

Positive Behaviour Support & Implementing Behaviour Support

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Purpose and Scope

EnableOT is committed to creating individualised strategies for people with disability that are responsive to the person's needs, in a way that reduces the occurrence and impact of behaviours of concern and minimises the use of restrictive practices. Under the NDIS Commission, EnableOT behaviour support service focuses on person-centred interventions to address the underlying causes of behaviours of concern or challenging behaviours, while safeguarding the dignity and quality of life of people with disability who require specialist behaviour support. EnableOT wishes to uphold the principles of the NDIS Commission in regard to identifying, developing, implementing and reporting PBS services including the reduction or elimination of restrictive practice.

Legislation

Disability Discrimination Act 1992

This Act aims to eliminate discrimination due to disability in employment, access to facilities, provision of goods and services, legislation and promote equality and equity between persons with a disability and ensure they have the same fundamental rights and others within the community

Disability Services Act 1991

This Act enables people with disabilities to receive services so they can achieve their maximum potential in the community; It aims to enable a better quality of life including increased independence, employment opportunities and integration in the community and promote a positive image of people with disabilities and to promote the provision of high quality and innovative supports and to provide a system to administer funding for people with disabilities that is flexible and responsive to the needs and aspirations of those people.

NDIS Act 2013 (the Act)

The National Disability Insurance Scheme (NDIS) was developed to enable people with disability to live 'an ordinary life' as others in society do.

NDIS (Restrictive Practices and Behaviour Support) Rules 2018

The Commissioner of the NDIS Quality and Safeguards Commission will provide leadership in relation to behaviour support, and in the reduction and elimination of the use of regulated restrictive practices by NDIS providers.

Positive Behaviour Support (PBS) General Principles

Behaviours of concern are behaviours of such intensity, frequency or duration as to threaten the quality of life and/or safety of the individual or others, may seriously limit or deny lifestyle opportunities and/or the use of ordinary community facilities, impede positive interactions with others in the environment and are likely to lead to responses that are restrictive, aversive or result in exclusion.

Individuals who engage in challenging behaviour are telling the people around them that something is wrong or missing and that they need help to make it better. The challenge is for people to build support for this individual and her or his family.

EnableOT use PBS as a process to develop assessment-based behaviour support plans for the intervention on an individual basis of persistent challenging behaviour. When developed these individual behaviour plans guide

caregivers and professionals within natural contexts that results in a reduction in the challenging behaviour and leads to the acquisition of new skills and lifestyle changes for the individual with challenging behaviour.

Positive Behavioural Support is a multicomponent framework for:

- developing an understanding of the challenging behaviour displayed by an individual, based on an assessment of
- the social and physical environment and broader context within which it occurs;
- with the inclusion of stakeholder perspectives and involvement;
- using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support; and
- that enhances quality of life outcomes for the person and other stakeholders.

Positive Behaviour Support is both a philosophy of practice and a term to denote a range of individual and multisystemic interventions that aim to effect change in an individual's behaviour and ultimately their quality of life. PBS is applicable to all people and has been used to support children and adults, people with and without disability, and people in a range of settings. PBS recognises all people, regardless of their behaviour, are endowed with basic human rights and that any assessment, intervention or support should be respectful of those human rights; and also recognises that all human behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern.

Positive Behaviour Support is structured on:

- Person-centred values
 - Prevention and reduction of behaviours of concern occur within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
 - Constructional approaches to intervention design builds stakeholder skills and opportunities and avoids aversive and restrictive practices
 - Stakeholder participation informs, implements and validates assessment and intervention practices
- Theoretical and Evidence Base
 - An understanding that behaviours of concern develop to serve important functions for people
 - The primary use of applied behaviour analysis to assess and support behaviour change
 - The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
- Processes
 - A data-driven approach to decision-making at every stage
 - Functional assessment to inform function-based intervention
 - Multi-component interventions to change behaviour (proactively) and manage behaviour (reactively)
 - Implementation support, monitoring and evaluation of interventions over the long term

Person-centred Values

PBS originally developed out of several human rights and values-based movements that embraced social role valuation, person-centred planning, and self-determination.

PBS uses behavioural technologies and other evidence-based approaches with the explicit aim of generating long-term lifestyle changes. An outcome of PBS should be enhanced wellbeing and an increase in meaningful and valued participation in community life for the person and other stakeholders. Positive changes in behaviour need to be sustained and supported to evolve over a significant period of time, encapsulating years rather than weeks or months. When interventions aimed at improving quality of life and community engagement are aligned with a functional understanding of the individual's challenging behaviour, a reduction in the challenging behaviour is likely to occur. However, this is seen as a secondary gain within PBS. The ultimate focus for intervention, selection and implementation should concern quality of life changes that are centred on an individual's needs, preferences, and active community participation and should aim to increase the person's adaptive behaviours and range of positive life opportunities.

Families and professional carers and, if possible, the person need to come together to act as valued change agents through the consultation and support processes embedded in PBS. This is essential to ensure the form of selected interventions and assessments are achievable within the person's life context; and validate the social significance of the outcomes pursued.

How the person's behaviour is developed and maintained is intricately connected to the behaviour and wellbeing of other stakeholders. Involvement of stakeholders as intervention mediators together with wider effects to deliver training and direct support to staff and family is therefore also required to deliver the kind of durable changes characteristic of PBS.

Theoretical and Evidence Base

EnableOT understands that PBS views behaviours of concern as functional. They are not viewed as a deviancy, diagnosis, mental health condition or as a deliberate attempt by the individual to cause problems for themselves or others. Behaviours of concern within PBS are the person's best attempt to exert influence and control over their lives.

Behaviours of concern are very rarely purposeless. People use behaviour as a way of communicating an unmet need. For PBS to bring about adaptive change, it is first important to understand the purpose of the individual's:

- existing behaviours,
- environment in which the person is situated;
- their aspirations; and
- the range of skills they already have.

In order to develop effective change strategies, it is important to understand the context in which any behaviours of concern occur and the environments in which the person lives and needs to learn to use more adaptive behaviours.

When investigating possible triggers or causes, it is important to look at several factors; the setting event, or the long term or environmental factors which may have made the behaviour more likely to occur (e.g. sleep disturbance, medical issues or familial conflict); the antecedents or what happened immediately before the incident, and the results or consequences of the incident. A comprehensive **Functional Assessment of Behaviour** ensures that all factors including environmental, physical and social are considered and explored as possible setting events, triggers or causes of the behaviour of concern.

In PBS behaviours of concern are primarily understood as learnt behaviour that is developed and maintained within:

- the context of an individual's abilities and needs – including their physical and mental health – and circumstances.
- the properties of the social and physical environments within which the behaviour occurs.

Behaviour affects the environment, and the environment selects behaviour and behavioural function may be conceptualised as the product of interaction between the two. These social and physical environments often contain or lack important features that are proactive of behavioural challenges, and the term challenging environments has been used to stress that many of the causal factors behind such behaviours lie outside the person.

Considerable evidence suggests that the behaviours of concern amongst people with learning difficulties is often maintained by the social consequences that follow the behaviour and relates to ongoing interactions with caregivers. However, there is also a broader context. The likelihood of such behaviours is also influenced by:

- genetics, e.g. behaviours of concern is more likely in people who have particular genetic syndromes,
- an alteration in the person's physical or mental wellbeing; and
- the person having a limited capacity to otherwise influence their world, e.g. having limited communication skills.

More than one of these kinds of factors can contribute to the occurrence of behaviours of concern necessitating functional assessment and function-based interventions that are person-centred and multi-faceted.

NDIS Funding and Approval Process in a Nutshell

The PBS process is triggered off by the identification of a presenting pattern of behaviours of concern. The most severe of these would be where there is a repeated pattern of behaviours that presented a risk of harm to the person or others, and where unauthorised use of Restrictive Practices (RP - defined below) is repeatedly occurring in order to protect the person or others from the client. The steps that follow:

1. The NDIS Provider doing unauthorised RP applies for a **Short-Term Approval (STA)** for the RP. This is to cover the period of time necessary to organise funding from the NDIS for a Behaviour Support Practitioner to develop a PBSP. A STA lasts up to 6 months.
2. The BSP is engaged and develops an **Interim PBSP** within 1 months. This Interim Plan can last a maximum of 5 months.
3. The BSP completes the **Comprehensive PBSP** within 6 months and it is reviewed annually from then on.
4. All NDIS Providers delivery supports to the client are required to follow the strategies detailed in the PBSP.
5. The Implementing Provider (the service with primary care of the person and who implements most of the, now authorised RP), has to report monthly about the use of RP with NDIS Participants. It is monitored by Senior BSP team for compliance with the PBSP.

Behaviour Support Activities of EnableOT

EnableOT is involved in Behaviour Support at typically two, but possibly three levels:

Developing/Writing Positive Behaviour Support Plans (PBSP)

1. As Behaviour Support Practitioners (BSPs): several on our team have status as BSPs by meeting the NDIS Commission requirements under the Behaviour Support Practitioner Capability Framework.

Implementing Positive Behaviour Support Plans (PBSP)

2. As clinicians supporting clients with Positive Behaviour Support Plans (non-primary): where another NDIS Provider is the Primary Implementor of the PBSP and therefore has the reporting obligations to the NDIS Commission for any Authorised Restrictive Practice use under the plan.
3. [Very rarely] As clinicians supporting clients with Positive Behaviour Support Plans (primary): where EnableOT is the Primary Implementor of the PBSP and we have the reporting obligations to the NDIS Commission for any Authorised Restrictive Practice use under the plan.

Developing/Writing Positive Behaviour Support Plans (For team members who are Behaviour Support Practitioners)

Process of PBSP Development

The PBS process is values-led and data-driven. Each stage of assessment, intervention planning and implementation incorporates decision making that is grounded in research literature relating to behaviours of concern and the data that has been gathered about the person and her or his environment(s).

PBS requires functional assessment to inform function-based intervention and it is important that both assessment and support arrangements are personalised as no two people are the same and every referral situation is unique, although the principles governing behaviour remain constant. The PBS process involves the development of a multi-layered intervention plan that:

- begins with a systematic assessment of when, where and how the individual displays behaviours of concern
- aims to develop an understanding of behavioural function, i.e. how it helps the individual to cope better or exert some control over their immediate environment.

This process is often referred to as a 'function of behaviour assessment'. At a minimum, a good functional assessment provides:

- a clear account of antecedents and consequences that accompany episodes of behaviours of concern
- an appraisal of the broader context to ensure that other factors influencing the individual's behaviour are defined; and
- addresses a two-part question:
 1. What function does this behaviour serve?
 2. Why do behaviours of concern and not some other behaviour serve this function?

This part of the process requires an understanding of the social and material environment and is crucial for:

- developing intervention strategies that are consistent with the findings of assessment; and
- ensuring that all intervention components are consistent with one another.

PBS intervention plans have multiple components and are:

- devised with everyone who has a stakeholder interest; and
- internally consistent and correspond to a prior analysis and formulation of assessment findings.

At a minimum, PBSPs will include an operational definition of target behaviours and proactive strategies to:

1. increase stakeholder quality of life,
2. eliminate antecedent contexts likely to evoke behaviours of concern,
3. provide functionally equivalent alternatives to behaviours of concern; and
4. supply coping strategies and learning opportunities to reduce the likelihood of behaviours of concern long term.

A secondary but important part of the plan should describe a range of reactive strategies to guide responses to behaviours of concern if and when they occur. These strategies should be:

- the least restrictive and most effective available,
- focus on ways to reduce potential harm; and
- minimise the risk of escalation in the behaviour.

Person-centred intervention plans commonly include:

- individualised approaches to increasing skills and behaviours that may serve a similar function to the behaviour displayed by the individual,
- modifying the person's physical and social environment to reduce antecedents associated with behaviours of concern and increase those associated with more adaptive alternatives; and
- broader strategies to increase the individual's physical and emotional wellbeing together with opportunities to develop other positive behaviours in general.

EnableOT PBSP will reflect person-centred goals and may include:

- Helping individuals to experience more choice and control,
- Increasing access to favoured and purposeful activities,
- Developing meaningful and positive relationships with others; and
- Enhancing physical and mental wellbeing.

To be consistent with person-centred values, EnableOT will include stakeholder values in two ways:

- As agents of behaviour change; and
- As persons for whom the improvements in the person's quality of life may form part of the process of assessment and intervention.

The PBSP will often also include contextual factors that may influence the person's behaviour by including strategies to support positive change in the wider system and improve stakeholder's quality of life.

Restrictive Practice

Restrictive practices are acts of removing another person's freedom. It involves any practice, device or action that interferes with a person's ability to decide or that restricts the person's movement. Examples of restrictive practices include practices used for safety or behaviour management purposes and may involve the use of a device, deactivation of a device such as a wheelchair, physical force, medication, a locked door to prevent a person from freely moving about or seclusion/ detention. It does not include the use of devices for therapeutic purposes or to enable the safe transportation of the person.

A restrictive practice is any intervention that prevents rights or freedom of movement of a person with a disability with the purpose of protecting the person or others from harm. This could include seclusion, chemical restraint, mechanical restraint, physical restraint or environmental restraint.

Restrictive Practices are:

- Seclusion: which is the sole confinement of a person 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
- Chemical restraint: which is 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
- Mechanical restraint: which is 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
- Physical restraint: which is 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 a hands-on technique 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
- Environmental restraints: which restrict a person's free access to all parts of their environment, including items and activities

EnableOT is committed to ongoing professional development in the use of least-restrictive practices when developing a reactive strategy. We are committed to data collection and input into least restrictive alternatives as a positive behaviour practitioner and collaboration with the organization responsible for development and implementation of a PBSP. We also commit to discussing the challenging behaviour and any associated RP with the participant and their informal or formal stakeholders and promoting alternative to the use of RP as part of these discussions.

Regarding regulated restrictive practice, specifically we will:

- only use RP if it is outlined in a PBSP that indicates consent has been given for RP
- only use RP once the rights of the person have been considered
- only use RP as a last resort and document everything else that has been tried first
- only use RP if there the behaviour presents a risk of harm to the person or others
- used in a least restrictive way that is reasonable and proportionate to the risk of harm
 - shortest time possible
 - least force possible
- if an unauthorised RP occurs, we instigate the process for reporting the RP and review or development of a PBSP where appropriate (see reportable incidents below)
- actively promote the use of alternative to RP wherever possible and during regular scheduled review of RP within a PBSP

Suitable Behaviour Support Practitioners

EnableOT commits to providing excellent outcomes for the people we serve. In doing so, we uphold the PBS Capability Framework and assessment requirements through transition and ongoing service provision under the NDIS Commission.

The Positive Behaviour Support Capability Framework focuses on the knowledge and skills that underpin contemporary evidence-based practice. It reflects the diversity and variation of the sector's capability in delivering behaviour support and provides a pathway for recognition and professional progression for practitioners. The aim of the Positive Behaviour Support Capability Framework is to strengthen the safeguards for people receiving behaviour support and demonstrate a clear commitment to the reduction and elimination of restrictive practices.

EnableOT commits to assessment under the PBS Capability Framework and the principles of each section including Interim Reports, Functional Assessment, Planning, Implementation, Monitoring, Restrictive Practice and Continuing Professional Development. Assessment against the Positive Behaviour Support Capability Framework will form the basis for determining suitability as an NDIS behaviour support practitioner. Practitioners who have been considered 'provisionally suitable' to deliver behaviour support will be notified by the NDIS Commission when they are required to go through the assessment process.

NDIS Rules

Under the NDIS Commission, behaviour support focuses on person-centred interventions to address the underlying causes of behaviours of concern or challenging behaviours, while safeguarding the dignity and quality of life of people with disability who require specialist behaviour support. Both behaviour support practitioners, and providers who use regulated restrictive practices (implementing providers), are required to meet the requirements outlined in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Conditions of registration and regulated restrictive practices in the Rules include requiring the use of restrictive practices to:

- not occur where the relevant State and Territory prohibits such use;
- be undertaken in accordance with State and Territory authorization processes and a behaviour support plan;
- be recorded by the provider and reported to the Commissioner so that the Commissioner can effectively monitor the use of regulated restrictive practices in the NDIS.

The conditions under which EnableOT will develop restrictive practices as a reactive strategy are outlined in Restrictive Practices above.

Conditions of registration - provision of specialist behaviour support services part of the Rules sets out the conditions of registration that apply to specialist behaviour support providers, including that specialist behaviour support services are to be provided, and plans are to be developed by NDIS behaviour support practitioners. This part also sets out minimum requirements for behaviour support plans and imposes obligations on providers to review and prepare plans, and then lodge behaviour support plans that contain a regulated restrictive practice with the Commissioner, to enable monitoring of the use of such practices in the NDIS.

EnableOT is committed to ensuring the Positive Behaviour Support is undertaken by suitable practitioners as outlined in Suitable Practitioners above.

EnableOT understands and uses PBSP formats that meet the minimum requirements for a PBSP including:

- Reasonable steps are made towards the following timeframes:
 - 1 month from when the need for an interim plan is identified
 - 6 months for a comprehensive PBSP
- RP is clearly identified and used under the Queensland regulation and authorisation processes
- RP is the last resort after proactive strategies, is least restrictive including shortest time possible, is in proportion to potential harm

- Strategies include community activities and skill development that reduces or eliminates the need for RP
- PBSPs are reviewed and monitored at least annually or when required by change in circumstances
- PBSPs are lodged in the Commission-approved format to monitor RP

Implementing Positive Behaviour Support Plans

(For all team members who seeing clients who have BSP engaged – PBSP in place, or in development phase)

Requirement to Contribute to PBSP Development and Implementation

All EnableOT team members are important sources of information necessary by the BSP in completing the **Functional Assessment of Behaviour**. Our team members are therefore to contribute actively, as requested, in this process to facilitate the best quality, least restrictive PBSP for the client as possible. This includes:

- Participating in scoping sessions
- Reviewing any draft PBSPs issued in a timely fashion
- Attending training in the proposed strategies, and
- Implementing the strategies faithfully to the plan in order that data collection reflects the efficacy/inefficacy of the strategies
- Be a champion for full engagement in the behaviour support process in order to facilitate engagement by other providers.
- Note data regarding the team member’s use of any RP contained in the plan in preparation for reporting requirements to the NDIS Commission.

Requirements to Report to the NDIS Commission

Reporting requirements varies depending on whether there is Authorised vs Unauthorised Restrictive Practice involved and, and whether EnableOT is the Primary Implementer of the PBSP.

	Unauthorised use of RP	Authorised use of RP
EnableOT not the Primary Implementer	If client experienced no harm from the unauthorised use of RP, then within 5 days, have to report use to NDIS Commission.	Keep a track of Authorised usage and provide the data to the Primary implementing provider for upload in their monthly reporting to the NDIS
EnableOT is the Primary Implementer	If client experienced any harm from the unauthorised use of RP, then within 24hours, have to report use to NDIS Commission Complete session entry in EOC App .	Upload monthly data on authorised use of RP to the NDIS Commission.

See the [Prevent and Respond to Harm Policy](#) for details about mandatory reporting requirements.

REVIEW

This policy will be reviewed when required by changes to legislation or when organization operations require it. Employees will be consulted in relation to any proposed changes. It is recommended that this policy be assessed at 9 monthly internal review alternating with formal auditing processes.