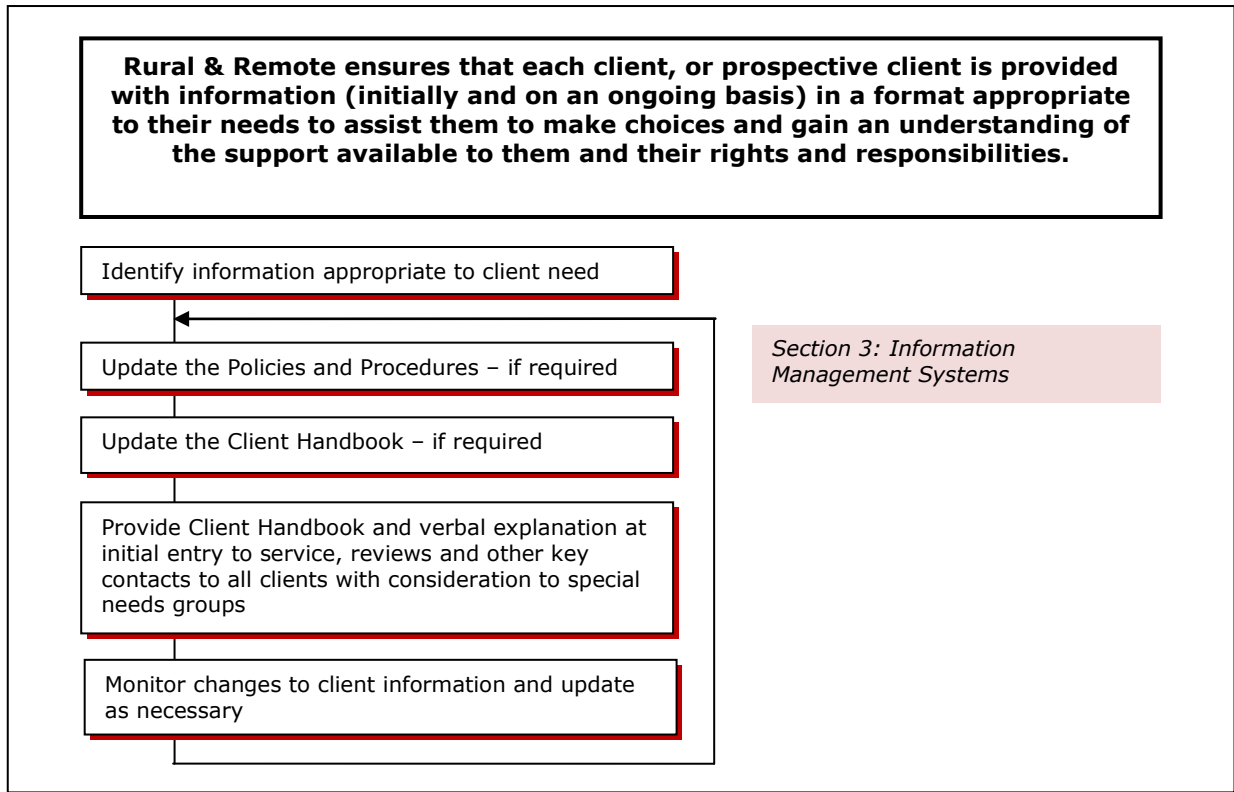


INFORMATION PROVISION



FORMS AND RECORDS

Client Handbook	Shared Drive
Home Care Support Worker Attendance Record	Shared Drive
R&R Client Fee/Contribution Policy	Shared Drive
Charter of Aged Care Rights	Shared Drive
RCC Inc General Information Sheet	Shared Drive
Advocacy Information and Authority to Act as an Advocate	Shared Drive
Aged Care Quality and Safety Commission Brochure	Shared Drive
Client Complaint Form	Shared Drive
Tell Us What You Think Form	Shared Drive

All information provided is current and accurate and designed to support the client/carer to exercise choice and independence. Information provision incorporates the following considerations, in particular those outlined in the following **Standards 1.3, 1.4 1.5, 2.3, 2.4, 3.5 and 4.4 of the Aged Care Quality Standards:**

- ***Each client is supported to exercise choice and independence, including to – make decisions about their own care and the way care and services are provided; make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions, and make connections with others and maintain relationships of choice, including intimate relationships***
- ***Each client is supported to take risks to enable them to live the best life they can***
- ***Information provided to each client is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice***
- ***Assessment and planning is based on an ongoing partnership with the client and others that the client wishes to involve in the process. This may include other organisations, individuals and providers of other care and services that are involved in the care of the client***
- ***The outcomes of assessment and planning are effectively communicated to the client and documented in a support/care plan that is readily available to the client***
- ***Information about the client's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for the care is shared***

14.1 Client Handbook

The Program Manager is responsible for producing and maintaining the Client handbook and the RnR Team Leader/Cluster Team Leader ensures that any clients or carers/family are given a copy at their initial meeting, or when information changes.

In addition, the RnR Team Leader/Cluster Team Leader ensures that the information in the Handbook is reviewed with clients during their annual reassessment/review.

Where a client is not able to understand and/or read English; a family member, staff person or the Telephone Interpreter Service is used to ensure that they understand the information contained in the Client Handbook, and in particular, information about client advocates and complaints.

A copy of the Client Handbook is also provided to all home care support workers to ensure they are familiar with the information.

14.1.1 CHANGING THE CLIENT HANDBOOK

When information in the Client Handbook changes the Program Manager:

- Updates the Client Handbook
- Decides if it is necessary to advise existing clients of the changes and how to do so. Options include providing a copy of the updated Handbook, verbal advice or a letter advising of changes
- Advises staff of the changes through meetings or newsletters

14.2 Content of the Client Handbook

The Client Handbook includes the following information:

- Overview of funded service types
- Geographical Areas covered
- Support Services we can provide

- The Cluster Team Leader role, (includes enhancement of client independence, reviews, planning services)
- Changes to support services
- Fees (client contributions), and options for paying
- Privacy and Confidentiality information
- Making a complaint or providing feedback
- Right to an advocate
- Rights and responsibilities of clients.

Additional Information contained in the Client Kit includes the following:

- Home Care Support Worker Attendance Record
- R&R Client Fee Policy
- Charter of Aged Care Rights
- RCC Inc General Information Sheet
- Advocate Information and Authority to Act as an Advocate Form
- Client Complaint Form
- Aged Care Quality and Safety Commission
- Privacy and Confidentiality information
- Tell Us What You Think Form

14.3 Range of Support Services

Details of the support services provided by R&R are outlined in the client handbook

14.3.1 Keeping Appointments

Home care support workers work to tight schedules which can make it difficult to accommodate short notice changes to services because of appointments etc. The client may then be informed that they may have to wait for their next scheduled visit if service visits are cancelled at short notice (as appropriate to need and services delivered).

If the client is not home when the support worker arrives, R&R will pay 1 hours' wages for that visit. Clients are requested to always ring the R&R office, or their Cluster Team Leader at least 24 hours prior, if they are not able to be there for their service.

Clients will be charged (at their contribution rate) for the 1 hour minimum engagement where 24 hours notice is not provided, and the reason for the cancellation is NOT an emergency/ hospitalisation.

Clients are advised that whilst every effort is made to deliver services to the timeframes provided, staff may arrive up to half an hour before or after the scheduled time due to factors beyond scheduling control.

14.4 Client Fees/Contributions

14.4.1 FEES POLICY - PRINCIPLES

It is expected by our funding body/s, that we raise money towards the cost of service provision. Because we provide services to a special needs group i.e. remote & rural clients, many of whom are also financially disadvantaged, we ask only for a client contribution.

In making this decision, consideration was also given to the high administrative cost of collecting fees across such a large geographical area.

1. The revenue from donations is used to enhance and/or expand service provision to clients
2. Clients who do not make a contribution will continue to receive services

The Program Manager is responsible for monitoring fee policy changes from the funding body, for revising the information in this section of the Policies and Procedures and advising clients of the changes.

Fee guidelines

Should the funding body decide in the future that fees will be mandatory we will observe the CHSP guidelines for fees collection.

Contribution payments

Clients can pay their contribution for services by cheque, cash, money order, online transfer (internet banking) or direct debit.

Direct debit is the preferred method (of R&R).

The necessary information for fee payments is included in the Client Handbook.

Fees/Client contributions are currently set at \$7.50/hour.

Contribution processing

1. A receipt is written for all contributions received
2. Contributions paid directly to senior staff in the R&R office are receipted and a copy handed to the client
3. Fees paid by cheque or money order are received by the Finance Manager, receipted, entered into the system and banked at the end of each week
4. Fees paid by direct debit & online EFT are entered into the system by the Finance Manager.

Rural and Remote Client Contribution Principles – taken from the CHSP Program Manual 2017 -

- Consistency – All clients who can afford to contribute to the cost of their care should do so. Client contributions should not exceed the actual cost of service provision.
- Transparency – Client contribution policies should include information in an accessible format and be publicly available, given to, and explained to, all new and existing clients.
- Hardship – Individual policies should include arrangements for those who are unable to pay the requested contribution.
- Reporting – Grant agreement obligations include a requirement for providers to report the dollar amount collected from client contributions.
- Fairness – The *Client Contribution Framework* should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, providers need to take into account partnered clients, clients in receipt of compensation payments and bundling of services.
- Sustainability – Revenue from client contributions should be used to support ongoing service delivery and expand the services providers are currently funded to deliver.

14.5 Rights and Responsibilities of Clients

Clients are the focus of R&R operations and we are committed to access and equity within a social justice framework. We accept it is important that client rights are acknowledged and promoted at every opportunity and that they are aware of their responsibilities as clients. Information on rights and responsibilities is included in the Client Handbook and a signed copy of the Charter Aged Care Rights is included in the Client Kit.

14.5.1 CLIENT RIGHTS

Clients have the following rights:

General

- To be accepted as an individual, and to have their individual and cultural preferences respected
- To be treated with dignity, with their privacy respected
- To receive support that is respectful of them, their family and home
- To receive support without being obliged to feel grateful to those providing their support
- To be treated without exploitation, abuse, discrimination, harassment or neglect.
- To respect their right to maintain independence and control over their lives
- To support clients to attain optimum levels of health & wellbeing

Participation

- To be involved in identifying the support most appropriate for their needs
- To choose the support and services that best meet their assessed needs, from the support able to be provided and within the limits of the resources available
- To participate in making decisions that affect them
- To have their representative participate in decisions relating to their support if they do not have capacity.

Support

- To receive reliable, coordinated, safe, quality support which is appropriate to their assessed needs
- To be given within 14 days after they services commence, a written plan of the support that they expect to receive
- To receive support as described in the plan that takes account of their lifestyle, other care arrangements and cultural, linguistic and religious preferences
- To conduct ongoing reviews of the support they receive (both periodic and in response to changes in their personal circumstances), and modification of the support as required.

Personal information

- To privacy and confidentiality of their personal information (see Section 15: Privacy and Confidentiality)
- To access their personal information (see 15.2 Clients Right to Access Information).

Communication

- To be helped to understand any information they are given

- To be given a copy of the Charter of Aged Care Rights
- To be offered a written agreement that includes all agreed matters
- To choose a person to speak on their behalf for any purpose (see Section 17: Advocacy).

Comments and complaints

- To be given information on how to make comments and complaints about the support they receive
- To complain about the support they receive, without fear of losing the support or being disadvantaged in any other way
- To have complaints investigated fairly and confidentially, and to have appropriate steps taken to resolve issues of concern.

(See Section 16: Complaints and Client Feedback.)

14.5.2 CLIENT RESPONSIBILITIES

Clients also have the following responsibilities that they are made aware of:

General

- To respect the rights of support workers to their human, legal and industrial rights including the right to work in a safe environment
- To treat support workers politely without exploitation, abuse, discrimination or harassment.
- To provide all cleaning equipment and products for the service to be performed safely
- To sign support workers pay sheets

Support

- To abide by the terms of the written agreement
- To acknowledge that their needs may change and to negotiate modifications of support when their support needs do change
- To accept responsibility for their own actions and choices even though some actions and choices may involve an element of risk.

Communication

- To give enough information to assist the approved provider to develop, deliver and review a support plan
- To tell us about any problems with the services.

Access

- To allow safe and reasonable access for support workers at the times specified in their support plan or otherwise by agreement
- To provide reasonable notice if they do not require a service.

14.5.3 SECURITY OF TENURE

Clients have a right to security of tenure to their support services and can expect to continue to receive support unless their needs change significantly and R&R is no longer able to meet their needs, or if delivering support puts R&R staff at risk (see 9.5 Termination, Withdrawal or Change in Services).

14.6 Freedom from Abuse, Harm, Exploitation and Neglect

R&R aspires to be a program that is physically, culturally and emotionally safe, where there is no assault on, challenge to or denial of people's identity, understandings, needs or person. Everyone involved directly or indirectly in R&R has a responsibility to understand the important and specific role he/she plays individually and collectively to ensure the wellbeing and safety of our clients, employees and other key stakeholders.

This is particularly so for the most vulnerable persons including Aboriginal and Torres Strait Islander peoples, those from culturally and/or linguistically diverse backgrounds and persons with a disability.

R&R is resolutely committed to ensuring that all those engaged in providing services promote the inherent dignity and fundamental right of all our clients to be respected and nurtured in a safe environment. This commitment is reflected in our mission and vision statement, and put into practice through our policies and procedures.

POLICY STATEMENT

R&R is committed to ensuring that all clients are treated with respect and dignity at all times and in doing so, lead a life free from abuse and neglect.

This includes but is not limited to physical assault, psychological or emotional abuse, restrictive practices, sexual abuse/assault, neglect (physical or passive), wilful deprivation, exploitation, or financial mismanagement of client's funds.

R&R acknowledges that although prevention of abuse or neglect is always preferable, it is important to have protocols in place to deal with any situations of abuse or neglect should they arise. These protocols aim to ensure:

- Clients are protected from abuse or neglect
- Clients, carers, other nominees and employees have the right to report allegations of abuse or neglect
- R&R realises its duty of care to protect clients from abuse and neglect
- R&R consistently responds to allegations of incidents of abuse or neglect in a timely, adequate and appropriate manner
- R&R maintains a culture of no retribution in the case of reporting, including reporting of suspected or alleged abuse, neglect or exploitations or incidents suggestive of abuse, neglect or exploitation.

SCOPE

This policy and procedures applies to employees, volunteers, clients/carers and other nominated persons within R&RHC Services.

REFERENCES AND/OR LEGISLATION

- Aged Care Quality Standards 2019 (Commonwealth)
- Human Services Quality Framework (2012)
- Disability Act (2006)
- Charter of Human Rights and Responsibilities (2006)
- National Disability Insurance Scheme Act (2013)

PROCEDURES

R&R's recruitment process is conducted according to the following policies and procedures:

- HR Management - Recruitment and Selection/Criminal Screening

As part of the induction procedure employees are required to read the Freedom from Abuse, Harm, Exploitation and Neglect policy and procedure and sign documentation evidencing such.

All R&R employees and volunteers participate in cyclic training on Abuse and Neglect.

Clients/Carers and other nominated persons are provided with the Rights and Responsibilities Information Sheet when entering the service. The contents of the Client Handbook is discussed with clients, and includes information about abuse and neglect, appropriate reporting mechanisms, advocacy and translation services.

R&R employees, volunteers, contractors, clients/carers and/or nominees are required to report any concerns that they may have about the welfare of clients to a senior team leader immediately.

When a concern is reported the employee will:

- Inform the individual who has reported the alleged abuse/neglect that the matter will be investigated by R&R, The Department of Communities, the NDIA or the Police (whichever is appropriate) and reassure the individual
- Ensure the individual that has experienced the alleged abuse and/or neglect has access to adequate and appropriate support and is provided with whatever immediate care is required to establish a safe environment.
- Provide the individual with appropriate support and/or advocacy to deal with the situation
- Inform the Program Manager
- Complete an Incident Report.

The Program Manager will inform the Management Committee (nominated delegate) who will, in conjunction with the R&R Program Manager, perform a preliminary review of the circumstances. The nominated delegate will also ensure the full Management Committee of the Organisation are formally informed of the alleged incident, and delegate to the R&RHCS Program Manager to:

- Inform the individual and their nominee of actions that will be taken to address the report, including reporting obligations and protocols
- Ensure all relevant parties are informed, including but not limited to the Department of Communities, the NDIA, or emergency services or any other relevant authority
- If applicable, commence an investigation through the Adverse Event Report Form within 24 hours
- All relevant parties are informed of the outcomes including any improvement practices which will be incorporated into the Risk Management Plan and/or Improvement Plan as appropriate.

No one will suffer any adverse effects as a result of reporting concerns, regardless of the outcome of an investigation.

RESPONSIBILITIES

Title	Responsibility
Home Care Support Workers/Senior Employees	Listen and respond to incident with acknowledgement and reassurance – immediately report to appropriate RnR Team Leader/Cluster Team Leader. Provides all individuals involved with incident the supports and contacts to manage the situation – including advocacy, counselling or legal services where relevant)
Program Manager	Investigates incident, reports to Management Committee (nominated delegate) before end of working day
R&R Program Manager/Management Committee (nominated delegate)	If incident deemed to have occurred, contacts relevant parties (including police ambulance, DHS) Coordinate

investigation.

DEFINITIONS

Word

Culture

Definition

Forms and goals of interactions among members of a group, and how they understand and communicate with one another.

Cultural sensitivity

Appreciating that there are differences among cultures.

Cultural competence

Being skilled in understanding interactions among members of a culture on their own terms.

Cultural safety

The outcome of interactions where individuals experience their cultural identity and way of being as having been respected or, at least, not challenged or harmed.

Emotional Abuse

Threats or harms of abandonment, deprivation of contact, humiliation, bullying, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or being prevented or withdrawn from receiving services or supportive networks

Exploitation

The wrongful or improper use of authority that results in the harmful, injurious or offensive treatment of a person. This includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse of property, possessions or benefits.

Neglect

The failure to provide an acceptable standard of nutrition, medical care, clothing, or financial support, shelter or supervision for a person to the extent that the health and development of the person is significantly impaired or placed at risk

Physical abuse

Acts that cause physical harm or injury, from the intentional application of force. Injuries can include internal injuries, dislocated or broken bones, cuts, bruising, welts and burns. These may be caused by hitting, throwing, shaking, suffocation, strangulation, sexual assault, poisoning, mutilation or assault with a weapon.

Sexual abuse/assault

Rape, assault with intent to rape and indecent assault. Indecent assaults are assaults that are accompanied by circumstances of indecency. Examples include unwelcome kissing or touching in the areas of a person's breast, buttocks or genitals. Indecent assault can also include behaviour that does not involve touching such as forcing someone to watch pornography or masturbation. Rape is the intentional sexual penetration of another person without that person's consent. Sexual assault also includes unwanted sexual behaviour, for example, unwanted kissing or touching.

14.7 Positive Behaviour Support

STATEMENT

The purpose of this policy and procedure is to provide a framework within which positive behavioural support can be included as part of the daily practices and procedures of R&R.

R&R is committed to responding promptly and appropriately to reports of behaviours of concern, having due regard for the rights of the person displaying the behaviours, the rights of any other person(s) affected by the behaviour and R&R's duty of care obligations.

Wherever possible, interventions designed to support people with behaviours of concern will focus on improvements to the person's life style and environment and the provision of opportunities for skills maintenance and development.

Aversive/Restricted procedures are those practices which could cause physical or emotional pain to the person with disability and include punishment-based practices such as loss of privileges and denial of participation in social and recreational activities.

KEY RELATED POLICIES AND DOCUMENTS

- HR – Staff Supervision and Support & Staff Performance Procedure
- Incident Report Form
- Adverse Event Report Form

POSITIVE BEHAVIOUR SUPPORT PROCEDURES

DEFINITIONS

For the purpose of this policy 'Behaviours of Concern' are defined as:

Behaviours of such intensity, frequency or duration that the physical, emotional or psychological wellbeing and safety of the person or others is placed in serious jeopardy, or behaviours which are likely to seriously limit or deny access to and the use of ordinary community facilities.

Behaviours of Concern may include:

- self-injury and self-mutilation which leads to physical trauma and/or disfigurement requiring medical attention
- behaviour which has the potential to cause physical injury or emotional trauma to self or others
- persistent refusal to follow necessary treatment procedures for medical conditions such as epilepsy, diabetes or other conditions that, if not treated, will further endanger the person's health
- absconding
- behaviour which is likely to elicit negative community reactions
- sexual behaviour which puts the person or others at risk
- behaviour which has the potential to jeopardise the person's accommodation, work placement or day placement.

Any response to behaviours of concern must be based on an understanding that the behaviour:

- occurs in the context of the person's individual characteristics, lifestyle and environment (including the interpersonal environment)
- has many possible functions – including communicative – which must first be assessed and understood before an appropriate behaviour support strategy can be put in place.

The positive approach to behavioural support aims to create a responsive service environment in which it is no longer necessary for the person with disability to resort to displaying behaviours of concern to have their needs met. It is based on the premise that all clients will benefit when services:

- have as their focus the achievement of positive outcomes for people with disability, including increased independence and community participation
- are planned around the individual needs, goals and characteristics of the person with disability
- are designed to promote the competence of, and enhance the community perception of people with disability
- provide meaningful and rewarding lifestyle choices for people with disability.

PROCEDURES

The following procedures are to be implemented to ensure that all clients of R&R including those with behaviours of concern are provided with services within a context of positive behavioural support.

R&R will:

1. Work with people with disability to implement goals identified in their NDIS plan
2. Provide opportunities for people to develop skills and participate in enjoyable, meaningful and productive activities
3. Investigate reports of clients engaging in behaviours of concern or behaviour that has the potential to become concerning
4. Require staff to make a written record of incidents involving behaviours of concern including a description of the behaviour, the date, time and place of occurrence, the antecedents and the consequences of the behaviour
5. Require staff to complete an Incident Report Form/Adverse Event Report Form
6. Require the relevant Team Leader, or other staff to forward all incident reports to the Program Manager for further investigation
7. Require the Program Manager to advise the Management Committee (nominated delegate) and escalate accordingly those incidents where the safety of the person with disability, staff or others have been put at risk
8. Require the Program Manager to ensure that, where appropriate and with permission from the client (if aged over 18 years) the key family member or legally appointed guardian is advised of incidents where the safety of the person with disability, staff or others has been put at risk
9. Require the Program Manager to submit a referral for Positive Behaviour Support, to work with other key stakeholders involved in the clients care and plan management, in order to coordinate the formation of a Behaviour Support Team. This team will gather information about the person's behaviours of concern in the context of their interpersonal and physical environments and individual characteristics, as and if required
10. Require the Behaviour Support Team to include the person with disability, where possible, their key family member or legally appointed guardian, if appropriate, key staff and, where necessary, a behavioural consultant - establish which party will coordinate the team's efforts and maintain the lead case management role

11. Require the Behaviour Support Team to develop (if appropriate) a Behaviour Support Plan which will include strategies aimed at improving the person's lifestyle and environment, e.g. increasing the quality and quantity of the person's activities and creating additional opportunities for choice and participation
12. Require that the Behaviour Support Plan, includes opportunities for the development of functional communication, domestic, vocational, social, recreational or community living skills which will help the person to gain control over their environment in more socially appropriate ways
13. Ensure that consideration is given to strategies designed to teach the person ways of coping with the realities of their physical and interpersonal environment, e.g. referral for anger management, sexuality and human relations counselling, etc.
14. Ensure that, if necessary, the Behaviour Support Plan, includes an effective Incident Response Plan designed to manage future occurrences of the challenging behaviour safely and effectively
15. Ensure that any aspect of the Behaviour Support Plan, which impacts on the rights of the person with disability is developed and monitored in consultation with a behavioural consultant, together with the person with disability, their key family member or legally appointed guardian and key staff (see item 10 Behaviour Support Team)
16. Ensure that the Behaviour Support Plan includes behavioural goals against which the success of the interventions included in the Behaviour Support Plan, can be measured
17. Ensure that the Behaviour Support Plan is documented and that a copy is provided to all parties involved in it's implementation
18. Within available resources, allocate sufficient resources to the Behaviour Support Plan, which may include: specific skills training for staff, environmental restructuring, higher staffing levels during the intervention period, support from external professionals, etc
19. Undertake a formal review of the Behaviour Support Plan within an agreed timeframe and include the Behaviour Support Team in this review and Annual Client Review
20. Require that the Program Manager advise the relevant funding body and/or the NDIA if R&R considers it lacks the resources and/or expertise to manage the behaviours or if the challenging behaviours persist in a way that compromises R&R's duty of care obligations to its service recipients, staff and general public.

AVERSIVE PROCEDURES/RESTRICTIVE PRACTICES

- Aversive or restrictive procedures are those practices which could cause physical or emotional pain to the person with disability
- Aversive procedures include punishment-based practices such as loss of privileges and denial of participation in social and recreational activities
- Aversive procedures are restricted practices which are **not** to be used **in any circumstances** without the informed consent of the person with disability, their key family member or their legally appointed guardian

When used outside the guidelines of this policy, the following restricted practices could constitute criminal assault or false imprisonment:

- physical restraint, i.e. restricting voluntary movement by holding the person
- mechanical restraint, i.e. restricting voluntary movement through the use of belts, straps, ties, etc
- seclusionary time out, i.e. removing the person to another setting where they are confined in a room and unable to leave at will
- medication administered to control behaviour in the absence of a specific organic cause or diagnosed psychiatric condition.

The inclusion of aversive or restricted practices in the Behaviour Support Plan is to be used as a last resort and is exclusively limited to situations where:

- a comprehensive behavioural assessment with input from a behavioural consultant (including but not limited to a registered psychologist) has been undertaken
- the person with disability has been involved in meaningful, positive, individualised and consistently implemented programs and activities which have not succeeded in reducing their challenging behaviour
- the type of intervention is the least restrictive available alternative given the circumstances
- the person with disability has been fully involved in and understands the decision-making processes or, where this is not possible, the person's key family member or legally appointed guardian has been fully involved
- the informed consent of the person with disability has been obtained or, where this is not possible, the informed consent of the person's key family member or legally appointed guardian has been obtained
- where appropriate, the approval of a behavioural consultant (possibly including a registered psychologist) has been obtained
- the procedure is not used in isolation but is built into a Behaviour Support Plan, which emphasises positive and proactive strategies which focus on lifestyle improvement and skills development
- staff have received training on how the restrictive procedure is to be implemented
- the use of the restricted procedure is time-limited and a process for monitoring and review of the practice has been established
- each use of the restricted procedure is documented
- the use of restricted procedures is closely monitored to safeguard against abuse and replaced with less restrictive educative strategies as soon as possible.

SUSPENSION, DISMISSAL AND WITHDRAWAL OF SERVICES

Note that, for the purposes of this procedure, suspension, dismissal or the withdrawal of services on the grounds of behaviour of a person with disability may be considered to be a restricted practice that may not be implemented without the written authorisation of the Program Manager.

USE OF PHYSICAL RESTRAINT IN CRISIS SITUATIONS

In crisis situations where the person's behaviour is posing an immediate and serious threat to himself/herself or others, physical restraint may, in some cases, be justified to prevent an even greater harm occurring. Once the immediate harm has been averted, however, a positive Behaviour Support Plan, should be developed aimed at preventing a recurrence of the behaviour.

In the case where there is already a Positive Behaviour Support Plan in place, the plan will be required to be reviewed.

Physical restraint should only be used in crisis situations when:

- it is believed that this is the only action that can be taken to prevent the person from significantly injuring himself/herself or others
- restraint is not used as a punishment
- alternative strategies such as active listening, calming the person, removing the trigger and redirecting the person to another activity or event have been unsuccessful

- evacuation of the area would be ineffective or unsafe
- only the minimum force necessary is applied
- restraint is not used to force compliance with staff instructions when there is no immediate risk to the person or others
- a report outlining the incident and the reason for the need for restraint is forwarded to the Program Manager within 24 hours. This information is also to be made available to the clients key family member or legally appointed guardian
- records are kept of all incidents requiring restraint.

PROHIBITED PRACTICES

The following aversive practices are prohibited within R&R:

- any procedures which degrade or demean the person with disability
- physical abuse, e.g., hitting, pushing, shaking, force feeding, scratching, biting, cold showers
- emotional abuse, e.g., teasing, bullying, threatening
- verbal abuse, e.g., name-calling, insulting remarks, using sexist or racist language, swearing
- depriving the person of food, drink or shelter
- destroying the person's possessions
- neglect of a person's social, physical and emotional needs
- the use of restricted practices without proper authorisation.

Staff who witness any incident which appears to involve the mistreatment of a person with disability are required to report the matter immediately to their immediate Team Leader who will advise the Program Manager.

Failure to do so will lead to disciplinary action and may result in dismissal.

If allegations of mistreatment are substantiated, the service recipient's key family member or legally appointed guardian must be advised.

INCIDENT RESPONSE PLAN

When the person is putting himself/herself or others at risk, or there is the potential for significant property destruction, there is a need to respond rapidly and effectively.

If the person has a history of being involved in such situations, the Behaviour Support Plan, must include an Incident Response Plan that focuses on strategies to prevent the escalation of potentially aggressive behaviour.

The Incident Response Plan should include a clear, objective description of:

- the conditions which make it more likely that the person will engage in the behaviours of concern
- behavioural indicators which suggest the behaviour may be about to escalate
- the point at which it is necessary to intervene

- details of the agreed intervention procedures, including the people who should be informed of the incident and emergency telephone numbers
- information about what is to be documented
- monitoring and review mechanisms.

Wherever possible, the Incident Response Plan should focus on strategies which do not rely on restraint or seclusion to prevent the escalation of the behaviours of concern. These strategies include:

- knowing how the person communicates
- identifying and removing or reducing the trigger for the challenging behaviour
- changing the time and or location of activities that are known to trigger the behaviours
- removing unnecessary demands or requests
- redirecting the person to an alternative activity or event
- active listening
- removing oneself and others who may be at risk from the environmental setting.

14.8 Other Requests for Information

If a client requests help to gain further information regarding service provision, supports available or other related services, R&R staff will assist them to access this information.

14.9 Monitoring Information Provision Processes

Information provision processes and systems are regularly audited as part of the R&R audit program and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) and Section 5: Continuous Improvement).