



Document of Policies

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Table of Contents

| | |
|---|----|
| Positive behaviour support | 1 |
| Restrictive practices and behaviour support (easy read) | 11 |

Positive behaviour support

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Introduction

This policy provides guiding principles when supporting participants with behaviours of concern (previously known as challenging behaviours). Behaviours of concern is any behaviour that may cause a risk of actual harm or psychological distress to the person or others. Behaviours of concern develop as a way of communicating a need or indicating distress. Examples of behaviours of concern include:

- verbal or physical aggression
- self-harm
- destruction of property
- impulsive or dangerous behaviour
- withdrawn behaviour
- socially inappropriate behaviour
- sexually inappropriate behaviour.

Positive behaviour support is a comprehensive, person-centred approach which combines assessment, planning and implementation to meet a participant's needs. It uses integrated collaboration with participants and their families, skilled workers and evidence-based strategies with the aim to firstly increase the quality of life for the participant and secondly to reduce and manage behaviours of concern. This is documented in a behaviour support plan.

Positive behaviour support plans

Positive behaviour support strengthens helpful behaviours through positive reinforcement rather than punishment (response cost). It develops supportive environments that reduce agitation, discomfort or triggers, and anticipates where things might go wrong by planning to avoid such instances. Positive behaviour support emphasise the importance of creating and implementing changes in lifestyle and quality of life as the primary response and purpose. The secondary intention of a positive behaviour support plan is to reduce the use of behaviours of concern.

Following an assessment of the participant's needs and their environment, a positive behaviour support plan may be developed by a practitioner with relevant NDIS approved qualifications. The plan aims to summarise the positive supports required to address the participant's needs and to foster changes in lifestyle which encourages positive behavioural responses. It should include strategies for improving quality of life through systems change, skills acquisition and environmental redesign. The plan should provide information to all workers supporting the person on what they need to do to help the person to address the behaviour of concern.

A positive behaviour support plan may be appropriate where:

- there are reasonable concerns over risk of harm or serious injury to a participant or to others
- existing strategies have not been effective in managing the behaviour
- there are concerns over the use of existing strategies for other reasons
- the behaviour of concern may prevent other significant needs being met
- existing strategies appear to prevent significant needs being met
- the participant is in jeopardy of being excluded from other services, employment or from school
- the capacity of the service is under significant stress.

When developing and provisioning a positive behaviour support plan, collaboration with a range of parties is required (but not limited to):

- the participant
- the person with parental responsibility
- the guardian, if one has been appointed
- the participant's parents or carers
- the participant's advocate
- significant others who are important to the participant (e.g. case worker, siblings, extended family members, friends)
- other professionals who are involved with provision of care and/or support to the participant (e.g. therapist, teacher, neurologist, paediatrician, psychiatrist)
- practitioners from other disciplines not involved in providing a service to the participant, or to others within their support system (e.g. mental health worker, probation and parole officer).

A positive behaviour support plan must include a functional behavioural assessment and detail:

- what the objectives of the plan are
- why the person uses behaviours of concern as a function of behaviour
- environmental modifications to minimise the need for behaviours of concern (e.g. minimising the noise), in order to make this behaviour unnecessary
- specific approaches for teaching the person new skills so that they do not have to rely on behaviours of concern to have their needs met
- early warning signs—what behaviours to look for that indicate the person's needs are not being met and early response options to minimise the chance of escalation
- reactive strategies in response to behaviours of concern
- how the participant and the participant's stakeholders (i.e. their family, carer and workers) will contribute to implementing the plan.

It's important to remember that a positive behaviour support plan will work best if there are already good supports in place for a participant.

A positive behaviour support plan must be endorsed by the practitioner who developed it. As part of endorsement, it must include:

- the date of the plan
- the author's name, position, agency, location, contact details
- the schedule for regular review.

This policy will address the following aspects which relate to behaviour support plans, as outlined by the [NDIS Quality and Safeguards Commission Positive behaviour support capability framework](#):

1. interim responses
2. functional assessment
3. planning
4. implementation
5. monitoring and evaluation
6. restrictive practices
7. continuing professional development and supervision.

This policy should be read in association with the Restrictive practices policy.

Applicability

When

- applies when supporting participants with behaviour support.

Who

- applies to all employees, volunteers, supervisors and key management personnel involved in supporting participants with behaviours of concern.

Governing obligations for this policy

-  NDIS Practice Standards SM 2.1.1 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2.1.2 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2.1.3 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2.1.4 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2.1.5 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2.2.2 Restrictive Practices
-  NDIS Practice Standards SM 2.3.1 Functional Behaviour Assessments and Behaviour Support Plans
-  NDIS Practice Standards SM 2.3.2 Functional Behaviour Assessments and Behaviour Support Plans
-  NDIS Practice Standards SM 2.3.3 Functional Behaviour Assessments and Behaviour Support Plans
-  NDIS Practice Standards SM 2.3.4 Functional Behaviour Assessments and Behaviour Support Plans
-  NDIS Practice Standards SM 2.3.5 Functional Behaviour Assessments and Behaviour Support Plans
-  NDIS Practice Standards SM 2.3.6 Functional Behaviour Assessments and Behaviour Support Plans
-  NDIS Practice Standards SM 2.4.1 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.4.2 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.4.3 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.4.4 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.4.5 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.4.6 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.4.7 Supporting the Implementation of the Behaviour Support Plan
-  NDIS Practice Standards SM 2.5.1 Behaviour Support Plan Monitoring and Review
-  NDIS Practice Standards SM 2.5.2 Behaviour Support Plan Monitoring and Review
-  NDIS Practice Standards SM 2.5.3 Behaviour Support Plan Monitoring and Review
-  NDIS Practice Standards SM 2.5.4 Behaviour Support Plan Monitoring and Review
-  NDIS Practice Standards SM 2.5.5 Behaviour Support Plan Monitoring and Review
-  NDIS Practice Standards SM 2.5.6 Behaviour Support Plan Monitoring and Review
-  NDIS Practice Standards SM 2.6.1 Reportable Incidents involving the Use of a Restrictive Practice
-  NDIS Practice Standards SM 2.6.2 Reportable Incidents involving the Use of a Restrictive Practice
-  NDIS Practice Standards SM 2.7.1 Interim Behaviour Support Plans
-  NDIS Practice Standards SM 2.7.2 Interim Behaviour Support Plans
-  NDIS Practice Standards SM 2A.1.1 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2A.1.2 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2A.1.3 Behaviour Support in the NDIS
-  NDIS Practice Standards SM 2A.3.1 Supporting the Assessment and Development of Behaviour Support Plans
-  NDIS Practice Standards SM 2A.3.2 Supporting the Assessment and Development of Behaviour Support Plans
-  NDIS Practice Standards SM 2A.3.3 Supporting the Assessment and Development of Behaviour Support Plans
-  NDIS Practice Standards SM 2A.3.4 Supporting the Assessment and Development of Behaviour Support Plans
-  NDIS Practice Standards SM 2A.4.1 Behaviour Support Plan Implementation
-  NDIS Practice Standards SM 2A.4.2 Behaviour Support Plan Implementation

-  NDIS Practice Standards SM 2A.4.3 Behaviour Support Plan Implementation
-  NDIS Practice Standards SM 2A.4.4 Behaviour Support Plan Implementation
-  NDIS Practice Standards SM 2A.4.5 Behaviour Support Plan Implementation
-  NDIS Practice Standards SM 2A.4.6 Behaviour Support Plan Implementation
-  NDIS Practice Standards SM 2A.4.7 Behaviour Support Plan Implementation
-  NDIS Practice Standards SM 2A.6.1 Behaviour Support Plan Review
-  NDIS Practice Standards SM 2A.6.2 Behaviour Support Plan Review
-  NDIS Practice Standards SM 2A.6.3 Behaviour Support Plan Review
-  NDIS Practice Standards SM 2A.6.4 Behaviour Support Plan Review
-  NDIS Practice Standards SM 2A.8.1 Interim Behaviour Support Plans
-  NDIS Practice Standards SM 2A.8.2 Interim Behaviour Support Plans
-  NDIS Practice Standards SM 2A.8.3 Interim Behaviour Support Plans

Governing regulations for this policy

-  NDIS (Quality Indicators) Guidelines 2018 (Cth)
-  NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)

Applicable processes for this policy

-  Assess behavioural support needs
-  Authorise regulated restrictive practice
-  Implement positive behaviour support plan
-  Support and review positive behaviour support plan

Interim behaviour support plans

Interim behaviour support plans are plans that are rapidly implemented, under exceptional circumstances. As described by the [NDIS Quality and Safeguards Commission](#), interim behaviour support plans must be developed with the purpose of immediately protecting participants and others, with the aim of minimising and eliminating the risk of harm.

The plan must be developed by a suitably qualified behaviour support practitioner, within one month of engaging the practitioner. If the behaviour support practitioner is working with a new participant, where an interim response is first needed, and their skills fall outside their scope of practice, then a practitioner rated as proficient or above needs to provide supervision.

Interim behaviour support plans must always be developed in consultation and consent with the participant or their substitute decision-maker, support network and any other relevant professionals.

If the interim behaviour support plan is inclusive of restrictive practices, appropriate authorisation requirements must be followed (see: Restrictive practice policy, Authorise regulated restrictive practice process). This includes submission to the NDIS Quality and Safeguards Commission and the ongoing reporting of the use of restrictive practices.

If there is an ongoing need for behaviour support, then a comprehensive behaviour support plan must be developed within 6 months of engaging the behaviour support practitioner.

Key management personnel responsibilities for interim responses

As described by the NDIS quality and Safeguards Commission, it is our obligation to:

- recruit and retain appropriate workers that are qualified and skilled in the relevant areas to their work, this may include:
 - behaviour support for participants with varying degrees of complexity
 - implementation of strategies
 - de-escalation techniques
- regularly review policies and processes that support the use of interim behaviour support plans to reduce the immediate risk and likelihood of serious or crisis incidents
- assist behaviour support practitioners to conduct an initial assessment
- provide support and resources to immediately engage medical professionals if required
- provide regular and consistent training in the use of restrictive practices, their implications and reporting requirements, as well as the consequences of using unauthorised restrictive practices
- ensure staff are released to attend training in the implementation of an interim behaviour support plan
- have a mechanism in place to record and review incident reports and collect other initial data as necessary
- facilitate debriefing for involved workers, participants and their support networks, and any other people involved in a critical or serious incident
- include all relevant stakeholders including (but not limited to), participants, participant support networks, workers in post-incident reviews
- use post-incident reviews and stakeholder input to inform continuous improvement as an NDIS service provider.

Functional assessment

The development of a comprehensive behaviour plan begins with the engagement and consent of the participant or their substitute decision maker to conduct a behaviour support assessment, including a functional behaviour assessment. A behaviour support assessment and functional behaviour assessment should be collaboratively developed once consent is granted with the appropriate mainstream services, allied health, participant's support network and any other relevant stakeholders. All assessments must be person-centred and inclusive of the participant and their support network through all stages of development, implementation and review.

A functional behaviour assessment must identify:

- strengths of the participant
- the participant's preferences, will, goals and desires
- the environmental context.

Key management personnel responsibilities for functional assessments

As described by the NDIS Quality and Safeguards Commission, it is our obligation to:

- support the participant to contribute to the assessment, through means of preferred communication
- facilitate and enable behaviour support practitioners to conduct information-gathering for the assessment, in accordance with all laws and regulations relating to privacy and sensitive information
- identify the key stakeholders for the practitioner
- support the practitioners to conduct an initial risk assessment
- ensure staff have the training and skills to effectively participate in data collection through ongoing and regular staff training and review (see: Manage worker performance process)
- arrange medical reviews as required.

Planning and development

The outcome of the functional assessments will inform all strategies that seek to support the participant's behaviour. The planning stage must be participant-centred and include all relevant workers, allied health practitioners, support networks carers and any other relevant stakeholders.

The strategies will:

- be proactive
- be reflective of the participant's needs
- improve the participant's quality of life
- encourage and support positive behavioural changes
- create opportunities for participation in the community
- create structure through meaningful daily activities guided by the participants goals, values and ambitions
- reduce and eliminate the use of restrictive practices (where restrictive practices are used).

To nurture positive skills building, positive behaviour support plans will:

- support and encourage participants to develop skills
- support and encourage participants to be involved in recreation, education, work, social and community settings
- support participants to develop appropriate ways to communicate their needs
- develop the participant's skills in daily living to meet potential gaps in being able to engage in meaningful activities
- seek to deliver positive, measurable and sustainable outcomes for participants and their families which improves quality of life and the confidence of the support system.

As part of a positive behaviour support, each proposed restrictive practice must include:

- description of the proposed practice
- expected outcomes related to the proposed practice
- rationale for the use of the proposed practice, i.e. an explanation as to why positive practices alone are unable to achieve the desired outcomes
- roles and responsibilities, contextual variables, proposed frequency of use, event monitoring requirements, reporting protocols associated with the proposed practice/strategy
- formal data collection procedures for the proposed strategy
- schedule of review of the proposed practice, and
- fade-out strategies, where appropriate.

Key management personnel responsibilities for planning and development

As described by the NDIS Quality and Safeguards Commission, it is our obligation to:

- to enable systems and processes that provide a safe, predictable and stable environment, this may include:
 - worker rostering and training
 - environmental adaptations or modifications
 - regular, structured daily interactions and activities
- be aware of environmental aspects that may pose risk factors, which will be informed and mitigated by risk assessments
- provide supervision and support to workers responsible for implementing and monitoring a behaviour support plan, including clarification
- provide effective and adequate time and resources for workers to read and understand a participant's behaviour support plan
- provide effective leadership through supports and adaptations to ensure workers understand a behaviour support plan and follow it correctly.

Implementation

We understand the successful implementation of a behaviour support plan is dependent on:

- person-centred practices
- collaboration between the service provider, participants, implementing practitioner, workers, support networks and any other stakeholders involved in supporting the participant
- understanding, knowledge and training in the implementation of the plan, its strategies and underlying reasons, including supervision for workers where necessary
- structure and consistency
- monitoring through data collection and reporting to inform evaluation.

Key management personnel responsibilities for implementation

As described by the NDIS Quality and Safeguards Commission, it is our obligation to:

- support, and ensure links exist and are accessible between workers and the community
- provide workers with ongoing training, supervision and support in the implementation of a behaviour support plan
- ensure staff supporting the participant have good links with the community or help build the necessary links to support the participant
- provide clear expectations of staff and their role in developing meaningful daily activities for the participant
- lead and monitor the implementation of the behaviour support plan by engaging the participant, staff and support networks in regular discussion about the plan and recording any feedback
- provide necessary and practical resource to support implementation
- provide staff with ongoing training, supervision and support in the implementation of a behaviour support plan
- regularly review staff performance to ensure staff implement and are using the outlined strategies in a behaviour support plan
- provide critical incident debriefing, counselling and/or other professional services for all involved parties when necessary
- provide mechanisms and clear reporting guidelines to inform evaluation.

Monitoring and evaluation

Following the implementation of a positive behaviour support plan, we will continue to systematically monitor and evaluate the effectiveness of the plan and its implementation. We recognise that continual monitoring and evaluation is to ensure ethical and accountable practices within our organisation and reflect an evidence-based approach to supporting participants.

We recognise that positive behaviour support plans are fluid documents that should be regularly reviewed and updated to incorporate data and results from monitoring and evaluation.

Key management personnel responsibilities for monitoring and evaluation

As described by the NDIS Quality and Safeguards Commission, it is our obligation to:

- support workers to collect ongoing data to evaluate the effectiveness of a behaviour support plan
- provide information and data on how consistently workers are implementing a behaviour support plan that may be affecting evaluative data
- support the participant and other key people to contribute to a behaviour support plan's evaluation and review meeting through their preferred means of communication

- use the participant's outcomes as performance indicators
- ensure mechanisms are in place to collect and report on incident report data.

Restrictive practices

A restrictive practice is any practice or intervention used to restrict the rights or freedoms of a person for their own safety or the safety of others. Under the NDIS Act 2013 (Cth), there are 5 regulated restrictive practices:

- seclusion
- chemical restraint
- mechanical restraint
- physical restraint
- environmental restraint.

The use of restrictive practices has significant impacts on participants and workers. Therefore, each participant, and with their consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices and they understand the risks associated with their use. As part of these discussions, alternatives to the use of restrictive practices are promoted. Due to the serious risks associated with restrictive practices, behaviour support plans that use such strategies will only be developed by, or under the direct supervision of, a behaviour support practitioner who is rated proficient or above.

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 specify that any use of restrictive practices must be:

- used only after non-restrictive strategies and options have been explored and exhausted
- used only in response to a risk of harm to the person with disability or others, as a last resort, in the least restrictive way possible
- authorised in accordance with state and territory requirements and the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth) and any other policy requirements
- in proportion to the risk of harm and used only for the shortest possible time
- associated with 'fade out' strategies that will lead to the reduction and elimination of any restrictive practices included in a positive behaviour support plan.

Any use of a regulated restrictive practice must be reported to the NDIS Commission. Use of restrictive practice that are not detailed in a behaviour support plan or do not have the required authorisation and consent are deemed a reportable incident under the NDIS (Incident Management and Reportable Incidents) Rules 2018. This must be reported within 5 days of the service provider being made aware of this occurrence, or within 24 hours if an individual was harmed or resulted in the death of a participant.

For a comprehensive overview of how we implement, authorises and report the use of restrictive practices see: Restrictive practice policy.

Continuing professional development and supervision

We recognise the ongoing importance to maintain, expand and improve relevant and evidence-informed practices, knowledge and information through continued professional development (CPD). We encourage and support CPD of all our behaviour support practitioners across, all levels through various forms of training. Training may include:

- industry recognised seminars and conferences
- industry or tertiary education
- other relevant industry recognised training.

In addition to CPD, the NDIS Commission requires behaviour support practitioners at all levels to receive supervision. Supervision, as detailed by the Commission strengthens practice and building capability for the behaviour support workforce. It may be

undertaken in various forms including:

- direct professional supervision provided by a behaviour support practitioner with a higher level of skill and knowledge
- peer supervision focused on reflective practice
- managerial supervision
- supervision that is mandated or recommended by professional registration bodies.

Key management personnel responsibilities for continuing professional development and supervision

As described by the NDIS Quality and Safeguards Commission, it is our obligation to:

- encourage a culture of continuous improvement, including supervision and professional development planning (See: Worker training plan, Staff training and development register)
- provide clear aims, structures and processes for supervision through worker training plans
- provide access to (internal and/or external) workers who can provide high-quality behaviour support supervision
- allow workers time to engage in supervision
- clearly articulate the modalities of supervision available to workers (including any compulsory components)
- communicate and provide clear information about professional development opportunities for workers, including compulsory training, time allowances to attend professional development and any budgetary considerations.

Restrictive practices and behaviour support (easy read)

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Restrictive practices and behaviour support policy

1.0 Restrictive practices and behaviour support policy

About this document

Restrictive practices are actions that can limit your movement.

Restrictive practices can sometimes be used to keep you safe, but some restrictive practices can take away your rights.

This document will help you understand:

- restrictive practices
- behaviours of concern
- behaviour support
- our responsibilities when using restrictive practices
- prohibited practices
- your rights
- how you can make a complaint or provide feedback about restrictive practices.

2.0 Behaviours of concern

A behaviour of concern can be when someone does something that can harm you or other people around you. They can be very stressful and upsetting.

Some examples of behaviours of concern are:

- Hitting yourself
- Hitting someone else
- Shouting at someone
- Breaking or throwing things
-

People can show behaviours of concern at any time, for many reasons. The reasons may be to communicate that they are feeling:

- sad
- sick
- In pain
- unsafe
- angry
- worried
- bored

- hungry or thirsty
- overwhelmed
- too hot or too cold

Some people use behaviours of concern to communicate a message such as:

- they want to go somewhere
- they do NOT want to go somewhere
- they do NOT want to do something
- it is too noisy or quiet
- there are too many or too few people around
- they cannot reach something
- there are smells or noises that they do not like.

3.0 Behaviour support

Behaviour support is about understanding your needs and managing any behaviours of concern.

Behaviour support helps to make sure that you can:

- do things you enjoy
- can get the things you need
- spend time with other people
- make choices about your life
- feel safe
- learn new skills.

Behaviour support is a service provided by a **behaviour support practitioner**.

4.0 Behaviour support plans

We will write down everything we need to do to make you feel safe and supported.

You have the right to make decisions about the plans and assessments that we make to help with your behaviours of concern.

To make sure everyone is safe in the short term, we will create an interim behaviour support plan.

To understand you better, we will create a functional behaviour assessment.

We will create a **comprehensive behaviour support plan** so that we can:

- understand our needs and wishes
- understand why your behaviours happen
- help you feel safe
- help you learn new skills

We will write all our plans and assessments with you and other important people in your life, such as your family.

We will help other relevant people to understand and use the plan to support you in the best way possible.

Once all the plans you need are in place, we will check in with you to make sure you are happy with the plan and that the plan is working.

5.0 Restrictive practices

Restrictive practices are actions that can limit your movement.

Any use of restrictive practices must be approved by the NDIS Commission and follow the law.

Restrictive practices that follow the law are known as **regulated restrictive practices**.

There are 5 (five) main types of regulated restrictive practices, these are:

- **Physical restraint** - when someone stops you from moving the way you want to. For example, holding your hand down to stop you from hitting yourself.
- **Mechanical restraint** - when someone uses equipment to stop a behaviour of concern. For example, wearing mittens to stop you from scratching yourself.
- **Chemical restraint** - when someone gives you medication to change your behaviour. For example, giving you medicine that makes you feel calm.
- **Environmental restraint** - when someone stops you from participating in specific activities, going to specific places or having access to specific things. For example, locking the kitchen cabinets to stop you from having access to sharp objects.
- **Seclusion** - when someone makes you spend time in a room alone. For example, being put into a room alone and not allowed to leave.

6.0 Our responsibilities when using restrictive practices

We understand that using restrictive practices can be upsetting and risky.

We will follow all laws and rules that regulate the use of restrictive practices.

This means that we only use restrictive practices if we have already tried other things, and we need to keep everyone safe.

We will use restrictive practices for the shortest time possible.

Our goal is to use less restrictive practices and to stop them, if possible.

We will always try to find other ways that we can better meet your needs that does NOT involve using restrictive practices.

We will always explain to you the reasons we use a restrictive practice.

All restrictive practices will be written down in your comprehensive behaviour support plan.

We will make sure that all workers are trained in using restrictive practices in a way that follows the law and makes you feel safe.

7.0 Prohibited practices

Prohibited practices are acts that are against the law and are never ok.

For example, prohibited practices are when someone:

- says things to you that are mean
- uses restrictive practices without authorisation
- causes you pain to punish you
- gets angry at you for making a mistake
- gives you medicine that is not for you

If someone uses prohibitive practices on you or someone else, let us know.

We have a zero-tolerance policy for prohibited practices.

8.0 Your rights

Your rights are governed by law. We will always follow the law.

A behaviour of concern does NOT take away your rights.

At all times, you have the right to:

- make your own decisions
- say NO to restrictive practices
- be safe
- participate in activities
- be treated fairly and with respect
- express your needs, preferences and feelings.

9.0 Complaints and feedback

We encourage you to give feedback or complain about us so we can work together to do things better.

If you have any suggestions, complaints, feedback or questions about restrictive practices you can contact us:

hello@evercaresupport.com.au

- in person - by speaking to any of our workers
- over the phone - by calling us on our contact phone number 1300 059 618