

Behaviour Support Policy and Restrictive Practices

1. POLICY STATEMENT

SILC House Operators and SILC recognise the responsibilities in responding to behaviours of concern include:

- meeting the legal requirements to protect the rights of persons with disability
- ensuring our approved practices and procedures are safe, evidence based and ethical
- ensuring activities related to behaviour support are supportive and respectful of the individual needs and goals of the Participant
- that Behaviour Support Plans are based on a current and comprehensive assessment by a qualified Allied Health Practitioner and detailed in the Participant's individual plan
- that behaviour support will be provided with consideration of diversity and the needs of individual Participants and their families
- ensuring a safe workplace for employees, including training staff to be equipped to respond to behaviours of concern.

2. PURPOSE

- To outline how positive behaviour support is provided to adults, children and young people with disability.
- To ensure that behaviours of concern are responded to appropriately, in ways that are positive, ethical and safe and are consistent with legislative requirements, using contemporary, person-centred practice approaches.
- To ensure that persons with a disability receiving behaviour support services are protected from exploitation, abuse, neglect, unlawful and degrading treatment.

3. DEFINITIONS

a) Behaviours of concern

Behaviours of concern can be challenging to a person with disability, their family, staff, others whom they live with, other key stakeholders and members of the community. These behaviours are concerning if they are harmful to a person with disability and others around them, and if they prevent the person achieving things in their daily life, such as making friends or concentrating at school or work.

Behaviours of concern can present as one or more of the following, but are not limited to:

- Verbal assault – screaming, swearing, threatening the health or safety of others or self
- Physical assault – such as hitting and kicking other people, throwing things or using a “weapon” to hit another person

- Self-injurious or self-harming behaviours
- Intended Intimidation – person will use their body, a weapon or their words in a way that is perceived as threatening (note: the person needs to have the cognitive ability to understand that their verbal threats or behaviours are likely to instil fear in others).
- Unintended Intimidation – person will use their body, a weapon or their words in a way that is perceived as threatening

Note: the person may not have the cognitive ability to understand that their verbal threats or behaviours are likely to instil fear in others.

Staff should be aware that not all behaviours that a person displays are concerning. Some behaviours displayed by a person can be deemed by staff as ‘irritating’, ‘inconvenient’ or ‘frustrating’. Staff should ensure that they do not violate the right of a person with disability to do the things that they want, when they want to do them, so long as their behaviour is not dangerous to themselves or others.

b) Positive behaviour support

Positive behaviour support is evidence-based and integrates applied behaviour analysis with disability service provision. It is a best practice approach to behaviour support that takes a person-centred approach to addressing the underlying unmet needs behind behaviours of concern of a person with disability. It encompasses strategies and methods that aim to increase the person’s quality of life and reduce behaviours of concern. *(Source: Explanatory Statement – NDIS Restrictive Practices and Behaviour Support) Rules 2018).*

c) Restrictive practices

A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

A regulated restrictive practice is a restrictive practice that has been approved for a period of time (often for 12 months) to be used under prescribed circumstances in the interests of the person with disability. (for example, for their safety).

The objective is to eliminate or reduce the use of regulated restrictive practices through use of positive behaviour support.

All regulated restrictive practices must be:

- consented to by the legal guardian of a Participant aged 18 years or older or a parent of a child or young person
- recommended in the Participant's Behaviour Support Plan, written by a qualified NDIS registered Behaviour Support Practitioner
- reviewed and authorised by SILC's Restrictive Practices Authorisation Panel before the practices are implemented and monitored within the home.
- Regulated Restrictive Practices must be logged onto the FaCS/NDIS Commission Portal

The Restrictive Practices Panel must include an independent RP specialist. The independent RP specialist normally participates electronically.

The person with disability or a representative from their family or House must attend the Panel meeting (possibly electronically).

If possible, the registered Behaviour Support Practitioner should participate in the Panel meeting.

House Staff that will be implementing these regulated restrictive practices must be:

- Trained to understand restrictive practices
- Trained to implement restrictive practices with the Participants they support

Under the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* there are five categories of regulated restrictive practice:

1. **Seclusion:** the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
2. **Chemical restraint:** the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

3. **Mechanical restraint:** the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour, but does not include the use of devices for therapeutic or non-behavioural purposes.
4. **Physical restraint:** the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of hands-on techniques in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
5. **Environmental restraint:** restricts a person's free access to all parts of their environment, including items and activities.

Useful information on restrictive practices can be found at:

<https://www.facs.nsw.gov.au/providers/deliver-disability-services/restrictive-practices-authorisation-portal>

Staff employed as support workers in SILC homes are required to complete the 12 modules on SILC's Learning Hub within 3 months of employment.

<https://silc.litmos.com.au/account/login?loginkey=51A4DD01-DCD7-4AE9-9612-5EDCDBF8C0D1&lp=6319>

To log in employees need to enter a password that must contain at least 8 characters, some with lower case and some with upper case and at least one punctuation mark.

Restrictive practices being used that have not yet been approved must be reported monthly through the portal.

The table below demonstrates the separate requirements for restrictive practice authorisations of children and young people.

PERSON	PRACTICE			
	Physical or Mechanical Restraint	Chemical Restraint	Environmental Restraint	Seclusion
Children (under 18 years) <i>not</i> subject to court order reallocating parental responsibility	parent or guardian*	parent or guardian*	parent or guardian*	PROHIBITED
Children (under 18 years) subject to court order reallocating parental responsibility	person with parental responsibility+	person with parental responsibility+	person with parental responsibility+	PROHIBITED
Young people (16-18 years)	Either: a) the person where they have the capacity, or b) guardian with a restrictive practices function	Either: a) the person where they have the capacity b) the person responsible c) the Guardianship Division	Either: a) the person where they have the capacity, or b) guardian with a restrictive practices function, or c) the RPA Panel mechanism‡	PROHIBITED
Adults (18 years and over)	Either: a) the person where they have the capacity, or b) guardian with a restrictive practices function	Either: a) the person where they have the capacity b) the person responsible c) the Guardianship Division	Either: a) the person where they have the capacity, or b) guardian with a restrictive practices function, or c) The RPA Panel mechanism‡	Either: a) the person where they have the capacity, or b) guardian with a restrictive practices function

<p>* With approval of the principal officer of the designated agency in accordance with Clause 26 of the Children and Young Persons (Care and Protection) Regulation 2012 as appropriate.</p> <p>+ For children who are subject to a court order reallocating parental responsibility, evidence of the court order must be provided.</p> <p>‡ The RPA mechanism may direct that an authorised environmental restraint (e.g. response cost or restricted access) strategy may be implemented in the absence of consent in certain circumstances.</p>	<p><u>Notes:</u></p> <ol style="list-style-type: none"> 1. Androgen-reducing medications prescribed to control behaviour, while not psychotropic, fall under Special Medical (or dental) Treatment and can only the Guardianship Division can consent. 2. The consent of the person(s) with appropriate legal authority does not release the registered NDIS provider from the ethical imperative to have access to or to establish and maintain a RPA mechanism which evaluates, authorises and monitors all instances of the use of a regulated restrictive practice by its staff.
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(Source: NSW Government Restrictive Practices Authorisation Policy (June 2018))

d) Behaviour Support Plan

A Behaviour Support Plan is a document developed for a person with disability by a qualified Behaviour Support Practitioner. It specifies a range of evidence-based and person-centred, proactive strategies that focus on the individual needs of the participant. This includes positive behaviour support to build on the participant's strengths, and increase their

opportunities to participate in community activities and develop new skills. It also includes any restrictive practices that may be required, subject to conditions.

House Operators are required to have a current Behaviour Support Plan (no older than 12 months) in place for each participant. Behaviour Support Plans are developed in consultation with the participant, their participant representatives (family, carers, guardian, and other relevant people) as well as the House Operator and other service providers who will be implementing the Plan. House Operators and employees nominated to manage/supervise house staff (i.e. House Manager) are responsible for ensuring all staff understand Participant Behaviour Support Plan's and that they are embedded as part of day-to-day operations in a SILC operated home.

e) Prohibited practice

A prohibited practice is any practice which interferes with basic human rights, is unlawful and unethical in nature, and is incompatible with the objects and principles of the *Disability Inclusion Act 2014*.

Types of prohibited practices:

- a) Aversion, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful.
- b) Overcorrection, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred.
- c) Misuse of medication, which is administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician.
- d) Seclusion of children or young people, which is isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident.
- e) Denial of key needs, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports.
- f) Unauthorised use of a restrictive practice, which is the use of any practice that is not properly authorised and/or does not have validity or does not adhere to requisite protocols and approvals, or
 - is degrading or demeaning to the person
 - may reasonably be perceived by the person as harassment or vilification, or
 - is unethical.
- g) Physical coercion or physical punishment.

For further details, see *NSW Government Restrictive Practices Authorisation Policy (June 2018)*.

4. RESPONSIBILITY

These roles are responsible for implementation and compliance monitoring of this policy:

- SILC Board of Directors including pro bono CEO
- SILC House Operators
- Guardians of SILC residents aged 18 years or older
- Parents who have a family member under the age of 18 residing in a SILC residential setting
- Employees who manage SILC Homes (i.e. House Manager/Supervisor/Team Leaders/Key Staff
- Chief Operating Officer, SILC
- Senior Development Officer, SILC
- Support Officer/VOOHC Co-ordinator, SILC


5. MINIMUM PROCEDURES

- Positive behaviour support practices and services are to preserve and improve the quality of life and dignity of the participant and achieving positive outcomes for adults, children and young people, and are:
 - Holistic
 - Person-centred/ family centred
 - Skills based
 - Solutions focused
 - Socially, culturally and age appropriate.
- SILC and House Operators are to protect the rights, freedoms and inherent dignity of our participants by providing positive behaviour supports that:
 - address the individual needs and goals of the participant
 - take into consideration the underlying functions of the participant's behaviour and identify more productive ways for the participant to have their needs met
 - seek to improve the participant's quality of life, including opportunities to develop communication and social skills and/or participate in activities, and making appropriate environmental adjustments.
- Employees who deliver participant services are trained in understanding positive behaviour support.
- A family/person-centred and outcome-focused approach is to be promoted in respect of Behaviour Support Plans, considering the participant's lifestyle, skills, relationships, preferences, and/or aspirations.
- A positive approach to behaviour support is based on comprehensive assessment and analysis of the meaning and function of the behaviour in a whole of life context.
- In recognition of the evidence supporting a significant link between communication difficulties and behaviours of concern, comprehensive assessment of behaviour is informed by a recent communication screening assessment by a qualified speech pathologist, where indicated to do so.

- Behaviour Support Services are provided by Behaviour Support Practitioners from external agencies (to SILC) who hold recognised tertiary qualifications in relevant disciplines, and relevant training and experience in behaviour support.
- Behaviour Support Plans are required to be regularly monitored and reviewed (annually) to ensure that they reflect the participant's needs, improve quality of life, and support progress towards positive change.
- Participants with an immediate need for a Behaviour Support Plan will have an Interim Plan implemented that minimises risk to the participant and others.
- A restrictive practice may be required as part of a participant's Behaviour Support Plan. These practices should not be used unless authorised by SILC's Restrictive Practice Authorisation Panel (RPAP). Where a restrictive practice is used in an unauthorised manner (without RPAP approval), this is a Reportable Incident requiring the employee to complete an Incident Report form, and an interim Behaviour Support Plan will need to be developed within one month.

6. REVIEW PROCEDURE

SILC policies and procedures will be reviewed every year. However, if at any time the legislative, policy or funding environment is so altered that this document is no longer appropriate in its current form, the policy and procedures will be reviewed immediately and amended accordingly.

Policy Description	Authorised by Chairperson of SILC Board	Policy Ratification Date	Review Date
Behaviour Support Policy		28 February 2020	28 February 2021