



Australian Government
Department of Social Services

Phase One - Severe Behaviour Response Teams Operational Guidelines

May 2015



Contents

Amendment Status Sheet	2
1. Introduction	4
1.1 Purpose of the Guidelines	4
1.2 What the Guidelines contain.....	4
1.3 How the Guidelines are to be used	4
1.4 How the Guidelines will be updated	5
2. Severe Behaviour Response Team Programme	6
2.1 Programme Description	6
2.1.2 Aims.....	6
2.2 Target Group	6
2.3 Special needs groups.....	7
3. Governance and Management	8
3.1 Lead Organisation arrangements.....	8
3.1.2 Administration arrangements	8
3.1.3 Multi-disciplinary team structure.....	8
3.1.5 Service Delivery Model.....	8
3.1.6 Referral Pathway.....	9
3.1.7 Benchmarking & Analysis	9
3.2 Clinical governance	9
4. Financial Management.....	10
4.1 Scope of funding	10
4.1.2 Financial Reporting.....	10
4.1.3 Audited Financial Acquittal Report	11
5. Responsibilities and Accountabilities.....	12
5.1 DSS and Grant Recipient	12
5.1.1 DSS responsibilities and accountabilities under the Activity	12
5.1.2 Grant recipient’s responsibilities and accountabilities under the Activity	12
5.2 Liaison with the Australian Government	12
5.3 Transition Out Plan.....	13

1. Introduction

1.1 Purpose of the Guidelines

The purpose of the Guidelines is to clearly describe the context within which phase one of the Severe Behaviour Response Teams (SBRTs) will operate and how they will achieve the objectives described in the Grant Agreement between the Australian Government as represented by the Department of Social Services (the Department) and the SBRT provider/s. The Guidelines are intended to assist the SBRTs, dementia stakeholders and the Department to meet the SBRT programme objectives.

A competitive grants process for phase two will take place in 2016 for the integrated SBRT/Dementia Behaviour Management Advisory Service. The Guidelines will be amended to reflect the objectives described in the phase two grant agreement.

This document comprises guidelines for the establishment, management, monitoring and reporting of the SBRTs.

1.2 What the Guidelines contain

The Guidelines provide a framework for compliance and risk management to assist SBRT provider/s to meet their objectives and the objectives of the SBRT activity. To achieve this, the Guidelines provide information on a range of key issues to ensure that practices and outputs meet an appropriate standard.

This information includes:

- an overview of dementia in Australia and the Australian Government's policies;
- a description of the SBRT activity its operational principles and role; and
- detail on the operational requirements of the SBRTs including:
 - governance and management;
 - project planning and reporting;
 - accountability mechanisms; and
 - financial management.

The Guidelines are intended to supplement the information in the Grant Agreements between the Department and the SBRT provider/s.

1.3 How the Guidelines are to be used

The Guidelines are intended to provide general information on SBRTs. They are not intended to have any legal status and should not be relied on for the purpose of predicting the outcome of any administrative decision. If necessary, independent legal advice should always be sought in relation to any particular matter. The relevant legislation should be examined rather than relying on references to, extracts from or explanations of the legislation in the Guidelines. The Department does not accept liability for any injury, loss or damage incurred by the use of or reliance on the Guidelines.

1.4 How the Guidelines will be updated

The Department may update the Guidelines to take account of changes to the operational requirements of the SBRT. A review of the Guidelines, including consultation with key stakeholders, will occur as determined by the Department.

The Department welcomes suggestions and comments on the Guidelines. Feedback can be emailed to dementia@dss.gov.au

2. Severe Behaviour Response Team Programme

2.1 Programme Description

SBRTs are a mobile workforce of clinical experts who will provide timely and expert advice to residential aged care providers that request assistance with addressing the needs of people with very severe and extreme behavioural issues and BPSD.

SBRTs are expected to conform to the professional codes of conduct and ensure that all relevant national, state or territory professional registration requirements are met.

2.1.2 Aims

SBRTs will be required to assess the causes of the behaviours, assist care staff until the immediate crisis is resolved, develop a care plan to address and deal with behaviours, then provide follow up assistance as needed. This may include the training and up skilling of staff to enable them to appropriately manage residents with extreme behaviours.

SBRTs will have a number of clear goals, specifically:

- identify the causes/triggers of the very severe and extreme behaviours being experienced by the resident;
- assist care staff to resolve the immediate crisis, providing continued on site support to the service and client until the issue is identified and resolved;
- provide follow up assistance as required;
- advise care staff on how to address episodic factors or environmental issues that may be triggering or exacerbating the resident's behaviour;
- advise care staff on dealing with longer term underlying causes of a resident's behaviour;
- assist staff in developing an immediate and longer term care plan for the resident;
- liaise with general practitioners or other relevant health professionals regarding long term care of the resident;
- provide hands on up-skilling and training of staff which includes the provision of relevant resources/tools in consultation with Dementia Behaviours Management Advisory Service (DBMAS) and Dementia Training Study Centres (DTSC);
- if needed request that DBMAS provide the aged care home with appropriate training; and
- assist aged care homes to reintegrate residents with severe behaviours returning from acute care.
- if a resident is displaying behaviours beyond the management of a residential aged care facility the SBRT may consider advising referral to an appropriate setting like a specialised residential facility, a psychogeriatric unit or acute care.

SBRTs will respond to aged care homes within 24-48 hours.

2.2 Target Group

SBRTs will focus solely on aged care residents posing a significant risk to either themselves or others. Those likely to require SBRT intervention have very complex issues, are mobile, younger than most people with dementia, and highly unpredictable. They are generally

aggressive and often sexually inappropriate and thus more challenging, placing themselves and others at risk.

2.3 Special needs groups

Groups with special needs often have difficulty accessing dementia care services and SBRTs should take these special needs into consideration during assessment and planning for care. Special needs groups include Aboriginal and Torres Strait Islander people; People from Culturally and Linguistically Diverse backgrounds; Lesbian Gay Bisexual Transgender and Intersex people and Veterans with dementia.

3. Governance and Management

3.1 Lead Organisation arrangements

The Lead Organisation(s) will take responsibility in establishing SBRTs across each State and Territory and will provide State/Territory wide operational co-ordination of the programme.

3.1.2 Administration arrangements

There will need to be one central administration service that will have available staff to manage and advise on all aspects of SBRT, including facilitation of outreach consultation, educational services and operational management.

Each lead provider of SBRT services will have its own organisational arrangements and line of responsibility and accountability in line with the programme requirements.

3.1.3 Multi-disciplinary team structure

The exact make up of a team responding to a specific referral will be decided by the SBRT and be determined by the nature of the issue(s) needing to be addressed. This initial response will need to consist of either a face-to-face or telehealth/video-conferencing assessment of the resident by a clinician with relevant experience in dealing with very severe and extreme behavioural issues (for example: minimum required qualification would be a registered nurse or clinical psychologist qualifications).

3.1.4 Core Service Elements

The Core Service Elements are as follows:

- the delivery of a nationally consistent operation covering all Commonwealth funded residential aged care homes and flexible funded services;
- short term case management including assessments to ascertain causes of the behaviours, facilitating appropriate diagnostic interventions and assisting care staff in resolving the immediate crisis;
- longer term case management including assisting care staff to develop long term care plans;
- transition strategies between acute and residential care, that support the transition process without managing the logistics;
- provision of information, hands on education, training and follow up assistance as needed;
- building and sustaining relationships with other relevant Commonwealth Programme providers such as DBMAS, DTSCs and Primary Health Networks; and
- building and sustaining relationships with other relevant organisations such as State and Territory government psychogeriatric units and other health organisations as required.

3.1.5 Service Delivery Model

The Department will work with the successful applicant to determine a comprehensive service delivery model that includes a clinical and biopsychosocial care pathway for each service episode that includes actions, interventions and assessment activities.

This service delivery model will be included in the activity workplan and added to these guidelines once confirmed.

3.1.6 Referral Pathway

SBRTs will act on referral from a DBMAS. The Department will work with the successful applicant and DBMAS to determine an appropriate risk based referral pathway to ensure national consistency and to ensure only appropriate case are referred to the SBRT.

This referral pathway will be included in the activity workplan and added to these guidelines once confirmed.

3.1.7 Benchmarking & Analysis

The Department seeks to benchmark the performance of the SBRT programme in its initial year of operation to inform phase two of the programme. The benchmarking will be used to design an ongoing performance framework for the subsequent phase when SBRT's are integrated with the DBMAS. Funding recipients are required to assist the Department in the collection of data that will assist the development of benchmarks for future provision of services. Benchmarking data collected should include the following:

- Timeliness: assessing timeliness of key points in service provision including referral acceptance, commencement of service, development of care plan and completion of service;
- Quality of service: assessing quality of advice, quality of care plans, consistency of intervention, care staff satisfaction, complaints management;
- Cost effectiveness: understanding personnel and non-personnel inputs contributing to cost of service; and
- Management effectiveness: assessing effectiveness and compliance of grant management obligations including reporting and invoicing.

Applicants who are current providers of DBMAS or other Commonwealth or State/Territory funded services will need to demonstrate a clear operational separation for acquittal of grant funds and reporting.

3.2 Clinical governance

Each SBRT should have a clinical governance structure that is nationally consistent.

The clinician/s undertaking the initial assessment will need to be able to have clear, prompt and efficient access to further specialist advice and hands on support and assistance from appropriate experts such as geriatricians, psychogeriatricians, general practitioners, psychiatrists, pharmacists, nurse practitioners, environmental assessors and allied health professionals if needed.

There should be documented procedures covering the processes for structured and regular review of clinical decision making as well as documented procedures to identify, report and manage any incident arising for the services provided by SBRTs.

These procedures should, at a minimum, cover ethical practice and decision making and patient safety.

4. Financial Management

The Comprehensive Grant Agreement consists of:

- **Supplementary Conditions** – used on a risk basis to provide further controls for the Department.
- **Terms and Conditions** – sets out the general obligations which apply to the grant relationship. The terms and conditions are available on the intranet and the [DSS Website](#).
- **Schedule** - contains all the grant recipient's obligations associated with delivery of the funded activity.
- **Cover Letter** – outlines the offer of a grant and provides execution instructions.

4.1 Scope of funding

The grant may be used for:

- staff salaries, on-costs and sub-contractor costs which can be directly attributed to the provision of the Activity in the identified service area or areas as per the grant agreement;
- employee training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the Activity, and
- operating and administration expenses directly related to the delivery services, such as:
 - telephones;
 - rent and outgoings;
 - computer/ IT/website/software;
 - insurance;
 - utilities;
 - postage;
 - stationery and printing;
 - accounting and auditing;
 - travel/accommodation costs; and
 - assets as defined in the Terms and Conditions of the grant agreement that can be reasonably attributed to meeting agreement deliverables.

Grants are not provided for:

- purchase of land;
- capital works;
- the covering of retrospective costs;
- costs incurred in the preparation of a grant application or related documentation;
- overseas travel; and
- activities for which other Australian, State, Territory or local government bodies have primary responsibility.

4.1.2 Financial Reporting

The Activities will be managed to ensure the efficient and effective use of public monies. This will be consistent with best value in social services principles, the DSS grant agreement, and will aim to maintain viable services and act to prevent fraud upon the Commonwealth.

Acquittal documents must be provided to DSS as outlined in the grant agreement.

Funding must only be used for the purposes for which it was provided.

4.1.3 Audited Financial Acquittal Report

You are required to provide an Annual Independently Audited Financial Acquittal Report for each financial year funded under this Grant Agreement covering the Activity/ies in this Schedule (in accordance with Clause 10 of the Terms and Conditions of this Grant Agreement).

5. Responsibilities and Accountabilities

5.1 DSS and Grant Recipient

5.1.1 DSS responsibilities and accountabilities under the Activity

DSS will:

- meet the Australian Government's terms and conditions of the grant agreement established with organisations;
- ensure that services provided under the Activity are accountable to the Australian Government under the terms and conditions agreed in the grant agreement;
- administer the operation of the Activity in a timely manner;
- identify suitable providers to deliver the activities required as per the grant agreement;
- work in partnership with the provider to ensure the Activity is implemented and will provide the service provider with constructive feedback;
- ensure that the outcomes contained within the Programme Guidelines are being met and evaluate the provider's performance against the Activity outcomes; and
- information on the successful grants will be published on the [DSS Website](#) within the required timeframes.

5.1.2 Grant recipient's responsibilities and accountabilities under the Activity

In entering into a grant agreement with DSS, the grant recipient must comply with all requirements outlined in the suite of documents that comprise the agreement including these Programme Guidelines, the grant agreement and the Agreement Terms and Conditions (available on the [DSS Website](#)).

Grant recipients are responsible for ensuring:

- the terms and conditions of the grant agreement are met;
- service provision is effective, efficient, and appropriately targeted;
- highest standards of duty of care are applied;
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations;
- ensuring Indigenous Australians have equal and equitable access to services;
- working collaboratively to deliver the Programme; and
- contributing to the overall development and improvement of the Programme such as sharing best practice.

5.2 Liaison with the Australian Government

DSS will appoint a Liaison Officer as a central contact point within the Department in regards to the SBRT activities. The SBRT Lead Organisation(s) will also have a nominated liaison officer. These liaison officers will be specified in the Funding Agreement.

The role and responsibility of the Australian Government's Liaison Officer in DSS includes:

- general liaison with SBRTs; and
- accepting and issuing any written notifications under the Funding Agreement on behalf of the Australian Government.
- receiving project plans and reports;

- receiving and approving invoices; and
- day-to-day communication between DSS and the SBRTs.

It is a requirement that the SBRTs provide any information reasonably requested by the Australian Government's Liaison Officers. Information should be provided within the timeframe stipulated or within a reasonable timeframe if none has been stipulated in a request or written notice. The Australian Government's Liaison Officers require detailed and specific plans and reports that demonstrate actualisation of services required under the Funding Agreement. Issues related to dispute management and resolution is outlined in the Funding Agreement.

5.3 Transition Out Plan

The aim of the Transition Out Plan is to assist with a smooth transition of services and ensure minimal disruption of services for clients upon termination or expiry of the project.