



# Behaviour Support: Policy and Practice Manual

Guidelines for the provision of behaviour support services  
for people with an intellectual disability

## Part 2: DADHC procedures and templates

NSW Department of Ageing, Disability and Home Care

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# Foreword

The Office of the Senior Practitioner (OSP) was established within the NSW Department of Ageing, Disability and Home Care (DADHC) to provide leadership, guidance and innovation in the provision of behaviour support and intervention services for people with an intellectual disability. The development of this *Behaviour Support: Policy and Practice Manual* is a practical extension of this mission.

The delivery of effective support and assistance to people with a disability is a complex combination of activities; it requires an integrated approach where all those involved work together to enhance an individual's quality of life. The manual has been designed to provide a contemporary, practical resource for the development of high quality and consistent support and intervention practices which adhere to relevant departmental policy and procedures and legislative standards.

The Department's positive approach to behaviour support draws on principles and practice methods from areas such as education, habilitation, psychology and social justice frameworks. This manual is targeted to assist Behaviour Support Practitioners drawn from a range of professional backgrounds and who undertake their work in diverse contexts. It will assist them to interact in inclusive, consultative and collaborative ways through the use of accessible, evidence-based support formats and practice approaches. It is not, however, a recipe book which prescribes the ingredients for behaviour support. It is reflective of best practice orientations and the scope and diversity of highly valued contributors.

Importantly, the manual provides guidelines to safeguard the rights of the individual Service User and promotes the use of person-centred positive behaviour support practices. It recognises that all behaviour occurs within a context, and that meaningful, longitudinal behaviour change relies not only on maintenance of appropriate supports for the Service User but also on refinement of the wider support system built around the individual.

In recent years the promotion of changes to Occupational Health and Safety legislation have increased awareness in staff of their responsibilities in relation to management of risk in the workplace. This manual reinforces for us that the management of risks and incidents in the absence of person-centred positive practices is not an acceptable or appropriate level of behaviour support.

This manual forms part of a series of works undertaken by the Office of the Senior Practitioner designed to inform ethical and resilient practice in supporting Service Users. Further guides to support specific areas of practice will be developed over time with your support and valuable contributions.

## **Ethel McAlpine**

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# How to use this manual

This manual is presented in two parts.

Part 1, the blue booklet **Policy and Practice**, is applicable to all disability services delivered or funded by the NSW Department of Ageing, Disability and Home Care (DADHC). Part 2, the orange booklet **DADHC Procedures and Templates**, is specifically for services delivered by DADHC but it is also provided to DADHC-funded services to support their own work practices.

## Part 1 Policy and Practice

Part 1 is applicable to both DADHC-funded and DADHC services.

### Part 1 (A) Behaviour Support Policy

(Incorporates Policy for Children, Young People and Adults)

### Part 1 (B) Work Practice

**Appendix 1.1** Glossary of Terms

**Appendix 1.2** Work Practice Quality Feedback Tool (QFT)

This is provided as a work practice evaluation tool for Behaviour Support Practitioners and their supervisors.

## Part 2 DADHC Procedures and Templates

Part 2 is a separate document and is applicable to DADHC services only, although it may also inform the practices of DADHC-funded services.

### Part 2 (A) DADHC Procedures

### Part 2 (B) DADHC Templates

**Appendix 2.1** Policy Framework: Providing behaviour support services for people with an intellectual disability.

This is not a new document but is included with the manual so as to complete the set of resources.

# Which parts apply to your service?

The following table indicates which services the components of this manual apply to.

**Table 1**

		Applicable to DADHC services?	Applicable to DADHC- <b>funded</b> services?
<b>Part 1 (A)</b>	<b>Behaviour Support Policy</b>	✓	✓
<b>Part 1 (B)</b>	<b>Work Practice</b>	✓	✓
Appendix 1.1	Glossary of Terms	✓	✓
Appendix 1.2	Work Practice Quality Feedback Tool (QFT)	✓	Not directly, but may inform practice
<b>Part 2 (A)</b>	<b>DADHC Procedures</b>	✓	Not directly, but may inform practice
<b>Part 2 (B)</b>	<b>DADHC Templates</b>	✓	Not directly, but may inform practice
Appendix 2.1	Policy Framework	✓	Not directly, but may inform practice



# Part 2 (A)

## DADHC procedures

## 1 The policy framework

The *Policy framework: Providing behaviour support services for people with an intellectual disability* outlines the continuum of behaviour support services provided by the Department.<sup>1</sup> A copy of this document is provided as Appendix 2.1 of this manual.

The day-to-day support provided by carers, families and/or direct care staff within a person's home may need to be complemented by additional behaviour support services. These services are provided by:

- The local **Community Support Team (CST)** - primary behaviour support service.
- The **Regional Behaviour Intervention Team (RBIT)** - secondary behaviour support service.
- The **Statewide Behaviour Intervention Service (SBIS)** - tertiary behaviour support service.

Access to each of these teams for behaviour support is linked to specific criteria<sup>2</sup>, and is dependent on local capacity and expertise. In addition, behaviour support services are provided within **Large Residential Centres (LRCs)** by clinical teams. At times, the community based behaviour support teams provide services within large residential centres.

Behaviour support services provided by each of the above teams are person-centred, goal oriented and time-limited.

## 2 Information, referral and the management of Service Requests

The DADHC **Information Referral and Intake (IRI)** facility has been developed to provide a single point of contact for people in each Region. This allows people with a disability, older people, their carers, other community members and service providers to interact with DADHC at a local level. The *IRI* performs a vital role in prevention and early intervention by equipping those best placed to make decisions about their lives with the information they need, when they need it.

At this point the most appropriate Service Provider will be identified and a *Service Request* raised for forwarding either to the appropriate service within the Department or to another organisation. Contact details for the *Information Referral and Intake* facility are provided on the Department's website ([www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)). Services are provided directly to the individual, to their support system, carers and staff, and through strengthening the capacity of the sector as a whole.

Service Users who are eligible for DADHC services will be referred to the **Regional Allocation and Prioritisation** process. This process is managed by the **Manager, Community Access**. In the event of a Service Request for behaviour support being made to the RBIT, the **Manager, Behaviour Support** will be involved in the process.

Prioritisation categories are outlined in **Table 2** opposite. A matrix to assist in the evaluation of risk is given in **Table 3** opposite.

<sup>1</sup> *Policy Framework: Providing behaviour support services for people with an intellectual disability* (June 2006, Reviewed March 2008).  
<sup>2</sup> *Ibid*, p 7.

**Table 2: Prioritisation categories for Service Requests**

Priority	Description
<b>1</b>	<ul style="list-style-type: none"> <li>■ Abuse/Prohibited Practices</li> <li>■ Risk of permanent/ serious (requiring medical attention) harm to self or others</li> <li>■ Criminal Justice System involvement</li> <li>■ Imminent risk of placement breakdown</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>■ Restricted Practices – risk of increasing restrictions</li> <li>■ Risk of harm to self or others</li> <li>■ Behaviour poses risk of loss of placement/ breakdown of living situation</li> <li>■ Changes to support network available to individual and/ or major life transitions potentially resulting in increased risks to the person</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>■ Behaviour interferes with learning and/or skill development and/or community access/participation of self or others</li> <li>■ Behaviour limits support available for others in environment</li> </ul>

**Table 3: Matrix – Evaluation of risk**

How likely? ►	Very likely	Likely	Unlikely
	Known to routinely occur or very likely to given current circumstances/ environment	Known to occur often/ good chance will occur given current circumstances/ environment	Some potential to occur based on previous occurrence or current circumstances/ environment
How serious? ▼			
<b>High</b> Threaten life or serious injury Priority 1 indicators	<b>Category 1</b> (red)	<b>Category 1</b> (red)	<b>Category 2</b> (blue)
<b>Moderate</b> Priority 2 indicators	<b>Category 1</b> (red)	<b>Category 2</b> (blue)	<b>Category 3</b> (green)
<b>Low</b> Priority 3 indicators	<b>Category 2</b> (blue)	<b>Category 3</b> (green)	<b>Category 3</b> (green)

The roles and responsibilities of staff within the continuum of behaviour support services are summarised below.

### 3.1 Direct carers

The role of direct carers is crucial in promoting person-centred positive outcomes for the Service User. Their role includes, but is not limited to:

- Day to day positive interactions;
- Observation, monitoring & reporting;
- Conducting lifestyle reviews and developing lifestyle management plans; and
- Provision of direct behaviour support in accordance with behaviour support plans.

### 3.2 Community Support Team (CST) and Large Residential Centres & Specialist Supported Living (LRCSSL) Behaviour Support Practitioners

These staff provide **primary** behaviour support services that include, but are not limited to:

- Needs assessment;
- Comprehensive behaviour assessment and analysis;
- Design and implementation of support plans;
- Task analysis and design of skill development programs;
- Implementation training and support for direct carers;
- Review of behavioural supports;
- Systems review; and
- Training and education for the sector.

### 3.3 Regional Behaviour Intervention Teams (RBITs)

RBIT staff provide **primary** behaviour support services which address more complex challenging behaviours, and in addition these teams provide **secondary** behaviour support services that include, but are not limited to:

- Consultation on behaviour assessment and analysis;
- Consultation on the design of behaviour support plans;
- Consultation on the implementation of training and behaviour support;
- Consultation and mentoring to CSTs and other agencies; and
- Capacity building across the sector.

### 3.4 Statewide Behaviour Intervention Service (Statewide BIS)

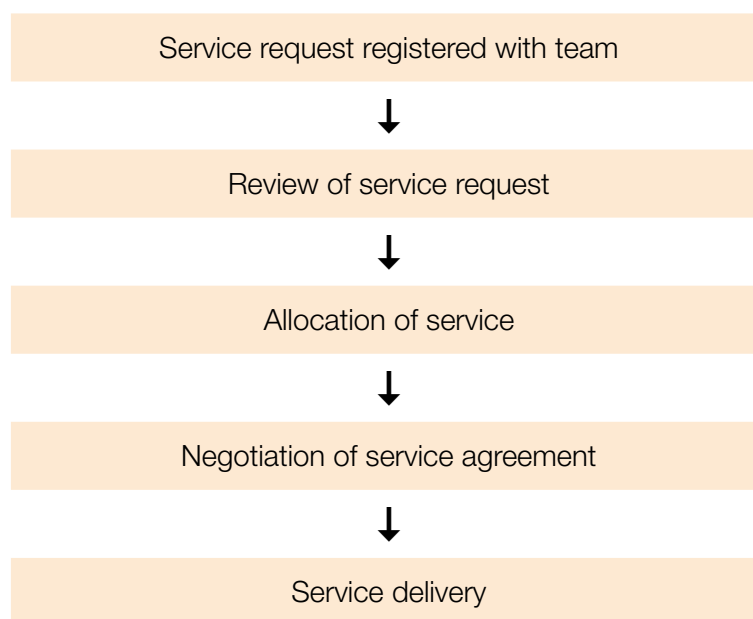
This team provides *tertiary* level support to Behaviour Support Practitioners who are engaged in primary and secondary levels of service delivery. This support includes, but is not limited to:

- Consultation and mentoring;
- Assessment;
- Program development;
- The development of training materials and resources to ensure good practice in the delivery of behaviour support services; and
- Conducting research into good practice in provision of behaviour support.

## 4 Stages in provision of behaviour support

In general, a Service Request for behaviour support moves through consecutive stages as represented in the following diagram:

**Figure 1: Service Request flowchart for behaviour support**



Each of these stages is outlined following.

## 4.1 Review of Service Request (RSR)

See Template RSR 1 and the accompanying guide in Part 2 (B) of this manual.

### 4.1.1 Definition and purpose

This is a team response to a **Service Request**, completed prior to allocation. It does not provide detailed behavioural assessment, analysis, formulation, review data or produce work other than a brief written **Review of Service Request Report (RSR Report)**.

The RSR process is designed to:

- Verify that the *Service Request* is appropriately placed with the unit that has received it;
- Assist in the allocation process;
- Provide sufficient specialist behaviour support input to ensure that specific Service User and /or service issues are appropriately identified in the *Service Request*;
- Confirm the currency and scope of existing behaviour support plans and protocols;
- Provide an opportunity for consideration of interim strategies where risk of harm is clearly identified;
- Recommend referral to other services as appropriate;
- Clarify the specific issues which prompted the *Service Request* to be made; and
- Clarify the expectations of the stakeholders in relation to the *Service Request*.

#### Note

- Completion of the **RSR Report**:
1. Should take no longer than **20 minutes**; and
  2. Should be no more than **4 - 5 pages** in total.

In addition, the *RSR* process will seek to flag any obvious gaps in the information provided, and record:

- What response has already been made to the presenting issues, including when, by whom, and with what result;
- Any known issues relating to staff/carer training or confidence in providing the appropriate support;
- Any known issues relating to resource limitations; and
- Any clear conflicts/ disagreements or communication difficulties between key stakeholders in the support system.

#### Remember

The *RSR* is designed to give the Service Provider:

1. A snapshot of the Service User within the context of the existing support system;
2. Clarification of the presenting issues;
3. Clues as to the likely scope of service provision; and
3. Sufficient information to assist the allocation process.

It further provides an opportunity to give a timely acknowledgement to the person making the *Service Request* that the request has been received by the team and is awaiting allocation to a Behaviour Support Practitioner.

### 4.1.2 Process

The RSR is undertaken at the point of receipt of the Service Request, **prior to allocation**, by a Behaviour Support Practitioner on the team.

It is the role of the Behaviour Support Practitioner to make contact with the person who raised the *Service Request* (the *Informant*) and gather brief additional information in relation to the Service User, the presenting issues, the support system and other relevant factors. The *RSR Report* will be structured in accordance with the accompanying guide and will result in a written *RSR Report* as provided in Part 2 (B) of this manual.

The RSR Report is to be attached to the *Service Request* and provided to the Team Coordinator or designated manager<sup>3</sup> to inform their allocation of the *Service Request*. An *RSR Report* must be completed for each *Service Request* received.

The Behaviour Support Practitioner conducting the *RSR* should always clearly explain to the Informant that:

1. The purpose of the *RSR Report* is to inform the allocation process in the best interests of the Service User; and
2. The *Service Request* is yet to be allocated for service.

## 4.2 Allocation for Service

### 4.2.1 Definition and purpose

*Allocation for Service* identifies a Behaviour Support Practitioner with capacity to respond, allocates the *Service Request* to them for action and activates the next step in the process of service provision.

### 4.2.2 Process

The Team Coordinator or designated manager will assess the *Service Request* with due consideration of the additional information provided by the *RSR Report*. They will then prioritise the Service Request relative to others in accordance with policy requirements.<sup>4</sup>

The *Service Request* may then be measured against existing behaviour support capacity of the team. Where no Behaviour Support Practitioner with capacity to respond is available, the Service Request remains unallocated and is recorded on the *Service Request Register*.

Where a Behaviour Support Practitioner with capacity to respond is identified, the *Service Request* is then allocated to them for action and is removed from the *Service Request Register*.

The identified Behaviour Support Practitioner accepts the *Service Request* together with the *RSR Report* and proceeds to negotiation of a *Service Agreement*. This activates the next step in the process of service provision.

<sup>3</sup> The Team Coordinator or designated manager will assess the Service Request with due consideration of the additional information established by the RSR Report, the complexities of the presenting issue/s, the dynamics and resilience of the support system, the *Prioritisation & Allocation Policy*, and behaviour support capacity.

<sup>4</sup> *Prioritisation and Allocation Policy (December 2001)*

## 4.3 Negotiation of Service Agreement

See *Templates SA1 and SA2 in Part 2 (B)* of this manual.

### 4.3.1 Definition and purpose

The *Service Agreement* is a document which outlines the roles and responsibilities of all key parties in the delivering and receiving of a service specific to the *Service Request*. It also serves the purpose of scoping service provision in the context of a time-limited agreement between the behaviour support practitioner and other identified stakeholders who will collaborate in the provision of this service.

### 4.3.2 Process

Negotiation of the *Service Agreement* takes place, in liaison with the Service User, their guardian if appointed, their advocate, carer and/or other stakeholders as appropriate, as soon as possible after the allocation of the *Service Request*. The *Service Agreement* is guided by the findings of the relevant *RSR Report*.

The *Service Agreement* should include a plan for service delivery, including goals, tasks, timelines, roles & responsibilities, contingency arrangements for management of significant changes to elements of the agreement or personnel, and protocols for managing dispute or disagreement between parties.

The *Service Agreement* should be developed in collaboration with stakeholders and other parties involved ensuring equal input and mutual agreement.

The *Service Agreement* constitutes finalisation of the scoping process when a written *Service Agreement* has been endorsed by all parties. This endorsement constitutes agreement between the parties in regard to the services, conditions and limitations identified within the *Service Agreement*. The *Service Agreement* also requires appropriate consent.

## 4.4 Service delivery

Following completion of the *RSR Report*, allocation to a Behaviour Support Practitioner, and establishment of the *Service Agreement*, the delivery of the clearly identified, goal-directed and time-limited service may commence.

Work practices associated with service delivery should follow a sequential and systematic process of:

1. Assessment and analysis;
2. Design of support plan;
3. Consent, authorisation and endorsement;
4. Implementation;
5. Monitoring;
6. Review; and
7. Closure.

Each step in the above process is addressed in **Part 1 (B)** of this manual.



This Section is to be read in conjunction with the *DADHC Behaviour Support Policy*.<sup>5</sup>

## 5.1 Restricted Practice Authorisation (RPA)

The recommendation for use of a Restricted Practice requires formal Departmental authorisation. This is known as ***Restricted Practice Authorisation (RPA)***.

*RPA* is not sufficient in itself to sanction the use of a *Restricted Practice*. Before any *Restricted Practice* may be implemented, it must have legal written *consent*. Staff implementing any *Restricted Practice* without a formal *RPA* and consent will be in breach of Policy and may be acting illegally.

**The use of any Restricted Practice requires:**

1. ***Restricted Practice Authorisation (RPA)***;

**AND**

2. **Informed consent from the legal guardian with authority.**

## 5.2 The Restricted Practice Authorisation Panel (RPAP)

The *Restricted Practice Authorisation Panel (RPAP)* serves to limit and monitor the use of Restricted Practices as a component of a document *Behaviour Support Plan (BSP)* or *Incident Prevention and Response Plan (IPRP)*. The use of a Restricted Practice must be authorised and monitored by the Regional *Restricted Practice Authorisation Panel (RPAP)* in accordance with the *DADHC Behaviour Support Policy*.

## 5.3 Who sits on the RPAP?

The *RPAP* consists of at least three people comprising:

- The Manager, Behaviour Support or delegate;
- The manager of the process (such as System Support Coordinator – Community Access or Accommodation and Respite); and
- an independent member.

Wherever possible the independent member of the *RPAP* should be a person external to the Department and with relevant experience (as decided by the Regional Director). Where this is not possible the independent may be a Departmental officer from another region who has appropriate experience and who is approved as an independent member of the *RPAP* by the Regional Director.

Additional members may be invited to participate in the *RPAP* as required and as approved by the Regional Director.

<sup>5</sup> *Behaviour Support: Policy and Practice Manual, Part 1 (A) - Behaviour Support Policy.*

## 5.4 How to apply for a Restricted Practice Authorisation (RPA)

### 5.4.1 Planned submissions

In order to apply for RPA a Submission for ***Restricted Practice Authorisation (RPA Submission)*** form should be completed by the Behaviour Support Practitioner who is recommending the practice as a component of a multi-element ***Behaviour Support Plan (BSP)*** or ***Incident Prevention and Response Plan (IPRP)***.

### 5.4.2 Interim submissions

In certain circumstances an ***initial*** or ***immediate*** behavioural response strategy may be required urgently due to an identified risk of harm. This may be associated with presentation of a new challenging behaviour, as a response to a crisis, or in situations where a complete multi-element ***Behaviour Support Plan (BSP)*** has not yet been developed. A response strategy often needs to be developed in a very short time frame without the benefit of informed assessment or analysis. Recommended initial response strategies must be documented in the form of an Interim ***Incident Prevention and Response Plan (Interim IPRP)***. An ***Interim IPRP*** developed under such circumstances should be regarded as provisional only and be reviewed as soon as practicable in the context of a comprehensive behaviour assessment. Consent must still be sought for an ***Interim IPRP***.

Where a Restricted Practice is recommended within an ***Interim IPRP***, the ***Manager, Behaviour Support*** in the Region may be approached for interim authorisation (***Interim RPA***). In granting ***Interim RPA*** under these circumstances, the Manager, Behaviour Support represents and acts on behalf of the ***RPAP*** only until such time as the ***RPAP*** can more fully evaluate the ***RPA Submission***.

There are separate forms for ***Planned*** and ***Interim*** RPA Submissions.

#### Complete EITHER:

- (a) ► Complete form **RPA 1**  
***RPA Submission: PLANNED***  
See Part 2 (B) DADHC templates

#### OR

- (b) ► Complete form **RPA 2**  
***RPA Submission: INTERIM***  
See Part 2 (B) DADHC templates

### 5.4.3 What the RPAP will need

In addition to the completed *RPA Submission* and accompanying documentation, the *RPAP* will require the Behaviour Support Practitioner to present a brief picture of the Service User, the presenting behaviour, relevant contextual details, an outline of positive practices in place, description of the proposed practice itself, its purpose, and fade-out strategies. *RPA Submission* templates **RPA 1** and **RPA 2** are designed to guide the Behaviour Support Practitioner through the information required.

The appropriate **RPA Submission** should be accompanied by **supporting documents** which provide evidence of compliance with relevant work practice requirements as outlined in **Part 1 (B)** of this manual.

When an *RPA Submission* is completed it should be forwarded together with accompanying documentation to either:

- The Manager, Behaviour Support (Regional Behaviour Intervention Team);
- The System Support Coordinator (Accommodation & Respite);
- The System Support Officer (Community Access and Day Programs); or
- The Senior Clinician (within Large Residences) or equivalent position.

The Manager, Behaviour Support has responsibility for the *RPA* process in each region.

Basic steps in the *RPA Submission* process are set out in **Tables 4** and **5**.

**Table 4: Steps in the planned RPA Submission process**

<b>RPA 1: PLANNED RPA submission</b>	
<b>Action</b>	<b>Lead responsibility</b>
Develop multi-element BSP or IPRP	Behaviour Support Practitioner
Identify restricted practice	Behaviour Support Practitioner
Submission for planned RPA	Behaviour Support Practitioner
Decision on RPA	RPAP or Manager, Behaviour Support (MBS)
Obtain consent	Support Staff/Behaviour Support Practitioner

**Table 5: Steps in the Interim RPA Submission process**

<b>RPA 2: INTERIM RPA submission</b>	
<b>Action</b>	<b>Lead responsibility</b>
Develop Interim IPRP	Behaviour Support Practitioner
Identify restricted practice	Behaviour Support Practitioner
Submission for Interim RPA	Behaviour Support Practitioner
Decision on Interim RPA	RPAP or Manager, Behaviour Support (MBS)
Obtain consent for IPRP as per DADHC/ OPG agreement	Support staff/Behaviour Support Practitioner

## 5.5 What happens next

### 5.5.1 RPAP will advise hearing date

The relevant information will be logged onto the database by the *RPAP* convenor, letters sent to relevant *Unit Managers* indicating the date for the next review meeting and the *RPA Submission* package forwarded to the Manager, Behaviour Support for review and preparation.

Evaluation of *RPA Submissions* must be regularly undertaken by the *RPAP* in each Region. The *RPAP* will schedule a hearing date and location for consideration of the *RPA Submissions* and notify all parties required to attend.

### 5.5.2 Attend RPAP hearing

Attendance at an *RPAP* Hearing is mandatory for:

- The Behaviour Support Practitioner;
- The Key Worker or Case Manager for the Service User; and
- The Unit Manager.

Those present will be expected to respond to questions relating to:

- (a) Incomplete or unclear information; and/or;
- (b) Work practice requirements as outlined in **Part 1 (B)** of this manual.

Panel members should have read the *RPA Submission* and accompanying documentation prior to the date of the *RPAP* hearing.

## 5.6 The RPAP hearing

The *RPAP* will be guided in their evaluation of the *RPA Submission* and accompanying documentation by the ***RPAP checklists***.<sup>6</sup> The checklists require that evidence is cited in the Submission package by the *RPAP* which confirms that:

- Essential work practice elements have been addressed in the *BSP* or *IPRP*;
- General requirements for recommendation of a Restricted Practice are met; and
- Additional requirements in relation to particular Restricted Practices are met.

There are five (5) checklists in total. The *RPAP* should complete a number of these Checklists depending on the particular Restricted Practice being recommended in the Submission documentation. **Table 6** lists the six Restricted Practices identified in the DADHC Behaviour Support Policy and indicates the corresponding checklists which should be completed by the *RPAP* for each of them.

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<sup>6</sup> Behaviour Support: Policy and Practice Manual, Part 2 (B) – DADHC Templates.

**Table 6: RPAP checklists and their applicability to Restricted Practices**

Restricted Practice		Checklists to be completed				
1	Exclusionary time out	RPAP Check 1	RPAP Check 2	RPAP Check 3		
2	Physical restraint	RPAP Check 1	RPAP Check 2		RPAP Check 4	
3	Psychotropic medication PRN	RPAP Check 1				RPAP Check 5
4	Response cost	RPAP Check 1	RPAP Check 2		RPAP Check 4	
5	Restricted access	RPAP Check 1	RPAP Check 2			
6	Seclusion	RPAP Check 1	RPAP Check 2	RPAP Check 3		

The Behaviour Support Practitioner may also find these documents useful guides for preparing the *RPA Submission*.

## 5.7 Outcomes of RPAP hearing

After due deliberation the RPAP will formally either:

- (a) Authorise the use of the practice in accordance with the *RPA Submission* (up to a maximum period of 12 months);
- (b) Withhold/ refuse authorisation; or
- (c) Grant interim and conditional *RPA*, up to a maximum period of 3 months (*Interim RPA*).

*RPAs* must be time-limited. Any practices sanctioned by an *RPA* must be implemented fully in accordance with a documented **Behaviour Support Plan (BSP)** or **Incident Prevention and Response Plan (IPRP)** which meets DADHC work practice requirements.

When Interim *RPA* is granted then Form **RPA 3: Outcome of Submission for Restricted Practice Authorisation** is to be signed by the Manager, Behaviour Support or appropriate delegate (ie *Regional Manager* or above). *Interim RPA* will usually be conditional on the completion of specific tasks or the implementation of specific recommendations during the *RPA* validity period. These tasks or recommendations must be clearly identified and attached to the endorsed *RPA* documentation.

Before closing the hearing the *RPAP* is to set a review date for *RPA* within the relevant validity period.

## 5.8 Appeals

Concerns in relation to *RPAP* outcomes should be raised in the first instance with the *RPAP* at the time of the hearing. Where appropriate they may be raised for joint consideration between the attendees, line management and *RPAP* members. If the outcome is still considered unsatisfactory, an appeal may be lodged with the Regional Manager Community Access (or equivalent).

## **5.9 RPA quality improvement process**

A quarterly report will be developed by the Manager, Behaviour Support (MBS) with input from the System Support Coordinator (A&R) and/or the System Support Officer (CA). In Large Residences the report will be developed by the Senior Clinician or equivalent. This report will provide an analysis of regional trends, highlight critical issues and provide recommendations. This report will be forwarded to the Regional Executive for review.

## **5.10 Data recording and maintenance of records**

Each region will consistently record and maintain data relating to *RPA Submissions*, *Outcomes of Submissions* and monitoring of Restricted Practices. This data is to be accessible centrally.

The twin processes of work practice supervision and peer review seek to maintain a culture of good practice throughout the continuum of the Department's behaviour support services.

## 6.1 Peer review

Peer review is a process through which relevant information and hypotheses are shared with other behaviour support practitioners with a view to obtaining informed and constructive feedback prior to implementation of a plan or strategy.

## 6.2 Work Practice Supervision

*Work Practice Supervision* is provided to all primary, secondary and tertiary tier Behaviour Support Practitioners to ensure that work practice complies with Policy and work practice requirements, that effective support and professional development opportunities are provided, and that difficult or complex issues can be explored jointly by the Practitioner and Supervisor in a supportive environment. Regular *Work Practice Supervision* should be provided by a Behaviour Support Practitioner with appropriate experience and supervisory skills.

Elements that might be addressed in *Work Practice Supervision* include:

- Work practice issues e.g. interpretation or analysis, reasoning;
- Adherence to Work Practice standards; and
- Professional development and support e.g. availability of and access to internal and external training courses, seminars, conferences etc.

*Work practice supervision* should be provided to a Behaviour Support Practitioner as part of, or in addition to, any other discipline specific supervision (e.g. psychological, speech pathology).

## 7.1 Progress Notes

All Behaviour Support Practitioners should maintain *Progress Notes* which accurately and professionally record all communications relating to work being undertaken in accordance with a *Service Agreement*.

*Progress Notes* should be updated after each occasion of service or contact, and be accessible to line management and co-workers within the team. Confidentiality of *Progress Notes* should be maintained in accordance with current DADHC Policy<sup>7</sup>. DADHC staff should be aware that *Progress Notes* also constitute records under the *NSW State Records Act (1998)*.

*Progress Notes* should identify issues of concern in the work process as well as particulars of the matter being recorded. Care should be taken to maintain an appropriate level of professionalism when entering *Progress Notes*, including those which incorporate emails or email attachments.

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<sup>7</sup> eg *Records Management Policy Document* (May 2002); *Privacy, Dignity and Confidentiality* (October 1996).



- *Aboriginal Policy Framework (July 2005);*
- *Abuse and Neglect Policy and Procedures (May 2007);*
- *Anti-Discrimination Act (1977);*
- *Behaviour Support Policy (2009);*
- *Child protection: Responding to Allegations Against Employees (June 2008);*
- *Children and Young Persons (Care and Protection) Act (1998);*
- *Children and Young Persons (Care and Protection) Regulation (2000);*
- *Children's Standards in Action (2004);*
- *Client Risk Policy and Procedures (March 2008);*
- *Code of Conduct and Ethics (2004);*
- *Consulting Effectively with Aboriginal People and Communities (July 2005);*
- *Decision Making and Consent (July 2008);*
- *Dignity of Risk and Duty of Care (1996);*
- *Disability Services Act (1993);*
- *Feedback and Complaint Handling: Principles and Guidelines (May 2005);*
- *Guardianship Act (1987);*
- *Guardianship Regulations (2005);*
- *Guidelines for the development, implementation and review of communication support systems for persons with an intellectual disability and complex communication needs (October 2002);*
- *Health Care Policy and Procedures (March 2007);*
- *Incident Management Policy (June 2006, amended January 2007);*
- *Individual Planning for Adults in Accommodation Support Services (Sept 2005);*
- *Individual Planning for Children and Young People Living in Out-of-home Placements: Policy and Procedures (May 2007);*
- *Intake Policy (December 2001);*
- *Interagency Guidelines for Child Protection Intervention (DoCS 2006)*
- *Living in the Community: Putting Children First (July 2002);*
- *Maintaining Family Relationships Policy (1996);*
- *Managing Risks and Incidents in the Workplace (January 2003);*
- *Medication Policy and Procedures (March 2008);*
- *Memorandum of Understanding between the Department of Community Services and the NSW Department of Ageing, Disability and Home Care on Children and Young Persons with a Disability (November 2003);*
- *Mental Health Act (2007);*
- *NSW Interagency Guidelines for Child Protection Intervention (DoCS 2006)*
- *NSW Out-of-Home Care Standards (NSW Office of the Children's Guardian);*
- *Occupational Health and Safety Act (2000);*
- *Occupational Health and Safety Policy (September 2004);*
- *Occupational Health and Safety Regulation (2001);*
- *Occupational Health and Safety Risk Management Policy (September 2004);*

- *Orientation to DADHC Disability Services Respite Services (August 2002);*
- *Out-of-Home Care Standards (NSW Office of the Children's Guardian);*
- *Policy Framework: Providing behaviour support services for people with an intellectual disability (June 2006, Reviewed March 2008);*
- *Prioritisation and Allocation Policy (August 2002);*
- *Privacy, Dignity and Confidentiality (October 1996);*
- *Responding to Risk of Harm to Children and Young people (March 2007);*
- *Standards in Action Manual (1998);*
- *Strategy to improve services for people from culturally diverse communities: DADHC CALD Strategy 2005-08 (December 2005).*

# Part 2 (B)

## DADHC templates

# Introduction

This section contains samples of templates created for use in conjunction with policy, work practice and procedural requirements outlined elsewhere in this manual.

The following templates (except for BSP 1\*) are designed to be completed **electronically** and are available in electronic format at [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au). After completion they should be printed, endorsed and filed in accordance with work practice requirements.

<b>BSP 1</b>	Behaviour Support Plan (BSP)*
<b>IPRP 1</b>	Incident Prevention and Response Plan (IPRP)
<b>IPRP 2</b>	Interim IPRP
<b>PP1</b>	Program Plan
<b>PP2</b>	Program Plan (alternative format)
<b>RPA 1</b>	Submission for Restricted Practice Authorisation (PLANNED)
<b>RPA 2</b>	Submission for Restricted Practice Authorisation (INTERIM)
<b>RPA 3</b>	Outcome Summary for Submission for Restricted Practice Authorisation
<b>RSR 1</b>	Review of Service Request (RSR) Report
<b>SA 1</b>	Service Agreement
<b>SA2</b>	Service Agreement (Family version)

\*BSP 1 is provided as a useful format guide for a *Behaviour Support Plan* template and is not designed to be completed as an electronic form. It is available at [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au).

This section also contains examples of completed templates:

<b>IPRP1</b>	Incident Prevention and Response Plan (IPRP)
<b>IPRP2</b>	Interim IPRP
<b>PP1</b>	Program Plan

and a guide to the completion of RSR 1:

<b>RSR1 Guide</b>	Guide to completing the Review of Service Request
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The following checklists are designed to be completed either **electronically** or **manually** by the Restricted Practice Authorisation Panel. They are available in electronic format at [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au). After completion they should be filed in accordance with work practice requirements.

<b>RPAP Check 1</b>	Checklist: General Work Practice
<b>RPAP Check 2</b>	Checklist: General Requirements for a Restricted Practice
<b>RPAP Check 3</b>	Checklist: (a) Exclusionary Time-Out or (b) Seclusion
<b>RPAP Check 4</b>	Checklist: (a) Physical Restraint or (b) Response Cost
<b>RPAP Check 5</b>	Checklist: Psychotropic Medication administered on a prn basis



BSP 1

## Behaviour Support Plan (BSP)

A *Behaviour Support Plan (BSP)* should be developed in accordance with the DADHC *Behaviour Support: Policy and Practice Manual (January 2009)*. This template is provided as a recommended format for a *BSP*.

Date of Plan

Scheduled for Review

### Details of Service User

Name

DOB

Address

CIS No.

### Contributors to the plan

(List names, roles, relationship to Service User)

### Behaviour Assessment Report (BAR)

Date of BAR

Author's name

Position

Team/location

Phone

Email

### Targeted behaviour

(Identify each targeted behaviour. Include a description of the frequency/ duration/ severity of each.)

### Possible motivations

(Provide hypotheses relating to the function of each behaviour.)

### Ecological/environmental strategies

For each strategy include:

- Objective of the strategy (Include measurable goals and time frame)
- Procedure
- Resources needed
- Implementation (Include time/frequency, location/s, settings)
- Events/outcomes to be recorded

### Positive practices

For each include:

- Objective (Include measurable goals and time frame)
- Procedure
- Resources needed
- Implementation (Include time/ frequency, location/s, settings)
- Events/outcomes to be recorded

### Focused support strategies

For each strategy include:

- Objective of the strategy (Include measurable goals and time frame)
- Procedure
- Resources needed
- Implementation (Include time/frequency, location/s, settings)
- Events/outcomes to be recorded

### Incident prevention and response strategies

For each strategy include:

- Objective of the strategy (Include measurable goals and time frame)
- Procedure
- Resources needed
- Implementation (Include time/frequency, location/s, settings)
- Events/outcomes to be recorded

### Endorsement

#### Behaviour Support Practitioner details (Who developed the plan?)

Name

Position/role

Team/location

Phone

Email

Signature

Date

#### Consent Details

Name

Capacity

Position/relationship to service user

Signature

Date

#### Case Manager/Key Worker

Name

Position/role

Team/location

Phone

Email

**Network Manager**

Name

Position/role

Team/location

Phone

Email

**Additional endorsement as required**

Name

Position/role

Team/location

Phone

Email

**sample only**

to download this template go to [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)



IPRP 1

## Incident Prevention and Response Plan (IPRP)

### Details of Service User

Name

CIS No.

Date DD/MM/YYYY

Date for review DD/MM/YYYY

Note: These strategies should be followed in conjunction with the Service User's **Behaviour Support Plan (BSP)** dated DD/MM/YYYY.

### Identified behaviours

- 1.
- 2.
- 3.
- 4.

### Early warning signs

### Triggers for the behaviours

#### ► Preventative strategies

#### ► Response strategies

### Recording and reporting

### Endorsement

Author's name

Position

Team/location

Phone

Email

Signature

Date

Incident Prevention and Response Plan **IPRP 1**  
Office of the Senior Practitioner NSW Department of Ageing, Disability and Home Care ■ January 2009

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Restricted Practice  
Authorisation (RPA)

Date **DD/MM/YYYY**

Review date **DD/MM/YYYY**

Consent name

Position/ relationship to service user

Signature

Date

**sample only**  
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Incident Prevention and Response Plan **IPRP 1**

Office of the Senior Practitioner NSW Department of Ageing, Disability and Home Care ■ January 2009

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IPRP 1

## Incident Prevention and Response Plan (IPRP)

### Details of Service User

Name **Karen Brown**

CIS No. 678910

Date **01.11.2011**

Date for review **01.03.2012**

Note: These strategies should be followed in conjunction with the Service User's **Behaviour Support Plan (BSP)** dated **20.10.2011**.

### Identified behaviours

1. Peeling off wound dressing
2. Throwing wound dressing
3. Touching her wound
4. Inserting objects into wound
5. Spitting
6. Flicking/smearing bodily fluids
7. Throwing Objects
8. Hitting staff

### Early warning signs

- Staring blankly
- Not responding to general interaction

### Triggers for the behaviours

Karen may present identified behaviour when:

- she is anxious about something
- she is denied access to an item she has asked for

or when she is asked to:

- stop doing something
- do something which she doesn't like or finds difficult

### ▶ Preventative strategies

#### **General tips:**

- Always involve Karen in decisions about her daily routine and future events.
- Inform Karen of what is happening shortly before the activity/ outing occurs.
- Be polite and friendly and use a calm voice.
- Present options that are easily accessible.
- Always praise Karen for her efforts.

#### **Extra care:**

- Stay close to Karen especially when in the community and outdoors to limit opportunities for her to secretly pick up items e.g. sticks and ring pulls that she can put into her wound.
- If Karen is observed looking down at the ground for items to pick up, divert her attention to another area/ topic.
- Check Karen's hands, room etc for items or objects she could insert in a wound.

Incident Prevention and Response Plan **IPRP 1**

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### How to manage early warning signs:

Early Warning Sign	How to intervene
<ul style="list-style-type: none"> <li>Staring blankly</li> <li>Not responding to general interaction</li> <li>Swearing</li> </ul>	<ol style="list-style-type: none"> <li>Only the key staff member should engage in discussions with Karen.</li> <li>Acknowledge feelings and offer to discuss issues e.g. <i>'Karen I see you're not happy, do you want to talk about what is upsetting you?'</i></li> <li>Use light hearted, humorous reaction with gestures to exaggerate e.g. <i>'You aren't going to go all wobbly on me are you?'</i></li> <li>Offer Karen a change of activity or location. e.g. <i>'Karen maybe we can go outdoors for a while?'</i></li> </ol>

### ► Response strategies

#### General tips:

- Only one key staff member should interact with Karen when she is displaying identified behaviours.
- Other staff should become involved only where requested by the key staff member.

#### How to response to identified behaviours:

Behaviour	Staff response
<b>Level 1</b> <ul style="list-style-type: none"> <li>Peeling off wound dressing</li> <li>Throwing wound dressing</li> <li>Touching her wound</li> </ul>	<ol style="list-style-type: none"> <li>Ask Karen to stop touching the dressing / wound.</li> <li>Remind her about her reward program.</li> <li>Encourage her to think about what is a 'safe choice'.</li> <li>Praise her if she makes a 'safe choice'.</li> <li>Praise her if she stops attempting to touch her wound.</li> <li>Replace wound dressing.</li> <li>Redirect to another activity.</li> </ol>
<b>Level 2</b> <ul style="list-style-type: none"> <li>Spitting</li> <li>Flicking/ smearing bodily fluids</li> <li>Throwing Objects</li> <li>Hitting staff</li> </ul>	<ol style="list-style-type: none"> <li>Keep a safe distance.</li> <li>Remind Karen about her reward program.</li> <li>Encourage her to think about what is a 'safe choice'.</li> <li>Praise her if she makes a 'safe choice'.</li> <li>Redirect to another activity.</li> <li>If the behaviour continues administer <b>two (2) 25g</b> tablets of <b>Largactil</b> (maximum permissible dose is 50g in 24 hours).</li> </ol>
<b>Level 3</b> <ul style="list-style-type: none"> <li>Attempting to or succeeding in Inserting objects into wound</li> </ul>	<ol style="list-style-type: none"> <li>Ask Karen to stop e.g. <i>"You need to leave the wound alone", or "Karen, how about you put that down."</i></li> <li>Remind her about her reward program.</li> <li>Praise her if she stops interfering with her wound or puts the object down.</li> <li>If her actions have caused the wound to weep or bleed or if the object remains in the wound call an ambulance.</li> </ol>

for each level stage in cycle.

### Recording and reporting

#### WHEN THE INCIDENT HAS PASSED

- Complete Karen's *PRN Medication Chart*.
- Inform the Network Manager immediately on 9999 8888 that PRN has been administered.
- Complete an *Incident Report* and an *ABC Form*.
- Do not discuss Karen's behaviour with her.
- Record details of the incident in the *Progress Notes* prior to the end of the shift.

### Endorsement

Author's name **John Stewart**

Position **Psychologist**

Team/location **Wagga CSC**

Phone **1234 5678**

Email johnstewart@email.com.au

Signature *John Stewart*

Date *1/11/11*

Restricted Practice  
Authorisation (RPA)

Date **22.10.2011**

Review date **28.02.2012**

Consent name **Eve Jacobs**

Position/ relationship to service user **Guardian**

Signature *Eve Jacobs*

Date *1/11/11*

Example



IPRP 2

Interim

## Incident Prevention and Response Plan (IPRP)

### Details of Service User

Name

CIS No.

Date **DD/MM/YYYY**

Date for review **DD/MM/YYYY**

Note: These interim strategies should be followed only until a **Behaviour Support Plan (BSP)** has been developed.

### Identified behaviours

- 1.
- 2.
- 3.
- 4.

### Early warning signs

### Triggers for the behaviours

#### ▶ Preventative strategies

#### ▶ Response strategies

### Recording and reporting

### Endorsement

Author's name

Position

Team/location

Phone

Email

Signature

Date

Restricted Practice  
Authorisation (RPA)

Date **DD/MM/YYYY**

Review date **DD/MM/YYYY**

Consent name

Position/relationship to service user

Signature

Date

**sample only**  
to download this template go to [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)



IPRP 2

Interim

## Incident Prevention and Response Plan (IPRP)

### Details of Service User

Name **Helen WILLIAMS**

CIS No. 345678

Date **20.09.2009**

Date for review **20.10.2009**

Note: These interim strategies should be followed only until a **Behaviour Support Plan (BSP)** has been developed.

### Identified behaviours

1. Hitting and kicking doors, walls and furniture
2. Head-butting.

### Early warning signs

- frowning
- increased vocalisation
- flicking fingers

### Triggers for the behaviours

- Having to wait for an activity
- Confusion
- Other residents getting too close to her

### ► Preventative strategies

- Try to reduce the amount of time that Helen has to wait for events to occur. If she can't be the first to participate in a particular task direct her to an alternative activity during the waiting period e.g. reading a magazine.
- If Helen is not going on an outing, provide her with an activity away from the sight of others e.g., watering pot plants on the back deck.
- Respond to early warning signs that indicate distress (frowning). Try to address the issues that might be causing her concern, e.g., if Helen is being annoyed or harassed by another resident, promptly redirect either Helen, or the other person, to another area.
- Give Helen reassurance that everything is OK using a quiet and calm voice.

### ► Response strategies

- Get Helen's attention by calling her name loudly and saying "Stop".
- Ask her to move away from the furniture and come with you to a quiet place
- Stay with Helen and comfort her by speaking quietly until she begins to calm down. Offer her music and headphones, or a magazine.
- If Helen has head-butted walls, seek immediate advice from the unit manager.

Incident Prevention and Response Plan (INTERIM) IPRP 2

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### Recording and reporting

1. Record all episodes of challenging behaviour on Helen's *Behaviour Chart*.
2. Complete an Incident Report where injury or self-injury has occurred.
3. Complete an ABC Chart following each episode of challenging behaviour.
4. Forward copies of all data to John Stewart, Psychologist, Wagga CSC.

### Endorsement

Author's name **John Stewart**

Position **Psychologist**

Team/location Wagga CSC

Phone 1234 5678

Email [johnstewart@email.com.au](mailto:johnstewart@email.com.au)

Signature *John Stewart*

Date *20/9/09*

Restricted Practice  
Authorisation (RPA)

Date **20.09.09**

Review date **20.10.09**

Consent name **Mary Williams**

Position/relationship to service user **Mother**

Signature *Mary Williams*

Date *20/9/09*





PP 1

## Program Plan (PP)

Date of Plan **DD/MM/YYYY**

Required frequency of review

### 1. Details of Service User

Name DOB **DD/MM/YYYY**

Address **Street address**

**Suburb, State and Postcode**

CIS No.

### 2. Program details

Program title

Targeted behaviour/skill

Rationale

Goal

Implementation

Location

Time/frequency

Resources needed

Procedure

Program notes

Support to be provided

Data collection requirements

### 3. BSP/IPRP

(This Program Plan forms an integral part of the following (select as applicable):

☐ Behaviour Support Plan (BSP)

Date **DD/MM/YYYY**

☐ Incident Prevention and Response Plan (IPRP)

Date **DD/MM/YYYY**

Author of BSP/IPRP name

Position/role

Team/location

Phone

Email

### 4. Endorsement

#### Behaviour Support Practitioner

Name

Position/role

Team/location

Phone

Email

Signature

Date

Program Plan (PP) **PP 1**

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### Consent Details

Name \_\_\_\_\_ Capacity \_\_\_\_\_  
 Position/relationship to service user \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

### Case Manager/Key Worker

Name \_\_\_\_\_  
 Position/role \_\_\_\_\_ Team/location \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### Additional endorsement as required

Name \_\_\_\_\_  
 Position/role \_\_\_\_\_ Team/location \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Schedule of review		Date completed
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		



PP 1

## Program Plan (PP)

Date of Plan **05.10.10**

Required frequency of review 3/12 (quarterly)

### 1. Details of Service User

Name **John Smith**

DOB **12.12.1990**

Address **Street address**

**Suburb, State and Postcode**

CIS No. **123456**

### 2. Program details

Program title **John's Weekly Routine**

Targeted behaviour/skill

**Use of the Routine Board to promote John's involvement in the scheduling of his daily activities.**

Rationale

**To provide John with a predictable routine that allows him to have appropriate control in his environment and reduce anxiety.**

Goal

**Reduction in daily episodes of challenging behaviour.**

Implementation

Location **The annex**

Time/frequency

**Every morning, every afternoon & Sunday night**

Resources needed

**John's boardmaker pictures, his routine board (stuck on wall), choice finished board (stuck below routine board), box for spare pictures.**

Procedure

#### EACH SUNDAY NIGHT

**TAKE JOHN TO HIS BOARD TO SET UP HIS WEEKLY ROUTINE WITH PLACES HE REGULARLY GOES, PRE SET APPOINTMENTS & OUTINGS**

**1. Each morning & afternoon before John begins setting up his board ensure that all pictures needed are on the choice/ finished board.**

**2. DO NOT have any activity displayed that John cannot do due to unavailability or time constraints.**

**3. John controls his routine board. When he wants to make a change make sure he changes his board then follows his schedule on the board.**

**4. Ensure all staff working with John know his normal routine from reading his profile.**

**5. Ensure John's routine includes preferred activities and wherever possible follow a less preferred activity with a more preferred one**

**6. Use the photo of John to show him what day of the week he is on and whether it is afternoon or morning. Get him to put his photo on the next morning just before he goes to bed so it is ready for the next day.**

#### WHEN JOHN WAKES UP IN THE MORNING

**1. Greet John & say "let's set up your routine board" if he has not set it up himself already**

Program Plan (PP) **PP 1**

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2. While standing with John at the board get him to identify the day of the week and time (AM or PM), if he gets it right praise him, if not direct him to the correct day.
3. Say to John "John, you set up your board this morning then I'll come back & have a look"
4. Once John has asked you back to the board & all activities are up run through them with him by pointing to the picture & waiting 10 seconds for him to identify it. If John does not respond say "John this morning you will have breakfast then you can (wait for 10 seconds) bath" repeat for all activities on the board
5. When he has gone through the board say "OK John you can (get breakfast) I will be (in the front room) if you need me".
6. Repeat this process to set up board on afternoons and weekends

## DURING THE REST OF THE MORNING

1. When task is complete go to John's board with him and say "that's good you've finished (breakfast) now it's time to (bath) I will be (in the kitchen) if you need me. (if John does not put the finished activity on his finished board ask him to do so) 2. If John does not want to return to his board leave it 5 minutes & try again, do not force him to return to his board & minimise interaction.
3. During the morning if John asks what he is doing say "John let's have a look at your routine & see what you are doing next"

Repeat above process for any time the board is in use.

Program notes

Throughout the procedure use interaction strategies as written on the Behaviour Support Plan.

Support to be provided

Every time John completes a task correctly praise him, make eye contact and make the "thumbs up" sign to him.

Data collection requirements

1. When John completes setting his routine he will tick off the data sheet Staff must then sign this sheet with John still present.

2. Progress is to be recorded on John's Weekly Routine completion form

### 3. BSP/IPRP

(This Program Plan forms an integral part of the following (select as applicable):

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Behaviour Support Plan (BSP)                 | Date <b>01.08.2010</b> |
| <input type="checkbox"/> Incident Prevention and Response Plan (IPRP) | Date <b>DD/MM/YYYY</b> |

Author of BSP/IPRP name Mary JONES

Position/role Psychologist

Team/location Shipley Disability Service

Phone 5432 10897

Email maryjones@email.com

### 4. Endorsement

#### Behaviour Support Practitioner

Name Deborah Smith

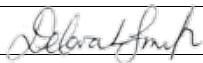
Position/role Behaviour Support Practitioner

Team/location Shipley Disability Service

Phone 5432 10123

Email dsmith@email.com

Signature



Date

5/10/10

Program Plan (PP) **PP 1**

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### Consent Details

Name Vivienne Goff Capacity

Position/relationship to service user Mother

Signature *Vivienne Goff* Date 5/10/10

### Case Manager/Key Worker

Name

Position/role Team/location

Phone Email

Additional endorsement as required

Name

Position/role Team/location

Phone Email

### 5. Schedule of review Date completed

04.01.2011	
04.04.2011	
04.07.2011	
04.10.2011	



PP 2

## Program Plan (PP)

Date of Plan **DD/MM/YYYY**

Required frequency of review

### Details of Service User

Name

DOB **DD/MM/YYYY**

Address **Street address**

**Suburb, State and Postcode**

CIS No.

### Program details

Program title

Targeted behaviour/skill

Rationale

Goal

### Implementation

What

When

Where

How often

Materials required

Teaching procedure

Prompts

### Reinforcement

What

When

### Correction procedures

To prevent errors

After errors happen

### Behaviour support

Likely problem

Response strategy

### Data recording

Who

When

By whom

How often

Program Plan (PP) **PP 2**

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## Progress

Next stage in the program

## BSP/IPRP

*This Program Plan forms an integral part of the following (select as applicable):*

- ☐ Behaviour Support Plan (BSP) Date **DD/MM/YYYY**
- ☐ Incident Prevention and Response Plan (IPRP) Date **DD/MM/YYYY**

Author of BSP/IPRP name

Position/Role

Team/Location

Phone

Email

## Endorsement (of Program Plan)

### Behaviour Support Practitioner

Name

Position/role

Team/location

Phone

Email

Signature

Date

### Consent Details

Name

Capacity

Position/Relationship to service user

Signature

Date

### Case Manager/Key Worker

Name

Position/Role

Team/location

Phone

Email

### Additional endorsement as required

Name

Position/role

Team/location

Phone

Email

## Schedule of review (record dates completed)



RPA 1

Planned

## Submission for Restricted Practice Authorisation (RPA)

### 1. Details of Service User

Name	DOB DD/MM/YYYY
Address <b>Street address</b>	
Suburb, State and Postcode	CIS No.

### 2. Key support staff

Case Manager/Key Worker	
Phone	Fax
Unit/team	
Supervisor	
Phone	Fax

### 3. Category of proposed Restricted Practice (select)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Exclusionary Time-Out | <input type="checkbox"/> Psychotropic medication (PRN) | <input type="checkbox"/> Restricted access |
| <input type="checkbox"/> Physical restraint    | <input type="checkbox"/> Response cost                 | <input type="checkbox"/> Seclusion         |

### 4. Prior RPA history

Category of restricted practice	Date RPA granted	Validity period	Date of expiry

### 5. Documents attached with submission (select)

- ☐ (a) *Current Individual Plan (IP)*
- ☐ (b) *Behaviour Assessment Report (BAR)*
- ☐ (c) *Multi-element Behaviour Support Plan (BSP)*
- ☐ (d) *Incident Prevention and Response Plan (IPRP)*
- ☐ (e) *Current Lifestyle and Environment Review (LER)*
- ☐ (f) **Protocols for monitoring** use of the proposed practice
- ☐ (g) Other (specify)



## 6. Summary of identified challenging behaviour

### a) Description of behaviour

### b) Background to behaviour

eg. history of episodes of the identified challenging behaviour, environmental cues/known triggers, history of intervention including prevention and response strategies trialled and their outcome.

### c) Identified risk from behaviour

## 7. Detailed summary of proposed Restricted Practice

### a) Description of the proposed practice/strategy

### b) Expected outcomes related to the proposed practice/strategy

### c) Rationale for the use of the proposed practice/strategy.

Why are positive practices alone unable to achieve the desired outcomes?

### d) Schedule of review of the proposed practice/strategy

### e) Fade-out strategies

### f) Implementer training

## 8. Submission completed by Behaviour Support Practitioner

Name

Position

Unit/team location

Phone

Signature

Date

## 9. Endorsement of supervisor/line manager

Name

Position

Unit/team location

Phone

Signature

Date

#### 10. Details of person to approach for legal consent

Name

Status

(please specify: eg. legal guardian,  
person with parental responsibility)

Phone

Fax

#### RPAP use only

Date submission received		Database updated	
Date acknowledged		Initial	

sample only  
to download this template go to [www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)



RPA 2

Interim

## Submission for Restricted Practice Authorisation (RPA)

### 1. Details of Service User

Name	DOB DD/MM/YYYY
Address <b>Street address</b>	
Suburb, State and Postcode	CIS No.

### 2. Key support staff

Case manager/key worker	
Phone	Fax
Unit/team	
Supervisor	
Phone	Fax

### 3. Category of proposed Restricted Practice (select)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Exclusionary Time-Out | <input type="checkbox"/> Psychotropic medication (PRN) | <input type="checkbox"/> Restricted access |
| <input type="checkbox"/> Physical restraint    | <input type="checkbox"/> Response cost                 | <input type="checkbox"/> Seclusion         |

### 4. Prior RPA history

Category of restricted practice	Date RPA granted	Validity period	Date of expiry

### 5. Documents attached with submission (select)

- ☐ (a) *Current Individual Plan (IP)*
- ☐ (b) *Current Lifestyle and Environment Review (LER)*
- ☐ (c) **Protocols for monitoring** use of the proposed practice
- ☐ (d) Other (specify)

### 6. Summary of identified challenging behaviour

a) Description of behaviour

---

b) Background to behaviour  
*eg. history of episodes of the identified challenging behaviour, environmental cues/known triggers, history of intervention including prevention and response strategies trialled and their outcome.*

---

c) Identified risk from behaviour

---

## 7. Detailed summary of proposed restricted practice

a) Description of the proposed practice/strategy

b) Expected outcomes related to the proposed practice/strategy

c) Rationale for the use of the proposed practice/strategy.  
Why are positive practices alone unable to achieve the desired outcomes?

d) Implementer training

## 8. Submission completed by Behaviour Support Practitioner

Name	Position
Unit/team location	Phone
Signature	Date

## 9. Endorsement of supervisor/line manager

Name	Position
Unit/team location	Phone
Signature	Date

## 10. Details of person to approach for legal consent

Name	
Status	<i>(please specify: eg. legal guardian, person with parental responsibility)</i>
Phone	Fax

### RPAP use only

Date submission received		Database updated	
Date acknowledged		Initial	



RPA 3

## Outcome Summary of Submission for Restricted Practice Authorisation (RPA)

### 1. Details of Service User

Name \_\_\_\_\_ DOB **DD/MM/YYYY** \_\_\_\_\_  
 Address **Street address** \_\_\_\_\_  
**Suburb, State and Postcode** \_\_\_\_\_ CIS No. \_\_\_\_\_

### 2. Category of proposed Restricted Practice (*select*)

- ☐ Exclusionary time out    ☐ Psychotropic medication (PRN)    ☐ Restricted access  
☐ Physical restraint    ☐ Response cost    ☐ Seclusion

### 3. Decision

- ☐ Full authorisation for 12 months  
☐ Conditional interim authorisation (*Summarise conditions below, including time frame for re-submission*)  
☐ Authorisation not given (*Summarise reasons below*)

### 4. Schedule for review of authorisation

RPA expiry date \_\_\_\_\_  
 Earliest date for RPA review \_\_\_\_\_

### 5. RPAP Checklists completed (*Attach all completed Checklists*)

- ☐ RPAP Check 1    General Work Practice  
☐ RPAP Check 2    General Requirements for a Restricted Practice  
☐ RPAP Check 3    Exclusionary Time-Out/ Seclusion  
☐ RPAP Check 4    Physical Restraint/ Response Cost  
☐ RPAP Check 5    Psychotropic Medication (PRN)

### 6. Documentation required for next RPA Review (*select*)

List all additional documentary evidence required for next RPAP Review meeting.

- ☐ A. Restricted Practice Register  
☐ B. Data collection summary  
☐ C. Incident Prevention and Response Plan (IPRP)

- ☐ D. Multi-element *Behaviour Support Plan* (BSP)
- ☐ E. Evidence of implementation training
- ☐ F. *Lifestyle and Environment Review* (LER)
- ☐ G. *Behaviour Assessment Report* (BAR)
- ☐ H. *PRN Protocol*
- ☐ I. Other (*Specify*)

#### 7. Signatures of Panel Members

Name	Position
Signature	Date
Name	Position
Signature	Date
Name	Position
Signature	Date

#### 9. Endorsement of Manager, Behaviour Support (*required for Interim RPA*)

Name	Position
Unit/team location	Phone
Signature	Date



**RPAP**  
**Check 1**

## Restricted Practice Authorisation Panel (RPAP)

### Checklist: General Work Practice

Complete this Checklist for ALL Restricted Practice Submissions.

**Element:** Multi-element *Behaviour Support Plan (BSP)* or *Incident Prevention and Response Plan (IPRP)*.

Evidence	(Select)
1. Developed and endorsed by a Behaviour Support Practitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
2. Currency: clearly dated with schedule for review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
3. Evidence of comprehensive assessment, analysis and formulation (Behaviour Assessment Report)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
4. Evidence of collaboration between Behaviour Support Practitioner, Service User (where appropriate), their family/ carer/ advocate and other significant stakeholders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
5. Profile of the Service User including relevant diagnoses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
6. Identifies significant aspects of the support system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
7. Clear description of each targeted behaviour, including topography, impact and history	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
8. Description of previous interventions, strategies and related outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
9. Description of positive strategies and related goals/ objectives	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
10. Clear implementation instructions for carers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

For additional information in relation to work practice requirements refer to the *Behaviour Support: Policy and Practice Manual, PART 1(B) - Work Practice*.



## RPAP Check 2

# Restricted Practice Authorisation Panel (RPAP)

## Checklist: General Requirements for a Restricted Practice

To be completed for RPA Submissions for all Restricted Practices EXCEPT psychotropic medication PRN.

**Element:** The restricted practice is clearly defined in the context of the multi-element BSP or IPRP.

Evidence	(Select)
1. Description of the proposed practice Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Expected outcomes related to the proposed practice/ strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Rationale for the use of the proposed practice/ strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Clearly defined roles and responsibilities Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Clearly defined contextual variables Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Clearly defined proposed frequency of use Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Clearly defined monitoring requirements Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Clearly defined reporting protocols Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Schedule of review of the proposed practice/ strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Fade-out strategies Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Provision for appropriate consent Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Carer training and implementation plan Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional information in relation to work practice requirements refer to the *Behaviour Support: Policy and Practice Manual, PART 1B - Work Practice*.

Restricted Practice Authorisation Panel (RPAP) Checklist: General Requirements for a Restricted Practice  
RPAP Check 2

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## RPAP Check 3

# Restricted Practice Authorisation Panel (RPAP) Checklist: (A) Exclusionary Time-Out (ETO) or (B) Seclusion

To be completed in addition to RPAP Check 1 and Check 2.

Please select as appropriate:

☐ **Exclusionary Time Out (ETO)**

☐ **Seclusion**

**Element:** BSP or IPRP includes requirement for ongoing maintenance of an ETO/ Seclusion Register which records the following:

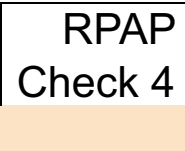
Evidence	(Select)
1. Date, time and location of each episode of implementation Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Brief description of environment and events prior to implementation Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Description of presenting behaviour Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Detail of other less restrictive strategies attempted (if any) Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Consequences/ outcomes of less restrictive strategies attempted Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Reason for use of ETO/ Seclusion Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Duration of ETO/ Seclusion Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Periodic observational notes of the presentation of Service User Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and position of staff directing use of strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and position of staff responsible for conducting and recording observations of Service User Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Evidence of <i>ETO/ Seclusion Review Meetings</i> held after each episode Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional information in relation to work practice requirements refer to the *Behaviour Support: Policy and Practice Manual*, PART 1(B) - Work Practice.

**Restricted Practice Authorisation Panel (RPAP) Checklist: (A) Exclusionary Time Out (ETO) Or (B) Seclusion**  
**RPAP Check 3**

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## Restricted Practice Authorisation Panel (RPAP)

### Checklist: (A) Physical Restraint or (B) Response Cost

To be completed in addition to RPAP Check 1 and Check 2.

Please select as appropriate:

☐ **Physical Restraint**

☐ **Response Cost**

**Element:** BSP or IPRP includes requirement for ongoing maintenance of a Physical Restraint/ Response Cost Register which records:

Evidence	(Select)
1. Date, time and location of each episode of implementation Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Brief description of environment and events prior to implementation Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Description of presenting behaviour Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Detail of other less restrictive strategies attempted (if any) Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Consequences/ outcomes of less restrictive strategies attempted Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Reason for use of strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Duration Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The people involved in implementation of the strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and position of staff directing use of strategy Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Consequences/Outcomes Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Where a child or young person is physically restrained, evidence of the provision of support and counselling in each instance Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional information in relation to work practice requirements refer to the *Behaviour Support: Policy and Practice Manual, PART 1(B) - Work Practice*.

**Restricted Practice Authorisation Panel (RPAP) Checklist: (A) Physical Restraint or (B) Response Cost  
RPAP Check 4**

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## RPAP Check 5

### Restricted Practice Authorisation Panel (RPAP)

#### **Checklist:** Psychotropic medication administered on a *prn* basis.

To be completed in addition to RPAP Check 1.

**Element:** Written PRN Protocol as an integral component of the BSP or IPRP.

Evidence	(Select)
1. The name and contact details of prescribing Psychiatrist/Paediatrician Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The chemical and brand names of the medication Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name and contact details of the person giving informed consent for the medication Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The circumstances/conditions under which the medication may be administered Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any physical examination or investigation required prior to administration Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Instructions regarding the permissible dose, how to administer it and how often Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Purpose of the prescribed medication and the desired outcome Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The maximum dosage permissible in a 24 hour period Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Possible side effects/adverse effects (eg. on quality of life) Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. The likely time frame between administration of the drug and the onset of the beneficial effect Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Symptoms of overdose Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Monitoring, recording, response and reporting instructions Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Regular review by the treating Psychiatrist/Paediatrician Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Involvement of Behaviour Support Practitioner in medication review Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No

For additional information in relation to work practice requirements refer to the *Behaviour Support: Policy and Practice Manual, PART 1(B) - Work Practice*.

**Restricted Practice Authorisation Panel (RPAP) Checklist:** Psychotropic medication administered on a *prn* basis.  
**RPAP Check 5**

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RSR 1

## Review of Service Request (RSR) Report

Note: This Report should be no more than 4 - 5 pages. Please see accompanying Review of Service Request Report Guide for completing this Report.

### Author of report

Name	Position
Unit - <b>Select one</b> -	Region
Phone	Date <b>DD/MM/YYYY</b>

### 1. Source of Service Request

Name
Name of unit/organisation
Location
DADHC region

### 2. Brief summary/description of Service Request

### 3. Consent received for Service Request (*select*)

Has consent been obtained? ☐ Yes ☐ No

Name of person providing consent

Relationship to Service User

Conditions attached to consent

### 4. Source of information used for this report

Name	Relationship/position
Organisation	Phone
Fax	Email

### 5. Identified Service User

Name	CIS no.
DOB <b>DD/MM/YYYY</b>	Age      years      months
Documented level of ID	
Date and source of most recent psychometric assessment	
Any other known diagnoses ( <i>specify</i> )	
Date and source of most recent communication assessment	

Review of Service Request (RSR) Report **RSR 1**

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Functional skills/limitations

General health (physical, dental), including epilepsy

Usual residence

- Select one -

What other environments impact on the Service User?

#### 6. Medication details (record each medication prescribed)

Name of medication	Dose & frequency	Name of prescribing medical practitioner	Purpose prescribed	Date of most recent review
--------------------	------------------	--	--------------------	----------------------------

#### 7. The support system (Please attach a family genogram if available)

Name	Relationship	Frequency of contact	Comments
------	--------------	----------------------	----------

#### 8. CIS database verification

Have all above details been verified against information recorded on the CIS Database?

☐ Yes ☐ No

#### 9. Presenting issues

##### Issue 1 (describe)

Previous strategies used

☐ Yes ☐ No

Brief description of strategy

Outcome

##### Issue 2 (describe)

Previous strategies used

☐ Yes ☐ No

Brief description of strategy

Outcome

##### Issue 3 (describe)

Previous strategies used

☐ Yes ☐ No

Review of Service Request (RSR) Report **RSR 1**

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Brief description of strategy

Outcome

#### 10. Training (Where the Service Request is specifically for training)

Nature and scope of training

Proposed target group :

Reason for training:

Has similar training been provided to this target group previously? ☐ Yes ☐ No

#### 11. Reasons for Service Request

What outcomes does the person making the

Service Request hope to achieve?

What are the known expectations of other stakeholders?

Have enquiries been made to other agencies for this service? ☐ Yes ☐ No

Is the required service available from other agencies? ☐ Yes ☐ No

#### 12. Impact of presenting issues

If yes, please elaborate

Loss or reduction in services ☐ Yes ☐ No

Negative impact on family ☐ Yes ☐ No

Use of restricted practices to manage challenging behaviour ☐ Yes ☐ No

Increase in severity/frequency of challenging behaviour ☐ Yes ☐ No

Other ☐ Yes ☐ No

#### 13. Resource factors

Issue

Comment

#### 14. Other

Specify any known gaps in the information provided

Any other comments in relation to the Service Request?

Statewide BIS use only

#### 15. Regional priority

Review of Service Request (RSR) Report **RSR 1**

Office of the Senior Practitioner NSW Department of Ageing, Disability and Home Care ■ January 2009

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Name of Manager, Behaviour Support	
Contact phone no	
Date Service Request confirmed as regional priority	
Reasons	
Timeframe	
Conditions	



# Guide to completing the **Review of Service Request (RSR) Report**

## **Author of Report**

Please indicate the name, position, business unit, region and contact details for the Behaviour Support Practitioner who has completed this Report.

### **1. Source of Service Request**

- Who initiated the Service Request, through what channels and why?
- Provide summary details of the unit or organisation requesting the service.

### **2. Brief summary/ description of Service Request**

Outline the nature of the service being requested.

### **3. Consent received for Service Request**

- Has the Service User given informed consent for the Service Request?
- If not, who has given consent for the Service Request to proceed?
- Provide name and contact details of the legal guardian or person with parental responsibility, where either has been appointed.
- List any special conditions attached to this consent.

### **4. Source of Information used for this report**

Who provided the information for this Report?

### **5. Identified Service User**

Service User (or client) is the individual diagnosed with an intellectual disability, on whose behalf the service is ultimately being provided. Where the Service Request is for a systems review or for training, this section may be marked “Not applicable”.

Provide summary background information, as appropriate, about:

- Documented level of ID (including date and source of most recent psychometric assessment);
- Other known diagnoses (include date and source of each diagnosis);
- Communication profile (include date and source of most recent communication assessment);
- Functional skills / limitations;
- General health (physical, dental) including epilepsy; and
- The range of environments which impact on the Service User.

### **6. Medication details**

- Provide details of all prescribed medication.
- Distinguish between routine and PRN medication



## **7. The support system**

Provide brief details of the support system including the family context. A genogram of the family system should be provided where available. Also provide summary background information as appropriate about the support system, such as:

- The extent, validity and currency of existing behaviour support;
- Whether or not all existing support strategies are documented;
- Current patterns of interaction/ communication; and
- Any known issues relating to confidence, training or related aspects of behaviour support being experienced by carers/ staff.

## **8. CIS database verification**

Check details supplied against information recorded on the CIS database.

## **9. Presenting issues**

- Describe each presenting issue linked to the Service Request.
- Record brief details of any previous strategy used in response to the presenting issue.
- Record the outcomes of any previous strategy used.

## **10. Training**

If the Service Request is specifically for training, specify:

- The nature and scope of the training requested;
- The proposed target group for this training;
- Why training is being requested at this time;
- Whether or not similar training has been provided to this target group previously (provide summary details);

## **11. Reasons for Service Request**

- What outcomes does the person making the Service Request hope to achieve?
- What are the known expectations of other stakeholders?
- Have enquiries been made to other agencies for this service?
- Is the required service available from other agencies?

## **12. Impact of Presenting Issues**

Provide background information as appropriate in relation to:

- The impact of the presenting issues on current services;
- The impact of the presenting issues on the Service User's family and others;
- The use of restricted practices to manage challenging behaviour;
- The severity and frequency of challenging behaviour; and
- Other information as relevant.

### 13. Resource Factors

Record any relevant resource factors which are believed to impact on services.

### 14. Other

- Are there gaps in the information provided? Specify where these gaps are.
- Is the author/source of the Service Request aware of any gaps in the information being provided?
- Does the informant wish to make any other comments in relation to the Service Request?
- Do you wish to make any other comments which should be considered in terms of the Service Request?

### 15. Regional Priority

#### For Statewide BIS use only

- Provide name and contact details of the Manager, Behaviour Support.
- Has this Service Request been formally identified as a Regional Priority by the Manager, Behaviour Support?
- For what reasons has it been identified as a Regional Priority?
- Has a critical time frame for tertiary response been identified by the Manager, Behaviour Support? Specify.
- Have any other conditions or requirements been requested by the Manager, Behaviour Support? Specify these.
- For what reason has the request been directed to Statewide BIS?

#### Note

**The completed RSR Report should be no more than 4 – 5 pages.**



SA 1

# Service Agreement

## 1.0 Purpose

This Service Agreement articulates and records agreement between the parties identified below as to provision and completion of a time-limited, goal-specific behaviour support and intervention service.

## 2.0 Definitions

- Service User is the individual diagnosed with an intellectual disability (or client), on whose behalf the Service Partner is engaged in delivering support.
- Service Partner is the party seeking the service, ie. the source of the Service Request.
- Service Provider is the Team/Unit responding to the Service Request.
- Service System is the support system within which a Service User is supported.

## 3.0 Background

### 3.1 Source of Service Request

Name of team, unit or organisation who raised the Service Request	Name and position of person who initiated the Service Request	Date of Service Request
---	---	-------------------------

### 3.2 Review of Service Request (RSR) Report

The Review of Service Request (RSR) Report linked to this agreement was completed by:

Author	Position
Team	Date of report <b>DD/MM/YYYY</b>

### 3.3 Identified Service User

Name	CIS No.
DOB <b>DD/MM/YYYY</b>	Age

### 3.4 Identified service system

## 4.0 Scope of service provision

### 4.1 Areas of work

The service provided will broadly cover the following areas of work:

## 4.2 Outcomes

### 5.0 Roles and responsibilities

The service defined within this agreement will be provided by the Service Provider to the Service Partner/s within the context of the Department's Policy Framework<sup>1</sup>. An Action Plan is attached which captures the specific goals & associated tasks, identifies those persons responsible for completing each task, defines time frames, and provides for recording of dates when tasks are completed.

#### 5.1 Access to and Exchange of Information

It is the responsibility of the Service Partner to coordinate access to information, personnel and other resources as may be reasonably required by the Service Provider from time to time in accordance with the terms of the agreement.

Any special restrictions impacting on the exchange of information between identified parties should be clearly stipulated in the Schedule below.

#### 5.2 Communication

##### 5.2.1 Regular and meaningful contact

Parties will liaise either by phone, email or in person in accordance with a negotiated schedule. If this period is exceeded without communication it is the responsibility of the Service Provider to make contact with the Service Partner. If regular and meaningful contact cannot be established then service may be withdrawn by the Service Provider.

Contact between the primary parties will focus on issues relevant to the tasks identified in the Action Plan.

##### 5.2.2 New Information

New information gained by either party, which has the potential to impact significantly on the scope of services that either party is performing in relation to the case, the agreed time frame, or other aspect of the agreement, shall be shared between all parties as appropriate.

#### 5.3 Progress

At monthly intervals, evidence should be provided to the Service Provider that reasonable progress is being made towards the goals, and within the time frame specified in the Action Plan.

#### 5.4 Amendments

Minor amendments may be made to the Action Plan where appropriate with the approval of both the Service Provider and Service Partner. Where an amendment significantly alters the areas of work or the outcomes of the agreement, a revised Service Agreement may be required. A revised Service Agreement must be endorsed by all parties. Where a proposed amendment constitutes a major change to the service itself a new Service Request may be required.

#### 5.5 Reporting to third parties

The reporting to third parties on matters relating to progress of the work identified in this Service Agreement is the responsibility of the Service Partner, within the parameters of the Action Plan.

#### 5.6 Validity

This Service Agreement covers the period from **DD/MM/YYYY** to **DD/MM/YYYY**, and relates only those Areas of Work and Outcomes as articulated above. Continuation of the specified service beyond this period will require renegotiation between the parties. The Service Agreement is not valid unless endorsed by all identified parties.

<sup>1</sup> Behaviour Support: Policy and Practice Manual, Appendix 2.1 - policy framework.

## 6.0 Schedule

### 6.1 Special conditions/considerations

## 7.0 Parties to the Service Agreement

### 7.1 Primary parties

The primary parties to this Service Agreement are listed below.

#### Service partner

Name	Team
Position	Region/organisation
Signature	Date

#### Service provider

Name	Team
Position	Region/organisation
Signature	Date

### 7.2 Other parties

Name	Team
Position	Region/organisation
Signature	Date

Name	Team
Position	Region/organisation
Signature	Date

Name	Team
Position	Region/organisation
Signature	Date

### 7.3 Consent of Service User to the Service Agreement *(where appropriate)*

Name	
Signature	Date

### 7.4 Consent of guardian/ person with parental responsibility to the Service Agreement (Identify as appropriate)

Service Agreement **SA 1**

Office of the Senior Practitioner NSW Department of Ageing, Disability and Home Care ■ January 2009

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Name	Position/relationship
Signature	Date

#### 8.0 Contact details

If you have any concerns regarding this agreement please contact:  
(Specify contact details of Service Provider)

Name	Position
Team	Phone
Fax	Email



## Service Agreement Action Plan

### Goal and task schedule

Note: Goals and tasks specified must be consistent with the Areas of Work and Outcomes as identified within the Scope of Service Provision.

Goal/task	Description	Person/s responsible	Date due	Date completed	Comments
<b>Goal 1</b>					
Task 1.1					
Task 1.2					
Task 1.3					
<b>Goal 2</b>					
Task 2.1					
Task 2.2					
Task 2.3					
<b>Goal 3</b>					
Task 3.1					
Task 3.2					
Task 3.3					

## Meeting Schedule

Note: Attendance by the Service Provider or their representative at meetings or forums other than those agreed to in the table below are beyond the scope of the Service Agreement.

Meeting date	Time start/finish	Location	Purpose	Agreed participants	Comments

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Service Agreement **SA 1**

Office of the Senior Practitioner NSW Department of Ageing, Disability and Home Care ■ January 2009

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## Reporting schedule

Name of report required	Purpose	Format/ medium	Recipient of original (name)	Recipient of copies (name)	Party responsible	Date required

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Service Agreement **SA 1**

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SA 2

## Service Agreement (Family Version)

### 1.0 Purpose

This document is an agreement about what service is to be provided, why it is to be provided, how it is to be provided and how long it should take. The service defined within this agreement will be provided within the context of DADHC Policy<sup>1</sup>.

### 2.0 Definitions

- Service User is the individual diagnosed with an intellectual disability (or client), on whose behalf the Service Partner is engaged in delivering support.
- Service Partner is the party seeking the service, ie. the source of the Service Request.
- Service Provider is the Team/Unit responding to the Service Request.
- Service System is the support system within which a Service User is supported.

### 3.0 Background

#### 3.1 Source of Service Request

Name of team, unit or organisation who raised the Service Request	Name and position of person who initiated the Service Request	Date of Service Request
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#### 3.2 Review of Service Request (RSR) Report

The Review of Service Request (RSR) Report linked to this agreement was completed by:

Author	Position
Team	Date of report <b>DD/MM/YYYY</b>

#### 3.3 Identified Service User

Name	CIS No.
DOB <b>DD/MM/YYYY</b>	Age

#### 3.4 Identified service system

### 4.0 Scope of service provision

#### 4.1 What service is to be provided?

#### 4.2 What will the service aim to achieve

<sup>1</sup> Behaviour Support: Policy and Practice Manual, Part 1 (A) – Behaviour Support Policy

## 5.0 Roles and responsibilities

It is important for all parties to agree on the break down of tasks to be done in order to provide the best support to the Service User. This includes who needs to do what, how long each task should take, and how to record that each task is complete.

An Action Plan is attached which captures all of this information.

### 5.1 Getting to know the Service User

The Service Provider will need to get to know as much about the Service User as possible in order to provide the best service. They will need to ask people who know the Service User well for information to help them to build a better picture.

Any special restrictions impacting on the exchange of information should be clearly stipulated in the attached Schedule.

### 5.2 Communication

#### 5.2.1 Regular and meaningful contact

The Service Provider will keep in regular contact with the Service Partner. Contact will focus on issues relevant to the tasks identified in the Action Plan. The schedule of contact must be reasonable and any restrictions or preferences for contact should be noted in this agreement. If regular and meaningful contact cannot be established then it may be necessary to renegotiate the Service Agreement.

#### 5.2.2 New Information

Sometimes circumstances change for the Service User or those around them. When this happens it is important to advise the Service Provider of what has happened so that the change can be taken into consideration in the development of the service. There are risks that the service might be wrongly designed or be inappropriate if the Service Provider has not been informed of such changes.

### 5.3 Progress

At monthly intervals the Service Provider will review progress in reaching the goals specified in the Action Plan.

### 5.4 Amendments

Minor amendments may be made to the Action Plan where appropriate with the approval of both the Service Provider and Service Partner. Where an amendment significantly alters the areas of work or the outcomes of the agreement, a revised Service Agreement may be required. A revised Service Agreement must be endorsed by all parties. Where a proposed amendment constitutes a major change to the service itself a new Service Request may be required.

### 5.5 Reporting to third parties

Sometimes other parties (such as relatives, teachers, or other professionals) want to know about the progress of the work being done for the Service User. The Service Provider cannot give information to parties not identified in the Service Agreement.

### 5.6 Validity

This Service Agreement covers the period from **DD/MM/YYYY** to **DD/MM/YYYY**, and relates only those Areas of Work and Outcomes as articulated above. Continuation of the specified service beyond this period will require renegotiation between the parties. The Service Agreement is not valid unless endorsed by all identified parties.

## 6.0 Schedule

### 6.1 Special conditions/considerations

## 7.0 Contact details

If you have any concerns regarding this agreement please contact:  
(Specify contact details of Service Provider)

Name	Position
Team	Phone
Fax	Email

## 8.0 Parties to the Service Agreement

### Service User

Name	Team
Position	Region/organisation
Signature	Date

### Service partner

Name	Team
Position	Region/organisation
Signature	Date

### Service provider

Name	Team
Position	Region/organisation
Signature	Date

### Guardian

Name	Team
Position	Region/organisation
Signature	Date

### Person with parental responsibility

Name	Team
Position	Region/organisation
Signature	Date

### Other, please specify

Name	Team
Position/relationship	

---

Signature

Date

---

**Other, please specify**

Name

Team

---

Position/relationship

---

Signature

Date

---

**Other, please specify**

Name

Team

---

Position/relationship

---

Signature

Date

---

**7.3 Consent of Service User to the Service Agreement** *(Where appropriate)*

Name

Position/relationship

---

Signature

Date

---

**7.4 Consent of guardian/ person with parental responsibility to the Service Agreement**  
*(Identify as appropriate)*

Name

Position/relationship

---

Signature

Date

---

## Service Agreement Action Plan

### Goal and task schedule

Note: Goals and tasks specified must be consistent with the Areas of Work and Outcomes as identified within the Scope of Service Provision.

Goal/task	Description	Person/s responsible	Date due	Date completed	Comments
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Task 1.2					
Task 1.3					
<b>Goal 2</b>					
Task 2.1					
Task 2.2					
Task 2.3					
<b>Goal 3</b>					
Task 3.1					
Task 3.2					
Task 3.3					

## Meeting Schedule

Note: Attendance by the Service Provider or their representative at meetings or forums other than those agreed to in the table below are beyond the scope of the Service Agreement.

Meeting date	Time start/finish	Location	Purpose	Agreed participants	Comments



## Reporting schedule

Name of report required	Purpose	Format/medium	Recipient of original (name)	Recipient of copies (name)	Party responsible	Date required

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## Appendix 2.1

Policy framework: Providing behaviour support services for people with an intellectual disability (June 2006, Reviewed March 2008)

## 1 Purpose of the policy framework

The NSW Department of Ageing, Disability and Home Care (DADHC) has a responsibility (as outlined in the *NSW Disability Service Standards* and the *NSW Disability Service Act 1993*) to provide services to people with an intellectual disability and challenging behaviours. These services are provided within the context of current policies and procedures relating to behaviour support.

This policy framework outlines the way in which services provided directly by DADHC approach the provision of behaviour support services for children with global developmental delay (0 - 5 years); children and young people (6 – 17 years) with an intellectual disability; adults (18 – 65 years) with an intellectual disability; and seniors (65+ years) with an intellectual disability. It aims to ensure the provision of services necessary to enable persons with an intellectual disability and their carers to manage challenging behaviour to minimise its disruptive effect on their life and enable them to interact in positive ways with others. These services are provided equitably to people with an intellectual disability who access other DADHC or non-government services.

## 2 Outcomes

The Department will have a clearly defined approach to the provision of a behaviour support service. This approach will deliver:

- responsive services to individual Service Users within a continuum of behaviour support;
- positive outcomes for Service Users through the implementation of best casework and clinical practice; and
- accessible services for people in the community, including those accessing funded services, and within DADHC operated facilities, based on DADHC's *Prioritisation and Allocation Policy*.

These outcomes will be monitored and reported against Key Performance Indicators as articulated in Part 1 (B) of this manual. The reports are to be provided on a six monthly basis to Regional Directors. These are then collated for DADHC's Executive.

## 3 Principles

### ■ Positive Approach

All activities and interventions will be supportive and respectful of the Service User's individual needs and goals, as identified through an Individual Plan, and based on a comprehensive assessment.

### ■ Cultural, linguistic and religious diversity

Behaviour support services will be provided with consideration of the needs of individuals, their families and other carers from culturally, linguistically and/or religiously diverse backgrounds.

### ■ Aboriginal and Torres Strait Islander People

Behaviour support services will be provided with consideration of the needs of Aboriginal and Torres Strait Islander People with a disability, their carers, and the communities in which they live.

## ■ **Safety and dignity**

All supports and interventions will seek to:

- o maintain the safety and dignity of all Service Users, their family and carers (including paid carers);
- o employ the least restrictive approach; and
- o maintain the safety of clients and the community.

## ■ **Privacy, dignity and confidentiality**

Behaviour support will be provided in accordance with the DADHC *Policy on Privacy, Dignity and Confidentiality* and the related Operational Guidelines.

## ■ **Prevention**

DADHC will focus on early intervention that seeks to prevent the development of challenging behaviour in the context of the support system.

## ■ **Children and young people**

The safety, welfare and wellbeing of children and young people will be paramount in the provision of behaviour support services. Behaviour support shall be age-appropriate and guided by the Individual Planning process.

## ■ **Improved access**

Behaviour support will be provided in a timely manner, based on assessed need, available resources and in accordance with the DADHC *Prioritisation and Allocation Policy* in order to minimise the effects of challenging behaviour.

## ■ **Considered information**

Accurate information and sound recommendations based on a comprehensive assessment will be used to support positive outcomes.

## ■ **Person-centred outcomes**

Support, training, and supervision will be provided to staff delivering behaviour support services to promote positive outcomes for Service Users, their families, and other carers.

## ■ **Partnerships**

Partnerships between DADHC and other service providers will be fostered to provide effective and responsive services for people with an intellectual disability who display challenging behaviour. In addition, reasonable efforts will be made to engage community assistance where appropriate.

## 4 Policy context

Challenging behaviour has a significant impact on the Service User, family/carer relationships, and is a barrier to community participation. Therefore, the Department provides a range of services including prevention and early intervention services; accommodation support; respite; day programs; therapy; behaviour support; and community support services.

To be eligible for DADHC provided disability services people must be assessed as having an intellectual disability in accordance with the Department's *Intake Policy*.

DADHC provides behaviour support through a continuum of services aimed at providing appropriate supports and/or alternatives to behaviours that may inhibit a person with a disability from fully participating in the community. These services are provided in the context of a whole of government response to specified needs. The Department promotes the use of a positive approach to behaviour support.

The positive approach considers the whole person in the context of the environments in which they live and work, their preferred lifestyle, and the kind of support the person needs in order to achieve identified and desired goals. It assists people with an intellectual disability to make positive behavioural choices with appropriate support from their family and other carers.

In providing a behaviour support service, the balance between duty of care, dignity of risk, occupational health and safety issues, and community safety must be carefully considered.

An important element in the provision of behaviour support services is the prevention of challenging behaviour. However, strategies aimed at the prevention of challenging behaviour must always be balanced by the use of positive practices.<sup>1</sup> With appropriate systemic support an individual can develop appropriate strategies to meet their needs and negotiate interactions throughout the day, thereby minimising reliance on challenging behaviour as the most accessible and the most effective strategy for these purposes.

People with an intellectual disability who live largely independently in the community often require support with a different focus to those living with more immediate external support (such as with their families, other carers or in supported accommodation). People who live largely independently will often require assistance accessing general supports and services and at times to negotiate the criminal justice system.

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<sup>1</sup> Refer Part 1 (B) of this Manual (Work Practice).

Behaviour support services will be ideally provided by suitably qualified and supported *Behaviour Support Practitioners*.<sup>2</sup> Specific skills related to behaviour support will be developed and maintained through professional development and training, mentoring and work practice supervision.

The key components of good practice in provision of behaviour support services are outlined in *Behaviour Support: Policy and Practice Manual (January 2009) Part 1(B)* and include:

- comprehensive assessment (as determined by the complexity of the behaviour);
- the development of plans in consultation with those who are going to implement them;
- the development of documented support plans based on sound analysis of data and evidence to achieve a defined outcome;
- the incorporation of behaviour support plans into the overall life activities of the individual;
- training for family, carers, and service providers; and
- support, monitoring and review of implementation of behaviour support plans.

In order to provide an environment that encourages the development and maintenance of a good practice culture, the behaviour support positions will work closely together within and across the Regions.

<sup>2</sup> Behaviour Support Practitioners ideally hold tertiary qualifications in Psychology, Speech Pathology, Social Work, Education or other relevant discipline, and/ or training and experience in the provision of behaviour support & intervention.

Behaviour support services are delivered in response to specific *Service Requests* within the framework of an *Individual Plan*. The Department has a commitment to the delivery of positive behaviour support services founded on comprehensive assessment, clearly identified, mutually agreed goals, and implemented within agreed timeframes.

There are three tiers of behaviour support services within the Department that provide a continuum of behaviour support.

## 7.1 Community Support Teams (CST)

There are a number of *CSTs* spread geographically within each DADHC Region. *CSTs* provide behaviour support for people with emerging or established challenging behaviour. *CST* level support and interventions are typically delivered over a period not exceeding six (6) months.

In situations of greater complexity, or where the family/ carer of the person would benefit from greater assistance to enable them to manage complex behaviours consistently and effectively, there may be a need to provide a behaviour support service over a longer period of time. When this is the case a *Service Request* to the *RBIT* may be appropriate.

## 7.2 Regional Behaviour Intervention Teams (RBIT)

There is one *RBIT* operating in each DADHC Region. *RBITs* provide services to people with complex challenging behaviours or where time limited interventions have not been sufficient to enable the family/carer to respond effectively to the behaviour. *RBITs* are able to provide a more intensive service in relation to assessment. They are able also to assist the primary carer to implement behaviour support strategies, to monitor outcomes and to review progress. A *Service Request* can be made to the *Statewide Behaviour Intervention Service (BIS)* where additional expertise is required.

## 7.3 Statewide Behaviour Intervention Service (Statewide BIS)

*Statewide BIS* is a unique tertiary service designed to enhance behaviour support capacity across the State. *Statewide BIS* provides a highly specialised, resource-intensive, specialist behaviour support service to other *Behaviour Support Practitioners*.

The **Office of the Senior Practitioner (OSP)** provides leadership and coordination of services to Service Users with complex needs and challenging behaviour. As part of this role the OSP has direct management of the *Statewide BIS* and oversight of behaviour support practice standards across the continuum.

The continuum of behaviour support services is summarised in the Table 2 as follows:

**Table A: The continuum of behaviour support**

Continuum of Support	Services Provided
<b>Community Support Teams</b> (CSTs) Primary level of support	<p><i>Behaviour Support Practitioners</i> on CSTs provide services directly to the support system. Services include:</p> <ol style="list-style-type: none"> <li>1. Behaviour assessment and analysis;</li> <li>2. Recommendations for behaviour support strategies to address emerging or established challenging behaviour requiring a service generally not exceeding six months duration;</li> <li>3. Training of carers and significant others in implementation and review of support strategies;</li> <li>4. Review and monitoring of support strategies;</li> <li>5. Systems analysis; and</li> <li>6. Referral to <i>RBIT</i> or <i>Statewide BIS</i> for <i>Service Requests</i> to address more complex behaviours.</li> </ol>
<b>Regional Behaviour Intervention Teams</b> (RBITs) Secondary level of support	<p><i>Behaviour Support Specialists</i> at this level provide services which address more complex challenging behaviours. These services include:</p> <ol style="list-style-type: none"> <li>1. Behaviour assessment and analysis;</li> <li>2. Recommendations for behaviour support strategies;</li> <li>3. Training of carers and significant others in implementation and review of support strategies;</li> <li>4. Review and monitoring of support strategies;</li> <li>5. Complex systems analysis;</li> <li>6. Skill building for family members and other carers; and</li> <li>7. Staff training, support and mentoring.</li> </ol>
<b>Statewide Behaviour Intervention Service</b> (Statewide BIS) Tertiary level of support	<p>This service operates at a tertiary level. That is, <i>Senior Clinical Consultants</i> provide consultation, assessment, program development and training to other <i>Behaviour Support Practitioners</i> and <i>Behaviour Support Specialists</i> who are engaged in primary and secondary levels of service delivery.</p> <p>Service Users for whom local services seek support and consultation must be eligible for DADHC CST services and identified as Regional or Departmental priorities.</p>

## 8.1 Community Support Teams (CST)

Eligibility and allocation for behaviour support services from a *Community Support Team* occurs through the Department's Regional Intake process. If an individual is eligible for Departmental services they will be prioritised in accordance with the Department's *Prioritisation and Allocation Policy*.<sup>3</sup>

The allocation of behaviour support services across a Region will need to reflect the *Prioritisation and Allocation Policy* as well as the Region's specific priorities. Some factors that will need to be considered include the complexity of need, risk of placement breakdown, and level of violence and systemic issues.<sup>4</sup> Also to be considered is the level of capacity and expertise within the CSTs within the Region.

In the event that a behaviour support service is likely to require staff input for longer than a six-month period, or requires greater resources and expertise than are available in the CST, consideration may be given to a *Service Request* to the *Regional Behaviour Intervention Team (RBIT)* through the Manager Access. Service Requests to the RBITs are to be assessed by the Manager, Access and the Manager, Behaviour Support. At this point it may also be considered necessary to make a Service Request to the *Statewide Behaviour Intervention Service (Statewide BIS)*.<sup>5</sup>

## 8.2 Regional Behaviour Intervention Team (RBIT)

For complex Service Requests the *Behaviour Support Specialist* within the *RBIT* is to be the primary worker and can be supported by staff in a funded agency, the CST, or *Statewide BIS*.

## 8.3 Statewide Behaviour Intervention Service (Statewide BIS)

Eligibility criteria for service from *Statewide BIS* are as follows:

- Service User is eligible for service from DADHC CSTs;
- and
- Service User is a Regional behaviour support priority (including clients receiving non-DADHC services) and endorsed by the Manager, Behaviour Support.

<sup>3</sup> DADHC *Prioritisation and Allocation Policy* (December 2001).

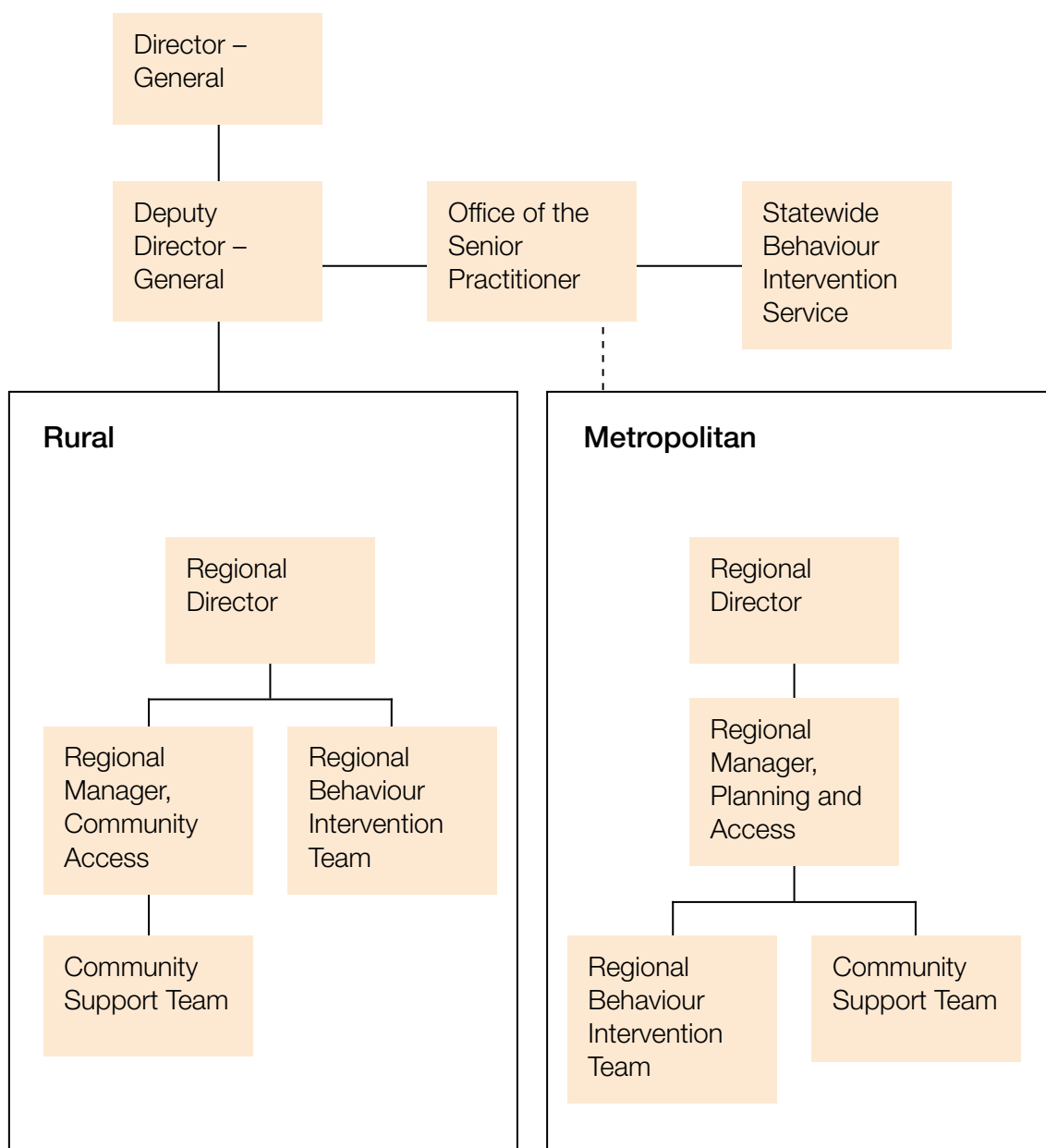
<sup>4</sup> "Systemic" relates to the overall support system, eg staff training, resources, etc.

<sup>5</sup> *Service Requests* to the *Statewide BIS (SBIS)* are to be made in accordance with the *SBIS* intake procedure.



**Table B: Service Request Pathway**

<b>Intake</b>	<ul style="list-style-type: none"> <li>■ All <i>Service Requests</i> are to be submitted through Regional Intake to establish the client's eligibility for service.</li> <li>■ If a person is not eligible for DADHC services, or a more appropriate service is available, the <i>Service Request</i> may be redirected to a funded service.</li> </ul>
<b>Review of Service Request (RSR)</b>	<p>This is a team response to a <i>Service Request</i>, completed <b>prior to allocation</b>, which involves timely contact between a <i>Behaviour Support Practitioner</i> and the originator of the request. It:</p> <ul style="list-style-type: none"> <li>■ Verifies whether or not the <i>Service Request</i> is appropriately placed with the unit that has received it;</li> <li>■ Assists in the allocation process;</li> <li>■ Provides sufficient specialist behaviour support input to ensure that specific individual Service User and /or service issues are appropriately identified in the <i>Service Request</i>;</li> <li>■ Confirms the currency, scope and validity of existing behaviour support plans and protocols;</li> <li>■ Provides an opportunity for consideration of interim strategies where risk of harm is clearly identified;</li> <li>■ Recommends referral to other services as appropriate;</li> <li>■ Clarifies the specific issues which prompted the <i>Service Request</i> to be made; and</li> <li>■ Clarifies the expectations of the stakeholders in relation to the <i>Service Request</i>.</li> </ul> <p>The RSR does not provide detailed behavioural assessment, analysis, formulation, review data or produce work other than a brief written <b>RSR Report</b>.</p>
<b>Allocation</b>	<p>Following completion of the <i>RSR Report</i> each <i>Service Request</i> will be assessed with consideration of the:</p> <ul style="list-style-type: none"> <li>■ <i>Prioritisation and Allocation Policy</i>;</li> <li>■ Complexity of the presenting behavioural issues;</li> <li>■ Estimated duration of service required;</li> <li>■ Expertise of each of the service outlets; and</li> <li>■ Previous service history of the individual.</li> </ul> <p>Each <i>Service Request</i> will be assessed by the CST and allocated, in consultation with each team manager, either to the:</p> <ul style="list-style-type: none"> <li>■ Community Support Team (CST);</li> <li>■ Regional Behaviour Intervention Team (RBIT);</li> <li>■ Statewide Behaviour Intervention Service (Statewide BIS); or</li> <li>■ A combination of these service outlets.</li> </ul>
<b>Service provision</b>	<p>Outcome of <i>Service Request</i>:</p> <ul style="list-style-type: none"> <li>■ Support is provided by addressing the <i>Service Request</i>; and</li> <li>■ Greater support and intervention is required. This <i>Service Request</i> may then be reconsidered for referral on to a different service outlet or for additional support to be provided to the original Service Provider.</li> </ul>



- *Aboriginal Policy Framework (July 2005);*
- *Abuse and Neglect Policy and Procedures (May 2007);*
- *Anti-Discrimination Act (1977);*
- *Behaviour Support: Policy and Practice Manual (January 2009);*
- *Child protection: Responding to Allegations Against Employees (June 2008);*
- *Children and Young Persons (Care and Protection) Act (1998);*
- *Children and Young Persons (Care and Protection) Regulation (2000);*
- *Children's Standards in Action (2004);*
- *Client Risk Policy and Procedures (March 2008);*
- *Code of Conduct and Ethics (2004);*
- *Consulting Effectively with Aboriginal People and Communities (July 2005);*
- *Decision Making and Consent (July 2008);*
- *Dignity of Risk and Duty of Care (1996);*
- *Disability Services Act (1993);*
- *Feedback and Complaint Handling: Principles and Guidelines (May 2005);*
- *Guardianship Act (1987);*
- *Guardianship Regulations (2005);*
- *Guidelines for the development, implementation and review of communication support systems for persons with an intellectual disability and complex communication needs (October 2002);*
- *Health Care Policy and Procedures (March 2007);*
- *Incident Management Policy (June 2006, amended January 2007);*
- *Individual Planning for Adults in Accommodation Support Services (Sept 2005);*
- *Individual Planning for Children and Young People Living in Out-of-home Placements: Policy and Procedures (May 2007);*
- *Intake Policy (December 2001);*
- *Interagency Guidelines for Child Protection Intervention (DoCS 2006)*
- *Living in the Community: Putting Children First (July 2002);*
- *Maintaining Family Relationships Policy (1996);*
- *Managing Risks and Incidents in the Workplace (January 2003);*
- *Medication Policy and Procedures (March 2008);*
- *Memorandum of Understanding between the Department of Community Services and the NSW Department of Ageing, Disability and Home Care on Children and Young Persons with a Disability (November 2003);*
- *Mental Health Act (2007);*
- *NSW Interagency Guidelines for Child Protection Intervention (DoCS 2006)*
- *NSW Out-of-Home Care Standards (NSW Office of the Children's Guardian);*
- *Occupational Health and Safety Act (2000);*
- *Occupational Health and Safety Policy (September 2004);*
- *Occupational Health and Safety Regulation (2001);*
- *Occupational Health and Safety Risk Management Policy (September 2004);*

- *Orientation to DADHC Disability Services Respite Services (August 2002);*
- *Out-of-Home Care Standards (NSW Office of the Children's Guardian);*
- *Prioritisation and Allocation Policy (August 2002);*
- *Privacy, Dignity and Confidentiality (October 1996);*
- *Responding to Risk of Harm to Children and Young people (March 2007);*
- *Standards in Action Manual (1998);*
- *Strategy to improve services for people from culturally diverse communities: DADHC CALD Strategy 2005-08 (December 2005).*



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