BEHAVIOUR SUPPORT POLICY

Telethon Speech & Hearing

Topic: Behaviour Support Policy

Responsible: Chief Executive Officer

Location: Intranet

Approved by: Chief Executive Officer **Signature:**

Review Date: 3 years from procedure approval date or as and when required

Effective Date:	November 2022	Review Date:	November 2024	Policy Version:	V6

1. AIM and OBJECTIVE

The objective of this document is to set out the behaviour support policy for all staff who are employed by Telethon Speech and Hearing. It establishes our direction and vision of how behaviour is to be viewed and responded to, from an unwavering stance of empathy, openness and curiosity.

2. SCOPE and APPLICATION

This policy applies to all staff employed by TSH, including volunteers. This includes teachers, teacher assistants, allied health staff and administration staff based in any of the programs provided by TSH.

3. PURPOSE

The purpose of this policy is to provide staff with clear guidance for responding to students' behaviour needs. This includes behaviours that may adversely affect the learning and wellbeing of the student or others.

4. RELATED DOCUMENTATION

Student Code of Conduct
Duty of Care Policy
Convention on the Rights of the Child
Convention on the Rights of Persons with Disabilities
Disability Discrimination Act 1992
Criminal Code Act Compilation Act 1913
School Education Act 1999
School Education Regulations 2000
Disability Standards for Education 2005
Equal Opportunity Act 1984

5. DEFINITIONS

Bullying: An ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert). Bullying of any form or for any reason can have long-term effects on those involved, including bystanders.
Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying. However, these conflicts still need to be addressed and resolved.

Harassment: Behaviour that targets an individual or group due to their identity, race, culture or ethnic origin; religion; physical characteristics; gender; sexual orientation; marital, parenting or economic status; age; ability or disability and that offends, humiliates, intimidates or creates a hostile environment.
Harassment may be an ongoing pattern of behaviour, or it may be a single act. It may be directed randomly or towards the same person/s. It may be intentional or unintentional (i.e. words or actions that offend and distress one person may be genuinely regarded by the person doing them as minor or harmless).

Violence: The intentional use of physical force or power, threatened or actual, against another person/s that results in psychological harm, injury or in some cases death. Violence may involve provoked or unprovoked acts and can be a single incident, a random act or can occur over time.

Child Abuse: Four forms of child abuse are covered by WA law and are defined by the Department of Communities:

1. Physical abuse occurs when a child is severely and/or persistently hurt or injured by an adult or caregiver.
2. Sexual abuse occurs when a child is exposed to, or involved in, sexual activity that is inappropriate to the child's age and developmental level, and includes sexual behaviour in circumstances where:
    a. the child is the subject of bribery, coercion, a threat, exploitation or violence;
    b. the child has less power than another person involved in the behaviour; or
    c. there is significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.
3. Emotional abuse includes;
    a. psychological abuse; and
    b. being exposed to an act of family and domestic violence.
4. Neglect is when children do not receive adequate food or shelter, medical treatment, supervision, care or nurturance to such an extent that their development is damaged or they are injured. Neglect may be acute, episodic or chronic.

Corporal Punishment: Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light; typically involving hitting the child with the hand or with an implement; can also include, for example, forcing the child to stay in an uncomfortable position. It does not include the use of reasonable physical restraint to protect the child or others from harm.

Degrading Punishment: Any punishment which is incompatible with respect for human dignity, including corporal punishment and non-physical punishment which belittles humiliates, denigrates, scapegoats,

threatens, scares or ridicules the child.

Punitive Practices: A punitive practice is any action or practice intended as a punishment for behaviour. Punitive practices include:

- Aversive practices (use of unpleasant physical or sensory stimuli to modify behaviour or to punish)
- Overcorrection (requiring a child to perform restitutive actions either repeatedly or to a significantly higher standard as a consequence of a behaviour)
- Denial of key needs
- Response cost punishment strategies (withdrawal of a preferred item or experience in an attempt to modify behaviour or to punish)

Examples of punitive practices:

- Washing a child's mouth out with soap (aversive practice)
- Making a child pick everything up off the whole floor as a consequence for throwing an item (overcorrection)
- Not allowing a child to access their water bottle until they have completed all their morning tasks (denial of key needs)
- Preventing a child from playing outside at lunch time as a punishment for non-compliance (response cost punishment)

Restrictive Practices:

- **Seclusion** is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted. An example of seclusion is a child being held in 'time out', using doors or barriers, as a punishment for or to influence their behaviour.

- **Chemical restraint** is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition. An example of chemical restraint is the use of medication such as benzodiazepine to reduce head banging behaviour. An example that is NOT chemical restraint is the use of diazepam prescribed as a muscle relaxant after seizure activity.

- **Physical restraint** is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person. Examples of physical restraint are:
    - holding a person's hand down to stop them hitting themselves
    - forcefully leading them in a direction they do not want to go

- **Mechanical restraint** is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes. Examples of mechanical restraint are:
    - using a onesie to prevent a person from accessing a part of their body
    - using splints, gloves or a helmet to prevent self-harming.

- **Environmental restraint** involves restricting a person's free access to all parts of their environment, including items or activities. Examples of environmental restraint are:
    - preventing a person from accessing their own possessions.
    - preventing access to areas that would typically be freely accessible to a child or young person their age, such as the backyard, bathroom or their bedroom, to prevent a behaviour from occurring.

6. POLICY

6.1 General Principles

All students have the right to:

- Be supported to participate fully in the teaching and learning process
- Feel safe and secure
- Experience positive mental health and wellbeing
- Experience positive relationships and social interactions with staff and students
- Have opportunities to learn and practice appropriate social behaviours with positive guidance
- Receive non-punitive support to address behaviours that may concern others or impact on learning and wellbeing
- Always be listened to and treated fairly, without bias or discrimination, in the case of disputes
- Have their human rights respected, including the rights to dignity, personal freedom and substantive equality of opportunity

In addition, TSH explicitly forbids the use of any form of:

- harassment
- violence
- child abuse
- corporal punishment
- degrading punishment
- punitive practices

Our response to any such incidents will be guided by the TSH Duty of Care policy, TSH Student Code of Conduct and any relevant legislation (see Legislation section of this policy).

Restrictive practices may only be used as a last resort where necessary to safeguard children and others from risk of harm. Proposed restrictive practices must be clearly documented in a Positive Behaviour Support Plan (see Appendix 1), including details of how they will be reduced and eliminated. Any plan containing restrictive practices must be signed by a parent, TSH psychologist and the TSH Principal, to indicate their consent to the use of the restrictive practices.

Staff using a restrictive practice must be adequately trained to implement it safely. Any unplanned/emergency use of restrictive practices must be immediately reported to the TSH Principal and a written record of the incident completed. Chemical restraints will only be used in situations where the restraint is requested and approved by the parent following prescription by a medical practitioner, and documented in a Positive Behaviour Support Plan (as above).

As a condition of our NDIS registration, TSH staff may not use restrictive practices in any NDIS-funded services.

6.2 Principles of Positive Behaviour Support

The key principles outlined in this policy are drawn from the scientific literature on Positive Behaviour Support, an internationally recognised evidence-informed approach. These principles are understood and embedded throughout the whole of organisation, and form part of the culture of TSH.

Key principles of Positive Behaviour Support include:

- Focus on Needs – we focus on the child's needs; behaviour is secondary

Difficult behaviour is an expression of unmet need. It always means something isn't quite right for the child. Meeting needs and improving the quality of the child's life is our number one goal. Positive Behaviour Support changes behaviour through making changes around the child to meet previously unmet needs. It recognises that the child is not the problem. We look at the whole child and seek to understand their experience and what might be underlying the behaviour.

- Partnership – we work together to understand and make changes

To understand a child's needs fully, we need to draw the important people in the child's life into the process. To get a clear and balanced picture of the child, we need to draw on everyone's knowledge and expertise, especially caregivers and others who are close with the child. This needs to be done with a sense of partnership, and not with an expert approach. For others to see the child clearly, feel empowered and make effective changes, they need to be part of the partnership. The most effective way to create lasting behaviour change is to have everyone building a shared understanding of the child's needs together.

- Systemic approach – we build a capable environment around the child

Systems in this context means the way people and settings are organised around the child. A system could be a family, a classroom, or community. Systems form part of the environment around all of us, and they have their own structure and rules. We work to build a capable environment around the child, because when we make the environment a better fit for the child, the child can flourish.

- Proactive approach – we build on strengths and plan ahead

When we turn our minds to the strengths both within and around the child, we start to see what is already in place that is working, and what we can build on. Positive Behaviour Support is a process of planning and building a capable environment that prevents behaviour problems so that we are not left simply reacting to them on an ad hoc basis.

All staff will be provided with ongoing learning opportunities in Positive Behaviour Support and other programs that are consistent with this approach. Learning for staff in these areas will be supported by the TSH psychology team, with additional external training made available as needed.

6.3 Procedures

Staff are responsible for:

- Ensuring communication with parents/caregivers is in place that facilitates understanding of any issues outside TSH that may impact on the student's wellbeing and behaviour.
- Providing general information to parents/caregivers about the TSH approach to behaviour support, as well as specific information about any behavioural issues.
- Working collaboratively with other staff and parents/caregivers to develop and implement behaviour support plans for students, with support from the TSH psychology team.
- Using their professional knowledge and experience to develop supports and practices based on the needs, abilities and interests of the student.
- Ensuring that they are aware of and following any behaviour support plans that are in place for students they have contact with.
- Working collaboratively with other staff and parents/caregivers to evaluate the effectiveness of behaviour supports and adjusting behaviour support plans accordingly.
- Considering cultural differences of students and their families, and making appropriate adjustments to behaviour support plans and classroom supports.
- Record-keeping, conducting risk assessments and reporting any safety concerns, unplanned use of restrictive practices or incidents causing injury to the Principal.

6.4 Response to Bullying

All students and staff have the right to feel safe and secure. TSH is committed to the prevention of bullying and providing strong leadership and responsiveness in the event of bullying occurrence.

In addition to this policy, our response to any incidents of bullying will be guided by our Duty of Care policy, Student Code of Conduct, and any relevant legislation (see Legislation section of this policy).
TSH staff will provide proactive and timely support to any victim of bullying, in accordance with their needs and in collaboration with their parents/caregivers. Students will continue to be monitored and supported by staff for as long as needed to ensure their ongoing wellbeing.

Bullying is recognised as a behaviour for which students may benefit from Positive Behaviour Support. The bullying behaviour will be approached in a way that seeks to understand any unmet needs that may drive the behaviour, while promoting empathy, repairing harm and repairing relationships.

7. POLICY UPDATES

This policy may be updated or revised from time to time. TSH will notify all staff each time the policy has been updated. If you are unsure whether you are reading the most current version, you should contact the CEO or Principal.

Originated	Version 1	June 2011
Updated	Version 2	October 2012
Updated	Version 3	February 2015
Updated	Version 4	October 2018
Updated	Version 5	May 2019
Updated	Version 6	November 2022

8. APPENDIX 1: POSITIVE BEHAVIOUR SUPPORT PLAN

Behaviour Support Plan

Student name:
Student DOB:
Year level/Class:
Teacher name:
Parent/caregiver (names):
Plan author/s:
Date of plan:
(Plan is not valid unless reviewed and updated if/when there is a significant change of circumstance, or at 12 months from original date of plan).

Introduction:
Describe the student and their history and family information.

Strengths:
Describe the student's personal strengths and what is currently going well.

Behaviours:

Describe the behaviour/s that needs to be explored. Use clear, neutral language.

Needs:

Describe the needs that have been identified, and those that we are still exploring. Describe the function of the behaviour, if known.

Supports:

Describe the supports that are currently in place or that will be implemented. These should build on strengths, and match the needs identified.

Escalation plan:

Calm and regulated.	**Continue supports as usual**	
Describe how student presents when they are regulated and engaged AND what staff can do to support	*(student)*	*(staff)*
Early warning signs.	**Engage and connect**	
Describe the early warning signs that student is becoming dysregulated or overwhelmed AND what staff can do to support	*(student)*	*(staff)*
Low level challenging behaviours.	**Empathise and support**	
Describe behaviours that are indicating distress AND what staff can do to support	*(student)*	*(staff)*
Severe challenging behaviours.	**Keep safe**	
Describe behaviours that are indicating severe distress and presenting danger AND what staff can do to support safety of the student, themselves, and others	*(student)*	*(staff)*
Recovery.	**Support recovery**	
Describe behaviours as student regains regulation AND what staff can do to support	*(student)*	*(staff)*

Signatures (Principal is only required to sign if plan includes restrictive practices)**:**

Parent/caregiver: _____ (date)_____

Teacher:_____ (date)_____

Psychologist: _____ (date)_____

Principal: _____ (date)_____

Other staff member (specify):_____ (date)_____

Other staff member (specify):_____ (date)_____