



# Positive Behaviour Framework

## Effective Service Design

### Project Team

Peter Millier	Project Consultant
Monique Williamson	Formerly Manager, Policy, NDS/Executive Director, Community and Sector Development Directorate, Disability Services Commission
Mike Cubbage	Manager, Behaviour Support Consultation Team. Disability Services Commission.

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## Acknowledgments

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This report represents collaboration between members of the project team, the Guiding Committee for the Implementation of the Positive Behaviour Framework, National Disability Services , the Disability Services Commission and the many project respondents.

Thank you to all project respondents, especially to the families and people with a disability who were willing to share their experiences (particularly those whose experience has been difficult). This project has given us the opportunity to stop and reflect on what we are doing well and what is not working in relation to supporting people who are seen as having challenging behaviour. It has provided an opportunity to open up discussion, share experiences, highlight areas of concern and consider the principles of how services can get it right for people in the first instance. Consultations for this report also informed the development of the Issues Paper on the current use of Restrictive Practices in the Disability Sector . It is suggested that this report be read in conjunction with the Issues Paper.

## **Executive summary**

A process of consultations was held with families, people with disabilities, disability sector organisations and community members in Perth, Bunbury and Albany in April 2011. The consultations found a high level of consistency regarding what participants believed were the principles and characteristics of effective service delivery, as well as the issues and potential barriers that need to be addressed to fully support the implementation of effective service design principles.

Principles that were identified as essential in developing, delivering and reviewing a service to support people with disability clustered around three key themes:

### **1. Knowing the person**

Respondents considered that the most fundamental safeguard in designing supports for an individual was to know and understand the person well. This meant taking time to develop a longer term view to listen, understand and respond to a person's needs, hopes, dreams and aspirations, their history, their cultural and individual experiences. Services that know the people they serve well, will better understand the reasons why people behave in certain ways that others might find challenging.

### **2. Getting services right**

There was an acknowledgement that the environmental contexts surrounding people are critical in understanding behaviour, and that services/supports must create environments and supports that minimise the likelihood of restriction(s). Many challenges were identified in getting services right, particularly in responding early enough and with sufficient potency to make a difference in people's lives. Central to getting services right was having the right staff, sufficient infrastructure, clear policies, procedures and guidelines to support people who might sometimes display challenging behaviour.

Formal human services need to protect the human rights of an individual by providing the least restrictive environments and creative support that will enable and support a person to be included and able to contribute to their community. Services that support people with disabilities (Disability Sector Organisations, Education, Mental Health, Justice) need to work towards seamless, consistent and transparent collaboration.

### **3. Relationships and community**

The importance of family, freely given relationships and access to valued roles were stressed by most participants. Having a home, relationships, education, health care, work and leisure activities are all core elements of what could be considered to be a 'good life'. People who sometimes display challenging behaviours are at heightened risk of being rejected by their family, the community, the service system and society. They live in a state of heightened vulnerability as they are likely to be cast into the roles of being a menace, a burden to their families/carers and a financial burden on services and society. Thus, Disability Sector Organisations (DSOs) need to intentionally build and maintain positive images and ensure that people with disabilities are, as much as possible supported in a (typical?) community context, recognising that society often takes its cues

from services and providers as to how best to behave/react towards people with a disability.

These factors of effective service design highlighted in this report can be represented in the following way:



## Introduction

The report 'Towards Responsive Services for All' (2009) was instigated and funded by the Disability Service Commission (the Commission) and completed by National Disability Services (NDS) as part of the Positive Behaviour Framework (PBF) initiative. This report sought to explore issues in relation to the capacity of the Western Australian disability service sector to support people with behaviours that can sometimes be challenging. The report highlighted the fact that developing increased service capacity and responsiveness is not likely to result from one-off or short-term investments, but will result from ongoing strategies that require whole of sector and policy responses. The report stressed the importance of developing partnerships between the Commission, the disability sector and people with disabilities and their families/carers, to develop well considered and clearly evaluated outcomes for people with a disability and their families as well as the disability sector.

The proposals contained in the report 'Toward Responsive Services For All' <sup>1</sup> provide a blueprint for disability sector reform. This task was taken on by the Positive Behaviour Framework Implementation Guiding Committee, a cross-sector body charged with the development of more effective responses to people who sometimes display challenging behaviour. The Guiding Committee is currently working on the development of responses to all nine proposals.

This report was created in response to report proposal three:

“... future directions for The Commission in partnership with disability sector organisations involve development of best practice service principles in Positive Behaviour Support including a list of service attributes in relation to supporting people whose behaviour is seen as challenging. These underpinning principles and attributes can be used to evaluate individual service capacity and targeted service development strategies”.

The Guiding Committee subsequently approved the appointment of an independently facilitated consultation process to elicit from participants what they considered to be the essential elements of best practice(s) in relation to positive behaviour support. This consultation process was conducted in April 2011 and involved 140 participants in a World Café event in Perth, as well as meetings with relevant groups in Bunbury and Albany, and some individual consultations with providers and families.

The process built upon, and also took account of, responses generated at a World Café held in Perth in October 2010, as part of the conference 'Living in the West'. As well, a series of seminars was held in November 2010 involving Jim Mansell, Professor of Learning Disability in the Tizard Centre at the University of Kent, United Kingdom and Adjunct Professor in the School of Social Work and Social Policy, La Trobe University, Melbourne.

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<sup>1</sup> National Disability Services (2009) Towards Responsive Services For All” Perth (DSC Webpage)

Eric Emerson, Professor of Disability and Health Research, Lancaster University, United Kingdom, and Visiting Professor, Australian Family and Disability Studies Research Collaboration, University of Sydney, whose practice, writing and teaching in the area of supporting people with challenging behaviours has been very influential <sup>2</sup>(Emerson & Einfeld, 2011). Professor Emerson has stated that, whilst positive behaviour support is one of the interventions that have been shown to work, we still have a long way to go, notwithstanding the good work that has been done in a number of places.

Given this caveat and the present stage of development in practice and research around positive behaviour supports for people with challenging behaviour, the Guiding Committee considered it more appropriate to explore the notion of 'better practice(s)' rather than 'best practice' as a goal. The Guiding Committee considered that this might help to build a sense that 'we are on a journey together', to figure out the elements of better practice, rather than that there is one particular person or group who is the 'expert'.

In the context of supporting people with a disability who might sometimes behave in ways considered challenging, there is a need for clarity of understanding, a shared vision and purpose.

Carr (2007)<sup>3</sup> describes the primary vision of positive behaviour support in the following terms:

Positive behaviour support is ... predicated on the notion that creating a life of quality and purpose, embedded in and made possible by a supportive environment, should be the focus of our efforts as professionals. Our chief concern is not with problem behaviour, and certainly not with problem people, but rather with problem contexts ... Our job is to redesign the counter-productive and unfair environmental contexts that so many people, with and without disabilities, have to contend with in their everyday lives. Our job is to give people the skills, the coping strategies, and the desire to deal with the frustration that is an inevitable part of life.....

It follows that the type of questions asked in this consultation revolves around the values and principles and elements of effective service design. The questions asked during the various country/city meetings were:

- What are the values/principles that should underpin better practice(s) in supporting people with challenging behaviour?
- How might these principles best be applied/implemented?

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<sup>2</sup> Emerson, E. and Einfeld, S. (2011) Challenging Behaviour. (3<sup>rd</sup> ed) Cambridge University Press.

<sup>3</sup> Carr, E. (2007). The expanding vision of Positive Behaviour Support: Research perspectives on happiness, helpfulness, hopefulness. Journal of Positive Behaviour Interventions, 9(1), 3-14.

- What are the elements of 'better practice(s)' that would make a service responsive to the needs of people seen as having challenging behaviour?
- How might the development of better practice(s) be safeguarded?
- If you had all the resources in the world, how would you design a service for a person who is seen to have challenging behaviour?

Responses by participants to these questions have been incorporated into the following document.

## **1. Knowing the person**

### **1.1 The person**

Fundamental to designing supports for an individual is 'knowing the person' and deeply understanding their fundamental needs, aspirations, history, culture and perspective. This takes time, trust and commitment. It might also mean listening and giving authority to those who already know the person well. It could mean moving beyond what we think we know about a person to look beyond reputation, diagnosis and records to see the 'wholeness of who the person is'. Many strategies can complement this process; however they are only successful if they are underpinned by actually knowing and understanding the person.

Strategies that can support this would include:

- Taking time and building trust with the person
- Person-centred planning approaches– allowing and encouraging an individual to have a genuine voice/say. Ensuring that significant stakeholders are involved.
- Taking a long term view – not just focusing on the here and now
- Individual goal setting, constant review of support plan - adapting plan to suit changing needs
- Use of functional analysis of behaviour – understanding that behaviour deemed 'challenging' might be 'adaptive' for the person.

#### **1.1.1 Fundamental needs and aspirations**

Understanding a person's needs and aspirations is underpinned by knowing them well. In considering needs, it is important to understand both the fundamentals such as a sense of belonging, security, safety and contribution as well as a sense of purpose, health and wellbeing. It is also important to consider needs and aspirations in the context of urgency and priority of address.

Based on the above considerations, it is likely that the following questions will need to be asked:



- What is important to the person?
- What are his/her aspirations?
- What makes the person feel safe?
- What makes the person feel anxious?
- How much control does the person have (over his/her environment, situation, and routine)?
- How is the person's general health and wellbeing (such as sleep, exercise, relaxation, diet and spiritual practice)?
- Is the person in pain?
- Are the person's health issues adequately monitored and supported (including mental health)?
- What is the role of medication and is this adequately managed across health professionals and pharmacists?
- How does the person use his/her time (is s/he challenged, actively engaged, working, learning)?
- What relationships matter to the person?
- Is the person satisfied with his/her level of social connection and support?
- What environments does the person feel safest in?
- What matters to the person about his/her environment?
- What is the person's reputation in the community?
- What is the person's cultural background/upbringing? His/her cultural identity?

### **1.1.2 Context of family and relationships**

It is important to consider a person in the context of his/her broader family or social network, particularly if the person is living in the family home or with others in close relationships. There might be some fundamental needs associated with the family context such as a sense of belonging or a sense of safety and security. In many situations it will require working closely with families to build trust and rapport through honest and open communication. It is important to understand how support strategies will impact on the broader family and/or compromise the 'sanctity of home'.

Differences of opinion and approaches between services, workers and families/carers need to be acknowledged. Families tend to be focussed on the 'here and now' but also worry about what is likely to happen to their son or daughter when they can no longer care for them. It might take time for families to enter into a conversation about developing a long term plan for their son or daughter. There needs to be recognition that parents sometime just want to be parents, not to be placed into the roles of carers, therapists or advocates.

Families and carers might also require independent support and advocacy, especially at times when their own needs and requirements take precedence over the needs of the family member with a disability.

## **1.2 Considering support for a good life**

This stage of designing support requires analysing all the elements captured in Part 1.1. (knowing and understanding the person and considering potential support options for the person). The development of support options for a person with a disability needs to consider the broader picture of what is 'a good life'. This means thinking about some of the elements that most people would consider equate to a good life, such as having a purpose, strong relationships, economic security, health and wellbeing. It is important to contextualise these ideas against what things are important to the person and how they define a good life. It is easy to underestimate the potential of some people particularly when many others have very low expectations of what is possible. Developing and maintaining a positive vision of what is possible will support better outcomes.

### **1.2.1 Formal and natural support**

Support strategies to optimise outcomes should be considered in the context of both formal support and maintaining natural support and relationships. It is helpful to ensure that there is someone with a truly independent voice 'standing alongside' the person at all times. This is especially important at critical discussions and decision points – someone who will assist the person to make a 'good call'. There is a need to recognise the importance of using generic supports and services to increase the likelihood of wider social inclusion.

In considering formal support, attention needs to be paid to the people required to undertake paid support.

- What attributes and skills will be required?
- What sort of people are most likely to work well with the person?
- What values and attributes would be important and how could we foster these?
- What things will people need to learn and what is the best way for them to learn these things?
- What ways could support be structured to best suit the person?

It is important at this stage that consideration be given to the environmental issues that are most likely to work for the person.

### **1.2.2 Short, medium and long term goals**

It is easy to get distracted by a short term view and just focusing on short term fixes for some people without considering and building toward ‘the bigger picture’ or long term possibilities. It takes time to build rapport and trust and for strategies to evolve. Behaviour that may have taken years to develop is unlikely to change in a short period of time. Constructing a support arrangement for a person should include strategies that have a short, medium and long term view.

### **1.3 Creative responsive support**

The final step in the service design process is to design a support proposal that allows for the needs and aspirations identified in Step 1 and the considerations in Step 2 which will work with the individual and other stakeholders to develop an overall support plan.

#### **1.3.1 Least restrictive and creative**

Environments need to be established and maintained that give people adequate control, are conducive to providing support in a positive way, and minimise the likelihood of restriction(s). Significant consideration should be given to how and with whom the person resides if considering accommodation support options.

It is important to ‘think outside the square’ – a non-expert outsider might have some helpful insights.

There is also a need to adopt a ‘what will it take’ approach rather than starting with one based on considerations about constraints and restraints.

Effective supervision and support of staff takes time – people need time to reflect on their own values and practice. Having role models, training and mentoring are critical. Support staff need to feel valued and appreciated.

#### **1.3.2 Flexible, responsive and ongoing review**

The development of supports and review of same should encourage a culture of conversation and problem-solving, rather than blaming the person, their family or support staff. There might be opportunities to take some sensible risks – difficult in an era of ‘risk management’ and ‘risk avoidance’. Duty of care and Occupational health and safety considerations should be considered against reasonable and defensible risk-taking. Risk-taking should be balanced against safeguards which ensure the person is not further hurt or harmed.

There should be seamless, consistent and transparent collaboration between/among stakeholders eg mental health services, the criminal justice system and especially education services.

## 2. Getting services right

### 2.1 Service model

Models of service delivery and support have, until recent times, tended to focus on intervention(s) to address challenging behaviour. This often occurred in residential settings established for that purpose. Whilst there is a place for what is called 'situational management' – dealing with challenging behaviours as they arise – there is accumulating evidence that such intervention strategies do little to address the issues over the long term. Indeed, there is evidence that, by grouping together people with so-called challenging behaviours, they will learn even more inappropriate responses from one another through modelling and imitation.

- Challenging behaviours often emerge from inappropriate groupings of people eg grouping together people who themselves have challenging behaviours, or grouping people who have nothing in common in terms of interests, habits, lifestyles. This in turn can lead to restrictive practices for everyone in order to address the problem behaviour of one individual.
- Some service environments are more likely to promote and maintain behaviour considered challenging because either the setting or the atmosphere is not conducive to a developmental approach, or is bereft of the activities and routines usually associated with 'home'.
- Many services and service systems have restrictions and limitations in meeting some important human needs. This might lead to, or elicit inappropriate or challenging behaviour(s). For instance, a service might be attempting to support too many people with a variety of complex needs.
- A number of residential services/systems have both a landlord and a support function. Thus a person who exhibits challenging behaviour might be moved around within a system and this in turn leads to the person having a lack of any sense of security and/or permanence in their life.
- Congregate care models increase the possibility that restrictive practices will be adopted.

All of the above suggests the need to a move away from an 'intervention' model to a 'support' ethos with renewed focus on a community/inclusion orientation. Principles and practices which might inform these approaches will need to include the following:

- People with disabilities are citizens with the same rights as the wider community. In order to have a 'good life' in the community could mean having (or owning) a home, relationships, education, health care, work and leisure
- A primary role for services/workers is to support people to have an ordinary/typical life with as few restrictions as possible – to assist people to have a 'real' presence in the community

- There is a need to recognise the importance of using generic support and services to increase the likelihood of wider community acceptance of people with disabilities
- Services/support must be conducive to providing support in a positive way — to create environments/supports that minimise the likelihood of restriction(s)
- Support for people should be as individualised as possible, and in the mainstream, so as not to reinforce perceptions of difference/deviancy
- There is a need to also adopt a preventative approach — to start early in addressing behaviours of concern just as soon as they begin to manifest
- If support for people with a disability within mainstream services can start from an early age, it is more likely to facilitate the development of their social skills. This should reduce the likelihood of them developing challenging behaviours.

## **2.2 Staff recruitment, training and development**

There are a number of staff recruitment, training and development issues which will need to be addressed:

- Some people have an aptitude or knack for working with people who exhibit challenging behaviour — others do not. There is a need to take care in the selection of staff.
- Some staff might actually have behaviour(s) which are themselves challenging and elicit challenging behaviour(s) from the people with whom they work — there is a need to confront this and ‘call’ it for what it is. Address it.
- It is not just a matter of what staff are taught but how they learn the necessary skills. Where/how do we learn to deal with other human beings? Usually we learn informally rather than formally.
- Staff attitudes and values towards people with a disability who also exhibit challenging behaviour(s) might be just as important a consideration as their competencies.
- There is a need for cultural diversity among staff, together with an understanding of same.

There will be a need to develop a ‘learning culture’ within services which incorporates a number of elements including:

- The adoption of a tiered, graduated approach to staff training and development to encourage a ‘learning by doing’ approach
- A recognition that it takes time to build a culture which supports staff to develop skills, as well as to have opportunities to reflect and discuss practices and issues

- The presence of good role models and mentors
- A commitment to 'life-long' learning to update knowledge and skills — we never stop learning.

There will also be a need for professionals to support organisations, workers and families who are involved with people exhibiting challenging behaviour.

- Professional consultants need to be available in a way which is both timely and convenient
- Professionals might also require training and support to respect people, listen to them, not 'talk down' to them, focus on the skills and abilities of a person and not just see them as a 'problem'
- Professionals should have informal opportunities to learn with, and from, families and carers; to get back down to their day-to-day realities, and not retreat into jargon or 'professional' attitudes/behaviour
- One of the big dangers is that professionals might be so 'distant' from the person with a disability and their family (in terms of knowing 'who' the person is, and understanding their 'real' needs), that their support or advice may not be relevant or helpful

### **2.3 Organisational culture**

Staff will tend to seek, and remain with organisations that have a reputation for doing what they say they will, and value their workers. Employees need to be supported in the process of change by their organisation:

- Working to build a consensus that change is necessary, and is not a criticism of workers for not having done the right thing
- Leading by example
- Engaging around values — who is our client? Why are we here? What is the most important need we can meet?
- Demonstrating a genuine interest in what staff are doing and the impact that has on the quality of life of the person with challenging behaviour
- Making staff feel valued and appreciated 'all the way up the line' — everyone knows what you do — managers should remain connected to direct-care workers and actually observe the work they do.

Pay and conditions are important but are offset to some degree by staff feeling valued and getting feedback that is genuinely based on observation.

## **2.4 Identify and address barriers**

There are a number of issues which will need to be addressed in the development and implementation of a positive behaviour framework.

### **2.4.1 Staff training and development**

Finding, training and supporting the ongoing development of the right staff is a critical component of the implementation of a positive behaviour framework. As mentioned earlier, some people have a knack for working with people whose behaviour is challenging. It is also not just a matter of learning a set of techniques. It is also about a preparedness to stand by the person and their family for the long term. Therefore it is important to find people who:

- Have demonstrated an interest in, and commitment to, working with people with a disability whose behaviour is considered challenging
- Are committed to a person-centred approach
- Are prepared to work collaboratively
- Are committed to evidence-based practice
- Are prepared to stick around for the long term

### **2.4.2 Resources**

It will take time to develop and implement a positive behaviour framework across the disability sector. Apart from the lack of experienced staff, there is limited availability of competent professionals, especially in country areas. Other factors include limited funding, resources and individualised options.

Training programmes will need to be developed, probably in the tertiary sector as well as on the job.

## **2.5 Safeguards**

There is a need for safeguards at all levels/layers — individual, family, the service system and society.

- Some safeguards will be formal/organisational — e.g. clearly established policies and procedures, or perhaps even legislation
- Other safeguards might be informal and rely on ‘outsiders’. This could be neighbours or community members who report matters which cause them concern. Perhaps there is a need to make informal networks/mechanisms more structured.
- There needs to be someone with a truly independent voice ‘standing alongside’ the person at all times but especially at critical discussions and decision points

- There needs to be a recognition/acceptance of the reality that some stakeholders (family/service providers) might sometimes place their own needs ahead of the needs of the person. These needs and interests might be valid even though they are in conflict.

### **3. Community**

#### **3.1 Working collaboratively with other stakeholders**

DSOs need to work collaboratively with other stakeholders. This includes other government and non-government agencies which provide support to people with a disability who exhibit challenging behaviour. Some issues identified by respondents included:

- Seamless, consistent and transparent collaboration between/among stakeholders; eg mental health services, the criminal justice system and especially education services
- Using technology to communicate and update information. This would ensure that regional/country services especially are not disadvantaged in this regard.
- Communicating own organisational culture and values; clarifying culture and values of other organisations; don't assume they think about these matters the same way we do.
- There may be a need for an interagency management and/or oversight group to ensure interagency cooperation – PECN (People with especially complex needs) was mentioned as a possible model, although some thought it too bureaucratic and cumbersome.

#### **3.2 Societal attitudes**

DSOs should be constantly aware of the need to address community and societal attitudes about people with a disability who sometimes display challenging behaviour. This group of people is at serious risk of being rejected by their family, their community, the service system and society. They live in a state of heightened vulnerability as they are likely to be viewed as menaces, a burden to their families/carers and a financial burden on services and society. Therefore, DSOs need to:

- Build and maintain a positive rather than a negative focus
- Ensure a positive presentation of people with disabilities via the media — don't reinforce negative community stereotypes, especially the notion that people with disabilities always have challenging behaviours, are difficult to work with and generally are a problem
- Adopt a positive focus around planning, be proactive, use networking techniques, address community attitude change



- Ensure that people with disabilities are, as much as possible, supported in a (typical?) community context – how it appears is just as important as what we do
- Recognise the importance of modelling and imitation – society takes its cues from services and providers as to how best to behave/react towards people with a disability

## **A final consideration**

By using a Positive Behaviour Support approach, we commit to trying to understand and address the issues that contribute to a person needing to display challenging behaviours. This is at a personal, family, service system(s) and society-wide level. Our focus should never be solely just at the level of the person whose behaviour we want to understand and modify. Using the checklist contained in this report might help you to understand the range of possible contributing factors when you are supporting a person who sometimes displays challenging behaviour. It will also assist in developing supports which avoid the use of restrictive practices.

# Things to consider

# Effective Service Design Checklist

## Knowing the Person Well

- Fundamental needs and aspirations
- Important people, family context and other relationships
  - Short, medium and long term goals
  - Cultural background

### Proactive Strategies

### Reactive Strategies

Set up the environment	Identify what is useful for the person to learn	Getting the support right	Understanding early warning signs	Manage the crisis	Proactive Recovery
<p><b>Physical considerations:</b></p> <ul style="list-style-type: none"> <li>• Problem behaviours arise in problem contexts.</li> <li>• Address the need for personal space through what you know about the person and how you can structure the physical environment to support them.</li> <li>• Consider sensory stimuli in the context of what you know about the person – sound/noise, lighting, heating/cooling etc.</li> <li>• Consider physical/architectural design features that create barriers that exclude or cause frustration to the person and/or reduce access to desired, liked options.</li> </ul> <p>Are the aids/physical resources available to support the person optimised?</p> <p><b>Service Settings:</b></p> <ul style="list-style-type: none"> <li>• Take a long term view – not just focusing on the here and now.</li> <li>• Consider the culture of the service. What messages are you intentionally or unintentionally giving staff?</li> <li>• Activities that are to occur in the setting – are there additional/different physical considerations according to the nature of the activities?</li> <li>• Consider the order in which activities are to occur.</li> <li>• Provide maximum opportunity</li> </ul>	<p><b>Improve communication skills:</b></p> <ul style="list-style-type: none"> <li>• Enhance the person's capacity to express to others exactly what they want.</li> <li>• Staff also need training to be better communicators. For example, are they skilled in using alternative communication methods?</li> <li>• One of the big dangers is that professionals might be so 'distant' from the person with a disability and their family in terms of knowing 'who' the person is, and what are their 'real' needs, as to render any support or advice irrelevant or unhelpful.</li> </ul> <p><b>Enhance skills of daily living:</b></p> <ul style="list-style-type: none"> <li>• What thought has been given to how staff interact on a daily basis? Do they have skills in facilitating good decision making and involvement towards the people they serve in all aspects of their life?</li> <li>• Professionals might also require training and support to respect people, listen to them, not 'talk down' to them, focus on the skills and abilities of a person and not just see them as a 'problem'.</li> <li>• What opportunities exist for people to exercise choice and make decisions? Can you document these?</li> </ul>	<p><b>Keep human rights as the focus:</b></p> <ul style="list-style-type: none"> <li>• People with disabilities are citizens with the same rights as the rest of us to have a good life in the community.</li> <li>• What is the person's reputation in the community?</li> <li>• It is easy to underestimate the potential of some people, particularly when others have very low expectations. Developing and maintaining a positive vision of what is possible will support better outcomes.</li> </ul> <p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Primary role is to support people to have a life with as few restrictions as possible – to assist people to have a 'real' presence in the community.</li> <li>• Staff will tend to seek, and remain with organisations that have a reputation for doing what they say, and valuing their workers</li> <li>• The presence of good role models and mentors is beneficial.</li> <li>• Recruit the right people – values, attributes, cultures.</li> <li>• Train them well.</li> <li>• Supervise them well.</li> <li>• Regularly refresh/enhance training.</li> </ul> <p><b>Maximise the person's control:</b></p> <ul style="list-style-type: none"> <li>• Remove unnecessary demands and requests.</li> <li>• Increase the opportunities for control, reduce unnecessary constraints.</li> <li>• What is important to the person?</li> <li>• What are his/her aspirations?</li> <li>• What makes the person feel safe?</li> <li>• What makes the person anxious?</li> <li>• How much control does the person have over his/her environment, situation and routine?</li> </ul> <p><b>Use behaviour modification strategies:</b></p> <ul style="list-style-type: none"> <li>• Use of functional analysis of behaviour – understanding that behaviour deemed 'challenging' might be 'adaptive' for the person.</li> <li>• It is easy to get distracted by a short-term view and just focusing on short-term fixes for some people, without considering and building toward 'the bigger picture' or long-term possibilities. It takes time to build a rapport and trust and for strategies to evolve. Behaviour that might have taken years to develop is unlikely to change in a short period of time. Constructing a support arrangement for a person should include strategies that have short, medium and long-term views.</li> <li>• Include and increase reinforcers.</li> </ul>	<p><b>Pick up the cues:</b></p> <ul style="list-style-type: none"> <li>• Understanding why the behaviour occurs determines how you respond. Having a thorough Functional Assessment allows you to understand the meaning of the behaviour and potential triggers (the what, and where).</li> <li>• Respond quickly and positively to early signs of behaviours that might indicate the start of a behavioural episode.</li> <li>• Respond according to the probable function of the behaviour.</li> <li>• Understand the escalation pattern of the behaviour.</li> <li>• Use positive responses to any early warning signs.</li> <li>• Use the least restrictive responses (interruption, redirection).</li> </ul>	<p><b>Have a plan:</b></p> <ul style="list-style-type: none"> <li>• Have a planned response (Behaviour Support Plan) as part of a tiered Behaviour Response Plan.</li> <li>• What you do in the first instance?</li> <li>• What to do when the behaviour becomes more significant?</li> <li>• Be prepared and ensure that everyone knows what to do.</li> <li>• Protect the person from harm.</li> <li>• Protect others from harm.</li> </ul>	<p><b>Know what soothes:</b></p> <ul style="list-style-type: none"> <li>• Help the person to calm down using strategies/tools that are known to work for the person.</li> <li>• Understand what support a person might require when engaging in early warning signs (e.g. getting off a long bus trip might mean having some time alone or engaged in favourite activities).</li> <li>• Tailor responses to the individual and the supports that help the person recover.</li> <li>• Create a quiet place to use when redirecting and use opportunities for the person to self-soothe.</li> </ul> <p><b>Debrief:</b></p> <ul style="list-style-type: none"> <li>• Debrief the person.</li> <li>• Debrief others affected by the incident.</li> </ul>

<p>for the person to do what they like to do. Achieve a balance in social and vocational schedules.</p> <p><b>People:</b></p> <ul style="list-style-type: none"> <li>• What relationships matter to the person?</li> <li>• Is the person satisfied with his/her level of social connection and support?</li> <li>• To whom does the person respond positively/ negatively? What is in place to ensure that people who 'get on' together are able to interact and that those who 'clash' have the minimum interaction?</li> <li>• Are groupings right? Is the number of people who might exhibit challenging behaviours minimized in the group? Are people who share interests, habits, lifestyles grouped together for activities?</li> <li>• Improve relationships, increase opportunities for positive interactions.</li> <li>• Encourage and improve relationships – natural and formal supports.</li> </ul>	<p><b>Enhance coping skills:</b></p> <ul style="list-style-type: none"> <li>• How does the person use his/her time? Is s/he challenged, actively engaged, working, learning?</li> <li>• Move away from an 'interventionist' to a 'support' ethos with renewed focus on a community/inclusion orientation.</li> <li>• There is a need to acknowledge the importance of using generic supports and services to increase the likelihood of wider community acceptance of people with disabilities.</li> <li>• Support for people should be as individualised as possible, and in the mainstream, so as not to reinforce perceptions of difference/deviancy.</li> <li>• There is a need to adopt a preventative approach - to start early to address behaviours of concern just as soon as they begin to manifest.</li> </ul> <p><b>Teach skills that allow people to relax:</b></p> <ul style="list-style-type: none"> <li>• What things will people need to learn and what is the best way for them to learn these things?</li> <li>• Do people know how to relax/have 'down time' and are there places that allow that opportunity?</li> </ul>	<ul style="list-style-type: none"> <li>• Respond effectively to the person's needs.</li> <li>• Change triggers.</li> <li>• Understand the person's sensory processing style.</li> <li>• Use schedules and other communication supports.</li> </ul> <p><b>Review and respond to physical health care needs:</b></p> <ul style="list-style-type: none"> <li>• How is the person's general health and wellbeing (such as sleep, exercise, relaxation, diet and spiritual practice)?</li> <li>• Is the person in pain?</li> <li>• Are the person's health issues adequately monitored and supported (including mental health)?</li> <li>• What is the role of medication and is this adequately managed across health professionals and pharmacists?</li> </ul> <p><b>Review Medications:</b></p> <ul style="list-style-type: none"> <li>• What is the role of medication and is this adequately managed across health professionals and pharmacists?</li> </ul> <p><b>Safeguards:</b></p> <ul style="list-style-type: none"> <li>• Identify and implement formal and informal safeguards.</li> <li>• Some safeguards will be formal/organisational – e.g. clearly established policies and procedures, or perhaps even legislation.</li> <li>• Other safeguards may be informal and rely on 'outsiders', such as neighbours or community members who report matters which cause them concern. Perhaps there is also a need to change informal networks/mechanisms to something more formal.</li> <li>• There needs to be someone with a truly independent voice 'standing alongside' the person at all times but especially at critical discussions and decision points.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing/decreasing stimulation.</li> <li>• Increasing supervision and support to bring the person back to a pre-crisis state.</li> <li>• Restrictive practices are not consistent with the protection of human rights.</li> </ul>		<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Review when things are calm again and evaluate the incident for what can be learned.</li> </ul>
<p><b>Set up the environment</b></p>	<p><b>Identify what is useful for the person to learn</b></p>	<p><b>Getting the support right</b></p>	<p><b>Understanding early warning signs</b></p>	<p><b>Manage the crisis</b></p>	<p><b>Proactive recovery</b></p>
<p><b>Proactive strategies</b></p>			<p><b>Reactive Strategies</b></p>		

Positive Behaviour Support endeavours to comprehend and address issues at all levels - person, family, service system(s) and society. It is not just at the level of the person who exhibits behaviour we want to understand and modify.

Adapted from Challenging Behaviour: A Model for Breaking the Barriers to Social and Community Integration. LaVigna.G, and Willis, T. *Positive Practices, Volume 1 Number 1*, October 1995.

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