

# Annual Report

Senior Practitioner  
Disability and Community  
Services

July 2020 to June 2021

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## I Executive Summary

As outlined in the *Disability Services Act 2011* (Tas), (the Act) the Senior Practitioner must provide to the Secretary by 1 September each year a report consisting of:

- (a) information on the performance of the functions, and the exercise of the powers, of the Senior Practitioner during the previous financial year
- (b) data relating to the use of restrictive interventions during the previous financial year.

It is also a requirement of the Act that a report provided to the Secretary under Section 31 must not enable a person with disability to be identified.

Finally, the Secretary must ensure that a copy of the report provided to the Secretary under Section 31 is available to the public at an electronic website of the Department for at least twelve months after it is so provided. The Senior Practitioner's reports are available at

[www.communities.tas.gov.au/disability/office-of-the-senior-practitioner](http://www.communities.tas.gov.au/disability/office-of-the-senior-practitioner)

The report outlines the activities conducted by the Senior Practitioner in order to make recommendations about the provision of specialist disability services as well as the regulation of the use of restrictive interventions. This report details the data relating to the use of restrictive interventions from 1 July 2020 to 30 June 2021.

The data indicates some trends that require further examination and the development of guidelines and standards in accordance with best practice in the disability sector as related to the incidence of use of restrictive interventions.

The report concludes with some areas identified as priorities to assist the sector to provide improved services for those living with disability during the next reporting period.

## 2 Commencement of the NDIS Quality and Safeguards Commission

The NDIS Commission (the Commission) has been operating in Tasmania since 1 July 2019.

The Commission has a number of functions and responsibilities including:

- registering and regulating NDIS providers and overseeing provider quality
- monitoring compliance with the NDIS Practice Standards and NDIS Code of Conduct
- responding to concerns, complaints and reportable incidents
- advising providers on in-house complaints management and supporting participants to make a complaint
- advising providers on incident management systems and how to report serious incidents to the NDIS Commission
- working with people with disability, NDIS providers and workers to improve their skills and knowledge
- monitoring the use of restrictive practices and educating providers and participants about behaviour support strategies
- working with states and territories to design and implement nationally consistent NDIS worker screening
- providing market oversight by monitoring changes in the market that need attention
- sharing information with other regulatory bodies.

NDIS registered disability service providers in Tasmania are now operating under two separate legislative and regulatory frameworks – namely the *National Disability Insurance Scheme Act 2013* and associated Rules, as well as the *Tasmanian Disability Services Act 2011*. In relation to the use of restrictive interventions, service providers need to report their use to the Commission monthly if authorised or weekly if unauthorised (a reportable incident). Where a restriction does not need authorisation (e.g. use of chemical restraint) the action remains a reportable incident until a behaviour support plan is developed.

The Office of the Senior Practitioner (OSP) continues in its role under section 6 of the Act, including the facilitation of approvals for the use of restrictive interventions and works with the Commission to further the goal of reducing and eliminating the use of restrictive interventions.



## 3 Processing of Applications

### 3.1 Background

A disability services provider or a funded private person must not carry out, in relation to a person with disability who is under their care or control, a restrictive intervention unless there is in force an approval under section 38 or section 42 of the Act.

Section 4 of the Act provides a definition of restrictive intervention as follows:

**restrictive intervention** means any action that is taken to restrict the rights or freedom of movement of a person with disability for the primary purpose of the behavioural control of the person but does not include such an action that is –

(a) taken for therapeutic purposes; or

(b) taken to enable the safe transportation of the person; or

(c) authorised under any enactment relating to the provision of mental health services or to guardianship;

Part 6 of the Act provides for the regulation and monitoring of restrictive interventions. The Act separates ‘restrictive interventions’ into two categories – ‘environmental restrictions’ and ‘personal restrictions’.

Personal restrictions can only be approved by the Guardianship and Administration Board (the Board) under section 42 of the Act and they are also able to approve the use of environmental restrictions under the same section of the Act.

The Secretary of the Department of Communities Tasmania can only approve environmental restrictions under section 38 of the Act.

Under Section 36 of the Act a restrictive intervention that has not been authorised is only allowed to be used if: a) the action is used to protect a person from harm; b) the action used is the least intrusive type of restriction; c) the Senior Practitioner is notified as soon as practicable after use of the action and; d) the action isn’t used again for 72 hours.

### 3.2 Secretary Approvals for Restrictive Interventions

A disability services provider or funded private person may apply to the Secretary for approval to carry out, in relation to a person with disability, a type of restrictive intervention that is an environmental restriction.

The Secretary can only approve an application if the Secretary is satisfied that consultation has occurred with the person with disability or a person nominated by the person, any persons who have expertise in the carrying out of the proposed intervention and with the Senior Practitioner.

Before granting an approval, the Secretary must be satisfied that the restrictive intervention will be carried out only to ensure the safety, health or wellbeing of the person or other persons and that the restriction is the least restrictive alternative available in the circumstances.

In reaching a decision whether to grant an approval the Secretary must have regard to a number of issues (detailed under section 38) including the best interests of the person with disability, any alternative methods reasonably suitable to address the situation and the nature and degree of risk to the person with disability. Approvals are only valid for three months.

Table 1. Applications approved by the Secretary (environmental restrictions)

### Secretary Approvals – Environmental Restrictions

1 July 2020 to 30 June 2021

Number of individuals with approvals	52
Total number of approvals	139
Number of ceased applications	8
Number of Providers (applicants)	18

Table 1 shows there were fifty-two (52) individuals subject to the use of an approved environmental restriction during the 2020-21 financial year which is significantly more than the last reporting period (18). The number of approvals during this reporting period (139) also rose considerably compared to the 2019-20 financial year (23). The large numbers of approvals compared to individuals reflects the requirements of the Act that the approval period for the use of environmental restrictions is only 3 months and therefore individuals had multiple approvals during the 2020-21 financial year. The Act also requires each disability support provider to apply to use a restrictive intervention and it is common for individuals to be supported by more than one provider. This data represents increases of 190% for individuals and 500% for approvals compared to the previous reporting period.

Reasons for approvals not being renewed (applications ceasing) were predominantly due to approvals being transferred to the Guardianship and Administration Board (n=4) and the individual's change in circumstances (n=3).

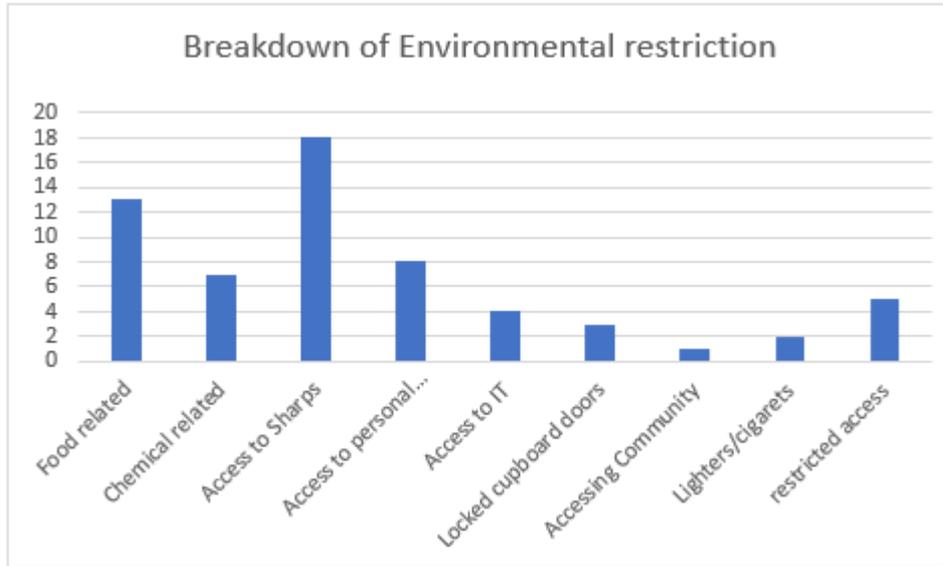
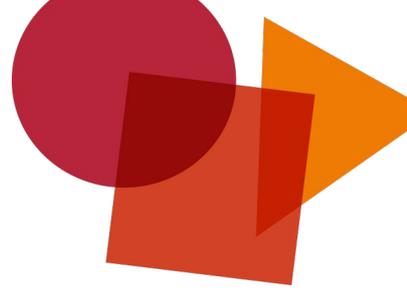


Figure 1: breakdown of type of environmental restriction approved for 2020-2021

Figure 1 shows that the most common types of approved environmental restrictions used by providers in the current reporting period were restricting access to sharps (30%), food (21%), personal items (13%), and cleaning products (11%).

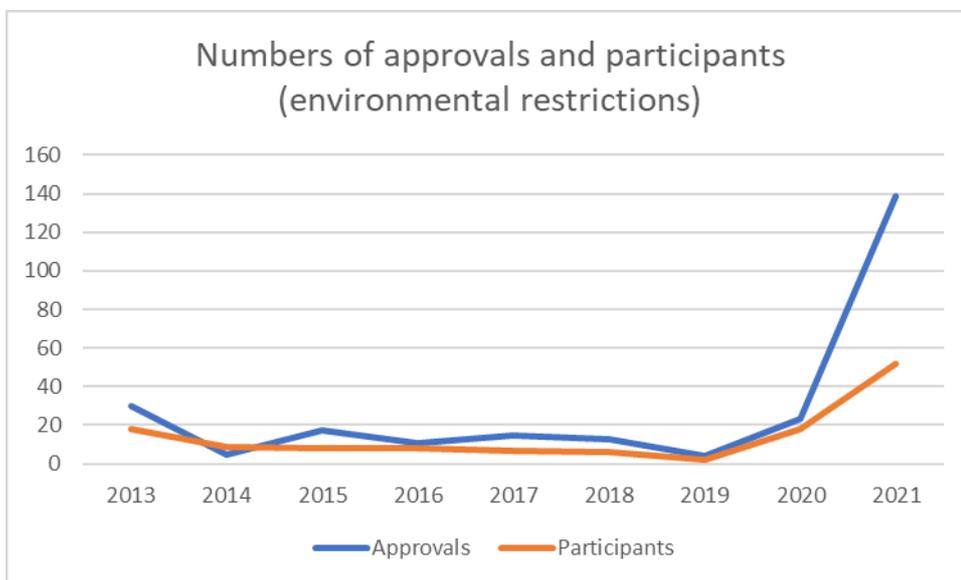


Figure 2: Numbers of environmental restriction approvals and participants over time

Figure 2 shows the trend over time in approvals being granted by the Secretary and the number of individuals subject to the use of environmental restrictions. This graph confirms the data shown in Table 1 and shows a growing increase in both approvals and individuals since the start of operation of the Commission in June 2019.

It is highly likely therefore that the safeguarding activities of the Commission (e.g. compliance notices) have led to an increased awareness by NDIS providers about the use of restrictive interventions and the need to obtain authorisation. Since July 2019 the OSP has had an expanded team (4 FTE compared to 1 FTE previously) with practice consultants based in the 3 major regions of the state. This has resulted in an increased capacity to perform core functions of the OSP in the current reporting period including its information and education activity (see section 3.6). Raised awareness due to this activity would also account for the increasing growth shown in Figure 1.

### 3.3 Guardianship and Administration Board Approvals

A disability services provider or funded private person may apply to the Guardianship and Administration Board (the Board) for approval to carry out, in relation to a person with disability, a type of restrictive intervention that is either a personal restriction or an environmental restriction. The application must contain a statement from the Senior Practitioner as to why he or she is of the opinion the Board ought to grant the approval sought.

An approval can only be granted if the Board has consulted with the person with disability or a person nominated by the person and any persons who have expertise in the carrying out of the proposed intervention. The Board also needs to be satisfied that the type of restriction being considered is for the safety, health or wellbeing of the person and is the least restrictive on the person’s freedom of decision as practicable.

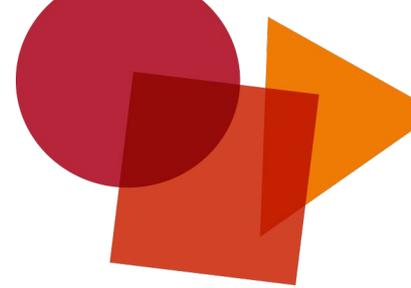
Table 2 (below) shows that twenty-two (22) individuals were subject to the use of personal restrictions that were approved. This compares to a figure of seventeen (17) individuals in the previous reporting period. The data below also shows that the number of applications approved by the Board were higher (32) than in the previous reporting period (23).

Table 2. Applications forwarded to Guardianship and Administration Board

#### Guardianship and Administration Board Orders – Personal Restrictions

##### 1 July 2020 to 30 June 2021

Number of individuals with approvals	22
Total number of approvals	32
Number of ceased applications	7
Number of Providers	18



The larger number of approvals (32) compared to individuals being subjected to the use of personal restrictions (22) reflects the fact that the Act requires each disability support provider to apply to use a restrictive intervention. In the current reporting period 23% of individuals with approvals were supported by more than one provider. The Board has also issued approvals relating to 34% of individuals when the approval period was 6 months or less. This data above represents increases of 30% for individuals and 40% for approvals compared to the previous reporting period.

Reasons for approvals not being renewed (applications ceasing) were predominantly due to the personal restrictions no longer being used (n=6).

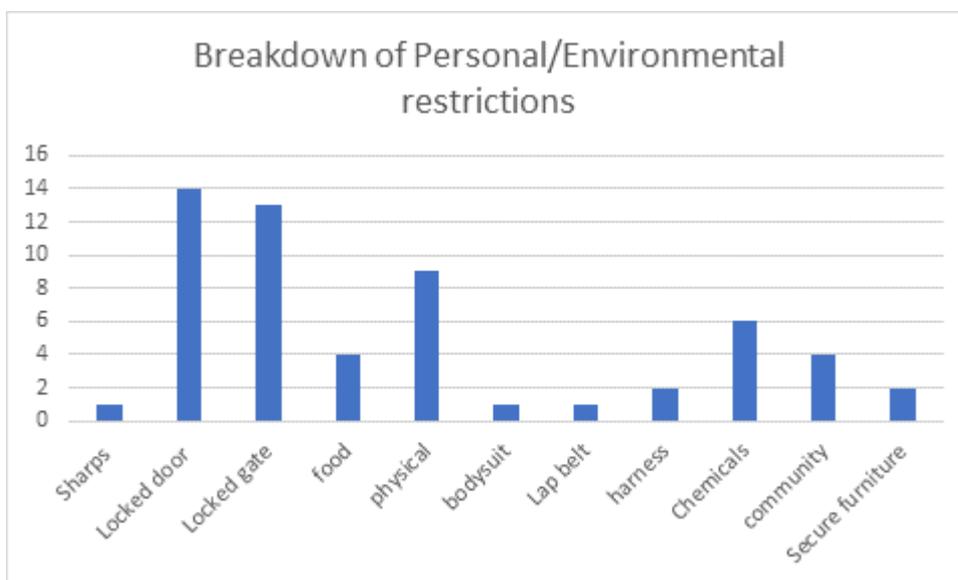


Figure 3: breakdown of type of restrictive intervention approved by the Board for 2020-2021

Figure 3 shows that the most common types of approved restrictive interventions used by providers in the current reporting period were Locking doors (21%), Locking gates (20%) and Physical intervention (14%).

Section 42 of the Act enables the Board to approve the use of environmental restrictions as well as personal restrictions and in this reporting period the OSP has increasingly used this provision to manage its significant workload by processing environmental restrictions that are being used with personal restrictions.

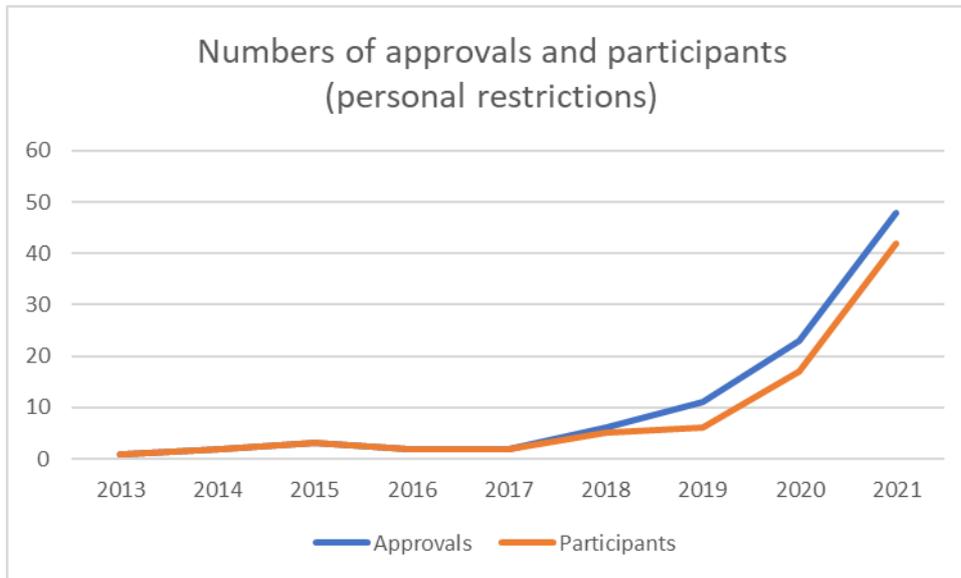


Figure 4: Number of restrictive interventions approved by the Board and individuals over time

Figure 4 shows the trend over time in applications that have been approved by the Board and the number of individuals subject to the use of restrictive interventions from 2012 to 2021. Similar to Figure 2 this graph shows a strong correlation between the growing increase in both approvals and individuals and the start of operation of the Commission in June 2019. As with the data relating to Secretary approvals, the considerable increase in Board approvals and individuals subjected to restrictive interventions can be explained by the safeguarding activities of the Commission and the expansion and increased activity of the OSP team.

In spite of the increases in both Secretary and Board approvals over the reporting period there was a decrease in approvals as a percentage of active NDIS participants from 0.4% in 2019/2020 to 0.3% in 2020/2021. This is due to a 20% increase in active participants between the two reporting periods.

### 3.4 Unauthorised Restrictive Interventions

Under certain conditions it may be a defence to a charge of an offence of the use of unauthorised restrictive interventions, if certain conditions are met. Included in those conditions are the need for the Senior Practitioner to be notified by the disability services provider or funded private person as soon as practicable after a restrictive intervention is carried out. Table 3 (next page) shows those unauthorised interventions notified during the reporting period.



Table 3. Reports of unauthorised use of restrictive interventions (previous year's data in brackets)

Restrictive Intervention Type	Total	Accommodation	Community Access
Personal	500 (132)	327 (121)	173 (11)
Environmental	87 (32)	75 (27)	12 (5)
Overall Total	587 (164)	402 (148)	185 (16)

The total of 587 reports for 2020/2021 represents a 260% increase in reporting when compared to the previous reporting period. Of these reports 85% were personal restrictions compared to 15% for environmental restrictions. This data reflects the reality of supporting people with complex needs in that physical intervention to keep people safe is usually unplanned whilst environmental restrictions are more likely to be planned with appropriate approvals obtained. As in the previous reporting periods the increase in notifications from community access situations reflects the increase in community participation for people with complex needs, due, in the main to the provision of individual support funded through the NDIS.

The main function of reporting unauthorised restrictive interventions is to monitor regular usage on an individual basis. In this regard the OSP was able to identify 23 individuals where unauthorised restrictions were being used regularly and work collaboratively with the service provider to gain authorisation for the actions being used.

Also of note this reporting period is that a total of 29 service providers notified the OSP about using an unauthorised restrictive intervention compared to 20 in the previous reporting period representing a 45% increase in engagement of the sector (see section 4.2 for a further discussion about reporting 'unauthorised use').

### 3.5 Consultations

The OSP team responded to and gave advice in relation to 762 enquires relating to restrictive interventions and related topics in the current reporting period. This is an increase of 140% compared to the previous reporting period. The table below shows the number of consultations in common categories of enquiry.

Table 5. Breakdown of category of consultations (previous year's data in brackets)

Type of consultation	Number of consultations
Personal	272 (122)
Environmental	186 (123)
Use of Medication	54 (46)
Policy	89 (23)
Therapeutic	71
Positive Behaviour Support	43
Transport	47
Overall Total	762 (314)

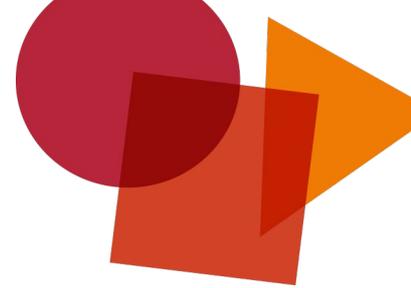
Both categories of restrictive intervention show significant increases in enquires when compared to the previous reporting period (122% for personal and 50% for environmental). As with all the other activities of the OSP this reporting period, these increases are most likely due to an increase in awareness of the role of the Senior Practitioner brought about by the increased capacity for the OSP to deliver information and education sessions to the sector as well as the operations of the Commission in Tasmania.

The increased visibility and activity of the OSP has also led to service providers seeking advice about topics over and above the use of restrictive interventions and this includes guidance about positive behaviour support (PBS) and feedback relating to policy/procedure issues and documentation.

### 3.6 Information and Education

2020/2021 saw the OSP present 75 information sessions to 43 groups and organisations across the state. These organisations were predominantly disability support providers but also included TAFE, NDIS support coordinators and behaviour support practitioners. This activity was an increase of 120% for number of sessions and an increase of 80% in number of organisations compared to the previous reporting period. In addition the total number of people increased from 590 (2019/20) to 745 (2020/21) which equates to a growth in audience of 26%. Also of note was that 20% of the organisations receiving information sessions had only just started operating in Tasmania. This data suggests that the OSP is making significant progress in engaging with disability providers and the effectiveness of these efforts can be seen in the increases in OSP activity described in previous sections of this report. Having 4 FTEs devoted to providing these sessions rather than 1 FTE in previous years has been a major contributing factor in the doubling of sector engagement this reporting period compared to 2019/2020.

Topics requested by and presented to providers were predominantly 'Restrictive Interventions and Rights' with a small number of requests for 'Positive Behaviour Support'.



In the next reporting period, the OSP will focus on expanding our suite of presentations to include person centred topics such as Active Support and Person Centred Planning and Thinking as well as a further behaviour support topic ‘How to teach replacement behaviour’.

## 4 Key Issues

### 4.1 RISE-Tas

The Restrictive Intervention Self Evaluation Tool – Tas (RISET-Tas) is an on-line tool developed in conjunction with the Office of the Senior Practitioner (Vic). It was launched in August 2018 and during the current reporting period the tool was reviewed, and amendments made to reflect changes to the legislative and regulatory environment of the disability sector in Tasmania.

A graph of cumulative usage can be seen below.

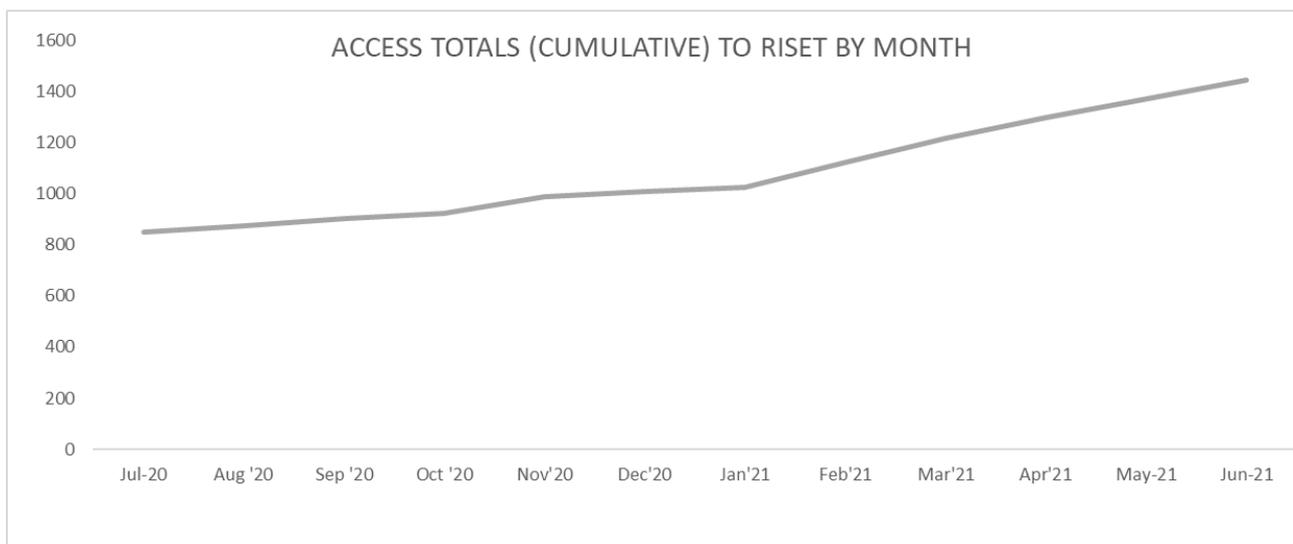


Figure 2: Cumulative usage of RISE-Tas per month

The graph shows that average access rate in the first half of the reporting period was slightly higher than 2019/20 (28 pm compared with 21 pm) however in the second half of 2020/21 the average access rate jumped to 73 pm – representing an increase of 250% in access activity compared to the previous reporting period.

When the access data is further analysed it becomes clear that the source of the large increase in use of the RISE-Tas in the first half of 2021 was due to users from overseas and interstate. Percentage access for Tasmanian providers dropped from 58% in 2018/19 to 21% in 2020/21 whilst access from the rest of Australia (particularly Vic & NSW) increased from 38% to 57%. The 2020/21 access rate from the USA was similar to Tasmania at 20% and the RISE-Tas was also used by people in Hong Kong, Singapore, South Korea, Netherlands and Finland.



The Riset-Tas can be accessed via the link below using any ‘smart’ device and there is no password required.

**Access practice resources and restrictive intervention information**

**via Riset-TAS online: [Riset-Tas Link](#)**

## 4.2 Unauthorised use of a restrictive intervention

Early during this reporting period the OSP received data from the Commission (numbers of reportable incidents vs category of restrictive practice) which showed hundreds of reports of ‘unauthorised use’ to the Commission for the previous financial year. During the same period the OSP had only received dozens of reports. The OSP had spent the previous reporting period focussing information and education sessions on those providers who were not reporting use of unauthorised restrictions (RURs) to the OSP. Due to the continuing discrepancies between reports received by the Commission and the OSP (even when data for use of chemical restraint was not included), the Senior Practitioner developed a new approach which was devised and implemented in this reporting period.

The Senior Practitioner wrote to all Tasmanian service providers to request a meeting with any relevant staff involved with the reporting/quality area of operations. The OSP then spent the last part of 2020 meeting these staff and explaining the different reporting requirements between the OSP and the Commission and the different definitions of restrictive practices contained in their respective legislation. This work occurred between November 2020 and January 2021 and the effect on reporting rates of RURs is shown below - with rates having doubled from 82 reports to 180 reports between the first and second quarters of the year.

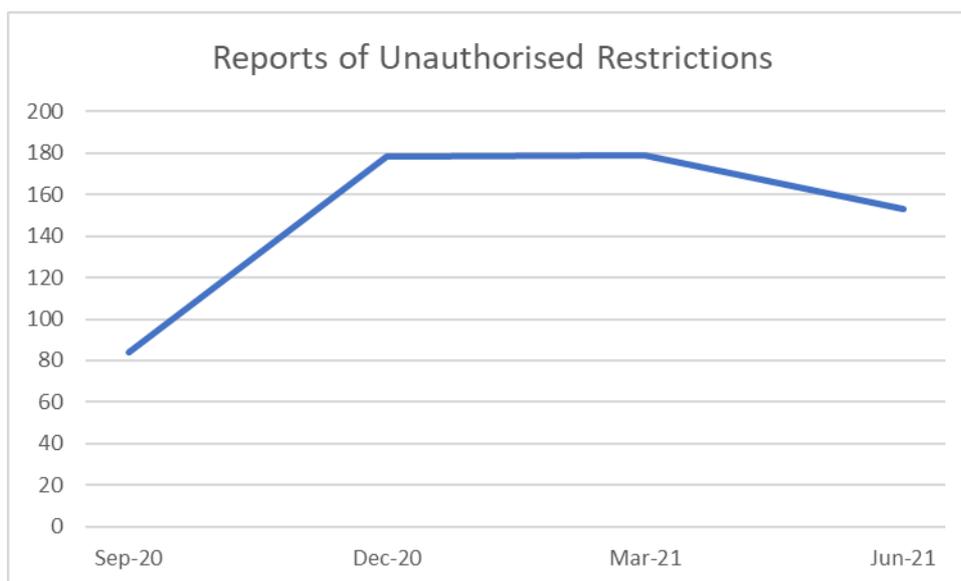
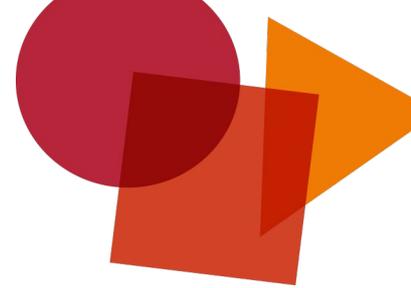


Figure 3: Number of RURs per quarter for the 2020/21 reporting period



The work described above has led to a closer engagement between the OSP and the quality/reporting areas of Tasmanian service providers which will be maintained and strengthened in the next reporting period.

### **4.3 National Action Plan – Developing the NDIS Specialist Behaviour Support Market**

The aim of the National Action Plan is to ensure that NDIS participants with behaviour support needs have timely access to quality specialist behaviour support services in a robust provider market. Tasmania endorsed the Action Plan in December 2020 and during this reporting period the OSP continued to implement two projects to support Objective 3 of the Plan, namely *‘Build behaviour support provider and practitioner capability – improving quality of behaviour support.’* These are described below :

**1. Development of Interim Behaviour Support Plans (DIP)** - A short, practical program that help people learn the basic skills they need to write simple Interim Behaviour Support Plans (iBSPs) relating to the use of chemical restraint.

During 2020/2021 a total of 6 individuals successfully completed the DIP program, 3 in Hobart and 3 in Burnie. Participants were able to achieve scores of iBSPs of over 75% of the maximum possible based on the Quality Evaluation II tool (BSP QE II) which equates to a ‘Good’ or ‘Superior’ level of quality. All the participants had already been assessed as ‘suitable’ by the Commission and worked for a provider registered to develop behaviour support plans (price guide item 0110).

Average time participants spent engaged with the DIP program was 11 weeks and feedback from them was that the information and support they received from the OSP meant they did not need to complete a second cycle of the program.

The OSP subsequently found an unexpected lack of demand for the DIP program from disability providers. Possible reasons for this include, demand met by those providers willing to support their staff; the relatively small number of providers in Tasmania registered for 0110; and ‘0110’ providers having their own ‘in house’ behaviour support teams.

In the next reporting period the OSP will take learnings from this pilot phase of the program and reoffer it to the sector.

#### **2. Communities of Practice**

The OSP initiated the creation of two Communities of Practice (CoP) groups (South & North West) in the previous reporting period and since then has consolidated operations into one state-wide meeting held via MS teams. The majority of members are behaviour support practitioners and average attendance is about 22 per monthly meeting. The Commission’s Assistant Director for Behaviour Support in Tasmania is a regular attendee and provides the group with the opportunity to discuss any issues that members have with the operation of the NDIS Behaviour Support Rules.

Activities that have occurred over the current reporting period include:

- Presentations of case studies;
- Specialist topics for discussion (e.g. faeces related behaviour, implementation of BSPs, medication and chemical restraint);
- The legislative differences between authorisation (OSP) and reporting (Commission) requirements;
- Guest speakers (e.g. National Director (behaviour support) on the Capability Framework self-assessment process).

In line with the requirements of the Action Plan the OSP has also developed terms of reference for the group. The purpose of the group is outlined as being to:

- engage in joint activities and discussions, help each other and share information;
- build relationships that enable members to learn from each other;
- work together to develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—i.e. a shared practice.
- “wisdom of the group” where knowledge is shared around any changes to the NDIS and NDIS Commission

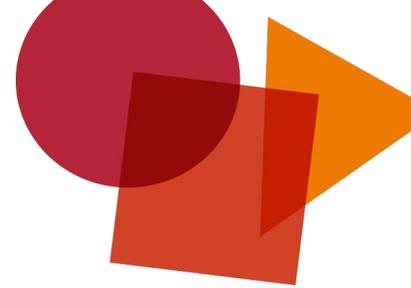
During the end of this reporting period the OSP developed a short survey to operationalise the points listed above and gauge from members how successful the CoP is in meeting the aims of the group. It is planned for the survey to be completed every 3 months and the results will be available during the next reporting period.

#### **4.4 Transition of Residential Aged Care to the Commission**

On 1 December 2020, Residential Aged Care (RAC) providers delivering services to National Disability Insurance Scheme (NDIS) participants in their facilities became NDIS registered providers. This means that RAC providers supporting NDIS participants are now required to meet the obligations of the *NDIS Act 2013* and *NDIS (Provider Registration and Practice Standards) Rules 2018*, in relation to the NDIS participants they support.

In relation to the use of restrictive practices (as defined in the *NDIS Restrictive Practices and Behaviour Support Rules 2018*), RAC providers are also required to report the use of restrictive practices to the NDIS Commission, take reasonable steps to obtain behaviour support plans (interim then comprehensive) and seek authorisation from state and territory bodies for their use.

During this reporting period the OSP participated in 2 information and education sessions (February and May 2021) organised by Aged and Community Services Australia (ACSA) to inform member organisations about what they need to do if they have NDIS participants living in their facilities who are subject to restrictive interventions.



The Commission requires RACs to have: a) notified the Commission regarding the use of a regulated restrictive practice for an NDIS participant by 1 January 2021; b) organise the development of an interim behaviour support plan and obtain authorisation for the use of the restrictive intervention by 1 March 2021 and c) organise the development of a full BSP by 1 June 2021.

During the current reporting period 4 RACs have contacted the OSP to discuss the use of restrictive interventions on their NDIS participants and no applications to authorise their use have been received. There are 17 organisations delivering residential aged care whose primary business is based in Tasmania and there are 135 NDIS participants who currently reside in these facilities. The OSP will continue this work in the next reporting period.

#### **4.5 Fact/information sheets**

During this reporting period the Senior Practitioner updated the application form for approvals to the Secretary and developed Easy English versions of three existing Fact Sheets namely '*The Role of the Senior Practitioner*'; '*Personal Restrictions*'; and '*Environmental Restrictions*'.

In the next reporting period Fact sheets and the Policy and Procedures for use of Restrictive Interventions will be reviewed to incorporate the content of a nationally agreed position on Prohibited Practices.

#### **4.6 Reference Groups**

During this reporting period the Senior Practitioner was invited to become a member of two Reference Groups as follows:

##### *National Curriculum Framework for PBS practitioners*

This group was established as part of a national project being conducted by Melbourne University and commissioned by the NDIS Commission. The project involves conducting a systematic literature search of peer reviewed publications and literature informing what might constitute good practice in PBS and the professional development of PBS practitioners. The aim of the group is to provide on-going review and comment on the findings of the literature search and subsequent propositions developed from this work. The propositions will then be refined by a panel of national and international experts using the Delphi method and form the basis of a national curriculum framework for PBS.

##### *Primary care enhancement for people with intellectual disability (PCEPID)*

Primary Health Tasmania was successful in receiving funding to implement the Australian Government's PCEPID program and sought interest from a number of experts to form an advisory group to help guide its implementation.

Implementation is focussed on several co-design approaches to enhance the capacity and capability of the primary health workforce to coordinate care and enhance the management of care for people living with intellectual disability. The Senior Practitioner has, to date been involved with reviewing and redeveloping the Tasmanian Health Pathways on-line resource for health professionals. The PCEPID program will run until June 2024.

## 4.7 Conferences

In June 2021 the Senior Practitioner facilitated a round table discussion as part of the 'Your Role in PBS' virtual conference. The conference was organised by NDS via a grant from the NDIS Commission and it attracted about 1200 practitioners from around Australia. Key speakers included Jeffery Chan (National Senior Practitioner), Professor Julian Troller (UNSW – School of Psychiatry) and Ben Gauntlett (commonwealth Disability Discrimination Commissioner).

## 5 Priorities for 2021/2022

Due to the significant increase in applications during this reporting period a number of priorities identified in 2019/2020 have been held over into the next reporting period. These include:

- Developing strategies to manage the increasing volume of applications for approval to use restrictive interventions;
- Providing special assessment and other assistance where there is risk of harm or use of a restrictive intervention and no clinicians are available;
- Developing information and education presentations on Individual Planning, Active Support and Replacement Behaviour;
- Providing on-going monitoring and review of actions deemed for 'therapeutic purposes' or 'safe transportation'.

### 5.1 Disability Services Act Review 2020

The Senior Practitioner will continue working with all relevant stakeholders in the next reporting period to progress work to more fully align the Act with existing NDIS legislation and contemporary practices in disability support.

### 5.2 Sector engagement

Towards the end of this reporting period the OSP set up regular meetings with 2 providers as a way of 'smoothing' application and reporting processes. In the next reporting period the Senior Practitioner will offer this option to all providers who regularly apply for approval to use restrictive interventions. The aim of this activity will be to improve efficiencies in application processes as part of a larger body of work to manage the increasing workload of the OSP.



### **5.3 Residential Aged Care (RAC) Transition**

The OSP will continue to work with the Commission to engage with RACs who have yet to seek authorisation for any restrictive interventions they may be using on NDIA participants. The Senior Practitioner will develop a communication strategy to inform and implement this work in the next reporting period.

### **5.4 National Action Plan**

The OSP will continue to run the DIP program in a modified fashion based on learnings from the pilot project (see section 4.3.1). In addition the Senior Practitioner, towards the end of this reporting period, has partnered with a Tasmanian based service provider to develop an expression of interest to use commonwealth Jobs & Market funding to help increase the capacity of the local behaviour support market. If the submission is successful this project will be implemented during the next reporting period.

### **5.5 Fact/information sheets**

In the next reporting period Fact sheets and the Policy and Procedures for use of Restrictive Interventions will be reviewed to incorporate the content of a nationally agreed position on Prohibited Practices.

