

# The use of positive behaviour support approaches and protections of human rights: lessons from a legislative jurisdiction

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Centre of Excellence  
for Clinical Innovation  
and Behaviour Support



Queensland  
Government

# Overview

- The Centre of Excellence for Clinical Innovation and Behaviour Support
- The Queensland Clinical Governance Framework

# Centre of Excellence for Clinical Innovation and Behaviour Support

- Centre of Excellence for Behaviour Support – est. 2008
- Office of the Chief Practitioner Disability
- High and Complex Needs team
- Evolve Behaviour Support Services
- Proposed Clinical Governance Unit

# Goals of the Centre of Excellence

- Improved quality of life for people with intellectual/cognitive disabilities who engage in challenging behaviours through consistent, statewide implementation of positive behaviour supports
- Reduce and/or eliminate the use of restrictive practices
- Support consistent, evidence-based clinical practices across the state

# Goals of the Centre of Excellence

- Build the capacity of the Queensland disability sector in preparation for the NDIS in relation to providing supports for children and adults with high and complex needs
- Early identification and provision of supports to assist families in their caring role and reduce the development of challenging behaviours by children with disabilities

# Goals of the Centre of Excellence

- People with high and complex needs are provided with sustainable and effective supports that improve their quality of life and are coordinated across sectors.
- People with intellectual/cognitive disabilities who engage in offending behaviours have access to effective therapeutic programs

# The Need for Positive Behaviour Support Approaches

- Report 2006 “Challenging Behaviour and Disability: A Targeted Response”
- Justice William Carter

# Restrictive Practices

The use of restrictive practices is

- An issue of human rights
- A practice of last resort
- An issue of service user and staff wellbeing

## Reducing the Use of Restrictive Practices

- Eliminate environmental causes of challenging behaviours
- Plan and implement positive behaviour supports
- Report and monitor the use of restrictive practices

The introduction of system-wide policies on restraint and seclusion have resulted in dramatic reductions in use (Busch & Shore, 2000).

# The 'Carter Report' Reform Agenda

- Legislative reform
- Establishment of the Specialist Response Service
- Purpose designed dwellings
- Policies, procedures, practice guidelines and resources tools.
- **The establishment of a *Centre of Excellence for Behaviour Support* to lead and guide best practice in positive behaviour supports through research and support of the disability sector.**

## Experiences of restrictive practices: From the service user perspective

People dislike methods of restraint and seclusion and when they prefer one method it is only in contrast to another more disliked method.

“it just makes you angry and you want to fight back”

“when they let you go you just feel worse – more angry”

(Martin et al, 2009 p. 50)

# Experiences of Restrictive Practices: Views of People with Disabilities

Ramcharan, Nankervis, Strong & Robertson (2009)

- People with disabilities want to be safe and their possessions to be safe too.
- Minimise sacrifice of choices to secure safety
- Where people don't have choice of who they congregate/live with, the need for clear rules and agreed by all
- The participants reported spending their lives feeling scared or hiding themselves away to avoid trouble
- They rely on others, usually staff to set in place the rules and strategies to protect them.

# The Carter Cohort: a follow-up from of 8 individuals reported in the Carter report.



# Lessons from a Legislative Jurisdiction

- The effects of legislation
- Just because it's called a positive behaviour support plan doesn't make it one!
- Just because there's a plan it doesn't mean that it will be implemented.
- We don't get in early enough
- The need for a framework

# The Effects of Legislation

- Amendments to the Qld Disability Services Act, 2006 regulating the use of RPs and mandating the development of positive behaviour support plans (PBSPs)
- Legislation creates the imperative not the answer
- Reductions in the use of RPs
- Acceptability for service providers
- Risk of limitations of understanding of PBS applications

# Lessons: Development and Implementation of PBSPs

- Functional Assessment and Positive Behaviour Support training – person focussed training
- Centre accredited training for dispersed capability
- Information sessions for consistent understanding
- Embedded models of learning and development
- Evaluation of the quality of positive behaviour support plans

# Building Capability

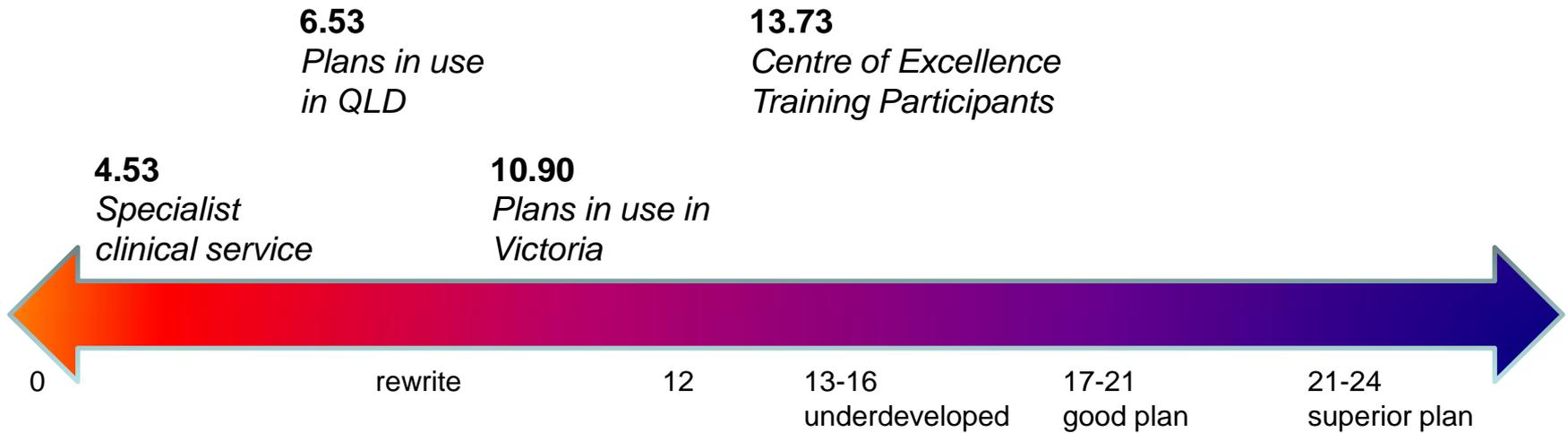
- Training
  - Online induction in positive behaviour supports
  - Functional assessment and positive behaviour intervention training
  - Advanced training in positive behaviour supports
  - Skills teaching for people with cognitive disabilities
  - Quality of positive behaviour support plans
- Clinical support and mentoring
- Case reviews
- Practice advice , etc.

# Quality of Positive Behaviour Support Plans

*Elements of plans likely to lead to positive outcomes (BSP-QEII, Browning-Wright)*

- Function of behaviour
- Triggers
- Analysis of what supports the behaviour
- Environmental change logically related to what supports the problem behaviour
- Teaching functionally equivalent replacement behaviour
- Reinforcers
- Reactive strategies (ie prompting, redirecting, managing safely, etc)
- Progress monitoring (goals and objectives)
- Team coordination in implementation
- Communication

# The Effect of Training on Positive Behavior Support Plan Quality



Behaviour Support Plan Quality Evaluation Guide Scoring Criteria

# Lessons: The need for early responses

- Research undertaken with families of children with disabilities who have been placed in the care of the State:
  - Nankervis, K., Rosewarne, A., & Vassos, M. (2011a). Why do families relinquish care? An investigation of the factors that lead to relinquishment into out-of-home respite care. *Journal of Intellectual Disability Research*, 55, 422-433
  - Vassos, M. V., Nankervis, K. L., Rosewarne, A. C., & Bayne, B. (in-press). Relinquishment of care from the perspective of parents: A nationwide study from Australia. Submitted to the *Journal of Intellectual Disability Research*.
- Literature Review
  - Nankervis, K. L., Rosewarne, A. C., & Vassos, M. V. (2011b). Respite and parental relinquishment of care: A comprehensive review of the available literature. *Journal of Policy and Practice in Intellectual Disabilities*, 8(3), 150-162.
- Qualitative data collected on Queensland families with a child who has been placed in the care of the State over the last seven years.

# Findings

- The Queensland data indicates:
  - that of the children relinquished over the past seven years:
    - most are in their teenage years
    - 90% have extreme challenging behaviour
    - the majority are males
    - almost all children have multiple diagnoses
    - approximately 50% have a diagnosis of ASD
  - that often families are coping with other factors impacting on their ability to care for their children at home:
    - single parents
    - physical or mental health concerns of parents
    - other children or family members with special needs
  - that many of the families engaged with services at a later stage when they were in crisis or when family breakdown had already commenced.

# Lessons: The Need for Clinical Governance

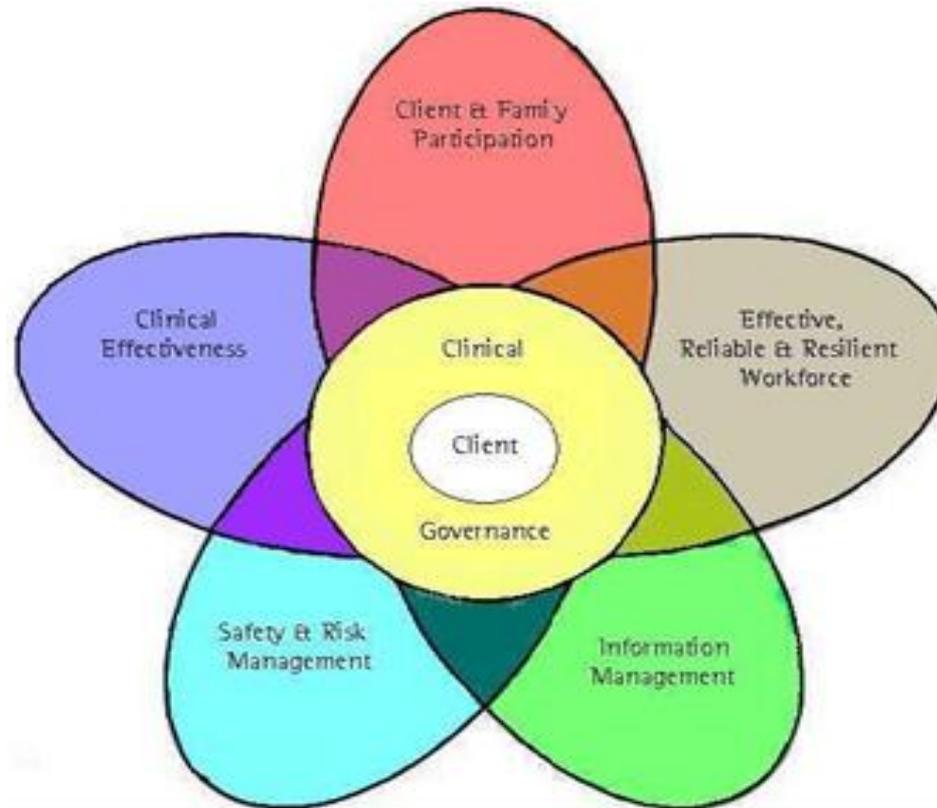
- It provides an opportunity to
  - a) monitor quality;
  - b) set quality standards; and
  - c) improve quality across service delivery (Newman, Kellett & Beail, 2003).
- It is a central mechanism in reducing poor clinical performance and a comprehensive and systematic way of managing professional accountability (Flynn, 2002).

# The Qld Clinical Governance Framework for Disability Services

## Goals:

- a) improve client outcomes by improving the effectiveness of services and reducing adverse events; and
- b) reduce variability of service quality.

# A Clinical Governance Framework for Disability Services



# The National Disability Insurance Scheme

- Safeguarding quality and rights