Behaviour support response

Direction to staff

This document provides instructional information for Child and Youth Protection Services (CYPS) to conduct its business. All staff must comply with it.

Note: Unless otherwise indicated, the term 'child' or 'children' also refers to 'young person' or 'young people'. The term 'children in care' refers to 'children in out of home care'.

Summary of main points

This document outlines how to:

- Respond to a behaviour of concern
- Identify and report on a restrictive practice
- Develop a Positive Behaviour Support Plan
- Implement, monitor and review a Positive Behaviour Support Plan

Purpose of this document

This procedure outlines the steps CYPS staff are to take to identify and respond to behaviours of concern in children and young people in out of home care case managed by CYPS, including the development of Positive Behaviour Support Plans (PBSP) to limit the use of restrictive practices, as per obligations under the *Senior Practitioner Act 2018*.

Scope

This procedure applies to all staff within CYPS with case management responsibility, or those responsible for receiving information, for children in out of home care who exhibit behaviours of concern.

Children with behaviours of concern who are case managed by ACT Together are out of scope for this procedure.

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Relevant policy

This procedure upholds the principles of the 'Behaviour Support Response' policy and is to be read in conjunction with the documents listed in the below section 'Related materials'.

When to perform this procedure

This procedure is to be conducted whenever information is provided to CYPS, whether by phone, mail, email, in person or via the online portal or through case management which identifies a child in out of home care case managed by CYPS is exhibiting a behaviour of concern.

Procedures

There are multiple situations where CYPS staff identify behaviours of concern. Sometimes these behaviours of concern will be managed through non-restrictive parenting strategies, such as acknowledging appropriate behaviour, setting limits and knowing when not to respond. In other circumstances, a behaviour of concern may require the short-term use of a restrictive practice.

To understand what is required of staff in these situations, staff must first understand what a behaviour of concern is, who it applies to, and our obligations to positively support children in care while limiting the use restrictive practices.

The 13 key steps relating to a behaviour support response process are outlined below. Depending on the circumstances of the case, the order and completion of the steps can vary.

1. Identify a behaviour of concern
2. Record a behaviour of concern
3. Communicate with carer about their strategies for managing behaviours of concern
4. Determine whether restrictive practice is being used or is necessary, by understanding:
    - what is a restrictive practice?
    - if a restrictive practice has NOT been used
    - if restrictive practice has been identified as a one-off response
    - if a restrictive practice has been identified as an ongoing method of response to the behaviour, where less restrictive responses have not been effective in preventing harm to self or others
5. Plan for behaviour of concern consultation
6. Participate in a behaviour of concern consultation
7. Communicate with carer about consultation outcomes and next steps
8. Develop a Positive Behaviour Support Plan and submit to Panel
9. Attend the Panel for approval and registration of a PBSP
10. Implement a PBSP
11. Manage and review a Positive Behaviour Support Plan
12. Develop and manage a PSBP for a child on a NDIS plan
13. Report the use of Restrictive Practice

Step 1 – Identify a behaviour of concern

Staff may receive information about a child who is displaying a behaviour of concern through:

- a general health and wellbeing check
- a therapeutic assessment
- critical incident reports
- a child concern report and a child protection report

- restoration panel
- observation by the case manager
- information brought to the attention of a case manager by a parent, carer, teacher or other person involved with the child.

After receiving information, all **staff** are to consider:

1. Does the information provided fall within the 'behaviour of concern' definition?
    - A behaviour of concern is:
        - any behaviour that causes either actual **physical harm** to the person exhibiting the behaviour or another person, or **risk of harm** to the person or any other person[i].
        - acts of destruction which may result in injury, whether intended or otherwise.
    - A behaviour of concern does not include:
        - risk of harm or harm to self or others that is a developmentally appropriate behaviours that may be difficult to manage for a short period of time, for example, for younger children biting or hitting and older children swearing or not complying.
2. Does the information provided relate to a child in the care of the Director-General who is **case managed by CYPS**, including, a child:
    - subject to an interim or final care and protection order
    - in a care placement (kinship, foster or residential)
    - on a voluntary care agreement
    - subject to an interstate care and protection order, where case management has been transferred to the ACT.
3. If the information provided falls within the behaviour of concern definition, the matter is deemed a **behaviour of concern.** If the child is case managed by CYPS, staff must follow the remainder of this procedure.

Note: Any behaviours of concern information identified by CYPS relating to children managed by ACT Together must be emailed to: [Redacted]

Step 2 – Record a behaviour of concern

When a behaviour of concern has been identified, the **receiver of the information** must:

1. Record the details on CYRIS as a category of Casework and Event Type of 'behaviour of concern' event and case note (Category of Casework)

For all children being case managed by CYPS:

2. Create a referral activity on CYRIS by choose the event and case note category of Referrals and the Event Type of TAPT – Positive Behaviour Plan Consult. In the referral describe the behaviour or provide a link to the 'Behaviour of Concern' Event and Case Note (ECN), why it may be happening, the frequency and the immediate risk to self or others
3. Email the case manager and the Therapeutic and Assessment and Planning Team (TAPT) and the links to the ECNs. The TAPT will review your referral and will arrange a consultation with the case manager. The TAPT will determine the timing of the consultation. This will be based on a level of priority taking into consideration the immediate risk to the child or others. Generally, the consultation will take place within 4 weeks of being recorded on CYRIS.

4. The TAPT will email the case manager with a list of information required to be gathered as soon as practical, and ideally before the consultation. TAPT will ask case managers to:
    a. Complete the consultation referral form with carers
    b. Provide fact sheet to carers titled 'Behaviours of concern' which includes information about obligations under the *Senior Practitioner Act* 2018.
    c. Seek a medical professional to complete a **medical purpose form** if the child is taking any medication on a semi–regular basis (period of more than 30 days). This excludes the use of paracetamol or equivalent.

For all children being case managed by ACT Together:

- For information received that relates to a child being case managed by ACT Together, email the Case Management Team on [Redacted]

Step 3 – Communicate with carer about their strategies for managing the behaviour

Before the 'behaviour of concern' consultation, the case manager must meet with the carer to:

1. Make sure that everyone is okay
2. Talk about the information received by CYPS relating to the child in their care, and what the carer is doing to manage the child's behaviour. What works? What doesn't? etc.
3. Describe what a behaviour of concern is
4. Reassure the carer you want to support them and the child with the behaviour
5. Ask questions about the context, frequency, intensity, and duration and impacts of the identified behaviour of concern and other behaviours the carer may be worried about
6. Ask questions about the responses to the behaviours and what is happening to help keep themselves and others safe. This will help establish an understanding and help you to determine with the carer whether a restrictive practice is being used or is necessary.

Step 4–Determine with the carer whether a restrictive practice is being used or is necessary

Staff must be aware of the *Senior Practitioner Act 2018* and our role when working with children in residential, foster and kinship care with behaviours of concern. Under the *Senior Practitioner Act 2018*, a foster or kinship carer or a residential carer must not use a restrictive practice on a child, other than in accordance with a registered PBSP or in an emergency situation where on reasonable grounds it is necessary to use the restrictive practice to avoid imminent harm to the person or others.

4.1 Understand what is a restrictive practice?

A restrictive practice is an action used to restrict the rights or freedom of movement for the primary purpose of protecting the person or others from harm.

Restrictive practice **does not** include reasonable action taken to monitor and protect a child from harm. For example:

- locking away household chemicals or prescribed medications to stop consumption or poisoning
- engaging child locks when transporting small children to stop them exiting the vehicle while it is moving.

Types of restrictive practices include:

Types	Definition of restraint	It does NOT include
Chemical restraint	The use of medication or a chemical substance to change a person's behaviour or movement.	Chemical restraint does not include the use of a chemical substance: • prescribed by a medical or nurse practitioner for the treatment, or to enable the treatment, of a mental or physical illness or condition in a person; and • used in accordance with the prescription.
Environmental restraint	Any action or system that limits a person's ability to freely access their: • surroundings • a particular thing or • engage in an activity. For example, a lock on a cupboard or a fridge which is used primarily to address a behaviour of concern.	Environmental restraint does not include the use of reasonable safety precautions. For example, a fence around a primary school playground, or child-gate used to stop a toddler accessing stairs.
Mechanical restraint	The use of a device to prevent, restrict or subdue the movement of all or part of a person's body. For example: • a lap belt, table or any other method used to keep someone in a chair or on a toilet or in a wheelchair • placing rails on a bed to stop an adult leaving a bed	Mechanical restraint does not include: • a seatbelt and buckle guard you use in a car is for travelling • 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 their body. For example, physically restraining the child to address a behaviour of concern such as holding their arms across their chest.	Physical restraint does not include 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. For example, holding a person's hand to cross the road safely.
Seclusion	The sole confinement of a person, day or night, in a room or other space where you they cannot get out of or think they cannot get out. For example, locking a child in a room to address a behaviour of concern.	Seclusion does not include social isolation where a child or vulnerable person is in a space away from others.

Types	Definition of restraint	It does NOT include
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 a verbal threat that results in a restrictive practice. For example, telling someone they will be hit if you they do not do something.	Coercion does not include: • stating expectations or rules • giving a person directions or instructions to assist them to self-regulate.

With the carer:

1. Go through the types of restrictive practices outlined in the 'Behaviours of concern' fact sheet, (and table above) to determine whether a restrictive practice is currently being used, or might need to be used to help protect the child from harming themselves or others. For example: Locking away knives because of fear of self-harm.
2. Complete the 'consultation referral form', this form requires background information about the child and consideration of strategies they are using to manage the behaviour and whether any restrictive behaviours are being used or might be needed to reduce the risk of harm. This includes understanding any prescribed medication the child is taking on a semi–regular basis (period of more than 30 days).
3. Advise that if the child is taking medication, you will need to ask the child's doctor or medical professional to complete a medical purpose form. This will help to understand what each medication is helping with and determine any reporting obligations.
4. Contact the child's doctor or medical professional to complete a medical purpose form and when completed upload the consultation referral form with as much information as possible to CYRIS as a referral activity and also email to [Redacted].
5. The completed consultation and medical purpose forms will help the TAPT determine if a PBSP is required.
6. If the child has a National Disability Insurance Scheme (NDIS) plan, review the plan and consider any guidance regarding managing behaviour.
7. If the child has had a therapeutic assessment, use this opportunity to revisit this information with the carer about the information in it and any information about the child's trauma history, development, background and recommendations that may be useful to guide the carer about managing the behaviour.
8. If a restrictive practice has **NOT** been identified, go to step 4.2
9. If a restrictive practice **HAS** been identified as an ongoing response to the behaviour, go to step 4.3, **unless** the child is on an NDIS plan, then go to **Step 12**- 'Develop a PBSP for a child on a NDIS Plan'.
10. If restrictive practice has been identified as a one-off response to an unusual circumstance, go to step 4.4.

4.2 If a restrictive practice has NOT been identified

Explain the next steps to the carer:

1. Thank the carer for helping you understand the day to day behaviour of the child.
2. Advise the carer that the information discussed will be shared with TAPT to help determine:

a. whether a PBSP might still be beneficial
b. some strategies to assist carer/s with behaviour, if required
c. recommend referral to other organisations, if required.

3. Advise the carer you will be in contact with them after the consultation with the TAPT.
4. Remind the carer that they can contact you at any time, in regard to concerns about the child.
5. Go to Step 6- 'Participate in a behaviour of concern consultation'.

Explain the next steps to the **carer**:

6. Thank the carer for helping you understand the day to day behaviour of the child.
7. Advise the carer that the information discussed will be shared with TAPT to help determine:
    a. whether a PBSP might still be beneficial
    b. some strategies to assist carer/s with behaviour, if required
    c. recommend referral to other organisations, if required.
8. Advise the carer you will be in contact with them within 2 working days after the consultation with the TAPT. This is important to the carer as they may be finding managing the behaviour of concern challenging.
9. Remind the carer that they can contact you at any time, in regard to concerns about the child.
10. Go to Step 6- 'Participate in a behaviour of concern consultation'.

4.3 If a restrictive practice has been identified as one-off response (emergency)

Sometimes an unusual circumstance presents itself and a restrictive practice is used as one-off response for the child was. For example, if the child received some bad news and responded in an extreme or unusual way or the child was sick and acting out of character.

In these circumstances:

1. Thank the carer for helping you understand the day to day behaviour of the child.
2. Advise the carer of the need to report the use of restrictive practice to their case manager. Explain to the carer that the reason for the reporting is to identify where more support may be needed.
3. Refer again to the fact sheet 'Behaviours of concern' for more information about the restrictive practice and PBSP.
4. Talk to the carer about the need to not use restrictive practices where possible and brainstorm with the carer some alternative approaches to difficult scenarios.
5. If appropriate, reassure the carer that you understand this is was a one-off situation and is unlikely to occur again.
6. Advise the carer the information discussed will be shared with TAPT and the TAPT will:
    a. consider whether a PBSP is required;
    b. provide strategies to assist with behaviours of concern, as required;
    c. recommend referral to other organisations, as required.
7. Advise the carer you will be in contact with them within 2 working days after the consultation with the TAPT. This is important to the carer as they may be finding managing the behaviour of concern challenging.

8. Remind the carer that they can contact you at any time in regard to concerns about the child.
9. Go to step 13 'Report the use of restrictive practice (where there is no PBSP)'.
10. Then go to Step 3 'Participate in a behaviour of concern consultation'.

4.3 If a restrictive practice has been identified as an ongoing method of behaviour response

Undertake the following steps:

1. Thank the carer for helping you understand the day to day behaviour of the child.
2. Advise the carer of the need to report the use of restrictive practice to their case manager. Explain to the carer that the reason for the reporting is to identify where more support may be needed.
3. Explain a PBSP will need to be developed to:
    a. identify why a child is engaging in the behaviour/s and develop strategies to adjust the environment and teach new skills to meet their needs without harming themselves or others.
    b. ensure an agreed consistent approach to manage the child's behaviours across settings, such as: at home, at school etc.
    c. reduce the intensity, frequency and duration of behaviour that causes harm to themselves or others.
    d. reduce or eliminate the need for the restrictive practice
4. Refer to the factsheet 'Behaviours of concern' for more information about the restrictive practice and PBSP.
5. Talk to the carer about the importance of trying to proactively prevent any behaviour where possible and brainstorm with the carer some alternative approaches to difficult scenarios. Emphasise that reducing and addressing the cause of the behaviour should lead to a decrease in any restrictive practices
6. Advise the carer the information discussed will be shared with TAPT and the TAPT will:
    a. assist with the development of PBSP
    b. provide strategies to assist with the behaviour of concern
    c. recommend referral to other organisations if required.
7. Advise the carer you will be in contact with them within 2 working days after the consultation with the TAPT.
8. Remind the carer that they can contact you at any time, in regard to concerns about the child.
9. Go to Step 13 - 'Report the use of restrictive practice (where there is no PBSP).
10. Then go to 'Step 5 – 'Plan for behaviour of concern consultation'.

Step 5 – Plan for a behaviour of concern consultation

The TAPT team will provide you with a date and time for your consultation.

Ahead of this consultation, it is important you have completed Steps 1-4 of this procedure, including:

- Meeting with the carer to understand the behaviour of concerns and strategies used by the care to manage the behaviour

- Determine if a restrictive practice has taken place, and if you haven't already, report the restrictive practice (see Step 13 'Report the use of restrictive practice').
- Complete the Medical Purpose Form
- Review the child's therapeutic plan
- Complete and email the consultation referral form to the TAPT at [Redacted].

Step 6 – Participate in the behaviour of concern consultation

The behaviour of concern consultation will be led by the TAPT and involve the case manager.

During the consultation, the TAPT will:

1. Review information already provided by the case manager.
2. Gather a more in-depth understanding of the child, current and past circumstances and the behaviour of concern.
3. Provide information, advice and strategies both verbally and written for the case manager. This information will assist key people in the child's life to understand and manage the behaviour using positive, collaborative, age appropriate and trauma informed approaches.
4. Identify the next steps, including if there is a need for a PBSP, in accordance with the *Senior Practitioner Act 2018*. Noting a PBSP **is required** when:
    a. a restrictive practice is being used
    b. a restrictive practice may need to be used to respond to a behaviour of concern where there are no less restrictive alternatives.
5. Identify who will develop the PBSP:
    - If the behaviour of concern or restrictive practice is taking place mostly where the child is living:
        i. TAPT will develop the PBSP, go to Step 7.
    - If the behaviour of concern or restrictive practice is taking place mostly at the child's school, child care centre or disability service:
        ii. it is recommended this provider should take the lead on the development of the PBSP with input from TAPT, the case worker and carer.

Step 7 - Communicate with carer about outcomes and next steps

Communicate with carer:

1. The outcomes of the behaviour of concern consultation, including whether a PBSP is required or not.
2. If a PBSP is required **and will be developed by the TAPT**. Explain that the PBSP will be developed with key people involved in the child's life to help respond to the behaviour and develop consistent and appropriate ways to respond to the behaviour. Explain the TAPT team will also be involved to help with the process of developing the PBSP and will be in contact soon.
3. If a PBSP is required, **but will be developed by school, child care or disability provider**. Explain to the carer that you will both will provide input to the process. As case manager you will remain involved and ensure your input to the PBSP is approved by your Team Leader and Operational Manager. The child's PBSP should be discussed at Care Team meetings, shared with key people in the child's life and form part of ongoing case management processes. **No further steps in this procedure are required.**

4. If a PSBP is **not** required, work with the carer to consider and implement the recommendations from TAPT. This information should be discussed at Care Team meetings, shared with key people in the child's life and form part of ongoing case management processes. **No further steps in this procedure are required.**

Step 8 –Develop a Positive Behaviour Support Plan (PBSP) and submit to Panel

Once the TAPT has advised a PBSP is required, the TAPT will work with the case manager to determine who is best placed to develop the PSBP. If the behaviour of concern or restrictive practice is taking place mostly where the child is living, then TAPT will develop the PBSP.

Once the TAPT has advised a PBSP is required, case managers are required to work with TAPT and other relevant key people including the child and their carers to develop the PBSP.

A PBSP is a document required for a child in care, displaying a behaviour of concern, which may require the short-term use of a restrictive practice to manage the child's (or other's) safety.

A PBSP outlines strategies to be used to the support child to:

- build on their strengths and increase their life skills; and
- reduce the intensity, frequency and duration of behaviour that causes harm to themselves or others; and
- Where possible reduce the frequency and use of restrictive practices

There will only be one PBSP developed per child and it will need to include strategies to be used across multiple settings. For more information about PBSP, see Practice Guide: Restrictive Practice.

The TAPT will lead the development of the PBSP with all key stakeholders including; the child, parents, school, support services. The TAPT team will:

1. Consult with stakeholders about the behaviour of concern
2. Discuss with stakeholders current actions by carer to address the behaviour
3. Identify when, how often, and how, a restrictive behaviour has been used to date
4. Develop the draft PBSP
    a. wherever possible, the PBSP based on a trauma informed assessment. The assessments will include the environment, personal history, function of the behaviour and replacement behaviour.
    b. Using clear, positive language
5. Circulate draft PSBP to stakeholders for feedback (including the child in a format that makes sense for them) and update accordingly until stakeholders agree to the draft PBSP.
6. If restricted practices are **not** being used the PBSP does not require approval or registration by the Panel or the Senior Practitioner. In these circumstances the **TAPT** will:
    a. share the PBSP with key stakeholders
    b. alert the case manager that the PBSP will form part of ongoing case management responsibility and
    c. cease their role in the case.
7. If the PSBP **does** include a restrictive practice it must be submitted to, and approved by, the Central Panel. This Panel assesses whether the PBSP meets legislative requirements, and will ensure any restrictive practice included in the PBSP is **necessary** to prevent harm to the person or others and include a strategy for reducing its use. The Panel meets multiple times per month, dates are available on the Senior Practitioner website.

8. The TAPT will then:
    a. email the Senior Practitioner [Redacted] and submit the following documents for the Panel process:
        i. the PBSP
        ii. Panel Application Form
        iii. All supporting documents relevant to the restrictive practice (e.g., the therapeutic assessment, the functional behavioural assessment, reports from allied health professionals, doctors or psychologists, risk assessments, photographs of equipment); and
        iv. Any supplementary plans, such as education strategies developed from the PBSP.

Applications to the Panel for approval of the PBSP should occur approximately **one month** prior to the Panel meeting.

9. The case manager will:
    a. Work with TAPT and key stakeholders to contribute to the PBSP, ensure the views of the child, carer and parents are considered and reflected.
    b. Consider whether there are any additional supports the carer may need to manage the plan, for example; information, training, support services. Ensure these are articulated.
    c. Share the draft PBSP with the CYPS Team Leader for review and feedback.
    d. Provide feedback on the draft PBSP to TAPT.
    e. Remain involved throughout the entire process and will:
        i. work with carer to implement the PBSP
        ii. manage and review the implementation of the PBSP as part of ongoing case management.

Step 9 – Attending the Panel for approval and registration of a Positive Behaviour Support Plan (PBSP)

1. Prior to the Panel date, the Office of the Senior Practitioner will send an email invitation to the people listed on the Panel Application Form that was submitted by the TAPT.
2. TAPT (as the author of the PBSP) and the case manager must participate in the Panel.
3. Other relevant parties, such as the child who is the subject of the PBSP, their family, carers and staff may also attend the Panel meeting.
4. In discussion with the TAPT and the case manager, the Panel will assess the PBSP and decide whether to approve it. The Panel criteria is that they must be satisfied any restrictive practice included in the PBSP:
    a. Is necessary to prevent harm to the person or harm to others;
    b. Will be used by the provider only in limited circumstances, as a last resort and in the least restrictive way and for the shortest time possible in the circumstances; and
    c. Meets legislative requirements.

Panel decision

5. The Panel will write to the TAPT and provide written notice of the Panel decision within one week of the meeting and the decision may be either:

Approved		**Next Steps**
Outright approval	The proposed use of the restrictive practice within a PBSP is approved, for review at a future date not longer than 12 months	The Panel will forward the approved PBSP to the Senior Practitioner to apply for **registration** within 28 days.
Interim Approval	The proposed use of the restrictive practice within a PBSP is approved. However, the panel has placed restrictions, requirements or clarifications on the approval which must be adhered to. A revised PBSP must be developed and submitted to the Central Panel by the stipulated date.	The Panel will forward the approved PBSP to the Senior Practitioner to apply for **registration** within 28 days.
Not Approved		**Next Steps**
Resubmit	The proposed use of the restrictive practice is not approved. Guidance is provided and recommendations made as to the necessary changes that will need to be made before approval can be given.	The TAPT will work with stakeholders on the PBSP and repeat Step 8 and Step 9.
Outright	The proposed use of restrictive practice is not approved.	The TAPT will work with stakeholders on alternative restrictive practices to be included in the PBSP and repeat Step 8 and Step 9.

Registration of a PBSP with the Senior Practitioner

6. Once a PBSP that includes restrictive practices has been approved by a Panel, the TAPT will send the following to the Senior Practitioner via email at [Redacted] within 28 days:
    - Form A: Positive Behaviour Support Plan Approval Panel Template.
    - Form B: Outcome of Panel (*this will be provided by the Panel to TAPT).*
    - Form C: Application to the Senior Practitioner to register a PBSP (including consent from the person subject to the plan or their guardian).
    - The PBSP and any supporting documentation that was provided to the Panel.
    - As part of the registration process, the Senior Practitioner may request further information from the Panel or TAPT 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.

If the Panel or TAPT does not provide the Senior Practitioner the additional information within 28 days after the request is made, the Senior Practitioner may refuse to consider the application further and the application will lapse.

7. The **Office of the Senior Practitioner will** send TAPT a copy of the approved PBSP and its registration number.
8. The **TAPT will** attach the approved PBSP to CYRIS.
9. The **Office of the Senior Practitioner will** also provide a copy of the registered plan to:
    - the person who is subject of the plan
    - the person's guardian
    - the person with parental responsibility
    - and the Public Advocate (if the person is under 18 years of age)
10. The case manager will ensure:
    - a copy of the PBSP is given to the child or young person (in an appropriate format) and the person's parent or guardian (if applicable); and
    - a copy of the PBSP is provided to the carer and any other relevant professional.
11. The ongoing review and management of the PBSP is the responsibility of the case manager and the **TAPT will cease their involvement** in the behaviour support response process.

However, if a behaviour of concern arises that is not addressed in the PBSP, the case manager may seek a behaviour of concern consultation with the TAPT at any time.

Step 10 – Implementing the Positive Behaviour Support Plan (PBSP)

1. Once the PBSP is registered, case managers will arrange a meeting of the Care Team and ensure all people involved with the PBSP are included, including:
    - child (in an appropriate format)
    - carer and/or staff who care for the child
    - kin and family, including biological family (when appropriate)
    - child 's school or early childhood education provider
    - support services who work with the child (as appropriate)
    - the TAPT (excluding circumstances where a child is on a NDIS plan, the behavioural support specialist should attend this care team meeting).
2. Explain to meeting attendees the purpose of the PBSP, share any plan, share any information relating to the feedback from Panel, ensure consistent approaches to supporting the child are used across settings, and ensure that the restrictive practice is only used where necessary and that it remains time limited.
3. Where required, carers and staff working with the child are to be provided with support and guidance on how to implement the strategies in the PBSP. In some circumstances training may also be required.
4. Case managers will visit the child and their carer to discuss progress within the first month of the PBSP being registered. This will identify early whether any further support is required or if there are any issues with following the PBSP.

Step 11 - Manage and review a Positive Behaviour Support Plan (PBSP)

It is the role of the case manager to continue to:

1. Work with the carer to regularly monitor and review the PBSP as part of ongoing case review processes.
2. Report to the TAPT at [Redacted] the use of a restrictive practice that is **not** in a registered PBSP within 5 days. This includes restrictive practices that are used on children with a PBSP

however the specific type of restrictive practice is **not** identified in their plan. This is also known as emergency restrictive practice. The TAPT will be responsible for reporting to Senior Practitioner.

3. Report to the TAPT at [Redacted] the use of a restrictive practices that is part a registered PBSP. The TAPT will be responsible for reporting to Senior Practitioner.
4. Regularly review the PBSP.
5. If changes or increases to the restrictive practice are identified, this indicates a review of PBSP is required. Case managers must use the referral process outlined at Step 2 and email the links to the TAPT team at [Redacted] to make a time to discuss what needs to happen next. Noting it is a legislative requirement that reviews **must** be recorded on CYRIS to provide evidence of the strategies in reducing and or eliminating restrictive practices.
6. Prior to the expiry date of the registered PBSP (all PBSP will have an end date not more than 12 months from approval, taking into consideration:
    a. The effectiveness of the strategies within the PBSP;
    b. Any impacts of strategies within the PBSP;
    c. Where restrictive practices are in place, progress toward the reduction and elimination of these;
    d. The views of carers and other professionals in the child's life; and
    e. The wishes of the child and their family, where appropriate.
7. Prior to the expiry date of the PBSP, if a restrictive practice is still deemed as necessary, case managers must re-commence the process to develop a new PBSP in consultation with the carer and the TAPT.

Where the review of the PBSP removes the use of all restrictive practices it does not need to be submitted to the Panel.

Step 12 - Develop a Positive Behaviour Support Plan (PSBP) for a child on a National Disability Insurance Scheme (NDIS) plan

There are specific protections for people with disability who receive NDIS registered supports under both the *Senior Practitioner Act 2018*, and the NDIS Quality and Safeguarding Framework. If the child is an NDIS participant and a restrictive practice has been identified a PBSP is required.

The PBSP needs to be developed by a registered Behaviour Support Specialist as designated by the National Disability Insurance Agency (NDIA).

Where there is a need to develop a PSBP for child on an NDIS plan, the **case manager** must:

1. Contact the child's NDIS plan coordinator, this will be detailed on the Child's NDIS plan. If you do not have a copy of the child's NDIS plan, speak to the carer or the child's parent to access it.
2. The NDIS plan coordinator will work with you to identify if there is funding in the child's NDIS Plan to engage a behaviour support professional to develop the PBSP or help to seek funding to engage the behaviour support professional to develop the PBSP.
3. Participate in the development of the PBSP along with other key stakeholders involved with the child's life.
4. Consider whether any additional supports the carer may need to manage the plan, for example information, training, support services and ensure these are articulated. Noting the behaviour support professional is able to provide training for the carer to assist with the implementation of the PBSP.

5. Share the draft PBSP with the Team Leader for review and feedback.
6. Provide feedback on the draft PBSP to the behaviour support professional.
7. Remain involved throughout the entire process to develop the Plan:
    a. work with carer to implement the PBSP
    b. manage and review the PBSP as part of ongoing case management.

The **behaviour support professional will** be responsible for:

1. Completing a functional behavioural assessment
2. Consulting with the child, carer, CYPS case manager, family and other key stakeholders to develop the PBSP
3. Seeking panel approval and Senior Practitioner registration of the PBSP
4. Lodging the PBSP with the NDIS commission
5. The carer/CYPS implementing the PBSP
6. Lodging the PBSP in authorisation portal if applicable
7. The approval of the PBSP under an NDIS plan.

12.1 Implementing a PBSP for a child on a NDIS plan

Case manager will have a role in supporting the carer to implement the PBSP as part of ongoing case management responsibilities. This includes:

- Ensuring carer is trained to implement restrictive practices.
- Ensuring carer understands their obligations under the PBSP
- Communicating with stakeholders and provide feedback to the specialist behaviour support professional in regard to the implementation of the PBSP.

Reminding the carer that if a NDIS funded service provider uses restrictive practices whilst providing support to the child at the carers home, then this NDIS provider must be registered with the NDIS Commission and they also have reporting obligations to the NDIS and the Senior Practitioner.

12.2 Reporting of restrictive practices for a child on a NDIS plan

<u>Report a restrictive practice that has been used as part of a registered PBSP</u>

- **Case manager must** email the TAPT at [Redacted] regarding the use of any restrictive practice as **part of a registered PBSP as soon as they discover a restrictive practice has been** used**. The TAPT will** then submit a **monthly report** to the NDIS Commission and the Senior Practitioner in regard to the use of a restrictive practice used as part of a registered PBSP.

<u>Report a restrictive practice that has been used as an unplanned emergency response (not part of a PBSP)</u>

- **Case manager must** email the TAPT at [Redacted] regarding the **emergency use** of restrictive practices (not in a PBSP) **as soon as they discover a restrictive practice has been** used.
    - **The TAPT will** then determine if it is a restrictive practice and will notify the NDIS Commission and Senior Practitioner within **5 days** of receiving the report from the case manager to comply with the reporting obligation in the legislation to avoid legal penalties.

If an NDIS funded service provider uses restrictive practices whilst providing support within the carers home, then they must be registered with the NDIS Commission and they have reporting obligations to the NDIS Commission and the Senior Practitioner.

12.3 Review of a PBSP for a child on a NDIS plan

- A PBSP is reviewed annually (or earlier if required) by the behaviour support professional and the case manager and carer as an implementing provider should participate in this review.

12.4 Working with a child with a disability not on a NDIS plan

Where a child has a disability but does not have a NDIS plan, this must be developed as a matter of priority.

The case manager must work with the carer or parent to progress the development of a NDIS plan, see 'The National Disability Insurance Scheme - children in care or youth justice' practice guide for how to apply for the NDIS.

While a NDIS plan is being developed any behaviours of concern should be managed through strategies identified at the behaviour of concern consultation process and shared with the carer.

If delays are expected in the development of the NDIS plan that could have an impact on the need for, or use of restrictive practices, case managers are encouraged to be in contact with the NDIA in the first instance and clearly articulate the needs and the importance of developing the NDIS plan quickly. Should there still be concerns about the timeframes for the child's NDIS plan after speaking to the NDIA, then email the Office of the Senior Practitioner at [Redacted] to potentially expedite delays with the NDIA.

Step 13 - Report the use of Restrictive Practice

Under the *Senior Practitioner Act 2018*, CYPS is required to monitor and make a record of any restrictive practices used as part of a PBSP or as an unplanned emergency response (SP Act S10) (not as part of a PBSP) and notify the Senior Practitioner.

13.1 Report a restrictive practice that has been used as part of a registered PBSP

- **Case manager must** email the TAPT at [Redacted] **as soon as they discover a restrictive practice has been** used.
    - **The TAPT will** then submit this this information as part of a **monthly report** to the Senior Practitioner.

13.2 Report a restrictive practice that has been used as an unplanned emergency response (not part of a PBSP)

- **Case manager must** email the TAPT at [Redacted] regarding the **emergency use** of restrictive practices (not in a PBSP)
- as soon as they discover a restrictive practice has been used.
    - **The TAPT will** then determine if it is a restrictive practice and will notify the Senior Practitioner within **5 days** of receiving the report from the case manager to comply with the reporting obligation in the legislation to avoid legal penalties.

Case managers must include the following information in their report:

- the name of the child who restrictive practice was used on;
- the age of the child
- the type of restrictive practice used
- how long the restrictive practice was used
- the reason why the restrictive practice was used;
- what attempt (if any) was made to avoid the use of the restrictive practice;
- the effect of the restrictive practice on the person's behaviour;
- the name of the person who authorised the use of the restrictive practice (if relevant);
- the name of the person who used the restrictive practice.

The TAPT is responsible to ensure timely completion and submission of Restrictive Practices Data Reporting (RPDR) forms, using formats accessible from the Office of the Senior Practitioner website (https://www.communityservices.act.gov.au/quality-complaints-and-regulation/office-of-the-senior-practitioner. Guidance on reporting requirements to the ACT Senior Practitioner can be found in the *Restrictive Practices Data Reporting (RPDR) Guide* accessible from the Office of the Senior Practitioner website.

Roles and responsibilities

The following table outlines the roles and responsibilities under this procedure.

Role	Responsibility
Case Manager	• Ongoing case management of child with behaviour of concern and child on a PBSP • Communication with carer about behaviour of concern • Gather information about a behaviour of concern and current strategies used to respond to behaviour • Complete of behaviour of concern form and medical purpose form and submit to Therapeutic Assessment and Planning Team (TAPT) • Report use of any restrictive practice to TAPT as soon as possible • Attend behaviour of concern consultation • Feedback outcomes of behaviour of concern consultation to carer • Provide ongoing support to carer regarding behaviour of concern and strategies suggested by TAPT • If required, contribute to the development of a Positive Behaviour Support Plan (PBSP) with TAPT, school, child, carer and other key people in child's life • If PBSP is developed, attend Central Panel • Provide copies of registered PBSP to key stakeholders • If PBSP is approved and registered, arrange care team meeting and invite TAPT to discuss implementation of PBSP • Work with carer and other stakeholders to implement PBSP • Monitor and review PBSP • If child is on NDIS plan: ○ Work with NDS plan coordinator and behaviour support professional to develop plan, they will lead the development. ○ Provide ongoing support to carer and child through case management ○ Report any instances of use of restrictive practice to TAPT within required reporting timeframes • Record on CYRIS all event and referrals relating to behaviour of concern and use of restrictive practice

Role	Responsibility
Therapeutic Assessment and Planning Team (TAPT)	• Setting up behaviour of concern consultation • Leading behaviour of concern consultation • Reviewing information in the behaviour of concern consultation forms • Provide positive strategies to respond to the behaviour of concern and or referral to other support services • Determine if a PBSP is required • Work with key stakeholders to prepare PBSP • Submit PBSP and supporting documents to panel and attend panel • Provide feedback on the PBSP plan and implementation at care team meeting • Report any use of restrictive practice within PBSP to Senior Practitioner monthly • Report use of restrictive practice outside of PBSP to Senior Practitioner with 5 days of its use • Record on CYRIS all event and referrals relating to behaviour of concern and use of restrictive practice
Behaviour support professional	• Work with case manager, child, carer and other key stakeholders to develop PBSP
Team Leader	• Work with case manager and have oversight of the development of the plan and case management of the child
Operational Manager	• Approval of CYPS input and role in a PBSP when developed by school, child care or disability provider or NDIS provider.
Office of the Senior Practitioner	• Receive reports on restrictive practice. • Arrange Panel meeting on receipt of draft PBSP • Register PSBP • Provide a copy of the registered plan to key stakeholders
Carer	• Be aware of obligations under *Senior Practitioner Act 2018* • Identify behaviours of concern and communicate with case manager • Report uses of restrictive practice • Contribute to the development of a PBSP if required • Attend Central Panel • Implement PBSP • Reduce or limit the use of restrictive practice

Role	Responsibility
Central Panel	• Host regular panel meetings • Receive and review PBSP submission • Assess whether the PBSP meets legislative requirements • Ensure any restrictive practice included in a PBSP is **necessary** to prevent harm to the person or others • Ensure PSBP includes a strategy for reducing use of restrictive practice • Decide whether to approve PBSP • Provide written notice of the Panel decision to TAPT within one week • Review revised PBSP

Record keeping

Information gathered in relation to behaviours of concern and PBSP within CYPS is to be recorded in the CYPS client management system as progress notes, minutes, service events and other scanned documents.

Related materials

The following materials directly relate to this procedure.

Legislation

- *Senior Practitioner Act 2018*

Policies, procedures and practice guides

- Policy: Behaviour support response
- Practice guide: Restrictive practices
- Practice Guide: The National Disability Insurance Scheme - children in care or youth justice

Other documentation

- Application to the Senior Practitioner to register a PBSP
- Form: Behaviour of concern referral and consultation form
- Fact sheet: Behaviours of concern
- Medication purpose form
- Outcome of Panel
- Positive Behaviour Support Plan Approval Panel Template
- Restrictive practice data reporting guidelines

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The following table details the published date and amendment details for this document.

Date	Amendment details
06/08/2020	First publication of this procedure.

Definitions

For definitions of terms used in this document, access the CYPS glossary

[i] Reference: aussiechildcarenetwork.com.au/forum/certificate-3-assignments/redirecting-behaviour-of-concern-9279