



WEBINAR 6

Embracing Change

Applying the NDIS Practice Standards
in Psychosocial Disability Services

Understanding Behaviour Support Under the NDIS

WEBINAR REPORT AND TRANSCRIPT

Webinar held on 27 August 2020, 11:00AM – 12:00PM

Presenters

- Daniel Kim – Host, Redback Connect.
- Tracey Harkness - National Director Behaviour Support, NDIS Quality and Safeguards Commission.
- Evelyn Ireland - Senior Behaviour Support Practitioner, The Disability Trust.

Participants

- 405 people registered to attend the webinar.

TRANSCRIPT

DANIEL KIM:

Yes, a warm welcome to another wonderful episode of the Embracing Change webinar series. I am Daniel Kim, your host, and it is great to have your company once again. I would like to begin by acknowledging the Aboriginal owners of the land on which we meet, broadcast and view these webinars and for us here in the studio in Sydney it is the Gadigal people of the Eora nation. I pay my respects to their Elders past, present and emerging.

So, after a few socially distanced episodes of this webinar series, we are finally back in the studio. We are all very excited and as always, this webinar is being recorded, feel free to come back to it later and share it with others if you so wish.

Now, a word about language used in the mental health sector and its use in reference to the NDIS. In the mental health sector, the term consumer is used to describe the person accessing a mental health service and in the NDIS context, we will use the term participant and please be aware, this webinar will touch on the use of restrictive practices.

This is the sixth in a series of ten webinars where we are systematically unpacking the NDIS practice standards and examining how each applies to psychosocial disability service providers and behaviour supports is the big topic today. And of course, joining me live in the studio are a couple of great people on our panel, National Director of Behaviour Support from the NDIS Commission, Tracey Harkness. Tracey, welcome to the program.

TRACEY HARKNESS:

Thank you, Daniel.



DANIEL KIM:

Now, it's great to have you on because it's bringing a regulator perspective to the topic, but it's a really big topic to try and cover in a webinar.

TRACEY HARKNESS:

Yes, behaviour support is a really big topic, but also a very important topic to talk about because behaviour support is the one process that you use for people that really is allowing you to change behaviour without using maybe the use of restrictive practices.

DANIEL KIM:

Yes, really looking forward to delving into that. And also, on the panel today is practice leader at the Disability Trust, Evelyn Ireland. Evelyn, welcome to the program.

EVELYN IRELAND:

Thank you. Hi.

DANIEL KIM:

Now, it is a topic that you've been living and breathing for the last however long.

EVELYN IRELAND:

It certainly is.

DANIEL KIM:

It is a topic close to your heart.

EVELYN IRELAND:

Absolutely, yeah, and something that I feel really strongly about. Good behaviour support and supporting the rights of the people that we support.

DANIEL KIM:

Yes. Looking forward to getting stuck right into it. Big program coming up and it's great that we get to look at the issue from both a provider and practice perspective, and also from a regulator perspective. Really good panel that we've got for you, of course.

As usual, we are going to kick off with a poll. So, we are going to ask you to rate your current overall knowledge of the NDIS practice standards and registration requirements. When you see the poll pop up on your screen, rate your knowledge from one, low, to five, expert. This will help us evaluate the effectiveness of the webinar and how future webinars can be planned and improved. We will be coming back to the results a bit later on.

I will be looking at the results through this trusty old iPad of ours, which is also how we're going to be taking questions as we go through the program today. So, one, low, to five, expert. Please let us know how you would rate your knowledge. As you do that, you will also see on your screen an overview of the ten-part program.

In webinars one through five, we heard about the pain points and priorities for providers in applying the practice standards. We looked at the many parts of the core Module as well, rights and responsibilities, governance, operational management, provision of supports, the provision of supports environment.



And today, Tracey and Evelyn will unpack the specialist behaviour support Module and the implementing behaviour support plan Module as you can see on your screen. I won't read this out for you and insult your intelligence, but you'll see the four dot points. By the time, this webinar is over, you should be able to, and here are the learning outcomes, and I'll let you read through those.

If you haven't finished giving us your poll results, one through five is the rating system. One, low, to five, expert and we look forward to seeing how these results come back at the end of the webinar.

Now, some final housekeeping. There are some very important documents that you can access in the resources section and that's the light-blue icon at the top right-hand corner of your screen. You'll find links to many useful guidelines and fact sheets and the Zero Tolerance documents, which is very, very important for today - today's topic - Trauma Informed Practices.

Also, if you'd like to join the question, if you'd like to join the conversation today and get a question into the panel, it's the dark-blue hand icon at the top of your screen. We've actually had a fair few questions that were submitted before the program was going to air. We've been able to collate a few of those and reword them so we can discuss them. But do keep the conversation going and keep those questions coming. It's the dark-blue hand icon at the top of your screen.

So, that's my housekeeping and Tracey, I'll throw it over to you.

TRACEY HARKNESS:

Thank you. OK. So, just before I launch straight into behaviour support, I'll talk a little bit about the general functions of the NDIS Commission. So, all NDIS providers and regulated in jurisdictions once they are participating. So, this currently applies to all states and territories, except for WA at the moment because they come on board on 1 December this year.

So, we have the functions of registration and quality assurance. We also administer the Code of Conduct. We have a worker screening team. We have reportable incidents, where reportable incidents of serious harm to people with disability reported to our team. We have a complaints function where people, participants and other people, could make complaints about services they receive. And then we have a behaviour support function, which I'll go into more detail in the slides coming up. We also do information and capacity building, and we also have compliance investigation and enforcement functions.

Behaviour support, our role in the Commission is really to support the sector in many ways. So, we safeguard the dignity of the person and improve their quality of life. We look at really encouraging practitioners to provide contemporary evidence-based practice and look at constructively reducing behaviours that may lead to harm to self or others and really the big-ticket main thing that we are focusing on, is really working towards the reduction and elimination of restrictive practices.



The other process that we do, which is in conjunction with registration, is really considering behaviours support practitioners suitable to deliver specialist behaviour support. So, really what we're trying to do in this space, is to raise the bar of quality of behaviour support for participants in the Scheme.

So, regulated restrictive practices. 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. And the regulated restrictive practices that we look at is seclusion, which is the confining of a person to - into a room by themselves without any other person present.

Chemical restraint, which is used for the - medication to subdue or influence a person's behaviour. Mechanical restraint, which is the use of a device to influence or manage a person's behaviour. Physical restraint is using a part of your body to have the same effect on the person's behaviour. And environmental restraint are things that are – are usually - certainly in some context were (inaudible) restricted access (inaudible) a good example of environmental restraints. So, restricting someone's access to either the community or restricting their access to the kitchen or a locks drawer - a sharps drawer. All those sorts of things.

So, regulated restriction practices can only be used in the context of reducing the risk of harm to a person, or others. It has to be articulated in a behaviour support plan. It needs to be only used as the last resort and be the least restrictive response available to the person. It also has to be proportionate to the potential harm of self or others. It can't be, you know, someone doing something that's very minor - annoying to someone, and then being physically restrained to stop that from happening. It has to be proportionate and be used for the shortest possible time.

The NDIS participant also needs to be given the opportunities to develop new skills so that they maybe don't need to engage in those behaviours of concern in the future and you can look at reducing their restrictive practice.

So restrictive practices in the behaviour support function in the Commission is actually a co-regulatory model. So, restrictive practices must be authorised according to the state or territory legislation or policy, however described. So, really states and territories play just as much a (inaudible) role in monitoring of restrictive practices as does the Commission. And the states and territories decide - have their own legislation or policy that guides practice in terms of how to get authorisation and consent requirements for those restrictive practices.

The use of regulated restrictive practices must be reported monthly on the NDIS Commission portal. An emergency or unauthorised use of restrictive practices must comply with reportable incident requirements. So, if you have an unauthorised restrictive practice that doesn't have authorisation with the state or territory, you need to report that as a reportable incident - as a five-day report to the Reportable Incidents Team in the NDIS Commission. And providers should really support staff to receive appropriate training and understand risks associated with the use of restrictive practices as well.

These are provider requirements, so, this – these requirements are for behaviour support providers. So, they're people that develop plans and do assessments and develop positive behaviour support plans for Participants in the Scheme. So, they must be registered in their



Commission to provide Specialist Behaviour Support to deliver services. They also must engage Behaviour Support Practitioners that are considered suitable by the Commissioner. So, there's two situations that this will – there's two possibilities I guess, in ways to do this. You can work for – if you are a practitioner, you can either work for a behaviour support provider – they have to be registered with the Commission and you'll have to be considered suitable.

If you're a sole trader, if you're in private practice or in practice with some other people, you will need to also register for the Commission because you're then both a provider as well as a practitioner.

Implementing providers, they just need to be, so - those are the people that provide - service providers that implement the restrictive practice. They need to also be registered with the Commission, but they only need to be registered with the Commission for the class of support they provide. So, for example, if you're providing a day program for people, you need to register for day services. If you're providing a specialist disability accommodation for people you need to register for those services as well. So, people that - in terms of implementing providers, if you're implementing any restrictive practice, you cannot – you have to be registered with the Commission. You cannot deal with an unregistered provider.

Okay. So, the NDIS Practice Standards and Quality Indicators. For regulated restrictive practices - there's monitoring and reporting the use of regulated restrictive practices and implementing providers need to provide those monthly reports to us. And implementing providers also need to consider the reportable incidents involving regulated restrictive practices.

So, as I mentioned before, if you've got an unauthorised restrictive practice, that becomes a reportable incident you need to report to the NDIS Commission Reportable Incidents Team within five days. Behaviour support plans. There's also interim behaviour support plans and also the other role is supporting the assessment, development, implementation and review of comprehensive behaviour support plans.

So, this is a really important part of working well with a practitioner or a provider that's providing - developing the plan with you. You really need to engage with that practitioner, and the practitioner is expected to do the same with you in developing a really good plan that you can work on together. And these requirements are really based on the Module 2A which is Implementing Behaviour Support Plans.

When you register for services, you tick that you – you have to complete Module 2A which is Implementing Behaviour Support Requirements and practitioners have to do - complete Module 2 in the audit scope that you do.

So, the next slide's a little bit busy but it really kind of ties in together the Module 2A requirements in the Practice Standards and Quality Indicators, and how they're linked back to the Restrictive Practices and Behaviour Support Rules. So, some of the things in the Rules talks about - implementing providers have to take reasonable steps to facilitate the development of an interim plan. So, the Practice Standard that links to that is identifying if there's an immediate need for a behaviour support plan.



So, if you're supporting a participant or people that you provide services to - when you understand and you see that there's a need for a behaviour support plan or there might be a change in person's behaviour that might necessitate getting a behaviour support plan, then you need to take reasonable steps to try and have that plan in place. Your role is also to collaborate with mainstream service providers and the practitioner to minimise risk and develop the plan.

Now, the Specialist Behaviour Support Provider, this is the reason why it's in italics, that's for the practitioners - they engage NDIS Behaviour Support Practitioner within a month to develop an interim plan and also it gets lodged in the Commission Portal if it contains restrictive practices. The other thing that implementing providers need to do is submit evidence of restrictive practice authorisation within the Portal and it must be authorised and in a plan. And they also must support training and implementation in the plan itself and support their staff to understand what is required as the behaviour support plan, and they must report monthly on restrictive practices within the Portal.

So, a case example and this is really a case that we can talk through and talk about the interim plan as well as the comprehensive plan and how they work together. So, Ahmed is 28 years old and has a history of multiple hospital admissions to the Mental Health Unit since he was 16. He has diagnosis of mild Intellectual Disability and Schizophrenia and a history of childhood trauma. He had been living at home with his older brother and his family prior to his last hospital admission six months ago, but they are no longer able to care for him.

Ahmed accessed NDIS funding and transitioned to an accommodation place with an NDIS provider. He was unsettled in his new home and his physical aggression towards himself and others started to escalate. So, a serious incident occurred that resulted in staff using a crisis response of seclusion to manage the situation.

So, Ahmed - he has an outdated behaviour support plan, the previous behaviour support plan that he had didn't include any restrictive practices and the use of the regulated restrictive practice was not authorised. So, the actions for the implementing provider to take would be to conduct a risk assessment and make a URP report to the NDIS Commission.

So, URP is Unauthorised Restrictive Practice and like I mentioned before, that's a five-day notification to the Reportable Incidents Team. They also need to take reasonable steps to develop an interim behaviour support plan. So, that's engaging with a provider to develop that plan and they need to work with the practitioner to develop strategies that minimise the risk, enable safety of Ahmed, other participants and staff as well.

I guess the thing to really emphasise here is when you have an interim behaviour support plan, you can in most states and territories gain interim authorisation for that practice, which allows you up to six months of authorisation whilst the practitioners then develop your comprehensive plan and you can use that interim plan and start collecting data and information that will help the practitioner with their assessment. That way you do not have to report to the reportable incidents function because you have interim authorisation as well.

So, for comprehensive behaviour support plans, the roles of implementing providers and practitioners changes again. The Practice Standards Module 2A talks about supporting information gathering for assessment. So, that's really about working with the practitioner



to provide all the information they need to do - in order to do their functional assessment. You need to collaborate with a practitioner in development of the plan. And the behaviour support practitioner needs to develop a plan that includes evidence-based, person-centred, and proactive strategies. It's developed within six months and it's lodged with the Commission if it has restrictive practices.

Again, you must submit evidence of restrictive practice authorisation within the Portal and once the plan is updated, and it's a comprehensive plan in the Portal you'll need to have authorisation for that longer-term period of authorisation. And the use of regular restrictive practices must be authorised again by the state and territory where the person lives and also needs to be in a behaviour support plan.

The other things - the other standards that relate to comprehensive behaviour support plan is that the service provider must have policies and procedures that support implementation of the behaviour support plan. They must support training in Positive Behaviour Support. Restrictive practices - a consistent implementation of the plan, and that's obviously a part where the service provider as well as the practitioner has roles in providing that training and supporting of staff. You also need to monitor data and outcomes to identify any change in circumstances or need for plan review.

So, behaviour support plans are, I guess, current for 12 months at a time, but they need to be reviewed earlier if circumstances for the person changes. So, practitioners must include a plan that includes opportunities for skill development and community participation. They also - practitioners must also do - conduct a review at least every 12 months where change in circumstances occurs as well. And again, that monthly reporting of regulated restrictive practices is for the implementing provider to do that on the NDIS Commission portal.

So, if we go back to Ahmed once he has a comprehensive plan in place, he's got a change in routine medications and a PRN medication prescribed so that's as needed. Interim strategies working when Ahmed is escalated, and a functional behaviour assessment has commenced.

The next kind of action for the service provider to do is really work with the NDIS practitioners to gather information and data for the assessment, develop a joint understanding of Ahmed's through case formulation. (inaudible) Develop positive behaviour support strategies that are trauma-informed and incorporate management of his Schizophrenia to allow for principles of recovery. And identify any restrictive practices required and included in the plan.

And that's the end of my presentation, there's some website links that have a number of different information - really useful information for implementing providers about the development of behaviour support plans, and also the incident management and reportable incidents, links as well.

DANIEL KIM:

Yeah, wow thank you very much. It's an incredibly complex, layered, and nuanced area, isn't it? That's why the rules are so detailed.



TRACEY HARKNESS:

The rules, yeah, I think it's fair to say the behaviour support rules and the legislation are the most complex rules to understand. So, it's not - and it's really important for us to be able to try and have these opportunities to talk to people because it's trying to talk through it in a practical based -through a case scenario kind of explains where the different practice standards and things fit into it, but it is quite complicated.

DANIEL KIM:

Yeah, absolutely. And thank you for navigating us through all that complexity in terms of how all that translates for a practitioner and for provider. It's over to you, Evelyn. You want to take that clicker there.

EVELYN IRELAND:

Thank you, I will. There's some more links for you - from you, Tracey.

TRACEY HARKNESS:

Oh yeah. So, for further information, you can contact our website and there's our 1800 number there as well.

EVELYN IRELAND:

So, hi, everyone, my name is Evelyn Ireland, and I'm the Senior Behaviour Support Practitioner at The Disability Trust. The Disability Trust is quite a large org these days, we provide a range of services across a number of geographical locations. So, up to the Hunter out to Cooma, down to Bega, ACT and of course in the Illawarra, which is where the Trust was established. We have a range of different services including supported independent living, employment services, sport and rec, support coordination and a range of other services that we provide as well as our Clinical Team.

So, you'll see up on your screen a picture of a few of our behaviour support or most of our behaviour support practitioners and we sit within a broader, the trusted clinical services clinical team, which is a multidisciplinary team. We have Speech Pathology, Occupational Therapy, and also Nursing Services and our Behaviour Support Team is part of that.

When I started at the Trust a few years ago, there were three of us. When I wrote this slide presentation a couple of weeks ago, I think the photo there might be eight of us or nine of us. Certainly, when I wrote the presentation, there was 9, there soon to be 11, and then maybe even 12 of us. So, it's a big area of growth both in the sector and for our service as well.

So I thought I'd start by taking all of the practice standards and the Commission Rules and talking through a little bit from both a behaviour support practitioner perspective, which is what I am, but also part of an implementing provider, organisation, so I'll wear two metaphorical hats, as a practitioner and also as a provider.

So, I thought I'd start off with a bit of a practical kind of look at what a behaviour support plan is and what development of a good positive behaviour support plan should look like. So ultimately, behaviour support plans that we develop are person centred, and by person centred I mean that in the truest sense of the word, and not necessarily just having the person that we're writing the plan for or about in the room all the time, but engaging that person in a way that's best for them. It could be attendance. It could be making sure we've



got the right people around the table to get that understanding but making sure the person is at the centre of everything that we do is crucial.

The cornerstone of good behaviour support is understanding the person that we're working with and that includes the person's lived experience, it's more than just a label or a diagnosis or an explanation of what challenging behaviour - what behaviour might look like. It's understanding the person, what the person likes, what their hopes and dreams are, what sort of things they've experienced in their time, what the important people in their life - who the important people in their life are.

So, once we understand the person, we can start to have a really good understanding of what behaviour or behaviour that's coming up or that may be concerning or placing the person at risk, what that behaviour is communicating and telling us. We know that behaviour is communicating often an unmet need or an opportunity to develop a new skill.

Understanding that person and understanding their behaviour is the first way that we can start doing that and we talked - and I think Tracey mentioned the functional behaviour assessment and case formulation element of the Practice Standards and the Rules and that's exactly what that is. It's understanding who the person is, what's the behaviour doing, and what's it trying to tell us.

Good behaviour support is always framed to enhance quality of life. We know and I've written a number of behaviour support plans and I'd love to say that it's those spanking plans that change behaviour, but we know that when we provide - have an understanding and provide opportunity, and choice and control and things for a person that enhance quality of life behaviours, the reduction of behaviours of concern is what naturally happens after that. So, a positive behaviour support plan will always include an understanding of a person's quality of life.

As Tracey also talked to understanding restrictive practices and where they fit in is also a crucial element of behaviour support. We know that sometimes restrictive practices are required to keep people safe and especially as a last resort. A Positive Behaviour Support Framework is the way that we know that we are doing the least restrictive thing for that person and we're upholding their rights. And we're also working towards identifying skill development opportunities and ways to fade out that practice and that we're doing the least restrictive thing possible.

Positive Behaviour Support - having a big robust on positive behaviour support plans ensures that we're working towards that and upholding the person's rights and ultimately a behaviour support plan is developed in collaboration with a team. So, it's not something as a practitioner, that I have a couple of interviews, we then go back and write and deliver and walk away. It often takes time and it involves a whole range of people.

So thinking about that from an implementing service provider perspective, and as a practitioner, and both from an implementing service provider, the implementation of a plan once you have it, has to be collaborative and inclusive of the person wherever possible and however they would like to be involved in that is also really powerful.

I've done stuff in the recent past actually where we've made some easy read documents of behaviour support plans, included the person in creating some videos and doing different



things and being present in the delivery and the ongoing implementation of their behaviour support plan.

I cannot stress enough the importance of a good working relationship between organisation and practitioner. Some of the most powerful and successful work that I've had the privilege of being involved in is often when the Team Leader and I or the family and I or the person and I are in close contact with each other and have some really good clear communication pathways.

I completely appreciate that that can be really challenging and vulnerable at times, especially when there's incidents and looking at practice, but it is the best way that we can ensure that the person we're supporting is going to get a good quality plan that meets their needs, but also relevant for the staff and/or families or people supporting the person.

That also takes the organisation at times to help facilitate us as clinicians or facilitate clinical work and that can include my second point there around developing systems for information gathering and sharing. So, things like incident reports, data collection - reports and information about that person.

Having some good systems in place to share that, helps the assessment process run smoothly, and also helps us make sure we're getting it right or that we've got a good idea. Interesting, only just last week that I was working with someone and I had a fairly good idea I thought about what was going on and we put some data collection in place and the service provider that I'm working with has done an incredible job of collecting data and I looked at it yesterday and, a different idea to what I thought. So, the importance of the implementing provider and I working together around that will ensure that the right strategies are going in place for that person.

As an implementing service provider as well, I would suggest that having a base level of training for staff is so super helpful and not just for the level of care and support that you're going to provide for the person that you're providing support to but also as clinical support coming in. If I am working with a team that have some training in Positive Behaviour Support, or Trauma Informed Practice, or Person-Centred Practice, or Active Support, I'm starting from a level where I can individualise the support from that person with a team who already have an understanding of where I'm going or where we're going as a team.

The importance of shared language or in a shared culture around that stuff, especially when it comes to Trauma Informed Practice or understanding how trauma affects behaviour and continues to affect people and still development is really important and when we have a shared understanding and a base level of knowledge with a team, that's really helpful.

At the Trust, we do have different training packages that we do, but if you're a smaller implementing provider or even a new practitioner starting out, there are so many great resources available online to be able to upskill yourself or upskill your team and I think we'll talk a little bit about that at the end, some of those recommended resources.

Never has there been more need for the implementation of behaviour support plans to be done creatively and flexibly. We have lots of different things that impact on the work that we do. There's funding, and time, and resource, and global pandemic which is sort of stopping people from being able to sit around a big table and have big meetings like we



used to. So, you know, I think a really important thing both as a practitioner and as an implementing service provider - to work together around what you both need, what resource you have in being able to implement behaviour support plans.

It's no good - as much as I'd love to spend eight hours and a full day with a team of staff or a family sometimes and lots of training materials to implement a plan - sometimes that's just not possible. So, thinking about things that we already have established like team meetings are a great way of clinical support and behaviour support, being able to continually implement a plan and that's more than just even running through it once but coming along.

There's a number of teams I'm currently working with where I have a half an hour standing slot at team meetings to be able to go over things and implement things bit by bit and do that in a collaborative way with the people who are always you know - or people that are on the ground as well and doing the plan, and including the people that we support.

So, working with individuals - I said that before. Having as much collaboration with the people who the plan is written for and about is crucial. Utilising video and telehealth options. Nothing like COVID-19 I think to make everyone feel more comfortable with Zoom and continually looking at themselves.

But I must say, some of the creativity of organisations - I've recently, yeah, done some implementation where I've met with the - we couldn't get the whole team together, so we met with a key worker and the Team Leader and Mum and we videoed it, and its password protected but staff couldn't watch it at a later date and we've got some individual time with staff to go over those questions. So, if there's I guess a positive of COVID, it's I think helped with some creativity in that way and also, the importance of working with key workers and staff.

As a clinician, if I come to meet someone for the first time and if that person is feeling pretty nervous about meeting me, it is so helpful to have somebody there that the person feels comfortable with and having access to some information that the people feel is helpful.

With my practitioner hat on, I thought I would just highlight some of the stuff that we do or the practical things that we have in place that meet the Practice Standards and the Rules. So, as a practitioner, as a Senior Practitioner, I provide a lot of the supervision. We have individual supervision for practitioners. That's monthly, but if you're new to the Team, it can be fortnightly or weekly. And depending on what's going on too, that frequency can change.

We've got group supervision - we've got peer review processes for all of our documents. So, they'll do - have an internal review and they go through a senior look over if there's restrictive practices involved.

Everyone has individualised learning and development plans. We've got a platform for info sharing and collaboration which we'll see - that's our - little screenshot of our- we use Microsoft Teams which is super helpful because we keep that updated and it's a great way of sharing. We've also got a channel for sharing memes and funny things too, but that hasn't come up. It's also good to keep people connected and we have a range of templates that we use and work from.



From an implementing service provider, some of the things that we do, we have a Restrictive Practices Oversight Team and that includes members from Clinical Support, also service delivery and our quality team. We have an inbox that we've developed and delivered some training within the broader organisation from support workers right up to high levels of management around understanding restrictive practices, reporting requirements, etc.

So, that's a bit of a collaborative piece of work that we have to help review and make sure that we're keeping on top of all of that stuff and doing the right thing there. We've got some systems for supporting and reporting. I didn't realise that rhymed until I read it out loud. So, we've got some systems within our org to help as Tracey mentioned the reporting requirements monthly and when there's been an unauthorised use of restrictive practice. We have got some teams and some systems in place to help with that.

We love feedback from the people we support. In our NDIS summary letters, we often encourage the people that we provide the service to, to provide some feedback. We've got different ways of doing that to make sure that we're keeping on - keeping relevant and delivering a service that's meeting the needs of the people that we're supporting.

Also, I think we sometimes find that we're implementing and talking about behaviour support and restrictive practices a lot. So, having good minutes and good ways of capturing that information is also really good when it comes to looking at those systems that you have in place to meet the practice standards.

I mean, there's a number of challenges. Behaviour support is the area of work where I love to work and there's been a number of challenges, but also solutions and it's been, turbulent is probably not the right word. But it's been a time of lots of change, like from the change in funding model to the NDIS and then with different requirements and then the Commission requirements and also different state-based processes around restrictive practices.

So, some of the things that have come up for us is meeting demand and I've mentioned that earlier on - around the growth of our team and I totally appreciate - understand that waitlist times in the sector and demand for service is something that a lot of us are working on.

To do that, we've looked at refining and doing some different stuff around triage processes and the Senior Practitioner of our org and myself have been working on an internal staff development program where we can identify people that might have an interest in working in behaviour support in our broader org and how we can facilitate and support development and growth in that area.

Staying on top of changes is also - I guess has been a challenge, but it's had lots of wonderful solutions. So, there's often been lots of different things that pop up or different portals or policies or things to navigate around. So, the way that we, I guess, manage that is that we've got some really good, clear communication within our org and good supervision, but also the importance of having good relationships with stakeholders.

The Commission have a hotline and an email address that you can ring inside of the different states and territories that I worked within of people that you can call and have a talk through some of these issues. Some of them are really complex and sitting there and



sitting there and trying to navigate them out alone is going to be really challenging. And so, there's nothing quite like reaching out and even being able to say it out loud and work through that and work through some of the solutions.

And also the ability to work collaboratively with other agencies and I know that we work in sort of a market where people and organisations are quite separate. But I think we're all in this together in some way, shape or form in navigating some of these new systems and I think the way that we ensure that we're providing the highest level of support for the people that we're working with, that being able to work together and share stories and experiences and - "Have you had to report that?" Or, "How did you do that?" And having some of those relationships is really important.

So - and certainly something that saved me and helped me over the time. So, yeah, that's a little bit about how we do behaviour support at the Trust.

DANIEL KIM:

Right. Well, can I just say, I'd never thought I'd hear the day, or I'd never thought the day would come when I heard the word meme uttered on this webinar. Particularly this particular webinar series.

On a serious note though, the thing that really stood out for me was your utter focus on understanding the person and I absolutely loved that because, yeah, we're talking about managing the difficult behaviours, but really, it's about improving the quality of life for the participant.

TRACEY HARKNESS:

Absolutely. Yeah. If you don't, I mean, that's part of your assessment. It's really to get the person. If you have a great, true understanding of the person and why they engage in particular things and why they say particular things, all those sorts of things.

When I think back about working with great staff in the past and implementing providers, they were the people that really understood and got the person from that kind of just general person to person level, really.

EVERLYN IRELAND:

Absolutely. And I think it takes away the expertise here. We're the Specialist Behaviour Support Providers and I'm the Behaviour Support Practitioner, but the expertise is with the person and it's in the room and it's with the family and it's our privilege to be able to be there and to unpack that, and sometimes write it up in a way that's easier to or broadly understood. But, yeah, that's how.



Q&A PANEL

DANIEL KIM:

Yeah. 100%. Thank you, Tracey and thank you, Evelyn.

It is now time to hit our Q&A segment. We've got a lot of questions to go through. We've had a fair few questions that were submitted online beforehand, and what we've done is collated them. So, if some of them sound a bit scripted it's because people have been asking a question specific to their state. You know, "I'm in WA, where can I get this?"

So, we've worded the question to be, where can providers go to get information relevant to their state, that kind of thing. So, we'll go through all of those first, and I'll - with these questions I might just throw it open to both of you to build upon each other's answers and to have a bit of a discussion.

And then once we've gone through all of those, we can hit the actual questions that are coming through and a quick reminder on that note, it's the dark blue hand icon at the top of your screen that you can click on to submit a question to Tracey and/or Evelyn and also there's that light blue icon that I mentioned earlier in the program.

I'll just give you a quick reminder about that because it's got some really important resources that you can download, particularly with reference to the National Disability Service's Zero Tolerance resources and that includes the Trauma Informed Support films and Communities of Practice for Behaviour Support Practitioners. So, make sure you get those two icons at the top. Light blue and dark blue. So, starting with this one, and I might start with you, Tracey. "Where can providers go if they have questions about NDIS Commission behaviour support requirements?"

TRACEY HARKNESS:

As Evelyn mentioned, we have a national inbox and we also have state inbox - email inboxes. So, each of them are - ndiscommission@ndiscommission.gov.au. So, the email addresses for, say, New South Wales, for example, is newsouthwalesbehavioursupport, all one word, @ndiscommission.gov.au. And they can also ring the 1800 number and go through to a Behaviour Support Team as well.

DANIEL KIM:

Yeah. Great. Thank you. Another question there as a follow-up. "Where can I learn more about restrictive practice authorisation in my state or territory?"

TRACEY HARKNESS:

Yeah. So, as Evelyn mentioned, there is slightly different requirements in each state or territory in terms of the authorisation and the consent requirements. The Commission is also working on nationally consistent authorisation principles at the moment.

So, we're trying to have principles of authorisations similar across the states and territories because that would make it easier for providers that work across different jurisdictions. It won't make it exactly the same, but hopefully if we can get some principles that are very similar, that will improve things because it's difficult - providers that are working across two or three different jurisdictions, they have to meet different requirements.



So, in each state and territory it's slightly different in terms of who covers the authorisation process. So, in New South Wales, it's Department of Communities and Justice. And I think their email address is something like restrictivepracticesauthorisation@newsouthwales.gov.au.

In the ACT there's a Senior Practitioner. In Victoria there's a Senior Practitioner as well. Those are the same - they work in the same model in terms of providing authorisation for the restrictive practices. In Queensland, it's Department of Communities. In Northern Territory, it's the Senior Practitioner. South Australia, it's Office of the Public Advocate because they have a different process again, and WA hasn't come under us, but it will be Department of Communities in WA.

But you can find information about each of those States and Territories, I think on our website as well, in terms of state and territory authorisation bodies.

DANIEL KIM:

I think I'm talking to a big databank. Thank you for that and thank you to everybody that asked those questions specific to your state again, you might need to listen to the recording to get everything that Tracey just said.

TRACEY HARKNESS:

Yeah.

DANIEL KIM:

Or go to the NDIS Commission website.

TRACEY HARKNESS:

Or email us, and we can provide that information and the links to those authorisation bodies as well.

DANIEL KIM:

Yeah, contact them directly. Thank you. Question for Evelyn coming through. "I am new to behaviour support under the NDIS. Where do you suggest I should start?"

EVELYN IRELAND:

So, if you're a new Behaviour Support Practitioner, I cannot stress enough the importance of finding your people. Find a good supervisor, find a good group supervision - a community of practice. Some of the work that we do is tricky and can be tough. So, talking it out and making sure you've got good support is really important.

If you are a provider and implementing - an implementing provider and providing behaviour support services I would suggest looking at those resources that you've been referred to before around the NDS Zero Tolerance stuff. There are also some really awesome videos around Positive Behaviour Support, Trauma Informed Practice. So yeah, doing that and I think yeah, reaching out to the inbox of the Commission and the people in your state is also really helpful and super.

Heaps of online stuff and I think social media has some good stuff and also some other stuff that you wade through, but there's lots of different groups doing interesting things and stuff overseas that you can get some access to. So yeah, lots of stuff to read.



DANIEL KIM:

Wade through things.

TRACEY HARKNESS:

I would say I just want to add to that in terms of the Behaviour Support Practitioner, if you're new to behaviour support space, there's a Positive Behaviour Support Capability Framework on our website and that's how we consider people to be suitable, to do behaviour support.

So, it's a good thing if people read through that. It doesn't require a particular qualification. It's all about skills and knowledge to do behaviour support.

DANIEL KIM:

Gotcha. And you did bring that up earlier in your talk as well.

TRACEY HARKNESS:

Did I?

DANIEL KIM:

I thought I heard it. Have you been wading through too many memes?

TRACEY HARKNESS:

That's right.

DANIEL KIM:

More questions coming through. Another one for Evelyn. How do NDIS service providers engage a specialist Behaviour Support Practitioner?

EVELYN IRELAND:

Yeah so, that is - it can, and as I sort of talked to before demand is quite high in some regions. So, wait lists have been something that I think a lot of people have experienced. Certainly, the Commission website has a list don't you - of yeah, different registered providers so you could start having a look there.

TRACEY HARKNESS:

The Commission has a list of all the registered providers for every support. So, it's a bit of a thing - a difficult thing to wade through.

What also, what we are doing in the behaviour support function is when we assess - when we roll out the Capability Framework and Assessment Process to the whole country, we'll be getting a list. I think on the application form, it says, "Do you consent to us putting you on the list of Specialist Behaviour Support Providers?" So, then we'll have a different list just on Specialist Behaviour Support Practitioners and providers.

EVELYN IRELAND:

So, yeah, so that list, and then also LAC's - your support coordinators generally know who these people are and I think if you'd had a look a couple of months ago, have another look because I'm seeing new providers pop up all the time or people that have changed spots. So yeah, have a Google and ask those people. And also - I also think that word of mouth's



pretty good too, finding out who - what other people that have had good experiences and, and using that as a guide as well.

DANIEL KIM:

Lots more questions coming through. So do please keep them coming, it's the dark blue hand icon at the top and I also remembered, I think it was Ev that brought up that positive framework.

TRACY HARKNESS: It's all right.

DANIEL KIM:

There you go. A question here, and I might just throw this open to both of you. "Are online platforms able to work with NDIS participants to have a behaviour support plan with an authorised restrictive practice?"

TRACY HARKNESS:

Yes. The short answer is yes. If - so long as they are registered with the Commission for whatever supports, they provide. So, it doesn't matter whether it's online or a person to person service, but some online platforms, you know, then have workers that work with people. So long as they're registered with the Commission to provide those supports, they can implement a plan that has a restrictive practice.

DANIEL KIM:

Sure. Another one here. "Can you please share tips for managers supporting staff to implement behaviour support plans?"

EVELYN IRELAND:

Sure. I think there's - I talked a little bit about that broad brush you know, base level of training and support and I can't stress that enough. And, I also think that if you have a culture of learning and development within your team that is going to you know, really have a positive impact especially when someone like a behaviour support practitioner or an OT, or speechie, or anyone comes into work on or implement something new for the person that you're working with.

So, I think keeping that culture of development and growth is really important. Also, supervision, I think is really important between managers and direct care support staff. I know, and I completely appreciate the challenges and differences with that now and how things shift and move. But even if - yeah, there's little ways that you can have regular catch ups.

Implementation of behaviour supports not just the round table one off meeting once a year, it's ongoing. And I'd also say get the behaviour support plan out and get a pencil out or a highlighter and write on it. You know, it's really so great as a practitioner when I come back and I see a plan that's got bit scribbled on or scribbled out. Or, "Ev, how about this?" Or, "This didn't work." Or - so, really encouraging that feedback and engagement with the process is really good.

So yeah, I think managers, if you've got a clinician coming in to do an observation or to meet a person, roster someone on that knows that person well is also really helpful in creating and helping facilitate that clinical work. Yeah, I think that's - and do... And data



collection and incident report stuff, share and be open. And I think - that's it's a really good place to start.

DANIEL KIM:

You know, what's interesting? From an outsider looking in or listening in, some of it almost sounds like common sense stuff when you say it out loud, but there's just so many things to wade through and then keeping track of.

EVELYN IRELAND:

So many things.

TRACEY HARKNESS:

Yeah, there are so many. And I think, for providers that are providing lots of supports to different people, it's a whole of life service in respects or a big - a big part of their life anyway. So, there's so many things that they have to keep on top of, you know, medical things, services and other appointments and things. And so, this is just another thing that people have to kind of do to provide that service.

DANIEL KIM:

Yeah. I mean, offline, we were talking about the use of the word consumer in the sector and how it makes it sound like people are buying a service that they want, but no, it's something that's going - it's a lifelong support service. It's absolutely incredible.

EVELYN IRELAND:

And sometimes behaviour support we're not, yeah -we're not always wanted in the work that we do, but we often forge a pathway.

TRACEY HARKNESS:

Well, I think that's the really important thing for behaviour support practitioners to remember about meeting people where they're at. If you're going into a situation, whether you're working - you know, you're meeting with a number of staff that have been dealing with a really difficult, complex situation for months without any help, you've got to meet them where they're at and understand that, you know, those kind of - I think behaviour support practitioners, we need to provide more information about how to work with a system.

EVELYN IRELAND:

Yeah, absolutely.

TRACEY HARKNESS:

Because you're always working with the system for the person and that's really the skill and the good practitioners are the ones that know how to work with those systems.

EVELYN IRELAND:

Completely, and identifying the readiness of the system and who in the system you can work with now and then when, and it can be really - but that's what makes it so interesting.

TRACEY HARKNESS:

Yes.



DANIEL KIM:

Yep. Moving on. We've got another question coming through. We've got a fair few coming in. How are we going to keep track of all of these? Where did we get up to? This one. "What is the role of support coordinators who support a participant with a behaviour support plan which contains an authorised restrictive practice?"

TRACEY HARKNESS:

Yes. So I guess the general role of support coordinators when there's a behaviour support plan that contains a restrictive practice, make sure that the service provider that's implemented the restrictive practice is registered, and I guess also you have a role in kind of seeing how changes could be made or could be made or, you know, the situation where the person is living or going to day program or whatever service they're providing. I guess you're an extra eye to see if there's problems in that service system as well.

EVELYN IRELAND:

Can I also have - with my practitioner hat on say, I think it's really helpful as support coordinations (as said) to be in that spot too, to ensure that there's adequate funding in plans. Especially if there's restrictive practices, there needs to be, yeah, a level of funding to support, not just writing the document and working with the person but working towards reducing those restrictive practices. So, being aware if these restrictive practices that yeah - funding for improved relationships will be required.

TRACEY HARKNESS:

Yes. And I think the other thing to note. It's only an internal referral only, but there is a Technical Advisory Team in the NDIA, who are - is a great place for planners to go back to and have a discussion about, "This plan, has got restrictive practice. What does that mean? How much kind of hours do I need to have there?" Very much a service that NDIA planners can go back into. So, you could refer - knowing that information is kind of helpful because if a planner is new to the system or whatever and the support coordinators talking about that, you can talk about going to their own internal services and getting support and (INAUDIBLE) as well.

DANIEL KIM:

That's good straight from the NDIA. Okay. Well, just looking at the time, we probably won't have enough time to get through everybody's questions. So the ones we don't get through to, we'll make sure we take that on notice and get back to you offline, and will most likely be made available by - by way of answers in the resource packet or the Q&A pack for this webinar on the MHCC website. Let's see if we can get in another couple of questions, maybe three. Here's one for Evelyn, most likely. "How can implementing providers ensure that behaviour support plans are implemented in keeping with Trauma Informed Practice?"

EVELYN IRELAND:

So, yeah, I talked a little bit about the importance of understanding trauma. So, I think that organisations have a responsibility, especially if you're working with people that have experienced trauma, that staff understand what trauma is, how trauma affects people and that the behaviour support plan is written by somebody who has an understanding of trauma and Trauma Informed Practice as well.

Ultimately, when we understand the person and their story, and I know that it's a point that I've probably harped on a little bit on too much, but I do think that that's the key to making



sure that we're staying trauma informed and having that person involved in that process as much as possible is also another way that we can ensure that we're being trauma informed.

DANIEL KIM:

Yes. We've got a lot more questions come through, but in the interest of time and doing my job as the MC, I'm going to call it here. Heaps of other good questions like, "Do behaviour support plans need to be lodged on the NDIS's Commission Portal if there are no restrictive practices?"

TRACEY HARKNESS:

No.

DANIEL KIM:

Great. And there's a quick answer to that one. What we will do though, because we are bringing the program to an end for today, of course, we now naturally want you to rate your knowledge, having watched this webinar.

That's the same rating scale, one through five. You'll see a poll that pops up on your screen one more time. So please let us know how you would now rate your knowledge, having listened to Tracey and Evelyn. This is very important for us and the MHCC to help evaluate the effectiveness of these webinar programs and to plan future ones also. So, on your screen, you'll see the popup. Please respond one through five.

Actually, let's compare how the polls went. So before, at the start of the program, we had nobody rate themselves a 5, expert. The bulk of the responses came through at building and sound and we had about 17% on low. So, it was like low 17%, building 37, sound 34, advanced 10, nobody an expert.

These figures are changing now, but we've got nobody on low, but everybody who had voted themselves low have moved up. Building 22, sound 37%, advanced 35%, and expert 4.8%. So, there we go. We had...

TRACEY HARKNESS:

Some of those sound people before just got that little bit extra they needed, became experts

DANIEL KIM:

Everybody's moved up a little bit, and that is a wonderful to see. Thank you very much for responding to those. And also thank you, Tracey and Evelyn, for your input today. It's been wonderful.

TRACEY HARKNESS AND EVELYN IRELAND:

Thank you.

TRACEY HARKNESS:

Thanks everybody. Like I said, it's great to have an opportunity to talk to more people in a wider, wider group of people as well.



DANIEL KIM:

And it's an important discussion to be having, of course and for more information, you can visit the embracing change project website by going to the MHCC website and clicking the projects button.

You'll also be able to access resources for each webinar, including recordings, transcripts, slide packs, and resource packs that we've talked about. Also don't forget to click the light blue icon at the top one more time to get your paws on today's resources and keep an eye out for an invitation for the next webinar.

And before you go, we will redirect you automatically to a quick survey. Please take a moment to complete that for us. Thank you once again for joining us on the sixth embracing change webinars from all across this wonderful sunburnt land of ours. We'll see you on the next webinar and until then, it's goodbye from us in the studio.

ENDS.