

Positive Behaviour Support Framework



Government of South Australia

Department for Communities
and Social Inclusion

Document Code:	FRA-SER-001-2012
Version:	4.0
Date of version:	1 September 2017
Delegated authority:	Executive Director Disability and Domiciliary Care Services Executive Director Disability SA
Resource custodian:	Program Manager Positive Behaviour Support and Therapeutic Services with the assistance of the Restrictive Practices Governing Committee
Confidentiality:	Public
Aboriginal impact statement declaration:	The needs and interests of Aboriginal people have been considered in the development of this document and there is no direct or indirect impact.
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Executive Summary

The Department for Communities and Social Inclusion (DCSI) is committed to better lives for people with disability through service provision that is rights-based, person-centred, and promotes growth, opportunity and community inclusion. People with disability have unique perspectives, experiences, strengths, capabilities and skills, and are valuable contributors to all fields of human endeavour and to the human experience. They are best placed to make decisions about their own lives and be at the centre of any planning or service provision and have their goals, aspirations, strengths and capacities utilised and recognised.

It is acknowledged that some people with disability can at times, due to environmental and other factors, develop behaviours of concern. Behaviours of concern can create barriers to people participating in their communities, undermine directly or indirectly a person's rights, dignity and/or quality of life, and can pose a risk to the health and/or safety of the person with disability and/or others. People with disability who develop behaviours of concern are also more likely to be subject to restrictive practices that can further undermine human rights, and severely impact health, wellbeing and quality of life.

DCSI is committed to best practice and the evolution of service models that have led to a strong focus on people's rights, increased opportunities and personalised responses for individuals. This fourth iteration of the Positive Behaviour Support Framework reflects this continuing evolution and is consistent with the *Human Rights Guide for the South Australian Disability Service Sector*, endorsed in August 2017 by DCSI. The framework has also been developed in consideration of the *National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework* and the proposed role of the NDIS Quality and Safeguards Commission (The Commission).

In the South Australian disability sector there is a shortage of both capacity and resources in relation to Positive Behaviour Support (PBS). Demand for PBS is expected to increase significantly under the NDIS this is likely, at least in the short-term, to put further strain on existing resources as the sector builds capacity to meet demand. The Positive Behaviour Support Framework is one of a series of documents being produced by the South Australian disability services sector, auspiced by the Office of the Senior Practitioner and the Restrictive Practices Governing Committee, which is intended to contribute to increasing PBS knowledge and capacity across the sector.

The Positive Behaviour Support Framework establishes key practice principles that are intended to guide the practical and clinical support provided to people with behaviours of concern and their families and carers in the South Australian disability sector. The framework describes a multi-dimensional approach to positive behaviour support for children and adults. This is intended to assist in the development and maintenance of environments that promote and maintain positive behaviours and thereby minimise the factors that can lead to and/or exacerbate behaviours of concern and in turn reduce and eliminate restrictive practices within the context of rights-based person-centred service provision.

The framework defines behaviours of concern and other key terms and presents a description of the group of interventions and approaches generally termed 'positive behaviour support'.

The framework also presents a clear statement of intent to reduce and eliminate the use of restrictive practices across the South Australian disability services sector, consistent with the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector* and Australia's responsibilities under the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD).

The framework outlines the core strategies required to support this intent, including, but not limited to, the provision of person-centred rights-based service provision, the application of Positive Behaviour Support (PBS) Practice Principles, access to specialist services where required, effective education and training resources, robust accountability activities, good understanding and application of legal requirements including obtaining appropriate consent for service provision activities, and ongoing effective strategic and clinical leadership.

The Positive Behaviour Support Framework and other associated documents auspiced by the Senior Practitioner are likely to require review as the *NDIS Quality and Safeguarding Framework* and The Commission are implemented nationally.

Introduction

National and international trends and obligations and the Australian legislative and policy context, are driving disability services to ensure the services provided:

- Respect, protect and fulfil the rights of people with disability
- Are individualised and person-centred
- Support and protect the most vulnerable
- Strengthen family and community connections.

Service responses to behaviours of concern must be consistent with the above aims.

Background

Definitions of, and service responses to, behaviours of concern have evolved over many years. People with disability who have behaviours of concern are consistently more likely to be subject to restrictive practices that adversely affect their human rights and quality of life. Reliance on the use of restrictive practices has steadily reduced over the last decade, in particular as the rights of people with disability have been increasingly recognised, restrictive practices acknowledged as presenting a risk to the human rights and quality of life of people with disability and with the emergence of person-centred service provision. Restrictive practices in Australia are also increasingly subject to regulation and scrutiny through specific legislation in some jurisdictions and policy frameworks in all, including the *National Strategy for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*.

The NDIS has also made regulating the use of restrictive practices through the use of positive behaviour support a key part of the NDIS Quality and Safeguarding Framework. The NDIS has enshrined some of these requirements in legislation, namely, the *NDIS Amendment (Quality and Safeguards) Bill 2017*.

The use of restrictive practices cannot be safely reduced or eliminated without the implementation of effective, individualised behaviour support intervention in the context of rights-based, person-centred service provision. The most widely recognised non-aversive intervention response to behavior(s) of concern is commonly known as PBS.

PBS is the contemporary form of a set of techniques used and improved with different emphasis and understanding over the last 40 years. The most basic version of the principles and techniques emerged in the early 1970s and was called 'Learning and Conditioning,' or 'Applied Learning Theory', reflecting the academic psychology settings where it was born. Practitioners next referred to the techniques as 'Behaviour Modification'. As this approach was used (particularly with people with intellectual disability and primary school children with behavioural difficulties), people realised not all behaviour could be modified, but rather some behaviours had to be 'managed', leading to a new label 'Behaviour Management' in the 1980s.

The scientific database was expanding dramatically at this time and great hopes became invested in the capacity of the scientific method to develop this technology to address all problems involving human behaviour. This led to a new label 'Applied Behaviour Analysis' in the 1990s that tended to complement rather than replace the 'Behaviour Management' label that is still used. However, some applications of behaviour management attracted concern, including the use of 'time-out' rooms and aversion programs, at the same time as services were moving towards more rights-based, person-centred frameworks. These factors generated the next version, the one we now know as PBS.

The PBS approach all but rejects any kind of aversive procedures (including time-out rooms) and shifts emphasis to reducing behaviours of concern by improving quality of life for people through person-centred planning, fostering participation in positive activity, and maximising cooperation by creating positive and enabling environments. Newer manifestations include specific intervention packages targeted at particular groups of people and types of behaviour (for example, communication programs for children with autism) and cognitive behavioural approaches, dependent on individual capacity, including mindfulness, and other self-regulation techniques.

There is also increasing recognition that people with brain injury, intellectual disability and developmental disability often have difficulty accessing psychiatric treatment. What can present as 'behaviours of concern', can actually be symptoms of untreated mental illness that are less likely to resolve through positive behaviour support practices alone. Poor access to psychiatric diagnosis and treatment can then compound problems for individuals and their families and carers. Psychological factors such as attachment disorder and history of trauma are also increasingly recognised as conditions that need specialist response and treatment, in the context of positive behaviour support.

The first Positive Behaviour Support Framework in the South Australian disability context was developed in 2013 by a division of DCSI. This proved to be an important beginning in improving services to children and adults who exhibit behaviours of concern, and in progressing work already being done to identify and reduce the use of restrictive practices. It also represented a beginning in formalising and coordinating cross-sector collaboration in PBS and the understanding, regulation and reduction of restrictive practices.

Since 2013 a number of important changes have occurred, including the appointment of the first Senior Practitioner for South Australia to assist in the regulation of restrictive practices as per the revised *Disability Services Act 1993*. Other key changes include a new *Advanced Care Directives Act 2013* (with associated changes to the *Consent to Treatment and Palliative Care Act*, the *Guardianship and Administration Act 1993* and the establishment of the South Australian Civil and Administrative Tribunal) the new Motor Accident Compulsory Third Party Insurance Scheme in South Australia and the establishment of the Lifetime Support Authority, the NDIS trials and more recently, implementation towards full scheme.

Supported decision-making has also been strengthened significantly. These changes have all contributed to the progression of the rights of people with disability, improved access to individualised service provision and to service improvements in general. This iteration of the Positive Behaviour Support Framework is intended to reflect these developments. The framework also forms the basis of a number of key documents released under the auspices of the Office of the Senior Practitioner and the Restrictive Practices Governing Committee who are helping lead and coordinate PBS activities and standards in the sector and reduce or eliminate restrictive practices. This is consistent with the emerging activities of the *NDIS Quality and Safeguarding Framework* that recognised PBS as a key strategy in reducing and eliminating the use of restrictive practices for people with disability.

Purpose

The purpose of this iteration of the Positive Behaviour Support Framework is to:

- Present a clear statement of understanding and intent in relation to the provision of best practice PBS services within a rights-based, person-centred service framework, with a focus on choice, control and opportunity
- Articulate a clear and unwavering commitment to reduce and eliminate the use of restrictive practices in the disability service sector
- Articulate the key service and practice principles that should form the basis of all PBS services, strategies and tools used in the disability sector so services to people with behaviours of concern and their families and carers can be demonstrably improved, accountable, measurable, legal and ethical, least restrictive and consistent with contemporary best practice
- Outline leadership and governance in relation to PBS and the commitment to reducing and eliminating the use of restrictive practices across the South Australian disability service sector. The *NDIS Quality and Safeguarding Framework* and the NDIS Quality and Safeguards Commission are anticipated to take over most if not all of these functions at, or following, full scheme implementation.

Vision

DCSI is committed to ensuring the safety, protection, rights and wellbeing of people with disability and their families and carers. Part of this commitment is to service provision that:

- Is accountable
- Is person-centred
- Respects, protects and fulfils human rights
- Protects the most vulnerable
- Promotes growth, opportunity, and community inclusion for people with disability
- Strengthens family and community connections
- Is legal and ethical
- Is provided within the least restrictive environments.

Positive Behaviour Support (PBS) and Other Services available in South Australia for People with Disability with Behaviours of Concern

DCSI provides and funds limited specialist assessment and intervention services for adults with behaviours of concern who are eligible for DCSI services. DCSI also provides limited specialist assessment and intervention services to children. These services are now funded almost entirely by the NDIS.

People with disability who develop behaviours of concern are entitled to access services open to all members of the community, including services provided by the Department for Education and Child Development (children only), hospital and community health services, general practitioners, respite and accommodation services and private practitioners (generally psychologists).

With the implementation of the NDIS the ways in which PBS and related services, including the authorisation and regulation of restrictive practices, are accessed, funded and delivered is changing considerably. However, it is considered that the principles and practices set out in this framework will remain applicable across the South Australian disability service sector as they are consistent with current best practice nationally and internationally and with the *NDIS Quality and Safeguarding Framework* and the Commission. A review of the Positive Behaviour Support Framework will occur in 2019 following full national implementation of the NDIS and the *NDIS Quality and Safeguarding Framework* and The Commission.

Definitions

Behaviours of Concern

The following definition of behaviours of concern is an adaptation of a definition of challenging behaviour. DCSI has chosen to use the alternative term 'behaviours of concern', as challenging behaviour has often been used as a label with negative connotations.

Behaviours of concern are behaviours of such intensity, frequency or duration as to threaten the quality of life and/or safety of the individual or others. They may seriously limit or deny lifestyle opportunities and/or the use of ordinary community facilities, impede positive interactions with others in their environment and are likely to lead to responses that are restrictive, aversive or result in exclusion. (Adapted from Banks et al 2007:14)

Examples of behaviour of concern may include behaviours that present as:

- Aggression
- Property destruction
- Self-injurious behaviour
- Socially inappropriate behaviour
- Withdrawn behavior.

The following are some key assumptions about behaviour and behaviours of concern that underpin the Positive Behaviour Support Framework:

- All behaviours serve a purpose, even if it that purpose cannot be readily identified.
- The causes of behaviours of concern are multiple and varied. Behaviour can be an expression of resistance, boredom, protest, pain, fear, sadness, frustration, confusion or a manifestation of mental or physical illness.
- Ignoring the cause of behaviours of concern does not resolve the person's issues and may, over time, accentuate and heighten behaviours of concern.
- All behaviour occurs within an environmental context. Examining and possibly changing the environment is as important as intervening with an individual.
- If behaviours of concern are to be replaced with desired behaviours, the desired behaviours must be clearly identified to the person.

Positive Behaviour Support (PBS)

There is not a commonly agreed definition that can capture PBS. PBS incorporates different theoretical frameworks and various approaches. The following definition has been chosen as a good reflection of the key concepts.

Positive Behaviour Support involves an ongoing process of using functional assessment; systemic, educational, environmental and therapeutic strategies which focuses on improving quality of life, reducing and preventing the occurrence of behaviours of concern by teaching new skills and making changes in an individual's environment...Positive Behaviour Support relies on person-centred strategies that are respectful of an individual's rights, dignity and overall wellbeing. (Kincaid et al, 2016)

Further detail about PBS approaches can be found in the *Positive Behaviour Support Guide for the South Australian Disability Services Sector* (refer to [Appendix C](#)).

The following are some key assumptions about PBS that underpin the Positive Behaviour Support Framework:

- PBS is applicable to all people and has been applied to provide support to children and adults, for people with and without disability, in a range of settings. It is applicable to all people with behaviours of concern, regardless of cognitive functioning or disability.
- PBS recognises that all human behaviour serves a purpose, including behaviours of concern.

In order to bring about adaptive change, it is first important to understand the purpose of a person's behaviours, a person's aspirations and quality of life and the range of knowledge, skills and opportunities they already have. In order to develop effective behaviour change strategies it is important to understand the context in which any behaviours of concern occur and the environments in which the person lives and their need to learn to use more adaptive behaviours.

Positive Behaviour Support is implemented in a partnership approach with the person, families, carers, a person's support network and relevant specialists who work collaboratively to:

- Identify behaviours of concern and goals of intervention
- Gather information to identify the factors surrounding the behaviour
- Generate, implement and evaluate the intervention.

Positive Behaviour Support uses systemic, environmental, educational and other therapeutic strategies to prevent the occurrence of behaviours of concern by:

- Engaging systems changes to redesign a person's living environment (such as increasing choices, modifying the setting or restructuring daily activities)
- Teaching, strengthening and expanding a person's behavioural repertoire to prevent recurrence of behaviours of concern (such as improved communication and self-management skills)
- Addressing all relevant bio-psychosocial factors that may be affecting the behaviours of concern (such as, environmental factors, physical health, mental health, social context, education/training for carers).

Adapted from Department of Human Services (2011), *Positive practice framework – A guide for behaviour support services practitioners*, Government of Victoria.

Least Restrictive Practices

There is not a commonly agreed definition of 'least restrictive practices' or 'less restrictive alternatives' but the term generally refers to practices that are put in place to support a person whose behaviour presents a risk to themselves and/or others. Least restrictive practices seek to:

- Reduce or remove risk to the person themselves and/or others
- Present the least restriction of the person's human rights and/or be least intrusive in the person's day-to-day life and choices.

Some examples of less restrictive alternatives are provided in [Appendix A](#).

Restrictive Practices (Restraint)

The following definition of restrictive practices (sometimes referred to as 'restraint') is consistent with Disability Services and Disability SA approved guidelines and procedures.

Restrictive practices refer to any practice, device or action that removes or restricts another person's freedom, movement or ability to make a decision. This includes detention, seclusion, exclusion, aversive restraint, chemical restraint, physical restraint, mechanical restraint, environmental restraint and psycho-social restraint. Restrictive practices do not include therapeutic or safety devices/practices, where the device or practice is being used for its intended purpose **and the person is not resisting or objecting to its use**.

For more information about restrictive practices refer to the *Safeguarding People with Disability – Restrictive Practices Policy* (refer to [Appendix C](#)).

Consent

It is essential that services meet their legal obligations to obtain consent for service provision, including activities that are associated with positive behaviour support and for any restrictive practices.

People with disability have the right to make decisions about their own lives and, regardless of their capacity, must be placed at the centre of any planning or service provision.

A person's ability to make decisions is specific to the situation and will change for each decision.

For more detail regarding consent, refer to the *Safeguarding People with Disability – Supported Decision-Making and Consent Policy* (refer to [Appendix C](#)).

Consent for Restrictive Practices

In all instances, a person with disability who has decision-making capacity must have all decisions regarding the use of restrictive practices deferred to them. In the rare circumstance where a person with disability who has decision-making capacity consents to the use of restrictive practices, care should be taken to ensure that such consent is voluntary and not the subject of undue influence by people on whom the person with disability relies. It is also important to note that consent under these circumstances can be withdrawn at any time by the person giving it.

Restrictive practices applied in the support of children and young people under 18 years of age can be consented to by that child or young person's parent or another person with legal authority to make decisions on behalf of that child or young person.

For an adult with impaired decision-making capacity, the application of a restrictive practice must be authorised by the South Australian Civil and Administrative Tribunal (SACAT) under Section 32 of the *Guardianship and Administration Act 1993*. The exception to this is chemical restraint, unless the person is resisting or objecting to the administration of the medication.

It is important to be aware that the NDIS definition of restrictive practices does not distinguish between situations where the person objects to applied restrictive practices and situations where there is no indication of protest or objection.

However, in South Australia this distinction is made, and it remains a legal obligation for service providers to ensure that Guardianship with relevant Section 32 powers are in place, with relevant consents and authorisations, before restrictive practices to which the person objects, are applied. Refer to Section 4 of the Restrictive Practices Reference Guide for the South Australian Disability Service Sector (refer to [Appendix C](#)).

Legislative Context

The Positive Behaviour Support Framework operates within the legislative context of the Commonwealth of Australia and the State of South Australia and relevant federal legislation. Some relevant legislation is listed in [Appendix B](#).

Policy Context

The Positive Behaviour Support Framework has been developed with consideration for related policy and other significant national and international documents to ensure consistency and contemporary relevance. The following key documents are acknowledged in particular:

- United Nations Convention on the Rights of Persons with Disabilities 2006
- 2010–2020 National Disability Strategy
- National Standards for Disability Services
- Strong Voices – A Blueprint to Enhance Life and Claim the Rights of People with Disability in South Australia (2012–2020)
- Office of the Public Advocate Interim Restrictive Practices Policy (July 2011)
- Industry Standards (CHCCS401B Facilitate Responsible Behaviour, CHCICS305A Provide Behaviour Support)
- National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Services Sector
- National Disability Insurance Scheme Quality and Safeguarding Framework 2016
- Disability Justice Plan 2014–2017

Key DCSI documents:

- Human Rights Guide for the South Australian Disability Service Sector
- Person-Centred Guide for the South Australian Disability Service Sector
- Positive Behaviour Support Guide for the South Australian Disability Service Sector
- Restrictive Practices Reference Guide for the South Australian Disability Service Sector
- Safeguarding People with Disability Overarching Policy

(Refer to [Appendix C](#).)

Other relevant DCSI guidelines and procedures have also been used.

Positive Behaviour Support Practice Principles

To effectively and ethically support people with disability, all forms of service provision must be person-centred and protect, respect and fulfil human rights. This form of service provision creates environments in which positive behaviours flourish and many factors that can lead to the emergence of behaviours of concern are reduced, and in many cases eliminated altogether. Positive Behaviour Support Practice Principles (Practice Principles) in this context specify the PBS values, skills and approaches that build on the foundational principle that all services provided to people with disability must be individualised, rights-based and person-centred to support people to live their best life.

For PBS to work best, services provided to people with disability must have this strong foundation. PBS practitioners can then build on this strong foundation to develop and deliver an effective, accountable and ethical approach in relation to support to people with behavior(s) of concern. The PBS Practice Principles also form the basis of key documents produced by the Office of the Senior Practitioner, in order to guide and support PBS practitioners. Refer to the Human Rights Guide for the South Australian Disability Service Sector and the Person-Centred Guide for the South Australian Disability Service Sector (refer to [Appendix C](#)).

The establishment of PBS Practice Principles ensures that any future revisions will uphold the integrity of the Positive Behaviour Support Framework.

Practice Principles

The Positive Behaviour Support Framework is based on the following key practice principles:

Focus on Improving Quality of Life

PBS interventions must always have the following aims:

- Firstly, to improve quality of life
- Secondly to minimise behaviours of concern.

Environmental Factors

It is recognised that behaviours are the result of interactions between the person and their environment. It is critical that any response to behaviours of concern include a careful consideration of all environmental factors and the impact of these on the person. Any support planning must include interventions to support change in the person's environment, as well as in the person themselves.

Consideration of Medical and Psychiatric Conditions and Treatments

Behaviours of concern often emerge due to physical or psychiatric illness. It is considered best practice to conduct a thorough medical assessment as part of any comprehensive behaviour assessment. When the presence of medical and/or psychiatric conditions are indicated, effective collaboration and consultation with appropriate specialists, medical practitioner and/or other agencies should occur at all stages of assessment and intervention. This will ensure that any intervention plan considers all relevant bio-psychosocial factors, and involves all relevant stakeholders.

Assessment Informs and Guides Practice

Positive behaviour support requires a range of functional behavioural assessment tools to develop, implement and evaluate interventions within a whole-of-life context. Good data from a variety of sources should be used to inform and guide practice, and demonstrate accountability. This should include the use of formal and informal methods to observe and monitor behaviour in an ethical, objective and consistent manner.

Building Relationships and Collaborative Partnerships to Enable Change to Occur

Positive and sustainable change requires the engagement of all stakeholders as active participants in:

- Defining quality of life
- Defining and understanding behaviours of concern and positive behaviours
- Creating environments that support and foster the development of positive behaviours.

Collaborative partnerships must be built to involve all stakeholders in ongoing assessment, intervention and review strategies.

A Lifespan Perspective

As people grow and develop they face different challenges. Target support accordingly to maximise each person's potential and recognise developmental needs and capacity building opportunities.

Evidence-Based Best Practice

Positive behaviour support strategies, including any activities associated with restrictive behaviours, must be based on contemporary evidence-based best practice that is measurable, ethical and accountable.

Systems Change

Positive behaviour support focuses on problem contexts, not problem behaviours, through system change that enables change to occur and be sustained by:

- Adopting a common vision
- Providing clear direction
- Providing adequate resources and skill building
- Providing adequate and sustainable incentives to change.

Multi-Component Intervention

Positive behaviour support recognises that multiple functional and structural variables and bio-psychosocial factors influence behaviours of concern and require the development, implementation and review of multidimensional strategies. This includes consideration of the person's unique needs, skills and strengths, communication methods and abilities, involving family and other carers, and considering different contexts (school, work, home) when planning, implementing and reviewing interventions.

Emphasise Prevention and Skills Building

Positive behaviour support approaches emphasise proactive skill building and environmental design to enhance the person's quality of life, prevent behaviours of concern emerging and produce desirable change where required. Access to education, communication support, skill building, mentoring and supervision for families and carers, as well as the person, is an essential component of any effective positive support intervention or approach.

Holistic and Multi-Disciplinary Approach

Many factors contribute to the emergence of behaviours of concern, including environmental issues, communication difficulties, medical issues, psychiatric issues, trauma and other bio-psychosocial factors.

Any positive behaviour support planning process, particularly those that involve restrictive practices, must address all relevant factors that may be contributing to the behaviours of concern. This includes, involving all relevant parties in planning, implementation and review of positive behaviour support interventions to ensure all the relevant bio-psychosocial factors have been considered and addressed.

Children Living with their Families

When working with children and their families, it is best practice to include positive behaviour support within a family-centred and developmental approach, whilst remaining aware that children with disability have the same rights as other children within the family.

Offending Behaviours

Within this context the term 'offending behaviour' refers to behaviour that has resulted in the involvement of the criminal justice system. Offending behaviours may need to be considered differently to other behaviours of concern, with factors such as capacity, individual responsibility, risk management, and the legal context (including any obligations) to be carefully considered in the formulation of any positive behaviour support plans.

When developing support for people with offending behaviours, refer to the Disability Justice Plan 2014–2017 that was developed in consultation with Disability SA to ensure appropriate support is obtained for these people. Some people may be subject to certain legally prescribed restraints which must be adhered to and be subject to regular review.

Reducing and Elimination of Restrictive Practices

DCSI is committed to reducing and eliminating the use of restrictive practices in services provided and funded by DCSI and in the SA disability services sector as a whole.

People with disability who exhibit behaviours of concern are more likely to be subject to the use of restrictive practices. Restrictive practices can undermine human rights and severely impact health, wellbeing and quality of life.

When people lead full, valued lives and are treated with respect, many factors that can contribute to the emergence of behaviours of concern are eliminated. A reduction in behaviours of concern in turn reduces the chances that restrictive practices will be used, as restrictive practices are often imposed as a response to behaviours of concern and/or a concern for the safety and/or wellbeing of the person or others.

For any strategy or goal to reduce or remove the use of restrictive practices at an individual or service level to be successful, its principal foundation must be positive behaviour support. The NDIS Quality and Safeguarding Framework has recognised PBS as a fundamental element of strategies being implemented to reduce and eliminate the use of restrictive practices and has mandated a PBS approach to be used for all persons subject to a restrictive practice. Regulatory guidelines will be endorsed under the NDIS Quality and Safeguarding Framework detailing of the requirements, which are expected to be consistent with this PBS Framework. The Office of the Senior Practitioner and other key people will work with the sector to support the implementation of these requirements.

An holistic bio-psychosocial PBS-informed assessment is recommended before the application or consideration on any ongoing use of a restrictive practice to identify, and where possible, address causes for the emergence of the behaviours of concern that led to the consideration of restrictive practices. If this approach does not resolve the issue, in some limited circumstances, restrictive practices may still be considered for the person's health, safety or in relation to behaviours of concern. The application of any ongoing use of a restrictive practice must be part of a rights-based, person-centred planning process, demonstrating appropriate legal authorisation, expert assessment, intervention and review activities. It must clearly demonstrate that the restrictive practices are a last resort, time-limited strategy, and only follow the safe trial of all other reasonable, less restrictive alternatives (refer to [Appendix A](#) for examples).

Less restrictive alternatives are the actions that involve the least infringement on the fewest rights. Before any restrictive practice is implemented, there should be a thorough investigation of alternatives that would have less impact on the freedom of the individual. These must be trialled and only after there is evidence that they do not provide for the safety of the person or others, should a more restrictive alternative be considered. This must be documented in the relevant client plan/record and the ongoing use of the intervention must be regularly reviewed.

Restrictive practices must be effectively monitored and reviewed regularly both individually and across the organisation to ensure the goal to reduce and eliminate the use of restrictive practices is being actively implemented and achieved. Education about alternatives to restrictive practices must also be regularly provided at all levels of service provision.

For more detail refer to [Appendix C](#) for the following:

- Restrictive Practices Reference Guide for the South Australian Disability Service Sector
- National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Services Sector
- National Disability Insurance Scheme Quality and Safeguarding Framework

Consideration of Contextual/Family Impact

A PBS is an intervention that potentially has a significant impact on the person, their family and the necessary support systems

The nature of this impact needs to be carefully assessed and considered before any implementation is attempted. With children and adults who are still living at home for example, the impact of any intervention must take into account the context, strengths and skills of the family system and what the impact of a behaviour support intervention will be upon the family system, as well as the person. With adults receiving support from paid support workers, any assessment, intervention and review must also take into account the context, strengths and skills of the support workers.

Within the context of a child living with their family, support in relation to parenting strategies is different to the development, implementation and review of a behaviour support intervention/plan. Behaviour Support Plans are more intensive, directed, coordinated approach to the support of a child, usually within a number of contexts, including the family home.

Consideration of Medical and Psychiatric Conditions and Treatments

The medical assessment is important to identify not only potential causes and factors that perpetuate (behaviours of concern) but also associated medical problems and risks that may result from the behavior.
(Therapeutic Guidelines 2005:105).

Many factors can impact on behaviour. Research has established the importance of including a thorough medical assessment as part of any comprehensive behaviour assessment and intervention process. Consider the presence of drug and/or alcohol use, significant trauma and attachment issues, brain injury, neurological disorders, genetic conditions and any medical and psychiatric conditions. These conditions and their treatments can significantly affect behaviour and should be comprehensively addressed.

Medication can also have a significant effect on behaviour and any impact and interactions must be thoroughly understood in an assessment and intervention process. People with co-morbid conditions for example, can have a heightened sensitivity to medications that can have serious physical or psychological consequences that need to be considered.
(Therapeutic Guidelines, 2005: 115).

In addition:

Medical practitioners are often asked to make decisions about initiation, change or continuation of psychotropic medication to manage (behaviours of concern) in people with developmental disability; however, the evidence base for such practice is limited. Additionally, ethical concerns arise when medication is used to treat behaviour that is underpinned by environmental rather than biological factors. (Therapeutic Guidelines, 2005:113).

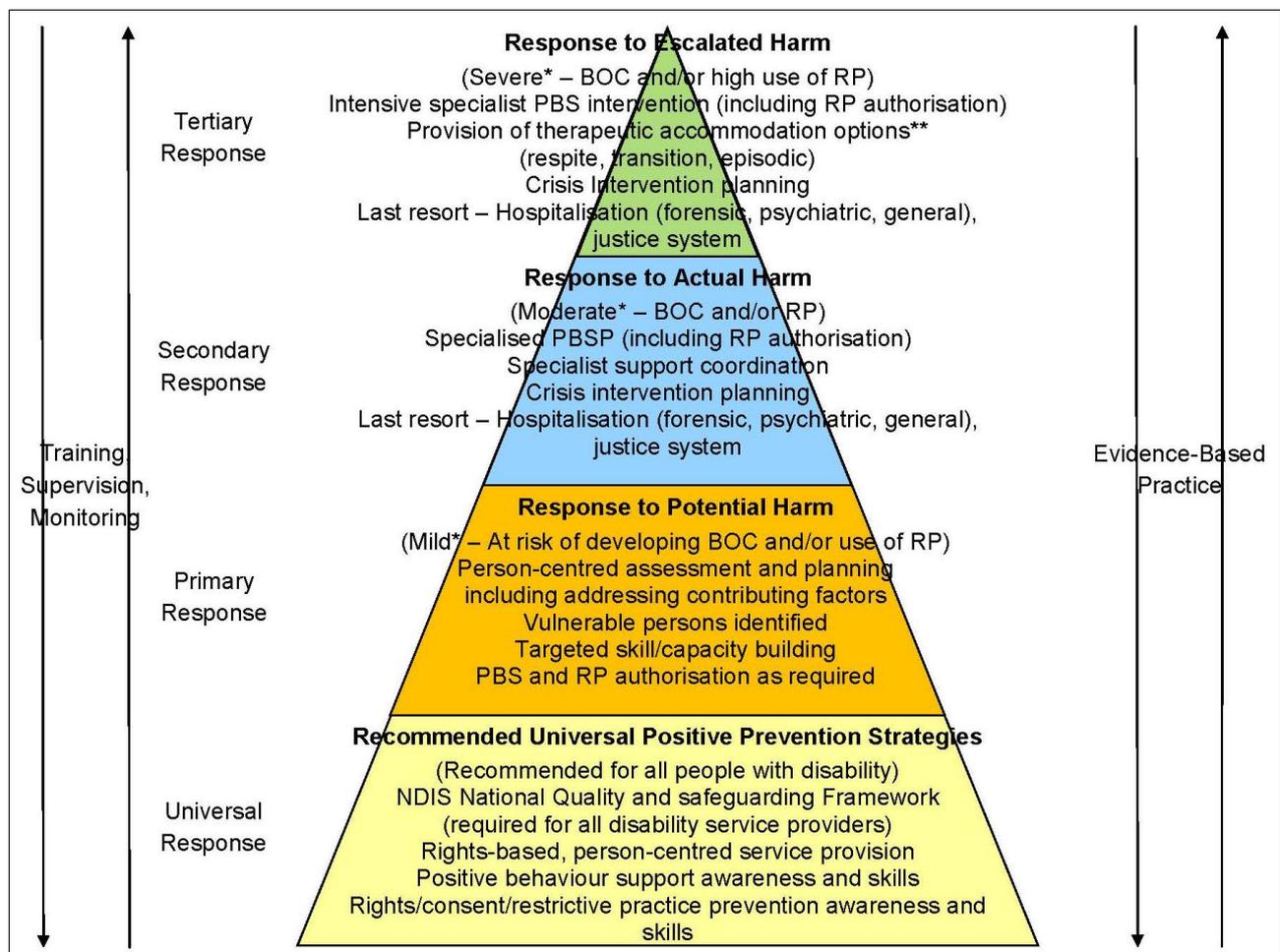
If the primary purpose of a medication is to subdue or control a person's behaviour then the use of this medication is a chemical restraint and may only be considered as part of a comprehensive and holistic assessment and intervention process. It is recommended that people prescribed psychotropic medications are reviewed by a psychiatrist regularly, with the maximum recommended period between reviews being two years.

When supporting someone with behaviours of concern, best practice calls for effective collaboration and consultation with appropriate specialists, medical practitioners and/or other agencies at all stages of assessment and intervention.

The Positive Behaviour Support Pyramid

The Positive Behaviour Support Pyramid (Figure 1) shows that positive behaviour support must be understood at all levels of service provision. The emphasis is on prevention and the provision of services that support the emergence and maintenance of positive behaviours, as well as the reduction and elimination of behaviours of concern. The pyramid serves to illustrate the importance of access to specialised services relative to levels of need. The components of the pyramid are discussed further below.

Figure 1: Positive Behaviour Support Pyramid



Acronym Key:

PBS = Positive behavior support

BOC = Behaviours of concern

RP = Restrictive practices

*Definitions of levels of behaviours of concern (severe, moderate, mild) can be related to the Risk Assessment Matrix ([Appendix D](#)).

**There are currently only limited individualised therapeutic accommodation services options available in South Australia.

Universal Response: Positive Prevention Strategies

(Recommended for all people with disability receiving of disability services.)

Positive Prevention Strategies refers to the DCSI commitment (and associated strategies) to provide services that:

- Give emphasis to and maximise community integration and inclusion
- Respect, protect and fulfil the rights of people with disability
- Are more individualised and person-centred and focus on improving quality of life
- Support and protect the most vulnerable
- Strengthen family and community connections
- Are provided in the least restrictive way.

The underlying premise of the universal level response is that if all people with disability are supported to live as full citizens, with rich and varied lives, many of the factors that can lead to the emergence of behaviours of concern will be reduced and some eliminated altogether. Examples of strategies to embed this commitment into service provision include the Positive Behaviour Support Framework itself and the recent endorsement of the Human Rights Guide for the South Australian Disability Service Sector and the Person-Centred Guide for the South Australian Disability Service Sector. Other strategies that can assist include implementing the National Standards for Disability Services and the activities that will emerge from the NDIS Quality and Safeguarding Framework.

Primary Response: Response to Potential Harm

(People who have mild behaviours of concern or are at risk of developing behaviours of concern and/or people who are subject to a restrictive practice.)

This response level is aimed at people who exhibit mild behaviours of concern, are at risk of developing behaviours of concern and/or are subject to restrictive practices. People with these issues should ideally be able to be supported effectively through the provision of effective PBS informed person-centred planning and support, accessing clinical services (such as health/mental health services) where required. Except for people subject to restrictive practices who are required to have PBS practitioner involvement in the prescription and authorisation of restrictive practice, specialist positive behaviour support intervention may not be required.

Secondary Response: Response to Actual Harm

(People who exhibit moderate behaviours of concern and/or are subject to restrictive practices.)

It is expected that at this level, people exhibiting moderate behaviours of concern and/or are subject to restrictive practices would have access to specialist PBS practitioners. It is anticipated that planning for crisis intervention at this level would likely also be required and where multiple agencies are involved, specialised support coordination may also be indicated. Services at this level could be quite intensive.

Tertiary Response: Response to Escalated Harm

(People who exhibit severe behaviours of concern.)

It is expected that people exhibiting severe behaviours of concern would have access to positive behaviour support practitioners usually operating from specialist teams or within therapeutic accommodation services. Practitioners would provide direct and specialised clinical services to support people exhibiting severe behaviours of concern through intensive service provision, provided on an episodic or longer-term basis with the aim to be able to provide support at reduced levels in the future (that is, secondary, primary or universal). Services at this level would include bio-psychosocial functional behavioural assessment, PBS intervention, capacity building, crisis intervention where indicated, implementation and review of specialist behaviour support interventions, provision of restrictive practice prescription and review.

Education, Training and Professional Development

Education, training and professional development that is consistent with service delivery, and reflects contemporary best practice, are important components of the Positive Behaviour Support Framework.

Whilst there is not yet a nationally recognised qualification or competency based framework for Positive Behaviour Support, under the NDIS Quality and Safety Framework, it will be an offence to develop behaviour support plans under the NDIS unless you are a registered provider of behaviour support and have been assessed against a yet-to-be released competency framework under The Commission.

There are currently no restrictions about who can plan and/or deliver positive behaviour support other than in relation to certain restrictive practices. Refer to the Restrictive Practices Reference Guide for the South Australian Disability Service Sector for more detail (refer to [Appendix C](#)).

Access to, and standards of, education, training and professional development in relation to PBS vary widely. Education about disability in general is not always widely available in the general community and exposure to disability issues varies across most allied and health education programs. Education about PBS in a tertiary setting in South Australia is currently only a core topic in the Bachelor of Disability and Developmental Education through the school of Disability and Community Inclusion Unit, Flinders University, qualifying people in Developmental Education.

General psychology degrees include core competencies in understanding human behaviour and behaviour therapy, which has led to psychologists being dominant in PBS provision until recently. Victoria has led the way in encouraging PBS to be undertaken more broadly than psychology and Western Australia has ensured speech pathologists have a key role in PBS provision, due to the vital communication aspects of behaviour. Other professions recognised to have relevant skills for PBS are social workers, special education teachers, occupational therapists and speech pathologists.

The Commission will be responsible for future policy setting, training and practice standards in relation to behaviour support for NDIS participants. However, The Commission and the functions are not yet in place. Each state remains responsible for managing standards of behaviour support for people with behaviours of concern and/or restrictive practices until The Commission takes over.

In this transition phase, activities related to restrictive practices are led by the Office of the Senior Practitioner in collaboration with the sector.

For more detail refer to the *Positive Behaviour Support Guide for the South Australian Disability Services Sector* (refer to [Appendix C](#)).

Accountability, Quality Standards and Leadership

Since the implementation of the first PBS Framework in 2013 accountability, quality and leadership of PBS in South Australia have been improved and will now support transition to the new NDIS Framework. The following is a summary of some of these key activities:

- **Development of minimum standards and consistent, sector-wide working guidelines in relation to the use and regulation of restrictive practices.**

In 2011 the Office of the Public Advocate (OPA) developed minimum requirements in relation to who can develop and authorise a positive behaviour support plan for people subject to certain restrictive practices and the nature and quality of these PBS plans (*Guardian Consent for Restrictive Practices in Disability Settings, OPA:2011*). Following this, key documents and strategies have been developed to support the implementation of this requirement. This included developing sector wide consistent definitions of restrictive practices, and consent and authorisation instructions. The sector-wide version of these are reflected in the *Restrictive Practices Reference Guide for the South Australian Disability Service Sector* produced by the Office of the Senior Practitioner (refer to [Appendix C](#)).

- **Positive Behaviour Support Framework and associated Implementation Plan.**

In 2013 Disability Services launched the first version of the Positive Behaviour Support Framework and associated Implementation Plan. These documents were intended to increase the understanding of PBS and to provide the practice principles upon which best practice PBS services should be provided. They were part of a series of strategies aimed to reduce the use of restrictive practices within Disability Accommodation Services and Child and Youth Services.

The Implementation Plan was overseen by the Positive Behaviour Support and Restrictive Practices Governing Committee until mid-2015. Most key activities had then been embedded into service provision across these same areas of DCSI, and some remaining activities were transferred to the Senior Practitioner and the newly formed sector-wide Restrictive Practices Governing Committee (discussed further below) who have subsequently developed a number of documents and guides relating to PBS. The most recent sector-wide document that reflects some of this work is *Positive Behaviour Support Guide for the South Australian Disability Service Sector* produced by the Office of the Senior Practitioner (refer to [Appendix C](#)).

- **Development of sector-wide safeguarding policies for people with disability.**

In 2013 DCSI developed a sector-wide suite of safeguarding policies (refer to [Appendix C](#)) that, amongst other things, prescribed minimum standards in relation to the support provided to people subject to restrictive practices, consistent with the OPA policy. These documents were developed in collaboration with the Senior Practitioner and in consideration of key Disability Services documents.

- **The Senior Practitioner and the Restrictive Practices Governing Committee**

The Senior Practitioner was appointed in late 2013 for the purpose of regulating the use of restrictive practices across the South Australian disability sector, as per the amended *Disability Services Act 1993*.

Initially the Senior Practitioner worked primarily with the non-government sector to develop common understanding, standards and practices in relation to the use and application of restrictive practices. The work being done in the non-government and government sector was brought together through the formulation of the sector-wide Restrictive Practices Governing Committee in late 2015. The Restrictive Practices Governing Committee currently consists of representatives from across the sector and has developed key tools, templates and standards that can be applied across the sector, many of which have already been referred to in this document and can be found in the Restrictive Practices Reference Guide for the South Australian Disability Service Sector and the Positive Behaviour Support Guide for the South Australian Disability Service Sector produced by the Office of the Senior Practitioner (refer to [Appendix C](#)).

The Commission, through a National Senior Practitioner, will take leadership of PBS standards across the disability sector. It is proposed that The Commission will be responsible for practitioner and provider registration, forming and regulating PBS practice and competency standards, developing policy, the analysis and reporting of restrictive practices data, conducting research and education, and developing tools and strategies to promote awareness of PBS. It is also proposed that The Commission will regulate the use and prescription of restrictive practices, with the states and territories continuing to be responsible for authorisation approval and consent processes.

Consultation about the details of the NDIS Quality and Safeguarding Framework and the role of The Commission is ongoing, and whilst the NDIS Quality and Safeguarding Framework has been released, details and dates in relation to the transition from current state-based systems that will be replaced by The Commission have not yet been released at the time of writing.

Until the full implementation of the NDIS Quality and Safeguarding Framework and The Commission, the Office of the Senior Practitioner and members of the Restrictive Practices Governing Committee will continue to provide leadership to the South Australian disability service sector in relation to the following:

- Developing and monitoring best practice standards in relation to positive behaviour support and the reduction of restrictive practices.
- Developing and measuring against key performance indicators in relation to positive behaviour support and the reduction of restrictive practices.
- Developing and using effective data collection systems to inform practice and demonstrate accountability in relation to positive behaviour support and the use of restrictive practices, including evidence of ongoing reduction in the use of restrictive practices across the sector.
- Supporting consistency between, and access to, PBS education/training and practice.

- Working collaboratively with key industry partners, including the education, training, government and non-government sectors in relation to positive behaviour support and the reduction of restrictive practices.
- Developing collaborative partnerships with service providers including community services, health and mental health services, in relation to positive behaviour support service provision and the reduction of restrictive practices.
- Disseminating information available about the progress of the NDIS, the NDIS Quality and Safeguarding Framework and The Commission in relation to PBS and Restrictive Practices to the sector.
- Developing and clarifying ongoing leadership, clinical governance and strategic planning in relation to PBS and the reduction, and where possible, elimination of restrictive practices across the sector that through the transition to the operationalised Quality and Safeguards Commission.

Conclusion

This iteration of the Positive Behaviour Support Framework has articulated a continuing commitment to the provision of best practice evidence based PBS services to people who exhibit behaviours of concern. It has re-stated and refined previously stated PBS practice principles from which tools and services have been, and continue to be, developed and provided across the sector.

This iteration has detailed key activities that have been undertaken in South Australia to effectively coordinate activities and improve understanding and application of PBS in the South Australian disability sector. The framework presents some of the work that has been coordinated by the Office of the Senior Practitioner, and the role of the Office and the sector in supporting transition to the new (NDIS) Quality and Safeguards Commission.

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Appendix A: Examples of Less Restrictive Alternatives

Changing the Environment

Sally was reported to be yelling and hitting staff. Staff requested permission to put Sally in her room for periods during the day to lessen the disturbance to co-tenants.

An analysis of this behaviour was conducted and it was revealed that Sally yelled and hit at staff primarily around mealtimes and when staff were supporting Sally to leave the house for work. An analysis of past records indicated that Sally did not have any verbal language but she had learnt a number of Auslan signs to communicate with. When she first entered the accommodation service staff used these signs with her. However, over time new staff were not aware of Sally's ability to use sign language. Therefore, Sally had become highly frustrated as she was not able to communicate her needs to staff, which had led to incidents of yelling and hitting.

Training was provided to Sally's staff group in her key Auslan signs and a process was developed to ensure all new staff were trained in these signs before working with Sally. Sally was also taught a number of new signs, and these were added to her communication repertoire.

The behaviours of concern were eliminated following this training as staff were able to understand and respond to Sally.

Capacity Building

Sam has become highly anxious in shopping centres. This has led to incidents of aggression that put staff and Sam at risk. Staff want to stop taking Sam to the shops. A recent incident led to Sam being assaulted by a member of the public who did not understand why Sam was yelling.

A functional behavioural assessment was conducted and it was found that Sam was highly anxious in shopping environments due to the number of people and the high-stimulus environment.

Sam was taught relaxation techniques. Staff supported Sam as he practiced these. A less busy shopping centre was found, and short outings were carefully planned and undertaken with Sam with his regular support staff. Sam was involved in planning an 'agenda' for these short outings and given lots of praise and encouragement when the outings went well.

Sam's behaviours of concern reduced considerably, and staff became more confident about supporting Sam to better regulate his anxiety on outings, and in general.

Enhance Quality of Life

Elizabeth was a 50-year-old woman who frequently called out, and when staff approached her, she grabbed and pinched them. Staff wanted this behaviour to stop. Due to severe self-harm in the past, Elizabeth was blind.

Upon assessment, it became evident that Elizabeth was extremely bored and was seeking interaction with staff; however, due to her actions, staff were minimising their contact with Elizabeth, which made the problem worse.

Elizabeth, her family and staff were asked to think of things that Elizabeth liked best to do, and these and new activities were tried with Elizabeth. An intensive interaction program was trialled with staff that resulted in the behaviours of concern stopping altogether.

Appendix B: Relevant Legislation

[Advanced Care Directives Act 2013](#)

An Act to enable a person to make decisions and give directions in relation to their future health care, residential and accommodation arrangements and personal affairs:

- To provide for the appointment of substitute decision-makers to make such decisions on behalf of the person
- To ensure that health care is delivered to the person in a manner consistent with their wishes and instructions
- To facilitate the resolution of disputes relating to advance care directives
- To provide protections for health practitioners and other persons giving effect to an advance care directive and for other purposes.

[Children's Protection Act 1993](#)

This Act governs the care and protection of children and young people in South Australia.

[Consent to Medical Treatment and Palliative Care Act 1995](#)

This Act deals with consent to medical treatment, to regulate medical practice so far as it affects the care of people who are dying, and for other purposes.

[Criminal Law Consolidation \(Sexual Offences-Cognitive Impairment\) Act 2014](#)

This Act is intended to increase protection for people living with intellectual disability or cognitive impairment from sexual exploitation by those in positions of power and authority.

[Disability Services Act 1993](#)

This Act provides the legislative basis for the provision of services to people with a disability in South Australia.

[Equal Opportunity Act 1984](#)

An Act to:

- Promote equality of opportunity between the citizens of this State
- Prevent certain kinds of discrimination based on sex, race, disability, age or various other grounds
- Facilitate the participation of citizens in the economic and social life of the community
- Deal with other related matters.

[Guardianship and Administration Act 1993](#)

This Act provides for the guardianship of persons unable to look after their own health, safety or welfare or to manage their own affairs, and for the management of the estates of such persons and for other purposes.

[Mental Health Act 2009](#)

This Act makes provision:

- For the treatment, care and rehabilitation of persons with serious mental illness with the goal of bringing about their recovery as far as is possible
- To confer powers to make orders for community treatment, or detention and treatment, of such persons where required
- To provide protections of the freedom and legal rights of mentally ill persons.

[National Disability Insurance Scheme 2013](#) (Cwlth)

This Act is the legislation that establishes:

- The National Disability Insurance Scheme (NDIS)
- The National Disability Insurance Scheme Launch Transition Agency, known as the National Disability Insurance Agency (NDIA).

Among other things, the NDIS sets out:

- The objects and principles under which the NDIS will operate
- How a person can become a participant in the NDIS
- How a participant's individual, goal-based plan is prepared and reviewed, including how the NDIA approves the funding of reasonable and necessary supports
- How a provider can become a registered provider of supports
- The governance arrangements for the NDIA, including its CEO, Board, Independent Advisory Council, and Actuaries
- A process for internal and external review of certain decisions made under the NDIS Act.

[National Disability Insurance Scheme Amendment \(Quality and Safeguards Commission and Other Measures\) Bill 2017](#)

This Bill amends the *National Disability Insurance Scheme Act 2013* to establish the NDIS Quality and Safeguards Commission with functions in relation to:

- Registration and regulation of National Disability Insurance Scheme (NDIS) providers, including Practice Standards and a Code of Conduct
- Compliance monitoring, investigation and enforcement action
- Responding to complaints and reportable incidents including abuse and neglect of a person with disability
- National policy setting for the screening of workers
- National oversight and policy in relation to behaviour support and monitoring restrictive practices within the NDIS
- Information sharing arrangements.

The Bill also amends the *National Disability Insurance Scheme Act 2013* to make minor administrative amendments in response to an independent review of the Act.

[Statutes Amendment \(Vulnerable Witnesses\) Act 2015](#)

This Act contains major reforms to improve support for vulnerable parties within the criminal justice system, including:

- The use of video recorded interviews for examination-in-chief
- The introduction of communication partners for people with complex communication needs
- Special pre-trial hearings to take evidence before trial in informal surroundings.

The Act extends to victims, witnesses, suspects and defendants.

Appendix C: Relevant Reference Document Links

[Human Rights Guide for the South Australian Disability Service Sector](#)

[National Disability Insurance Scheme Quality and Safeguarding Framework](#)

[National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Services Sector](#)

[Person-Centred Guide for the South Australian Disability Service Sector](#)

[Positive Behaviour Support Guide for the South Australian Disability Service Sector](#)

[Restrictive Practices Reference Guide for the South Australian Disability Service Sector](#)

[Safeguarding People with Disability Overarching Policy](#)

[Safeguarding People with Disability – Restrictive Practices Policy](#)

[Safeguarding People with Disability – Supported Decision-Making and Consent Policy](#)

Appendix D: Risk Assessment

Risk Assessment Table

Frequency Rating (probability of risk – how often is it likely to happen)		Impact Rating (on client, organisation or others) (consequence, risk outcome)		
Rating	Detail	Rating	Title	Detail
D (Daily)	It is expected to occur at least daily	1	Insignificant	<ul style="list-style-type: none"> No injuries. Dealt with by usual routine operations.
W (Weekly)	It is expected to occur at least weekly, but not daily	2	Minor	<ul style="list-style-type: none"> Minor injury treated with first aid. Minor emotional trauma. Minor inconvenience.
M (Monthly)	It is expected to occur at least monthly, but not weekly	3	Moderate	<ul style="list-style-type: none"> Medical treatment required. Moderate emotional trauma. Moderate inconvenience.
S (Six Monthly)	It is expected to occur at least six monthly, but not monthly	4	Major	<ul style="list-style-type: none"> Admission or attendance at a hospital for treatment. Psychological trauma. Major inconvenience.
Y (Yearly)	It is expected to occur at least yearly, but not six monthly	5	Catastrophic	<ul style="list-style-type: none"> Loss of life. Long-term loss of ability. Severe psychological trauma. Total disruption to daily activities.

Risk Assessment Matrix

Frequency	Impact				
	1	2	3	4	5
D (Daily)	Medium	Medium	High	Extreme	Extreme
W (Weekly)	Low	Medium	High	High	Extreme
M (Monthly)	Low	Medium	High	High	Extreme
S (Six Monthly)	Low	Low	Medium	High	Extreme
Y (Yearly)	Low	Low	Low	Medium	Extreme