HS8	Healthy and Safe	Positive Behaviour Support Policy

What this policy aims to do	Positive Behaviour Support (PB Support) is an evidence-based approach which aims to reduce 'behaviours of concern' by increasing a person's quality of life. This policy aims to outline PB Support which is delivered across all MASS settings, including family homes, the community, the school, residential settings, day programs and family camps.
Who this policy applies to	All people who use MASS services and all staff and volunteers involved in service delivery.
Who is responsible for carrying out this policy	The Director and all stakeholders; including practitioners authorised to oversee behaviour management interventions
Legislation this policy is based on	National Australian Human Rights Commission Act 1986 (Cth) Crimes Act 1914 (Cth) Disability Discrimination Act 1992 (Cth) Disability Services Act 1986 (Cth) Disability Standards for Education 2005 (Cth) National Disability Insurance Scheme Act 2013 (Cth) National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and other measures) Bill 2017 (Cth) National Standards for Disability Services 2014 (Cth) Ombudsman Act 1976 (Cth) Victoria Occupational Health and Safety Act 2004 (VIC) Disability Act 2006 (VIC) Human Services Standards Victoria 2012 (VIC) Equal Opportunity Act 2010 (VIC) Children Youth and Families Act 2005 (VIC) Charter of Human Rights and Responsibilities Act 2006 (VIC) Ombudsman Act 1973 (VIC) Crimes Act 1958 (VIC), National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

Other relevant policies	A1 Person Centred Planning A2 Decision making and Choice A3 Involvement of families and advocacies A4 Inclusion and Relationships A5 Communication , A6 Cultural Diversity, HS4 Rights and Responsibilities, HS13 Duty of Care , HS5 Freedom from Abuse and Neglect, MS3 Staff Code of Conduct
Key definitions	Refer Appendix A

Version	Date	Author/Editor	Approved by	Notes
1.0	26/8/2016	Peter Lane		
1.1	31/5/2018	D Stephenson		Update format
1.2	23 /7/2020	S Walker K Grant	S Reeves	New Policy for NDIS compliance

Positive Behaviour Support Policy

Positive Behaviour Support (PB Support) is both a philosophy of practice and a term to describe organisational practices, which both aim to enhance a person's quality of life and reduce or prevent any behaviours of concern.

At MASS we believe all behaviour is a way of communicating a person's needs. A person may use a range of behaviours to tell us what they want or to tell us that something is wrong or missing. **Behaviours of concern** are those behaviours that **impact on a person's quality of life and pose a risk to the health and safety** of the person or those around them. It is important to distinguish that not all behaviours are *behaviours of concern*. Behaviours of concern tend to be behaviours that are aggressive or harmful to self or others.

PB Support is the evidence-based approach used by MASS across our range of settings, including working within family homes, the community, schools, residential settings, day programs and camps. PB Support is the philosophy that underpins our decision making, support and interactions with all clients and families.

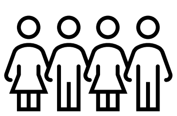
Frameworks that underpin the MASS approach to Positive Behaviour Support:

- NDIS Quality and Safeguards Commission Capability Framework, 2019
- NDIS Quality and Safeguards Standards, 2020
- DHHS Positive Practice Framework (2017)
- NDS Zero Tolerance Framework, 2018
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules, 2018

Principles of Positive Behaviour Support

Positive Behaviour Support has several key components:

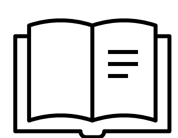
1. Person-Centred

	A person-centred approach ensures the person is always at the **centre of planning** and decision making. The individual needs and goals of the person are identified and community participation, social relationships and importantly opportunities for choice are provided. A person-centred plan addresses any unmet needs in a positive, proactive way that seeks to enhance the persons **quality of life**. At MASS person-centred practices are used across all services to ensure that the focus is on what matters to the people receiving the support (and their families). A person-centred approach ensures that we see all clients as unique **individuals** with **strengths, skills, and personal goals**.

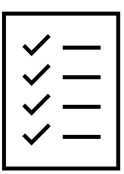
2. Collaboration with Relevant Stakeholders

	Collaboration involves working closely with the person and their supporters. Positive Behaviour Support is most effective when implemented across all settings of the person's life. All MASS services recognise the importance of **collaboration** and building **consistency in approach** across environments. Positive Behaviour Support works best, when the relevant people who live and work with the person in **different environments** are involved in the assessment, planning and implementation of positive support strategies together.

3. Assessment-based Intervention

	Positive Behaviour Support uses assessments that look beyond the behaviour itself to understand the **reason behind the behaviour**. Knowing the function for the behaviour provides a purposeful intervention approach. Interventions can be targeted towards the social, emotional, cognitive, environmental, and / or sensory factors influencing the behaviour. A **Functional Behaviour Assessment** seeks to answer the **what, why, how, who questions** such as: what is the behaviour of concern, when and where does it occur, how is the behaviour viewed, what is the person communicating? Assessment is fundamental to intervention; and can be either direct (observation) or indirect assessment (discussion with key people).

4. Behaviour Support Plans

	A Behaviour Support Plan (BSP) summarises the supports the person and their carers, staff and family need to make positive changes to address unmet needs. It should include strategies for improving quality of life through systems change, skills acquisition and environmental redesign. The plan should also provide information to all staff working with the person on what they need to do to help the person to address the behaviours of concern. BSP's generally include **primary prevention strategies** to meet the persons unmet needs. This may involve making environmental changes, improving communication, providing meaningful activities and overall make positive changes for the individual and their environment. Further, the BSP will include **response strategies** where **early signs of behaviour** are identified and prevention strategies are implemented before the behaviour escalates. The response strategies also include **reactive strategies**, which inform staff how to respond in times of escalation of behaviours.

5. Restricted and Prohibited Practices

Restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Human Rights principles permeate all areas relating to restraint and seclusion and strongly influence both proactive strategies to prevent, minimise and eliminate behaviours of concern, and reactive strategies in response to those behaviours.

There are several relevant rights and freedoms set out in the Human Rights Charter, including the:

- right to recognition and equality before the law (including the right to enjoy human rights without discrimination)
- right to protection from torture and cruel, inhuman, or degrading treatment (including the right not to be treated or punished in a cruel, in human or degrading way)
- right to protection of families and children (including protection of the best interests of the child)
- right to privacy and reputation
- right to liberty and security of the person
- right to freedom of movement
- right to freedom of expression.

Staff need to consider relevant human rights when making decisions – including decisions about responding to behaviours of concern.

Under the **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018** certain restrictive practices are subject to **regulation**. These include **seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint**. These practices are considered last resort and all Behaviour Support Plans have a clear plan for **reducing or eliminating restrictive practices.** The aim is to increase a person's skill and independence. Positive Behaviour Support is underpinned by a strong commitment to human rights with a focus on quality of life, dignity, and respect. MASS upholds its duty of care to all clients and provides a commitment to the culture of safety and wellbeing.

Overall MASS's approach to restrictive practices is to:

- Protect the **human rights of the people** we support
- Allow MASS staff to work safely in challenging situations within an **open, transparent, and agreed** framework amongst key stakeholders.
- Fulfil commitments to state and federal governments restrictive practices criteria for use, approval, reporting and fading; and

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prevent prohibited practices and the misuse of restrictive practices.

MASS explicitly prohibits corporal punishment, aversive therapy, noxious or aversive stimuli, forced exercise or denial of food or liquids under any circumstances.

Duty of Care
All staff have a legal duty of care to students to take reasonable steps to protect students from risk of injuries or harm that are reasonably foreseeable. This duty of care cannot be delegated to others.

Restraint from danger: A member of staff may take any reasonable action that is immediately required to restrain a student of the school from acts or behaviour dangerous to the member of staff, the student or any other person.

Restraint should not be used:
a. in situations where there is no immediate risk of harm to the student or any other person
b. in situations where there are reasonable alternatives available to avoid the risk of harm
c. in situations where the acts or behaviour are not dangerous to the student or to another person.

All instances of restraint (and seclusion) need to be viewed through a human rights lens. That is, they should be the least restrictive option reasonably available in the circumstances, be justified and proportionate, and cease once the immediate threat of harm has passed.
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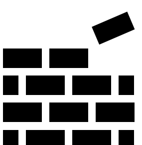
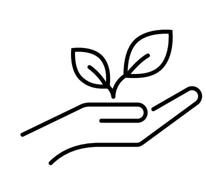
6. Skill Building

	Positive Behaviour Support seeks to **build** a person's **independence** through skill development. A person with behaviours of concern may be supported to develop more appropriate ways to **communicate** their **needs**. A person will be supported in all settings to develop skills of independence, increasing the person's ability to complete daily living tasks independently. Skill Building encourages all people to participate in meaningful activities and experience new things and experience success and satisfaction.

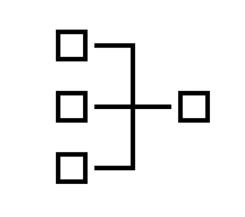
7. Staff Development

	Knowledge and skills-building for all staff, supervisors and managers in MASS is fundamental to Positive Behaviour Support. **Education and training** also help staff to develop effective behaviour management plans and build a better understanding of a person and their behaviour. MASS support and encourage staff to attend regular training and professional development sessions, both internally and externally.

8. Environmental & Sensory Modifications

	Positive Behaviour Support is a way of looking at the **fit between the person and the environment** they find themselves. Sensory elements of the environment can have a great impact on behaviour. Positive Behaviour Supports may include changing factors such as staff attitudes as well as physical factors such as reducing noise levels or ensuring increased choice making in a person's daily life.

9. Systems Change

	MASS will regularly **review processes** and procedures within all services. Changes to policies and procedures may be required to ensure processes evolve with best practice. Positive Behaviour Support encompasses design in service delivery.

Positive Behaviour Support Procedures

The Positive Behaviour (PB) Support Procedures have been broken into the key PB Support Policy domains.

	1. Person Centred **Page 1**
	2. Collaboration **Page 3**
	3. Assessment Based Interventions **Page 3**
	4. Behaviour Support Plans **Page 5**
	5. Restricted and Prohibited Practices **Page 7**
	6. Skill Building **Page 9**
	7. Staff Development **Page 10**
	8. Environmental and Sensory Modifications **Page 10**

There are specific requirements for some areas of service delivery and the procedures are divided into the following subcategories throughout:

Behaviour Support Practitioners	Specific procedure relating to **MAPs / Team Leaders / Others**. Practitioners need to be registered and authorised to deliver NDIS Behaviour Support with the Quality and Safeguards Commission.
Educational Services	Specific procedures relating to **Teachers / Teachers assistants** delivering classroom and educational support.
All Staff	Procedures relating to **ALL MASS staff directly working with clients and / or students AND *includes* Behaviour Support Practitioners and Educational Services.**

1. Person Centred

Autism Practitioners/ Behaviour Support Practitioners

- **Initial Access Visits** are conducted within the **home environment** to support a better understanding of the person (and family).
- **MAP's** visit clients in the **family home**, at hours that suit the family, during times the family need the support the most – after school, dinner time, self-care, bedtime etc.
- The Initial Access Visit and BSP are holistic and consider the client's **support needs** which may span across different **life domains**, including physical, psychosocial, behavioural, social, and environmental.
- **Family background** information such as adverse life experiences, are considered when working with a family. The **Stress Thermometer** and **General Health Questionnaire** taken at the Initial Access Visit provide an understanding of the **mental health, wellbeing,** and current **stress** levels within the home. Strategies and supports can be tailored with an understanding and knowledge of a family's current capacity.
- Behaviour Support Plans are **goal directed** and focus on achieving the best opportunities and outcomes for each person.
- All plans recognise the challenges that people with autism experience with regards to **communication, social, behaviour and sensory areas** and these domains form a key role in the intervention and planning.
- All reports and plans are uploaded to **ProSIMS**. Coordination Notes are entered into ProSIMS to provide an overview of visits, service, and progress towards goals.

Educational Services

- Staff get to know the student, their background, strengths, interests, and goals – this information is collected in the Initial Access Visit – Education and School Tour.

- Conduct or gather assessments to identify the types of adjustments required to support the student. Assessment can relate to access, participation, behaviour support, medical needs, or learning supports. Families are asked to provide this information with their Application for Enrolment form. This information is loaded to ProSIMS.
- All students have an Individual Learning Plan (ILP), the ILP is an educational statement designed to meet a student's individual learning needs.
- All ILP’s are goal directed and focus on achieving the best opportunities and outcomes for each person.
- All plans recognise the challenges that people with autism experience with regards to **communication, social, behaviour and sensory areas** and these domains form a key role in the determining supports and planning.
- The ILP is holistic and considers the client’s **support needs** which may span across different **life domains**, including physical, psychosocial, behavioural, social, and environmental.

All Staff

- Refer to **A1 Person-Centred Planning policy** – the person is at the centre of all decision-making regarding services, supports and intervention practices, across all MASS services.
- See the person **holistically** and not just the disability, this is articulated through the philosophy and values of MASS.
- All services and support plans incorporate clients’ **interests and strengths** in the planning and scheduling of activities.

2. Collaboration

Autism Practitioners/ Behaviour Support Practitioners

- A Support Plan is developed in consultation with family as well as any allied health, paediatricians, psychologists and/or disability service providers that form part of the client’s care team. Consultations are documented within the plan and families are consulted when developing all interventions and strategies.
- Families, education providers, disability providers or care team members are invited to visit clients during the nine-week Therapeutic Residential Placement. MAP’s assist to transfer the skills back home and across settings, collaborating with all relevant stakeholders.

Educational Services

- MASS Education utilises Student Support Group meetings and develop an Individual Learning Plan in consultation with family, teachers, teachers’ assistants and where possible, allied health, paediatrician, psychologists or key stakeholders. Student Support Group meetings occur twice a year.

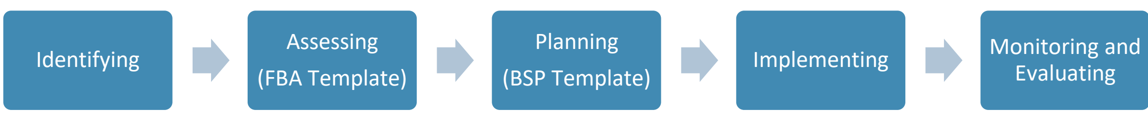
- The SSG meeting engages with the student and their family/carer to identify the student's aspirations, goals, strengths and needs.
- Prior educational reports are provided with the Application for Enrolment. Background consultation with previous schoolteachers / staff is encouraged.

All Staff

- Participate in regular team meetings and work in consultation with MASS Team Leaders as well as family and support networks.
- Collaborate across MASS services and staff, to work together towards the clients individual goals.

3. Assessment Based

Not all behaviours are behaviours of concern however when identified PB Support follows a clear process of assessment, planning, intervention, and review for addressing behaviours of concern:



Autism Practitioners / Behaviour Support Practitioners

Functional Behaviour Assessment

- An overview of a Functional Behavioural Assessment (FBA) is outlined in the **MAP Guidelines.**
- To commence, there is a period of pre-assessment that involves **identifying and gathering data** about the client and the behaviour of concern, this will include information gathered during the Initial Access Visit.
- A FBA should result in a common understanding of the person; their support needs and the function of the behaviour.
- MAPs use the FBA **template** in **Office365 Teams**.
- Within the FBA template MAPs will record the **direct and indirect assessments** used to determine the function, frequency, intensity, and duration of behaviours of concern. Often MAP's and school/residential staff will work collaboratively to select, collect and collate relevant data.
- During the Initial Access Visit – Team Leaders collect current assessments such as Sensory Profile, WISCII, CELF Speech and Language that will be used to inform the FBA.

Educational Staff

- Functional Assessments may be required for behavioural support, the assessment should result in a common understanding of the person, their support needs and function of the behaviour within the classroom.
- Behaviour Assessments can utilise **direct and indirect assessments** used to determine the **function, frequency, intensity, and duration** of behaviours of concern.
- Teachers should review or recommend **additional assessments such as a Sensory Profile, WISCII, CELF Speech and Language** that will be used to inform the Functional Assessment and determine the reason for the behaviour.
- Educational Staff may **refer** a client to **NDIS Behavioural Support** if staff feel that the client has additional support needs within the family context or other services outside the classroom.

All Staff

- Staff will participate in **team meetings** with Team Leaders to discuss client **assessment methods**. Staff will help support the development of an Functional Behaviour Assessment by participating in direct assessment methods for data collection such as: **STAR Analysis** (setting-triggers-action-results), **Narrative recordings** (descriptions on behavioural incident), **Checklist recording**, **Interval Recording and Frequency** recording sheets for clients as required. These assessments will be explained by the Team Leader.
- All staff will take a collaborative approach and work closely to establish good behavioural data when required for a Functional Behaviour Assessment.

4. Comprehensive Behaviour Support Plans

Autism Practitioners / Behaviour Support Practitioners

- MAPs complete the MASS **Behaviour Support Plan template** available in Office365 Teams. Strategies recommended are evidence based and have a strong focus on reducing or eliminating restrictive practices.
- MAPs complete the **Behaviour Cycle** – a simplified response cycle, articulating triggers, early intervention strategies and reactive strategies when experiencing a client's escalating behaviours.
- Comprehensive Behaviour Support plans are overseen by the **MAP Supervisor** to ensure all recommendations comply with conditions in the NDIS *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*
- Behaviour Support Plans are written in **collaboration** with the client's support network identified in the Initial Access visit.
- MAPs present the BSP to teachers, allied health staff and residential workers on Profiles day, prior to the Residential Therapeutic Placement beginning

- MAP's work with the Teachers, Residential workers, Allied Health and Team Leaders to revise and evaluate the effectiveness of the BSP and the possibility of **reducing restrictive practices** within the plan.
- MAPs discuss the Behaviour Support Plan with clients and families and receive consent prior to implementing the plan.

Monitoring and Evaluating Behaviour Support Plans

- Behaviour Support Plans are revisited and updated during MAP visits. Comprehensive Behaviour Support Plans require an official review and updating every 12 months.
- As progress is monitored, plans may evolve during the 12 months. Feedback should be sought from the participant, family, and staff on the effectiveness of the plan.
- Team meetings are used to monitor progress for clients and revise strategies as needed.

Educational Services

- Behaviour Management within the education settings is treated the same as across all Mansfield services. Behaviour is a form of communication.
- **Referral to the MAP service** may be required for any **behaviours of concern** and behaviours occurring beyond the classroom.
- Teachers complete the **Response Cycle** – a simplified response cycle, articulating triggers, early intervention strategies and reactive strategies when experiencing a student's escalating behaviours
- **Teachers and Assistants support the implementation of a NDIS Behaviour Support Plan** where required for any student.
- Behaviour Support Plans are revisited and updated during throughout the year.
- As progress is monitored, plans may evolve during the **12 months**. Feedback should be sought from the participant, family, and staff on the effectiveness of the plan.
- Student Support Group meetings are used to monitor progress for students and revise strategies as needed.

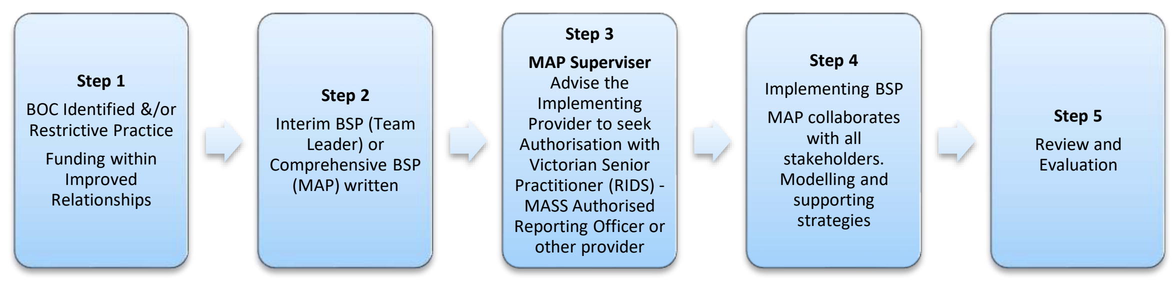
All Staff

- All staff implementing NDIS Behaviour Support Plans **communicate** with the Behaviour Support Practitioner and/or Team Leader to provide **feedback** on the recommended interventions.
- All staff **support and gather information** to help monitor and evaluate the effectiveness of a Behaviour Support Plan.

5. Restricted Practices

Any behavioural intervention must be consistent with the Charter of Human Rights and Responsibilities Act 2006 and also a client's/ student's rights to be treated with dignity and to be free from abuse.

Autism Practitioners / Behaviour Support Practitioners



Step 1: Behaviours of Concern identified and/or Restrictive Practices are identified during the Initial Access Visit. Clients will have funding within Capacity Building – Improved Relationships to develop a Behaviour Support Plan (BSP).

Step 2: An **Interim Behaviour Support Plan** is developed by the Team Leader – MAP service where required, following the Initial Access Interview. The Interim BSP needs to completed and submitted to NDIS Quality and Safeguards Commission within **4 weeks** of beginning service.

Step 3: The Implementing Providers (MASS and/or Other) seeks **Authorisation** for restrictive practices from the Victorian Senior Practitioner (RIDS). The Team Leader communicates with the Implementing Provider regarding the **Authorisation** process and refers where necessary to either the Victorian Senior Practitioner or NDIS Quality and Safeguards Commission if the implementing provider is unfamiliar with the **Authorisation** process.

Step 4: Once the restrictive practice has been **Authorised**, the Team Leader – MAP Supervisor uploads the Interim BSP to NDIS Quality and Safeguards Commissions portal (PRODA).

Step 5: MAPs undertake a **Functional Behaviour Assessment (FBA)** of the client and the behaviours of concern.

Step 6: Behaviour Support Practitioners (MAP's) write the **Comprehensive Behaviour Support Plan**. Comprehensive Behaviour Support Plans need to be completed and submitted within **6 months**. MAPs collaborate with clients, families, and care team to establish support and approval for all recommended strategies.

Step 7: Team Leader – MAP Supervisor submits the comprehensive BSP in the Quality and Safeguards Commissions website (PRODA).

Step 8: MAPs assist **Parents, Carers and Implementing Providers** to implement recommended strategies through **modelling and training**. Allocated time is dependent on provision of funding within the clients NDIS plan and the signed MASS Schedule of Support for service delivery.

Implementing Providers – MASS and other service providers

Step 1 The Implementing Provider(s) are identified during the Initial Access visit with client and family.

Step 2 The Implementing provider **seeks authorisation** from Victorian Senior Practitioner for use of the regulated restrictive practice identified in the Behaviour Support Plan.

Step 3 The MAP Supervisor uploads the BSP to the NDIS Quality and Safeguards commission, enters the Implementing Providers details and contacts either the **MASS Reporting Officer** or external provider to advise that they will be required to report monthly on restrictive practices.

Step 4 MASS Reporting Officer reports monthly on all regulated restrictive interventions

Educational Services

Step 1 Behaviours of concern and restrictive practices are identified in consultation. If the student is ***not*** receiving MAP or Therapeutic Residential Placement services, the Teachers will refer the client to MAP services, in consultation with the School Team Leader.

Step 2: A **Functional Behaviour Assessment (FBA)** of the student is completed in consultation with the MAP.

Step 3: A **Behaviour Support Plan** is written. Teachers and MAP collaborate with student, families, and care team to establish support and approval for all recommended strategies.

This includes medical practitioners to advise on any medication that is used for behaviour management.

All Staff

- All staff undertake **PART** training (Predict, Assess and Respond To Aggressive / Challenging Behaviours)
- All staff use the Behaviour Support Plan to **build knowledge** and **understanding of behaviours**. All staff **follow** the **recommended strategies** within the BSP and consult the Behaviour Support Practitioner and / or Team Leaders when concerns arise.
- All staff sign the NDIS Code of Conduct and Child Safe Code of Conduct. Records of these are stored in staff files on ProSIMS.

6. Skill Building

Autism Practitioners / Behaviour Support Practitioners

- Daily Living Skills strengths and baseline abilities are identified in the **Adaptive Behaviour Assessment Scale** or the **MASS Functional Assessment.**
- Further Functional Assessments are available in MAP Teams / Assessments including the **MASS Functional Skills Assessment (Self Care)** and **MASS Functional Skills Assessment (Domestic Skills)**.
- MAPs will help the client to develop **skill replacement and/or skill building** which are effective for reducing behaviours of concern and increasing a client's quality of life.
- **Communication skills** and strategies for the person are articulated with the Behaviour Support Plan.

Educational Services

- All students have an Individual Learning Plan (ILP), the ILP is an educational statement designed to meet a student's individual learning needs.
- All ILP's recognise the challenges that people with autism experience with regards to **communication, social, behaviour and sensory areas** and these domains form a key role in the determining supports and planning areas of skill building.

All Staff

- Skill building is at the core of Positive Behaviour Support at MASS. Skill building seeks to **enhance independence** for the client in their own life.
- Across all services, staff work with clients to enhance an individual's **life skills**, this is achieved through the **daily timetable** with a range of activities and **community access** visits.

- MASS staff use **visuals and assistive technology** (where required) to communicate with clients and build a person's communication skills.
- Staff will **break tasks down** to support clients to complete independent daily living skills.

7. Staff Development

Behaviour Support Practitioners

- Team Leader – **MAP Supervision** ensures all Behaviour Support Practitioners are registered with the NDIS Quality and Safeguards framework during the **Induction Process**.
- The **MAP Guidelines** refer Behaviour Support Practitioners to the NIDS *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and Quality and Safeguards Capability Framework.
- Team Leaders provide **training and professional development** opportunities to keep up to date with Restrictive Practice compliance and the Capabilities Framework. Records of formal training are recorded on each staff file in ProSIMS. MAP meeting minutes and continuous improvement sessions are logged in Office365 Teams.

Team Leaders

- Team Leader ensure all strategies within Individual Learning Plans and Behaviour Support Plans are evidence based and adhere to current PB Support practices.

Education / All Staff

- Receive training and professional development opportunities in **Positive Behaviour Support (PB Support)**. Training occurs during Induction as well as ongoing staff meetings. Formal training is provided when required.
- All staff undergo an induction to MASS which outlines PB Support Policy and strategies.
- All staff undertake **PART** training (Predict, Assess and Respond To Aggressive / Challenging Behaviours)

Commitment to **reducing or eliminating restrictive practices** through regular client / student team meeting and knowledge of best practice and evidence-based supports.

8. Environment and Sensory Modifications

Autism Practitioners / Behaviour Support Practitioners

When developing Behaviour Support Plans and interventions staff will consider adjustments to the environment. Environmental changes are written in the Behaviour Support Plan.

- Environmental changes may include **sensory** changes. MAPs may collaborate with allied health staff members for a client **sensory profile**. Occupational Therapists work within the Mansfield Campus to support changes and develop an autism friendly environment.
- **Environmental triggers** are identified within the Functional Behaviour Assessment

Educational Services

- Consider adjustments to the environment – refer to OT for sensory profile if needed
- Teach social and emotional understanding – refer to the Victorian Curriculum Social and Emotional Capabilities.

Team Leader/s

- Support an appropriate staff work culture and staffing levels.
- Ensure quality of interpersonal interactions amongst staff.

All Staff

- Develop **predictable routines** (such as devising a daily schedule in a format that the person can understand).
- **Modify daily demand**s across settings so the person can successfully complete tasks.
- Be familiar with evidence-based practices and concepts that are used within MASS. The following are examples but not limited to:
  - **Joint Attention**: This helps teach clients to improve their skills in sharing attention with another person over an object or activity.
  - **Chaining**: Acknowledges the multiple steps it takes a person to complete an activity in order. An example of this is toothbrushing. Toothbrushing has many steps from getting the toothbrush, to putting toothpaste on, to brushing all teeth, etc.)
  - **Use of Reinforcement Schedules**: There are many types of reinforcement schedules used to encourage positive behaviour. Reinforcement is linked with skill building.
  - **Social Scripts and Social Stories**: These are specific “scripts” that help an individual with autism learn what to say in specific social situations. This intervention is used to increase communication, social skills, and interactions with others. Social Stories provide a written description of what will happen.
  - **Visual Supports**: These include schedules and visual supports that are usually laminated and used within the environment. Visual Support may include FIRST / THEN, Task Analysis, Calendar, Daily Schedule, 1 – 5 Timer, 1 – 5 Emotion Regulation, Whiteboard.
  - **Functional Behaviour Assessment:** An FBA is used to describe several different methods, which collect data and allow practitioners to identify the reason a specific behaviour is occurring.

- Some specific examples of **best practice interventions** all staff are encouraged to use in daily interactions and the support provided to clients and students:

  - Develop and use visuals for instruction
  - Use schedules and timetables
  - Use first / then visual and language
  - Using finished boxes
  - Colour coding relevant information
  - Provide visual directions
  - Evaluate and assess sensory needs
  - Use social stories and scripts
  - Give the client choice and control
  - Adapt the physical environment
  - Limit distractions
  - Clear boundaries
  - Reward systems
  - Use visuals such as 1 – 5 counters and timers
  - Modelling social skills
  - Relaxation techniques
  - Exercise
  - Limit Choice
  - Catastrophe scales
  - Label emotions
  - Emotions diary
  - Breathing techniques
  - Teach alternative responses-rewind
  - Convey confidence “You Can Do It”
  - Increase leisure and recreational opportunities
  - Teach positive ‘self-talk’
  - Debrief or counselling
  - Collaborate
  - Consistency
  - Structured play
  - Video modelling and explaining

Appendix A

Key Concepts

A **'behaviour of concern'** *refers to Any behaviour that is a barrier to a person participating in and contributing to their community (including both active and passive behaviours) that undermines, directly or indirectly, a person's rights, dignity or quality of life, and poses a risk to the health and safety of a person and those with whom they live or work.* This definition of behaviour of concern has been adopted by the Australasian Society for the Study of Intellectual Disability (ASID) and the Australian Psychological Society (Budiselik et al., 2010).

'*Positive behaviour support'* means improving the person's quality of life by decreasing their behaviours of concern. Improving a person's quality of life is the primary goal.

'*Restrictive intervention'* means any action to limit these behaviours by restricting a person's rights or freedom of movement

Restrictive/restricted practices – any safety strategy, practice or intervention that has the effect of restricting the rights or freedom of movement of a person. These practices are restricted in their use, subject to approval, and the inclusion of these definitions is not an endorsement of their use.

Regulated and Restrictive Practices

Seclusion

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 restraint

Chemical restraint 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

Mechanical restraint 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

Physical restraint 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 as the exercise of care towards a person.

Environmental restraint

Environmental restraint restricts a person's free access to all parts of their environment, including items or activities.

Prohibited Practices – practices which are abusive and which constitute assault or wrongful imprisonment, both of which are criminal offences and civil wrongs which could lead to legal action. They also include practices that may not be unlawful, but are unethical. These practices are not to be used.

'*Behaviour support plan'* means a plan developed to build a person's strengths by minimising their behaviours of concern including through approved and endorsed restrictive interventions

'*Authorised program officer'* (APO) means a person registered with the Senior Practitioner who is authorised to ensure restrictive interventions are applied in accordance with the Disability Act

'*Authorised reporting officer'* Person authorised to approve Behaviour Support Plans within the NDIS Quality and Safeguards portal.

'Authorisation' Any use of restrictive practices must be approved by MASS' Authorised Program Officer and seek authorisation from the **Victorian Senior Practitioner** within the required timeframe.