

Positive Behaviour Support and Elimination of Restrictive Practices*Date Created: 6 June 2018**Review: 18 May 2024*

1. Purpose

Guides 4 Sight provides 'one to one' assistive services to people with disability, the elderly, and people with short term assistance needs, to improve or maintain independence. We specialise in assistance and support for people with vision loss (Blind), dual disability vision loss and hearing loss (Deafness and Blindness).

This process is to clarify the responsibilities of, and to, the employees who assist Guides 4 Sight clients regarding positive behaviour support and elimination of restrictive practices.

2. Scope

This process applies to all our clients and those services for the purposes of reporting, funded by the National Disability Insurance Scheme and includes the business, its internal and external processes.

Guides 4 Sight make a commitment that the utmost effort will be made to ensure a 'good fit' between clients and assistive supports to create the best possible environment to achieve individual goals.

3. Legislation

[Voluntary Code of Practice for the Elimination of Restrictive Practices](#)

See References Point 8.

4. References

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5. Definitions

'Employees' includes office staff, support workers, coordinators, casual staff, volunteers, or contractors who represent Guides 4 Sight in any capacity.

Positive Behaviour Support: addresses issues within the home and community, work, recreational and educational environments, and a person's overall quality of life so that families, carers and support staff understand the person and why they may engage in challenging ways. Behaviour support require Allied Health professional assessments, planning and intervention directed towards supporting the person's needs.

Person centred approach: focuses on a person's needs and goals. It explores choices in how a person may participate meaningfully in their community, so they develop social relationships. Consideration must be given to a person's unique preferences and needs.

Challenging behaviour: "culturally abnormal behaviour(s) of such intensity, frequency, or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities' (Emerson, E. 1995. Cited in Emerson, Eric, 2001. "Challenging behaviour: Analysis and Intervention in People with Severe Learning Disabilities", Cambridge University Press, p3.)

Restrictive Practices: the kind of support that might be hurtful or harmful or does not respect the rights of a person. Such as trying to stop or help challenging behaviour, by using touch or changing the environment around that person that limits the rights or freedom of movement of a person with disability.

Behaviour Support Plan: outlines a plan to support a person, their family and support network to address unmet needs and develop positive changes in a person's behaviour. Restrictive practices must be reduced and eliminated wherever possible. Safeguards are for exceptional instances where third party's safety may be at risk.

A Positive Behaviour Support Consultant: a mentor or primary coordinator who foster collaboration, evidence-based practice and transparency in organisation around responding to people with disability who may demonstrate challenging behaviours.

Restrictive Practices: Behaviour Support Panel must receive a submission to enact restrictive practices outlining the minimal restrictive intervention sought to address identified risk and needs. It must confirm all less restrictive practices have been evaluated and cannot be applied and have considered the impact on such intervention on others who cohabitate with the person concerned.

Capacity: The Office of Public Advocate defines this as 'the extent to which a person is capable of making reasonable judgements about their personal welfare and treatment.'

6. Process

Guides 4 Sight assists people to cultivate valued and respected roles in the community. Our strategies seek to reduce exclusion, social and cultural isolation, physical injury, abuse, and neglect. This is to increase a person's dignity, their access to mainstream support services and improve quality of life.

We are committed to empowering our clients to be full citizens of society, enjoy a good life and enhance their quality of life which involves economic, social, and cultural participation as the person chooses. Assistive services are designed to support a person to develop skills and interests to do this.

Guides 4 Sight employees are to recognise and encourage the client, their formal and informal networks to involve and assist people to understand using a variety of communication methods including Auslan, picture schedules etc.

Our services should at all times support 'rights'-based principles for our clients;

- Listening to our clients and respect our clients right to 'the dignity of risk'.
- Our clients have the right in making their own decisions based on personal experiences.

NOTE: Where the client's decision is considered to increase risk or personal danger to either the client or assistance employees, the employee should:

- use negotiation and discussion to realise the danger.
- highlight safer options at all times.

Where the client wishes to exercise their right to personal choice, the employee can:

- seek instruction from the senior Guides 4 Sight management.
- contact the listed emergency person for notification and direction.

Situations that arise:

- must be recorded on the internal incident register.
- raised with the Director of Guides 4 Sight and
- noted on the client's personal file.

Where a situation appears to be happening frequently it is to be raised with the Director of Guides 4 Sight to consider discussing with the client, client's family, and support network to determine whether it is the client exercising their right to personal choice or if this is a change in behaviour.

Further investigation or discussion with appropriate allied health professional may be required and the suggestion of a functional assessment considered.

6.1 Functional Assessment

A functional assessment by an Allied Health Professional may be used to explore what is influencing the behaviour and how this may be modified.

- This could involve adjusting or changing a person's environment so that the challenging behaviour is no longer necessary, and the person has meaningful and positive relationships with those around them.
- It may consider: when and where the behaviour occurs; any signs apparent before the behaviour alters; how the behaviour is communicated; how other people observe the behaviour; what the behaviour may signify; and the positive support strategies that might address any unmet need(s).

6.2 Behaviour Support Plan

A behaviour support plan needs to address how a person's life may be improved so they can better connect with family, friends, support staff and the wider community in a stimulating way that is agreeable to the person.

The strategies may be divided into primary, prevention, acting on early signs of behaviours or reactive. The goal is to build on the person's strengths and develop their life skills.

Support Plans need to be agreed by all parties to work together in a holistic manner, supporting each other, the client, and their formal and informal supports.

Decisions must be transparent, and evidence based so they can be reviewed in a timely manner.

- a) The person must consent to the restrictive practices, using Guides 4 Sight's procedure for identifying capacity to consent. If this is determined not possible, seek permission from the person authorised to make such decisions. (e.g. Guardian with relevant authority).
- b) Any restriction must be of minimal duration whilst a more appropriate arrangement is organised.
- c) Clearly document the circumstances leading to restriction to reduce any risk of reoccurrence.
- d) Advise the person's family or guardian at the earliest of the restriction. If no family, carer, or other friends are involved in the person's life then see the advice and guidance from the Office of the Public Advocate (for adults), or the Department of Child Protection and Family Support (for children under 18 years of age).
- e) Depending on the severity of the situation, notify the Disability Services Commission within 7 days of the incident.

7. Medication (Restrictive Practices)

Medication does not immediately constitute a restrictive practice.

A qualified psychiatrist or general practitioner may prescribe medication that is reviewed annually.

8. Guides 4 Sight and Client Medication

Under no circumstances do Guides 4 Sight staff or management administer medication.

Should a Guides 4 Sight employee attend a medical appointment with a client where medication is prescribed that may impair or affect the client's function or behaviours it must:

- be reported to the Director of Guides 4 Sight and

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- be included on those clients personal file notes,
- Health Document (service agreements) is to be updated by the client or nominee as soon as possible and held on the client's personal file.

NOTE:

Supported medication Assistance: Guides 4 Sight staff may be required to assist vision impaired clients to identify their medication in some circumstances. The client must be fully aware of their medication, dosage, description of tablets etc and self-administer.

However due to unforeseen circumstances such as; the medication has been 'accidentally dropped' and assistance is needed to locate and review the numbers of individual tablets, colours and shape or size. Guides 4 Sight assistance is required to provide a verbal translation of visual information, to ensure the vision impaired client has been able to find or collect the appropriate number of tablets to self-administer as recommended by their medical professionals.

8. Complaints

If you would like to register a complaint whether you're a provider, a participant, or a client, we appreciate an opportunity to work through what is happening so we can make the situation better where we can. You can register a complaint by discussing this with your Guides 4 Sight Assistant if you feel comfortable doing this.

Or contact Christine Tinley, Director, Guides 4 Sight, on her mobile 0438 599 956 or via email to christine@guides4sight.com.au or if you prefer in writing by mail to: PO Box 2345, Ellenbrook WA 6069

For further information on options to make a complaint or provide a compliment please see our POL3 Feedback Compliments and Complaints policy.

9. References

- [Regulated Restrictive Practices Guide](#)
- DSC, July 2012. Positive Behaviour Support: Information for Disability Sector organisations
- DSC, November 2014. Code of Practice for the Elimination of Restrictive Practices
- Convention on the rights of the Child 1990
- Disability Discrimination Act 1992
- National Framework for reducing and Eliminating the use of Restrictive Practices in the Disability Services Sector 2014
- National Standards for Disability Services (2013): specifically, Standard 1: 'The service promotes individual rights to freedom of expression, self-determination, decision making and actively prevent abuse, harm, neglect and violence.'
- Universal Declaration of Human Rights

- United Nations Convention on the Rights of Persons with Disabilities
- Equal Opportunity Act 1984 (WA)
- Carers Recognition Act 2004
- Positive Behaviour Framework: Effective Service Design 2010

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Date	Changes	Authorised
06/06/2018	Created document	CMT
10/06/2018	Completion of document	CMT
26/11/2018	Numbering fixed for 4.1 & 4.2 to read 5.1 and 5.2	CMT
05/05/2019	Review	CMT
19/03/2020	Reviewed and updated	CMT
27/04/2020	Updated	AJB
22/12/2020	Added link to Q&SC Regulated Restrictive practice Guide	CMT
27/05/2021	Updated and formatting edited	VRP
18/05/2022	Reviewed	MSA
18/05/2023	Reviewed and new logo added	MSA