

POSITIVE APPROACH TO BEHAVIOUR SUPPORTS POLICY

Student Welfare | Clinical | Authorised by Board of Directors

Document Owner Clinical Director	Version 1	Authorised By Board of Directors	Review Date Annually
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PART A — POLICY

A1. Purpose and Policy Statement

This policy emphasises Woodbury Autism Education and Research Limited's (Woodbury) commitment and dedication to providing an abuse-free environment for autistic children. Despite potential behaviours of concern, autistic children have equal rights in the community. Woodbury acknowledges behaviours of concern as a form of communication, emphasising the difficulty faced by educators and support networks in responding effectively and ethically.

A2. Scope

This policy applies to all Woodbury staff, clinical supervisors, teachers, therapists, contractors, and volunteers involved in supporting students. It applies in all school settings, including classrooms, playgrounds, therapy sessions, excursions, and any other school-sanctioned activities.

A3. Foundations of the Positive Approach

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

- A total approach to service provision reflects positive principles
- Services provide a range of options aimed at respecting the rights of autistic children
- Mechanisms exist to continually monitor and adjust these options according to the needs of the individual
- Respect is afforded equally to autistic children and those who work with them

Taking a positive approach to the management of behaviours of concern is one way of effectively understanding and minimising one of the major risks staff face in their work environment.

This policy provides:

- A framework for management systems and monitoring authorisation processes to prevent abusive practices
- Support for autistic children in a respectful and dignified manner during critical periods when the risk of behaviours of concern is greatest
- Strategies and guidelines for dealing with critical incidents, including when active physical intervention (Crisis Prevention Institute Training- CPI) may be required to protect the individual, students, staff, and others from harm

A4. Guidelines

The positive approach has, as its main objective, the minimisation of behaviours of concern by addressing their function (the reason the student engages in them). It is an approach that considers the whole person, looks at the person’s environment and lifestyle, and at what kinds of support the person needs to reach their potential and life goals.

Above all, the positive approach reflects the person’s individual needs and goals, and allows for appropriate support and achievement of those goals.

A5. Roles and Responsibilities

Role	Responsibility
Clinical Director	<ul style="list-style-type: none"> Ensures IEP meetings are conducted regularly per the IEP and Parent Communications Policy Ensures Crisis Intervention Plans are in place as required Ensures Behaviour Intervention Plans are in place where required Obtains appropriate consents Ensures critical incidents are reported and reviewed regularly in accordance with the Behaviour Intervention Plan Ensures staff are suitably trained to teach new skills and handle behaviours of concern Ensures staff are adequately supervised and supported, including debriefing and counselling Ensures individual cultural and language needs are identified and met Ensures allegations of abuse are dealt with according to the Child Protection Policy Takes all measures to minimise the risk to other persons
Clinical Supervisors and Teachers	<ul style="list-style-type: none"> Identify the function of behaviours of concern through data collection and functional assessment Develop and implement BSPs and BIPs in accordance with this policy Seek and document support network consent prior to implementing BIPs Implement all strategies within the student’s daily routine as indicated in the plan Report critical incidents as per the Safeguarding and Incident Reporting Policy
All Staff	<ul style="list-style-type: none"> Implement behaviour support strategies as directed in the student’s BSP or BIP Report behaviours of concern and incidents to the clinical supervisor promptly Attend required training including NVCI as required
Support Networks	<ul style="list-style-type: none"> Provide consent for Behaviour Intervention Plans and Crisis Intervention Plans Participate in IEP and behaviour support planning meetings Communicate changes in the student’s home environment or behaviour to the clinical team

A6. Monitoring and Review

- All Behaviour Intervention Plans and Supports are reviewed annually to ensure supports continue to meet the individual’s needs and remain appropriate and necessary
- Progress toward behaviour-based goals is reported to support networks at least once per term, outlining the student’s current successes and reviewing minor amendments or changes to prescribed interventions
- This policy is reviewed annually, or immediately following a significant behaviour incident, change in legislative requirements, or NESAs requirement update

A7. Related Documents and Policies

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

- Work Health and Safety Policy
- Risk Management Policy
- Individualised Education Plans and Support Network Communication Policy
- Child Protection Policy
- Safeguarding and Incident Reporting Policy and Procedure
- Code of Conduct
- Grievance Procedures for Students of Woodbury Autism Education and Research
- Restrictive Practices Policy
- Behaviour Intervention Plan Flow Chart for High-Intensity Behaviours of Concern (Level 3 Supports)

Note: This approach is also a key workplace health and safety strategy, crucial for staff in understanding and minimising risks. Refer to the Work Health and Safety Policy and the Risk Management Policy.

A8. Legislative Framework

- Anti-Discrimination Act 1977 (NSW)
- Guardianship Act 1987 (NSW)
- Disability Discrimination Act 1992 (Cth)
- Disability Inclusion Act 2014 (NSW)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Ombudsman Act 1999 (NSW)
- Work Health and Safety Act 2011 (NSW)
- Child Protection (Working with Children) Act 2012 (NSW)
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

PART B — BEHAVIOUR SUPPORT PROCEDURES

1. Planning for the Individual

The crucial strategy of the positive approach is the Individualised Education Plan (IEP). This plan is designed collaboratively by staff, the student, their support networks, and advocates. 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 takes into account the child's gender, cultural, linguistic, and religious background, including Aboriginal, Torres Strait Island, or non-English-speaking backgrounds.

Note: IEPs are reviewed at the beginning of each semester per the Woodbury IEP and Support Network Communication Policy.

2. Identifying the Function of the Behaviour

One of the keys to preventing behaviours of concern is identifying the function of the behaviour — the factors 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 identifying why a child engages in behaviours of concern, 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
- Implement targeted procedures to minimise the inappropriate behaviour

⚠ Important: Where possible, behaviours of concern should be addressed proactively — identifying potential behaviour challenges and teaching appropriate replacement skills before the behaviour reaches crisis point.

3. Assessment

Woodbury's positive approach to education ensures that all children are taught appropriate, adaptive skills to support their growth and development, thereby decreasing the potential for behavioural challenges later in life. As such, students who attend Woodbury who exhibit behaviours of concern have a behaviour intervention plan in place.

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

- The child's lifestyle needs and goals
- The existing environment
- Environmental adjustments required to facilitate the child's integration (e.g. visual schedules, additional 1:1 support)
- 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

4. Behaviour Support and Intervention Plans

Behaviour Support Plan (BSP)

If a student's behaviour of concern requires the use of a restrictive practice to keep them or others safe and that practice is outside the scope of the CPI Training, Woodbury will request the family of the student to engage the services of a NDIS approved Positive Behaviour Support Practitioner.

Behaviour Intervention Plan (BIP)

The BIP is created by the clinical team when a behaviour of concern arises that is significant in its intensity, frequency, or duration. This includes data collection to determine the function of the behaviour and the selection of appropriately individualised teaching strategies derived from relevant research-based literature. This plan outlines proactive strategies to support and increase the occurrence of appropriate behaviour and eliminate the contingencies supporting the behaviours of concern and outlines the teaching of appropriate alternative behaviours and procedures for dealing with the behaviour when it does occur.

The plan considers:

- Detailed assessment of the reasons for the behaviour
- A review of the IEP together with an examination of the child's total lifestyle and environment, and potential for underlying medical factors impacting student behaviour
- Planned strategies for changing the various conditions maintaining the behaviour
- Possible rewarding and/or educational strategies to encourage more appropriate behaviours
- Incident Response Plan / Crisis Intervention Plan, if applicable

All strategies for intervention are implemented incidentally within the daily routines of the child. A meeting with the support networks and discussion of the data collected on the behaviour must occur when a BIP is developed. A signature of consent for implementation from the support networks is required before a BIP can be implemented.

5. Crisis Situations

In the event where a behaviour change 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 — referred to as an interim Behaviour Intervention Plan (iBIP) — will be implemented to maintain safety and cohesion for a short period.

While the crisis plan is in place, additional data and assessment will be completed to guide a more formal and individualised intervention for a comprehensive Behaviour Intervention Plan (cBIP). For crisis situations where 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 behaviours of concern.

Note: Behavioural exit criteria will be developed and discussed with the support network to ensure safety of the student and staff. Refer also to the Supervision Policy.

6. Consent

When behaviour support practices are being considered, legally valid consent must be obtained before they are used. See the Reactive Procedure Levelling Policy (Part C) for determination of which procedures require support network consent. Any procedure above and beyond those used routinely in a typical school setting requires consent.

- Consent of the parent/guardian of a child is mandatory before implementing Behaviour Intervention Plans and/or Crisis / Temporary Intervention Plans
- Consent must be sought according to the strict guidelines set out in the Guardianship Act 1987 (NSW) and the Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Documentation must show evidence of consent and outline how it was obtained

7. Restrictive Practices

As per current legislation and guidelines, restrictive practices will only be used as a last resort, once all other options have been exhausted. Woodbury does not implement restrictive practices unless it is within the scope of Crisis Prevention Intervention Training (CPI). If Woodbury identifies that a restrictive practice outside of the scope of CPI Training would be necessary for a student, families are referred to a NDIS-approved Positive Behaviour Support practitioner for intensive in-home supports to address the behaviour of concern. If deemed necessary, the PBS practitioner will provide a written plan and train the Clinical Director and the student's clinical supervisor to implement the restrictive practice at school. Woodbury will work through the BIP flow chart process, along with regular parent meetings, to continually assess the suitability of Woodbury supports and resources available for that student on an ongoing basis.

8. Definitions

Term	Definition
Behaviours of Concern	Situations arising in Woodbury's services where the behaviour of an autistic child 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.

Woodbury Autism Education and Research Limited Positive Approach to Behaviour Supports Policy Student Welfare Clinical	
Term	Definition
BIP	Behaviour Intervention Plan
BSP	Behaviour Support Plan
IEP	Individualised Education Plan
NVCI	Non-Violent Crisis Intervention
iBIP	Interim Behaviour Intervention Plan — a crisis plan put in place while a comprehensive plan is being developed
cBIP	Comprehensive Behaviour Intervention Plan
HRE	Happy, Relaxed and Engaged — a targeted wellbeing goal used during periods of intensive behaviour support
FCT	Functional Communication Training

PART C — REACTIVE PROCEDURE LEVELLING POLICY

C1. Overview

This policy outlines when reactive procedures can be used. The levels are organised 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 restriction. Level 5 practices are considered the most restrictive.

This policy is designed to clearly delineate which procedures can and cannot be used within WAERL, where support network permission is and is not necessary, and the level of consent required 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 Autism Education and Research and its staff.



⚠ Important: Level 2 and Level 3 procedures cannot be applied, even on a trial basis, until support network consent has been received and an approved Behaviour Intervention Plan has been placed on file.

C2. Procedure Levels

Level	Definition and Examples
LEVEL 1 No restriction	<p>These can be freely used throughout the day. No permission is required from the support network. No Behaviour Intervention Plan needed.</p> <p>Examples:</p> <ul style="list-style-type: none"> Errorless learning and prompt fading Model communication support Honouring all forms of communication Redirection Self-monitoring procedures Positive reinforcement Functional Communication Training (FCT)

Level	Definition and Examples
	<ul style="list-style-type: none"> • Enriching the environment • Modelling functional communicative responses • Positive pairing through play • Visual supports such as token economies, choice boards, and written schedules • Shaping • Behaviour chaining procedures • High-probability instructional sequence (High-P) • Reinforcement of precursor behaviours for behaviours of concern whilst building skill capacity of socially significant and functionally equivalent replacement behaviours
<p>LEVEL 2 Support network consent required</p>	<p>Support network permission is required. An approved Behaviour Intervention Plan is necessary. The plan must describe all procedures in detail and must specify procedures for the systematic fading of Level 2 procedures to a less restrictive alternative (i.e. Level 1 procedures).</p> <p>Examples:</p> <ul style="list-style-type: none"> • Environmental engineering • Differential Reinforcement Procedures (DRA, DRO, DRI) • Response blocking • Desensitisation procedures for independent living skills and toleration skills • Toileting support procedures • Case conferences with all support network providers (e.g. paediatricians, SLP, OT, BSP)
<p>LEVEL 3 Intensive support — time-limited</p>	<p>Support network permission is required. An approved Behaviour Intervention Plan is necessary. The plan must describe all procedures in detail and must specify procedures for the systematic fading of Level 3 procedures to a less restrictive alternative. Level 3 plans are implemented if a student requires 1:1 support for 50% or more of their time at WAERL. These increased supports are extended for ONE term (10 weeks). If additional supports are unable to be faded back to 1:2 supports during that time, recommendations may be made to transition the student to other support providers for more intensive supports.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Emergency response plan and daily exit criteria is developed • Reduced enrolment hours to support the safety of the student and others due to high-intensity behaviours of concern • Recommended engagement with a NDIS-approved behaviour support practitioner (PBS) to provide in-home support • Recommendation to seek medical practitioner assessment to explore if underlying medical conditions are causing or contributing to behaviours of concern • Focus on HRE (Happy, Relaxed and Engaged) and FCT (Functional Communication Training) as the main goal whilst medical investigations are underway. All other IEP goals and teaching are on hold during this time • Weekly support network (immediate and external) check-in meetings • Transition and referral to other support service providers who may be better suited to provide reasonable and necessary supports if the student's support needs are outside the scope of WAERL's competence or resources • Overcorrection
<p>LEVEL 4 Restrictive</p>	<p>The following Level 4 practices are considered restrictive practices.</p> <p><i>Woodbury does not implement restrictive practices unless it is within the scope of Crisis Prevention Intervention Training (CPI). If Woodbury identifies that a restrictive practice outside of the scope of CPI Training would be necessary for a student, families are referred to a NDIS-approved Positive Behaviour Support practitioner for intensive in-home supports to address the behaviour of concern. If deemed necessary, the PBS practitioner will provide a written plan and train the Clinical Director and the student's clinical supervisor to implement the restrictive practice at school.</i></p> <p>Examples:</p> <ul style="list-style-type: none"> • Restricted access • Personal protective devices (e.g. helmets, arm guards)

Level	Definition and Examples
	<ul style="list-style-type: none"> Physical restraints outside the scope of CPI training Mechanical restraints Fixed dose medications outside of parent and GP consent Seclusion (e.g. placing student in a separate room/area with doors/gates unlocked) Exclusion unless under the specific written and trained instruction from PBS practitioner (e.g. placing student in a separate room/area with doors/gates locked) Response cost
<p>LEVEL 5</p>	<p>The following practices are considered the most restrictive.</p> <p><i>Woodbury does not implement restrictive practices unless it is within the scope of Crisis Prevention Intervention Training (CPI). If Woodbury identifies that a restrictive practice outside of the scope of CPI Training would be necessary for a student, families are referred to a NDIS-approved Positive Behaviour Support practitioner for intensive in-home supports to address the behaviour of concern. If deemed necessary, the PBS practitioner will provide a written plan and train the Clinical Director and the student's clinical supervisor to implement the restrictive practice at school.</i></p> <p>Examples:</p> <ul style="list-style-type: none"> Electric Shock Therapy Contingent Electric Stimulation Deprivation Physical restraints outside of CPI Training (e.g. belts, holding student down, holding body part in place) Overcorrection (with the use of physical prompting/coercion) Exposure to aversive stimuli (e.g. cold water)

Version Control

Version	Date	Approved By	Summary of Changes
1.0	Current	Board of Directors	Initial policy document reformatted for NESA audit readiness

This document is approved by the Board of Directors of Woodbury Autism Education and Research Limited