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2.13 Child Care Services Taree & Districts Inc.

Managing Challenging Behaviours Policy

Child Care Services Taree & Districts Inc. (CCSTD) recognises that many factors can contribute to a participant exhibiting inappropriate or aggressive behaviours. These could include medical or psychiatric conditions, disability, a history of rejection or abuse, an unstable or insecure lifestyle, severe financial stress, strained personal relationships, misuse of alcohol or other drugs and lack of communication skills.

CCSTD is committed to ensuring that when these behaviours occur, they are dealt with promptly and appropriately, having regard for the safety of workers, the rights of the participant and any other person(s) affected by the behaviour, and duty of care obligations.

The Purpose of the Policy

Staff and support workers will be trained in the use of strategies to prevent and defuse volatile situations, both generally and in relation to individual participants with specific needs. Support workers are to immediately advise their Manager if they feel threatened in anyway and are fearful of providing a service to a particular participant. They are not expected to provide a service until the matter has been investigated by the Manager and resolved to the support workers' satisfaction. Withdrawal of service will be a last resort.

NDIS

The new arrangements for Behaviour Support Intervention under the NDIS Commission focus 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. Under the NDIS Commission, a registered provider of specialist behaviour support services must use a behaviour support practitioner whom the NDIS Quality and Safeguards Commission considers suitable to undertake behaviour support assessments and develop behaviour support plans that may contain the use of restrictive practices. Child Care Services Taree and Districts Inc. are committed to following the rules set out in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Challenging Behaviours

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

Common types of Challenging Behaviour include: self-injurious behaviour (such as hitting, head-butting, biting), aggressive behaviour (such as hitting others, screaming, spitting, kicking), inappropriate sexualised behaviour (such as public masturbation or groping), behaviour directed at property (such as throwing objects

and stealing) and stereotyped behaviours (such as repetitive rocking or echolalia). This list is not exhaustive.

Challenging behaviour that results in restrictive intervention is required under the NDIS Restrictive Practices and Behaviour Support Rules 2018 to be reported to the NDIS Commission and an Individual Risk Assessment conducted, the likelihood of the incident continuing to occur assessed and documented. This is classed as Unregulated Restrictive Practice, if the behaviour and restrictive practice is likely to continue then an interim behaviour plan is required to be developed in consultation with an NDIS approved behaviour specialist within 1 month of the first use of restrictive practice and the provider is to take all reasonable steps to develop a comprehensive behaviour support plan within 6 months after the first use of the regulated restrictive practice.

CCSTD will work in collaboration with emergency services, health professionals and other health services in relation to all matters regarding participants wellbeing eg: police, ambulance, GP's, mental health, clinicians.

Behaviour Support Plans

Behaviour Support Plans are written and developed in conjunction with the participant and other services by a specialist behaviour support practitioner. CCSTD are committed to implementing behaviour support strategies developed within these plans and will provide relevant training to staff and support workers in their implementation and assessment. Individual support will be provided to participants/participant's representative and support workers as required with participant's behaviour specialist.

An agreed model for intervening and applying measurable behavioural goals for the participant are to be adhered to. CCSTD will only use behaviour support strategies that are proportionate to the risk of harm to the participant or others. CCSTD will keep their employees informed of any changes to a participant's Behaviour Support Plan and implement any strategies that are suggested within the plan in order to reduce challenging behaviours. Workers are provided with support and will receive training in the development and implementation of interim behaviour support plans and current behaviour supports plans by a specialist behaviour support provider.

Staff and Support workers will utilise Behaviour Observations Form, Weekly Goal Evaluations and any recommended documents provided by behaviour specialists to record and evaluate strategies and outcomes, these will be shared with relevant professionals with consent from participant/participants representative in behaviour support plan reviews.

Plans containing restrictive practices will not be the only strategy used to reduce the target behaviour. The plan must include positive programming elements. Regulated restrictive practice is only to be used in accordance with a Behaviour Support Plan and all the requirements as prescribed in the *National Disability Insurances Scheme Rules 2018* and State legislation. A process to record each incident whereby the restrictive practice is used will be developed and applied in all service settings where a restrictive practice(s) is being employed.

Child Care Services Taree & Districts Inc. will investigate and follow up on reports of challenging behaviours from participants, staff, support workers, volunteers, family members or the general public (see Behaviour Observations Record). Reports will include:

- the reported incident including a description of the challenging behaviour, the time and place, and
- the circumstances (the events leading up to the behaviour which may have been possible triggers) and
- the consequences (the impact of the behaviour on the participant and others).

Restrictive Practices

Restrictive practices are those which involve some intrusion on a person's freedom in order to influence or curtail a particular behaviour, mood or state of arousal. These practices are:

- Restrictive in the sense that they restrict a child or young person's rights, and
- Restricted in the sense that there are significant restrictions placed on their use and include, seclusion, chemical restraint, mechanical restraint, physical restraint or environmental restraint.

Authorisation in the form of a formal consent from the participant's person responsible or guardian is required for the use of regulated restrictive practices and can only be used in accordance with a behaviour support plan. The attached document 2.13B Consent Form – Regulated Restrictive Practices gives a detailed summary of the authorisation process to use a regulated restrictive practice at CCSTD. In addition to the consent of the person responsible/guardian any use of a Regulated Restrictive Practice also requires formal authorisation and oversight through a Restrictive Practices Panel which reviews the appropriateness of the use of the practice. The Panel's role is to act as a safeguard to ensure that all possible steps are taken to minimise any restrictions placed on an individual in the context of their support, and to maximise their opportunities for quality of life.

Each participant is only subject to a restrictive practice that is reported to the Commission. The implementation of the Restricted Practice is to be coordinated, monitored and regularly reported to the NDIS Commission as required Restrictive Practices and Behaviors Support Rules 2018 Section 14 Reporting requirements. Restrictive practices can only be used within the context of a behaviour support plan and may only be considered after a range of less restrictive options has been tried. The use of restrictive practices as punishment or for reasons of convenience is prohibited.

Accurate records are to be retained and reported to the NDIS Commission as per Section 15 Record Keeping. Behaviour support plans and restrictive practices are to be reviewed at least every 12 months or if there is a change in circumstances. In exceptional circumstances, interim authorisation for the use of restrictive practices is required pending the development of a behaviour support plan and authorisation by an RPA Panel. This should be sought as soon as possible, not exceeding 3 months as stated in the Restrictive Practices Authorisation in NSW 1 July 2018 Guide.

In the context of behaviour support, CCSTD will clearly identify under which circumstances any restrictive practices may be used within each individual's behaviour support plan. The organisation will also ensure that if any restrictive practices are being contemplated or utilised, that they will be closely monitored and recorded, using appropriate data collection (see Record of Regulated Restrictive Practices Form) and in accordance with the Behaviour Support Plan and behaviour monitoring forms (see Behaviour Observations Form). Data collected will be monitored to identify actions for improving outcomes. With the participant's consent data collection will be provided to their support network and specialist CCSTD Workers will have access to appropriate training to maintain the skills required to use restrictive practices and support the participant to understand the risks associated with restrictive practices.

The decision to continue, stop or alter the use of the Restricted Practice is to be always discussed with:

- the person (as appropriate to their developmental level),
- their person with parental responsibility;
- their FaCs caseworker,
- their person's substitute decision maker
- the Behaviour Specialist Practitioner

CCSTD will comply with monthly online reporting requirements in relation to the use of regulated 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. All are criminal offences and civil wrongs and may lead to legal action. Prohibited Practices also include those that may not be unlawful, but are unethical. Prohibited Practices include those that:

- cause physical pain or serious discomfort;
- restrict access to basic needs or supports;
- are degrading or demeaning to the person;
- any practice that would not be acceptable for a person of the same age according to accepted community standards;
- may reasonably be perceived by the person as harassment or vilification;
- are aversive therapy/practice: An application of a painful or noxious substance/stimuli in an attempt to suppress or extinguish a challenging behaviour;
- are wrongful imprisonment;
- are any form of corporal punishment;
- are any punishment that takes the form of immobilisation, force-feeding or depriving of food; and are any punishment that is intended to humiliate or frighten a person we support.
- are unethical;
- are an overcorrection: the restoration of the situation or environments to an improved state by repeatedly practicing an alternative behaviour
- are a chemical restraint: the use of medication to control behaviour in the absence of a

diagnosed medical condition.

- are a physical restraint: unauthorised intentional restriction of a person's voluntary movement or behaviour by the use of a device or by physical force by another person to control or manage the situation.
- Constitute an unauthorised Restricted Practice.

Any worker who uses inappropriate behaviour management techniques may have their Worker authorisation reviewed. In addition, if the use of the technique results in a child or young person is suspected to be at risk of harm, a report will be made to NDIS Commission and the Department of Community Services. If the matter constitutes reportable conduct, a notification will be forwarded to the NSW Ombudsman.

Recommendations to Risk Management

CCSTD believes that these points must be followed when working with all participants;

- Be aware of potential triggers and early warning signs indicating the potential for challenging behaviours
- Be aware of your own reaction and behaviour and its effect on others
- Be aware of policies and procedures to minimise risk
- Use active listening skills, probing and paraphrasing to confirm your understanding of the situation
- Aim to negotiate assertively to defuse the situation
- Maintain safety of self and others
- Attend to formal reporting requirements
- Seek support and debriefing

Positive Behaviour Support

Positive Behaviour Support is a comprehensive approach to assessment, planning and intervention that focuses on addressing the person's needs, their home environment and overall quality of life. Positive Behaviour Support is about working with families and carers to develop a shared understanding about why the person has a need to engage in challenging behaviour.

Here are some of the ways Positive Behaviour Support can help participants and all stakeholders:

- Helping the person understand their daily life using clearer ways of communicating with them such as introducing a picture schedule
- Changing the environment to make where they live and work better for him or her (such as reducing high noise levels)
- Improving the person's lifestyle so they have more interesting and enjoyable activities to keep them involved and connected with their community, such as helping the person gain employment and supporting recreational or other activities of interest
- Changing the environment so the person is involved in meaningful and positive relationships with others.

Relevant Legislation and Standards

- NDIS Practice Standards
- NDIS Code of Conduct
- NSW Disability Service Standards (NSW DSS)
- NDIS Terms of Business
- Restrictive Practices Authorisation in NSW from 1 July 2018
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- Health Records and Information Privacy Code of Practice 2005 (NSW)
- Freedom of Information Act 1982
- Privacy and Personal Information Act 1988 (NSW)
- The Disability Inclusion Act 2014 (NSW) and Disability Inclusion Regulation 2014 (NSW)
- Disability Services Act (2011)
- Disability Services Regulations (2015)
- Personal Information Protection Act (2004)
- National Standards for Disability Services
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011