

Behaviour support plan

For use by disability service providers
and registered NDIS providers

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| Name of the person with a disability |  |

# Important information

This template has been designed by the Victorian Senior Practitioner for use in Victoria for supporting people with a disability who are subject to regulated restrictive practices. The *Victorian Senior Practitioner Direction: Behaviour support plans and NDIS behaviour support plans* specifies that:

* all disability service providers in Victoria must use this template
* all registered NDIS providers must use either this template or the NDIS Quality and Safeguards Commission form.

To read this direction go to the [Victorian Senior Practitioner’s directions and prohibitions webpage](https://www.dhhs.vic.gov.au/victorian-senior-practitioners-directions-and-prohibitions) <https://www.dhhs.vic.gov.au/victorian-senior-practitioners-directions-and-prohibitions>.

Information about how to develop a good quality behaviour support plan and how to report regulated restrictive practices by disability service providers can be found in the Victorian Senior Practitioner Behaviour Support Plan Toolkit – revised December 2020, and can be found at:

* the [Information for behavior support practitioners webpage](https://www.dhhs.vic.gov.au/information-behaviour-support-practitioners)
<https://www.dhhs.vic.gov.au/information-behaviour-support-practitioners>
* the [Information for Authorised Program Officers webpage](https://www.dhhs.vic.gov.au/information-authorised-program-officers)
<https://www.dhhs.vic.gov.au/information-authorised-program-officers>

# General details

Plan type

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| --- | --- | --- | --- |
| Comprehensive |  | Interim |  |

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| --- | --- |
| Name of the person with a disability |  |
| Person’s date of birth |  |
| Start date of BSP |  |
| End date of BSP |  |
| Name of independent person |  |
| Independent person’s contact number |  |
| Name of the authorised program officer (APO) |  |
| Name of the author / behaviour support practitioner |  |
| Organisation |  |
| Telephone number of the author / behaviour support practitioner |  |
| Author/practitioner’s email |  |

**Culturally diverse?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Indigenous status**

|  |  |
| --- | --- |
| Neither Aboriginal nor Torres Strait Islander origin |  |
| Aboriginal but not Torres Strait Islander origin |  |
| Both Aboriginal and Torres Strait Islander origin |  |
| Torres Strait Islander origin but not Aboriginal origin |  |

## Implementing providers

|  |  |
| --- | --- |
| Primary provider’s name |  |
| Provider’s ABN |  |
| Service address |  |
| Authorised program officer |  |
| Phone |  |
| Email |  |
| Secondary provider’s name |  |
| Provider’s ABN |  |
| Service address |  |
| Authorised program officer |  |
| Phone |  |
| Email |  |
| Additional provider’s name |  |
| Provider’s ABN |  |
| Service address |  |
| Authorised program officer |  |
| Phone |  |
| Email |  |

# About the person

## History

Provide brief dot points about the person and things that are positive about them as well as main events in the person’s life that may explain or influence their current behaviours of concern and point to support needed, for example trauma or loss of a loved one.

This could include:

* The person’s supports (family/friends), and daily activities (e.g. employment/day placement)
* Their education and culture
* Their disability and the impact on their life
* Any significant life events, if linked to their behaviour
* Information about interventions that have been tried previously.

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## Health

Provide a brief description of current physical and mental health. Consider briefly the ways health may be linked to their behaviours of concern and support needs. Only include information that is necessary for the person to be supported well. This should also include any diagnosed conditions.

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## Communication

Describe how the person communicates with others (consider both: understanding what is communicated **to person**, and being able to communicate **to others)**. Consider:

* Does the person have difficulty communicating their needs?
* Do staff have difficulty understanding the person?
* Has a speech pathologist assessment been completed recently?
* What communication strategies are in place? Are they meaningful to the person’s level of ability?
* How are communication difficulties influencing their behaviours of concern?

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## Likes/dislikes

The environment the person lives in needs to be tailored to the preferences of the person.

Describe the person’s likes and dislikes. This information will help when choosing environmental strategies that support a reduction in the need for a person to use behaviours of concern, as well as what will be a good motivator/reinforcer for the replacement behaviour.

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## Sensory needs

Has a sensory assessment been completed? If not, is an assessment required?

Think about how the person’s sensory needs impact on their engagement with their environment and on the behaviours of concern.

Information based on a sensory assessment can identify any potential barriers to engagement and guide the selection of appropriate strategies.

Is the person seeking or avoiding particular sensory experiences (eg noise)? Is this seeking or avoiding related to their behaviours of concern?

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## Other relevant information

Knowing the person’s personal goals and needs may help to choose environmental strategies that support a reduction in the need for the person to use behaviours of concern.

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# Behaviours of concern

## Types of behaviours of concern

Select one or more from below.

|  |  |
| --- | --- |
| Harm to self |  |
| Harm to others |  |
| Other – Destruction of property that may cause harm to self or others |  |

## Behaviour description

For each behaviour describe what the behaviour looks like, how often it occurs, how long it lasts, what harm is caused, the last time the behaviour was used, and how long the person has been using this behaviour.

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## Triggers and setting events

Describe the triggers and setting events in the boxes below for any that apply.

### Activity

Are there any activities, events or tasks that trigger the behaviour? Why? What behaviour will this lead to?

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### Communication

Is there a particular form of communication or phrasing that triggers the behaviour? (e.g. the word ‘no’)

Refer back to the Communication part of the ‘About the person’ section.

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### People

Are there certain people whose presence or absence will trigger the behaviour? (e.g. regular/casual staff)

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### Physical environment

Are there any environments, or aspects of certain environments, that trigger the behaviour or act as a setting event for a behaviour?

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### Place

Are there any locations (e.g. the pool, doctor’s waiting room) that trigger the behaviour or act as setting events?

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### Routine

Are there any changes to a particular routine or schedule that will trigger the behaviour?

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### Time

Are there any times of the day or year that will trigger the behaviour?

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### Other

Is there anything else not listed above that may act as a trigger or setting event? For example, feeling unwell, or when experiencing symptoms of mental illness or an underlying medical condition.

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## Function of the behaviour

Provide a description under each heading that applies.

### Seeking social interaction or attention

Is the person attempting to communicate their need to seek relationships, company or interaction with another person?

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### Wanting tangible objects or activities

Is the person attempting to obtain a particular item or engage in a particular activity by using this behaviour(s)?

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### Protest, avoidance or escape

Is there something the person wants to escape, avoid, reduce or delay by using this behaviour(s)?

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### Sensory processing

Is the person trying to seek or avoid, increase or reduce any sensory experiences?

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### Physical need

Does the person have any unmet physiological or basic needs? For example, do they need to use the toilet, or want a drink or food?

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## Explanation about why the behaviour is occurring(case formulation/hypothesis)

What is causing the behaviour to occur? What could be done differently so the person doesn’t need to use their behaviour? How can the team best support the person to learn to use other skills so they don’t have to use their behaviour to communicate?

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## Positive behaviour support (proactive strategies)

### Change the environmental/background factors

Identify possible background factors that may be predisposing the person to engage in behaviours of concern and describe how the team can do things differently.

Provide a description under each heading that applies.

### Address triggers and setting events

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### Address ‘About the person’ factors

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### Physical and mental wellbeing

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### Other

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### Skill development strategies

 Provide a description under each heading that applies.

### Independence skills

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### Functionally equivalent behaviour that can be taught

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### Reinforcers and motivators

What will the person get if they use their functionally equivalent replacement behaviour?

Who will provide it?

When will it be given?

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## Response strategies (de-escalation)

Provide a description under each heading that applies.

### Assess safety

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### Other (e.g., redirection)

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### Post incident debriefing

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## Plan implementation and monitoring progress

What are the goals of this behaviour support plan?

What is the plan to decrease the use of restrictive practices and increase new behaviours?

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### Team co-ordination

Which staff are responsible for implementing this BSP?

Specifically, who will do what?

What is the timeline?

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### Communication and review of goals

1. Which skills will be increased?
2. Which behaviours will be decreased?

How will these changes be communicated to important others?

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# Behaviour support plan: team communication action plan

|  |  |
| --- | --- |
| Person’s name |  |
| Date of meeting |  |
| Staff involved |  |
| Date of next meeting |  |

| Goal | Actions to achieve the goal | By when? | People responsible | Progress | Goal achieved?Actions to achieve the goal |
| --- | --- | --- | --- | --- | --- |
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# Regulated restrictive practices

**Chemical restraint**

### Definition

The use of medication or a 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.

Copy boxes if more medications are required.

|  |  |
| --- | --- |
| Administration type – Routine or PRN |  |
| Drug name |  |
| Dosage |  |
| Measure |  |
| Frequency |  |
| Route |  |
| Medical practitioner |  |
| Medical practitioner name |  |
| Why is this restrictive practice required? |  |

|  |  |
| --- | --- |
| Administration type – Routine or PRN |  |
| Drug name |  |
| Dosage |  |
| Measure |  |
| Frequency |  |
| Route |  |
| Medical practitioner |  |
| Medical practitioner name |  |
| Why is this restrictive practice required? |  |

|  |  |
| --- | --- |
| Administration type – Routine or PRN |  |
| Drug name |  |
| Dosage |  |
| Measure |  |
| Frequency |  |
| Route |  |
| Medical practitioner |  |
| Medical practitioner name |  |
| Why is this restrictive practice required? |  |

## Mechanical restraint

### Definition

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.

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| --- | --- |
| Administration type – Routine or PRN |  |
| For **Routine**, time in restraint |  |
| For **PRN**, maximum time in restraint (mins) |  |

Select one or more from below.

|  |  |
| --- | --- |
| Belts/straps |  |
| Gloves |  |
| Restrictive clothing |  |
| Cuffs |  |
| Helmet |  |
| Wheelchairs |  |
| Bedrails |  |
| Tables/furniture |  |
| Other – please specify |  |

## Seclusion

### Definition

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

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| Description of Seclusion |  |
| Administration type – Routine or PRN |  |
| For **Routine**, time in restraint |  |
| For **PRN**, maximum time in restraint (mins) |  |

## Environmental restraint

### Definition

Restrictive practices that restrict a person’s free access to all parts of their environment, including items or activities.

Copy boxes if more Environmental restraints are required

What is the person prevented from accessing?

Select one or more from below.

|  |  |
| --- | --- |
| Food or drink |  |
| Internal area(s) |  |
| External area(s) |  |
| Personal item(s)/property |  |
| Household items |  |
| Activity |  |
| Personal privacy |  |
| Other – enter specific details (e.g. coffee, kitchen, garden, watching TV) |  |

Why is the restriction applied?

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What is the behaviour of concern the use of environmental restraint is preventing

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How is the restriction applied?

Select one or more from below.

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| --- | --- |
| Locked door |  |
| Locked cupboard, fridge, pantry |  |
| Removal of object/item |  |
| Electronic surveillance |  |
| Supervision |  |
| Disabling of utility (e.g. internet) |  |
| Placing object out of reach |  |
| Other – enter specific details |  |

What is the impact of the restraint?

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Are other people impacted?

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When and for how long is it applied?

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| --- | --- |
| Administration type – Routine or PRN |  |
| For **Routine**, time in restraint |  |
| For **PRN**, maximum time in restraint (mins) |  |

## Physical restraint

### Definition

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 using 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.

Note: Using the arms/hands to block or redirect physical aggression from another person is not considered a restrictive practice.

|  |  |
| --- | --- |
| Administration type –PRN only |  |
| For **PRN**, maximum time in restraint (mins) |  |

Select one or more from below.

|  |  |
| --- | --- |
| Physically restraining one hand |  |
| Physically restraining two hands |  |
| Physically restraining one arm |  |
| Physically restraining two arms |  |
| Physically restraining one foot |  |
| Physically restraining two feet |  |
| Physically restraining one leg |  |
| Physically restraining two legs |  |
| Physically restraining head and neck movement |  |
| Physically restraining torso |  |

|  |  |
| --- | --- |
| Other – enter specific details |  |

# Stakeholder involvement

## Who has been involved in preparing this plan and what are their responsibilities?

| Name | Agency | Role/relationship | Task | Due date | Comments |
| --- | --- | --- | --- | --- | --- |
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