

DEAI

**PBS Supervision:  
some technical competencies associated with  
the delivery of PBS and the new NDIS Quality  
and Safeguards Commission requirements**



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# OVERVIEW



## Focus of our two sessions:

- Session 1 : The Supervision relationship and supervisor competencies
- Session 2: PBS supervision: technical competencies associated with the delivery of PBS and new NDIS Quality and Safeguards Commission requirements

# What do we know about our current operating environment?



National Disability  
Insurance Scheme



Australian Government



NDIS Quality  
and Safeguards  
Commission

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

## ***NATIONAL FRAMEWORK FOR REDUCING AND ELIMINATING THE USE OF RESTRICTIVE PRACTICES IN THE DISABILITY SERVICE SECTOR (THE 'NATIONAL FRAMEWORK')***

**National Disability Insurance Scheme (Restrictive  
Practices and Behaviour Support) Rules 2018**

# A new era, a new way of delivering services



# Current requirements for supervision as per *NDIS (Quality Indicators) Guidelines 2018*

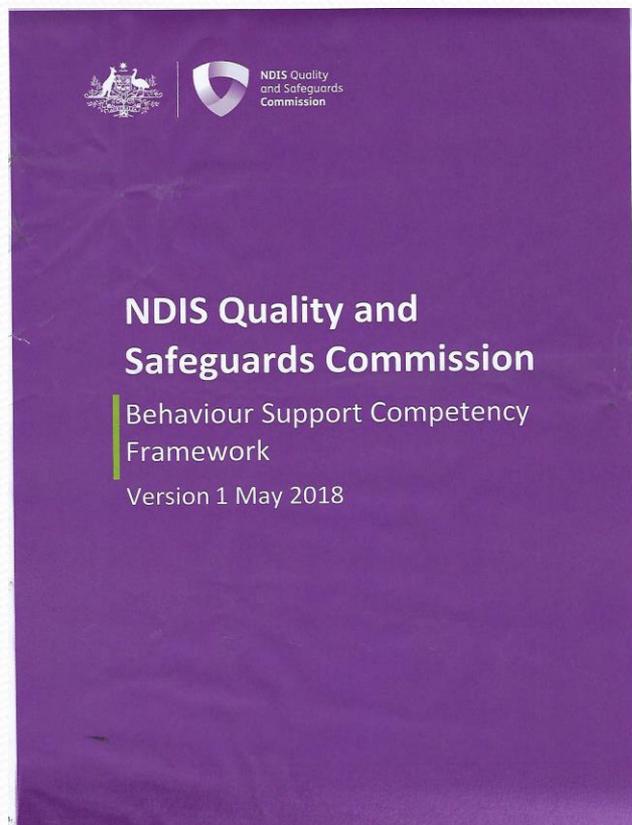
## 38 Behaviour Support in the NDIS

Outcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

To achieve this outcome, the following indicators should be demonstrated:

- (1) The *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* are understood and applied.
- (2) All NDIS behaviour support practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans.
- (3) Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.
- (4) A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner.
- (5) Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

# We're also waiting for the release of the new Competency Framework



“Regardless of qualifications, training and experience, all behaviour support practitioners are to demonstrate that they receive regular supervision from a more experienced practitioner in behaviour support, according to their professional registration requirements or workplace requirements”.

Behaviour Support Competency Framework (released in May 2018 and withdrawn a short time later)

# Positive Behavioural Support

A Competence Framework

**Positive Behavioural Support (PBS)  
Coalition UK**

May 2015

# NDIS Behaviour Support Practitioners will be:

- *‘A person the Commissioner considers is suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of a restrictive practice.’*
- During transition, behaviour support practitioners nominated by transitioning providers will automatically be deemed suitable for the short term
- **In the longer term, potential NDIS behaviour support practitioners will be formally assessed including against a national competency framework**

But in the meantime,  
prevails:

BEST  
PRACTiCE



**E**evidence  
**B**ased  
**P**Practice



# Defining supervision?

“The definition of supervision is determined by the **purpose** it serves, the **participants** involved, and the context or place in which it occurs. Often, supervision is considered an intervention provided by a more senior member of a profession to a more junior member or members of that same profession, which is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior members, monitoring the quality of professional services offered to the clients that they see, and serving as a gatekeeper for those who are to enter the particular profession”

# The “purpose” of supervision in the current NDIS context



- Safeguarding of NDIS participants

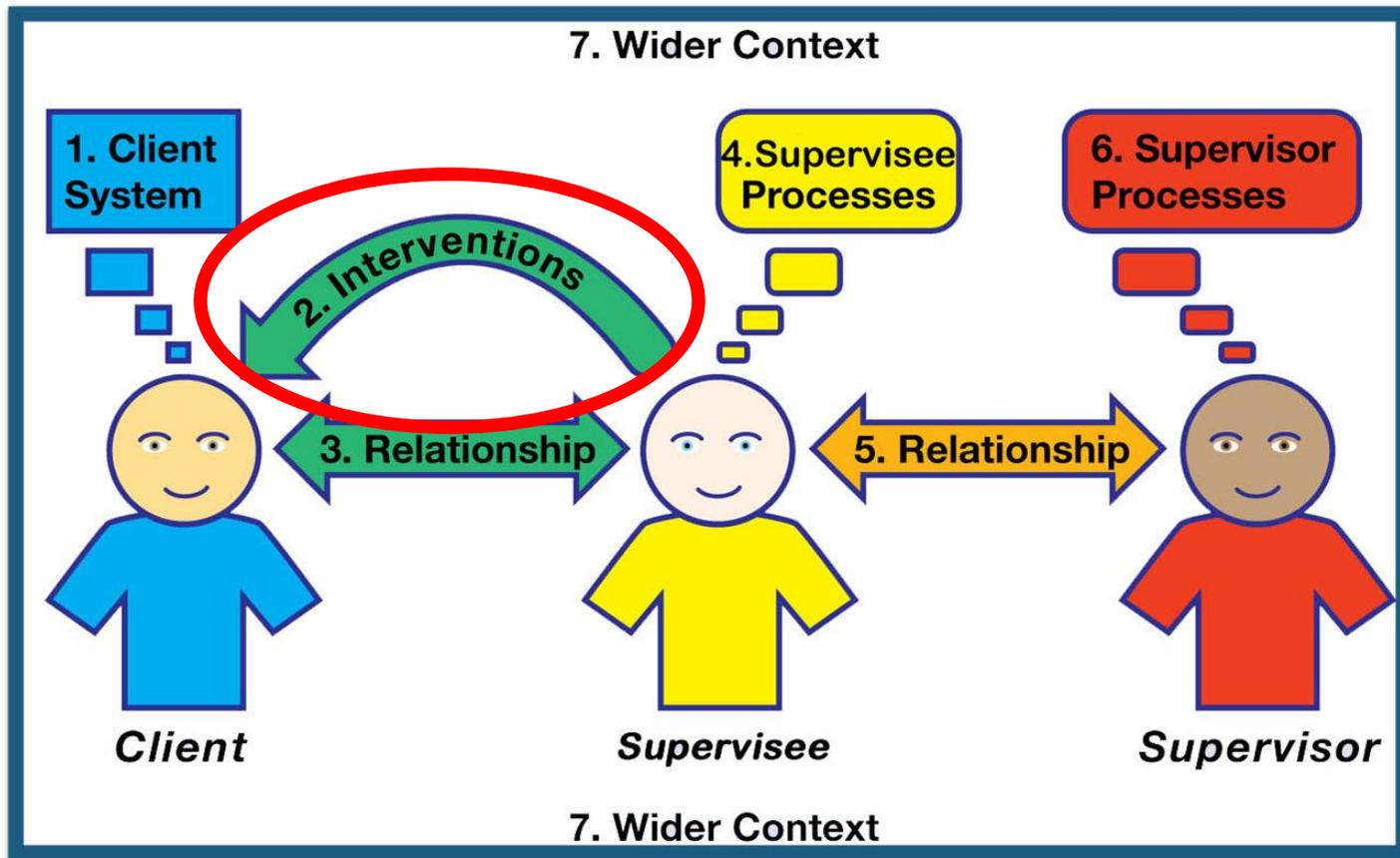


- Development of professional competencies in an ‘orientation specific’ approach



**Clinical supervision requires more than the oversight of cases...it requires the cultivation of the therapist.**

# The seven-eyed model (Hawkins and Shohet)

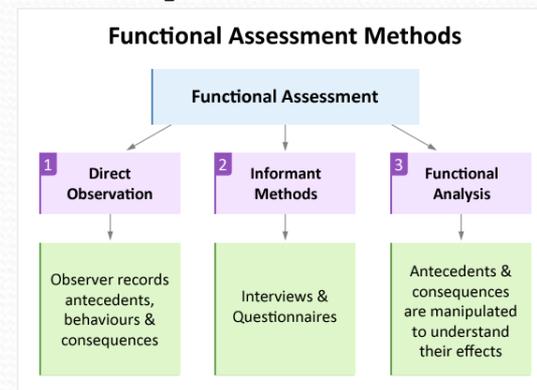




# A quick review of the key features of PBS

- An emphasis on lifestyle change
- Functional analysis [functional behavioural assessment]
- Multi-component interventions
- Manipulation of ecological and setting events
- Emphasis on antecedent manipulations
- Teaching adaptive behaviour
- Building environments with effective consequences
- Minimising the use of punishers [and restrictive practices]
- Distinguish emergency procedures for proactive programming
- Social validation and the role of dignity in behavioural support

Why is this  Happening?



**HYPOTHESIS**



Horner, Dunlap, Koegal, Carr, Sailor, Anderson, Albin & O'Neill (1990)

“Toward a technology of Nonaversive Behavioural Support” JASH, 15, 9, pp125-132

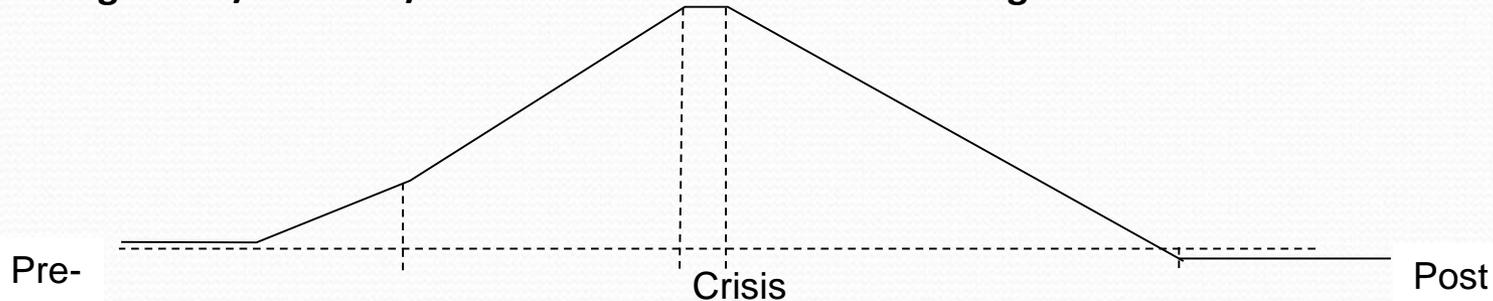
# Behaviour Support Plan Framework

(adapted from La Vigna and Willis)



<b>Ecological or antecedent management</b> ie. what can I do to better manage the environment so as to minimise the likelihood of challenging behaviour occurring?	<b>Skill Development</b> ie. what specific skills would enable this person to get on better and reduce the need for them to engage in challenging behaviour?	<b>Focused behavioural strategies</b> ie. how can I make sure that this person receives the kind of feedback that enables them to learn?
<ul style="list-style-type: none"> <li>◆ <i>Physical Environmental strategies</i></li> <li>◆ <i>Communication environment strategies</i></li> <li>◆ <i>Programming strategies</i></li> </ul>	<ul style="list-style-type: none"> <li>◆ <i>Build on strengths</i></li> <li>◆ <i>Replacement/functionally equivalent/acceptable alternate skills</i></li> <li>◆ <i>Target weaknesses (functionally related skills)</i></li> <li>◆ <i>Coping skills</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Adjust contingencies</i></li> <li>• <i>Positive reinforcement for desired behaviour</i></li> <li>• <i>Reduce pay-off's for problem behaviour</i></li> </ul>

## Incident management/defusion/de-escalation or 'reactive' strategies



**“An NDIS behaviour support plan is a document developed for a person with disability by an NDIS behaviour support practitioner. It is developed in consultation with the participant, their family, carers, guardian, and other relevant people, as well as the service providers who will be implementing the plan.**

A behaviour support plan specifies a range of evidence-based and person-centred, proactive strategies that focus on the individual needs of the participant. This includes positive behaviour support to:

- build on the person’s strengths
- increase their opportunities to participate in community activities, and
- increase their life skills.

**It also includes any regulated restrictive practices that may be required.”**

*(National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

The Commission's BSP's also require practitioners to propose

safe trials and fading strategies to reduce the long-term reliance on restrictive practices

*fading*  
*fading*  
*fading*

Under the NDIS Rules, and under different circumstances, PBS practitioners will be required to prepare ...

- **“A comprehensive behaviour support plan; or**
- **An interim behaviour support plan”**

*NDIS (Restrictive Practices and Behaviour Support) Rules 2018*

*NB. “Reasonable efforts” must be made to submit an interim plan within one month of an unauthorised restrictive practice being used and a comprehensive plan within six months of an unauthorised restrictive practice being used. Plans are expected to be reviewed every 12 months.*

# A GOOD Positive Behaviour Support Plan is ...

“a plan to support a person and includes assessment and planning and implementation of strategies to meet the person's needs, improve their capability and quality of life, and reduce the occurrence of the behaviour that causes harm.”

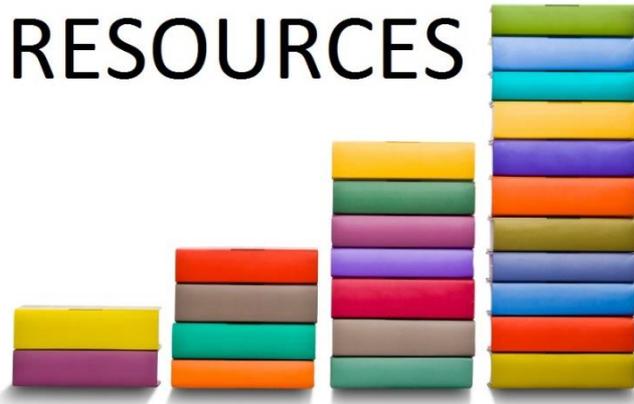


Making a Positive Behavior Support Plan (n.d.)  
Retrieved from: <http://synapse.org.au/get-the-facts/making-a-positive-behaviour-support-plan.aspx>

In addition to undertaking FBA's and developing BSP's, behaviour support practitioners are expected to use the NDIS Commission's C-BAS Portal to:

- Attach behaviour assessments and any other relevant assessment reports
- Enter behaviour support plans onto the system
- Manage and update current behaviour support plans
- Upload assessments, including functional behaviour assessments
- Associate implementing service providers to plans

## RESOURCES



So ... assuming we ourselves are competent 'behaviour support practitioners' AND we have elected to become a provider of PBS supervision, what tools and resources can we use to assist us in evaluating the quality of behaviour support plans and supporting the ongoing development of our supervisee's?

# The Core Elements of PBS

Gore et al (2013) International Journal of Positive Behavioural Support,V3,N2

## VALUES, THEORY AND EVIDENCE BASE and PROCESS

### Values

1. Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
2. Constructional approaches to intervention design build stakeholder skills and opportunities and eschew aversive and restrictive practices
3. Stakeholder participation informs, implements and validates assessment and intervention practices

# The Core Elements of PBS

Gore et al (2013) International Journal of Positive Behavioural Support, V3, N2

## **Theory and evidence base**

4. An understanding that challenging behaviour develops to serve important functions for people
5. The primary use of applied behaviour analysis to assess and support behaviour change
6. The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system

## **Process**

7. A data-driven approach to decision making at every stage
8. Functional assessment to inform function-based intervention
9. Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
10. Implementation support, monitoring and evaluation of interventions over the long term

# 'Standards of Practice - Individual Level'



Association For Positive Behavior Support  
Standards Of Practice

[www.apbs.org](http://www.apbs.org)

## PBS Standards of Practice from the Association for Positive Behavior Support

- *Standard I* – Foundations of PBS
- *Standard II* – Collaboration and Team Building
- *Standard III* – Basic Principles of Behavior
- *Standard IV* – Data-Based Decision-Making
- *Standard V* – Comprehensive Person Centered and Functional Behavior Assessments
- *Standard VI* – Development and Implementation of Comprehensive, Multi-element Behavior Support Plans

# Kansis Institute for Positive Behavior Support Person-Centred Positive Behavior Support Plan (PC-PBS) Report Scoring Criteria and Checklist (Rev3-5-07)

- Interventions selected employ validated procedures;
- Preferred lifestyle goals attempt to increase quality of life not simply maintain it;
- The plan is designed to make a meaningful positive difference in the life of the individual;
- The plan reflects the values and beliefs [of the organisation]
- The plan includes data to support each hypothesis statement presented;
- The possible functions of behaviour are addressed;
- Teaching of adaptive skills as replacement behaviour is addressed;
- Minimising reinforcement for problem behaviour is included;
- Effective reinforcement protocols are included for reinforcing appropriate behaviours

**KIPBS**  
Kansas Institute for Positive Behavior Support

**Person-Centered Positive Behavior Support Plan (PC-PBS) Scoring Criteria & Checklist** (Rev. 3-5-07) P. 1 of 8

Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Rater: \_\_\_\_\_

Case Name: \_\_\_\_\_

Note: The plan needs to meet all of the critical features listed below, and needs a score of 2 for items # 27, 36, 37, 41, & 42 in order to be considered for payment.

Critical Features
CF1 Interventions selected employ validated procedures
CF2 Preferred lifestyle goals attempt to increase quality of life, not simply maintain it
CF3 The plan is designed to make a meaningful positive difference in the life of the individual
CF4 The plan clearly reflects the values and beliefs (philosophy, standards, & foundation) of KIPBS
CF5 The plan has obtained a score of 2 on items 27, 36, 37, 41, & 42

Instructions - Please rate each of the following questions by circling either 0, 1, or 2 according to each question's criteria.

Item	Identifying Information	General Information
1.	<b>Identifying info. is complete (facilitator name, consumer name, address, DOB, age, contacts, referral source)</b> 2 = All identifying information is provided including name of person writing the report, consumer's name, address, DOB, age, contacts, and referral source 1 = Some of the above identifying information is included but not all 0 = With the exception of the consumer's name, there is no identifying information included that is relevant to the plan	<b>GENERAL INFORMATION</b>
2.	<b>A brief history of the consumer's life is provided</b> 2 = There is a description of the consumer's life is provided 1 = Some events are described, or there is a diagnosis provided, but the information is limited 0 = There is no information provided regarding the consumer's history	<b>Consumer Information - (GENERAL INFORMATION)</b>
3.	<b>Important places for the consumer at school/work, home, and in the community are described</b> 2 = Important places for the consumer, at school/work, home and in the community are described in general situations, moves, and community involvement. If particular events do not apply, it is so stated. 1 = Some places are listed, but the information is limited (e.g. does not address each setting listed above) 0 = There is no information provided regarding important places for the consumer	
4.	<b>Opportunities for the consumer to interact with friends and/or family are described</b> 2 = Quality and frequency of friendships (may include paid supports) and/or family interactions are discussed 1 = Friendships and/or family relationships are mentioned but there is no description regarding the quality or frequency of the relationships 0 = There is no information provided regarding the consumer's opportunities to interact with friends or family members	
5.	<b>The consumer's strengths are described</b> 2 = Several specific consumer's positive behaviors, skills, and strengths are described 1 = Some positive behaviors, skills, or strengths are described but the information is limited 0 = There is no information provided regarding the consumer's positive behaviors, skills, or strengths	
6.	<b>The consumer's preferred method of communication is described</b> 2 = The consumer's mode of communication is described as well as any possible issues related to communication and problem behavior 1 = Incomplete information is provided regarding the consumer's mode of communication or strategies related to communication 0 = There is no information provided regarding the consumer's mode of communication or strategies related to communication	
7.	<b>Opportunities for choice in the consumer's current environment are described</b> 2 = There is a specific description of the consumer's opportunities to make choices in at least 3 areas throughout the day. 1 = The description of opportunities to make choices addresses less than 3 areas. (Need to mention "choice") 0 = The issue of opportunities to make choices is not addressed (there is no mention "choice")	
8.	<b>Current health and physiology issues are described</b> 2 = Current health status, including chronic and/or acute medical issues, medication, and necessary adaptive equipment, is described. If the consumer is in good health, it is so stated. 1 = Incomplete information is provided regarding current health status issues, including medication information 0 = There is no information regarding current health status	

1 of 8

# BEHAVIOR SUPPORT PLAN QUALITY EVALUATION SCORING GUIDE II

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*To Evaluate Behavior Support Plans (See [www.pent.ca.gov](http://www.pent.ca.gov))*

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Diana Browning Wright, M.S., G. Roy Mayer, Ed.D.,  
Dru Saren, Ph.D.



*With critical reviews from:*

**PENT Research Team**

Diana Browning Wright, Clayton Cook, Dean Crews, Dr. Bruce Gale,  
Dr. Bonnie Rawlings Kraemer, Dr. G. Roy Mayer

*With further input from:*

**The Positive Environments, Network of Trainers Leadership Team**

(Elena Alvarez, Gail Cafferata, Clinton Eatmon, Dr. Bruce Gale,  
Diane Harnett, Joan Justice-Brown, Denise Keller, Toni Lien,  
Hope Michel, Dr. Valerie Samuel, and Adam Stein)

*and*

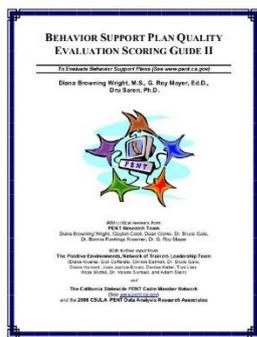
**The California Statewide PENT Cadre Member Network**

(See [www.pent.ca.gov](http://www.pent.ca.gov))

*and the 2006 CSULA PENT Data Analysis Research Associates*

# BIP-QEI Scoring Guide

- A. Problem behaviour
- B. Predictors of behaviour
- C. Analysis of what supports the problem behaviour is logically related to predictors
- D. Environmental change is logically related to what supports the problem behaviour
- E. Function of behaviour is logically related to predictors
- F. Replacement behaviours serve the same function as the problem behaviour
- G. Teaching strategies adequately specify how to teach or prompt FERBS
- H. Reinforcers
- I. Reactive strategies
- J. Goals and Objectives - Progress monitoring
- K. Team Coordination in implementation – Progress monitoring
- L. Communication – progress monitoring



# What the BIP-QE-II Measures (and doesn't measure)

The BIP-QEII “measures the extent to which the key concepts in behaviour plan development appear in the plan being evaluated with this instrument”

The BIP-QE-II “**does not** measure

- Developmental appropriateness;
- Accuracy of the identified function of the behaviour;
- Whether this Plan was implemented Consistently, as described, with Skill”

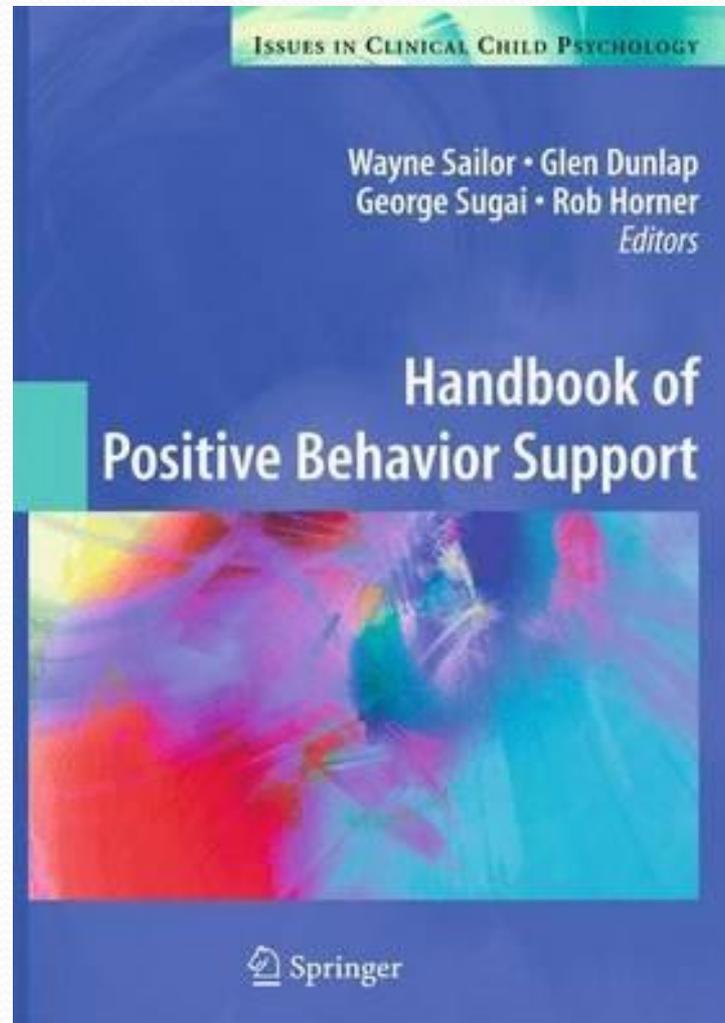
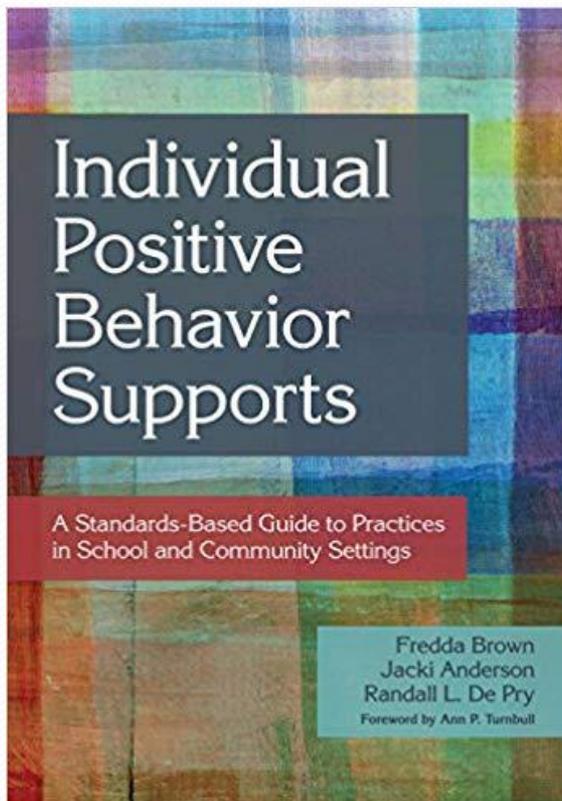
*Browning Wright et al (2013)*

*Behaviour Intervention Plan Quality Evaluation Scoring Guide II*

# Goodness-of-fit/contextual fit

“behavior support plan effectiveness is dependent on technical soundness and contextual soundness. A systems-level assessment provides the team with important information needed to ensure contextual fit (Freeman et al., 2002). Contextual fit refers to the congruence, or compatibility, that exists between specific features and components of a behavior support or support plan and a variety of relevant variables relating to the individuals, their environments, and their support staff (Albin et al., 1996).”

*Freeman, R., Baker, D., Horner, R., Smith, C., Britten, J., & McCart, A. (2002). Using functional assessment and systems-level assessment to build effective behavior support plans. In R. H. Hanson, N. A. Wieselers, & K. C. Larkin (Eds.), Crisis: prevention and response in the community (pp. 299-224).*



# Reducing Restrictive Practices Checklist





NATIONAL TECHNICAL ASSISTANCE CENTER

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Creating Violence Free and Coercion Free Service  
Environments for the Reduction of Seclusion and Restraint

## SIX CORE STRATEGIES TO REDUCE THE USE OF SECLUSION AND RESTRAINT PLANNING TOOL ©

Draft, October 2005  
Keyin Ann Hacksbom, R.N., M.S.N., C.A.P., I.C.A.D.C.  
Director, NTAC  
National Association of State Mental Health Program Directors  
66 Canal Center Plaza, Suite 302  
Alexandria, VA 22314  
703-739-9333  
[www.nasmhpd.org](http://www.nasmhpd.org)

(From the NTAC/NASMHPD Training Curriculum to Reduce the Use  
of Seclusion and Restraint in Mental Health Facilities, Draft, October 2005)

**Purpose:** For use as a template or checklist that guides the design of a seclusion and  
restraint (SR) reduction plan that incorporates the use of a prevention approach, includes



**restrictive  
practices**



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**KEEP  
CALM  
&  
FOLLOW  
THE RULES**

# ‘Restrictive Practice’



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- “means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability” (*NDIS Act s 9*)
- so therefore includes:
  - Seclusion
  - Chemical restraint (*according to Victorian data, 96% of all regulated RP’s are chemical restraints*)
  - Mechanical restraint
  - Physical restraint
  - Environmental restraint
  - Psycho-social restraint

# The most common form of restraint is:

## Psycho-social Restraint

The use of power-control strategies to control an individual by directing his/her behaviour, use of voice tone, ignoring the individual or withdrawing privileges.

### What is coercion?

- Oxford English Dictionary definition:
  - 'to constrain or restrain by the application of superior force, or by authority resting upon force'.
- Coercion can be further explained:
  - As a relationship where one party has power over the other.
  - Coercion does not necessarily require obvious threats of force, it is often achieved through the implication that force could be an outcome.



However, the Commission is only regulating '***Regulated*** restrictive practices':

- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Environmental restraint



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and Safeguards  
Commission**

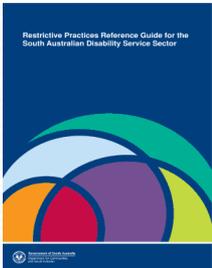
*(NDIS Act s 9)*

# Regulated restrictive practices may be used in a

- Planned way (ongoing use), or
- An unplanned way (*a single emergency use or first use*).



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All planned use of regulated restrictive practices are subject to state-based authorisation processes.



All planned and unplanned regulated restrictive practices are subject to reporting ('reportable incidents') and record-keeping requirements as specified by the Commission and will inevitably require the development and ongoing review of a behaviour support plan to minimise the need for the practice.



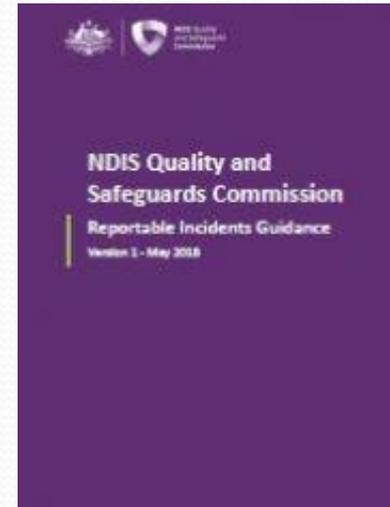
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# What is a 'reportable incident'?



For an incident to become a reportable incident it must satisfy the following two requirements:

- The incident must involve an act, event or omission defined in section 73Z(4) of the Act and section 16 of the NDIS (Incident Management and Reportable Incidents) Rules 2018.
- The incident must have occurred or is alleged to have occurred in connection with the provision of supports or services by a registered NDIS provider.



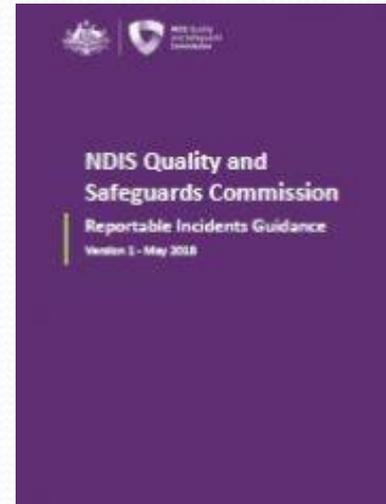
# Serious incidents (including allegations) arising in the context of NDIS supports or services, include:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- the unauthorised use of a restrictive practice in relation to an NDIS participant.

***NB. This does not replace existing obligations to report suspected crimes to the police and other relevant authorities.***



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# Regulated Restrictive Practices



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- **Regulated restrictive practices can only be used in the context of:**
  - Reducing the risk of harm to the self or others
  - Clearly being identified in a Behaviour Support Plan
  - Authorisation (however described) by the State/Territory where required
  - Only being used as a last resort
  - Being the least restrictive response available
  - Being proportionate to the potential harm to self or others
  - Being used for the shortest possible time
  - The NDIS participant being given opportunities to develop new skills that have the potential to avoid the need for a restrictive practice

# Who can Authorise the use of Restrictive Practices?

- Where a provider believes a restrictive practice is necessary, an appropriate professional must recommend its use.
- The NDIS Quality and Safeguards Commission has already discussed the Rules in respect to positive behavior support plans
- Seclusion, physical restraint and mechanical restraint require the authorisation of the South Australian Civil and Administrative Tribunal (SACAT).
- Chemical restraint requires the consent of an authorised guardian and, if the individual objects to its use, authorisation by SACAT.
- Environmental restraint requires the consent of a guardian.



# Resources about state-based authorisation requirements for families, Guardians and behaviour support practitioner and providers



# Regulated restrictive practices – some definitions:



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“A restrictive practice is only a regulated restrictive practice if it involves any of the following:

**(a) seclusion**, which is the sole confinement of a person with a disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;



# Some definitions:



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(b) “**Chemical restraint**, which is the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition”;



# Some definitions:



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Commission

(c) “**Mechanical restraint**, which is the use of a device to prevent, restrict, or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes”;



# Some definitions:



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(c) “**physical restraint**, which is the use of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards that person”;



# When physical contact does not need to be notified to the NDIS Commission



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“... in circumstances where the contact with, and impact on, the person with disability – is in all the circumstances – negligible. It is important to consider the context in which physical contact/force is used against a participant to determine whether it is unlawful. For example, where there is use of necessary and reasonable force in the following circumstances:

- restraining a participant when it is in accordance with an approved behaviour support plan authorised by a Restricted Practices Authorisation mechanism
- taking reasonable steps to disarm a participant seeking to harm themselves or others
- separating participants who are fighting
- moving a participant out of harm’s way
- restraining a participant from causing intentional damage to property
- self-defence, or the defence of others”.

# Some definitions:



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(c) “**Environmental restraint**, which restricts a person’s free access to all part of their environment, including items of activities”;





Health  
and Human  
Services



**RISSET - a tool  
to monitor and  
reduce  
restrictive  
interventions**

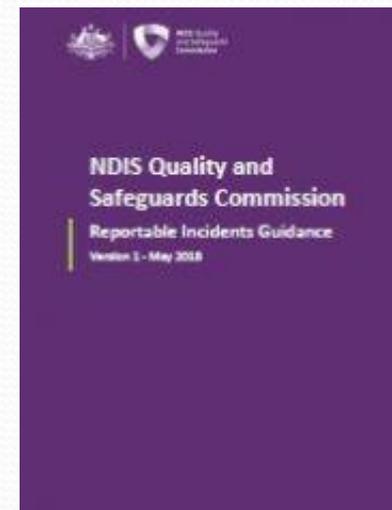
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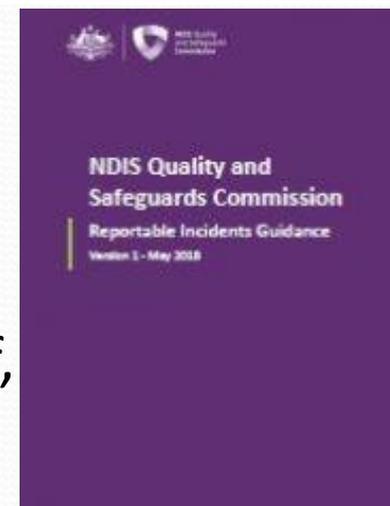
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- **the unauthorised use of a restrictive practice in relation to an NDIS participant.**

***NB. This does not replace existing obligations to report suspected crimes to the police and other relevant authorities.***



# What are Special Powers? (Section 32)

Special Powers are exceptional orders made by the South Australian Civil and Administrative Tribunal (the Tribunal) under section 32 of the Guardianship and Administration Act 1993 (the Act).

They can be applied for by an appropriate authority. An appropriate authority is a substitute decision maker appointed under an Advance Care Directive (which includes what was known as an Enduring Power of Guardianship) or a guardian of the person appointed by the Tribunal (or, before 30 March 2015, by the Guardianship Board).

# Special Powers (Section 32 Orders)

Special Powers can include:

- a) a direction of the Tribunal that a person lives, or stays temporarily, in a particular place, or with a particular person, or where the appropriate authority says they should live or stay
- b) authorisation to detain the person at the place they have been directed to live or stay under (a),
- c) authorisation by the Tribunal for the persons involved in the care of the person to use such force as may be reasonably necessary to ensure the proper medical treatment, day to day care and wellbeing of the person.

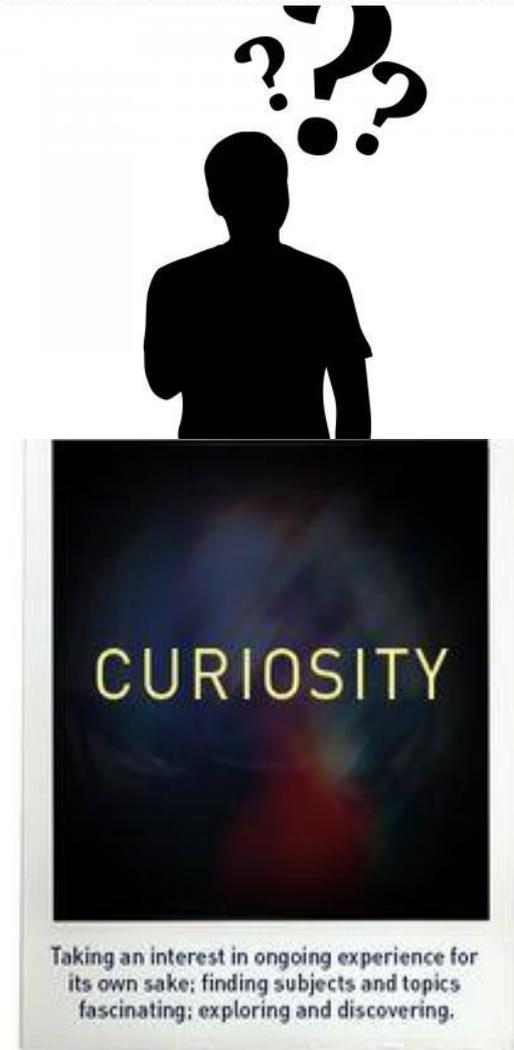


## Duty of Care

‘Duty of Care’ ALWAYS takes precedence over the need to reduce or eliminate restrictive practices

***At the heart of reflective practice is a spirit of inquiry, of asking "Why is this happening" and "what can we do about it?" This art of questioning is critical to both individual and organizational improvement . Without it, we stagnate and fail to adapt to change.***

Retrieved from  
<http://www.michelemmartin.com/thebambooprojectblog/2008/03/creating-an-org.html>



# So, in PBS supervision we will need to ...

- Balance our attention to the other facets of supervision (ie. the other 6 areas of the 7-eyed model) whilst still providing orientation (PBS) specific oversight to cases

AND

- Support supervisee's to develop BSP's that contain all the minimum standards and technical competencies

AND

- Support supervisee's to comply with the new NDIS Q&S Commission reporting and lodgement requirements





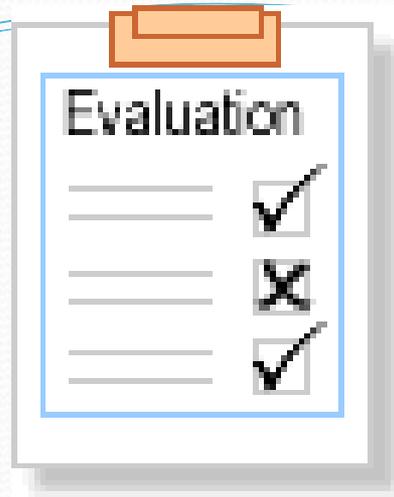
## Further resources

- APBS Standards of Practice: <http://apbs.org/about/standards-of-practice/>
- BILD <http://www.bild.org.uk/our-services/positive-behaviour-support/>
- Centre for Effective Collaboration and Practice <http://cecp.air.org/>
- BIP-QEII: <http://www.pent.ca.gov/beh/qe/bipscoringrubric.pdf>
- Brown, F., Anderson, J. and De Pry, R.L. (2014) Individual Positive Behavior Supports: A Standards-Based Guide to Practices in School and Community Settings
- Dunlap, G., Sugai, G., Sailor, W. And Horner, R. (2008) Handbook of Positive Behavior Support



## Further resources

- Kansis Institute for Positive Behaviour Support <http://www.kipbs.org/>
- NDIS Quality and Safeguards Commission  
<https://www.ndiscommission.gov.au/>
- Positive Environments, Network of Trainers <http://www.pent.ca.gov>
- Restrictive Practices Reference Guide for the South Australian Disability Service Sector  
[https://dhs.sa.gov.au/\\_\\_data/assets/pdf\\_file/0018/55602/restrictive-practices-reference-guide-south-australian-disability-sector.pdf](https://dhs.sa.gov.au/__data/assets/pdf_file/0018/55602/restrictive-practices-reference-guide-south-australian-disability-sector.pdf)
- Riset: <https://providers.dhhs.vic.gov.au/riset-tool-monitor-and-reduce-restrictive-interventions>
- Technical Assistance Center on Positive Behavioral Interventions and Supports <http://www.pbis.org>



- One thing I liked was.....
- One thing I learned was.....
- One thing that surprised me was .....
- One thing I would like to try when I get back to work is .....
- One thing that would support my ongoing learning is .....

