

## Purpose and Scope

The Management of Access4u are committed to the implementation of positive behaviour support that also protect the rights of people with disability to privacy, dignity and respect within a safe environment.

Individuals exhibiting behaviours of concern or who have complex support needs may display behaviours that are life threatening, dangerous to others, or significantly restrict the Individuals learning or access to the community.

People with a cognitive disability may use behaviour as a means of communicating a problem or health issue, as they may not be able to express themselves in other ways.

A range of service delivery options and specialist support services will be provided to support people with behaviours of concern in line with that person’s NDIS plan, their goals and aspirations and to enable them to maximise their quality of life.

Positive Behaviour Support is a way of supporting people to develop their skills and strengthen their self-regulation. This includes changing the factors which contribute to a person’s behaviour of concern such as staff attitudes, inconsistent shift patterns, relationships with other customers, physical factors such as reducing noise levels and increasing choice and control.

Re-designing the environment is a key consideration in both prevention of and responses to behaviours of concern by.

- Improving communication (supporting the person to learn another way to communicate their message)
- Supporting positive relationships
- Enhancing active participation in meaningful activities, such as through the Active Support model
- Positive Behaviour Support also aims to develop the skills of the person using the behaviour of concern to help them
- Experiencing success and personal satisfaction across a variety of settings including recreational, social, community and family settings
- Developing more appropriate ways to communicate their needs
- Developing skills in daily living that meet potential gaps in being able to participate in meaningful activities.

## Responsibilities and delegations

This policy applies to	Governing Body. Staff and Volunteers
Specific responsibilities	<p><b>The Board</b> – Responsible for ensuring effective governance mechanisms are in place.</p> <p><b>The CEO and Managers</b> – Responsible for monitoring and ensuring adherence to Policy and related procedures.</p> <p>Ensure due diligence and take reasonable steps to ensure Access4u are meeting their obligations.</p> <p>Ensure objectives of the policy are achieved.</p>

	<p>Ensure staff have training in Positive Support and refresh their learning as required. Actively engage with behaviour Support practitioners and ensure they are provided with all the information requested to provide the best support.</p> <p>Access4u as the implementing provider is involved and is responsible for implementing plan, facilitating process, providing documentation around data collecting, review and monitoring</p> <p><b>Staff</b> – Responsible for adherence to this and related policies, procedures and forms that support this policy.</p> <p><b>Support Coordinator</b> – responsible for ensuring that Improved Relationships funding is advocated for those people who have behaviours of concern.</p> <p><b>Mentors</b> – responsible for ensuring that they have read and understood the PBSP and attended training to apply positive support principles in their daily work. Follow positive behaviour support plans and protocols, and maintain documentation including progress notes, incident reporting.</p>
Policy approval	CEO

<b>Policy context</b> – this policy relates to:	
Standards	<ul style="list-style-type: none"> <li>• National Disability Insurance Scheme Quality and Safety Framework</li> <li>• NDIS Quality and Safeguards Commission Consent and Restrictive Practices documents</li> <li>• United Nations Convention on the Rights of Persons with Disabilities 2006</li> </ul>
Legislation	<ul style="list-style-type: none"> <li>• National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018</li> <li>• National Disability Insurance Scheme Act 2013</li> <li>• Disability Discrimination Act (DDA) 1992</li> <li>• The Disability Services Act SA 1993</li> <li>• The Disability Act 2006</li> </ul>
Contractual obligations	NDIS Code of Conduct
Organisation policies and procedures	<ul style="list-style-type: none"> <li>• Restrictive Practices Operational Procedure</li> <li>• Implementing Positive Behaviour Support policy and Procedure</li> <li>• Eliminating Restrictive Practices Policy</li> <li>• Guidelines for Completing PBSP Procedure</li> </ul>
Forms, record keeping, other documents	<ul style="list-style-type: none"> <li>• PBSP Plan template</li> <li>• PBSP &amp; Crisis Management Plan template</li> <li>• Antecedent Behaviour Consequence Chart (ABC Chart)</li> </ul>

## Definitions

For the purpose of this policy the following definitions apply	
<i>Behaviour of Concern</i>	Culturally abnormal behaviour/s of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities (Emerson 2001, Australian Psychological Society 2011, Office of the Senior Practitioner, Victoria)
<i>Positive Behaviour Support</i>	Approved methods used to support individuals to improve their quality of life and reduce behaviours of concern.
<i>Positive Behaviour Support Plan</i>	A document of planned strategies based assessments and used consistently by all staff to support a person to behave in a socially appropriate manner.
<i>Intervention</i>	A method used to assist / support a person to make more appropriate behavioural choices.
<i>Least Restrictive Alternative</i>	The service provision or intervention strategies utilised to meet a person's needs are those which least intrude on the person's human and legal civil rights, are likely to be effective in meeting the person's needs, and are consistent with the best interest of the person, their peers, carers and general community.
<i>Specialist</i>	Medical Practitioner, Psychiatrist, Occupational Therapist, Speech Pathologist, Psychologist, Behavioural Support Practitioner or other NDIS registered behaviour professional.

## Policy statement

Positive Behaviour Support is achieved by:

1. Applying best practice strategies and contemporary practice to support positive behaviour support programs by:
  - Providing comprehensive assessments that consider environmental factors, health issues, communication styles, functions of behaviour and current adaptive living skills.
  - Developing and monitoring individualised Positive Behaviour Support Plans (PBSP) that promote positive lifestyle choices and community inclusion as well as incremental management strategies that provide for the least restrictive approach.
  - Empowering people to improve quality of life and manage their own behaviour by building on communication skills, user friendly resources and activities to maximise self – esteem.

2. Providing professional Access4u staff to manage programs and provide professional options and advice when required.
3. Providing training and supervision to staff so that programs are implemented effectively and people with disability are offered supports as prescribed by PBS Practitioner.
4. Providing training and supervision to staff to avoid injuries or harm.
5. Providing guidelines for the use of regulated restrictive practices and ensuring such procedures are only used with approval from specialist personnel. The application of regulated restrictive practices should occur only where other preventative measures have been considered and either deemed not appropriate or found ineffective, and are necessary in the circumstances of the individual case.
6. Providing a framework for the evaluation of positive behaviour support interventions to ensure they will be least restrictive and in the best interests of both the individual and their peer group.
7. Establishing systems for monitoring the use of medication and the use of regulated restrictive practices.

## Procedure

This document outlines the procedures for the development and implementation of Positive Behaviour Support Plans (PBSP). Guidelines for the completion of the PBSP Form are detailed in the Guideline for Completing PBSP Procedure.

At times, people living with disability, like other members of the community need support with regard to strengthening their ability to choose to behave in a positive manner,

Positive and preventative approaches are usually effective in assisting people requiring positive behaviour support. Prevention of problems is more effective than trying to resolve problems once they have occurred.

Positive Behaviour Support Plans provide a documented description of how to support the person, and reinforce their capacity to choose to behave in a positive manner, and an outline of strategies to minimise the occurrences of any behaviours of concern. Positive Behaviour Support plans will set out appropriate staff responses, so as to provide a consistent approach across Access4u which are in the best interest of the person with disability.

Staff who work with people with a disability have a responsibility to maintain the welfare of the people with whom they work. Staff need to balance issues involving human rights and professional responsibilities.

All behaviour support programs must use the least restrictive method which will be effective and which are consistent with the best interests of both the person, peer groups and staff. However, at times it will be necessary to use behaviour support methods which intrude upon or restrict a person's rights to ensure their safety or the safety of others and which require authorisation. The process for the authorisation of such practices are set out in the Restrictive Practices Operational Procedure.

The Antecedent Behaviour Consequences Chart (The ABC Chart) is provided to record and provide better understanding what the Customer's behaviour is communicating. Mentors are required to complete an ABC Chart:

- Whenever a new behaviour occurs: OR
- When there is a need to track known behaviours; OR
- When a Support Coordinator, Plan Manager, Manager or family or guardian has asked you for the purpose of gathering evidence for the Customer's NDIS review.

## Positive Behaviour Support Plans

It is the responsibility of the PBS practitioner to ensure where possible the individual and/or their advocate are aware of the plan and to whatever degree possible, they should be involved in the development and review of the plan as required.

All stakeholders are to be engaged and mainstream services as necessary.

A specialist must agree before a restrictive practice can be authorised.

Staff have the responsibility to immediately raise concern or issues arising from the PBSP or the person's behaviour with their Coordinator.

## Behaviour Support Methods

Behaviour support methods are categorised according to the degree of intrusiveness of the methods and who must authorise these. The categories are:

- Proactive/positive methods
- Reactive/restrictive methods

Questions or concerns about the use of these methods or about the person's behaviour may be directed to the service coordinator in the first instance. Further advice can be sought from the specialist behavioural support staff. Legal authorities such as the SACAT and civil courts have the jurisdiction to make orders that may substantially intrude on the rights of the person. The role of such authorities is to protect the rights of people with disabilities.

### *Pro-active/positive methods*

Positive methods are those which encourage the development of appropriate behaviour by building upon the skills the person already possesses and assisting in the acquisition of new (positive) behaviours.

Support should be provided in surroundings as close as possible to those of normal life. Specific techniques include modelling, prompting, reinforcement and environmental rearrangement.

Some of these methods occur naturally as part of positive interpersonal interactions. Others may be part of an established program and must be used consistently by all members of staff and may be introduced to the person or to a group. Established programs are recorded and noted in the person's file.

### *Restrictive methods (by consent and authorisation)*

Restricted methods are those which infringe on the legal rights of a person, which are justifiable only if there is a substantial benefit expected for the person and which must always be authorised.

Methods may include intensive skills training, use of physical contact, restraints or time out.

Staff may use regulated restricted methods **only** in the following circumstances:

- Following the established consent and authorisation process and as part of a planned program
- Following legal authority
- In an emergency situation where the person does not have a planned program which details the particular behaviour

Every time a restrictive practice is used a detailed incident report must be completed and the established process followed to support the person if further incidents occur.

Staff using regulated restricted methods without adhering to the established process will be liable to disciplinary action as this may constitute abuse.

Refer to the Restrictive Practices Operating Procedure for information about the authorisation process.

## When is a PBSP required?

People who are identified as needing support because of a behaviour of concern and have Restrictive Practices must have a PBSP. PBSP is beneficial for all people with disabilities that have behaviours of concern but depends on funding.

## Developing a PBSP (behaviour practitioners)

A referral may be made to the Practitioner for assessment and support in the development of a PBSP.

The process is guided by the Behaviour Support Practitioner, based on funding, and will include a case discussion meeting with relevant stakeholders, which may include:

- Support Workers / Mentors
- Support Coordinator
- Prescriber of the restrictive practice Specialist/Dr/OT or behaviour support practitioner
- Family members or other significant people
- The individual, who may participate to the extent they have capacity to meaningfully participate and benefit from the discussion.
- Other services involved (mainstream) eg schools

**The person organising the meeting** should prepare in advance for the assessment and / or PBSP meeting.

Relevant information should be collated prior to the meeting. This should include type, frequency and severity of behaviours. All relevant information needs to be available to ensure efficient use of time and to streamline the process.

**The person for whom the plan is being developed** should be consulted and their views and any suggestions that they would like to see incorporated into the plan should be noted and discussed.

A person should be asked to take minutes and another to take specific notes for the PBSP. Minutes are necessary to provide evidence / record of discussion. The minutes will also gather information to be used in the provision of general support and not necessarily relevant for the PBSP.

If normal methods of support are ineffective or the person presents with more complex needs, further assessment may be required to determine the most appropriate strategies for the person's PBSP. Further multidisciplinary meetings or a referral for psychological assessment or consultation may be required.

The PBSP is not an assessment but it is a plan of action which is then reviewed and amended as necessary. If no assessment has been completed prior to considering a PBSP then the first step should be to arrange an assessment of the person's needs.

## These assessments may include:

- Assessments arising from multidisciplinary meetings;
- Behavioural assessments
- Psychological or psychiatric assessment

- Medical, neurological or specialist assessment
- Person Centred Plan support needs assessment.

## Completing the Plan (Behaviour practitioners)

The PBSP has two sections encompassing **individual support and situational management** as follows:

1. Positive and preventive strategies which decrease the likelihood that the behaviours will occur. This part should include the person's needs related to routine, activities, preferred communication styles, interaction styles etc.
2. Clear strategies staff can use in response to the targeted behaviour occurring. These are presented in stages from the least restrictive alternative to crisis management responses. The later may include PRN guidelines or Restraint Authority procedures and cross reference should be made to these documents. Documentation must be consistent.

More information about completing the PBSP can be found in the Guidelines attached to the PBSP form.

## Signing off

The PBSP must be signed by the author. Where a PBSP has been reviewed by other than the author, then the current reviewer signs off as author. The Specialist will review the PBSP paying particular attention to issues such as proposed restrictive practices, medication and responses to diagnosed mental health problems.

At the end of the PBSP is a table for staff to sign they have read the document and understood the plan.

## Storage

The PBSP is stored in a place which is accessible for all staff supporting the person. It should be filed with the Person's Personal Profile, PRN guidelines and Restraint Authorities for ease of access in difficult situations.