

## **POLICY STATEMENT POSITIVE BEHAVIOUR SUPPORT**

Title:	<b>POSITIVE BEHAVIOUR SUPPORT</b>
Policy No.:	<b>UPCS 0005</b>
Date of approval:	<b>23 January 2008</b>
Date of operation:	<b>30 January 2008</b>
Date to be reviewed:	<b>30 January 2009</b>
DSQ Service Standards:	<b>2.1, 2.2, 2.3, 2.4, 2.5, 2.6 and 3.3</b>
Exclusion to this policy:	<b>Persons under the age of 18 Years of age</b>

UPCS supports a positive behaviour intervention 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.

UPCS in developing a support plan for a person who exhibits Challenging Behaviours UPCS will apply the least restrictive alternative where possible in a way that results in the minimum restriction of their rights and opportunities.

The definition of challenging behaviour is culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the client or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities. (Emerson 2001)

The guiding principles for this policy operate in line with the Disability Rights (Human Rights Principle and the Service Delivery Principles) as stated in the Disability Services Act 2006.

### **1. Policy Principles<sup>1</sup>**

- Any behaviour support, intervention and management of individuals with intellectual / cognitive disability who exhibit challenging behaviour should be the least restrictive alternative which can be implemented within available resources;
- The use and application of restrictive practices should be developed as part of a planned response based on an assessment of the support needs of the individual;
- All restrictive practices should be time-limited and subject to appropriate review;
- Consent for restrictive practices should be given by an appropriate substitute decision-maker;
- The use of any restrictive practices must be accompanied by a strategy of positive behaviour support planning;
- The use of any restrictive practices should only be authorised if it is demonstrated they are the least restrictive option in the circumstances necessary for the persons' health or well being and in the overall best interests of the person;

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<sup>1</sup> Information Booklet Interim Policy Guidelines relating to the Authorisation and Use of Restrictive Practices

- Open and transparent decision making is central to this Positive Behaviour Support approach and the use of restrictive practices in the support of adults with intellectual / cognitive disability, with impaired decision making capacity and who exhibit challenging behaviour;
- In applying the least restrictive alternative and deciding on the best course of action, UPCS should consider:
  - The person's skill, behaviour, background and interests;
  - Less restrictive approaches that have been tried and have failed and the reasons why they have failed;
  - The availability of activities, venues and resources;
- The challenging behaviour displayed by the person should be assessed within their physical and social environment to determine the cause or likely triggers for the challenging behaviour.
- All plans are to incorporate a risk assessment and are to be regularly reviewed according to the time-limits documented in the plan, the review process must include family members or nominated advocacy;
- Where consent is not provided by the substitute decision-maker and a review of the plan reveals that no less restrictive option is appropriate, the matter may be referred to Guardianship and Administration Tribunal for advice and direction; and
- UPCS staff are not to use prohibited practices as defined in *Annex I* to this policy.

## 2. POSITIVE BEHAVIOUR SUPPORT PROCEDURE

- All stakeholders are to be involved at the planning stage of the positive behaviour support plan, with every opportunity provided to the client to develop their own individual skills and capabilities;
- Conduct a client assessment to gather clear and objective information from as many sources as possible in order to make an informed decision on the best course of action;
- Develop the most appropriate plan to guide the support for the client; the challenging behaviour displayed by the person should be assessed within their physical and social environment to determine the cause or likely triggers for the challenging behaviour;
- Apply the risk assessment matrix to the proposed strategies of the plan in consultation with all stakeholders concerned;
- Assess if a Professional Assessment is required, the extent to which professional assessment will be required will vary according to the individual needs of the client and the level of restrictive practice that is required or is currently being administered;
- Identify any shortfalls in training requirements for UPCS staff members and conduct detailed briefing on the implementation of the plan;
- Implement the plan in consultation with all stakeholders;
- Collect and record feedback from all stakeholders including UPCS support staff members as per our privacy policy; and
- Review and adjust the plan in consultation with all stakeholders.<sup>2</sup>

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<sup>2</sup> Definitions Annex II

## **Prohibited Practices**

Prohibited practices are practices which interfere with the individual's basic human rights and are demeaning or constitute a form of abuse or neglect.

### **Type of Prohibited Practices:**

#### **Physical abuse:**

- All forms of physical contact that are either painful or in excess of reasonable force (minimum force necessary to protect oneself from injury or harm).
- E.g.: Hitting, kicking, punching, pinching, slapping, spanking, hair pulling, biting force feeding, choking, shaking pushing, scratching, corporal punishment, recklessly endangering the clients' lives through the carer's actions.

#### **Verbal abuse:**

- All forms of verbal communication that is threatening or demeaning.
- E.g.: Screaming, swearing, name calling, teasing, threatening, shouting unnecessarily, sexist or racist slurs, verbal statements which are demeaning or derogatory to the client or likely to cause distress or represent ridicule.

#### **Emotional abuse:**

- All actions or remarks to deliberately produce feelings of fear, anxiety or low self esteem in another person.
- E.g.: Derogatory remarks about the individual, their appearance or attributes, their parents, family or cultural heritage, activities which place the individual in an unsafe environment or produce fear with the aim of demeaning the person, threats to make the individual perform a task / action they do not wish to perform, threats to discharge the person from the program or restrict access to services.

#### **Deprivation:**

- Depriving people of meals, sleep, clothes, shelter, personal hygiene and medical care.

#### **Use of punishment:**

- Use of medication as punishment or for the convenience of carers as a substitute for activities or appropriate behaviour management methods.
- Use of medication as punishment in quantities that interfere unnecessarily with the lifestyle of the individual.
- Use of restraints or time-out methods as punishment, the convenience of carers or as a substitute for activities or appropriate behaviour management methods.

#### **Deception:**

- All actions or remarks to deliberately manipulate or deceive the person into carrying out a task or behaving in a way they would not otherwise.
- E.g.: The person is led to believe they should carry out a particular action when there is no such requirement of them.

#### **Dangerous or cruel practices:**

- Any situation where the individual displays signs of extreme discomfort, fear or high levels of distress.
- Any action which an individual perceives will result in them experiencing extreme discomfort, fear or high levels of distress.
- E.g.: Cold showers, electric shock, chemical sprays / lemon juice to the face, strait-jacket or another garment used for the same purpose.

## DEFINITIONS

### **Restrictive Practices:**

The term means:

- containment
- seclusion
- chemical restraint
- mechanical restraint
- physical restraint; and
- restricted access

It does not include the locking of doors and /or windows for the primary purpose of managing a skills deficit and not a challenging (or severely challenging) behaviour.

### **Containment:**

The term includes;

- a) physically locking a person in any premises for a set period of time; and
- b) constantly supervising or escorting a person to prevent the person from exercising freedom of movement for a set period of time

### **Seclusion:**

The term means the sole confinement of a person with a disability at any time hour of the day or night.

- a) in any room in the premises where disability services are being provided of which the doors and windows cannot be opened by the person from the inside; or
- b) in any room in the premises where disability services are being provided of which the doors and windows are locked from the outside; or
- c) to a part of any premises in which disability services are being provided.

Seclusion includes exclusionary time-out which is a behavioural intervention that aims to reduce a challenging behaviour by removal of the person for a period of time from a situation which is promoting or reinforcing the challenging behaviour.

### **Chemical Restraint:**

The use, for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person but does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness of physical condition. (The intentional use of medication to control a person's behaviour when no medically identified condition is being treated, or where the treatment is not necessary for a condition can amount to over-treatment for a condition. Chemical restraint includes the use of medication when the behaviour to be affected by the medication does not appear to have a medical cause, and part of the intended pharmacological effect of the drug is to sedate the person for convenience or disciplinary purposes).

### **Mechanical restraint:**

The use of the primary purpose of behavioural control of a person with a disability, of devices to prevent, restrict or subdue a person's movement.

### **Physical restraint:**

The use of any part of one's body to prevent, restrict or subdue movement of any part of another person's body.

### **Locking of doors and windows:**

The deadlocking of external doors and key locking of windows while clients and staff are inside the building, restricting exit from the building at any time without the use of the key or activation of an electronic device ( door strike). It includes any internal doors that are locked, preventing movement to any designated exit without the use of a key or activation of a door strike. It also applies to the locking of gates used along property perimeters.

### **Challenging Behaviour:**

“culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities.” (Emerson 2001)