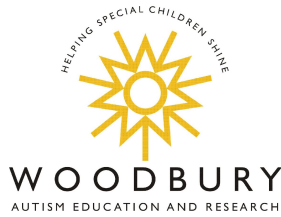


**POSITIVE APPROACH TO BEHAVIOUR  
SUPPORTS**

**FOR**

**WOODBURY AUTISM EDUCATION AND  
RESEARCH LIMITED**



## **POSITIVE APPROACH TO BEHAVIOUR SUPPORTS**

### **Policy**

Woodbury is committed to ensuring the rights of children with Autism Spectrum Disorders to live and receive an education in an environment that is free from abuse. Children with Autism Spectrum Disorders may exhibit challenging behaviour but are entitled to the same rights and safeguards as others in the community.

Woodbury recognises that challenging behaviour is a form of communication which occurs when the person has limited expressive and receptive communication skills. The term “challenging” refers to the challenge faced by the person’s teachers, carers and the community to respond to and to provide support in an ethical, appropriate and effective manner.

The positive approach to behaviour management is based on the premise that it is possible to reduce the likelihood of challenging behaviour when:

- a total approach to service provision reflects positive principles;
- services provide a range of options aimed at respecting the rights of children with Autism Spectrum Disorders;
- mechanisms exist to continually monitor and adjust these options according to the needs of the individual; and
- respect is afforded equally to children with Autism Spectrum Disorders and those who work with them.

The last bullet point also highlights a major workplace health and safety consideration for Woodbury. Taking a positive approach to the management of challenging behaviour is one way of effectively understanding and minimising one of the major risks staff face in their work environment. Therefore this policy is also a key workplace health and safety strategy. Its active application is required by all staff both to better attend to people with Autism Spectrum Disorders and to minimise the risks they face in their workplace (refer to the Workplace Health and Safety Policy and the Risk Management Policy).

### **When to Use**

The policy provides a framework for management systems and monitoring and authorisation processes to prevent abusive practices, and to support children with Autism Spectrum Disorders in

a respectful and dignified manner during critical periods when the risk of challenging behaviour is greatest.

It is also recognised that situations occur where staff may be required to take active physical intervention, ie. the use of Non-Violent Crisis Intervention (NVCi) techniques, in order to protect the individual, students, staff and others from harm. This policy provides strategies and guidelines for dealing with critical incidents which arise on occasions.

This policy is to be used in conjunction with the following policies:

- WH&S Policy
- Risk Management
- Individualised Educational Program
- Discipline
- Child Protection Policy
- Critical Incidents
- Code of Conduct
- Grievance Procedures for Students of Woodbury

## **Guidelines**

Challenging Behaviour:

*For the purpose of this policy, challenging behaviour refers to situations arising in Woodbury's services where the behaviour of a child with Autism Spectrum Disorders is of such intensity, frequency or duration that the physical safety of the child or those nearby is put at risk or the learning of other students is inhibited. The behaviour may also limit the child's ability to participate in daily life and enjoy wider experiences.*

The positive approach has as its main objective the minimisation of challenging behaviour by addressing its function (the reason the student engages in it). It is an approach that considers the whole person, looks at the person's environment and life-style, and at what kinds of support the person needs in order to reach his or her potential and life goals.

Above all, the positive approach will reflect the person's individual needs and goals and allow for appropriate support and achievement of those goals.

## **Planning for the Individual**

The crucial strategy of the positive approach is the **Individualised Educational Plan (IEP)**. This plan is designed in a collaborative way by staff, the person with a disability, families, advocates and/or guardians. The IEP reviews the personal goals, needs, lifestyle, environment and support issues for the child, and plans the short-term support and direction for that child. The plan will take into account the child's gender, cultural, linguistic and religious background, such as an Aboriginal, Torres Strait Island, or non English-speaking background. IEPs are reviewed at the beginning of each semester in accordance with the Woodbury Individualised Education Plan Policy.

### **Identifying the Function of the Behaviour**

One of the keys to preventing challenging behaviour is identifying the function of the behaviour and thus what the factors are that trigger the behaviour in the first place and reinforce and maintain its occurrence.

It is the responsibility of Woodbury staff to identify the reason for the behaviour rather than merely react to it. In pinpointing the reason why a child engages in challenging behaviour, every aspect of their skills, lifestyle, environment and cultural, linguistic and religious background, must be examined.

Once the function of the behaviour is identified, changes may be implemented to teach a new appropriate replacement behaviour that will serve the same function, while implementing targeted procedures to minimise the inappropriate behaviour.

Where possible challenging behaviours should be addressed in a proactive manner; identifying potential behaviour challenges and teaching appropriate replacement skills before the behaviour reaches crisis point.

### **Assessment**

*The development of a behaviour support strategies includes comprehensive data collection through an assessment of:*

- the child's life-style needs and goals;
- the existing environment;
- environmental adjustments required to facilitate the child's integration (such as visual schedules, additional one-to-one support at particular times), possible communicative (or other) functions of the specific behaviour(s);
- educational and learning needs;
- need for skill development;
- assessment of receptive and expressive communication skills;
- medical, neurological and/or psychiatric conditions;
- the child's gender, religious, cultural and linguistic background;
- other possible factors which may arise in particular situations.

Woodbury's positive approach to education ensures that all children are taught appropriate, adaptive skills to support their growth and development therefore decreasing the potential for behavioural challenges later in life.

As such, it can be said that all students whom attend Woodbury have a behaviour support plan in place.

### **Individual Planning and Support**

*It is the Clinical Director's responsibility to ensure that:*

- IEP meetings are conducted regularly, according to Woodbury's IEP Policy;
- Crisis Intervention Plans are in place as required;
- there are Behaviour Intervention Plans where required;
- appropriate consents are obtained;
- critical incidents are reported according to the Policy;
- critical incidents are reviewed regularly in accordance with the Behaviour Support Plan;
- staff are suitably trained to work with our students for teaching new skills and handling challenging behaviours;
- staff are adequately supervised and supported;
- staff receive appropriate support including debriefing and counselling;
- individual cultural and language needs, including Aboriginality, are identified and met;
- that abuse or allegations of abuse are dealt with according to the policy on Abuse, Neglect & Exploitation e.g child protection;
- all measures are taken to minimise the risk to other persons

### **Long-term Management of Challenging Behaviour**

For behaviours requiring a low level of behavioural support and no reactive interventions, a plan will be put in place that outlines the proactive strategies which will be utilised. The goal of the plan is to support and increase the occurrence of this appropriate behaviour and eliminate the contingencies supporting the challenging behaviour. This type of plan typically involves modifying already existing proactive supports within the environment. This is known as a **Behaviour Support Plan (BSP)**.

When a behaviour challenge arises that is either significant in its intensity, frequency or duration a plan will be created by the Clinical Team. This plan will include the collection of data to determine the function of the behaviour and the selection of appropriately individualised teaching strategies derived from relevant research-based literature. This plan will outline the teaching of appropriate alternative behaviours and procedures for dealing with the behaviour when it does occur. This is known as a **Behaviour Intervention Plan (BIP)**.

The Behaviour Intervention Plan and Behaviour Support Plan takes into account:

- detailed assessment of the reasons for a particular behaviour which is deemed challenging;

- a review of the IEP together with examination of the child's total lifestyle and environment;
- planned strategies for changing the various conditions which might be maintaining the behaviour;
- consideration of possible rewarding and/or educational strategies which encourage more appropriate behaviours;
- Incident Response Plan/Crisis Intervention Plan (if applicable)

In turn, the Behaviour Intervention/Support Plan must be incorporated into the IEP. All the strategies for intervention are implemented incidentally within the daily routines of the child. A meeting with parents and discussions regarding the data collected on the behaviour occur when a BIP is developed. A signature of consent for implementation is required from parents before a BIP can be implemented.

### **Crisis Situations**

In the event where a behaviour challenge is sudden in onset and/or poses a significant threat to self or others it is not always possible to implement a carefully considered plan. In these instances, a crisis intervention plan will be implemented with the aim of maintaining safety and cohesion for a short time period. While this crisis plan is in place additional data and assessment will be completed to guide a more formal, individualised, intervention. Please also refer to the Discipline Policy 3.7. For crisis situations wherein the safety of the student, peers, and staff is at risk, a short-term strategy for managing the behaviour may be put in place to cope with and prevent the escalation of challenging behaviour.

### **Consent**

When behaviour support practices are being considered, legally valid consent must be obtained before they are used. See Reactive Procedures Levelling Policy for determination of which procedures require parental consent. Any procedure above and beyond that which are used routinely in a typical school setting require consent.

Consent of the parent/guardian of a child is mandatory before implementing Behaviour Intervention Plans and Crisis/Temporary Intervention Plans. Consent must be sought according to the strict guidelines set out in the *Guardianship Act 1987* (NSW) and the *Children (Care and Protection) Act 1987* (NSW). Behaviour Support Plans include only techniques which are routinely used in the school setting and may not require parental consent, as determined by the Reactive Procedures Levelling Policy.

Documentation must show evidence of consent and outline how it was obtained.

### **Review**

All behaviour intervention plans and supports will be reviewed annually to ensure supports continue to meet the individual's needs, are appropriate and necessary.

Progress towards behaviour based goals will be reported to parents at least once per term outlining the students current successes and reviewing and minor amendments or changes to prescribed interventions.

## **Restrictive Practises**

As per the current legislation and guideless restrictive practises will only be used as a last resort, once all other options have been exhausted, and will only be applied within the framework of a behaviour intervention plan,

As per guidelines all uses of restrictive practises will be reported to the NDIS commission and formal review procedures will be implemented.

Any implementation of restrictive practises will be done so with a clear and specific process outlining how these practises will be faded and decreased as the student meets with success.

Restrictive practises should never be implemented alone and should always be accompanied by relevant and appropriate proactive supports ensuring a focusing on teaching appropriate replacement skills.

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### **Legislation**

- Anti-Discrimination Act 1977 (NSW)
- Guardianship Act 1987 (NSW)
- Disability Discrimination Act 1992 (Commonwealth)
- Disability Inclusion Act 2014
- Children and Young Person's (Care and Protection) Act 1998
- Ombudsman Act 1999
- Workplace Health and Safety Act 2011
- Child protection (Working with Children) Act 2012 (NSW)
- National Disability Insurance Scheme (Restrictive Practises and Behaviour Support) Rules 2018.

### **Reactive Procedure Levelling Policy**

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*This policy outlines when reactive procedures can be used. The levels are organized according to the level of restriction for each practice. Level 1 is considered the least restrictive, with each successive level representing an increase in the level of restrictive practices. Level 5 are considered the most restrictive procedures and are prohibited at Woodbury.*

Least Restrictive

Most Restrictive

Level 1

Level 5

*This policy is designed to clearly delineate which procedures can and cannot be used, where parental permission is and is not necessary, and the level of consent necessary to apply the procedures. This policy is in place to ensure the safety of our students when behaviour management strategies are in place, as well as to protect and ensure the professional integrity of Woodbury and its' staff members.*

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### **Level 1**

These can be freely used throughout the day. No permission is required from parents. No behaviour intervention plan needed.

Examples:

Simple Correction/Redirection  
Token Economy systems  
Prompting Sequences  
Continued Demand  
Redirection  
Self-Monitoring Procedures  
Positive Reinforcement  
Functional Communication Training

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### **Level 2**

Parental permission is required. An approved behaviour intervention plan is necessary. The plan must describe all procedures in detail, and the plan must specify procedures for the systematic fading of Level 2 procedures to a less restrictive alternative (i.e., Level 1 procedures).

Examples:

Environmental Engineering  
Differential Reinforcement Procedures (DRA, DRO, DRI)  
Extinction Procedures  
Planned Ignoring  
Time Out  
Response Blocking  
Response Cost  
Overcorrection (without the use of physical prompting/coercion)



### **Level 3**

Parental permission is required. An approved behaviour intervention plan is necessary. The plan must describe all procedures in detail, and the plan must specify procedures for the systematic fading of Level 3 procedures to a less restrictive alternative.

These strategies may only be applied after Level 2 strategies have been attempted AND data indicate an absence of or minimal behaviour change. An exception to this rule is made where the behaviour/s in question creates a risk of harm to self or others.

Examples:

Seclusion (e.g. placing student in separate room/area with doors/gates unlocked)  
Densitization Procedures  
Psychotropic Medication PRN (GP Instructed)  
NVCi Techniques

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### **Level 4**

Parental permission is required. An approved behaviour intervention plan is necessary. The plan must describe all procedures in detail, and the plan must specify procedures for the systematic fading of Level 4 procedures to a less restrictive alternative.

These strategies may only be applied after Level 3 strategies have been attempted AND data indicate an absence of or minimal behaviour change. An exception to this rule is made where the behaviour/s in question creates a risk of harm to self or others.

These practices require a collaborative approach across all stakeholders in the student's life (parents, other caretakers, Woodbury, ADHC, GP, other clinicians, etc.). Procedures listed below that are in place prior to a student's commencement at Woodbury will be considered as a collaboratively agreed-upon strategy and will automatically be included in their behaviour intervention plan.

Examples:

Restricted Access  
Personal Protective Devices (e.g., helmets, arm guards, etc.)  
Manual Restraints  
Mechanical Restraints  
Fixed Dose Medications (GP Instructed)

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## **Level 5**

The following practices are considered the most restrictive. These practices are prohibited at Woodbury and may never be applied under any circumstance.

Examples:

Exclusion (e.g. placing student in separate room/area with doors/gates locked)

Electric Shock Therapy

Contingent Electric Stimulation

Deprivation

Physical Restraints (i.e., belts, holding student down, holding body part in place, etc.)

Overcorrection (with the use of physical prompting/coercion)

Exposure to aversive stimuli (i.e., cold water)

Any practice which would not be acceptable for person of same age without a disability

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***Please be aware that Level 2, Level 3, and Level 4 procedures listed above cannot be applied, even on a trial basis, until parental consent has been received and an approved behaviour intervention plan have been placed on file. Level 5 procedures may never, under any circumstance, be applied at Woodbury.***