participant themselves, where possible. Where this is not possible, they will be stored in a secure place by the Leisure Buddy of ATLAS during the support period and returned with the participant at the end of the shift.

The amount of cash funds should be kept as small as is practicable to minimise risk associated with loss or theft of funds.

### **Operating rules for staff**

#### ***Disclosing a PIN***

As a client who is managing their own financial affairs will use their signature to authorise transactions, they may also use a digital signature, a PIN or access codes, to use telephone banking, an ATM or online

banking services. Employees may not use a client's PIN or other access codes when assisting a client to manage their finances.

#### ***When a client can't sign***

When a client is unable to sign their signature, their funds will be managed by their administrator.

#### **Staff must:**

- ensure that Participants' funds are used only for the benefit of that Participant;
- ensure that receipts are obtained for all items purchased when accompanying a Participant;
- encourage Participants to plan for purchases and discourage Participants from carrying large amounts of cash;

- retain an invoice or receipt for all transactions involving Participant cash;
- report any discrepancies to their supervisor.
- Employees must pay for their own take away, fast food and restaurant meals purchased when accompanying participants.

**Staff must not:**

- make a personal purchase with money from a Participant's funds;
- borrow money from any Participant;
- pay for a Participant expense with the staff member's own finances;
- give Participants investment advice; or
- transfer petty cash between Participants.

**Entertainment**

The use of a companion card is encouraged to cover the cost of entry into venues/entertainment for an employee when the employee is accompanying participants as part of their individual plan.

Where a companion card is not available or accepted, the cost will be paid by ATLAS. To arrange reimbursement, the employee forwards the receipt and a Request for Payment Form to ATLAS for approval.

An employee may not allow a client or their family to pay for the employee's entrance to any venues/entertainment.

**Responsibilities**

- Staff/supervisors must regularly check the receipts, cash counts and adequacy of cash holding; immediately report any discrepancies to Recreation Inclusion Officer or Team Leader
- It is the responsibility of each employee to ensure that they remain informed regarding ATLAS procedures which impact upon their duties, and to work within them

**Continuous improvement**

All participants, families and staff are encouraged to provide feedback on this procedure, to ensure that it remains relevant and continues to reflect the actual manner in which activities are undertaken.

## **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 INTIMACY AND SEXUALITY (DISABILITY)**

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ATLAS is committed to supporting each individual's choice to make connections with others. The organisation seeks to promote the empowerment of people living with a disability to pursue their intimacy and sexuality needs and to allow them to form a healthy relationship with both their own sexuality and other people.

ATLAS strives to promote intimacy and sexuality through a range of organisational approaches.

The NDIS Practice Standards emphasise the need for independence and informed choice. ATLAS recognises the individual's right to exercise choice and independence in forming and continuing connections with others, including intimate relationships. Our holistic approach to promoting independence and decision making with regards to sexuality and sexual intimacy is detailed in this policy.

### **8.1 SCOPE**

This policy applies to all ATLAS staff supporting and working with participants.

### **8.2 DEFINITIONS**

- Intimacy – the relationship between two people and how they connect.
- Sexuality - the way an individual experiences and expresses themselves as a sexual being (gender orientation, biological sex, gender identity, sexual behaviour etc.).
- Sexual abuse - any sexual behaviour without a person's consent.

### **8.3 PROCEDURES**

ATLAS believes that participants have the right to:

- Be treated with dignity and respect;
- Be accepted without judgement or fear of disrespectful behaviour;
- Explore and express their sexuality and gender;
- Have relationships based on consent, respect and safety; and
- Have independence and control over decisions that affect their sexual health and relationships.

ATLAS will proactively support and respond to intimacy and sexuality issues for people with disability. The following procedures demonstrate practical ways in which staff encourage and support intimacy and sexuality in a proactive manner.

#### **8.4 INCLUSIVE AND SAFE ENVIRONMENT**

- The organisation encourages open discussion about the sexual needs and desires of individuals. Asking questions is an integral part of initiating and fostering this open discussion.
- Staff are encouraged to be open with participants, and to ask questions where appropriate so that participants choices are heard and respected.
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#### **8.5 RESPECTING THE PRIVACY OF PARTICIPANTS IN RESIDENTIAL SETTINGS**

- Staff are required to knock and ask permission for entry unless in the case of an emergency.
- Residents are able to make phone calls in private and receive personal mail promptly and unopened.

#### **8.6 INCLUSIVE COMMUNICATION**

ATLAS emphasises to staff the importance of using inclusive language that is respectful of each individual.

This means avoiding assumptions that individuals are heterosexual i.e. by using gender neutral terms such as 'do you have a partner?'

- Participants families are consulted for information on the needs of the individual and spouses/partners are included in conversations where appropriate.
- Assessment and planning documents include questions about an individual's wishes with regard to personal presentation, grooming and dress.

#### **8.7 SENSITIVITY TO LGBTIQA+ PEOPLE**

ATLAS has access to resources for support groups and networks to assist the individual and help them form partnerships within the LGBTIQA+ community.

ATLAS has access to information and reading material available for people with disabilities who are LGBTIQA+ to assist them to develop and express their sexual orientation and gender identity.

ATLAS will actively engage with LGBTIQA+ communities and people with disability in the development of policies, programs and services.

#### **8.8 STAFF EDUCATION AND TRAINING**

Staff have access to training and education to equip them to support and work with people with varying sexuality and intimacy needs.

This includes:

- Using appropriate language
- Encouraging and fostering conversations around the individual's needs
- The impact of discriminatory behaviour
- Understanding the various health issues (specific to intersex and transgender individuals)
- Side effects of medication on sexual expression
- Privacy

Staff are informed of where further assistance can be reached or resources can be found for referring participants.

## **8.9 INCLUSIVE POLICIES AND PROCEDURES**

Atlas values an environment of inclusion, trust and respect as beneficial for the working and learning environments for all.

All personal information that is disclosed such as sexual orientation, gender identity, sexual preferences or desires will remain highly confidential. These disclosures must not jeopardise staff's professional judgement, boundaries, confidentiality or decision making.

Whereby a matter is disclosed to staff that raises serious concerns or may pose as a health, safety or welfare risk to a participant or another person, the staff member may need to disclose this to management as a part of their duty of care. This will be treated as highly confidential and sensitive with the intent to protect the participant and no irrelevant confidential information will be disclosed.

## **8.10 SEX WORKERS**

ATLAS understands that Participants have the right to express themselves sexually or to have their needs for intimacy fulfilled.

Staff are accepting and non-judgmental of Participants' requests for a sex worker, where legal and endorsed by the organisation.

Staff are trained to ensure that Participants understand their rights.

Staff can provide assistance in the process, by communicating s' specific needs to sex workers, such as issues around their mobility and cognitive capacity, if the requests this assistance.

## **8.11 RIGHTS**

There are many fundamental human rights that ATLAS recognises as a part of our policy:

- Individuals' right to express their sexuality and to have this expression supported, provided it does not impinge on the rights of others;
- Right to privacy regarding sexuality;
- Right to equality and non-discrimination;
- Right to be free from all forms of violence and coercion;
- Right to education and the right to comprehensive sexuality education;
- Right to understand information to make informed choices;
- Right to be treated with dignity and respect; and
- Right to information on how to lodge a complaint if they are unhappy with any aspect of the service.

## **8.12 NON-JUDGEMENTAL CARE**

ATLAS understands that an important aspect of supporting individuals who seek intimacy and sexuality is ensuring that they are provided with non-judgmental care.

- Staff are required to:
  - Demonstrate an understanding that sexuality takes many forms;
  - Refrain from judgement or discrimination; and
  - Ensure that their values and beliefs do not interfere with the rights of people in their care.

### **8.13 EDUCATION**

ATLAS understands that people with disability have a right to sexual expression as well as to develop and maintain sexual relationships. As part of this, they need access to information and support to assist them to make informed and positive choices about sex, sexuality, relationships and productive health and wellbeing. The organisation ensures that s have access to information in an accessible format around sexual education. Staff are able to provide support and refer to appropriate services and resources where needed.

The organisation has access to written information on:

- STI's and sexual health
- Consent
- Discrimination on the basis of sexual orientation or identity
- Participants rights to sexual expression

Staff are aware of how to provide support and refer to appropriate services and supports where needed.

### **8.14 SUPPORTED DECISION-MAKING AND CONSENT**

ATLAS recognises the right of people with disability to take reasonable risks in their lives the same as any other person in the community. ATLAS empowers people with disability to make decisions about the things that affect them and to receive support to do so. The organisation will assist Participants with communication and assist them to understand the decision-making process.

Support workers will provide support to a person with cognitive impairment to ensure that they:

- Have the capacity to give consent to sexual activity;
- Have freely consented to sexual activity with another person; and
- Understands what that consent means for them and the other person.

### **8.15 SEXUAL ABUSE**

When delivering services, staff are expected to adhere to the highest standards of behaviour. This means having professional boundaries in place for relationships between staff and people with disability. Staff must not commit sexual misconduct or engage in inappropriate relationships with persons with disability they support, or knowingly engage in inappropriate relationships with the families and carers of people with disability they support. Staff must set boundaries with the Participants by having conversations with them

around their role. If staff find the nature of the relationship with the Participant changing, then they must immediately bring this to the attention of the organisation.

ATLAS takes any instances of sexual abuse extremely seriously. The organisation will immediately notify the NDIS Commission of any reportable incidents including sexual misconduct or sexual abuse. Staff understand that if any unlawful sexual contact is witnessed, they must report it.

#### **8.16 CONFIDENTIALITY**

Participants have the right to have their information and decisions treated with confidentiality. This ensures trust from the individual. Permission must be requested prior to sharing information with family members. There may be exceptions to this for Participants with cognitive impairment, who require support persons to be informed and act on their behalf.

#### **8.17 STAFF TRAINING AND SUPPORT**

Understanding and supporting the sexual and intimacy needs of Participants is an ongoing responsibility that requires special skills and knowledge. ATLAS is committed to supporting and training our staff to provide a high level of care.

## **9 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

### **9.1 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, ATLAS is required to report the matter to the NDIS Commission.

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.

## 10 SERVICE ACCESS

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

ATLAS deliver a range of services focussing on recreation inclusion activities, in its geographic area of operation, which is the City of Greater Geraldton, the Midwest and the Perth metropolitan area. (individually negotiated in each circumstance)

People who are provided supports and services by ATLAS may have a disability which:

- Is in the form of an intellectual, physical, neurological, ABI, psychiatric and/or sensory impairment, or a combination of such impairments;
- Is permanent or likely to be permanent; and
- Results in a significantly reduced capacity in one or more activities of daily living such as communication, mobility, decision making personal care, decision making or social skills;

Or are

- In receipt of an individualised funding package, or assessed as eligible to receive support funding through the National Disability Insurance Scheme; or other funding mechanism.
- is able to purchase fee for service supports through ATLAS

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

### **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.

For further information, please go to <https://www.ndis.gov.au/>  
<https://www.ndis.gov.au/applying-access-ndis/am-i-eligible>

**Phone NDIS on 1800 800 110**      Email [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)

## 10.1 INDIVIDUALS WHO ARE INELIGIBLE FOR NDIS

ATLAS 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. (individually negotiated in each circumstance)

## 10.2 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
- Accept referrals from Participants, family members, advocates, other government or non-government agencies.
- Within 10 days of receiving the referral, meet with the referred person, involve family members and advocates with the express consent of the person being referred or their representative. 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.
- 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.

Services withdrawn under the following circumstances;

- If requested by an individual and/or their family, and that ask that the request be put in writing by the participant or family.
- If resources are no longer available after all options have been explored
- If the duty of care to the Individual, or other individuals or worker is compromised and all efforts to rectify the problem have failed;

- other people using the service, staff or the person themselves are at risk of harm
- the individual and/or family member/ Carer engages in behaviour which is unacceptable to ATLAS such as violence, abuse, aggression, theft or property damage
- an inability or unwillingness over a period to work towards agreed goals
- Terms of the service agreement between the individual and the organisation are contravened.
- the individual is unwilling to meet the reasonable conditions required in their support plan and thus affecting the safe delivery of a service to the participant and the health and safety of the staff
- continued non-payment of service delivery fees incurred during support and services provided by ATLAS
- there has been no contact between the person and ATLAS for a period of over 3 months
- dramatic health changes require significantly increased levels of care or service model not provided by the service
- 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.
- Any withdrawal of a service from an individual and their family will be discussed face-to-face with them or their appointed advocate. A withdrawal from services by the individual or ATLAS must be made in accordance with the timeframe outlined in their service agreement, unless otherwise agreed between parties

## **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.
- 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.

### **10.3 FILES AND DOCUMENTATION UPON EXIT**

All documentation and information developed and implemented by ATLAS will remain the property of the service. All information in relation to the person will be retained, secured and stored within the services Participant Documentation Management Policy.

## **11 CONTINUITY OF SUPPORT POLICY AND PROCEDURE**

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### **PURPOSE**

Continuity management is an integral part of our operating plan, risk management and decision-making throughout the organisation. Continuity of care planning contributes to improved quality and safety of care, increased the satisfaction of the participant, ATLAS will maximise the use of resources to provide the appropriate level of care and access.

The participant's NDIS Plan incorporates reasonable and necessary supports and any informal supports that already available to the individual (informal arrangements that are part of family life or natural connections with friends and community services) as well as other formal supports, such as health and education. ATLAS will ensure that the participant has consistent supports or services to allow them to undertake daily activities and supports to maintain their life choices.

### **SCOPE**

This policy applies to all ATLAS supporting and working with participants.

### **POLICY**

ATLAS will arrange schedules to ensure that participants who know who is attending to their needs and supports. Participants will be matched with workers who hold appropriate skills and knowledge. Participant's requests for particular staff will happen wherever possible.

Continuous support will be planned through the allocation of consistent ATLAS Staff Member/s to participants. All supports and strategies are recorded in the participant's Individual Plan and will be used by all ATLAS support staff when supporting the participant's preferences and needs.

### **PROCEDURE**

To ensure participants have timely and appropriate support without interruption ATLAS support staff will:

- Access, read and comply with the participant's Individual Plan.
- Review the strategies listed in the Individual Plan before the provision of support.
- Provide quality services as per the Individual Plan.

- Document all the participant's preferences and needs to allow for a consistent approach.
- Inform the RIO / Administration staff / Manager of any absences in advance to allow time to allocate a replacement who meets the criteria of the participant and preferable is known to the participant.

The RIO / Manager or Delegate will contact participants if there are any changes or potential changes in their care, and undertake emergency procedures as required.

### **Disruptions and changes**

ATLAS notifies participants when an unavoidable interruption occurs. ATLAS makes every attempt to inform participants via telephone and email prior to any unavoidable disruptions to services or participant appointments. When not possible, the participants are briefed on arrival at the next meeting or scheduled service.

ATLAS contacts participants to:

- Seek participant's agreement and to ensure that they are entirely aware of the changes
- Explain alternative arrangements to the participant.
- In case of an emergency, when a worker cannot attend work due to circumstances out of their control (such as illness, family emergency) then ATLAS will attempt to place a worker who is known to the participant, but if this is not possible, we will send the best match to the participant. ATLAS will contact the participant and inform them of the situation and give details of the replacement worker to the participant.

### **Absence or Vacancy**

When an ATLAS support Staff Member is absent, or a vacancy becomes available then ATLAS RIO / Manager or Delegate will:

Contact a suitable staff member with the relevant qualifications or language requirement.

Where possible, provide an ATLAS support staff member who has worked with the participant previously and is aware of the participant's preferences and needs.

Where possible, advise the participants of replacement person and gather feedback on the replacement staff member.

Replacement Support Staff Members will be sensitive to participant's requirements and ensure that care is consistent with the participant's expressed preferences.

ATLAS support staff who are unable to work are required to contact the ATLAS RIO / Manager or Delegate. If there is an intended absence (such as vacation or appointment), then ATLAS Support Staff must notify the ATLAS RIO / Manager or Delegate, and use the staff leave process to submit to the ATLAS RIO / Manager or Delegate at the earliest opportunity prior to that roster, to allow time to prepare the participant.

### **Service Agreement**

ATLAS ensures arrangements are in place to make sure that support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered.

### **Critical Supports**

In the case of a disaster, planning will incorporate strategies that enable continual supports before, during and after the disaster. Critical planning will be undertaken for participants who have complex needs.



## 12 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.

### 12.1 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.

## **12.2 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.

## 13 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.

### 13.1 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.

### 13.2 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.

## 14 AUTHORISATION OF RESTRICTIVE PRACTICES IN FUNDED DISABILITY SERVICES POLICY

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The Policy outlines the requirements for the use of regulated restrictive practices (restrictive practices) for people who are receiving disability services that are funded by the National Disability Insurance Scheme (NDIS) or by the State Government.

Restrictive practices are generally used in the context of keeping people and/or others safe in relation to a challenging behaviour that a person may be engaging in and, if required, should adhere to the following:

- be used as a last resort in response to risk of harm
- be the least restrictive option that ensures safety of the person and others
- reduce the risk of harm to the person and/or others
- be in proportion to the risk of harm to the person and/or others
- be used for the shortest possible time to ensure the safety of the person and/or others.

A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

The State Government is committed to working towards the reduction and elimination of the use of restrictive practices for people with disability in Western Australia (WA) and has endorsed:

- the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector; and
- the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework (NDIS Framework).

Under the NDIS Framework, the State Government is responsible for establishing arrangements for the authorisation of regulated restrictive practices (also referred to as “restrictive practices” for short throughout this Policy) in NDIS services in WA.

The Policy establishes the requirements for authorisation of restrictive practices in relation to people who are receiving disability services funded through the NDIS or by the State Government.

The Policy will operate for an interim period while a legislative framework is developed.

You can Access this Policy here. [Policy and procedure guidelines \(www.wa.gov.au\)](http://www.wa.gov.au)

See Appendix

## 15 RESTRICTIVE PRACTICES POLICY

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ATLAS recognises the right of people with disability to live in an environment that is the most supportive of, and least restrictive of, their personal freedom. ATLAS is committed to recognising, upholding and promoting the rights of all people with disability and will work towards eliminating the use of restrictive practices.

The purpose of this policy is to:

- Contribute to the minimisation of the use of restrictive practices for people with disability and (see Consent and Lifestyle Issues in Appendix 1.)
- Ensure safeguards are in place in exceptional circumstances where it is necessary to use restrictive practices.
- Comply with state and federal legislation regarding the regulation, use and reporting of any restrictive practice, including the WA policy on the Authorisation of restrictive Practices in funded disability services, the NDIS Commission's Practice Standards and Quality Indicators and the UN Convention on the rights of people with disabilities,

This policy will provide direction to ATLAS staff regarding the use of restrictive practices when supporting people with disability. This policy applies to all staff at ATLAS who are involved in the direct delivery of participant services.

Failure to comply with this policy will be viewed very seriously and may result in disciplinary action, which may include dismissal.

The intention is to ensure that the rights and responsibilities of all relevant parties are taken into account, that safeguards are in place for staff as well as people with disability, that the service provided is based on best practice and the most positive outcomes are achieved for all involved.

This policy is framed around the requirements of National Standards for Disability Services, the NDIS Practice Standards and the NDIS Code of Conduct.

### Principles

- People with disability have the same rights as all people to equality before the law and to equal protection under the law, without discrimination.
- ATLAS has a Zero Tolerance policy that prohibits people with disability from being subjected to cruel, inhumane or degrading treatment or punishment.
- A primary focus of ATLAS's services is to uphold human rights and the wellbeing, inclusion, safety and the quality of life of people with disability.
- ATLAS supports that participants should have the opportunity and knowledge to participate as fully as possible in making decisions about their daily lives and the services that they need, want and receive.
- ATLAS appreciates that the use of restrictive practices (see definitions – Appendix 1) may at times be required. ATLAS acknowledges however that the use of these strategies to manage risks and behaviours are not effective long-term and can result in long-term physical and psychological harm.

- ATLAS recognises that the use of restrictive practices are only permitted where all efforts to use least restrictive alternatives have proven to be ineffective.
- It is the responsibility of all ATLAS staff to continue to support the minimisation of the use of restrictive practices.
- ATLAS supports that people with disability and their families and carers are the natural authorities for their own lives and are in the best place to communicate their choices and decisions.
- ATLAS believes that restrictive practices cannot be approved for organisational or staff convenience, or to overcome a lack of staff, inadequate training, or a lack of staff support and/or supervision.

### **15.1 POLICY STATEMENT**

ATLAS recognises the right of people with disability to live in an environment that is the most supportive of, and least restrictive of, their personal freedom. ATLAS is committed to recognising, upholding and promoting the rights of all people with disability and will work towards eliminating the use of restrictive practices.

This policy will provide direction to ATLAS staff regarding the use of restrictive practices when supporting people with disability. The intention is to ensure that the rights and responsibilities of all relevant parties are taken into account, that safeguards are in place for staff as well as people with disability, that the service provided is based on best practice and the most positive outcomes are achieved for all involved.

ATLAS will deliver services using the Positive Behaviour support approach which is underpinned by a strong commitment to human rights and a focus on quality of life, citizenship and participation within a family/person-centred approach.

### **15.2 LEAST RESTRICTIVE ALTERNATIVE**

The least restrictive alternative refers to the right of a person to live in an environment which is the most supportive, and the least restrictive, of his/her freedom.

In the context of the use of a restrictive practice it requires that ATLAS staff engage in actions that:

- Ensure the safety and wellbeing of the person and all others who share their environment and
- Having regard to the above, impose the minimum limits on the freedom of the person as is practicable in the circumstances.

### **15.3 USE OF RESTRICTIVE PRACTICES**

Other than in an emergency situation, restrictive practices may only be implemented:

- Where it is included in the person's Behaviour Support Plan, has been duly authorised through the organisation's Quality Assurance Panel
- Is identified as the least restrictive option
- As a last resort, when the person presents a clear and present risk to themselves and/or others

- For the least time possible
- With the informed written consent of the person involved or their legally authorised decision maker. After there has been an assessment of the impact of the practice on the rights and well-being of others who share the person's environment
- Under the supervision of a designated, experienced staff member who is on duty at the time

## 15.4 DEFINITIONS AND KEY TERMS

### **Restrictive Intervention**

A "restrictive intervention" is any intervention and/or practice that is used to restrict the rights or freedom of movement of a person with disability including:

A regulated restrictive practice includes the following;

#### **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.

#### **Chemical restraint**

A "chemical restraint" means the use of medication or chemical substance for the primary purpose of controlling a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental illness, a physical illness or physical condition.

#### **Mechanical restraint**

A "mechanical restraint" means the use of a device to prevent, restrict or subdue a person's movement or to control a person's behaviour but does not include the use of devices for therapeutic purposes

#### **Physical restraint**

A "physical restraint" means the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of controlling a person's behaviour. Physical restraint does not include physical assistance or support related to duty of care or in activities of daily living.

#### **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, restriction of access to personal items such as a TV in a person's bedroom
- Locks that are designed and placed so that a person has difficulty in accessing or operating them and



- Restrictions to the person's capacity to engage in social activities through not providing the necessary supports that they require to do so.

### **Out of Scope:**

#### **Prohibited practices.**

Some forms of restrictive practices are prohibited and their use can never be authorised. Staff members who use a prohibited practice may be subject to a disciplinary process and in some case may even face criminal prosecution.

The following physical restraints are prohibited:

- The use of prone or supine restraint.
- Pin downs.
- Basket holds.
- Takedown techniques.
- Any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning.
- Any physical restraint that has the effect of pushing the person's head forward onto their chest.
- Any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

The following punitive approaches **are prohibited**:

- Aversive practices.
- Overcorrection. (e.g. requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen)
- Denial of key needs.
- Practices related to degradation or vilification.
- Practices that limit or deny access to culture.
- Response cost punishment strategies. Eg Withdrawing "privileges" or otherwise punishing, as a consequence of non-cooperation.
- Ignoring

#### **Therapeutic Device**

Therapeutic devices are used when people's ability to participate and be independent is reduced as a result of their disability. They are used to promote function and hygiene, reduce pain, the risk of injury and reduce the risk of distortion of body shape.

- Examples include but are not limited to:
- Postural support such as seating inserts in wheelchairs
- Chest and pelvic straps for postural support and/or safety in wheelchairs, commodes and vehicles
- Splints to minimise muscle contractures and reduce pain
- Splints for short term use to allow wound healing and tissue repair and

- Night time positioning to reduce the risk of body shape distortions.

## **NON-INTENTIONAL RISK BEHAVIOURS**

Non-intentional risk behaviours are those behaviours that occur as a result of circumstances and do not serve a purpose for the person:

An assessment by a doctor or allied health professional is required before a decision can be made as to whether the behaviour of concern is considered 'non-intentional'

### **Consent**

- Consent – In general terms consent is a voluntary agreement to another's proposition, it entails an actual willingness that an act or an infringement of an interest shall occur.
- Express consent – is directly communicated by the spoken or written word.
- Implied consent – is inferred from signs, actions, or facts or by inaction or silence.
- Informed consent – is an agreement to do something or allow something to happen only after all the relevant facts (risks and consequences) are disclosed.

### **Consent and Lifestyle Issues**

- Lifestyle issues involve those areas of a person's life relating to decisions about accommodation, accessing services, leisure activities, relationships, work, transport, day programs etc... It does not include consent to medical treatment or major financial decisions.
- It is acknowledged that most decisions relating to day to day activities have already been determined through the planning processes involved in determining a person's daily schedule'
- For day-to-day decision making (e.g. what to eat, choice of activities, when to go to bed) it may be possible to make decisions based on the 'implied consent' of the person with disability.
- Factors to take into account for day-to-day decision making would include knowledge of the person, evidence of preferences through documentation and discussion with other key people, any initiation of part or all of an action and absence of resistance.
- If a person is unable to provide informed consent about an important issue (e.g. planning a holiday, change of accommodation, personal relationships) consultation and agreement will need to occur between the key people involved with that issue (e.g. key service providers, family members, advocates etc.)

## 16 WA STATE GOVERNMENT RESTRICTIVE PRACTICE POLICY

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A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

The State Government is committed to working towards the reduction and elimination of the use of restrictive practices for people with disability in Western Australia (WA) and has endorsed:

- the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector; and
- the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework (NDIS Framework).

Under the NDIS Framework, the State Government is responsible for establishing arrangements for the authorisation of regulated restrictive practices (also referred to as “restrictive practices” for short throughout this Policy) in NDIS services in WA.

The Policy establishes the requirements for authorisation of restrictive practices in relation to people who are receiving disability services funded through the NDIS or by the State Government.

This Policy will operate for an interim period while a legislative framework is developed. This interim period is expected to coincide with the transition to full scheme NDIS in WA, which is due to be completed by 1 July 2023, but may conclude earlier with the commencement of legislation.

### 16.1 SCOPE

In the context of NDIS-funded services, the requirements set out in this Policy are additional to those set by the NDIS Quality and Safeguards Commission (NDIS Commission).

In the context of State-funded disability services, the requirements set out in this Policy are additional to the safeguarding requirements set by the Department of Communities (the Department).

Should any conflict arise between this Policy and the requirements of the NDIS Commission, the requirements of the NDIS Commission take precedence.

A list of legislation and other related documents is set out in **Appendix 1** of this Policy.

### 16.2 SERVICE PROVIDERS AND PRACTITIONERS

This Policy applies to Implementing Providers and NDIS Behaviour Support Practitioners (defined in **Appendix 2**) that are operating in WA.

### 16.3 REGULATED RESTRICTIVE PRACTICES

This Policy applies to practices that are defined as regulated restrictive practices in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (reproduced at **Appendix 2**). The five categories of regulated restrictive practices that require authorisation are seclusion, chemical restraint, physical restraint, mechanical restraint and environmental restraint.

### 16.4 OUT OF SCOPE

#### i) Prohibited practices

The use of prohibited practices (outlined in **Appendix 2**) must not be authorised under this Policy.

#### ii) Therapeutic or safety devices or practices

Some devices or practices used for therapeutic or safety purposes impose a level of limitations on a person's freedoms, but do not constitute a regulated restrictive practice. However, where the person with disability objects to a therapeutic or safety device or practice, its application is considered a regulated restrictive practice and authorisation is required in accordance with this Policy.

#### iii) Management of non-intentional risk

Some behaviours that represent a risk to the person or others occur as a result of circumstances, rather than as a result of the person seeking to address a functional need. Strategies to manage non-intentional risk behaviours (defined in **Appendix 2**) do not require authorisation under this Policy. Implementing Providers must ensure an appropriate medical or allied health assessment is undertaken to identify whether behaviours do not serve a function for the person and are non-intentional risk behaviours.

Implementing Providers may seek advice from the NDIS Commission or the Department as appropriate regarding whether the circumstances require a Behaviour Support Plan and compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

#### iv) Court orders

Where a practice that would otherwise be a regulated restrictive practice is in place due to a court order, authorisation is not required under this Policy.

Implementing Providers may seek advice from the NDIS Commission or the Department as appropriate regarding whether the circumstances require a Behaviour Support Plan and compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

### 16.5 PRINCIPLES

- People with disability have the same rights as all people to:
  - equality before the law and equal protection under the law
  - live free from abuse, neglect and exploitation
  - have respect for their culture, individual worth and dignity
  - determine their own best interests and exercise choice and control and
  - access the support they need to make decisions and communicate their needs and choices.

- Positive outcomes and quality of life improvements for people with disability must be central in decision-making processes.
- People with disability are presumed to have capacity to make decisions, unless proven otherwise for a specific decision at a specific time.
- All people have the right to live and work in a safe environment and have access to the community.
- People with disability must have access to effective person-centred behaviour support, with restrictive practices only occurring as a last resort where they are proportionate and necessary to protect the rights or safety of the person and/or others.
- The vital role of families, carers and other significant persons with whom people with disability choose to share their life, is acknowledged and respected.

## 16.6 POLICY REQUIREMENTS

### i) Use of a regulated restrictive practice must be authorised

Authorisation must be obtained by an Implementing Provider for each regulated restrictive practice that is proposed to be implemented for a person with disability by complying with the authorisation requirements contained in this Policy and the Authorisation Policy Procedural Guide, which provides more detailed information about the requirements for each stage.

In recognition of the changing regulatory environment, a staged approach to the implementation of authorisation requirements is being taken in WA. The authorisation requirements and evidence for each stage is summarised in **Table 1**.

This Policy must be read in conjunction with the Guidance Notes at **Appendix 3** and the Authorisation of Restrictive Practices in Funded Disability Services Policy Quick Reference Guide and Procedural Guide.

### II) UNAUTHORISED USE OF A REGULATED RESTRICTIVE PRACTICE

Where a regulated restrictive practice is used without authorisation as required under this Policy (noting prohibited practices cannot be authorised under any circumstances):

- in the context of an NDIS service, the Implementing Provider must refer to the NDIS Commission and comply with the NDIS (Incident Management and Reportable Incidents) Rules 2018
- in the context of a State-funded disability service, the Implementing Provider must provide a Serious Incident Report (SIR) to the Department.

## 16.7 COMPLAINTS MANAGEMENT

If a person has a complaint regarding any aspect of the authorisation process, the person may raise the matter with the Implementing Provider in the first instance. Recognising that a complaints process for some individuals may be challenging, particularly those with complex needs, the person may need the support of advocates, guardians and/or a representative. Further information is available in the Authorisation Policy Procedural Guide.

Where the complaint cannot be resolved by the Implementing Provider, the person may raise the issue with the Department.

## **16.8 RESPONSIBILITIES**

### **16.9 IMPLEMENTING PROVIDERS**

- Comply with Authorisation Requirements set out in this Policy and the Authorisation Policy Procedural Guide.

#### **i) Stage One Authorisation:**

- Develop internal policies and procedures to:
  - deliver BSP development processes that are person-centred and
  - ensure consent processes are person-centred, promote supported decision-making.

#### **ii) Stage Two Authorisation:**

- In addition to Stage One Authorisation responsibilities, develop internal policies and procedures to govern the operations of their Quality Assurance Process and the use of restrictive practices (including risk assessment and mitigation).

### **16.10 NDIS BEHAVIOUR SUPPORT PRACTITIONERS**

- Comply with Authorisation Requirements set out in this Policy and the Authorisation Policy Procedural Guide.

### **16.11 DEPARTMENT OF COMMUNITIES**

- Provide advice and support relating to the authorisation of restrictive practices, including assisting providers to develop their internal policies and procedures.
- Support the development of the behaviour support practitioner market in WA, in partnership with people with disability, families and carers, guardians, providers, the NDIS Commission and other stakeholders.
- Manage complaints and serious incidents relating to State-funded disability services.

## **16.12 APPENDIX 1: LEGISLATION AND OTHER RELATED DOCUMENTS**

### **16.13 COMMONWEALTH LEGISLATION**

- [National Disability Insurance Scheme Act 2013](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018](#)
- [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#)
- [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)

### **16.14 STATE LEGISLATION**

- [Guardianship and Administration Act 1990](#)
- [Disability Services Act 1993](#)
- [Health and Disability Services \(Complaints\) Act 1995](#)

### **16.15 FRAMEWORKS, STANDARDS AND INTERNATIONAL AGREEMENTS**

- [National Disability Insurance Scheme Quality and Safeguarding Framework](#) (2016)
- [National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector](#) (2014)
- [National Standards for Disability Services](#) (2013)
- [Positive Behaviour Support Capability Framework](#) (2019)
- [United Nations Convention on the Rights of Persons with Disabilities](#) (2006)
- [Universal Declaration of Human Rights](#) (1948)

## 16.16 DEFINITIONS

## 16.17 IMPLEMENTING PROVIDER

Implementing Provider means any service provider that is funded through the NDIS or by the Department of Communities to deliver disability services to a person with disability.

## 16.18 NDIS BEHAVIOUR SUPPORT PRACTITIONER

NDIS Behaviour Support Practitioner means a person employed by a registered specialist behaviour support provider (registration group 110) or registered themselves under registration group 110 with the NDIS Commission, who the NDIS Commissioner considers suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop BSPs that may include the use of restrictive practices.

## 16.19 NON-INTENTIONAL RISK BEHAVIOURS

Non-intentional risk behaviours are those behaviours that occur as a result of circumstances and do not serve a purpose for the person. These include:

- **Behaviours that create physical risk:** behaviours related to mobility, transitioning or accidental movement issues that involve a risk to the person. These risks are due to a physiological or neurological condition that can result in poor motor control (e.g. tardive dyskinesia) that may result in another person being inadvertently struck, the person accidentally hitting walls or other solid objects, or being at risk of falls.
- **Resistance to support for activities of daily living:** behaviours that demonstrate discomfort associated with daily activities e.g. tooth brushing, or therapy routines. Assisting the person to complete activities of daily living may involve light physical support to assist the person to complete the activity. Resistance to this support may indicate that the person is experiencing an issue greater than discomfort, which will require further assessment to determine the cause of the resistance such as health/medical issues and the potential function of the behaviour.
- **Unsafe actions:** behaviours that unintentionally place the person at risk. This may include having 'no knife safety' or 'sun safety' awareness, inadvertently reaching for a hot kettle or stove, or wandering towards roads without awareness of safety issues.

## 16.20 PROHIBITED PRACTICES

The following physical restraints are prohibited:

- The use of prone or supine restraint.
- Pin downs.
- Basket holds.
- Takedown techniques.
- Any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning.
- Any physical restraint that has the effect of pushing the person's head forward onto their chest.
- Any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.



The following punitive approaches are prohibited:

- Aversive practices.
- Overcorrection.
- Denial of key needs.
- Practices related to degradation or vilification.
- Practices that limit or deny access to culture.
- Response cost punishment strategies.

## 16.21 REGULATED RESTRICTIVE PRACTICES

There are five categories of regulated restrictive practices:

1. **Seclusion** is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
2. **Chemical restraint** is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.
3. **Physical restraint** is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
4. **Mechanical restraint** is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
5. **Environmental restraint** involves restricting a person's free access to all parts of their environment, including items or activities.

## 16.22 GUIDANCE NOTES

### 16.23 1 BEHAVIOUR SUPPORT PLAN (BSP) REQUIREMENTS

- A summary of BSP requirements is outlined below.
- For the Transition Stage, an **existing BSP** is required and for the purposes of Table 1, this means a document that was completed on or before 30 November 2020 and:
  - describes the proposed restrictive practice(s)
  - generally describes when and how the restrictive practice(s) will be used
  - contains alternative behaviour support strategies and
  - specifies a review date, which is not more than 12 months from the start date or if there is a change in circumstances which requires the plan to be amended – as soon as practicable after the change occurs.
- From 1 December 2020 new BSPs need to follow Stage One and Two authorisation (see page 8).
- For Stage One Authorisation and Stage Two Authorisation, please refer to the Authorisation Policy Procedural Guide for detailed BSP requirements.
- For NDIS-funded services, Implementing Providers and NDIS Behaviour Support Practitioners are responsible for ensuring they meet all the requirements for the development of BSPs set out by the NDIS Quality and Safeguards Commission (NDIS Commission) in the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018 \(NDIS Rules, 2018\)](#). More information is available on the NDIS Commission's [behaviour support webpage](#) and [regulated restrictive practices webpage](#).
- The NDIS Commission has issued guidance on what will constitute “reasonable steps” for Implementing Providers in the context of facilitating the development of a BSP with restrictive practices, which can be found on the NDIS Commission's [website](#).
- For State-funded disability services, Implementing Providers are responsible for ensuring they meet the BSP requirements outlined in the Authorisation Policy Procedural Guide. These guidelines mirror the requirements for BSPs outlined in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

### 16.24 2 QUALITY ASSURANCE (QA) PROCESS

- A summary of the QA process is outlined below, please refer to the Authorisation Policy Procedural Guide for detailed QA process requirements.
- This process is recommended at Stage One Authorisation and mandatory at Stage Two Authorisation.
- The QA process involves an independent expert review of proposed restrictive practice(s) in BSPs by a QA Panel.
- The QA Panel:
  - reviews each regulated restrictive practice that is recommended in the BSP and
  - where appropriate, identifies opportunities for improvement in the BSP and then makes recommendations to the Implementing Provider.
- In Stage Two, following a review, the QA Panel will sign a QA Process Report when satisfied that:
  - where relevant, the QA Panel's recommendations have been implemented in the BSP and
  - the restrictive practices should be authorised.
- The signing of a QA Process Report by a QA Panel is evidence of authorisation for the purposes of Stage Two.
- A QA Panel for the purposes of fulfilling a QA process must include at a minimum a senior manager (or their delegate) of the Implementing Provider and an independent NDIS Behaviour Support Practitioner

who is external to the Implementing Provider and not the author of the BSP. Implementing Providers can access a Department-funded independent NDIS Behaviour Support Practitioner if required.

### **16.25 3 FUTURE AUTHORISATION PROCESS AND LEGISLATION**

The Authorisation Policy will operate for an interim period while a legislative framework is developed. This interim period is expected to coincide with the transition to full scheme NDIS in WA, which is due to be completed by 1 July 2023, but may conclude earlier with the commencement of legislation.

The Department will be undertaking a public consultation process in 2021 to inform the development of the future long-term authorisation model and relevant legislation. It is intended that the new authorisation process and enabling legislation will commence in 2023.

The consultation may also inform any amendments to this policy, if needed.

#### **i) 3.1 National Principles**

Currently, there are different authorisation models in each Australian State and Territory, which can be particularly confusing for service providers operating across Australia.

The Commonwealth Government is working with all States and Territories to achieve national consistency in the regulation of the authorisation of restrictive practices. The NDIS Commission in consultation with States and Territories has developed the 10 Principles for Nationally Consistent Authorisation of Restrictive Practices (National Principles). It is intended that the authorisation model and relevant legislation will be, as much as is practicable, consistent with the National Principles.

## APPENDIX A

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### 16.26 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 comprise 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.

## **16.27 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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### **National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector (the 'National Framework')**

#### **INTRODUCTION: REDUCING AND ELIMINATING THE USE OF RESTRICTIVE PRACTICES**

Reducing and eliminating the use of restrictive practices is consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its intent to protect the rights, freedoms and inherent dignity of people with disability. Australia has ratified and agreed to be bound by the terms of the CRPD under international law.

People with disability who are supported by disability service providers and engage in challenging behaviours that are perceived to be harmful to themselves or others are at risk of being subjected to restrictive practices.

The national framework focuses on the reduction of the use of restrictive practices in disability services that involve restraint (including physical, mechanical or chemical) or seclusion. It aims to contribute to the promotion and full realisation of all human rights for people with disability, including liberty and security of the person and freedom from exploitation, violence and abuse, in accordance with articles 14 and 16 of the CRPD. Restrictive practices should only be used where they are proportionate and justified in order to protect the rights or safety of the person or others.

The national framework establishes a national approach to addressing the use and reduction of restrictive practices by disability service providers across a range of disability service sector settings, including institutional and community based care. Whilst some jurisdictions have legislation or policy that regulate the use of restrictive practices, minimum requirements in relation to restrictive practices, including reviews and monitoring, are not explicitly identified in every state and territory.

Restrictive practices used in disability services in Australia have been reviewed by the Commonwealth, states and territories in relation to the national disability agreement, and recommendations have been made for the national framework to guide jurisdictions' individual arrangements. Some jurisdictions already have in place or are implementing advanced, comprehensive strategies that address the use of restrictive practices in disability services. These strategies are increasing the level of awareness and understanding of restrictive practices within the sector and are contributing to a reduction in the use of restrictive practices.

Consistent with the CRPD, people with disability accessing disability services should be active participants in decisions about their lives, support and care. Maximum respect for a person's autonomy and recognition of an individual's rights is paramount. There are many relevant stakeholders in the use, reduction and elimination of restrictive practices: the person with disability and his or her family, carers, guardians or advocates, staff at all levels in the disability service sector and relevant government agencies.

Disability services are sometimes challenged to provide safe and therapeutic services for clients who have complex high support needs, as well as providing the safest possible work environment for staff. It has been recognised internationally and domestically that restrictive practices can be significantly reduced and in many cases, eliminated. The national framework outlines change processes which require leadership and commitment from officials and staff at all levels of organisations and provides the opportunity to demonstrate excellence in delivering safer, quality disability services throughout Australia that are based on evidence-based best practice.

The national framework outlines high-level principles to guide work in this area and core strategies to reduce the use of restrictive practices in the disability service sector. The national framework represents a commitment from the Commonwealth, states and territories to the high-level guiding principles and implementation of the core strategies to reduce the use of restrictive practices in the disability service sector. It also outlines a commitment to collaborative development of a national reporting model (including where voluntary reporting occurs).

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

The commencement of the National Disability Insurance Scheme (the NDIS) on 1 July 2013 significantly changes the way disability support is funded and accessed. As part of the NDIS, a quality assurance and safeguards system will be implemented and will include responsibilities for oversight of and reporting on the use of restrictive practices by services providing supports to participants. In the interim, NDIS host jurisdictions have agreed that existing state and territory quality assurance and safeguards frameworks will be used, this will include that appropriate restrictive practice laws and policies applying in that jurisdiction, are observed. The future development of an NDIS quality assurance and safeguards system will be assisted and informed by this national framework.

The national framework is an interim step that delivers leadership toward reduction of the use of restrictive practices, which will then be taken forward into the NDIS quality assurance and safeguards framework to be implemented in the longer term. In the interim, the national disability insurance agency (ndia) will take on funding responsibility for supports for some participants where those supports may involve some use of restrictive practices. By agreements between the commonwealth and host jurisdictions, current state and territory quality assurance arrangements, including safeguards in respect of restrictive practices by providers, will apply until such time as an NDIS quality and assurance framework has been agreed, regardless of whether the funding for the support is from the NDIS.

The NDIA will work with jurisdictions and the service provider in preparation for transition of these individuals to the NDIS. This will ensure supports in the person's plan will be aligned with this framework.

Commonwealth, state and territory parties who will continue to be responsible for quality assurance systems in the interim may also explore the possibility of amending their regulatory frameworks to accompany this initiative. Further consideration will also be given to options regarding a national or nationally consistent regulatory framework.

### **HIGH-LEVEL DEFINITIONS**

A nationally agreed set of high-level definitions will guide legislation and policy development, and will facilitate greater inter-jurisdictional collaboration. The following definitions will be used by jurisdictions for implementation, reporting and evaluating progress against the national framework.

The definitions are intended as high-level definitions only, under which restrictive practices should be categorised. It is anticipated that definitions in the national framework will guide and support the development of detailed operational guidelines and mechanisms as appropriate in jurisdictional settings.

### **PEOPLE WITH DISABILITY**

Within the national framework, "people with disability" refers to persons in receipt of disability support services under the national disability agreement and the NDIS.

## **INDIVIDUALISED/BEHAVIOUR SUPPORT**

The national framework articulates principles and strategies for maximising individualised behaviour support for people with disability, with the overall objective of reducing the occurrence and impact of challenging behaviour and the use of restrictive practices. This may include the provision of positive behaviour support and development of an individual/behaviour support plan.

Positive behaviour support is the term used to describe the integration of the contemporary ideology of disability service provision with the clinical framework of applied behaviour analysis. Positive behaviour supports are supported by evidence encompassing strategies and methods that aim to increase the person's quality of life and reduce challenging behaviour (source note: carr et al, 2002; singer & wang, 2009).

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.

## **RESTRICTIVE PRACTICE**

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.

## **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.

## **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.

## **MECHANICAL RESTRAINT**

A "mechanical restraint" means the use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes. 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 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 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.

## **ADDITIONAL RESTRICTIVE PRACTICES**

This framework aims to reduce the use of restrictive practices that comply with applicable jurisdictional regulatory, policy and work practice requirements.

Some jurisdictions may have arrangements that authorise the use of additional restrictive practices to those defined above, including those broadly termed as:

- psycho-social restraints, usually involving the use of 'power-control' strategies;
- environmental restraints, which restrict a person's free access to all parts of their environment; and
- consequence driven practices, usually involving the withdrawal of activities or items.

## **QUALIFICATION**

Existing commonwealth, state and territory legislation sets out their own respective practices that are unlawful and constitute criminal offences and civil wrongs that may lead to legal action, including assault, abuse, neglect or wrongful imprisonment. The national framework intends to work within existing legislative arrangements, to set out minimum requirements in relation to restrictive practices and guide jurisdictions' individual arrangements.

## **HIGH-LEVEL GUIDING PRINCIPLES**

The following high-level guiding principles should underpin planning, implementation and evaluation of the national framework for reducing and eliminating the use of restrictive practices in the disability service sector.

### **1.HUMAN RIGHTS**

- A. Full and equal enjoyment of all human rights and fundamental freedoms by people with disability without discrimination of any kind, as outlined in the united nations convention on rights of persons with disabilities . People with disability have equal rights to those of all members of society, including but not limited to the right to:
- I. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons (article 3);
  - ii. Equality before the law and to equal protection under the law, without discrimination (article 5);
  - iii. Liberty and security of the person (article 14);
  - iv. Freedom from torture or cruel, inhuman or degrading treatment or punishment (article 15);
  - V. Freedom from exploitation, violence and abuse (article 16);
  - Vi. Respect for his or her physical and mental integrity on an equal basis with others (article 17);
  - Vii. Personal mobility with the greatest possible independence (article 20);
  - Viii. Freedom of expression and opinion and access to information (article 21);
  - Ix. The highest attainable standard of health without discrimination on the basis of disability (article 25);
  - X. Attain and maintain maximum independence, full physical, mental social and vocational ability, and full inclusion and participation in all aspects of life (article 26); and
  - Xi. An adequate standard of living for themselves and their families, and to social protection without discrimination on the basis of disability (article 28).
- B. Recognising an individual's rights is paramount. Restrictive practices should occur only in very limited and specific circumstances, as a last resort and utilising the least restrictive practice and for the shortest period of time possible under the circumstances. Restrictive practices should only be used where they are proportionate and justified in order to protect the rights or safety of the person or others.

## **2. PERSON-CENTRED FOCUS:**

- A. People with disability (with the support of their guardians or advocates where required) are the natural authorities for their own lives and processes that recognise this authority in decision making, choice and control should guide the design and provision of services.
- B. Approaches, including behaviour support planning, will be individualised and involve personalised supports that are informed by evidence-based best practices.
- C. Disability service providers should seek to understand the nature and function of a person's behaviour and to respond appropriately to that behaviour, ensuring the use of restrictive practices in very limited and specific circumstances and only as a last resort.
- D. An emphasis on prevention including proactive skills building and environmental design to produce desirable behaviour change.
- E. Provision of decision support to assist people with disability and their guardians or advocates to identify needs and goals, plan their service requirements, access services, and maximise participation in decision making.
- F. Maximum respect for a person's autonomy, including:
  - I. Recognising the presumption of capacity for decision making;
  - II. Seeking a person's consent and participation in decision making (with support if necessary) prior to making a substitute decision on their behalf; and
  - III. Engaging the appropriate decision maker and seeking consent where appropriate, where a decision must be made on behalf of a person.
- G. People with disability and their guardians or advocates are informed restrictive practices may be used in the service(s) that they access, noting that restrictive practices are implemented on an individual basis.

## **3. A NATIONAL APPROACH:**

- A. The principles of the national framework should apply across Australia to ensure people have access to the same protections, in regard to restrictive practices, regardless of where they live.
- B. All jurisdictions and levels of government should ensure that disability services meet agreed standards focussing on protecting and promoting the human rights of people with disability.
- C. Disability service providers and their staff understand and comply with relevant Commonwealth, state and/or territory legislative and policy frameworks around use and reduction of restrictive practices.
- D. An integrated response between all governments to practices, outcomes and reporting in order to build a representative picture of the use and reduction in restrictive practices, without changing core governance arrangements.

## **4. DELIVERING QUALITY OUTCOMES AND SAFE WORK PLACES:**

- A. Policies, procedures and tools should protect the rights of people with disability, focussing on improving clients' quality of life, and reducing and monitoring the use of restrictive practices.
- B. Disability service providers should ensure that people with disability have protection against inhuman or degrading treatment and attention is provided to personal dignity, privacy and self-respect as well as individual needs.
- C. Staff have the right to work in a safe environment and disability service providers may have legal obligations with respect to the observance of work health and safety.
- D. Review mechanisms are developed, maintained and utilised for: client and staff de-briefing, review of restrictive practices used (incident reporting), assessment of appropriateness and alternatives, and for aggregated reporting on an organisational and service provider basis.



**5. ACCOUNTABILITY THROUGH DOCUMENTATION, BENCHMARKING AND EVALUATION – WORKING TOWARDS TRANSPARENT AND CONSISTENT REPORTING:**

- A. Formal assessment, planning, approval and review processes, that are based on valid and evidence-based risk assessments undertaken by appropriate professionals, should be required to authorise and monitor the use of restrictive practices.
- B. Transparent reporting mechanisms to:
  - I. Ensure accountability and that the person with disability and their guardian or advocate are involved as far as possible; and
  - ii. Detail independent monitoring, and access to independent processes for complaints, or review and appeal of decisions to use restrictive practices; and
  - iii. Allow for the analysis of trends to evaluate the effectiveness of the strategies and recognise where there may be an increased reliance on the use of restrictive practices.
- C. Measure success through a national picture (or stocktake) of the use and reduction of restrictive practices.

**6. COLLABORATION BETWEEN SERVICE PROVIDERS:**

- A. A commitment to developing and maintaining stronger relationships across the health, allied health, aged care and disability sectors, including between physicians, nurses, mental and other health professionals, and disability services staff to ensure a multidisciplinary approach to the monitoring, use and reduction of restrictive practices.
- B. Collaborative approaches across sectors for client assessment, planning and review should be encouraged by all service providers involved with implementing a person's individual/behaviour support plan. Collaboration should enable a solid basis for individualised, person-centred approaches aimed at reducing the use of restrictive practices.

**7. RAISING AWARENESS, PROVIDING EDUCATION AND FACILITATING ACCESSIBLE INFORMATION ABOUT RESTRICTIVE PRACTICES:**

- A. A commitment to raising awareness of issues relating to the use of restrictive practices, including amongst people with disability and their guardians or advocates as key stakeholders in decision making, and in the implementation of behaviour support strategies and plans.
- B. People with disability and their guardians or advocates should be made aware of the relevant rights within jurisdictions to complain or seek a review of the use of restrictive practices and to participate fully in formal complaint resolution or review processes.
- C. A commitment to building capacity and reducing barriers amongst people with disability and their guardians or advocates to utilise complaint or review mechanisms about restrictive practices.
- D. People with disability and their guardians or advocates are informed that restrictive practices may be used in the service(s) that they access, noting that restrictive practices are implemented on an individual basis.

## **CORE STRATEGIES FOR A NATIONAL FRAMEWORK FOR REDUCING AND ELIMINATING THE USE OF RESTRICTIVE PRACTICES IN THE DISABILITY SERVICE SECTOR**

Jurisdictions agree that by 2018, all disability service providers for which they or the NDIA have funding responsibilities should implement the following set of key core strategies to reduce the use of restrictive practices in disability services.

A comprehensive review of the research literature found evidence for six core strategies for reducing the use of restrictive practise (source note: rimland, 2011). The six core strategies are:

### **1. PERSON-CENTRED FOCUS**

Including the perspectives and experiences of people with disability and their families, carers, guardians and advocates during restrictive practice incident de briefing, individualised behaviour support planning, staff education and training, and policy and practice development is a key element of restraint minimisation across sectors (source note: azeem et al., 2011).

#### **KEY IMPLEMENTATION AREAS ARE:**

- A. Development and regular review of individual/behaviour support plans (including strategies for de-escalation and ensuring the safety of the person, staff and others) that are based on valid and evidence-based risk assessments, in conjunction with people with disability, and their guardians or advocates where appropriate, as active participants in decisions about their lives, support and care.
- B. Development and use of appropriate individualised behavioural and environmental risk assessment tools by disability service providers, which are in line with human rights and person-centred approaches.
- C. Development of individualised and evidence-based practices such as teaching the use of replacement skills (skills the person can use to replace the challenging behaviours), based on the principles of positive behaviour support.
- D. Availability of tools to assist people with disability and their guardians or advocates (where appropriate) to participate in decision making.

### **2. LEADERSHIP TOWARDS ORGANISATIONAL CHANGE**

Leaders play an important role in facilitating processes, structures and resources for supporting change. While acknowledging that whole of organisation approaches are required, the senior management of disability services must create a goal of reducing restrictive practices and make it a high priority. Leaders must also support their staff through workforce development opportunities, the development of restraint and seclusion reduction tools, and implementation of rigorous evidence-based debriefing techniques to move away from the use of restrictive practices (source note: williams and grossett, 2011).

#### **KEY IMPLEMENTATION AREAS ARE:**

- A. Leaders at all levels, across government and the non-government sector, commit to implement reduction in the use of restrictive practices.
- B. Governments provide strategic direction to disability service providers.
- C. Disability service providers form relevant governance structures and groups to provide organisational support mechanisms aimed at reducing restrictive practices.
- D. Clear and transparent mechanisms for disability representatives and stakeholders to inform policy makers on practices and guidelines.

### **3. USE OF DATA TO INFORM PRACTICE**

Mechanisms to trigger periodic review of restraint authorisations, client assessments and individual/behaviour support plans are necessary to continuously assess the necessity of restrictive practices and possible alternative restrictive practices. Data is also important to determine what factors are effective in reducing or eliminating the use of restrictive practices. (source note: webber et al., 2012).

#### **KEY IMPLEMENTATION AREAS ARE:**

- A. Collection of data at a service unit and/or organisational level to inform and improve future practice and to contribute to national data collection.
- B. Identification of baseline data to be collected, ability to set improvement and performance targets and to evidence how this will be used to reduce reliance on restrictive practices.
- C. Development and maintenance of an auditing tool to evaluate the use of restrictive practices, including the frequency with which they are used. The tool should have capacity to feed back into the support of people with disability, including into risk assessments and service review – preferably integrated with disability service provider staffing and management systems.
- D. Collection of, and measuring outcomes through, feedback from people with disability and staff about their experiences with restrictive practices within disability services.
- E. Make use of data on formal complaints or reviews about the use of restrictive practices in disability services, made through existing complaint or review mechanisms, such as an ombudsman or tribunal, or through new mechanisms that may become available through the NDIS, where appropriate.

### **4. WORKFORCE DEVELOPMENT**

There is good evidence to show that disability support staff who understand positive behaviour support, functional behaviour assessment as well as a focus on skills for trauma informed care, risk assessment, de-escalation, and restrictive practice alternatives are able to provide good support and reduce their use of restrictive practices to people who have complex needs.

#### **KEY IMPLEMENTATION AREAS ARE:**

- A. Promote the use of interdisciplinary approaches toward assessment, intervention and individual/behaviour support plans.
- B. Competency assessment, individually tailored training and education for staff and managers, including on: restraint reduction, valid and evidence-based risk assessment, positive behaviour support and relevant commonwealth, state and territory legislative frameworks including human rights legislation in the disability discrimination act 1992 (cth) and equivalents and international human rights treaties.
- C. Disability service providers implement guidelines, processes and protocols for staff and managers, that are informed by evidence-based best practice.
- D. Debriefing and support – continuous improvement for staff at all levels.

## **5. USE WITHIN DISABILITY SERVICES OF RESTRAINT AND SECLUSION REDUCTION TOOLS**

Restrictive practices reduction tools need to be based on core assessment and prevention approaches, the results of which need to be integrated into each individual's support plan (source note: huckshorn, 2005).

These approaches would include:

- evidence-based assessment tools which screen for increased risk of violence, physical and emotional issues which counter-indicate restrictive practices.
- emergency management plans.
- changes to the therapeutic environment.
- meaningful activities aimed at lifestyle improvement and increased engagement.

### **KEY IMPLEMENTATION AREAS ARE:**

- A. Practice guides and reference material on reduction tools and processes for staff and managers.
- B. Integration with service provider staffing and management systems.

## **6. DEBRIEFING AND PRACTICE REVIEW**

Disability service providers should undertake regular review processes of their use of restrictive practices in order to identify areas for practice and systemic improvement.

Following the unanticipated or emergency use of a restrictive practice, an immediate "post event" debriefing should be completed on site led by the appropriate senior staff member on duty. The goal of this immediate debriefing is to ensure that everyone is safe, that satisfactory information is available to inform the later structured debriefing process and that the person subject to the restraint is safe and being appropriately monitored. Formal debriefing should occur within days after the event and include all involved, the treatment team and relevant administrative staff. (source note: huckshorn, 2005).

People with disability and their guardians or advocates should be involved in debriefing and review processes to ensure their perspectives and experiences are understood

### **KEY IMPLEMENTATION AREAS ARE:**

- A. Practice guides and reference material for staff at all levels.

### **Measuring performance/ effectiveness**

Jurisdictional reporting on progress of the implementation of the national framework will occur on a biennial basis. Monitoring of the national framework for reducing and eliminating the use of restrictive practices in the disability service sector will provide enhanced accountability, public transparency and a national picture and measurement of effectiveness aimed at improving practice. By 2018, all jurisdictions or the ndia where it is the funder of a support that involves restrictive practices, are encouraged to implement a data monitoring system that integrates with existing service delivery management systems

Work will initially focus on seeking agreement to achieve standardised data collection and reporting (including for voluntary reporting where commitments occur) in order to establish benchmarks and performance indicators that measure effectiveness in reducing restrictive practices over time. Milestones will be developed which take an incremental approach toward reaching data reporting capacity on the use of restrictive practices by disability services

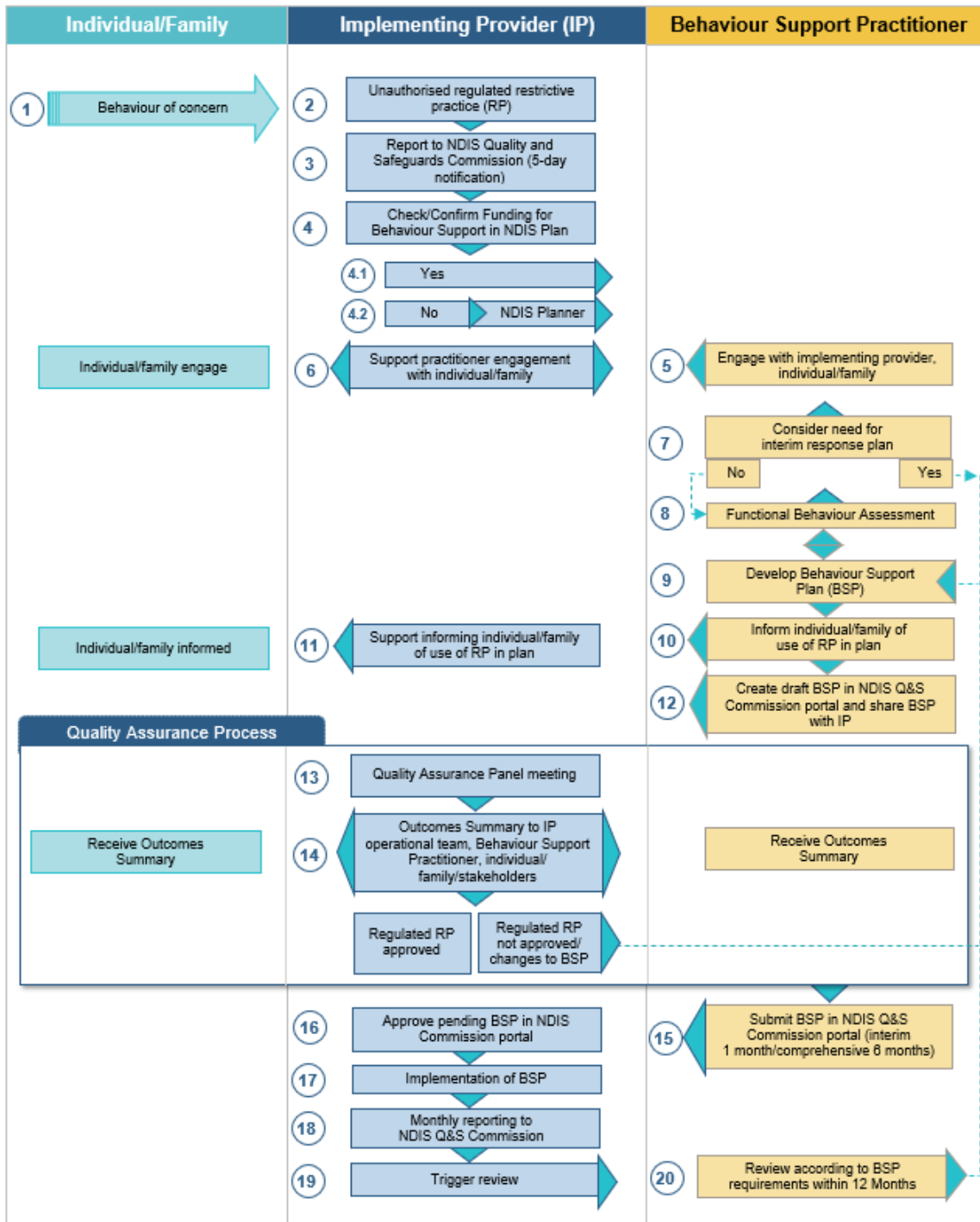
Future opportunities may arise through the evaluation of the national framework, for expansion of these six core strategies to be integrated into other mainstream service sectors that support people with disability such as in health, education and criminal justice.

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# APPENDIX C

## REGULATED RESTRICTIVE PRACTICES PROCESS FLOW procedure guidelines for authorisation of restrictive practices in ndis funded disability services - stage two



## **Alternative text for Appendix C : Regulated Restrictive Practices Process flow**

The process flow on page 12 shows the steps of the Regulated Restrictive Practices in chronological order and specifies the experiences and involvement of the individual and/or family, along with the responsibilities of the Implementing Provider and the Behaviour Support Practitioner during Stage Two.

- Step 1: There is a behaviour of concern.

The following steps are the responsibility of the Implementing Provider:

- Step 2: Unauthorised regulated restrictive practice is used in response to the behaviour of concern, to support the individual to keep themselves or others safe.
- Step 3: Report to NDIS Quality and Safeguards Commission (five-day notification).
- Step 4: Check and/or confirm funding for behaviour support in the NDIS Plan.
  - o Step 4.1: If there is funding, continue to Step 5.
  - o Step 4.2: If there is no funding, continue to Step 5 with the support of an NDIS planner.

Steps 5 to 9 are done in conjunction.

The following two steps are to be done in collaboration and with the individual and their family:

- Step 5: The Behaviour Support Practitioner engages with the Implementing Provider and the individual and family.
- Step 6: The Implementing Provider supports the Behaviour Support Practitioner to engage with the individual and family.

The following steps are the responsibility of the Behaviour Support Practitioner:

- Step 7: Consider the need for an interim response plan.
  - o If there is no need, continue to Step 8. If there is a need (yes) continue to Step 9.
- Step 8: Functional Behaviour Assessment.
- Step 9: Develop a Behaviour Support Plan.

The following two steps are to be done in conjunction:

- Step 10: The Behaviour Support Practitioner informs the individual and/or family of the use of restrictive practice in the Behaviour Support Plan.
- Step 11: The Implementing Provider supports the Behaviour Support Practitioner to inform the individual and/or family of the use of restrictive practice in the Behaviour Support Plan.

The following step is the responsibility of the Behaviour Support Practitioner:

- Step 12: Create a draft Behaviour Support Plan in the NDIS Commission portal and share the Behaviour Support Plan with the Implementing Provider for authorisation.

The following steps are the responsibility of the Implementing Provider:

- Step 13: Quality Assurance Panel meets.

Possible outcomes:

- o Regulated restrictive practice not approved and/or changes to Behaviour Support Plan required.
- o Regulated restrictive practice approved.
- Step 14: Outcomes summary provided to the Implementing Provider operational team, Behaviour Support Practitioner and individual, their family and/or relevant stakeholders.

If regulated restrictive practice is not approved and/or changes to the Behaviour Support Plan are required, return to progressing from Step 9 in conjunction with Steps 5 to 8.

The following step is the responsibility of the Behaviour Support Practitioner:

- Step 15: Submit the Behaviour Support Plan in the NDIS Commission portal (for an interim, within one month of being engaged, for a comprehensive plan, within six-months of being engaged).

The following steps are the responsibility of the Implementing Provider:

- Step 16: Approve the pending Behaviour Support Plan in the NDIS Commission portal.
- Step 17: Implementation of the Behaviour Support Plan.
- Step 18: Monthly Reporting to the NDIS Commission.
- Step 19: Trigger review.

The following step is the responsibility of the Behaviour Support Practitioner:

- Step 20: Review according to the Behaviour Support Plan requirements within 12 months. Then develop a new Behaviour Support Plan starting at Step 9 in conjunction with Steps 5 to 8.

## DEFINITIONS

### IMPLEMENTING PROVIDER

Implementing provider means any service provider that is funded through the ndis or by communities to deliver disability services to a person with disability, including children and young people with disability in care of the chief executive officer (ceo) of the department of communities.

Ndis behaviour support practitioner

### NDIS BEHAVIOUR SUPPORT PRACTITIONER

NDIS Behaviour Support Practitioner means a person registered with the NDIS Commission, who the NDIS Commissioner considers suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop BSPs that may include the use of restrictive practices.

Note that Behaviour Support Practitioners will have provisional registration status as NDIS Behaviour Support Practitioners by lodging an S29 Form with the NDIS Commission.



## **NON-INTENTIONAL RISK BEHAVIOURS**

Non-intentional risk behaviours are those behaviours that occur as a result of circumstances and do not serve a purpose for the person:

**Behaviours that create physical risk:** behaviours related to mobility, transitioning or accidental movement issues that involve a risk to the person. These risks are due to a physiological or neurological condition that can result in poor motor control (e.g. tardive dyskinesia) that may result in another person being inadvertently struck by the person.

**Resistance to support for activities of daily living:** behaviours that demonstrate discomfort associated with daily activities e.g. tooth brushing or therapy routines. Assisting the person to complete activities of daily living may involve light physical support to help the person finish the activity. Resistance to this support may indicate that the person is experiencing an issue greater than discomfort, which will require further assessment to determine the cause of the resistance such as health/medical issues and the potential function of the behaviour.

**Unsafe actions:** behaviours that unintentionally place the person at risk. This may include having “no knife safety” or “sun safety” awareness such as inadvertently reaching for a hot kettle or stove, or wandering towards roads without awareness of safety issues.

## **PROHIBITED PRACTICES**

Certain physical restraints are prohibited, including:

- the use of prone or supine restraint
- pin downs
- basket holds
- takedown techniques
- any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
- any physical restraint that has the effect of pushing the person's head forward onto their chest
- any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.
- Punitive approaches are prohibited including:
  - aversive practices
  - over-correction
  - denial of key needs
  - practices related to degradation or vilification
  - practices that limit or deny access to culture
  - response cost punishment strategies.

## **REGULATED RESTRICTIVE PRACTICES**

There are five categories of regulated restrictive practice:

- Seclusion is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
- Chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.
- Physical restraint is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

- Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
- Environmental restraint involves restricting a person's free access to all parts of their environment, including items or activities.

### **SENIOR MANAGER**

A senior manager or delegate of the Implementing Provider with sound operational knowledge and relevant experience in behaviour support and restrictive practice consistent with the Authorisation of Restrictive Practices in Funded Disability Services Policy.

## APPENDIX D

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### THE NDIS CODE OF CONDUCT

The NDIS Code of Conduct applies to all NDIS providers, registered and unregistered, and all persons employed or otherwise engaged by an NDIS provider.

**In providing supports or services to people with disability, a person covered by the Code must:**

- act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- respect the privacy of people with disability • provide supports and services in a safe and competent manner, with care and skill • act with integrity, honesty and transparency
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.

Anyone can raise a complaint with the NDIS Quality and Safeguards Commission about providers or workers who breach the NDIS Code of Conduct.

**To find out more about the Code of Conduct or to report a breach:**

go to [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au) [NDIS Code of Conduct | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)

- email to [feedback@ndiscommission.gov.au](mailto:feedback@ndiscommission.gov.au) or call 1800 035 544

**Please refer to the NDIS website for more information for NDIS related guidance.**

## APPENDIX E

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### COMMONWEALTH LEGISLATION

- [\*National Disability Insurance Scheme Act 2013\*](#)
- [\*National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018\*](#)
- [\*National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018\*](#)
- [\*National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#)

### STATE LEGISLATION

- [\*Guardianship and Administration Act 1990\*](#)
- [\*Disability Services Act 1993\*](#)
- [\*Health and Disability Services \(Complaints\) Act 1995\*](#)

### LEGISLATION AND OTHER RELATED DOCUMENTS FRAMEWORKS, STANDARDS AND INTERNATIONAL AGREEMENTS

- [\*National Disability Insurance Scheme Quality and Safeguarding Framework\*](#) (2016)
- [\*National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector\*](#) (2014)
- [\*https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards\*](https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards)
- [\*National Standards for Disability Services\*](#) (2013)
- [\*Positive Behaviour Support Capability Framework\*](#) (2019)
- [\*United Nations Convention on the Rights of Persons with Disabilities\*](#) (2006)
- [\*Universal Declaration of Human Rights\*](#) (1948)

## 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?**

