



HS8	Healthy and Safe	Positive Behaviour Support Policy
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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 CEO 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 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	Update Policy for NDIS compliance
1.3	18/02/2022	K Grant	S Reeves	Minor Changes

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

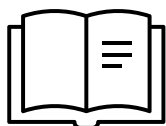
	<p>A person-centred approach ensures the person is always at the centre of planning and decision making. The individual needs and goals of the person are identified and community participation, social relationships and importantly opportunities for choice are provided. A person-centred plan addresses 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.</p>
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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, inhuman 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.

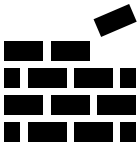
Under the **National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018** certain restrictive practices are subject to **regulation**. These include **seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint**. These practices 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

	<p>prevent prohibited practices and the misuse of restrictive practices.</p> <p>MASS explicitly prohibits corporal punishment, aversive therapy, noxious or aversive stimuli, forced exercise or denial of food or liquids under any circumstances.</p> <p>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.</p> <p>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.</p> <p>Restraint should not be used:</p> <ol style="list-style-type: none"> 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. <p>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.</p>
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6. Skill Building

	<p>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.</p>
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7. Staff Development



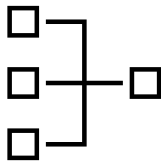
Knowledge and skills-building for all staff, supervisors and managers in MASS is fundamental to Positive Behaviour Support. **Education and training** also help staff to develop effective behaviour management plans and build a better understanding of a person and their behaviour. MASS support and encourage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

