ACT Government

POSITIVE BEHAVIOUR SUPPORT PANEL GUIDELINE

HOW TO ESTABLISH AND CONDUCT A POSITIVE BEHAVIOUR SUPPORT PANEL

Office of the ACT Senior Practitioner

November 2019 (Version 2)

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Artist: Moira Buchholtz, Hanging Rock, Victoria.
'Be the Key'

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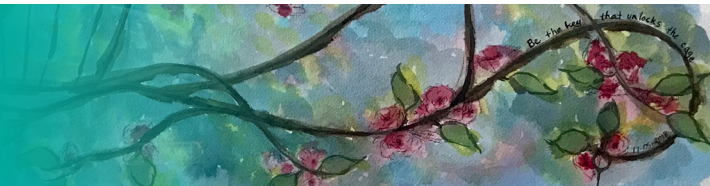


FOREWORD

The Senior Practitioner holds an executive position in the ACT Government and has powers and functions provided by the *Senior Practitioner Act 2018* ('the SP Act'). The SP Act provides a legislative framework for the reduction and elimination of restrictive practices.

The Senior Practitioner has independent oversight of restrictive practices used by providers of education, education and care, care and protection of children and disability services. The role of the Senior Practitioner is to guide decision making and promote positive alternatives to restrictive practices and preserve a person's rights and freedoms.

Section 7 of the SP Act defines a restrictive practice as a practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm, and includes:

> chemical restraint;
> environmental restraint;
> mechanical restraint;
> physical restraint;
> seclusion; or
> verbal directions, or gestural conduct, of a coercive nature.

The intent of the legislation is to ensure that restrictive practices are only used:

> as a last resort, for the shortest possible time and only when necessary to prevent harm to the person or others; and
> if it is the least restrictive way of ensuring the safety of the person or others.

ABOUT THIS GUIDELINE

The Senior Practitioner has issued this Guideline under Section 21(1) of the SP Act. This Guideline is intended to assist all parties to understand the role and requirements for Positive Behaviour Support (PBS) Panels registered under Section 22 of the SP Act.

Section 21(1) of the SP Act requires the Senior Practitioner to make guidelines about the composition of PBS Panels, including the experience, qualifications and membership needed. This Guideline provides information about these areas and optional templates that can be adopted by providers as required. However, it is anticipated that organisations who are considered providers under the legislation will develop and strengthen their individual policies, procedures and related operational documents (templates, protocols) to meet the intent of the legislation and the guidance provided. The Senior Practitioner may request to review an organisation's policies, procedures and related templates to advise if they meet the intent of the guidelines and ensure the organisation is compliant with the legislation. Alternatively, organisations may proactively seek this advice. This ensures that different providers are compliant with the legislation but have the flexibility to develop appropriate policies, procedures and related operational documents suitable to their individual context and service sector.

Under Section 10 of the SP Act, a provider must not use a restrictive practice on a person unless it is used in accordance with a Positive Behaviour Support (PBS) Plan that has been approved by a PBS Panel and registered by the Senior Practitioner. A restrictive practice can only be used outside of a registered PBS Plan when each of the following applies:

> the provider or relevant person for the provider believes on reasonable grounds that it is necessary to use the restrictive practice to avoid imminent harm to the person or others;
> the restrictive practice is the least restrictive of the person as is possible in the circumstances having regard to the kinds of restrictive practice that may be used, how it is applied, and how long it is applied for;
> if practicable – the use of the restrictive practice is authorised by the person in charge of the provider.

A separate Guideline has been issued to assist service providers to develop PBS Plans, consistent with the objects and requirements of the SP Act.

Pending approval of a Plan by a PBS Panel, the provider is expected to report on any restrictive practice used (as an emergency report). **See the Restrictive Practice Data Reporting Guidelines or your organisation's relevant policy.**

THE ROLE OF A PANEL

The SP Act (Section 13) requires a service provider to prepare a PBS Plan for a person and give the plan to a PBS Panel for approval.

Section 14 of the SP Act describes the primary function of a PBS Panel as being to assess whether:

> the PBS Plan is consistent with the PBS Plan Guideline issued under Section 12; and

> any restrictive practice included in the plan is necessary to prevent harm to the person or others and is the least restrictive approach reasonably available.

A PBS Panel must give the service provider written reasons for its decision to approve or not approve a PBS Plan (Section 14(3)). Once approved, a PBS Plan must be submitted to the Senior Practitioner for registration. The use of any restrictive practice within an approved plan is only authorised once registration has been confirmed by the Senior Practitioner.

It is important to note that only PBS Plans that include a restrictive practice need to be approved by a PBS Panel and registered by the Senior Practitioner.

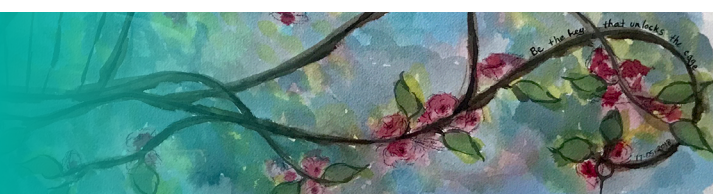
The primary role of a PBS Panel is to guide the development and delivery of services that are respectful of the human rights of all people who are dependent on the care and supervision of others. Where restrictive practices are used by a regulated service provider, a PBS Panel's role is not to approve the restrictive practice as such, but rather approve a PBS Plan that demonstrates the measures by which all restrictive practice will be reduced and eliminated.

PANEL RESPONSIBILITIES

A PBS Panel is responsible for:

1. ensuring that people who receive a service from disability, education, early education and care, care and protection providers are protected from exploitation, abuse, neglect and unlawful and degrading treatment, with respect to planned approaches to behaviour support;
2. reaching agreement or non-agreement on the use of restricted practice as a component of a documented Positive Behaviour Support Plan (PBS Plans);
3. appraising the need, risk, applicability and outcome of a restrictive practice for a person with reference to the person's needs, quality of life and living context;
4. establishing that collaboration has occurred among the person, their family and support services during the Plan development;
5. confirming that the person to be subjected to the restrictive practice has been included in the consultation (in an appropriately accessible format) and given the right to oppose it;
6. evaluating the appropriateness of a documented support plan or strategy;
7. ensuring the appropriate documentation is available and contains information that is sufficiently evidence based to justify the restrictive practice; and
8. confirming that the restrictive practices are, via the quickest manner possible, being reduced and wherever possible, eliminated.

As an interim arrangement, during early implementation of the Act, the Senior Practitioner has established a Central PBS Panel to discharge the responsibilities listed above. Over time, a mechanism will be established and communicated to service providers for persons to apply to the Senior Practitioner for registration of a PBS Panel (Section 22).



HOW TO HAVE A PBS PLAN APPROVED BY A PBS PANEL

Information about the steps required to have a PBS Plan approved by a PBS Panel, as well as providers responsibilities for the ongoing monitoring and review of an approved PBS Plan, is provided below. As providers develop their own panels, some steps (e.g. timeframes) may be altered, within the legislative framework, to suit the context.

Step 1: Application for Panel approval of a PBS Plan with a restrictive practice (Section 13 of the SP Act)

A provider must prepare a PBS Plan for a person and give the Plan to a Panel for approval. This should occur approximately one month prior to the Panel meeting (Step 3).

The application will include:

> a completed PBS Plan Approval Panel template;

> a copy of the PBS Plan; and

> all supporting documents relevant to the restrictive practice (e.g., reports from allied health professionals, doctors or psychologists, risk assessments, photographs of equipment).

Step 2: Notification that documents have been received by the Panel

Approximately two weeks prior to the Panel meeting, the provider (applicant) will be notified that the application and supporting documentation have been received by the Panel. The Panel may also request additional information or documentation. The applicant will also be notified of the time the Panel will meet to discuss the PBS Plan and invited to attend the meeting.

Step 3: Panel meets with author and provider to consider PBS Plans

The interim Central Panel will follow the process presented at Figure 1.

The Panel will endeavour to have a two-way, mutually educative discussion with the provider/s about the PBS Plan. The Panel will provide verbal feedback about the Plan during the meeting. It is integral to this process that the Panel has the opportunity to discuss the Plan with the Plan author.

In order to strengthen the rigour of the Panel process, the author/s of the PBS Plan or an appropriate delegate should be available to attend the meeting, either face-to-face or via teleconference (by prior agreement). Other relevant parties, such as the person who is the subject of the PBS Plan, their family, carers and staff may also attend the Panel meeting.

In discussion with the applicant, the Panel will assess the PBS Plan and decide whether to approve it. The Panel must be satisfied any restrictive practice included in the PBS Plan:

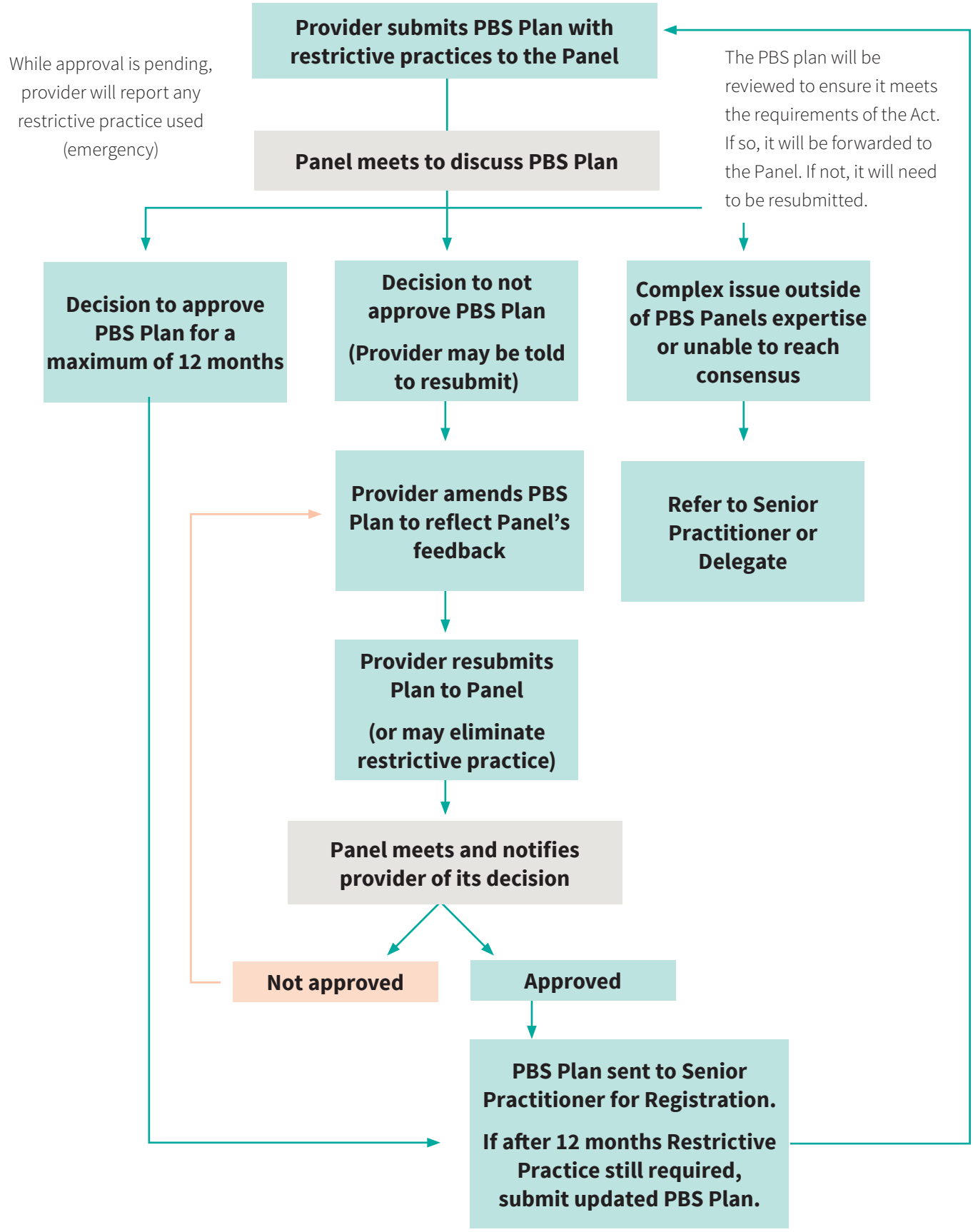
> is necessary to prevent harm to the person or harm to others; and

> will be used by the provider only in very limited circumstances, as a last resort and in the least restrictive way and for the shortest time possible in the circumstances.

Where possible, the Panel will reach decisions through consensus. If the Panel cannot reach consensus, they may consult the Senior Practitioner.

Figure 1: Panel approval processes

Interim Central PBS Panel Process



Step 4: Panel decision communicated to the provider

The Panel will give the applicant written notice of its decision within one week of meeting to consider the application to approve a PBS Plan.

The Panel's decision will be communicated on the Plan Approval Form, as either:

> ***Approved*** – The proposed use of the restrictive practice within a PBS Plan is approved, for a specified period. The Plan must be reviewed within 12 months, or prior to the expiry of the specified period.

> ***Not Approved***

- ***Resubmit*** – Guidance is provided, and feedback given as to the necessary changes that will need to be made before approval can be given. A revised PBS Plan must be developed and submitted to the Central Panel by the stipulated date.
- ***Outright*** – The Panel deems the proposed use of a restrictive practice to be inappropriate and therefore a new Plan must be devised.

Step 5: Approved PBS Plan forwarded to the Senior Practitioner for registration

Once approved, the Panel will forward the PBS Plan, with consent from the person or their guardian and the provider, to the Senior Practitioner for registration within 28 days, in accordance with the requirements of the SP Act (Section 19).

As part of this process, the Senior Practitioner may request further information from the Panel or applicant to be satisfied any restrictive practice included in the PBS Plan:

> is necessary to prevent harm to the person or harm to others; and

> will be used by the provider only in very limited circumstances, as a last resort, in the least restrictive way and for the shortest time possible in the circumstances.

The Senior Practitioner will send to the provider, the Public Advocate (if the person is under 18), the Director-General (if the child is in out of home residential care) and the Plan author:

> a copy of the approved Plan; and

> the Plan registration number.

It is the responsibility of the provider to ensure a copy of the PBS Plan is given to the person who is the subject of the Plan (in an appropriate format) and the person's parent or guardian (if applicable).

Step 6: Ongoing monitoring and recording of restrictive practices by providers

Providers are required to monitor and make a record of any restrictive practices used as part of a registered PBS Plan (Section 20(a)). They are also required to notify the Senior Practitioner about the use of a restrictive practice as an unplanned emergency response, in accordance with Section 10A of the SP Act.

When should the reports be forwarded to the Senior Practitioner?

Table 1: Reporting timelines

Restrictive practice	When to report
Routine restrictive practices (identified within a PBS Plan)	By the fifth day (5 days) after the end of the month.
PRN (as needed) restrictive practices (identified within a PBS Plan)	By the fifth day (5 days) after the end of the month.
Emergency restrictive practices (**not** identified within a PBS Plan)	Within 5 days of the event.

It is recommended that providers build in mechanisms to their practice guidelines or procedures to enter PBS Plans with a restrictive practice are reviewed regularly to determine if changes are required, including the reduction or elimination of the restrictive practice as a planned response.

Step 7: Plan to be reviewed before expiry

Under the Act, a registered PBS Plan expires 12 months after the day the Plan is registered. However, as described above, the Panel may give approval for a shorter interim period.

The purpose of a PBS Plan is to provide a formal framework for the reduction and elimination of restrictive practices over time. Prior to submitting a new PBS Plan to the Panel, providers are expected to use the data collected, review the Plan and provide evidence that the use of a restrictive practice:

> is still necessary to prevent harm to the person or harm to others; and

> will be used by the provider only in very limited circumstances, as a last resort, in the least restrictive way and for the shortest time possible in the circumstances.

If a restrictive practice is no longer required, the PBS Plan does not have to be re-submitted to the Senior Practitioner.

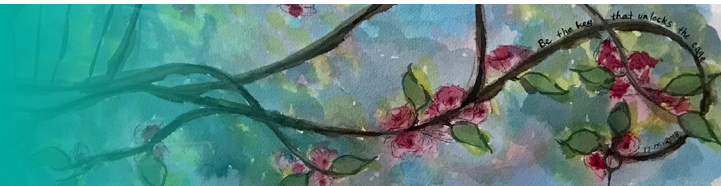
HOW TO ESTABLISH A PANEL

The Panel must include a minimum of two people with relevant experience and qualifications, and should include:

1. A senior manager or similar senior officer, familiar with the operational protocols and expectation of the intended service setting(s); who is independent (specifically not associated with the plan development or implementation process) of the provider; and
2. An experienced clinician (or equivalent) with expertise in Positive Behaviour Support and whom is independent of the provider requesting the PBS Plan approval.

A Panel may, and should where possible, include additional members, especially where the need to validly adjudicate over the PBS Plan requires further specialised consideration (e.g. complex medical, cognitive, physical, sensory, psychological or cultural needs). Such members may be a medical officer, an advocate, a parent, a person with a disability, or a cultural elder. It is strongly encouraged that panels consider including a person with a disability and provide support and training for them to participate fully.

No member of the PBS Panel can bring an application for the Panel's consideration. There must be no conflicts of interest.



PANEL MEMBERS' ROLES AND RESPONSIBILITIES

Senior manager or senior officer:

- convenes the PBS Panel;
- coordinates the resourcing of the administrative support to the PBS Panel;
- chairs the meeting;
- records the outcome of the panel meeting;
- feeds back to the applicants on the decision of the Panel;
- reviews interim Plans (that require amendments) after the initial Panel and confirms the changes have been made; and
- forwards the Panel outcomes to the Senior Practitioner for registration of the PBS Plan.

The experienced clinician (or equivalent)

- ensures that the Panel is impartial, and decisions are transparent;
- considers and challenges as necessary, the rationale for the strategies being proposed; and
- ensures that the PBS Plan is evidenced based, in-line with best practice, uses the least restrictive options and can be safely implemented.

Other Panel members (as required):

- consider the PBS Plan and the restrictive practice from their particular aspect of experience or specialisation and to ensure that the PBS Plan is in alignment with their expectations, values and lived experience.

Note: After 1 July 2019, for individuals who have an NDIS support, who are subject to restrictive practices within NDIS service provision, the Positive Behaviour Support Plan must be written by an approved Behaviour Support Specialist. For more information, please refer to the NDIS Commission website, at https://www.ndiscommission.gov.au/providers/behaviour-support

SPECIAL CONSIDERATIONS

Clinicians with positive behaviour support expertise and experience are both in short supply and expensive. Therefore, some Panels may have difficulty in securing a suitably qualified independent clinician and should consider requesting assistance from other service providers. It is envisaged that in time, the ACT's non-government organisations, the Education Directorate, non-government education sectors and the Community Services Directorate will be able to create a pool of suitable clinicians/PBS experts that can be drawn upon at short notice should a PBS Panel be unable to secure an independent clinician. This also may enhance the skills and knowledge of others across the sectors.

Confidentiality

All external Panel members are required to sign a confidentiality agreement prior to participating in a PBS Panel. Panellists are also expected to comply with other relevant legislative requirements, for example, the *Children and Young People Act*.

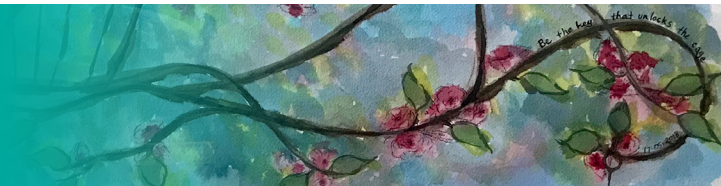
PANEL PROCESSES

The Panel's criteria (Section 12 of the SP Act)

Principally, the Panel must be satisfied that any restrictive practice included in the PBS Plan is necessary to prevent harm to the person or others and is the least restrictive approach reasonably available.

As explicitly outlined in the SP Act and detailed in the Positive Behaviour Support Plan Guideline, the Panel expect all PBS Plans to include:

1. **Strategies to build on the person's strengths:**
   - Overview of person's biopsychosocial strengths and needs (such as health, routine, relevant history)
   - Replacement behaviour and skills to be taught
   - Environmental supports
   - Staff supports
   - Communication/sensory/learning supports
2. **Strategies to reduce the behaviour(s) of concern:**
   - Description of behaviour of concern including frequency, intensity and duration
   - Background to behaviour of concern including early warning signs and triggers
   - Identified consequences of behaviour of concern
3. **Positive strategies to be used prior to using restrictive practice**
4. **Identification of regulated Restrictive Practices included in PBS Plan**
5. **Detailed summary/protocol for each proposed restricted practice**
   - Rationale for the use of the restrictive practice
   - Circumstances in which the restrictive practice is to be used
   - Procedure for using the restrictive practice including observations and monitoring
   - Implementation instructions for staff
   - Schedule of review of the restrictive practice
   - Fade out/reduction of restrictive practice strategies
   - De-escalation and debriefing strategies
6. **Evidence of the consultation process with others (Including a person with knowledge of PBS) during the plan development**
7. **Strategies for monitoring and team responsibilities**
   - Considerations of the safety of all people and duty of care obligations under the *Work Health Safety Act 2011* and the *Human Rights Act 2004*.



APPENDICES

APPENDIX A:
SAMPLE APPLICATION FOR SERVICES TO RECRUIT PANEL MEMBERS

Name:		Email:	
Organisation:		Phone:	
Position:		Availability for Panels:	

Background Information

1. Provide a brief summary of your qualifications, background and experience in the disability/ education/ education and care/ care and protection sector, relevant to the Positive Behaviour Support Plan Panel process

2. What skills, knowledge and experience can you contribute to another Positive Behaviour Support Panel? Please highlight your main area(s) of experience and tick √ all others that apply

- ☐ Mental Health
- ☐ Autism Spectrum Disorders
- ☐ Substance abuse
- ☐ Absconding
- ☐ Person centred Planning
- ☐ Attended and/or presented training in Positive Behaviour Support
- ☐ Inappropriate sexual behaviours
- ☐ Specific training, e.g. Non-violent Crisis Intervention, Therapeutic Crisis Intervention, other (specify below):
- ☐ Acquired Brain Injury
- ☐ Aboriginal and other CaLD Groups
- ☐ Supported accommodation
- ☐ Self-harm
- ☐ Arson
- ☐ Behaviours of concern that can be verbally and/or physically violent and aggressive
- ☐ Complex family issues/systems
- ☐ Self-injurious behaviour
- ☐ Young people and adolescents (under 18)
- ☐ Advocacy/guardianship
- ☐ Justice system
- ☐ Trauma, neglect and abuse
- ☐ People with complex communication needs
- ☐ People who are severely socially withdrawn

3. Any other relevant skills? (please specify):

Signed: **Date:**

NOTE: THIS INFORMATION IS CONFIDENTIAL AND IS ONLY TO BE USED FOR THE PBS PANEL PROCESS.
Please submit this form to ACTSeniorPractitioner@act.gov.au

APPENDIX B:
LETTER TO INVITE PEOPLE WITH A PLAN TO A PANEL

Panel invitation

Dear _____

The *Senior Practitioner Act 2018* requires the Senior Practitioner to work with organisations to:

> aim for no or close to no restrictive practices to be used in the future (see the next page for definitions of restrictive practices);

> learn about other options instead of restrictive practices; and

> collect information about when, how, and why restrictive practices are used.

> The Senior Practitioner also has a role to:

> protect your rights and give advice to you when restricted practices are used; and

> give you information and teach you about restrictive practices and your rights.

The law says that restrictive practices can only be used by providers when there is danger to you or someone else. If your positive behaviour support plan contains a restrictive practice, it must be looked at and approved by a Positive Behaviour Support Panel and registered by the Senior Practitioner.

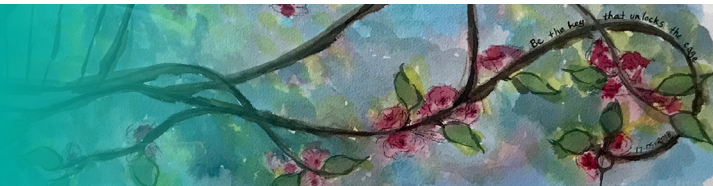
We are writing to let you know that [name of service provider / author of plan] applied to have your Positive Behaviour Support Plan reviewed by the Central Positive Behaviour Support Panel. The Panel will meet on [date and time] to see if the restrictive practices in your Plan fit within the law. You, and anyone else you would like to come, are welcome to attend and tell us what you think.

You have rights to make sure that you and the people who support you are happy with your plan too. If you are not happy about your behaviour support plan or decisions about your plan, you can contact Mandy Donley, the Senior Practitioner by phone: (02) 6205 2811 or mobile: 0466 478 907. Email: actseniorpractitioner@act.gov.au.

Please contact the Office of the Senior Practitioner if you have questions about the Panel or attending the meeting.

Kind regards

Mandy Donley
ACT Senior Practitioner



What are restrictive practices?

Chemical restraint this is when you are given medication just to stop you doing a behaviour.

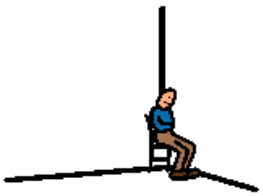
It does **not** include your regular medicine that your Doctor tells you to take to make you healthy.

Physical restraint is when another person holds you strong so you can **not** move.

It is not the same as when someone holds your hand to cross the road

Mechanical restraint is when equipment is used on you that does **not** let you move.

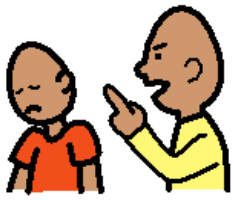
Mechanical restraint could be a bodysuit that stops you from being able to touch your body or splints that stop you from able to move your arm.



Seclusion is when you are locked in a room or put in place where you can **not** get out of or think you can **not** get out.

Environmental restraint is when actions or systems stop you being able to move in your space freely or stops you from being able to join in an activity.

This could be gates or fences that cannot be opened or locks on cupboards or a fridge.



Coercion is when people use words and body language to make you do what they want you to do by force. An example is you are told you will be hit if you do not do something.

APPENDIX C:
LETTER TO INFORM PEOPLE WITH A PLAN OF PANEL DECISION

Plan approval by Panel

Dear _____

The *Senior Practitioner Act 2018* requires the Senior Practitioner to work with organisations to:

> aim for no or close to no restrictive practices to be used in the future;

> make sure restrictive practices are only used when needed;

> learn about other options instead of restrictive practices; and

> collect information about when, how, and why restrictive practices are used.

The Senior Practitioner also has a role to:

> protect your rights and give advice to you when restricted practices are used; and

> give you information and teach you about restrictive practices and your rights.

The law says that restrictive practices can only be used by providers when there is danger to you or someone else. If your positive behaviour support plan contains a restrictive practice, it must be looked at and approved by a Positive Behaviour Support Panel and registered by the Senior Practitioner.

We are writing to let you know that [name of service provider / author of plan] applied to have your Positive Behaviour Support Plan reviewed by the Central Positive Behaviour Support Panel. The Panel met on [date] to see if the restrictive practices in your Plan fit within the law.

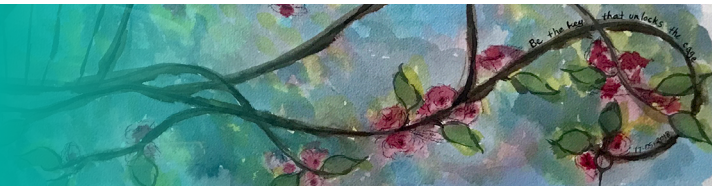
Your behaviour support plan has been approved by the Panel until [date] and has been registered by the Senior Practitioner. The number of your plan is _____.

You have rights to make sure that you and the people who support you are happy with your plan too. If you are not happy about your behaviour support plan or decisions about your plan, you can contact Mandy Donley, the Senior Practitioner by phone: (02) 6205 2811 or mobile: 0466 478 907. Email: actseniorpractitioner@act.gov.au.

You, or an informal or formal advocate can also apply to the ACT Civil and Administrative Tribunal (ACAT) for a reviewable decision. The phone number is 6207 1740 and the email is tribunal@act.gov.au.

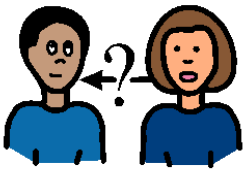
Kind regards

Mandy Donley
ACT Senior Practitioner

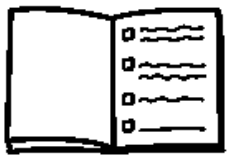


My rights about my Behaviour Support Plan

I can make sure providers use restrictive practices when it is the only choice because of danger to me or someone else.

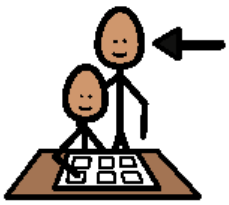


I can ask questions about the restrictive practices in my behaviour support plan.



I can make sure all the restrictive practices that I experience are in my behaviour support plan.

I can make sure everyone who helps me has read and remembers my behaviour support plan.



I can expect people to help me learn new things.

ACAT
AUSTRALIAN CAPITAL TERRITORY
CIVIL & ADMINISTRATIVE TRIBUNAL

If I am not happy about my behaviour support plan or decisions about my plan, I can contact the ACT Civil and Administrative Tribunal (ACAT).

Phone: 6207 1740
Email: tribunal@act.gov.au

APPENDIX D:
QUESTIONS THAT MAY BE COVERED DURING THE PANEL MEETING

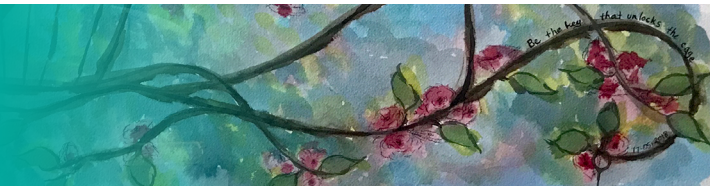
When the Panel meets the following questions may be discussed with the Plan author and/or service provider:

1. With regards to the behaviour(s) of concern, does the PBS Plan describe:
   - the intensity, frequency and duration of the behaviour;
   - the function of the behaviour;
   - the consequences of the behaviour;
   - the early warning signs and triggers for the behaviour; and
   - the positive strategies that will be attempted before using a restrictive practice?
2. Does the PBS Plan include a range of positive strategies that are to be used prior to using the restrictive practice?
3. For each restrictive practice included in the PBS Plan, are the following points adequately addressed:
   - a description of the circumstances in which the restrictive practice is to be used (ensuring it is a last resort);
   - the procedure for using the restrictive practice, including observations and monitoring that must happen while the restrictive practice is being used;
   - there are ways identified to reduce the need for the restrictive practice over time;
   - any other measure that must happen while the restrictive practice is being used that is necessary to ensure the person's proper care and treatment and that the person is safeguarded from abuse, neglect and exploitation; and
   - the intervals at which the use of the restrictive practice must be reviewed by the provider?
4. Does the individual have a Plan (or attached document) that considers all areas of his/her life, to build on their strengths and increase their skills (Section 11 of the SP Act) including:
   - goals and aspirations, physical health, mental health, social, emotional, and spiritual needs;
   - a current daily routine that includes opportunities for them to make choices;
   - regular scheduled activities such as study, work, recreation, opportunities to connect with family and friends;
   - a relevant skill building program; and
   - an effective expressive and receptive communication system?
5. Has the author of the PBS Plan considered if the behaviour of concern has been comprehensively considered to ensure that a different response is not more appropriate or effective? For example, the possibility that the behaviours of concern are not better explained by a mental illness, a history of trauma, a history of disrupted attachment during childhood, or the presence of physical pain that would respond more effectively to a therapeutic intervention (e.g. trauma informed response)?
6. Has consideration been given to any impacts and implications of enacting the plan with respect to the safety of other people in the environment with reference to the Work Health Safety Act and matters relating to duty of care?

Conducting the meeting:

Ensuring consistency of approach will be vital to ensure the Panel process is equitable and accountable. Therefore, the following suggestions are offered:

> The meeting may be divided in two parts relative to the volume and the complexity of the information. The first part of the meeting should involve the panel members and this time should be used to review the information. During the second part of the interview, the Behaviour Support Practitioner / author of the PBS Plan being considered should be invited to present their Plan to the panel so that the panel may discuss any concerns they have and



explore additional options and/or requirements.

> Prior to calling the meeting, ensure that all relevant service providers have contributed to the PSB Plan being assessed and that representatives from each service provider are to be in attendance. This will ensure that the PBS Plan is both consistent across all environments and that the Panel is not left in a position of having to assume or second guess that another service provider working with the client will follow the same PBS Plan presented to the Panel by an alternative service provider. When forming the Panel to consider a PBS Plan confirm who are the key service providers in terms of time over the course of any one week.

> Provision should also be made for a telephone linkup or video conferencing in urgent situations. Video Conferencing products should meet minimum standards for confidentiality and security.

APPENDIX E:
DEFINITIONS OF REGULATED RESTRICTIVE PRACTICES

TABLE 1: RESTRICTIVE PRACTICE DEFINITIONS

A practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm; and includes the following:

- chemical restraint;
- environmental restraint;
- mechanical restraint;
- physical restraint;
- seclusion; or
- verbal directions, or gestural conduct, of a coercive nature.

A restrictive practice is NOT:

1. reasonable action taken to monitor and protect a child or vulnerable person from harm, e.g. holding a child's hand while crossing the road.

Definition	Exclusion/ Exception
Chemical restraint	
The use of medication or a chemical substance for the primary purpose of influencing a person's behaviour or movement.	Chemical restraint is NOT: 1. the use of a chemical substance that is prescribed by a medical practitioner or nurse practitioner for the treatment, or to enable the treatment, of a mental or physical illness or condition in a person; and 2. used in accordance with the prescription.
Environmental restraint	
Any action or system that limits a person's ability to freely: - access the person's surroundings or a particular thing; or - engage in an activity.	Environmental restraint is NOT: the use of reasonable safety precautions such as a fence around a primary school playground.
Mechanical restraint	
The use of a device to prevent, restrict or subdue the movement of all or part of a person's body.	Mechanical restraint is NOT: 1. the use of the device to ensure the person's safety when travelling; or 2. the use of a device for therapeutic purposes.
Physical restraint	
The use or action of physical force to stop, limit or subdue the movement of a person's body or part of the person's body.	Physical restraint is NOT: a reflex action of reasonable physical force and duration intended to guide or direct a person in the interests of the person's safety where there is an imminent risk of harm.
Seclusion	
The sole confinement of a person, at any timeof the day or night, in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated.	Seclusion is NOT: social isolation where a child or vulnerable person is in a space away from others.
Verbal directions, or gestural conduct, of a coercive nature	
The use of verbal or non-verbal communication that degrades, humiliates or forces a person into a position of powerlessness or threats of the use of restrictive practice to manage the person's behaviour of concern.	Coercion is NOT: 1. Stating expectations or rules 2. Giving a person directions or instructions to assist them to self-regulate.