Supporting the person (and their support network) to be involved in all aspects of positive behaviour support

Facilitator: Dave Relf
National Practice Lead – Zero Tolerance Initiative
Acknowledgement of Country

We acknowledge the traditional custodians of country and pay our respects to their Elders past, present, and emerging.
Housekeeping

• Overview of Zoom functions
• This workshop is intended to be interactive, please join in the discussion
• The usual conduct around confidentiality of individuals’ personal information applies
• The content of this workshop is designed to be applicable to a wide range of PBS practitioners and professionals. This is an opportunity for us to all share our expertise and learn from each other
• A copy of the registration confirmation for this course can be kept as evidence for the PBS Capability Framework
Overview of Previous Workshops

Practice Leadership Workshops for Behaviour Support Practitioners

1) Implementing positive behaviour support
2) Reflective Practice
3) Collecting meaningful data and measuring outcomes
4) Supporting the person (and their support network) to be involved in all aspects of positive behaviour support
Outcomes of today’s discussions

• Reflect on the values of positive behaviour support
• Review relevant research
• Consider the various aspects of positive behaviour support and reflect on how we can do better
• Measuring contextual fit
• Hear from a practitioner and a person they support
• Discuss how the person’s support network can be actively involved
• Consider the restrictive practice authorisation process
• Provision of useful templates and other resources
• The Positive Behaviour Support Capability Framework
Polling questions

“Reflecting on what you’ve observed in your work experience, do you think the provision of positive behaviour support and associated processes (e.g. Restrictive Practice authorisation, staff training etc.) in the disability sector could be more person centred?”

“When considering how well you involve people in all aspects of positive behaviour support, do you think this is an area where you could improve your practice?”
Positive Behaviour Support

Positive behavioural support is a multicomponent framework (Dunlap and Carr, 2007; LaVigna and Willis, 1992; MacDonald, Hume and McGill, 2010) for:

(a) developing an understanding of the [behaviours of concern] displayed by an individual, based on an assessment of the social and physical environment and broader context within which it occurs;

(b) with the inclusion of stakeholder perspectives and involvement;

(c) using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support; and

(d) that enhances quality of life outcomes for the focal person and other stakeholders.

(Gore et al., 2013)
Positive Behaviour Support

• “Consistent with person centred values, positive behaviour support requires active engagement and collaboration with the person.” (Carr et al., 2002)

• “The [people receiving support] (and their advocates) are the key decision makers in defining the goals and the parameters of positive behaviour support.” (Dunlap et al., 2008)
Stakeholder Participation

- Stakeholder participation is one of nine critical features of positive behaviour support (Carr et. al., 2002)
- Stakeholders have evolved from a passive role in which they are instructed by an expert, to an active role in which they:
  (a) provide valuable qualitative perspectives for the purpose of assessment;
  (b) determine whether proposed strategies are relevant;
  (c) evaluate whether the approach taken is practical and is in line with the values, needs, and organisational structures related to the individual with disabilities and his or her support network; and
  (d) define what outcomes are likely to improve the general quality of life and enhance the person’s personal satisfaction.
The Values of Positive Behaviour Support

- Dignity
- Person Centred Practice
- Consistency
- Inclusion
- Social Interaction
- Communication
- Respect
- Personalisation
- Unconditional Positive Regard
- Person Centred Practice

(Gore et al., 2013)
Benefits of involving the person in PBS

• Upholds the values of positive behaviour support
• Increases the validity and credibility of plans
• Recognises people with disability as experts in their own lives
• Promotes choice and control
• Empowers the people we support
• Promotes ownership of strategies aimed at improving quality of life
• Improves insight
• Outcomes can be shared and are more rewarding for everyone involved (especially the person receiving support)
Review of relevant literature

• An exploratory study of Behavioural Specialist experiences of involving service users in the development of their positive behavioural support plans (Kruger & Northway, 2017)

<table>
<thead>
<tr>
<th>Major themes</th>
<th>Minor themes</th>
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<tr>
<td>The communication process</td>
<td>Understanding individual ability</td>
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<td>Using alternative approaches</td>
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<td>Avoiding distress</td>
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<td>Complicating factors</td>
<td>Complexity of need</td>
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<td>Time/resources</td>
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<td>Cognitive ability</td>
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<td>Focus on the individual</td>
<td>Observations and assessments</td>
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<td>Multi-disciplinary team working</td>
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<td>Collaborating with carers</td>
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<td>One-to-one interaction</td>
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</table>
Review of relevant literature

• ‘Just look at my face’: co-production of a positive behaviour support plan (Ham & Davies, 2018)

- Describes how a service user (Sebastian) became fully involved in the development of his positive behaviour support plan and participated in training his support team.

“Sebastian appeared to gain confidence in vocalising his concerns, wishes, needs and frustrations which, in turn, gave staff greater confidence in supporting him knowing that was what he wanted.”
Figure I. Sebastian's assault cycle

Hi, my name is Sebastian. Here is my assault cycle to help you:

**CRISIS**

- 'Don't make me angry! I have broken things and hurt myself when I am angry
- Use bespoke technique as per my positive behaviour support plan, that staff have been trained to do

**FAST TRIGGER**

- 'Last minute changes upset me - I feel like breaking things sometimes
- Ask me if I would like 'time out' in a place of my choice

**SLOW TRIGGER**

- 'I feel scared when mum is unwell, if I am thinking about dying or having nightmares
- Use diffusion/distraction techniques as described in my positive behaviour support plan

**POST-CRISIS**

- 'I like to think and have a rest
- Ask me if I would like 'time out' in a place of my choice monitored by staff

**BASELINE**

- 'I feel happy and like to tell jokes and laugh
- Interact and chat with me about my day, and what I would like to do
- 'I can feel sad
- Assess my mood to find out how close I am to baseline, remember you may be upset too
- 'Sometimes I will like to discuss what has happened, but don't pressure me if I would not like to'
- Ask me if I would like to discuss the events that have happened - please do not pressure me if I would not like too
Review of relevant literature

“I feel like just a normal person now”: An exploration of the perceptions of people with intellectual disabilities about what is important in the provision of positive behavioural support (McKenzie et al., 2018)

**Good support included:**
- being treated as a human being;
- Being included, listened to and respected;
- having a good and full life and being helped with behaviours and skills.
Barriers and Enablers of Involving the person in all aspects of PBS

Take 2 minutes to consider 2 x barriers and 2 x enablers of involving the person in all aspects of PBS. Type into chat box.

Consider:
- Likes/dislikes
- Functional Behaviour Assessment
- Response strategies
- Training staff
- Data collection
- Research
- Presentations
Practice example

Meet Georgia and Evelyn. - 10 minute discussion between a behaviour support practitioner and the person she supports.
How do we make involving the person the new norm?

- Embed a person centred approach into everything we do
- Take the time
- Advocate for the people we support
- Be creative/innovative
- Share successes and learn from each other

- Other ideas?
Quick Stretch.
Involving the person’s support network

- **Circles of Support**
- Increased wellbeing
- Establishment and maintenance of relationships – friends
- Reduced isolation
- Support to achieve goals and improve quality of life.
- Advocacy
- Safeguarding
Considering whether a circle of support might be useful

- Are there any unpaid people in this person’s life?
- Do you believe there are others who will care and contribute to this person’s life?
- Is there room for others to be involved in this person’s life?
- Is the person’s safety and wellbeing compromised and is this causing anxiety?
- Is the person (and/or their family) prepared to ask others to help?

Etmansi & Etmansi (2000).
Supported Decision making

Being able to participate in making decisions is a basic human right.

• **Support for Decision Making Framework** – Latrobe University

• A [video](#) explaining the important link between supported decision making and legal capacity – Michael Bach.
Explaining what PBS is and seeking consent

• Ensure the person has an understanding of the process of positive behaviour support and provides consent (where possible) What is Positive Behaviour Support?

• Use visual tools and resources to support the person’s understanding

• Explain how the person can be involved in the process

• Ask the person how much they would like to be involved
About the Person

• All positive behaviour support plans should start by introducing the person
• Discuss their strengths and interests
• Outline where the person may need additional support

• There are lots of ways to involve the person in this part of the process
This is important to me

This is not important to me
Person Centred Thinking Tools
(Helen Sanderson Associates)

• Perfect week
• 4 plus 1 questions
• Good day/bad day
• Sorting important to/for
• What's working/not working
• The doughnut
• Relationship circle
• Presence to contribution
• Matching support
• Learning log
• Decision making profile
• Decision making agreement
• Communication chart
Functional Behaviour Assessment

• Setting events and triggers – use visual supports to discuss these with the person

• Once the function has been determined – ask the person how they might be able to get their needs met in a different way.

• Brainstorm possible solutions with the person and their support network.
1
Looks like...
Playing with my toys, sharing with my sister, listening to my mummy and daddy
Feels like...
Calm, happy,
I can...

2
Looks like...
Crashing into the walls, not listening, pushing my sister
Feels like...
Fast, bored,
I can...

3
Looks like...
Breaking things, hitting, kicking, screaming, crying
Feels like...
Hot, angry, hurting
I can...
Collaborating on Response Strategies

• Use visual supports to ask the person what their preferred response is when they are upset, angry or overwhelmed
• Helps people feel safe
• Provides choice and control
• Engage in post incident reviews
1. What happened?
2. What was the mistake?
3. Was anyone hurt by the mistake? Who?
4. What can we do to fix the mistake?
5. What will I do now? ( Depths)
Measuring Contextual Fit

• “Contextual fit is the match between the strategies, procedures, or elements of a positive behaviour support plan and the values, needs, skills, and resources of those who implement and experience the intervention.”

Measurements of contextual fit have been developed for the school settings and in services/family home. (Albin et al., 1996; Horner et al., 2003)

What about a measure of contextual fit developed for the person?
**Choice question:** Would you like to be able to give feedback on your plan? **Yes** or **No**

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Not much</th>
<th>Can’t tell</th>
<th>Well</th>
<th>Very Well</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>1  Are you aware of / informed about the plan?</td>
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<td>2  Do you understand what is in the plan?</td>
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<td>3  First impressions matter. Does the plan represent you positively?</td>
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<td>4  Does the plan represent you accurately?</td>
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<td>5  Are you comfortable sharing this information?</td>
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<td>6  Will the plan make your life better?</td>
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<td>7  Does the plan give you choices and alternatives?</td>
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<td>8  Are the expectations in the plan realistic?</td>
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<td>9  Are your strengths &amp; interests used as strategies to help?</td>
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<td>10 Does the plan motivate you and reward you for doing well?</td>
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**Note:** This measure was developed by Autism Spectrum Australia (Aspect) in consultation with Autistic colleagues. The measure is based on reviews of existing contextual fit measures:
Implementation

• Develop an implementation checklist that can be reviewed and agreed to by the person you’re supporting.
• Ask the person how they would like to be involved in the implementation process.
  - Staff training
  - Regular check ins and reviews
  - The person may like to tick off each action as it is implemented
State/Territory based Restrictive Practice Authorisation Process

• Discussion:

- How person centred is your state/territory-based restrictive practice authorisation process?
- How could this be improved?
- What can you do in your role to support a more person centred approach?
Supporting the person to train their support team

- Summer Foundation’s participant led videos
- Co-facilitated presentations
- Photos and Posters
- Podcasts

- Other ideas?
Communication Support

• Talking Mats - https://www.talkingmats.com/

• Easy read resources (will be provided in follow up email)

Speak Up and Be Safe from Abuse Communication Board
# The PBS Capability Framework

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<tr>
<th>Knowledge: Interim Response</th>
<th>Skills: Interim Response</th>
<th>SERVICE PROVIDER AND IMPLEMENTING PROVIDER CONSIDERATIONS ACROSS ALL PRACTITIONER LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
<td><strong>Consult with the person, their family, carers, guardian or other relevant person</strong></td>
<td><strong>Recruit and retain appropriately skilled behaviour support practitioners and implementers</strong></td>
</tr>
<tr>
<td>• Understand behaviours may occur that cause immediate risk of harm to the person or others</td>
<td>• Gather and document appropriate authorisation and consents where required by state or territory laws and policies</td>
<td>• Ensure all staff have the skills to provide effective supports for people with complex needs and behaviours of concern</td>
</tr>
<tr>
<td>• Know high-risk behaviours need to be managed safely and effectively using the least restrictive options</td>
<td>• Evaluate the risk posed by the behaviour to the person and others</td>
<td>• Review procedures and policies using interim behaviour support plans to reduce the immediate risk and likelihood of crisis incidents</td>
</tr>
<tr>
<td>• Know high-risk situations and environments can be identified (including antecedents, triggers)</td>
<td><strong>Communicate clearly and effectively with relevant parties to gather information and provide direction</strong></td>
<td>• Help the behaviour support practitioner to conduct an initial risk assessment</td>
</tr>
<tr>
<td>• Know how and why interim responses will be unique to the person</td>
<td>• Collaborate with team members</td>
<td>• Provide support for immediate review by a medical professional if required</td>
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<tr>
<td>• Be aware that interim risk management may include restrictive practices</td>
<td>• Record and report accurately</td>
<td>• Ensure that all staff understand restrictive practices and the consequences of unauthorised use</td>
</tr>
<tr>
<td>• Understand the consequences of unauthorised use of restrictive practices</td>
<td>• Identify any existing data that might provide insight into the situation</td>
<td>• Ensure staff are released to attend training in the implementation of an interim behaviour support plan</td>
</tr>
<tr>
<td>• Understand legal and ethical expectations</td>
<td>• Provide guidance on protective actions related to environment, setting and circumstances</td>
<td>• Have a mechanism in place to record and review incident reports and collect other initial data as necessary</td>
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## Interim Response

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<td>PROFICIENT OR ABOVE BEHAVIOUR SUPPORT PRACTITIONER</td>
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<tr>
<td>• Know a range of de-escalation techniques</td>
<td>• Develop an individualised immediate response plan</td>
<td>• Facilitate debriefing for involved parties (if a critical or serious incident has occurred)</td>
</tr>
<tr>
<td>• Be aware of the implications of using restrictive practices as a response</td>
<td>• Use a range of strategies that can be safely adjusted once full assessment and planning concludes</td>
<td>• Ensure inclusion of key parties (including the person) in post-incident reviews</td>
</tr>
<tr>
<td>• Have a working knowledge of authorisation and reporting requirements for restrictive practices relevant to state or territory laws and policies</td>
<td>• Document and implement ethical reactive strategies</td>
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<td></td>
<td>• Seek professional support as required</td>
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<td></td>
<td>• Work collaboratively with the relevant stakeholders (including emergency services when required)</td>
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<td></td>
<td>• Train those implementing a behaviour support plan in its effective implementation</td>
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# Functional Assessment

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<tr>
<td><strong>CORE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
<td><strong>Place the person at the centre of the functional assessment and establish support to keep them there</strong></td>
<td><strong>Support the person to contribute to the assessment</strong></td>
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<tr>
<td>• Understand the values, policy and legislative context in which PBS occurs</td>
<td>• Conduct a respectful and responsive assessment that considers the diversity of a person’s culture</td>
<td>• Facilitate and enable the practitioner (and team where relevant) to conduct information-gathering for the assessment</td>
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<tr>
<td>• Understand that behaviours happen for a reason and serve a purpose</td>
<td>• Involve the person, their family members, carers, guardian and other relevant people in the assessment</td>
<td>• Identify key stakeholders for the practitioner</td>
</tr>
<tr>
<td>• Know the common functions of behaviours</td>
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<td>• Support the practitioner to conduct an initial risk assessment</td>
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<tr>
<td>• Understand the difference between what the behaviour looks like and its function</td>
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<td><strong>CORE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
<td><strong>Use communication and active listening skills to develop rapport with the person and their team</strong></td>
<td><strong>Support the person to contribute to the assessment</strong></td>
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<td>• Understand that assessment is focused initially on improving quality of life and secondly on reducing behaviours of concern</td>
<td>• Adapt assessment terminology and systems to the needs of the target audience</td>
<td>• Facilitate and enable the practitioner (and team where relevant) to conduct information-gathering for the assessment</td>
</tr>
<tr>
<td>• Understand the importance of obtaining baseline measures of:</td>
<td>• Assess the person’s abilities and needs</td>
<td>• Identify key stakeholders for the practitioner</td>
</tr>
<tr>
<td>− Current behaviour(s) of concern (including frequency and intensity)</td>
<td>• Use observation skills</td>
<td>• Support the practitioner to conduct an initial risk assessment</td>
</tr>
<tr>
<td>− Quality of life</td>
<td>• Use effective systems to collect data from a variety of sources</td>
<td>• Ensure staff have the training and skills to effectively participate in data collection</td>
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<tr>
<td>− Current use of restrictive practices</td>
<td>• Identify antecedents (setting events and triggers) to behaviours of concern and factors that support quality of life</td>
<td>• Ensure staff are supported to collect data and contribute to the development of a functional assessment</td>
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<tr>
<td>• Value the role of the service, staff, family members or carers in developing or maintaining behaviours</td>
<td>• Identify consequences that maintain a behaviour</td>
<td>• Arrange medical reviews as required</td>
</tr>
<tr>
<td>• Understand that the complexity and duration of the functional assessment is dependent on the severity, impact, frequency and duration of the behaviour</td>
<td>• Identify and describe the behaviour in a way that is observable and measurable</td>
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# Planning

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<tr>
<td><strong>CORE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
<td>• Use data to inform a theoretical and ethically sound behaviour support plan (under supervision as required)</td>
<td>• Enable systems and procedures that provide a safe, predictable and stable environment</td>
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<tr>
<td>• Understand that a behaviour support plan is based on knowledge from the functional assessment</td>
<td>• Identify those responsible for implementing a behaviour support plan</td>
<td>• Be aware of environmental aspects that may pose risk factors</td>
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<tr>
<td>• Identify who will read and use a behaviour support plan</td>
<td>• Identify barriers to implementation</td>
<td>• Provide supervision and support to those responsible for implementing and monitoring a behaviour support plan, including clarifying anything not understood</td>
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<tr>
<td>• Understand that a behaviour support plan must be written so it suits its intended audience</td>
<td>• Collaborate and consult as required to develop strategies</td>
<td>• Provide time and resources for staff to read and absorb each person’s behaviour support plan</td>
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<tr>
<td>• Understand that a behaviour support plan must have both proactive and reactive components</td>
<td>• Develop proactive strategies to improve the person’s quality of life</td>
<td>• Provide staff with reasonable supports and adaptations to understand a behaviour support plan and follow it correctly</td>
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# Implementation

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<tr>
<td>• Understand the importance of individualised implementation of a behaviour support plan</td>
<td>• Provide individually tailored education and training to those who are implementing a behaviour support plan</td>
<td>• Ensure staff supporting the person have good links with community</td>
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<tr>
<td>• Understand how implementation approaches can vary for a person across different stages of life</td>
<td>• Consider the capacity of the person at the centre of a behaviour support plan and their role in implementation</td>
<td>• Provide clear expectations of staff that a key component of their role is to identify and develop meaningful activities for each person throughout the day</td>
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<tr>
<td>• Consider the people to include in implementation</td>
<td>• Support implementers to incorporate strategies into daily support plans and other relevant support documents</td>
<td>• Lead and monitor the implementation of a behaviour support plan</td>
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<td>• Understand that functioning and resilient teams are likely to increase the consistency of implementation</td>
<td>• Support implementation across different environments and contexts</td>
<td>• Provide resources to support implementation</td>
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<td></td>
<td>• Provide feedback to implementers on implementation and model alternatives</td>
<td>• Provide staff with ongoing training, supervision and support in the implementation of a behaviour support plan</td>
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</table>
| **CORE BEHAVIOUR SUPPORT PRACTITIONER** | - Support those implementing a behaviour support plan to use the recommended data collection systems  
- Promote least restrictive practices | - Use performance management systems to ensure staff are using strategies outlined in a behaviour support plan  
- Provide critical incident debriefing for all involved parties when necessary |
## Know it works

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<tr>
<td><strong>CORE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
<td><strong>Re-assess the situation</strong></td>
<td><strong>Support staff to collect ongoing data to evaluate the effectiveness of a behaviour support plan</strong></td>
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<tr>
<td>Understand the rationale of a behaviour support plan and its uses</td>
<td>Review adherence to implementation</td>
<td>Provide information on how consistently staff are implementing a behaviour support plan that may be affecting evaluative data</td>
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<tr>
<td>Understand the importance of continuous review and methods to conduct reviews</td>
<td>Use data collected by implementers to monitor the implementation of a behaviour support plan (compared to baseline) in a whole-of-life context, and provide feedback to implementers</td>
<td><strong>Support the person and other key people to contribute to a behaviour support plan’s evaluation and review meetings</strong></td>
</tr>
<tr>
<td>Maintain professional learning to keep abreast of current knowledge of best practice</td>
<td>Reflect on external factors that may impact on the efficacy of PBS</td>
<td><strong>Use the person’s outcomes as performance indicators</strong></td>
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<tr>
<td>Know the indicators to include and how and when to check the effectiveness of a behaviour support plan</td>
<td><strong>Build and utilise collaborative partnerships to evaluate a behaviour support plan</strong></td>
<td><strong>Ensure mechanisms are in place to collect and report on incident report data</strong></td>
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<td></td>
<td>Coordinate a formal review meeting</td>
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<td>Inform changes to a behaviour support plan as required</td>
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<tr>
<td></td>
<td>Track progress of a behaviour support plan using the indicators of effectiveness</td>
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</tbody>
</table>
## Restrictive Practice

<table>
<thead>
<tr>
<th>Knowledge: Restrictive Practice</th>
<th>Skills: Restrictive Practice</th>
<th>Service Provider and Implementing Provider Considerations Across All Practitioner Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Behaviour Support Practitioner</strong></td>
<td>• Consult with the person and/or obtain consent (as required by relevant state or territory laws and policies)</td>
<td>• Report any emergency or unauthorised restrictive practice to the NDIS Commission and undertake a review of the incident (Australian Government, 2018c)</td>
</tr>
<tr>
<td>• Understand that the use of a restrictive practice must be authorised according to the relevant state or territory laws and policies</td>
<td>• Only prescribe a restrictive practice under the direct supervision of a practitioner who is rated proficient or above</td>
<td>• Ensure appropriate policies and procedures are in place</td>
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<tr>
<td>• Understand that regulated restrictive practices include seclusion, and chemical, mechanical, physical and environment restraints</td>
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<tr>
<td>• Understand that a restrictive practice can represent serious human rights violations</td>
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## Restrictive Practice

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<td><strong>CORE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
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<tr>
<td>• Understand the Zero tolerance framework (National Disability Services, 2018) and associated resources</td>
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<td><strong>PROFICIENT OR ABOVE BEHAVIOUR SUPPORT PRACTITIONER</strong></td>
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<tr>
<td>• Understand that restrictive practices must be in proportion to the potential consequences of the risk of harm</td>
<td>• <strong>Work with the person, their informal supports and service provider to develop a behaviour support plan that is based on a functional behaviour assessment</strong></td>
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<td></td>
<td>• Provide a statement of intent to use a restrictive practice to the person and their support networks in an accessible format, as required in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018</td>
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<tr>
<td></td>
<td>• Ensure a behaviour support plan contains outcomes-focused, person-centred and proactive strategies that address the person’s needs and behaviours of concern</td>
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</table>
Helpful resources

• Summer Foundation participant led videos
• Tom Tutton’s presentation – Including people with disabilities in all elements of PBS
• ASPECT resources
• Foundations of Positive Behaviour Support films
  - What is Positive Behaviour Support?
  - Quality of Life
  - Listening and Communicating
  - Being Aware of Sensory Needs and Preferences
  - Upholding the Values of Positive Behaviour Support
Evaluation


Ham, K & Davies, B (2018). ‘Just look at my face’: co-production of a positive behavioural support plan. Learning Disability Practice. 21, 2,32-36


McKenzie K, Whelan KJ, Mayer C, McNall A, Noone S, Chaplin J. (2018) “I feel like just a normal person now”: An exploration of the perceptions of people with intellectual disabilities about what is important in the provision of PBS. Br J Learn Disabil. 00:1–9