Supporting Positive Behaviours Policy

DOWN SOUTH THERAPY

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1.1. Background

Positive Behaviour Support is an evidence-based approach with a primary goal of increasing a person's quality of life and a secondary goal of decreasing the frequency and severity of their behaviours of concern (see definition of behaviours of concern in Appendix 1.). Difficult behaviours are messages that can tell us important things about a person and the quality of his or her life. People who sometimes engage in behaviours of concern are actually telling us something is wrong or missing and they need help to make it better. The challenge is for people to build support for the person with disability and the people who care for them

1.2. Purpose

The purpose of this Policy is to set out guidelines to enable Down South Therapy (DST) staff and contractors to meet the required standards on the use of restrictive practices in relation to the human rights of people with a disability. In doing so the policy aims to:

- Maintain the safety and dignity of Down South Therapy clients,
- Reduce and where possible eliminate of the frequency and severity of behaviours of concern,
- Ensure that restrictive practices are used as an intervention of last resort,
- Ensure staff receive training in the use of positive behaviour support,
- Ensure safeguards are in place in exceptional circumstances where it is necessary to use restrictive practices to protect the welfare of individuals and the safety of third parties.

This policy has been prepared in accordance with:

- Disability Services Act 1993
- NDIS Act 2013
- NDIS Code of Conduct 2019
- NDIS Practice Standards and Quality Indicators
- NDIS Quality and Safeguarding Framework 2016
- UN Convention on Rights of Persons with Disabilities
- NDS Zero Tolerance of Abuse Framework

1.3. Scope

This policy relates to all Down South Therapy activities and applies to all employees, contractors, students, advocates, Directors and others who may act on behalf of Down South Therapy.

1.4. Application of Policy

Positive behaviour support is exactly what it sounds like - a supportive, positive approach to reducing behaviours of concern. Some key points of positive behaviour support include:

- We should not try to control other people, but should support them in their own behaviour change process
- There is a reason behind most behaviours of concern, such as meeting an unmet need
- Every person has unique strengths and talents that can be utilised

- Everyone should be treated with compassion and respect regardless of their behaviour
- Everyone is entitled to quality of life and effective services after acquiring a brain injury
- Our growing knowledge about how to provide support for positive behaviour can make a big difference
- Positive responses will be more effective than coercion and punishment.

Down South Therapy supports positive behaviour support practices which focus on positive outcomes for people with a disability, including the extent to which people feel satisfied with their lives in areas such as choice and decision making, personal competence and self-reliance, community participation, friendships and the feeling of being part of a secure, interdependent and supportive community.

1.5. Guidelines

The following guidelines are to be considered when delivering services to clients who sometimes exhibit challenging behaviours. These guidelines are driven by the assumption that people with disability and their supporters are in the best position to make decisions and choices for themselves and have the capacity to communicate these. Where people display complex behaviours and before any consideration is given to the potential use of a restrictive practice, this assumption must be confirmed.

Effective Service Design

- Down South Therapy will have policies, procedures and tools in place to safeguard the rights of clients and monitor the use and elimination of restrictive practices.
- Effective service design starts with approaches that are person-centred and proactive and that have enhancing the quality of life for the person as their focus.
- Down South Therapy will adopt best practices that support and maximise the person's decision-making, choice and self-direction. Down South Therapy is responsible for ensuring that the client is giving informed consent in relation to all matters that affect them and understands the nature and consequences of their consent. This includes understanding the impact on them of any prescribed restrictive practice that might result from their consent.

Clients have the same rights as all people to equality before the law and to equal protection under the law, without discrimination.

The primary focus of services is to uphold human rights and the well-being, inclusion, safety and the quality of life of members.

Down South Therapy recognises that clients, their families and carers are the natural authorities of their own lives and are in the best place to communicate their choices and decisions.

Clients and their supporters have natural authority in decision making, choice and control and will guide the design and provision of services.

Down South Therapy recognises that the use of restrictive practices may reflect a failure in the service system to understand the nature and function of the individual's behaviour.

Down South Therapy recognises that the use of restrictive practices is not an effective long-term strategy to manage risks and behaviours and can result in long term physical and psychological harm to members.

Down South Therapy will actively facilitate the client's engagement with family, carers, other friends and advocates who know them well, are concerned for their best interests and can support

them in decision making, unless there is clear evidence that the client does not consider this to be in their best interest.

Down South Therapy recognise that substantive equality is integral to the service provision. Cultural relevance and appropriateness of services, in a person-centred context, is an important consideration but does not over-ride the requirement for the human rights of the member to be the paramount consideration.

1.6. Performance Standards

The following performance standards must be met to ensure that the procedures specified are implemented effectively:

- The Policy on the Supporting Positive Behaviours is available to members, families, staff and contractors.
- Staff and contractors are provided with information, instruction, training and supervision in the use of restrictive practices
- Members, their families and supporters are involved in the service design process and consent to any prescribed restrictive practices
- The use of prescribed restrictive practices are reviewed by senior staff, occur for the least time possible and are used as a last resort
- Prescribed restrictive practices are recorded on each use and reviewed in accordance with NDIS Commission requirements.
- The unauthorised use of restrictive practices are reviewed within five days and reported to the NDIS Commission using the prescribed Serious Incident Reporting form
- The use of therapeutic devices are prescribed by a qualified health professional, have the consent of the member and are of the least restrictive alternative
- The use of medication is prescribed by a qualified medical practitioner and reviewed at least annually
- Staff and contractors are aware and provide feedback on potential workplace hazards and procedures are put in place to minimise risk
- Staff and contractors are aware of reporting procedures.

1.7. Procedures

The following procedures are to be implemented to ensure that the organisation meets its policy objective of the proper use of restrictive practices.

Least restrictive alternative

The least restrictive alternative refers to the right of a person to live in an environment which is the most supportive, and the least restrictive, of his/her freedom.

In the context of the use of a restrictive practice it requires that Down South Therapy staff engage in actions that:

a) Ensure the safety and wellbeing of the person and all others who share their environment and

b) Having regard to the above, impose the minimum limits on the freedom of the person as is practicable in the circumstances.

Restrictive practices may only be implemented:

- With a prior review at a senior level in the organisation that confirms the evidence that all less restrictive alternatives have been carefully evaluated and cannot be applied
- As a last resort, when the member presents a risk to themselves and/or others
- For the least time possible
- With the informed consent of the member involved
- After there has been an assessment of the impact of the practice on the rights and well-being of others who share the person's environment
- Under the supervision of a designated, experienced staff member
- When contained in a clearly documented behaviour support plan
- Where a Guardian has been appointed with the relevant authority and that s/he has consented.

Restrictive practices are not acceptable and cannot be approved for organisational or staff convenience, or to overcome a lack of staff, inadequate training, or a lack of staff support and/or supervision.

Prescribed restrictive practices must be recorded at each event and reviewed in accordance with the NDIS Commission requirements.

From time-to-time emergencies might occur in which an immediate and otherwise unacceptable response might be required. Restrictive practices for which there has been no prior prescription or consent, including seclusion and physical restraint, may be used in an emergency to save a person's life or to prevent them from experiencing serious physical or psychological harm, or to prevent the person causing serious physical or psychological harm to another person.

When a restrictive practice is used that has not been previously prescribed:

- The circumstances in which the practice was used must be reviewed within five days, to reduce the risk of a recurrence;

  and

- Must be reported to the NDIS Commission as a Serious Incident Report within five days.

Consent

Down South Therapy is responsible for ensuring that everyone involved in supporting the client in these circumstances understands the nature and consequences of the person's consent. This includes understanding the impact on them of any restrictive practice that might result from that consent.

Down South Therapy will use whatever strategies are necessary to facilitate the client's capacity to communicate their choices and decisions.

When:

- There is uncertainty about the client's capacity to provide informed consent
- There is an absence of engaged family, carers, other friends and advocates to assist the person to make decisions
- There are conflicts around what decisions and actions are in the client's best interests

Down South Therapy will seek the advice and guidance of the Office of the Public Advocate for adults, and the Department for Child Protection for children under 18 years of age, as to the appropriate action to take.

Use of a Therapeutic Device

The use of a therapeutic device does not constitute a restrictive practice when it is clinically prescribed for the purpose of:

- Improving the quality of life of a client, by preventing or minimising body shape distortions and the directly related secondary complications that result in pain, discomfort, and poor health

  and/or

- Assisting a client to participate in a desired task or activity by minimising factors which impede them, and enabling their engagement in an activity which would not otherwise be possible

  and/or

- Providing treatment for a client by preventing that person from injuring themselves in cases where, if there were no restriction of the client, a significantly adverse health outcome would occur.

A device may be used for these purposes if its use:

- Is clinically prescribed by an appropriately qualified health professional such as a registered medical practitioner, occupational therapist, a physiotherapist, a speech pathologist, a dentist, a podiatrist or an orthotist.
- Is formally and regularly reviewed.
- Has the informed consent of the client or their representative (in cases where the person cannot give informed consent, service providers such as allied health professionals have no authority under the Guardianship and Administration Act 1990 to make a treatment decision, whether this is to consent or withhold consent for treatment).

The prescribed device must be the least restrictive alternative to achieve the desired therapeutic result and be based on evidence from current best practice.

NB: The use of a device (e.g. arm splints) for the management of behaviour is however considered to be a restrictive practice.

Use of Medication

The appropriate use of psychotropic and other drugs to reduce symptoms and behaviours associated with conditions such as anxiety, depression and other mood disorders or a psychosis, does not constitute a restrictive practice when:

- The medication is prescribed for a client who has a psychiatric condition diagnosed by a qualified psychiatrist and is reviewed at least annually, or
- The medication is prescribed by a general practitioner who is treating the client as part of a Medicare approved mental health plan and the medication is reviewed at least annually.

Use of Environmental or Psychosocial Restraints

The use of environmental or psychosocial restraints requires the approval or a senior manager and will be made on a case-by-case decision, which takes into account:

- The age of the client — some interventions might be restrictive in relation to adults, but reflect broader, accepted community values and practices in relation to the protection of children
- Whether the intent of the restriction is to punish or over-protect, or is to meet a duty of care or an occupational health and safety requirement
- The balance between the rights of the client and the rights of all others who share the person's environment.

Such practices, when prescribed, must be formally and regularly reviewed.

Use of Restrictive Practices

Other than in an emergency situation, restrictive practices may only be implemented:

- With a prior review at a senior level in the organisation that confirms the evidence all less restrictive alternatives have been carefully evaluated and cannot be applied
- As a last resort, when the person presents a clear and present risk to themselves and/or others
- For the least time possible
- With the informed consent of the person involved or where a guardian has been appointed with the relevant authority and that s/he has consented.
- After there has been an assessment of the impact of the practice on the rights and well-being of others who share the person's environment
- Under the supervision of a designated, experienced staff member who is on duty at the time
- When contained in a clearly documented behaviour support plan
- All behaviour support plans that relate to restrictive practices will be reviewed in accordance with the accredited Down South Therapy Behaviour Support Plan panel review process.

Appendix A: Definitions and Key Terms

Behaviours of concern is defined as:

"*Behaviour of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy or behaviour which is likely to seriously limit or deny access to the use of community facilities*" (Emerson, 1987).

Restrictive Intervention

A "restrictive intervention" is any intervention and/or practice that is used to restrict the rights or freedom of movement of a person with disability including:

Seclusion

"Seclusion" means the sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented.

Chemical restraint

A "chemical restraint" means the use of medication or chemical substance for the primary purpose of controlling 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 illness, a physical illness or physical condition.

Mechanical restraint

A "mechanical restraint" means the use of a device to prevent, restrict or subdue a person's movement or to control a person's behaviour but does not include the use of devices for therapeutic purposes.

Physical restraint

A "physical restraint" means 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 controlling a person's behaviour. Physical restraint does not include physical assistance or support related to duty of care or in activities of daily living.

Environmental restraint

An "environmental restraint" restricts a person's free access to all parts of their environment.

Examples of environmental restraints include, but are not limited to:

- Barriers that prevent access to a kitchen, locked refrigerators, restriction of access to personal items such as a TV in a person's bedroom
- Locks that are designed and placed so that a person has difficulty in accessing or operating them and

- Restrictions to the person's capacity to engage in social activities through not providing the necessary supports that they require to do so.

Psychosocial restraint

"Psychosocial restraint" is the use of "power-control" strategies. Examples of psycho-social restraints include but are not limited to:

- Requiring a person to stay in one area of the house until told they can leave
- Directing a person to stay in a unlocked room, corner of an area or stay in a specific space until requested to leave (also known as "exclusionary time-out")
- Directing a person to remain in a particular physical position, (e.g. laying down) until told to discontinue
- "Over-correction" responses (e.g. requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen)
- Ignoring and
- Withdrawing "privileges" or otherwise punishing, as a consequence of noncooperation.

Therapeutic Device

Therapeutic devices are used when people's ability to participate and be independent is reduced as a result of their disability. They are used to promote function and hygiene, reduce pain, the risk of injury and reduce the risk of distortion of body shape. Examples include but are not limited to:

- Postural support such as seating inserts in wheelchairs
- Chest and pelvic straps for postural support and/or safety in wheelchairs, commodes and vehicles
- Splints to minimise muscle contractures and reduce pain
- Splints for short term use to allow wound healing and tissue repair and
- Night time positioning to reduce the risk of body shape distortions.

Consent – In general terms consent is a voluntary agreement to another's proposition, it entails an actual willingness that an act or an infringement of an interest shall occur.

Express consent – is directly communicated by the spoken or written word.

Implied consent – is inferred from signs, actions, or facts or by inaction or silence.

Informed consent – is an agreement to do something or allow something to happen only after all the relevant facts (risks and consequences) are disclosed.

Consent and Lifestyle Issues

Lifestyle issues involve those areas of a person's life relating to decisions about accommodation, accessing services, leisure activities, relationships, work, transport, day programs etc… **It does not include consent to medical treatment or major financial decisions.**

It is acknowledged that most decisions relating to day to day activities have already been determined through the planning processes involved in determining a person's daily schedule'

For day-to-day decision making (e.g. what to eat, choice of activities, when to go to bed) it may be possible to make decisions based on the 'implied consent' of the person with disability.

Factors to take into account for day-to-day decision making would include knowledge of the person, evidence of preferences through documentation and discussion with other key people, any initiation of part or all of an action and absence of resistance.

If a person is unable to provide informed consent about an important issue (e.g. planning a holiday, change of accommodation, personal relationships) consultation and agreement will need to occur between the key people involved with that issue (e.g. key service providers, family members, advocates etc.).