

<p>Title</p>	<p>ACIA 026 - The Management of Complex Behaviours in the Community Setting</p>
<p>Purpose</p>	<p>This guideline aims to assist Service providers (organisations and individuals), service users and stakeholders in <u>understanding the requirements in the management of complex behaviours</u> in the provision of home and community services. The focus is on the implementation of a Positive Behaviour Support (PBS) Plan and to assist with reducing or eliminating the need for Restrictive Practices. Any use of Restrictive Practices must be part of a PBS Plan, developed by a qualified practitioner with appropriate credentials.</p>
<p>Background</p>	<p>The Positive Behaviour Support Plan (PBSP) is central in providing positive behaviour support to an individual and aims to apply strategies that respond to challenging behaviours or behaviours of concern and reduce and/or eliminate the use of Restrictive Practices by addressing the underlying causes of the behaviour.</p> <p>This involves ensuring that the environmental, social and health (including mental health) needs of the Service User, who is displaying the behaviour of concern, are being met by developing and implementing a plan that:</p> <ul style="list-style-type: none"> • Ensures the Service User feels safe and addresses complex dynamics in the home environment • Provides opportunities for community participation and support for the Service User to exercise genuine choice and control, including through supported decision-making • Addresses the health needs of the Service User utilising a holistic approach, including understanding possible mental health needs like feelings of anxiety and depression. <p>A PBSP is developed once a Functional Behavioural Assessment has been conducted and should be developed with the assistance of parents/carers, support workers and school personnel to ensure a holistic assessment of the Service User is obtained.</p> <p>In some cases, the use of a Regulated Restrictive Practice may be required when the Service User's behaviour presents as a safety risk to either the Service User or another person. There are strict guidelines around the use and reporting of a Regulated Restrictive Practice which should only be used when all other options are exhausted. The use of restrictive practice should be minimal and included in the PBSP with the goal of working towards it being progressively reduced and eliminated as other strategies are successfully introduced.</p> <p>Service Providers should ensure that teams carrying out assessments and delivering interventions have the training, education, professional development and supervision to ensure necessary skills and competencies that reflects best practice.</p>

<p>Disclaimer</p>	<p>This guideline is provided to guide best practice in delivering supports and services in the community setting. This information does not in any way replace legislative, regulatory or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances.</p> <p>ACIA does not accept any liability on the use of this guideline.</p>
<p>Definitions and Supporting Information</p>	<p>Behaviour Support Practitioner: A professional person, with appropriate training, skills and/or experience in the management of complex and/or challenging behaviours, considered suitable to undertake behaviour support assessment (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of Restrictive Practices.</p> <p>Community Supports and/or Services is defined as the provision of paid supports and services in a service user’s home or community. It includes but is not limited to, the following activities of daily living:</p> <ul style="list-style-type: none"> • clinical supports • community access • gardening and home maintenance • higher risk supports • housework or domestic assistance • nursing services • palliative care • personal care or support • respite care • social support • transport assistance <p>Complex Behaviours Also referred to as behaviours of concern are those of such 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. Any behaviour displayed by a person which is considered challenging or inappropriate by others, or which gives rise to reasonable concern, may be considered as challenging. 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.</p> <p>Consent: The term consent refers to permission given by a person with capacity to do so, or person(s) with legal authority to do so, on behalf of the person. For consent to be valid it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether or not to give or withhold consent, but it is only genuine if the person giving consent has the capacity and authority to do so.</p>

Functional Behavioural Assessment

A functional behavioural assessment is conducted by a suitably qualified and skilled specialist such as a psychologist, psychiatrist, education or health professional. It is the process for determining and understanding the function or purpose behind a person’s behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour.

Positive Behaviour Support Plan (PBSP): A Positive Behaviour Support Plan is one that reflects the needs of the Service User with complex behaviours which aims to improve their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of Restrictive Practices, where these are in place for the Service User. To ensure effectiveness, implementation of the PBSP should be undertaken by parents/carers, support workers and school personnel (where indicated).

Prohibited Practice: Prohibited Practice is any practice which interferes with a participant’s basic human rights, are unlawful or unethical in nature, and are incompatible with the objects and principles of the Disability Inclusion Act 2014. It should never be used by Service Providers in the delivery of services to Service Users.

Restrictive Practices in Aged Care:

The Quality of Care Principles 2014 has been amended to include Minimising the Use of Restraints . If an organisation uses restrictive practices such as physical or chemical restraint, these are expected to be consistent with best practice and used as a last resort, for as short a time as possible and comply with relevant legislation.

The definition under Aged Care for;

Approved Health Practitioner: means a medical practitioner, nurse practitioner or registered nurse.

Chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person’s behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

Physical restraint means any restraint other than: (a) a chemical restraint; or (b) the use of medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition. This guidance adopts the general principle that restrictive practices are only implemented as a last resort; are implemented for the least amount of time possible; are recorded, monitored and reviewed; have tight safeguards in place that are focused on minimising risk to consumers, staff, and others; and are undertaken with a focus on ensuring decency, humanity and respect at all stages.

Restrictive Practices in Disability: -

The use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability. These primarily include restraint and seclusion.

may include;

Seclusion Is 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;

Chemical 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 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 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 Is to restrict a person's free access to all parts of their environment, including items or activities.

Restrictive Practice Authorisation (RPA) Panel:

A panel comprising as a minimum, a senior manager of the Service Provider, and where indicated contractually or via legislative authority an independent specialist and a person/s to authorise the use of a Restrictive Practice based on supporting information, such as a behaviour support plan. Authorisation in each state across Australia will vary.

Senior Manager: is a manager who has responsibility and oversight of the service provider's risk management and quality services.

Service User: is a person receiving supports to remain living independently in their community. Also, commonly known as a Participant, Consumer, Client, Care Recipient.

Service Provider: Organisation or person accountable for the delivery of supports to Service Users.

Scope: Scope is used to reflect the size, geographic location/s, number of people employed/contracted, number of Service Users receiving supports and most importantly the profile of Service User types (eg.an Indigenous provider only delivering to indigenous Service Users) thus ensuring **a proportionate** approach

is taken by the auditors who audit to scope as identified in the certification standard e.g. The Australian Community Industry Standards (ACIS) 2018 Level 3 Complex Behaviour Support.

Support Plan: A document developed in response to a request for support by the Service User and developed by an appropriately skilled person accountable for the delivery of supports.

Support Worker: also referred to as an attendant care worker, disability/aged care worker is an individual who is paid to assist or supervise a Service User to perform tasks of daily living to support and maintain general wellbeing and enable meaningful involvement in social, family and community activities in the person's home and community. The Support Worker is a paid person who has access to education, support and advice from the Service Provider line manager or team leader.

Support Worker Competence means a support worker who has been trained and assessed as competent by a skilled registered nurse **or a person deemed competent by the provider** to safely and appropriately perform a specified task as a support worker.

<p>Desired Outcome</p>	<p>To assist Service Providers to reduce and eliminate the need for Restrictive Practices in the home and community setting and achieve and implement their documented Positive Behaviour Support Plan (PBSP) relevant to each individual Service User's needs. To maintain quality and safe standard of care and supports.</p>
<p>Guideline</p>	<p>Service Users are to be treated in a fair and equitable manner when seeking access to support and services and are involved in identifying their needs and support to meet their assessed needs to achieve desired outcomes</p> <p>Obligations as a Service Provider:</p> <ul style="list-style-type: none"> • All Restrictive Practices must be investigated and documented • A Behaviour support plan that contains a regulated restrictive practice needs to be reviewed every 12 months or earlier if the Service User's circumstances change • A positive behaviour support must be developed by a Behaviour Support Practitioner • Use of restrictive practice is authorised in accordance with the jurisdiction that the service user is funded by <p>Providers will need to be aware of and comply with any relevant requirements in their state or territory in relation to seeking authorisation of consent and reporting to the use of a restrictive practice.</p> <p>The restrictive practice must be viewed as a last resort, have a time limited strategy and a regular review of the practice must be planned.</p> <p>Service Providers</p> <ul style="list-style-type: none"> • should identify Service Users with behaviours that present as challenging, with a view to introducing the concept of positive behaviour support and planning as early as possible with the support of their funder and external treating team • should identify Service Users with existing Restrictive Practices • ensure reporting requirements, either legislative and/or contractual are met • should include the reporting of Service Users with challenging behaviour and any use of Restrictive Practice as part of their Clinical Governance Framework • must ensure that there is documentation for the Restrictive Practice that includes authorisation and Service User, family or guardian consent to the Restrictive Practice, not just the behaviour support plan itself. However, a state or territory may recommend that certain conditions or limitations be placed around the use of a regulated Restrictive Practice, and any such conditions must then be incorporated into the Service Users Positive Behaviour Support Plan • should ensure that all support workers working with people challenging behaviour are trained to deliver proactive strategies to reduce the risk of behaviour that challenges including strategies to help the person develop an alternative behaviour to achieve the same purpose by developing a new skill (for example, improved communication, emotional regulation or social interaction)

- Observe the importance of including people, and their family members or carers, in planning support and interventions including strategies designed to calm and divert the person if they show early signs of distress

Supporting the Rights of Individuals

It is intended that Service Providers support the rights of individuals to be treated with dignity and respect, and also promotes individual freedom of expression.

Individuals are supported in accordance with the United Nations, Conventions of Rights of persons with Disability 2006, the National Standards for Disability 2013, the National Quality and Safeguards Framework 2016 and The Aged Care Quality Standards 2019.

All Restrictive Practices must operate in conjunction with all the relevant legislation, policies, guidelines and standards that upholds the rights of individuals, including those pertaining to Restrictive Practices throughout service provisions.

As early as possible in planning for the Service User’s service, the Service Provider should ensure steps are taken to ensure that a PBSP is developed (that includes strategies and techniques) by a suitably qualified and skilled person (known as a Behaviour Support Practitioner) that is consistent with best practice and meets the requirements set out in the legislation.

A **Behaviour Support Practitioner** (Disability) or **Approved Health Practitioner** (Aged Care) will be responsible for conducting a person- centred behavioural assessment and develop a PBSP which captures the Service Users clinical and other support needs. This may include a history of behaviours of concerns and past interventions, physical and mental health, risk assessment, psychosocial development, cognitive abilities, communication skills quality of life (including quality of family life), mediator analysis and systems and ecological analysis.

They will oversee and support the implementation of the behaviour support plan consistent with the understanding of the individual’s needs, supports and strategies to address unmet needs, risks and behaviours of concern. They will provide effective instruction, training and coaching, oversight, advice and feedback to Service Provider staff and informal supports. A critical role of the authorisation process is to support the reduction and elimination of the use of Restrictive Practices and to ensure that when they are used, the least restrictive option is implemented.

There are three key areas to ensuring the plans will be implemented successfully:

1. Involve all interested people, including the person with a disability and their family members and/or advocates, in planning from the outset (assessment phase) to gain commitment from everyone who will need to implement the plan
2. Make sure the plan is written in plain English and that all support people and family members know how to implement it to ensure consistency

3. Provide a timely follow-up to resolve any issues that may arise and remind everyone what they need to do.

The **Service Provider** responsible for implementing the strategies in the behaviour support plan will ensure that the requirements of the PBSP are met within the scope of their funding. They will provide guidance to their staff who support Service Users with challenging behaviours to work as an effective team in meeting the goals and desired outcomes of the PBSP which includes timely reporting of any changes in Service User behaviours.

The **Service Provider**, who has identified that they will deliver services to Service Users with challenging behaviours within their quality framework scope, should appoint a **Senior Manager** who is familiar with the operational considerations around the use of a Restrictive Practice in the intended service setting, who will chair/participate in the RPA Panel. Service Providers may have their own internal policies and procedures to support Senior Manager's decisions to provide interim authorisation for the use of Restrictive Practice. The Senior Manager, where possible, should be separate to the person responsible for the implementation of the Restrictive Practice within the organisation.

Support Workers must have completed competency-based training and have been signed off by a suitably qualified and skilled person - relating specifically to the Service User situation and PBSP and understanding the basic anatomy relating to their disability that causes behavioural issues. They should have an understanding of Restrictive Practice and the importance of their role in providing services to Service Users with challenging behaviours including reporting changes in behaviour and responding to emergency situations. This training will be supplemented by training that supports the individual Service Users' requirements.

The progress and effectiveness of implemented strategies are evaluated through regular engagement with the Service User, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.

Whilst managing challenging behaviours may be an important part of the support worker's role, it is not acceptable for workers to be injured.

Support workers must report early signs of challenging behaviours and talk about any concerns with the supervisor or at team meetings. Early reporting enables earlier intervention to act.

Service Providers have a duty of care to do all things possible to prevent or minimise any harm that may occur as a result of challenging behaviours.

The ABC Model is an important tool to understand the behaviour that would help the Behaviour Support Practitioner effectively manage a Behaviour Support plan for an individual:



“A” refers to the antecedent or triggering event that precedes the behaviour, that is, what happens before the behaviour, where did it occur and what else was going on in that situation.

“B” is the behaviour, how long did it last and what exactly was said and done.

“C” is the consequence of that behaviour, that is, what happens after the behaviour. What was done, what interaction occurred and what else happened.

Restrictive Practices should only be used in very limited and specific circumstances, as a last resort, and utilising the least Restrictive Practice and for the shortest period of time possible under the circumstances. Restrictive Practices should only be used when they are proportionate and justified to protect the rights or safety of the person or others. It is recommended that the reduction of Restrictive Practices is a high priority and that service providers are committed to providing the infrastructure to achieve evidence based practice.

It is important where a Restrictive Practice is used, it is legally authorised, administered safely, minimally and for the shortest period of time with the least infringement of the rights of the person with a disability, if and only if all other reasonable, less restrictive alternatives have been trialed.

For Aged Care Providers, the provider is required to demonstrate that restrictive practices are only used when absolutely necessary, as a last resort and in accordance with professional guidance and best practice. The provider must regularly monitor the service user for signs of distress or harm while the service user is subject to the restraint. It is mandatory for aged care service providers to provide data on three quality indicators, including use of physical restraint, to the Department of Health.

<p>Resource documents</p>	<p><i>Australian Community Industry Standards ACIS 2018 (module 3)</i></p> <p><i>Restrictive Practices Policy icare June 2019</i></p> <p><i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i></p> <p><i>NDIS Quality and Safeguards Commission Behaviour Support Competency Framework Version 1 May 2018</i></p> <p><i>Framework for Reducing Restrictive Practice, State of Victoria, Dept. of Health 2013</i></p> <p>https://synapse.org.au/information-services/making-a-positive-behaviour-support-plan.aspx</p> <p>www.communities.qld.gov.au</p> <p>www.disability.wa.gov.au</p> <p><i>SA Restrictive Practices Reference Guide for the South Australian Disability Service Sector</i></p> <p><i>VIC The Disability Act 2006 and Restrictive Interventions</i></p> <p><i>QLD The Disability Services Act 2006</i></p> <p><i>ACT Senior Practitioner Act 2018</i></p> <p><i>TAS Tasmanian Disability Services Act 2011</i></p> <p><i>NT The Disability Services Act 1986</i></p> <p><i>NSW https://www.facs.nsw.gov.au/providers/deliver-disability-services/restrictive-practices-authorisation-portal</i></p> <p><i>Royal Commission into Aged Care Quality and Safety Aged Care Quality Standards 2019</i></p> <p>www.carergateway.gov.au/caring-for-someone-with-changing-or-challenging-behaviours</p> <p><i>Dementia Training Australia</i></p> <p>www.claust.com.au (Community Living Australia)</p> <p><u><i>Guide to working safely with challenging behaviours in health care</i></u> <i>Government of Western Australia</i></p>
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