



Behaviour support plans

A fact sheet for residential
aged care providers

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Australian Government
Aged Care Quality and Safety Commission

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What are your obligations?

From 1 September 2021, under amendments to the Aged Care Act 1997 and the Quality of Care Principles 2014 (the Principles), residential aged care providers are required to have a behaviour support plan in place for each consumer who requires, or may require, the use of restrictive practices as part of their care.

The amendments to the Principles outline the requirements of the behaviour support plan, and include information on assessment, monitoring, review, evaluation and provision of consent.

The aim of a behaviour support plan is to reduce and potentially eliminate the use of restrictive practices in aged care.

Behaviour support plans enable providers to reference information about the consumer to improve their care provision and quality of life and ensure that restrictive practices are used as a last resort.

The Aged Care Quality Standards (Quality Standards) focus on outcomes for consumers.

Providers should familiarise themselves with the Principles and Quality Standards, and update their systems, practices and capability so that they can develop person centred behaviour support plans that meet the needs of their consumers.

Providers will need to review the Clinical Governance Framework, in place at each service, that guides the minimisation of restrictive practices use.



Benefits for consumers?

A behaviour support plan forms part of the consumer's care and services plan. It needs to be individualised, current, relevant and easily available.

Its format should inform the consumer's ongoing care needs and enable ongoing updates as behaviour changes are observed or occur, or to reflect any new information which is received about the consumer.

Providers are best placed to determine how a behaviour support plan can sit within the care and service plan in their service.

A behaviour support plan must set out information that helps the provider to understand the consumer's background and their behaviours, including where known behaviours may have changed.

This includes, but is not limited to:

- any assessments which have been carried out regarding behaviours
- known triggers or causes which may precede those behaviours
- a range of alternative strategies which are known to be successful, or unsuccessful, in managing those behaviours, and
- details of any restrictive practice used or applied once alternative strategies have been tried.

A behaviour support plan must also include evidence of informed consent from the consumer, where they have capacity to provide consent, or from their authorised restrictive practices substitute decision maker.

Effective behaviour support planning is built on understanding the individual circumstances and needs of each consumer.

Developing a Template

Providers may access or develop a template suitable for their service to guide the development of behaviour support plans.

However it is important that templates don't limit relevant assessment and planning processes or encourage cut and paste approaches to behaviour support planning.

As individual consumer needs vary widely, behaviour support plans should reflect these individual needs and the complexity of management for each consumer.

The behaviour support plan will be a living document as it is developed and adjusted over time.



Information gathering

When developing behaviour support plans, it is important to gather information from many sources including the consumer, as well as staff who have previously cared for them, their family and friends, other professionals and hospital staff.

For a new consumer, actively seeking outside sources of information will also assist.

In relation to behaviour support plans specifically, and consumer centred care more generally, information-gathering related to individual consumers should include, but not be confined to, the following areas:

Understand the person

- Personality, beliefs and attitudes
- Key relationships — family members and friends in past and current life
- Education
- Occupation and work experience
- Culture and language, living overseas
- Likes and dislikes
- Religious or spiritual perspectives
- Interests — sports, leisure, hobbies, musical or TV/film tastes
- Language, vision or hearing support needs and preferences
- Institutional, disability, trauma backgrounds or other significant life challenges or struggles
- Things that have always been particularly important to the person

Understand the behaviour

- How it manifests, what is the person doing, how are they behaving?
- Is it changing over time, and if so how, and how quickly?
- What might the person be wanting or trying to do? Can they be assisted to do it? What would they like to do, what do they want, how can you help? (Ask them!)
- What appears to have caused or triggered it at different times — time of day, environment (including sounds, what's in their visual field, movements, lighting), people nearby?
- Does the person have any unmet needs around comfort, temperature, environment, sound, hunger, thirst, wet or soiled, boredom or pain?
- What normally settles them when unmet needs are addressed — distraction, soothing, pleasure, family, foods, bed, warm shower, companionship, reassurance, conversation, activity?





- Consider what you know of the person as an individual to try new strategies relevant to them. Do not expect the same intervention to work with different people
- Involve all staff in assisting with ideas and observations, and use staff wisely who consumers respond well to as individuals
- Involve family in management, for example by visiting at known times of distress or phoning to reassure
- If management is difficult, seek advice from a general practitioner, specialists or Dementia Support Australia
- In an emergency, seek urgent help from ambulance or police as appropriate
- Keep family or substitute decision makers involved and informed

Understand the risks

- Is the person unwell or delirious, especially if the behaviour is a sudden change? (This may need medical assessment)
- What risk of harm to self or others is the behaviour posing, if any? Is it actually a problem?
- How can the risks be modified or removed? (Risks include physical danger, psychological or emotional harm)
- Understand specific risks to that individual of any restrictive practices that are used or considered

Understand the management options

- Try to get an idea from the person themselves about what might help on each occasion
- Ask family and friends to suggest or advise
- Try strategies that are documented or known to have worked in the past
- Avoid strategies that have made the individual's distress or behaviour worse

Always document information

It is important for every residential service to document this information in a way that helps the service, staff, family, restrictive practices substitute decision maker and prescriber understand the behaviour challenges.

This includes what strategies are being employed and why, and when new information is received it should be added to the plan.

This information needs to be easily available and accessible for all staff on each shift in order to inform person-centred care and behaviour support.

It should also be considered in the handover at the end of every shift.

Behaviour Support Plan key elements

The major elements of a behaviour support plan for an aged care consumer who requires or may require the use of restrictive practices as part of their care, are set out in the Principles.

Providers are encouraged to review the [Principles](#) to be familiar with the requirements of behaviour support plans for consumers.

The relevant sections are listed here.



Section 15HA outlines the responsibilities relating to behaviour support plans.

Section 15HB outlines the matters that should be included in a behaviour support plan.

Section 15HC outlines the information required to be in a behaviour support plan if restrictive practices are assessed as necessary.

Section 15HD outlines the matters that must be set out in a behaviour support plan if restrictive practices are used.

Section 15HE outlines the matters to be set out in behaviour support plans if need for ongoing use of restrictive practices is indicated.

Section 15HF outlines the requirements for reviewing and revising behaviours support plans.

Section 15HG outlines the requirements for consulting on behaviour support plans.

Section 15FA sets out the requirements for use of restrictive practices in an emergency.

The table below sets out the key elements of a behaviour support plan, according to the Principles.

This includes relevant information from the Explanatory Statement which sets out the requirements of each section of the Principles in more detail.

Resources

[Aged Care Quality Standards guidance and resources — behaviour support and care planning](#)

[Dementia Support Australia — Behaviour Support Plan resources](#)

Restrictive Practices – Quality of Care Principles 2014

Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HA	Responsibilities relating to Behaviour Support Plans	<p>(1) If:</p> <ul style="list-style-type: none">(a) an approved provider provides aged care to a care recipient; and(b) behaviour support is needed for the care recipient; <p>the approved provider must ensure that a behaviour support plan for the care recipient is included in the care and services plan for the care recipient.</p> <p>(2) The approved provider must ensure that the behaviour support plan:</p> <ul style="list-style-type: none">(a) is prepared, reviewed and revised in accordance with this Division; and(b) sets out the matters required by this Division and Divisions 3 and 4. <p>(3) In preparing the behaviour support plan, the approved provider must take into account any previous assessment relating to the care recipient that is available to the approved provider.</p>	<p>New subsection 15HA(1) provides that, if an approved provider provides aged care to a care recipient and behaviour support is needed for the care recipient, the approved provider must ensure that a behaviour support plan is included in the care and services plan for the care recipient. These behaviour supports are expected to be individualised to best address the changed behaviour, and the underlying causes and/or triggers for the behaviour.</p> <p>Given the number of care recipients with dementia or cognitive decline is increasing, approved providers need to continue to build their behaviour support capability and ensure they are equipped to manage behaviours of concern that ensures the rights of care recipients and promotes quality of life for care recipients.</p> <p>New subsection 15HA(2) provides that the approved provider must ensure that the behaviour support plans are prepared, reviewed and revised in accordance with this Division and set out matters as required by this Division and Divisions 3 and 4 of Part 4A of the Quality of Care Principles (see the amendments introduced by Item 15 of Schedule 1 to the Amending Principles).</p> <p>New subsection 15HA(3) provides that the approved provider must consider any previous assessments of the care recipient that are available to the approved provider when preparing the behaviour support plan. These assessments are not limited to behaviour assessments. They can include any assessment of the care recipient that may provide insight into the causes or triggers of their changed behaviours such as assessments for pain, mobility or illness, injury or trauma.</p>

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HB	Matters to be set out in behaviour support plans — alternative strategies for addressing behaviours of concern	<p>A behaviour support plan for a care recipient must set out the following matters:</p> <ul style="list-style-type: none"> (a) information about the care recipient that helps the approved provider to understand the care recipient and the care recipient’s behaviour (such as information about the care recipient’s past experience and background); (b) any assessment of the care recipient that is relevant to understanding the care recipient’s behaviour; (c) information about behaviours of concern for which the care recipient may need support; (d) the following information about each occurrence of behaviours of concern for which the care recipient has needed support: <ul style="list-style-type: none"> (i) the date, time and duration of the occurrence; (ii) any adverse consequences for the care recipient or other persons; (iii) any related incidents; (iv) any warning signs for, or triggers or causes of, the occurrence (including trauma, injury, illness or unmet needs such as pain, boredom or loneliness); 	<p>New section 15HB sets out the information that is required to be documented in a behaviour support plan in relation to alternative strategies for care recipients with behaviours of concern. The behaviour support plan for a care recipient must set out the following:</p> <ul style="list-style-type: none"> • information about the care recipient to assist with understanding their behaviour, such as information about the care recipient’s past experience and background. Other examples may be information about a care recipient’s, habits or routines, likes or dislikes, hobbies, trauma, illness, injury, loss of close friends or family; • any assessment of the care recipient that is relevant to understanding the behaviour — for example, assessments for pain, mobility, injury or illness, post-surgery, dementia, mental health, alcohol or drug misuse; • information about the behaviours of concern for which the care recipient may need support — for example, assistance with activities and emotional supports; • information about each occurrence of behaviours of concern for which the care recipient has needed support, including the date, time and duration of the occurrence, any adverse consequences for the care recipient or other persons, any related incidents, and any warning signs for, or triggers or causes of, the occurrence (including trauma, injury illness or unmet pain needs, boredom or loneliness);

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Section 15HB continued	Matters to be set out in behaviour support plans — alternative strategies for addressing behaviours of concern	<p>(e) alternative strategies for addressing the behaviours of concern that:</p> <ul style="list-style-type: none"> (i) are best practice alternatives to the use of restrictive practices in relation to the care recipient; and (ii) take into account the care recipient's preferences (including preferences in relation to care delivery) and matters that might be meaningful or of interest to the care recipient; and (iii) aim to improve the care recipient's quality of life and engagement; <p>(f) any alternative strategies that have been considered for use, or have been used, in relation to the care recipient;</p> <p>(g) for any alternative strategy that has been used in relation to the care recipient:</p> <ul style="list-style-type: none"> (i) the effectiveness of the strategy in addressing the behaviours of concern; and (ii) records of the monitoring and evaluation of the strategies; <p>(h) a description of the approved provider's consultation about the use of alternative strategies in relation to the care recipient with the care recipient or the care recipient's representative.</p>	<ul style="list-style-type: none"> • alternative strategies for addressing the behaviours of concern that are best practice alternatives to the use of restrictive practices in relation to the care recipient, and take into account the care recipient's preferences (including preferences in relation to care delivery) and matters that might be meaningful or of interest to the care recipient, and aim to improve the care recipient's quality of life and engagement; • any alternative strategies that have been considered for use, or have been used, in relation to the care recipient; • for any alternative strategy that has been used in relation to the care recipient, the effectiveness of the strategy in addressing the behaviours of concern and records of the monitoring and evaluation of the strategies; • a description of the consultation that has been undertaken by the approved provider about the use of alternative strategies with the care recipient or the care recipient's representative. <p>The intention of this provision is to ensure the approved provider takes a more preventative approach in relation to the use of restrictive practices by considering alternative strategies in the first instance, while examining and seeking to understand the cause of the behaviours. The approved provider should consider any past events or experiences that led to behaviours of concern to help prevent future behaviours of concern occurring that may be related to these causes or triggers.</p> <p>Approved providers are encouraged to engage with care recipients, family, friends, health practitioners, and anyone else that has known the care recipient to understand the individual care recipient's experiences and preferences. This helps to ensure the care recipient can have the best quality of life possible while in residential care and are supported with person-centred strategies that consider their rights and preferences.</p>

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HC	Matters to be set out in behaviour support plans – if use of restrictive practice assessed as necessary	<p>If the use of a restrictive practice in relation to a care recipient is assessed as necessary as mentioned in section 15FB or 15FC, the behaviour support plan for the care recipient must set out the following matters:</p> <ul style="list-style-type: none"> (a) the care recipient’s behaviours of concern that are relevant to the need for the use of the restrictive practice; (b) the restrictive practice and how it is to be used, including its duration, frequency and intended outcome; (c) the best practice alternative strategies that must be used (to the extent possible) before using the restrictive practice; (d) how the use of the restrictive practice is to be monitored, including how the monitoring will be escalated if required, taking into account the nature of the restrictive practice and any care needs that arise from the use of the restrictive practice; 	<p>New section 15HC sets out the information required to be documented in a behaviour support plan if the use of a restrictive practice has been assessed as necessary in accordance with section 15FB or 15FC of the Quality of Care Principles. In these circumstances, the behaviour support plan for a care recipient must set out the following:</p> <ul style="list-style-type: none"> • the care recipient's behaviours of concern that are relevant to the need for the use of the restrictive practice; • what the restrictive practice is and how it is to be used, including its duration, frequency and intended outcome; • the best practice alternative strategies that must be used before using the restrictive practice; • how the use of the restrictive practice will be monitored, including how the monitoring will be escalated if required, taking into account the nature of the restrictive practice and any care needs that may arise from the use of the restrictive practice;

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HC continued	Matters to be set out in behaviour support plans — if use of restrictive practice assessed as necessary	<p>(e) how the use of the restrictive practice is to be reviewed, including consideration of the following:</p> <ul style="list-style-type: none"> (i) the outcome of its use and whether the intended outcome was achieved; (ii) whether an alternative strategy could be used to address the care recipient’s behaviours of concern; (iii) whether a less restrictive form of the restrictive practice could be used to address the care recipient’s behaviours of concern; (iv) whether there is an ongoing need for its use; (v) if the restrictive practice is chemical restraint—whether the medication prescribed for the purpose of using the chemical restraint can or should be reduced or stopped; 	<ul style="list-style-type: none"> • how the use of the restrictive practice is to be reviewed, including consideration of the following: <ul style="list-style-type: none"> – the outcome of its use and whether the intended outcome was achieved; – whether an alternative strategy could be used to address the care recipient’s behaviours of concern; – whether a less restrictive form of the restrictive practice could be used to address the care recipient’s behaviours of concern; – whether there is an ongoing need for its use; – if the restrictive practice is chemical restraint, whether the medication prescribed for the purpose of using the chemical restraint can or should be reduced or stopped;

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HC continued	Matters to be set out in behaviour support plans — if use of restrictive practice assessed as necessary	<p>(f) a description of the approved provider’s consultation about the use of the restrictive practice with:</p> <ul style="list-style-type: none"> (i) the care recipient; or (ii) if the care recipient lacks the capacity to give informed consent to the use of the restrictive practice — the restrictive practices substitute decision maker for the restrictive practice; <p>(g) a record of the giving of informed consent to the use of the restrictive practice by:</p> <ul style="list-style-type: none"> (i) the care recipient; or (ii) if the care recipient lacks the capacity to give that consent—the restrictive practices substitute decision maker for the restrictive practice. <p>Note: Assessments mentioned in sections 15FB and 15FC must also be documented in the behaviour support plan (see paragraphs 15FB(1)(b) and 15FC(1)(b)).</p>	<ul style="list-style-type: none"> • a description of the approved provider’s consultation about the use of the restrictive practice with the care recipient or, if the care recipient lacks capacity to give informed consent to the use of the restrictive practice, their restrictive practice substitute decision maker; • a record of the informed consent from the care recipient, or if the care recipient lacks capacity to give that consent, consent from their restrictive practice substitute decision maker. <p>This section provides further requirements of approved providers when a restrictive practice is assessed as necessary, noting that the section 15HD outlines the requirements that must be met if a restrictive practice is used. While approved health practitioners (a medical practitioner, nurse practitioner or registered nurse) may assess a restrictive practice as necessary, it is important to note that comprehensive behaviour support planning and management is intended to reduce the use of restrictive practices.</p> <p>This section also clarifies that the approved provider must document, in the behaviour support plan, how the restrictive practice is to be monitored and reviewed. This ensures the care recipient, their nominated representative, aged care staff and relevant health professionals all understand the conditions of the use of the restrictive practice.</p> <p>If a behaviour support plan includes a restrictive practice that has been assessed as necessary, any use of a restrictive practice must be reviewed regularly or as soon as practicable after any change in the care recipient’s circumstances (see new section 15HF). This includes any circumstance where a restrictive practice is used in an emergency. Any changes in behaviour should mean that the use of the restrictive practice should be reconsidered and reduced or stopped as soon as practicably possible.</p> <p>The note following new section 15HC clarifies that assessments mentioned in sections 15FB and 15FC of the Quality of Care Principles must also be documented in the behaviour support plan.</p>

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HD	Matters to be set out in behaviour support plans — if restrictive practice used	<p>If a restrictive practice in relation to a care recipient is used in relation to the care recipient, the behaviour support plan for the care recipient must set out the following matters:</p> <ul style="list-style-type: none"> (a) the restrictive practice and how it was used, including the following: <ul style="list-style-type: none"> (i) when it began to be used; (ii) the duration of each use; (iii) the frequency of its use; (iv) the outcome of its use and whether the intended outcome was achieved; (b) if, under the plan, the restrictive practice is to be used only on an as needed basis in response to particular behaviour, or in particular circumstances: <ul style="list-style-type: none"> (i) the care recipient's behaviours of concern that led to the use of the restrictive practice; and (ii) the actions (if any) taken leading up to the use of the restrictive practice, including any alternative strategies that were used before the restrictive practice was used; (c) the details of the persons involved in the use of the restrictive practice; 	<p>New section 15HD sets out the information that is required to be included in a behaviour support plan if a restrictive practice has been used in relation to a care recipient. The behaviour support plan for the care recipient must set out the following:</p> <ul style="list-style-type: none"> • the restrictive practice being used and how it was used, including when it began to be used, the duration of each use, the frequency of its use, the outcome of its use and whether the intended outcome was achieved; • if, under the plan, the restrictive practice is to be used only on an as-needed basis in response to particular behaviour, or in particular circumstances: the care recipient's behaviours of concern that led to the use of the restrictive practice and the actions (if any) taken leading up to the use of the restrictive practice, including any alternative strategies that were used before the restrictive practice was used; • details of the persons involved in the use of the restrictive practice;

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HD continued	Matters to be set out in behaviour support plans — if restrictive practice used	<p>(d) a description of any engagement with external support services (for example, dementia support specialists) in relation to the use of the restrictive practice;</p> <p>(e) details of the monitoring of the use of the restrictive practice as required by the plan;</p> <p>(f) the outcome of the review of the use of the restrictive practice as required by the plan.</p> <p>Note 1 For paragraphs (e) and (f), see paragraphs 15HC(d) and (e) for the requirements for a behaviour support plan for a care recipient to require monitoring and review of the use of a restrictive practice in relation to the care recipient.</p> <p>Note 2 If the use of a restrictive practice in relation to a care recipient is necessary in an emergency, other matters must also be documented in the behaviour support plan for the care recipient (see section 15GB).</p>	<ul style="list-style-type: none"> • a description of any engagement with external support services in relation to the use of the restrictive practice; • details of the monitoring of the use of the restrictive practice as required by the plan; • the outcome of the review of the use of the restrictive practice as required by the plan. <p>Note 1 to section 15HD directs the reader, in relation to paragraphs 15HD(e) and (f), to paragraphs 15HC(d) and (e) as those provisions set out the requirements for a behaviour support plan for a care recipient to require monitoring and review of the use of a restrictive practice in relation to the care recipient.</p> <p>Note 2 to section 15HD provides that if the use of a restrictive practice in relation to a care recipient is necessary in an emergency, other matters in section 15GB must also be documented in the behaviour support plan for the care recipient.</p> <p>The use of a restrictive practice must be continually monitored, reviewed and documented. If there is a change to a care recipient’s circumstances or behaviour, a review should be completed to understand what has changed and whether the existing strategies remain best practice for the care recipient. This includes any circumstance where a restrictive practice is used in an emergency.</p> <p>If these strategies are no longer effective, new strategies need to be considered and trialled, noting that care needs change over time and can be affected by other factors in the residential care setting.</p> <p>Approved providers must seek to ensure the least restrictive form of a restrictive practice is being applied and that it is used for the shortest time possible. Approved providers must also continually seek to consider whether an alternative strategy can be used and whether the restrictive practice can be reduced or stopped. These requirements are intended to ensure the use of restrictive practices are reduced and the inappropriate use of restrictive practices are eliminated.</p>

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HE	Matters to be set out in behaviour support plans — if need for ongoing use of restrictive practice indicated	<p>If a review of the use of a restrictive practice in relation to a care recipient (as required by the behaviour support plan for the care recipient) indicates a need for the ongoing use of the restrictive practice, the behaviour support plan for the care recipient must set out the following matters:</p> <ul style="list-style-type: none"> (a) the restrictive practice and how it is to be used, including its duration, frequency and intended outcome; (b) how the ongoing use of the restrictive practice is to be monitored, including how the monitoring will be escalated if required, taking into account the nature of the restrictive practice and any care needs that arise from the use of the restrictive practice; c) how the ongoing use of the restrictive practice is to be reviewed, including consideration of the following: <ul style="list-style-type: none"> (i) the outcome of the ongoing use of the restrictive practice and whether the intended outcome is being achieved; (ii) whether an alternative strategy could be used to address the care recipient’s behaviours of concern; (iii) whether a less restrictive form of the restrictive practice could be used to address the care recipient’s behaviours of concern; 	<p>New section 15HE sets out the information that is required to be included in a behaviour support plan if a review of the use of a restrictive practice has indicated the need for the ongoing use of the restrictive practice. In these circumstances, the behaviour support plan for the care recipient must set out the following:</p> <ul style="list-style-type: none"> • the restrictive practice and how it was used, including its duration, frequency and intended outcome; • how the ongoing use of the restrictive practice is to be monitored, including how the monitoring will be escalated if required, taking into account the nature of the restrictive practice and any care needs that arise from the use of the restrictive practice; • how the ongoing use of the restrictive practice is to be reviewed, including consideration of the following: <ul style="list-style-type: none"> — the outcome of the ongoing use of the restrictive practice and whether the intended outcome is being achieved; — whether an alternative strategy could be used to address the care recipient’s behaviours of concern; — whether a less restrictive form of the restrictive practice could be used to address the care recipient’s behaviours of concern;

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Section 15HE continued	Matters to be set out in behaviour support plans — if need for ongoing use of restrictive practice indicated	<ul style="list-style-type: none"> (iv) whether there continues to be need for the ongoing use of the restrictive practice; (v) if the restrictive practice is chemical restraint—whether the medication prescribed for the purpose of using the chemical restraint can or should be reduced or stopped; (d) a description of the approved provider’s consultation about the ongoing use of the restrictive practice with: <ul style="list-style-type: none"> (i) the care recipient; or (ii) if the care recipient lacks the capacity to give informed consent to the ongoing use of the restrictive practice — the restrictive practices substitute decision maker for the restrictive practice; (e) a record of the giving of informed consent to the ongoing use of the restrictive practice by: <ul style="list-style-type: none"> (i) the care recipient; or (ii) if the care recipient lacks capacity to give that consent — the restrictive practices substitute decision maker for the restrictive practice. 	<ul style="list-style-type: none"> – whether there continues to be need for the ongoing use of the restrictive practice; – if the restrictive practice is chemical restraint, whether the medication prescribed for the purpose of using the chemical restraint can or should be reduced or stopped; • a description of the consultation about the ongoing use of the restrictive practice with the care recipient or, if the care recipient lacks the capacity to give informed consent to the ongoing use of the restrictive practice, the restrictive practices substitute decision maker; • a record of informed consent from the care recipient or, if the care recipient lacks capacity to give that consent, consent from their restrictive practice substitute decision maker. <p>If the ongoing use of a restrictive practice is assessed as necessary, informed consent for the ongoing use of the practice is required. Perpetual or ongoing approval cannot be given to the use of a restrictive practice. The care recipient or their restrictive practice substitute decision maker may withdraw their consent at any time. Therefore, the approved provider should take steps to regularly communicate with the care recipient or their restrictive practices substitute decision maker, and obtain informed consent contemporaneously.</p> <p>Approved providers are required to regularly monitor and review the use of a restrictive practice approved on an ongoing basis and should continually explore alternative strategies to manage behaviours of concern.</p> <p>Additionally, any use of a restrictive practice on an ongoing basis must be applied in the least restrictive form possible to prevent harm to the care recipient or other persons and must consider the impact of the use of the restrictive practice on the care recipient.</p>

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Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HF	Reviewing and revising behaviour support plans	<p>An approved provider must review a behaviour support plan for a care recipient and make any necessary revisions:</p> <ul style="list-style-type: none">(a) on a regular basis; and(b) as soon as practicable after any change in the care recipient's circumstances.	<p>New section 15HF sets out that an approved provider must review a behaviour support plan for a care recipient and make any necessary revisions:</p> <ul style="list-style-type: none">• on a regular basis; and• as soon as practicable after any change in the care recipient's circumstances. <p>The care needs of older people in residential aged care are dynamic and may change rapidly. Changes in the care needs of older people require timely and responsive review by medical practitioners, nurse practitioners and registered nurses with day-to-day knowledge of the care recipient.</p> <p>Any behaviours of concern, including where this occurs in an emergency, must be reviewed. Additionally, if a behaviour support plan includes a restrictive practice that has been assessed as necessary, the behaviour support plan must be regularly reviewed to determine if the restrictive practice can be reduced or stopped. If a chemical restraint is used, a medication review is also recommended to ensure that any medication is regularly reviewed and updated to ensure medication that is no longer required or can be reduced or stopped.</p> <p>Arrangements under the National Disability Insurance Scheme require any behaviour support plan that includes a restrictive practice to be reviewed every 12 months or earlier if the participant's circumstances change.</p> <p>It is expected that a care recipient will need their behaviour support plan to be reviewed significantly more frequently than every 12 months. This is due to the dynamic nature of care needs of older people. Conversely, the care needs of people with a disability are generally more stable.</p> <p>In the event a care recipient's behaviour support needs are stable and do not change over a 12-month period, a review must be completed within the 12 months. However, it is not expected that an aged care recipient with a behaviour support plan in place would not have any changes in their behaviour or care needs in a 12-month period. It is expected that care needs of an older person in residential aged care would change more frequently and would therefore require more frequent review and amendment of their behaviour support plans.</p>

Behaviour support plans — a fact sheet for residential aged care providers

Section of Principles	Section heading	Information from the Principles	Associated information from Explanatory Statement
Section 15HG	Consulting on behaviour support plans	<p>(1) In preparing, reviewing or revising a behaviour support plan for a care recipient, an approved provider must consult the following:</p> <ul style="list-style-type: none"> (a) the care recipient and any other person nominated by the care recipient (unless the care recipient lacks the capacity to be consulted); (b) if the care recipient lacks the capacity to be consulted — a person or body who, under the law of the State or Territory in which the care recipient is provided with aged care, can make decisions about that care; (c) health practitioners with expertise relevant to the care recipient’s behaviours of concern. <p>(2) If the use of a restrictive practice in relation to the care recipient is assessed as necessary as mentioned in section 15FB or 15FC, the approved provider must also consult the following in preparing, reviewing or revising the behaviour support plan:</p> <ul style="list-style-type: none"> (a) the approved health practitioner who made the assessment; (b) if the care recipient lacks the capacity to be consulted — the restrictive practices substitute decision maker for the restrictive practice. <p>(3) In consulting under this section, the approved provider must provide the plan or revised plan, and any associated information, in an appropriately accessible format.</p>	<p>New subsection 15HG(1) sets out that in preparing, reviewing or revising a behaviour support plan for a care recipient, an approved provider must consult the following:</p> <ul style="list-style-type: none"> • the care recipient and any other person nominated by the care recipient (unless the care recipient lacks the capacity to be consulted); • if the care recipient lacks capacity to be consulted, a person or body able to make decisions about the care of the care recipient under the law of the State or Territory in which the care recipient is provided with aged care; • any health practitioners with expertise relevant to the care recipient’s behaviours of concern. <p>New subsection 15HG(2) provides that if the use of a restrictive practice in relation to the care recipient is assessed as necessary as mentioned in section 15FB or 15FC of the Quality of Care Principles, the approved provider must also consult the following in preparing, reviewing or revising the behaviour support plan:</p> <ul style="list-style-type: none"> • the approved health practitioner (medical practitioner, nurse practitioner or registered nurse) that made that assessment; • if the care recipient lacks capacity to be consulted, their restrictive practice substitute decision maker for the restrictive practice. <p>New subsection 15HG(3) provides that, if consulting under this section, the approved provider must provide the behaviour support plan or revised behaviour support plan, and any associated information, to those persons that are being consulted to support and facilitate the consultation process. The behaviour support plan and any associated materials must be provided in an appropriately accessible format to the persons that are being consulted.</p> <p>This ensures the delivery of person-centred care and the inclusion of the care recipient in the care planning and decision making process. During this process, the care recipient should be supported or assisted to make their own decisions. This includes communicating with them in a way they can understand and they should be given the opportunity to discuss their concerns and expectations.</p>



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