

BEHAVIOUR SUPPORT

POLICY

Riverlink recognises that quality behaviour support should be informed by good practice and sound research. Consistent with a contemporary disability services approach, legislative requirements, and evidence-based practice, Riverlink promotes a positive approach to behaviour support.

All activities related to behaviour support will be supportive and respectful of the individual needs and goals of the participant, as identified through a Support Plan, and based on a current and comprehensive assessment.

Behaviour support will be provided with consideration of the needs and capabilities of participants and their families from Aboriginal and Torres Strait Islander backgrounds, and from culturally and linguistically diverse (CALD) communities.

Challenging behaviour should not be interpreted automatically as an expression of deviance or abnormality inherent in the individual, but viewed rather with reference to much wider contextual factors.

Care must be taken to assess the characteristics of significant environments in order to inform analysis of the impact of each on the participant, bearing in mind what is known about the person and how they experience different situations around them.

Riverlink has a responsibility to ensure that people who receive a behaviour support service are protected from exploitation, abuse, neglect, and unlawful and degrading treatment. Riverlink undertakes a positive approach to behaviour support, based on comprehensive assessment and analysis of the meaning and function of behaviour in a whole-of-life context. The aim of positive approaches to behaviour support is to provide a respectful and sensitive environment in which the participant is empowered to achieve and maintain their individual lifestyle goals.

Riverlink undertakes services which are person-centred and outcome focused. This places the participant at the centre of service delivery, incorporating what can be learned about their lifestyle, skills, relationships, preferences, aspirations, and other significant characteristics, in order to provide appropriate, respectful, and meaningful behaviour support in a holistic framework.

A focus on outcomes ensures that this support adequately addresses the changing needs of the participant.

An important element in the provision of behaviour support services is a focus on strategies which aim to prevent the occurrence of behaviours which challenge the support system.

DEFINITIONS

Behaviour Support

Support is delivered by Riverlink staff and specifically addresses the behaviour support needs of the participant in accordance with this policy.

Behaviour Support Plan (BSP)

A document or a series of linked documents that outline strategies designed to deliver a level of behaviour support appropriate to the needs of an individual participant in order to:

- 1) prevent the onset of a challenging behaviour;
- 2) intervene in the escalation cycle of a challenging behaviour; and
- 3) respond to such behaviour when it does occur so that it can be managed as quickly and safely as possible.

A BSP is to have a preventative focus and usually requires a responsive focus. The plan should include multiple elements, reflecting the level of complexity, assessed needs, parameters and context of the support plan.

A Behaviour Support Practitioner is required to document and endorse the BSP.

Behaviour Support Practitioners

Someone with tertiary qualifications in Psychology, Special Education, Speech Pathology, and Social Work or other relevant discipline, and/ or training and experience in the provision of behaviour support.

Challenging behaviour

Behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion. However, the use of the term challenging should be understood in terms of the social context in which behaviour occurs, rather than a symptom of individual pathology. Responses to the behaviour may present barriers to community participation by the person, undermine their (or others') rights, dignity or quality of life, or pose a risk to the safety of the person (or others). It can have a significant negative impact on the participant, on their health or lifestyle, on their relationships with parents, siblings, relatives, carers, friends and wider social networks, on community perception and acceptance.

Consent

Implementation of behaviour support strategies requires the informed consent of the participant where they have capacity, the person responsible, parent, person with parental responsibility, close friend, relative or guardian as appropriate.

Crisis Response

A response in situations where there is a clear and immediate risk of harm and where immediate intervention is considered necessary under Riverlink's Duty of Care in order to manage the risk.

Incident

An unexpected or unplanned action or event which results in, or has the potential to result in, actual harm to persons or damage to property.

Dignity of Risk

The principle that everyday risks are a part of life and the freedom to make choices, take risks and experience the consequences, good and bad, contributes to personal dignity.

Duty of Care

In relation to behaviour support, Duty of Care is the obligation incumbent on support workers and service coordinators in their regular professional dealings with participants to ensure that all reasonable measures are taken to prevent harm which may be reasonably foreseen.

The standard of care appropriate for any given situation may depend on the level of a person's skill. For example, the standard of proficiency expected from a qualified nurse will be higher than that required from a worker without special skills.

Implementers

This is a term given to those carers and support workers whose role it is to implement particular behaviour strategies.

Risk Assessment

A careful examination of what could harm people and how likely this is to happen, so that support workers can weigh up whether or not the steps they have taken are sufficient to ensure a safe environment for the participant, other participants and their support workers.

Support Plan

An individualised document developed through the Assessment and Review processes. It reviews the requirements and personal goals of a participant and monitors related outcomes over time.

Least Restrictive Alternative

A practice or intervention which is no more restrictive or intrusive than is necessary to prevent foreseeable harm to the participant, and applied no longer than is necessary to manage an identified risk.

Participant Profile

Information developed by Service Coordinators through the Participant Assessment Form interview, assessment and ongoing phone or face-to-face review process. Relevant information about participant's abilities and needs and the services to be provided to the participant is included in the document.

Person-centred

A person-centred approach is one which seeks to gather information about a participant's lifestyle, skills, relationships, preferences, aspirations, and other significant characteristics, in order to provide a holistic framework in which appropriate, respectful and meaningful support may be developed.

Positive Approaches

An approach to behaviour support which aims to provide a respectful and sensitive environment in which the participant is empowered to achieve and maintain their individual lifestyle goals. Positive approaches to behaviour support are non-aversive, person-centred, solution-focused, holistic and skill based.

Restricted Practices

A distinct number of Restrictive Practices which have significant additional safeguards placed upon their use. They are known as Restricted Practices .

They are:

- Exclusionary Time Out
- Physical restraint
- Psychotropic Medication on a prn basis
- Response cost
- Restricted access
- Seclusion

(See Authorisation and Consent below)

Restrictive Practices

Where support strategies are used with the intention of influencing or changing behaviour they must be sanctioned by means of a documented Behaviour Support Plan (BSP) which has been developed in accordance with ADHC work practice requirements for behaviour support services. Where a documented BSP recommends the use of certain strategies or practices which impose restrictions on the participant's rights or freedom, these must be justifiable in the context of ADHC work practice requirements and may be considered for implementation only with legal consent. Such strategies may be wide-ranging and are referred to by ADHC as Restrictive Practices.

Prohibited Practices

Prohibited Practices include those that are abusive, those that constitute assault and those that constitute wrongful imprisonment. Such practices are prohibited and not permissible.

Prohibited Practices include those that:

- Cause physical pain or serious discomfort;
- Restrict access to basic needs or supports;
- Are degrading or demeaning to the participant;
- May reasonably be perceived by the participant as harassment or vilification;
- Are aversive;
- Are unethical; and
- Constitute an unauthorised Restricted Practice

In addition, it should be noted that the Children and Young Persons (Care and Protection) Regulation (2000) requires that an organisation's behaviour management policy includes a ban on:

- Any form of corporal punishment;
- Any punishment that takes the form of immobilisation, force-feeding or depriving of food; and
- Any punishment that is intended to humiliate or frighten a participant

PROCEDURES

Access to Services

Quality of life issues including the maintenance of support structures are addressed through the service planning process. Requests for behaviour support may be made where a need is identified within the framework of a Support Plan. If due to behaviour support issues a participant support needs change, Riverlink staff will attempt to ensure participants can attend appropriate programs.

Participant Risk Assessment

As part of the Riverlink intake process all carers complete a Participant Assessment Form. Based on the examination of that form a Participant Risk Assessment is developed.

Risk assessments are carried out in five steps:

- 1 Identify the hazards (what could cause harm to people).
- 2 Decide who might be harmed and how.
- 3 Evaluate the risks and decide on precautions.
- 4 Record the findings and act on them.
- 5 Review the assessment and update if necessary.

Riverlink's Client Management System (CIMS) develops a Riverlink Risk Profile for each participant based on the entry of information from the Participant Assessment Form and other relevant information.

Conditions for Provision of a Behaviour Support Plan

A behaviour support plan specifically addresses the needs of a participant in accordance with this policy. A behaviour support plan may be appropriate where:

- 1) There are reasonable concerns over risk of harm or serious injury to the participant or to others;
- 2) Existing strategies have not been effective in managing the behaviour;
- 3) There are concerns over the use of existing strategies for other reasons;
- 4) The challenging behaviour appears to prevent other significant needs being met;
- 5) Existing strategies appear to prevent significant needs being met;
- 6) The participant is in jeopardy of being excluded from other services, employment or from school; or
- 7) The capacity of the support system is under significant stress.

As part of the behaviour management planning process a Client Risk Assessment must be completed and kept in the client files file. This does not need to be completed when creating a behaviour support plan.

The Behaviour Support Practitioner

Ideally, a behaviour support plan should be developed with the assistance of Behaviour Support Practitioners. Specific skills related to behaviour support are to be developed in Riverlink staff through professional development training, mentoring and work practice supervision.

Authorisation and Consent

The use of a Restricted Practice must be informed by strict guidelines which provide clear conditions and limitations on their use. These conditions and limitations should be detailed in a documented Behaviour Support Plan (BSP) which requires:

- a) authorisation by an internal Restricted Practice Authorisation (RPA) mechanism; and
- b) appropriate informed consent.

The purpose of the RPA mechanism is to ensure that documented support plans or strategies which contain the use of a Restricted Practice:

1. Can be clinically justified;
2. Are authorised within the context of ADHC work practice requirements;
3. Include provision for appropriate consent; and
4. Can be safely implemented and monitored.)

The RPA mechanism is governed internally by Riverlink and it is responsible for:

- Transparent evaluation of formal RPA Submissions for all support plans and strategies which include a Restricted Practice;
- Issuing of formal decisions to either grant or decline Restricted Practice Authorisation (RPA) in relation to RPA Submissions; and
- Monitoring the use of RPAs.

Where a RPA is granted it will be time-limited. The use of a Restricted Practice will be closely monitored to safeguard against potential abuse, and should be replaced with a less restrictive strategy as soon as possible. A Restrictive Practice Register will be maintained in addition to any other data recording/ reporting requirements of the Behaviour Support Plan.

Restricted Practice Authorisation (RPA):

1. Does NOT constitute consent;
2. Does NOT replace the requirement for consent; and
3. Is NOT sufficient in itself to sanction the use of a Restricted Practice.

In the context of Restricted Practices consent is the permission given by the participant (where they have the capacity to consent) or other appropriate person(s) for the use of a specific practice as a component of an overall behaviour support strategy. Consent requirements for Restricted Practices are summarised in the table below.

RPA Consent Requirements

Participant	Practice			
	1. Exclusionary Time Out (ETO);	3. PRN Psychotropic medication	4. Response Cost; 5. Restricted Access	6. Seclusion
Children (under 18 years) Not 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)	Guardian with a restrictive practices function	Either: (a) The participant where they have the capacity; (b) The Person Responsible; or (c) The Guardianship Tribunal.	Either: (e) The participant where they have the capacity; (f) A close friend or relative **; (g) Guardian with a restrictive practices function; or (h) The RPA Panel/mechanism ‡.	PROHIBITED
Adults (18 years and over)	Guardian with a restrictive practices function	Either: (a) The participant where they have the capacity; (b) The Person Responsible; or (c) The Guardianship Tribunal.	Either: (e) The participant where they have the capacity; (f) A close friend or Relative **; (g) Guardian with a restrictive practices function; or (h) The RPA Panel/ Mechanism ‡.	Guardian with a restrictive practices function

+ For children who are subject to a court order reallocating parental responsibility, evidence of the court order must be provided.

* With approval of the principal officer of the designated agency in accordance with Clause 15A of the Children and Young Persons (Care and Protection) Regulation 2000 as appropriate.

** Evidence that a close friend or relative has agreed to or supported the Participant to consent to the use of an authorised Response Cost or Restricted Access strategy can replace the need for consent, where there is no guardian, for these categories only.

‡ The RPA mechanism may direct that an authorised Response Cost or Restricted Access strategy may be implemented in the absence of consent in certain circumstances.

Behaviour Support Plan

Provision of a behaviour support service will be driven by the scope of work as defined in a written Service Plan and endorsed by relevant stakeholders. The Behaviour Support Plan will support the goals of participants outlined by NDIA planners this will include the support of time-frames and regular reviews.

Collaboration

All steps in the provision of behaviour support require collaboration with a range of parties which may include (but is not limited to):

- 1) the participant himself/ herself;

- 2) the person with parental responsibility for a child;
- 3) the guardian, where one has been appointed;
- 4) the participant's parents or carers;
- 5) the participant's advocate;
- 6) significant others who are important to the participant (e.g. case worker, siblings, extended family members, friends);
- 7) other professionals who are involved with provision of care and/or support to the participant (e.g. therapist, teacher, neurologist, pediatrician, psychiatrist); and
- 8) practitioners from other disciplines who are involved in providing a service to the participant, or to others within their support system (e.g. mental health worker, probation and parole officer).

Management of Risk

Riverlink clearly understands that there is a fundamental distinction between:

- 1) assessment and management of risk, and;
- 2) assessment of behaviour and provision of behaviour support.

Riverlink has a Duty of Care towards the people who receive their service. Risk management strategies are in place to minimise or remove the risk of harm arising from activities or events across multiple domains in the participant's life, e.g. health, nutrition, swallowing, mobility, transitioning, etc. Assessment and management of risk of harm to a child or young person may include a report to Community Services. Riverlink also shows reasonable care for the safety of workers. Risk management strategies are in place at the Riverlink office as well as for the various venues visited under NSW Work Health and Safety legislation and regulations. (Hazard and Risk (Ref:1.10)

Risk evaluation and assessment are pivotal components of comprehensive behaviour assessment and risk management strategies associated with an identified behaviour and are included in behaviour support plans. Behaviour Support Plans must include a Client Risk Form. If after the completion of hazard and risk assessments and all avenues of minimizing risk to all person involved have been exhausted Riverlink reserves the right to refuse service.

Strategies developed to manage an identified risk, as well as behaviour support address multiple elements of the participant's life, promote a positive approach, and deliver positive person-centred outcomes. Any strategy developed to address risk will accommodate a balance between the minimisation of risk and the participant's right to autonomy. Duty of Care will always be balanced with the dignity of risk. (Duty of Care (Ref:2.22)).

Any strategy used for the purposes of risk management will be a least restrictive alternative that is no more restrictive or intrusive than is necessary to prevent foreseeable harm to the participant and/or others, and applied no longer than is necessary to manage an identified risk.

The presenting issues will be referred as soon as practicable to a Behaviour Support Practitioner for appropriate action.

Crisis Response to an Incident

A crisis response may be required in situations where there is a clear and immediate risk of harm linked to behaviour(s) and there is no Behaviour Support Plan (BSP) in place. The risk may impact on the participant or on others. In such circumstances immediate intervention may be considered necessary under Riverlink's Duty of Care in order to manage the risk.

The incident must be recorded in accordance with the Incident, Accident and Emergency Management policy (Ref:1.12) and Quality Work Health and Safety policy (Ref: 1.11).

A Crisis Response may require the use of a restricted practice in order to prevent serious self-injury or harm to another person. The Crisis Response should involve the minimum amount of restriction or force necessary, the least intrusion, and be applied only for as long as is necessary to manage the risk. A Crisis Response should never be used as a de facto routine behaviour support strategy.

As soon as practicable after the incident has been managed, steps should be taken to have a Behaviour Support Plan (BSP) developed.

Children and Young People

If force or restraint is necessary to prevent harm to a child or young person or other persons, the NSW Children and Young Persons (Care and Protection) Act (1998) permits the use of reasonable force to achieve this. It should be applied for no longer than is necessary to prevent or contain the danger. Section 158 of the Act permits persons having parental responsibility and authorised carers to physically restrain a child or young person, involving the use of 'reasonable' force. However, it can only be employed on a temporary basis if the child or young person presents a serious danger of injury to themselves or others. In this context, the person may also remove from the child or young person any weapon, alcohol, illegal substance or other thing to prevent them from injuring themselves or another person. The occurrence of such incidents would be classified as unforeseen and response to them would constitute an unplanned response to atypical behaviour.

Where physical restraint is used Riverlink staff must provide support and counseling to the child or young person.

In exercising Duty of Care, persons having parental responsibility, authorised carers and care workers must take reasonable care to avoid reasonably foreseeable incidents with children and young persons for whom they provide support.

The Support System

Behaviour support services should aim at promoting, establishing and maintaining environments and interactions which promote resilience of the support system and deliver positive and sustainable outcomes for the participant.

Those within the support system should be responsible for identifying any additional training and support needs relevant to their role within the support system.

Roles and Responsibilities

- 1) **Families and implementers** will require training and support in order to implement strategies effectively and consistently. Every care must be taken in the provision of behaviour support services to identify any aspects of the support system which might lead to breakdown of support for the participant and to address these constructively.
- 2) **Support Workers and Coordinators** have a duty to follow documented behaviour support strategies endorsed by carers and developed in accordance with this policy, and an obligation to demonstrate competence in the implementation of those strategies and in monitoring and reporting related outcomes.
- 3) **Behaviour Support Practitioners.** The role of the Behaviour Support Practitioner is to develop behaviour support strategies and provide training to those who will implement them and/ or to their supervisors.
 Training provided to implementers and/or their supervisors will seek not only to establish procedural reliability in following the written strategies, but also to ensure a broad understanding of the individual characteristics of the participant, the function served by the challenging behaviour, and the outcomes proposed in the support plan.
 Moreover, it will seek to instill an understanding of principles such as consistency between implementers across environments and over time, the importance of adherence to the written strategies, and the role of information recording (data recording) and monitoring.
 Engagement with families in order to establish good contextual fit of the support plan and to maximise and sustain outcomes is of pivotal importance.
 Behaviour Support Plans will be developed in collaboration with as broad a range of stakeholders as practicable.
- 4) **Service Coordinators.** It is the role of the Service Coordinator to monitor the implementation of behaviour support strategies, promote consistency in their implementation and address performance issues.
- 5) **Service Coordinators/Support Workers.** Where multiple services are involved in the support of the participant, the Service Coordinators or Support Worker plays a

pivotal role in coordinating effective lines of communication between services. This ensures the wellbeing of the participant and provides a central contact point for other services.

- 6) **Management.** It is the role of Riverlink management to promote environments in which positive behaviour support outcomes for the participant and their families can realistically be achieved. Riverlink will develop and maintain an RPA mechanism (Restricted Practice Authorisation Panel (RPAP) that addresses the purpose of the restrictive practice in order to manage the use of Restricted Practices and maintain rigorous standards within Riverlink's service. Each RPA mechanism will be governed internally by Riverlink and be responsible for:
- Transparent evaluation of formal RPA Submissions for all support plans and strategies which include a Restricted Practice;
 - Issuing of formal decisions to either grant or decline Restricted Practice Authorisation (RPA) in relation to RPA Submissions; and
 - Monitoring the use of RPAs.

Related Forms:

Restrictive Practice Consent and Authorisation Form
Behaviour Support Plan Consent Form

Related Policies:

1.10 Hazard and Risk Management
1.11 Quality and Workplace Health and Safety
1.12 Incidents, Accidents and Emergency Management
2.07 Intake Assessment & Reviews
2.11 Individual Need
2.12 Consumer Rights and Responsibilities
2.13 Decision Making and Choice
2.14 Privacy, Dignity and Confidentiality
2.16 Service Plan
2.22 Duty of Care
2.32 Child Protection

Relevant Standards:

NSW Disability Service Standards:

Standard 2: Participation and Integration

Standard 3: Individual Outcomes

National Standards for Disability Services 2013

Standard 2: Participation and Integration

Standard 3: Individual Outcomes

NSW Out-of-Home Care Standards (NSW Office of the Children's Guardian);

Living in the Community: Putting Children First (July 2002);

The Children's Standards in Action (2004);

Individual Planning for Children and Young People Living in Out-of-Home Placements: Policy and Procedures (May 2007);

Memorandum of Understanding between the Department of Community Services and the NSW Department of Ageing, Disability and Home Care on Children and Young Persons with a Disability, and;

NSW Interagency Guidelines for Child Protection Intervention (DoCS 2006).

Legislation:

The NSW Disability Services Act (1993)

The Children and Young Persons (Care and Protection) Act (1998)

The Guardianship Act (1987) and Guardianship Regulations (2010)

Children and Young Persons (Care and Protection) Regulation (2000)

Anti-Discrimination Act (1977);

Mental Health Act (2007);

Work Health and Safety Act (2011), and;

Work Health and Safety Regulation (2011)

Stronger Together: A new direction for disability services in NSW 2006 – 2016 (Stronger Together)

Better Together: A new direction to make NSW Government services work better for people with a disability and their families: 2007 – 2011 (Better Together)

Ray Palmer

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Executive Officer

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