

CHCDIS002

Follow established person-centred behaviour supports

Release 1

Learner guide

Aspire Version 1.2



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	December 2018	Section 3B Positive Behaviour Support Principles updated to Positive Practice Framework. Minor corrections as part of our continuous improvement program

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CHCDIS002 Follow established person-centred behaviour supports Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCDIS002 Follow established person-centred behaviour supports*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help <div data-bbox="1163 1328 1353 1608" style="text-align: right;">   <p style="font-size: 8px; margin-top: 2px;">V1234</p> </div>
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Apply a person-centred approach to minimise behaviours of concern	1A Support the person to maintain their daily living activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Consider the person's individual needs, strengths, capabilities and preferences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify and address problems with engaging or motivating the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Provide a safe environment for the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Review context of behaviours of concern	2A Recognise behaviours of concern outlined in the individualised behaviour support plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Consider what happened before, during and after the behaviour of concern	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Consider the type, frequency and triggers of the behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Consider environmental factors, and the person's emotional wellbeing, health status, and medication, in the context of the behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Record all observations accurately, clearly and objectively in consultation with supervisor	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Provide positive behaviour support according to individualised behaviour support plan	3A Recognise the difference between appropriate and inappropriate interventions	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Interpret and follow behavioural support strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Ensure that all interventions are in line with the plan and organisation policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Follow organisation procedures to ensure safety of the person, self and other people	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Respond to critical incidents in accordance with organisation’s intervention and notification procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Consult with supervisor to monitor strategies, identify and report changes in person’s needs and behaviours, and follow referral procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete documentation	4A Comply with the organisation’s requirements for reporting and maintaining documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Support the person to maintain their daily living activities**

- 1B Consider the person's individual needs, strengths, capabilities and preferences**

- 1C Identify and address problems with engaging or motivating the person**

- 1D Provide a safe environment for the person**

Apply a person-centred approach to minimise behaviours of concern

In community services, daily routines bring structure and stability to individuals and organisation to support workers. A safe, predictable environment that provides enjoyable activities is important to ensure people receive a quality experience.

Applying a person-centred approach is important when delivering community services. Taking a person-centred approach means ensuring the individual is at the centre of decisions, which relate to their life.

If a person has agency, and feels in charge of their daily living activities, behaviours of concern are likely to reduce. Behaviours of concern include those that cause physical or emotional harm to the individual themselves, or any other person, such as another individual, or a support worker.

1A Support the person to maintain their daily living activities

A routine is the usual way a person arranges tasks and activities. It may involve a certain time, place and method used to complete each task. A routine may occur regularly, such as on an hourly, daily or weekly basis. People's routines are all different; for example, a person may wake up, put on their glasses, then their slippers and dressing gown, and then eat breakfast. They would do these things in the same order every day; this is their routine for getting up.



It is important you can support people to maintain these daily activities in accordance with organisation policies and procedures, and the individualised behaviour support plan. Policies and procedures ensure the safety and wellbeing of everyone in the working environment. The individualised support plan ensures that the specific needs of the individual are met.

The social model of disability

The social model of disability proposes that if a person has a disability it is society, not the disability, that dictates how they are treated; in other words, society can create the disability by excluding the person. This way of seeing things puts the focus on the person themselves, and suggests that it is their social or physical environment that may cause them to be segregated, unable to access buildings or move around and be isolated. Social devaluation may create loneliness, resentment and severe restriction on opportunities for learning, working, being part of a family, travel and so on.

Following the social model of disability, the principle of competency emerged. Competency focuses on what the individual can do; in your work as a support worker you should focus on the person's strengths. This is known as providing strengths-based support.



The impact of social devaluation on an individual's quality of life

Preceding the social model of disability was the medical model of disability, which emphasised the individual's problems and disability, rather than their strengths. The medical model was conducive to barriers, and individuals were often excluded from the community because of their disability.

Such devaluation greatly impacts the quality of the individual's life. The individual may be subject to negative attitudes, discrimination and prejudice. Although the medical model of disability is no longer used, people with disabilities can still be discriminated against on the basis of their disability. For example, many buildings are constructed without wheelchair access, meaning people with mobile disabilities cannot access the building. Physical, social, intellectual and emotional impairments may also restrict a person's ability to access employment, and community activities.

A person-centred approach ensures that the individual's strengths and competencies are central when planning daily activities, which in turn improves the individual's quality of life.

Role of disability service workers

The role of disability workers varies in different disability service contexts. Certain tasks may need to be carried out under direct or indirect supervision. All workers must comply with Commonwealth and State/Territory legislation, Australian/New Zealand standards, and industry codes of practice when performing tasks. Here is an outline of aspects of the role which apply in all sectors of community services.

Assist individuals to maintain routines

Support workers need to assist individuals to maintain their routines depending on the nature of the individual's needs as well as their capabilities. The care plan, support plan or individualised support plan should include instructions for how individuals' needs should be met.

Follow policies and procedures

Your organisation will have policies and procedures to help define how routines are set up for people in care. A policy is a line of action adopted from other considerations, such as government legislation, to guide and determine present and future decisions. Policies provide an overall plan with general goals. A procedure describes actions that need to be executed as a sequence of activities, tasks, steps and processes that when undertaken produce the desired result or outcome.

Comply with legislation

Legislation includes the relevant reporting requirements for each sector. Legislation can extend to include individual and worker safety, privacy, duty of care and industrial agreements. Industrial agreements (or awards) may set limits for the length of a shift and split-shift procedures. Support workers need to work within legislation and ensure they seek supervision when legislation is breached, or in question. Legislation may be Commonwealth legislation, or state/territory legislation.

Comply with standards

Standards are in place to ensure that the organisation operates ethically and within legal frameworks. Standards are important for ensuring the quality of the organisation and the services offered. When supporting daily living activities, ensure that you comply with standards, such as privacy and confidentiality standards.

Comply with code of ethics

A code of ethics, or code of conduct, is the organisation's ethical standards, which are generally based on broader ethical and legal considerations, such as protecting human rights. Treat all people with dignity and respect, and maintain their privacy when supporting daily living activities.

Follow the person's care plan

One of the most significant influences on staff routines are each person's individualised care plan. While they may be called different things in different settings, individualised care plans generally describe the care needs of a person – they explain what care is needed; how and when the care should be provided; and may also include reference to other types of services to be provided.

The care plan may also include skills development activities and behaviour support plans, which are made in the context of the overall plan for each person. They cover the skills identified for development and the management of any behaviour that may put the individual or others at risk.

Provide assistance with referrals

Certain tasks will be beyond the support worker's capabilities and training. Workers need to know the limits of the role, and who to refer to when tasks require more assistance. For example, if a person requires medical assistance, support workers need to know who to contact, how to make contact and what information to provide. They also need to comply with privacy and confidentiality requirements when sharing information.

Support the person

The social model of disability emphasises the person, not the disability. In your work, it is important to ensure that the person is the focus. Involve the person in decision-making. Ensure you support the person to make their own decisions. Consult the person about their preferences and choices.

You may need to provide assistance, such as an interpreter, hearing or visual aids, or other communication aids to make sure the person has the ability to be involved in decision-making.

Treat the person with dignity and respect at all times.



Identify daily living routine

Generally, a person's routines are documented in their support plans, which describe the activities the individual participates in on a daily basis, together with strategies for how people will engage in these activities.

Routines are useful because:

- ▶ the order of the activities becomes memorised, so activities are easily remembered
- ▶ they usually allow the activities to be carried out in a predictable period of time
- ▶ over a period of time, routines form a consistent pattern in our lives that leads to lower levels of stress than if no routines were in place.

Identify daily living activities

Activities vary from one person to another. Activities may be group activities.

It is important to consider and respect a person's diverse requirements when identifying routines. For example, some people have religious daily practices. Others have specific food preferences or requirements. Be self-aware and reflective to avoid prejudice about a person's choices.

The example below illustrates three different people's morning routine.

Hilde

- ▶ Breakfast
- ▶ Shower, hair, teeth and makeup
- ▶ Tidy room
- ▶ Laundry
- ▶ Morning tea

Jack

- ▶ Breakfast
- ▶ Read newspaper
- ▶ Shower, hair and teeth
- ▶ Walk
- ▶ Morning tea

Maria

- ▶ Breakfast
- ▶ Feed magpies
- ▶ Shower, hair and teeth
- ▶ Chat with friends
- ▶ Morning tea

Tips for supporting the person

Support workers need to assist people to maintain their routines depending on the nature of the person's needs as well as their capabilities. The care plan, support plan or individualised support plan should include instructions for how a person's needs should be met. Here are some practical examples of a support worker assisting a person to maintain their routine.

Tips for supporting people to maintain daily living activities

Talk through the routine with the person. Explain when things are done and why they are done that way.

Giving a gentle reminder; for example, 'What's on at 10.00 am today, John?'

If a person breaks their routine, chat with them about the importance of getting back into their routine

Use humour, games, singing or rhymes while doing routine work with the individual, such as making beds or taking washing off the line.

Strategies for supporting people to maintain activities of daily living

The extent of support you provide people to maintain their activities of daily living will depend on their individual abilities and preferences.

General strategies you could use to support people to maintain their activities of daily living are outlined below.

Interacting to promote participation

Be enthusiastic and engaged, and Interact with the individual to promote participation. Observe if the individual is less engaged and help them focus on the activity. For example, a person may be having a bad day and does not feel like their morning walk. Suggest they just take a short stroll, and you could accompany them.

Using activity support plans

Person-centred plans, opportunity or learning plans, positive behavioural support and communication plans are important devices for community service workers as they give you an insight into the person's specific needs and goals. Refer to the plans on a regular basis. If you believe a plan is out-dated or needs revision, consult your supervisor. For example, you may notice that a person is waking an hour later than usual due to a change in their medication, so their morning routine needs to be updated.

Keeping track of opportunities

Opportunity or learning plans are helpful resources for tracking a person's opportunities. Opportunity plans will often be goal based. A person may have a specific goal, such as finding employment. Opportunity plans will state the goal, and list the possible training and employment opportunities and supports.

Communication

Open and effective communication with the individual and their family members is important when supporting activities of daily living. This may be verbal communication, such as asking questions about how a person is enjoying the activity, or it may be non-verbal communication, such as observing cues that the person is not enjoying the activity or is struggling to complete a task.

Knowing your limitations

Know the limits of your role and the extent of support you can provide. If a person requires help with lifting, you will need to consult your supervisor, and ensure that a formal assessment is completed so the appropriate help can be provided. Always work safely, and according to your organisation's requirements.

Organisational policies and procedures

Your organisation will have policies and procedures to help define how routines are set up for people in care. A policy is a line of action adopted from other considerations, such as government legislation, to guide and determine present and future decisions. A procedure describes actions that need to be executed as a sequence of activities,

tasks, steps and processes that when undertaken produce the desired result or outcome. Some of the areas in which policies and procedures help people maintain their routines are provided below.

Areas where procedures and policies help people maintain routines

- ▶ **Strategic plan:** the support you provide should be in keeping with the organisation's strategic plan, as well as overall philosophies.
- ▶ **Diversity policies:** you will probably work with people from diverse backgrounds; follow the organisations diversity policies and procedures.
- ▶ **Complaints and disputes procedures:** if a person is dissatisfied or feels their rights have been breached, they must be supported to make a complaint.
- ▶ **Conflict resolution processes:** if conflict occurs between people you support or workers, follow procedures and processes for resolving conflicts.
- ▶ **Delegations:** if support is beyond your job description and training, or you are overloaded, delegate to appropriate persons.
- ▶ **Notification of child abuse procedures:** if you are aware of child abuse or neglect, you are mandated to follow the policies and procedures for making a report.
- ▶ **Critical incident procedures:** critical incidents involve events that mean harm to the person you support or another person. You need to respond immediately.
- ▶ **Confidentiality procedures and policies:** be mindful of confidentiality procedures and policies when making referrals, or supporting the individual.
- ▶ **Referrals:** referrals to other agencies or services should be made according to policies and procedures.
- ▶ **Networking agencies:** coordinate with networking agencies when planning and supporting activities in line with policies and procedures.

Legal and ethical considerations

You have legal and ethical obligations towards your workplace, your colleagues and the people you provide support to.

You must comply with anti-discrimination legislation. Disability discrimination is when a person with a disability is treated less favourably than a person without the disability in the same or similar circumstances.

For example, it would be disability discrimination if an organisation refused a person access to their building or services because they were blind and have a guide dog. It is also disability discrimination if the only way to enter a building is by a set of stairs because people with disabilities who use wheelchairs would be unable to enter the building.



Disability Discrimination Act 1992

The *Disability Discrimination Act 1992* gives a broad definition of disability and prohibits direct or indirect discrimination based on disability. It also prohibits discrimination against individuals associated with people who have disabilities; these may be friends, relatives, carers and co-workers. Exemptions to the Act include when a potential employer would be placed under unjustifiable hardship in order to employ a person with a disability, although the employer is expected to make reasonable adjustments. An example of an unjustifiable hardship might be the cost of extensive renovations to allow for wheelchair access to and throughout a small, second floor studio owned by a small business.

You can read the *Disability Discrimination Act* at: <http://aspirelr.link/disability-discrimination-act-compilations>

The Act makes it unlawful to discriminate in the areas of:

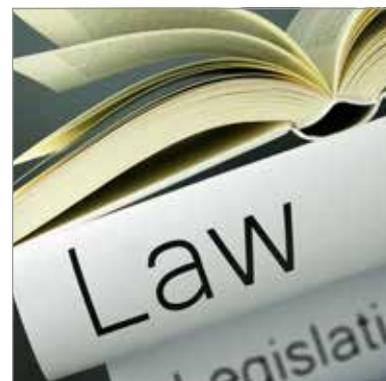
- ▶ employment
- ▶ education
- ▶ access to public premises
- ▶ purchase of house and land
- ▶ provision of goods, services and facilities
- ▶ administration of Commonwealth Government laws and programs.

Discrimination and the law

Eliminating discrimination continues to be a focus of the United Nations. International laws have been developed which require countries to work towards the elimination of all forms of discrimination, and in particular, racial discrimination.

These international laws, called treaties or conventions, apply throughout the world. A treaty or convention operates like a contract. When a country, such as Australia, becomes a party to a convention, it is bound to act in accordance with the rules contained in that convention. Australia is a party to a number of anti-racism conventions, which impose obligations on Australia in regard to racism and racial discrimination in schools and other contexts.

You can read more about international laws against discrimination at: <http://aspirelr.link/racism-international-law>



Codes of conduct

A code of conduct, or code of ethics, is a set of standards that the members of the organisation should adhere to in the workplace. Most organisations will have their own code of conduct based on legislation, such as the *Human Rights Commission Act 2005*.

When supporting people to maintain their activities of daily living, ensure that you comply with your organisation's code of conduct. This involves maintaining the person's dignity, privacy and security.

For example, if a person is showering, be mindful of their dignity and privacy, and close the door.

Duty of care, negligence and dignity of risk

Community service organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people. Definitions of duty of care, negligence and dignity of risk follow.

Duty of care

- ▶ Duty of care is the obligation a person has to act in a way that would not cause harm. You have a moral and legal obligation to ensure you do all that is practicality possible to ensure the individual's safety.

Negligence

- ▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Dignity of risk

- ▶ The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks. Respecting a person's dignity is likely to reduce the incidence of behaviours of concern, as a person feel more empowered and involved.

Your duty of care requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.



For example, if you observe changes in a person's wellbeing when supporting their daily living activities, you have a duty of care to report to your supervisor, and if necessary, arrange an assessment for the individual. Ensuring the person's needs are met can reduce the likelihood of behaviours of concern occurring.

Human rights

Each person is born with inherent human rights – the right to freedom, equality and dignity.

Australia is a signatory to the 2006 United Nations Convention on the Rights of Persons with Disabilities, which sets out the rights of people who have a disability in 50 articles. The articles deal with rights in categories such as education, health and employment.

Each person has the right to safety, security and privacy. When supporting people, workers have an obligation to maintain and recognise basic human rights. For example, when supporting people with disabilities in their homes, support workers should respect and maintain the person's dignity and privacy.

The *Australian Human Rights Commission Act* (Cth) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education. The Act covers actions or policies of the Commonwealth, and promotes human rights for all people. It covers most forms of discrimination not already covered in the other Acts; for example, discrimination against a person on the basis of their sexual preference, medical record or criminal record.



Constraint

Constraint means to limit or restrict a person. It is morally wrong, and a breach of human rights, to constrain a person without their permission.

Sometimes, a person's individualised care plan will outline the needs for restrictive practice. Restrictive practice is an arrangement between the individual, medical professionals, the case manager and the support workers, where a limit or restraint is given to a person to protect their own interest. For example, a person with obsessive compulsive disorder, who is at high risk of diabetes, may have a restrictive practice to limit their obsession with cola to one drink a day. Workers must follow the organisation's policies and procedures for obtaining a restrictive practice if this course of action is absolutely necessary.

Imprisonment

Imprisonment is the restraint of a person's freedom. It is a breach of human rights to constrain or limit a person's freedom against their will. Imprisonment can only be authorised by legal authorities who have the right to restrict a person on the basis of criminal activity.

If you believe a person has had their freedom restricted, you must report the incident as part of your duty of care. For example, you may be aware that a person is being locked in their room by a carer to avoid behaviours of concern. Without a restrictive practice or legal authorisation, this is a breach of human rights, so you should report it.



If a person demonstrates a behaviour of concern, such as being aggressive towards you or other people, you should remove yourself from the situation and access support immediately, such as ringing emergency services or your supervisor.

Neglect and abuse

Neglect is when a person with care needs is neglected either through intentional or unintentional acts that result in the person not being provided with basic necessities. Abuse is violent or cruel treatment of another person. Neglect and abuse are legally and ethically unacceptable.

People with disabilities or high needs may be at risk of abuse or neglect because they are dependent on the support of others, or may not have the intellectual ability to perceive the abuse or neglect. They may not have the communication ability to report the abuse or neglect, so it is within your duty of care, and your legal responsibility, to report any evidence of abuse or neglect of people you support.

Here are some examples and indicators of abuse.

Examples of neglect

- ▶ Not providing enough food or drinks.
- ▶ Not spending time with the person and/or leaving them alone for prolonged periods.
- ▶ Inadequate provision of clothing or personal items.
- ▶ Unwillingness to allow for adequate care e.g. dental.
- ▶ Inappropriate use of medication e.g. overdosing a person so they sleep for longer periods of the day.
- ▶ Leaving the person in the same continence aid for the whole day.

Indicators of neglect

- ▶ Weight loss, dehydration and poor skin quality.
- ▶ Person appears unkempt; for example, same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails or poor hygiene.
- ▶ No dentures, hearing aids, mobility aids or glasses.
- ▶ Skin burns from urine being in contact with the skin for prolonged hours.

Abuse

Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. Unintentional abuse can occur when another person does not realise, through ignorance or other reasons, that their behaviour towards the person with care needs is abusive. An example of unintentional abuse could be when a primary carer has not had a break and is caring for someone with very high needs. If there is no one else the carer can call on, they can become very tired and resentful; not realising the impact their behaviour is having. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse

The primary carer may be stressed at home or at work.

A person may be in debt and may steal from the person.

There is conflict, arguments and fights within the family.

The person is isolated and alone and the abuser thinks no-one will find out if they treat them badly.

A carer may be using drugs or drinking too much alcohol and cannot care for the person properly.

Indicators of abuse

The importance of observation and getting to know the person you are supporting can assist in identifying indicators of abuse. When you know someone, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things, as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is in fact being abused.

Here are some indicators of abuse.

Behaviour changes of a person with care needs

- ▶ A person may become withdrawn, depressed, and anxious or display signs of being scared. They become quite ambivalent or non-responsive.
- ▶ You might find the person is becoming disorientated or making contradictory statements. This of course can be a sign of a range of illnesses, so should be thoroughly assessed before you make an assumption that the person is being abused.

Behavioural signs from the carer

- ▶ You might encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs.
- ▶ The carer might be overly affectionate and flirtatious with the person, which might indicate an inappropriate sexual relationship.
- ▶ You might find the carer gives conflicting accounts of incidents, or is hostile towards the person with care needs.

General indicators

- ▶ Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks.
- ▶ Unexplained injuries or continual injuries.
- ▶ Personal care needs of the person not being met which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions.
- ▶ Inappropriate use of medication, such as drugging the person so they sleep for longer periods of the day and night.

Practice standards

Practice standards are a guide for workers to ensure they fulfil their professional responsibilities. The standards often overlap with the code of ethics, and focus on the rights and outcomes of people with disabilities.

The National Disability Standards were first developed in 1993, and have since been reviewed based on feedback, with the revised National Standards for Disability Services (NSDS) endorsed in 2013. Your organisation may also have its own standards, specific to the professional care the organisation provides.

You can read the National Disability Standards at: <http://aspirelr.link/national-standards-disability-services>



Work health and safety

When working with people who have a disability, you must follow workplace health and safety requirements. Workplace health and safety (WHS) is the legal obligation to maintain safety in the workplace. This includes safety for individuals, workers and visitors.

Risks to safety may include physical, emotional or environmental risks. For example, when you are supporting people with disabilities to perform activities of daily living, you must follow their individualised care plan to ensure you work as safely as possible. If a person is likely to display a behaviour of concern, ensure that you are supported to respond appropriately.

Commonwealth, state and territory WHS Acts provide a framework to protect the health and safety of all Australian workers. Health and safety regulations and codes of practice provide practical guidance on how to meet the standards set out in WHS Acts. Organisations have a responsibility to their workers to make sure they can work in a safe environment.



Deal with disruptions

Routines can be important to people, and sometimes a disruption to a routine may cause a person confusion or even alarm. Part of a support worker's role is to know the person they are working with, be able to predict the impact of a change in a person's routine and prepare themselves and the individual for that eventuality. Preparing a person for change can help reduce anxiety or concerns related to change.

Changes may be internal or external to the individual.

Possible causes of disruption include:

- ▶ a change in physical, emotional or mental health status
- ▶ a change in environment
- ▶ changes in staffing.

Example

Support the person to maintain daily living activities

Every Tuesday afternoon, Sandy works with a group of people in a woodwork class.

Today, just after the class has started, the power goes out. There is no backup generator, so the individuals start to worry that the woodwork projects they are completing for a special exhibition the following week will not be finished. Frank, who has been especially encouraged by his developing woodwork skills, becomes very distressed. Frank has a history of emotional and physical outbursts if routines are disrupted, so Sandy is conscious of monitoring Frank's response.



The uncontrollable event of the power outage can have a positive outcome, as it gives Sandy an opportunity to explain how at times things happen that we cannot control and therefore aren't something to worry about. Sandy also has people participate in a brainstorming activity to see if they can come up with a solution to the problem of getting their work completed in time. They decide to write a timetable for using the electrical equipment when the power comes back on, so they all have a turn to use it and can complete their projects.

Sandy takes an extra five minutes to spend time with Frank, to check in and see how he's coping with the change. Frank values Sandy's efforts to check in, and tells Sandy he thinks it will be okay.

Practice task 1

1. Provide one example of how the social model of disability improves a person's life, if they live with a disability.

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2. Provide one example of how social devaluation can impact a person's life if they live with a disability.

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1B Consider the person's individual needs, strengths, capabilities and preferences

The support worker should be aware of individual peoples' needs, strengths and preferences in their daily activities and routines. Generally, these are documented in each person's individualised care plan, having been identified, discussed and negotiated with the person themselves. Focusing on a person's strengths ensures the person has an opportunity to live the best life they can when engaging in activities and daily living routines.



Consider individual needs

People's needs, strengths and preferences vary in many ways. Needs may differ due to physical, mental or cognitive issues. Physical needs may arise from a number of causes, such as acquired disability, illness, injury or surgery, because of old age or because of a congenital disability. Structured routines may be required by people with mental illness or older people with dementia.

When supporting a person, you should always refer to their individualised care plan, which will specify a person's needs and how to support them.

Consider the examples of possible needs outlined below.

Age-related needs and supports

Example:

An individual may find that their ageing affects their energy levels later in the day.

Possible response:

A support worker may visit an older person in the morning when they are less tired.

Disability-related needs and supports

Example:

A person with an intellectual disability may require prompts and information that support verbal or written information and make it meaningful for them.

Possible response:

A support worker or agency may develop plain English documents that also have graphic representation.

Communication needs, preferences and supports

Example:

An individual may prefer face-to-face communication or email as opposed to phone communication due to hearing difficulties.

Possible response:

A support worker should establish the individual's preference for communication mediums.

Health-related needs

Example:

An individual may be unable to travel or sit for long periods.

Possible response:

A support worker may organise meetings at the person's home if they are unable to travel or may establish shorter, more frequent meetings if this is more responsive to the individual's health needs.

An advocate or spokesperson

Example:

An individual may need assistance to express themselves.

Possible response:

A support worker may collaborate with an advocate alongside the individual.

Religious or cultural needs

Example:

An individual may have a preference for a support worker of a particular gender or may be unable to participate in planning processes during particular religious events.

Possible response:

An agency may inquire about any requirements for support workers of a particular gender as part of intake processes.

Consider individual preferences

People's strengths and preferences vary as well as their needs. Regardless of their age or disability, all people have certain strengths, even though they may also have things that they cannot do. Your job is to identify these strengths and use them to benefit the individual, building on them in a way that creates opportunities for the person to develop other skills. You should also respond to people's preferences, whether they are activities that a person likes or certain ways of doing things.

Some examples of specific preferences are described below.

Time and venue preferences for meetings

An individual may function better at different times of the day or find one particular venue more accessible than another.

For example, a support worker may organise to meet an individual or hold a planning meeting at an alternative venue in the community rather than at the agency or in the person's home.

Privacy and dignity

A person may have preferences for who is involved in processes. For example, an individual may have significant relationships with a neighbour, friend or partner and not want their family involved in planning processes.

A support worker may then ask consent of the individual or their advocate prior to involving family members, or any other person, in planning processes.

Food preferences

A person's food choices may be dependent on personal taste, health, cultural custom or religious custom. For example, many Islamic people eat and drink Halal, which means food or drink must have been prepared in a specific way. Most Islamic people do not eat pork. Some people will be vegetarian, which means they do not eat meat. Some people may be vegan, which means they do not consume animal products.

If a person has a preference for a certain food, be respectful, and where possible accommodate food preferences.

Communication preferences

People have different styles of communication. Be aware of a person's individual communication style. For instance, in some cultures it is rude or disrespectful to maintain eye contact.

A person may prefer emailing or texting, rather than talking on the phone.

By being observant, and consulting a person's individual care plan, you can identify specific communication preferences.

Personal goals and objectives

People will have different goals and objectives, depending on their capabilities, needs and strengths. You may support a person to identify their specific goals and objectives, and provide required support, such as a communication aid, which supports the person to meet the goal or objective.

If the goal or objective is not outlined in the individualised care plan, spend time communicating with a person about their goals and objectives.

The involvement of family or significant others

How people interact with family is very individual and varied. Family relationships may be influenced by culture and customs. In some cultures, the father or eldest brother will make decisions for the females in the family.

Some people may choose to marry, and others may not. Sexual-orientation and gender preferences may vary.

Support people to live the life they choose, and interact with family as they wish.

Consider individual strengths

A strengths-based approach emphasises a person's strengths and contributions. Using a strengths-based approach, you can encourage people to acknowledge and draw on their life experience, which assists them to identify strengths they already have. Individuals can then use these strengths to develop further related knowledge or skills or to develop new skills and competencies.

This approach also acknowledges that many of people you support may be expert in their own condition, whether it is the ageing process or a disability. People you support should therefore be able to contribute ideas to the best way of achieving independence for themselves. You can then support them and draw on their expertise.



Consider individual capabilities

As well as strengths, each person has individual capabilities, which means the actions a person has the ability to do; for example, being able to catch public transport independently or use a mobile phone.

These capabilities may influence how much support a person requires. For instance, one person may require support with showering, while another person may live independently with very little support.

Capabilities will also influence activities the person participates in, and may influence their interests. A person may have a particular ability at football, for instance, so may be interested in engaging in the local football club.



A person's ability to maintain meaningful employment may be impacted by individual capabilities; for example, a person may be extremely thorough, so would make a valuable contribution to paid or voluntary work that requires attention to detail.

If a person's capabilities limit their ability to participate in a chosen activity or support, you may provide additional support, such as communication aids.

Following a care plan

When a care plan is prepared, the person's strengths, needs and preferences are all considered. This plan then forms the basis of the person's formal and informal daily routines and activities. For support workers, the care plan provides important advice about how to work with each person to meet their individual requirements. Look to the care plan, activity plan and routines to guide you in what the person may best respond to.

Here is some further information about what should be included in an individual's care plan.

A care plan should include:

- ▶ needs and what action support workers should take to address them
- ▶ strengths and what action should be taken to maintain them
- ▶ preferences and what activities should be provided so the individual can gain enjoyment from their activities or the routines that best suit them.

Identify unmet needs

Being familiar with a person's care plan, and observing the person performing activities and routines, will help you identify if a need is not being met.

The impact of unmet needs may range from minimal discomfort to major harm. For example, if a health need is not met, a person may be at risk of a health crisis.

Examples of unmet needs and the appropriate response are outlined below.

Physical need

A person is playing chess with a friend. You observe that they are not using their right hand, which is unusual behaviour for them. As you watch, you notice the person leaves their hand by their side the entire length of the game. When you ask the person if they could raise their right hand, they cannot.

You seek medical attention immediately. It turns out the person has had a minor stroke a few days earlier, and it wasn't noticed by other staff.

Emotional need

A person you support has not been attending their paid employment. You receive a call from their supervisor. You had not realised the person was not going to work, as they had not mentioned it to you. When you communicate with the person, you learn that they lost a close friend last week. The supervisor had not understood the significance of the loss, or the person's grief. You spend time talking to the individual, and arrange for counselling sessions, which support the person with their loss.

Mental need

One of the people you work with has been returning home later and later than usual. You hear from a neighbour that the front door was left open last night. You also observe that dirty dishes have been packed away in the cupboard, and that the person's bedding has not been washed for some time. You arrange an assessment, and learn that the person has Alzheimer's disease, which has been affecting their memory and basic living activities. You are involved in reviewing the individualised care plan to ensure then person receives appropriate support.

Behavioural need

A person you support appears very agitated and distressed, and they keep repeating the same question. When you talk to the other support worker, you learn that the person has been stressed about his lost cat. You use a firm, monotonous and calm tone of voice to help ground the person. You suggest the two of you go for a walk outside. When the person has calmed, you ask about the cat, and validate the person's feelings. You talk about the behaviour being an expression of the person's concern for their cat.

Example

Consider the person's individual needs, strengths, capabilities and preferences

Jane is Roma's support worker. Roma has cataracts and misses being able to read. Her limited vision also means she cannot always participate in many of the morning or afternoon activity sessions. Roma is becoming more and more removed from social activity. Jane observes that this is having a negative impact on Roma's outlook and she appears unhappy.

Roma and Jane discuss some of the ways to support Roma. They work to develop Roma's daily routine so that she can listen to audio books and enjoy them while other activities are going on around her. In this way, Roma is part of the group while others are involved in the activity.

In working with Roma, Jane helped her to identify strengths and preferences so that meaningful and enjoyable experiences could be built into Roma's routine. Jane treated Roma with dignity and respected her opinions.

Practice task 2

Read the case study, then complete the task that follows.

Case study

Roland is working in respite care as a support worker. He has worked with most of the people in the past, and is familiar with the individualised care plans.

One of the people Roland supports is 16-year-old Erika. Erika has an intellectual disability and is non-verbal. She loves painting, drawing, reading simple texts and making music. She has a relaxed and bubbly personality.

During one shift, Roland takes Erika and Yin to see a movie in town about a famous artist. He thinks Erika in particular will enjoy it. He supports Erika and Yin to buy their tickets and enter the cinema.

As the lights darken, Erika calls out. Roland is not too concerned at first. But then Erika starts screaming and leaves the cinema. Roland can't leave Yin, so the two of them leave the cinema and follow Erika. Roland can see she is very distressed

When Roland talks to his supervisor and Erika's family about the incident, he learns that Erika had symptoms of anxiety and post-traumatic stress syndrome associated with loud noises and darkness. This information had not been communicated clearly in the individualised care plan. Roland talks to this supervisor about making amendments.

1. Identify indicators that Erika's needs were not met.

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2. What could have been done differently?

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3. What are some alternative activities that Erika could be involved with that better support her interests, strengths and preferences?

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Click to complete Practice task 2

1C Identify and address problems with engaging or motivating the person

At times, people you support may not engage fully with one or more activities, or participate in their routines. Participation in activities is important as it provides opportunities for enjoyment, skills maintenance and development, and personal satisfaction. Routines also add stability to a person's life and can meet particular health needs. Support workers must identify and act on problems with engagement, and seek assistance when required. Sometimes, support workers may be required to provide motivation. Motivation may be provided verbally or non-verbally. You can also provide motivation by being a role model.



Just as support workers can use their knowledge of people they support to identify opportunities for engagement, workers can also identify problems with engagement by remaining observant and aware of the details of individual care plans. It is important to notice signs of falling engagement quickly and to respond effectively.

Identify problems with engagement

Support workers may assist people from various backgrounds in a variety of settings. For example, you may be supporting an older person, a person with a disability, or a person receiving care in their home, in a day centre or in another setting. Circumstances, people you support and settings may vary, so the way people respond to routines and activities will vary too.

Support workers who know people they work with well, and are familiar with their care plans, can often predict lack of engagement by observing subtle changes in their behaviour and responding before the behaviour becomes extreme. Remember, sometimes problems with behaviour or engagement may indicate a more complex problem that underlies the individual's unwillingness to engage; problems that may arise from a change in the person's health, medication, emotional or mental status.

Below is a list of possible ways to identify a lack of engagement.

Signs of a lack of engagement

- ▶ Refusing to speak, carry out a task, participate in a routine task or co-operate in a group activity.
- ▶ Ignoring the support worker and/or other people
- ▶ Yelling or wailing, being argumentative or demonstrating aggression
- ▶ Self-stimulatory behaviour such as rocking, pacing, jiggling legs.
- ▶ Self-harming behaviour such as hitting head against wall.
- ▶ Running away, 'going home' or wandering.

Respond to lack of engagement

Ensure you observe all elements of a person's communication including what they say, how they say it, the attached emotion, the body language and any underlying messages. If a person refers to or complains about anything that is not directly associated with an activity, this may provide a clue as to the source of the problem. For example, a person may be in pain and this may be the main reason why they are not engaging in an activity.

By using clear, effective communication you should be able to identify the problem and be able to take steps to resolve it.

Below is a list of ways to improve engagement.

To respond to a person's lack of engagement you could:

- ▶ act assertively, but with empathy
- ▶ listen actively for meaning and repeat what the person has said to ensure you understand them and better identify their needs
- ▶ speak clearly in language appropriate to the person
- ▶ be aware of your body language; make sure it is non-threatening
- ▶ encourage and prompt the individual.

Identify and respond to problems with motivation

Motivation relates to a person's ability and enthusiasm to engage with, or proceed with a task. If a person lacks motivation, they may be less inclined to do an activity. Lack of motivation may be related to mental health issues, such as depression, physical issues, such as the inability to perform a task, or emotional issues, such as fear of failure.

People you support will have different levels of motivation, but it is important to be aware if a person's motivation levels change, as this may indicate a need is not being met. Identify the possible reason for changes in motivation. Perhaps the task is inappropriate for the person. Or maybe the objectives are unrealistic. The person may have a physical, emotional or mental issue which is impacting motivation.

It is important to address motivation issues, as lack of motivation may hinder a person's ability to reach their goals and objectives.

Below are examples of ways to identify and respond to problems with motivation.

A person is not attending activities

Example:

You notice a person you support has not been engaging in their usual morning activities. They appear to be sleeping longer, and when asked about their attendance, they show little enthusiasm.

Response:

You spend time talking to the person about why they don't feel like attending the morning activities. You learn they feel very tired, physically, and have very little motivation to get out of bed. You speak to your supervisor about having the mental health team conduct an assessment, as you suspect the person may have symptoms of depression.

A person is not achieving their goals

Example:

A person you support wants to live independently, so has received a lot of support to build their basic living skills, like cooking for themselves, shopping and cleaning. When you talk to the person about their progress, they are not very happy. They say they are never going to live independently because it is too hard.

Response:

You talk to the team about arranging simpler activities, which the person you support can more easily manage. Their feelings of confidence and self-esteem improve and so they feel more motivated to achieve their goals.

A person does not enjoy socialising

Example:

A person you support has always avoided social activities. They feel nervous and sometimes paranoid around other people, particularly people they don't know. When you encourage the person to try new activities, they refuse.

Response:

You look at the social interactions the person does feel comfortable with, and maximise these opportunities to build the person's confidence.

A person does not participate

Example:

A person you support appears to have little motivation to engage with activities. When you talk to the family, you learn that the person has difficulty understanding the instructions because of a language barrier.

Response:

You engage a multilingual staff member to talk to the person about the activities. They explain the instructions, and the expectations, as well as the expected goals and outcomes. The person you support appears enthusiastic to join in when they learn more about the activities.

Seek appropriate assistance

There may be times when it is not clear why a person will not, or cannot, engage in an activity. A problem may be complicated, or one that cannot be quickly or easily dealt with. In these situations, seek assistance from your supervisor or manager, especially when a problem is potentially dangerous for people or staff. Ensure you follow your workplace policy and procedures for dealing with these situations – sometimes the WHS policies and procedures can guide you. Or, if a person has behaviours of concern, there may be a behaviour management plan that you can refer to.

Disengagement or other situations that put staff or other people at risk must be reported. Depending on the nature of the situation, you may complete an incident report, a care note or write in a communication book. While these situations may be rare, it is essential that you know the emergency behaviour management procedures of the organisation.



Communication and behaviours of concern

A positive behaviour support approach sees behaviours of concern as functional. That is, the behaviour of concern is an expression of an unmet need. If a behaviour of concern occurs, it is likely the individual is trying to communicate something important.

Being aware of a person's specific needs will help you understand what is being communicated by the person's behaviour.

There are specific communication techniques you can use to communicate with a person demonstrating behaviours of concern, outline below.

Effective communication techniques include:

- ▶ staying calm and using a calm, monotonous and assertive tone of voice
- ▶ using clear, simple language
- ▶ using repetitious language
- ▶ paraphrasing to demonstrate you have heard a person
- ▶ actively listening to a person's concerns.

Communication strategies to encourage engagement and motivation

Use effective communication strategies in your work to encourage engagement and motivation. The strategies you will use will depend on the needs of the person you support, as well as the reasons why they experience motivation or engagement issues.

If a person has diverse language needs, you may consider engaging a translator or interpreter. You can contact the Translating and Interpreting Service (TIS National) if required. You could also engage a member from the family of the person you support, or a multilingual staff member.

Below are some of the communication strategies you could use to encourage motivation and engagement.

Communication strategies include:

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|--------------------------------|----------------------------------------------|
| ▶ engaging an interpreter | ▶ avoiding using jargon |
| ▶ engaging a family member | ▶ avoiding technical terms |
| ▶ engaging multi-lingual staff | ▶ using appropriate non-verbal communication |
| ▶ engaging your colleagues | ▶ using eye contact |
| ▶ speaking clearly | ▶ observing body language. |
| ▶ listening actively | |

Example

Identify problems with engaging or motivating the person and seeking appropriate assistance

Nandi is working with a group of people on their weekly scrapbooking activity. Merle, who usually enjoys the session, is today sitting listlessly at the table, fiddling with a pair of scissors. Nandi says, 'What's wrong Merle? You're usually first into this.' Merle doesn't answer. She just shrugs.

A few minutes later, Nandi walks around to Merle's chair and asks, 'Is there something wrong Merle?' Merle turns her head away. Nandi keeps trying to encourage Merle, to find out what is causing her behaviour.

Finally Nandi asks Merle if she is in pain or sick today. Merle says that she's got a terrible pain in her stomach and that she didn't get any sleep the night before. Nandi arranges for Merle to see a doctor for the pain to be addressed.



Practice task 3

1. Suggest two ways engagement or motivation problems may negatively impact a person you support.

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2. Who could you seek support from if motivation or engagement issues occur?

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3. How might lack of motivation or engagement lead to behaviours of concern?

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4. How can you utilise communication strategies to address motivation problems?

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Click to complete Practice task 3

1D Provide a safe environment for the person

It is important for workers in a team to create and maintain a safe, predictable and calm environment for people they support, where people feel secure and comfortable in carrying out their normal daily activities, practising new skills or participating in the community. When an environment is unpredictable, people may be easily distressed by unexpected events, rather than being able to cope. They may also be less likely to develop or maintain their skills, and their distress may even result in behaviour that places them or others at risk of harm. Support workers use routines to create a sense of safety and predictability for everyone.



Provide a safe environment

It is particularly important that the environment in which a person receives support is safe at all times, for both supported people and staff members. This means that work health and safety (WHS) policies and procedures must be followed. For example, if you see a hazard, such as a loose piece of carpet, you must follow your organisation's procedures for reporting and removing the hazard, so people you support or other staff do not trip on it and injure themselves. You or your organisation may be liable if you do not provide a safe environment.

Ways to provide a safe environment are explained below.

How to provide a safe and predictable environment

- ▶ Keep to timetables
- ▶ Consistently use routines and procedures
- ▶ Assist people you support to keep to their personal daily routines
- ▶ Keep up to date with any changes made to service delivery within your work team
- ▶ Identify hazards and follow procedures for reporting and removing them
- ▶ Follow WHS guidelines
- ▶ Report any hazards
- ▶ Talk to your supervisor about concerns
- ▶ Identify behaviours of concern and act immediately.

Provide a safe environment conducive to positive and adaptive responses

The way you manage situations can encourage people you support to respond appropriately. Use your communication skills and knowledge to create circumstances where people feel motivated to act in positive ways.

Be mindful that some people with a cognitive impairment or a psychiatric condition may be impulsive as a direct result of their disability or disorder, and may find it difficult to control their behaviour. Similarly, people experiencing pain, fatigue or increased stress levels as a result of disability may also be less tolerant and less cooperative. Recognise also that people have the right not to change their behaviour, even when they are made aware of the difficulties it causes.

Create a positive and adaptive environment

A positive response to an event (such as an activity, routine or conversation) is one that adds something to the interaction. If a person refuses to carry out a task, they are having a negative response.

An adaptive response is when the person adapts to changes in the environment or circumstances. Very often, this involves responding constructively to disappointments. For example, if a person is told that the newspaper has been thrown away by accident, her adaptive response may be, 'That's okay. I'll read a magazine instead.'

The features of an environment conducive to positive and adaptive responses, and guidance on setting up and maintaining such an environment, are presented below.

Features

A positive and adaptive environment:

- ▶ is low stress
- ▶ has appropriate levels of stimulus
- ▶ offers individuals reasonable choice and the ability to make their own decisions
- ▶ is safe and predictable
- ▶ rarely uses behaviour management that may be viewed by other people as punitive and manages these rare events calmly
- ▶ has a staff culture that values listening, individual choice, dignity of risk and inclusiveness

Set-up and maintenance

To set up and maintain a positive and adaptive environment:

- ▶ reinforce values such as how people respect each other
- ▶ encourage a problem-solving approach to changes and unforeseen events
- ▶ reward and acknowledge adaptive responses
- ▶ discourage negative responses and requests positive ones instead
- ▶ implement teamwork where all staff share an understanding of the goal for the environment.

Example

Provide a safe environment for the person conducive to positive and adaptive responses

Maple View Disability Care employs a cleaner, Al. As part of his duties, Al mops the floors and checks that carpets and rugs are in good condition and secure. Al works at the house Monday to Friday between 6.00 am and 2.00 pm and follows a daily routine. People who live in the house know that when he is vacuuming the passage, it is nearly time for lunch, as Al always does this between 11.30 am and 12 noon.



One day, Al is running late and does not get into work until 9.00 am. He decides to start by vacuuming the passage. Martin, a resident, hears Al vacuuming, so he starts making his way to the dining room for lunch. When he gets there, he sees that the breakfast dishes are still on the table. He is very confused and starts to get upset. He starts to shout at staff and other people living in the house.

Practice task 4

Read the case study, then complete the task that follows.

Case study

Tara works for a small organisation that offers activities to people with disabilities, such as arts, crafts and music. Usually the people the program supports come to the community hall, where activities are run, but Tara has just found out the hall has been double-booked, and they will need to find a new venue.

Tara rings around, and eventually finds a room attached to a restaurant where the program can be held.

1. What safety considerations does Tara need to make and why?

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2. How can Tara ensure the environment is positive?

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3. How can Tara ensure the environment is adaptive?

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Click to complete Practice task 4

Summary

1. Daily activities are the routines and events the person you support participates in. When supporting a person, it is important to take a person-centred approach and involve the person in the decisions about their engagement.
2. The social model of disability values the person over the disability. The social model of disability allows people to be seen for their strengths, capabilities and have their preferences understood.
3. Behaviours of concern, such as aggression, may result from a person feeling disempowered or misunderstood.
4. Legal and ethical considerations include identifying signs of abuse and neglect, ensuring a safe environment, practicing duty of care and dignity or risk, and following the organisation’s code of conduct and safety standards.
5. A person’s motivation and engagement may be affected by various issues. Use communication strategies to engage with the person and identify the triggers to avoid behaviours of concern.
6. Provide a safe, adaptive and positive environment for the people you support. Predictability is important when carrying out daily activities and routines, and may minimise behaviours of concern.

Learning checkpoint 1

Apply a person-centred approach to minimise behaviours of concern

This learning checkpoint allows you to review your skills and knowledge in applying a person-centred approach to minimise behaviours of concern.

Part A

1. Describe the social model of disability and apply it to one workplace example which demonstrates how it benefits people you support.

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2. Describe two negative impacts social devaluation can have on an individual's life.

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3. Explain why dignity of risk may conflict with an individual's safety. How can you, as a support worker, follow practice standards and work safety and health requirements, as well as the person you support's dignity of risk requirement?

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4. Describe your duty of care in a medical emergency.

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5. Explain why you cannot restrain a person who is causing themselves harm.

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6. Identify three indications of abuse.

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7. What is your responsibility if you identify signs of abuse?

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8. How can you identify unmet needs? Provide some examples of unmet needs.

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9. How can practice standards and the code of conduct help you provide support to people with disabilities?

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Part B

Read the case study, then answer the questions that follow.

Case study

Joti has autism and an intellectual disability. He also experiences extreme anxiety related to social situations. Consequently, Joti avoids most social contact. This is all recorded in his individualised support plan.

Dema, the support worker, has been asked to take Joti out bowling to encourage him to engage socially, doing an activity he enjoys. Dema knows this will be very difficult for Joti, as she has read his individualised support plan, and she's not sure he will enjoy the outing.

When Dema arrives, Joti appears very hostile. He shuts himself in his room. Dema can hear Joti banging things in the room. Dema contemplates ways to engage and motivate Joti to come bowling with her. She consults his individualised support plan. Joti has listed bowling as an interest. When she looks at past records, she sees a picture of Joti, and his friend, Simon, standing together, smiling at the bowling alley.

It's only 10 am in the morning. Dema rings the bowling alley to see how busy it is. She learns there are no groups today; only a couple of casual visitors.

1. How can Dema support Joti to maintain his activities of daily living in accordance with organisational policies and procedures and the individualised support plan?

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2. How could Dema use effective communication skills to help Joti manage his behaviour?

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3. How could Dema work with Joti's strengths, capabilities, needs and preferences in this situation? Give clear examples.

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4. How can Dema motivate Joti to participate in bowling?

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5. How can Dema ensure an environment for Joti, which is conducive to positive and adaptive responses, both at home, and at the bowling alley?

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Topic 2

In this topic you will learn how to:

- 2A Recognise behaviours of concern outlined in the individualised behaviour support plan**
- 2B Consider what happened before, during and after the behaviour of concern**
- 2C Consider the type, frequency and triggers of the behaviour**
- 2D Consider environmental factors, and the person's emotional wellbeing, health status, and medication, in the context of the behaviour**
- 2E Record all observations accurately and objectively in consultation with supervisor**

Review context of behaviours of concern

Support workers make a major contribution to behaviour support plans as they are in constant contact with people you support, and can observe and monitor for behaviour that has the potential to put the person and other people at risk of harm. A behaviour support plan is a document that sets out strategies that support workers and others in the team should use when certain specified behaviour occurs. Behaviour support plans are made on an individual basis, taking into account the observations of workers, and represent the required way to deal with any 'at risk' behaviour.

Support workers and coordinators must recognise, respond to and report behaviour that is uncharacteristic and may cause harm. This behaviour, which constitutes a hazard, must be responded to immediately in order to meet WHS and duty-of-care obligations, and to remove the harm.

2A Recognise behaviours of concern outlined in the individualised behaviour support plan

Behaviours of concern are behaviours that cause harm, either to the person who has the behaviour, or to another person.

There are four main factors or triggers that can contribute to a person's behaviour: the person's environment, their emotional or mental wellbeing, their state of health and the medication the person is taking. In observing and accurately recording behaviour, support workers play a significant role in enacting a planned team response to these behaviours.



Expected behaviours will be outlined in the individualised behaviour support plan. This is intended to help support workers identify specific triggers for behaviour, and know the appropriate response. Sometimes, behaviours will be unpredictable, in which case the support worker may need to identify the cause and consult the supervisor about an appropriate response.

Individualised behaviour support plan

An individualised behaviour support plan allows support workers to understand the specific and unique needs of each individual they work with. Like a care plan, a behaviour support plan is developed in conjunction with the person who is supported, the supervisor and relevant professionals, such as a psychiatrist or psychologist. The plan will outline expected behaviours and appropriate responses.

Items in a behaviour support plan include:

- ▶ details of the behaviour
- ▶ triggers and causes of the behaviour
- ▶ potential consequences of the behaviour
- ▶ behaviour frequency recording sheet to monitor behaviour
- ▶ goals and objectives related to behavioural change
- ▶ required constraints or restrictive practice.

Behaviours of concern

Behaviours of concern are behaviours that cause harm, either to self or to others. There are various causes of behaviours of concern, including mental or physical health issues such as anxiety, drug and alcohol substance abuse, autism, issues with medication, boredom, feeling disempowered or difficulties communicating.

You will probably receive information about expected behaviours, and how to respond. But if you or other staff are in a dangerous situation, or the person you support is at risk in any way, you should engage your supervisor, or emergency services.

Examples of behaviours of concern are outlined below.

Behaviours of concern
▶ Hurting oneself, such as self-harm, hitting or scratching.
▶ Hurting others, such as biting, punching or kicking someone.
▶ Aggression towards others, such as raising voice or swearing.
▶ Breaking objects, such as household items.
▶ Refusing to participate.
▶ Deliberately doing things people don't like, such as undressing.
▶ Repeating the same activity to cause harm to self or others.
▶ Hiding away from people.

Recognise behaviours of concern from the plan

The individualised behavioural support plan will be based on assessment and observable incidents. The content of the plan should therefore be reliable and evidence-based. When you begin supporting a person, view their behaviour support plan, and identify the indications of behaviour, the triggers of behaviour, the consequences of behaviour, prevention and appropriate response.

If you are unsure how to recognise a particular behaviour, talk to your colleagues or your supervisor to clarify.

Here is an example of a behaviour support plan.

Behaviour Support Plan
<p>Name of person: Claus Spate</p> <p>D.O.B. 6.10.1944</p> <p>Date: 10.11.2016</p>
<p>Background:</p> <p>Claus has autism and a history of alcohol abuse. Claus has received medical treatment for alcohol addiction, although still sometimes drinks excessively. Claus has been moved from 1 Cherry Lane, due to abusive behaviour towards other residents and staff.</p>
<p>Indicator of behaviour:</p> <p>22.12.2013 Claus used a penknife to threaten a staff member. Claus broke his own skin with the knife and was hospitalised.</p> <p>Claus' behaviour was triggered by drinking alcohol from 6 am until 4 pm. Alcohol included spirits, beer and wine.</p>
<p>Indicator of behaviour:</p> <p>Claus has repeatedly raised voice at other residents and staff during periods of alcohol consumption, causing distress to others.</p>

Indicator of behaviour:

If drinking more than one standard alcoholic beverage, Claus appears agitated and aggressive. He raises his voice and makes violent threats. Claus may also appear frustrated.

Response:

Claus has a restrictive practice, which limits purchase of alcohol to one alcoholic beverage a day. Staff are advised not to supply alcohol beyond this.

Support:

Dr P. Hills, Psychiatrist has provided details about appropriate communication strategies to use when minimising behaviours of concern.

Call 000 if behaviour escalates. Call the supervisor if you are concerned about Claus' alcohol consumption.

Example**Recognise behaviours of concern outlined in the plan**

Ah Huan supports three people with Alzheimer's, who lived in residential care. Ah Huan has been briefed about each person's specific needs. One person Ah Huan supports is Dorothea. When Dorothea becomes confused, she often becomes increasingly distressed, which can cause her to hit her head repeatedly against the wall.

The first time Ah Huan observed this behaviour, she was very scared. She called her supervisor, who instructed Ah Huan to use an assertive voice to guide Ah Huan towards her bed and instruct her to lie down. Because Dorothea's behaviour is often linked to anxiety and paranoia, she does not react well if touched, especially if the person is unfamiliar. Ah Huan is told to avoid making physical contact with Dorothea during her distressing episode.

Ah Huan consults Dorothea's behaviour support plan following the incident. She records the incident, then reads over previous incidents and the appropriate response taken, so she feels more confident responding in future.



Practice task 5

1. Identify three different behaviours of concern.

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2. Choose one of the behaviours noted in question 1, and explain what you could do if the behaviour occurred.

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3. Why will consulting the behaviour support plan help you manage the situation if a behaviour of concern occurs?

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Click to complete Practice task 5

2B Consider what happened before, during and after the behaviour of concern

Most behaviours of concern will have a trigger, or cause. Triggers may be consistent for a person. For example, a person with post-traumatic stress disorder (PTSD) may be triggered by loud noises, which may cause them to become hostile and aggressive. Triggers may differ depending on the situation. For example, if a person is in a new, unfamiliar environment there may be new and unpredictable causes for behaviour.

If a behaviour of concern occurs, monitor the behaviour, including the time, the situation, the type of behaviour, the setting and the duration of the behaviour, as well as consequences. It is important to be concrete and specific when recording behaviours.



Clear, specific records help the person you support, as goals and objectives related to behaviour can be monitored. They also help you and other staff support the person with the behaviour in the future.

Before the behaviours of concern

Behaviours of concern may be caused by a range of events and occurrences. Each person will be affected in different ways. What is distressing to one person may not cause any disturbance for another. This is why it is important to look at individualised support plans, and ensure each plan is tailored for the individual and their specific need.

Below is a list of possible causes of behaviours of concern.

Mental health issues

Psychiatric illnesses such as schizophrenia and bipolar disorder may result in aggressive behaviour. The mental illness may be pervasive, but there may be certain triggers that stimulate behaviour. For example, paranoia is one effect of schizophrenia, and may be caused by anxiety or a feeling of discomfort. The person's support plan should outline mental health issues.

Medical issues

A person may be in chronic or severe pain, which may cause them to act aggressively towards themselves or another person. If the person is on medication for their pain, monitor signs of discomfort or changes in physical characteristics or mood, which may indicate the medication is not effective or needs review.

Substance abuse

Alcohol and other drugs can cause certain activity in the brain which can affect a change of behaviour. If a person has a history of substance abuse, you may be familiar with possible triggers and associated behaviours. The behaviour support plan should indicate what puts a person at risk of substance abuse and ways to minimise associated behaviours.

Stress

Stress can have many causes – social discomfort, fear of failure, a new environments and paranoia are just some examples. Stress causes adrenalin to be released, and adrenalin is often associated with aggressive behaviours. It may also cause a person to withdraw and hide. Stress will affect different people in different ways.

During the behaviours of concern

Behaviours of concern can affect the individual, but they can also affect others around them. The individual may cause themselves and others physical and emotional damage.

You should always ensure your safety. But you need to practice duty of care, and as far as practicable, ensure the safety of the people you support. Depending on the severity of the behaviour, you may need to remove yourself from the situation. Some organisations have an alert button, which calls security. You may need to access a telephone to call emergency services and/or your supervisor for further support.



During the behaviour, you may experience stress, which is entirely normal. Stress helps us to act in difficult situations. It may also cause you not to act. Try and remain calm and ask for help.

Look at past instances of behaviours of concern to know what can be expected. This can help you respond as safely and efficiently as possible to the situation. Being prepared may counteract the stress you experience under pressure.

After the behaviours of concern

Behaviours of concern can have physical and emotional effects on the person with the behaviour, and those around them.

If a physical injury has occurred as a result of the behaviour, call the ambulance immediately and practice first aid. If you are injured you may need to ask someone else to call an ambulance.

While behaviours of concern are occurring, you may experience stress. Stress causes adrenalin release, which helps us act. The aftermath of an adrenalin rush can cause you to feel flat, however. The behaviour may have a longer lasting effect on your nervous system. Post-traumatic stress can result from very stressful situations. Monitor your own response to the situation, and ensure you seek supervision. Your supervisor may be able to suggest strategies for minimising the effects of stress. If the symptoms of stress continue, seek medical advice.

The following checklist can be used after an event.

After a behaviour of concern:

- ▶ ensure your own and others' safety
- ▶ call ambulance if required
- ▶ call supervisor
- ▶ record the event factually
- ▶ record triggers and causes of event
- ▶ amend individualised support plan if required
- ▶ monitor your own response
- ▶ seek ongoing supervision if required.

Example

Consider what happened before, during and after the behaviour of concern

Cesack works with people who are rehabilitating from substance abuse. Some people have very significant withdrawal effects, which impact their behaviour. Todd is a resident with an intellectual disability and schizophrenia. This is his third time at the rehabilitation centre. Cesack checks Todd's behaviour support plan to see how current it is. It appears no changes have been made to the plan since Todd's last visit. The plan suggests that Todd is at risk of heightened emotional responses, and physical outbursts directed at other people and staff, if he feels threatened.

On the third morning, Cesack witnesses another resident provoking Todd about his hair. Cesack can see Todd's behaviour escalating. He calls the supervisor, who comes down to the common room. Todd pushes the other resident against the wall. The other person hits their head. Cesack does not want to restrain Todd as he knows from the plan it will only escalate the situation further. He calls the police, with the supervisor's permission. He, the supervisor and the other resident lock themselves in the office until the police arrive.

Todd is lying on the floor in recovery when the police arrive. Todd receives his medication, and goes to his room to rest. The other person is checked by the medical staff.

Cesack and his supervisor debrief about the incident. Cesack observes that he felt quite stressed at the time, but was okay once he knew he was safe.



Practice task 6

Read the case study, and answer the following questions.

Case study

Garth has a history of self-harm. He scratches his arm until he bleeds if he gets stressed. Sometimes, he requires medical attention because of infection.

Luna is Garth’s support worker. She has worked with Garth for many years, so knows his vulnerabilities. Even still, she frequently consults his behaviour support plan for updates. Luna knows the main trigger for Garth is social stress, particularly associated with people Garth does not know.

In two days, two new residents are moving in. Luna knows this will probably affect Garth, so she needs to ensure she can support him as best as possible.

1. How can the behaviour support plan help in this situation?

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2. What can Luna do to ensure the best outcome for Garth and everyone else before the event?

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3. What can Luna do to ensure the best outcome for Garth and everyone else during the event?

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4. What can Luna do to ensure the best outcome for Garth and everyone else after the event?

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Click to complete Practice task 6

2C Consider the type, frequency and triggers of the behaviour

Support workers should be on the lookout for any behaviour that is likely to put a person you support or others at risk of harm. Harm is any detrimental effect of a significant nature on a person's physical, psychological or emotional wellbeing.

Behaviour is a result of a person trying to communicate. Attempting to identify what a person is communicating, can help you identify the trigger and possibly minimise the behaviour of concern. For example, if a person is self-harming, they may be communicating stress. If the cause of stress is identified, the self-harming may stop.



Identify harmful behaviour

In identifying and responding to uncharacteristic or inappropriate behaviour, support workers must be careful not to label individuals. Many descriptions of uncharacteristic behaviour or behaviours of concern are subjective, emotive and can involve judgments and values. Wherever possible, when identifying and describing behaviours objectively, describe what you have observed and heard, rather than using labels in your descriptions.

Important questions to ask when observing inappropriate behaviour are:

- ▶ What are the risks of this behaviour to the person and to others (including myself)?
- ▶ What is this behaviour communicating?



Identify uncharacteristic or inappropriate behaviour

Be aware that people with disabilities and older people often experience significant frustrations linked to their disability, ageing and the limitations of service provision and access. You must also keep in mind that behaviour must be recognised not just as a potential risk but as an expression of a need that is not being met or communication that something has changed for the individual.

Here are some examples of uncharacteristic or inappropriate behaviour.

Uncharacteristic or inappropriate behaviour	Examples
Agitation	Fidgeting, repetitive movement, distracted, persistent scratching; some actions can last for an excessively long period of time.
Aggression (physical and/or verbal)	Hitting, yelling, standing over and threatening.

Socially disruptive	Yelling or singing loudly in supported accommodation, entering other people's rooms, making constant demands, repeatedly asking questions. Distracting others or preventing self and others from participating in learning and developing new skills.
Withdrawal	Not participating or responding, therefore becoming socially isolated.
Confusion or disorientation	Not understanding simple requests.
Emotional distress	Crying, wailing and calling out.
Disinhibition	Doing things in front of others or in public that are uncharacteristic or inappropriate, and making others feel uncomfortable; for example, undressing or engaging in sexually inappropriate behaviour.
Perseveration	Uncontrollable repetition of a particular response, such as an action or activity, phrase or gesture.
Self-harm or destruction	Cutting self, damaging property and graffitiing.
Neglect	Not grooming or having poor hygiene – can limit access to the community or community facilities.
Substance abuse	Unsafe quantities of alcohol and/or illicit drug use.
Changes in sleep	Sleeping more or less than usual.
Depression	Constant disinterest, appearing unmotivated – uncharacteristic sadness reduces quality of life and threatens health and wellbeing.
Impulsivity	Acting on involuntary or uncharacteristic impulses.
Eating problems	Increased or decreased appetite.

Observe the frequency of behaviour

Support workers should recognise the type of harmful behaviour, its frequency and what triggers the behaviour. This information often gives a clue as to what the behaviour means and how to support the individual to alter the behaviour to decrease the risk of harm.

Systematically observe a person's behaviour over a period of days or weeks to identify what triggers the reaction and to arrive at a reasonable conclusion by a process of elimination. When you determine the triggering event, record this information so it can be used in an individual response plan to limit or prevent recurrences.

The frequency of behaviour is explained below, with examples.

Frequency

The frequency of behaviour may alert you to the potential trigger of the behaviour, and may indicate that medication or environmental factors are at play. Frequency can also indicate the likely seriousness of the harm that may result from the behaviour. For example, Simon, a 35-year-old man with Down's syndrome beats his forehead against a solid wall every evening and often during the day as well. Clearly this is behaviour that is cause for concern and warrants observation to identify the trigger and to create a plan for a preventative response to the behaviour.

Patterns

By observing patterns of behaviour, you can begin to predict the occurrence, and help minimise behaviours occurring. If the frequency increases when the person is in a new or unfamiliar environment, you may start to identify possible triggers of behaviour.

Use the behaviour support plan to record the frequency and patterns of behaviour.

Observe the triggers of behaviour

Triggers are the events that set off the behaviour; a trigger may be an event that is, for some reason, distressing to the individual.

By observing when and where behaviours of concern occur, you may start to see patterns and can then start to identify triggers. For example, if behaviours of concern occur every time an individual is asked to go on public transport, the trigger may be related to the vehicle.

Record the behaviours of concern in detail to help you identify triggers.

Origins of triggers include:

- ▶ the environment; for example, loud noises
- ▶ the person's physical, emotional or mental state; for example, if the individual has experienced an injury or illness or been upset by a conversation or is depressed.
- ▶ the person's medication; for example, a dosage under or over the effective level, drug interactions or dehydration effects.
- ▶ task related, e.g. a job the person doesn't like.

Assess safety

When observing, you need to keep a focus on everyone's safety and develop the habit of asking yourself: 'Is this situation safe?' You should specifically consider if the situation is safe for you, as the worker. For example, you may have followed the WHS guidelines for dealing with a specific situation, but there may still be a threat to your safety. If this is the case, seek assistance from a co-worker or your supervisor or manager.

You must also consider if the situation is safe for the person with the behaviour or others, as part of your duty of care responsibilities. If an individual is putting themselves and others at risk by the way they are behaving, this risk must be attended to immediately.

Observe without judgment

Although some behaviour that may put people at risk of harm is extremely challenging, it is important to remember that the behaviour may be beyond a person's control. Try to consider the whole person and situation while the behaviour is occurring; leave value judgments aside and simply observe the behaviour. It is important to do so to gain a clear picture of the situation and to ensure you do not make any unfair or incorrect assumptions. Then, when you record your observations, use objective and concrete language, so others have a clear account of what occurred.



Consult the person

Your observations may include any information that the person with the behaviour provides. For example, if a person starts to be aggressive during bathing, try talking to the person to identify what is causing the problem. The person may be confused, or not sure about why they are being bathed, and clear communication may help prevent the behaviour occurring.

People can be consulted after harmful behaviour has been controlled. When they are calm, you may be able to sit and talk to them about why they think the behaviour occurred. Ask if there is anything you can do to help. This shows the person they are supported, and they will feel more empowered being involved in their behaviour support plan.



Record observations

Recording procedures may vary according to different workplaces or settings. For example, you may need to complete care notes, an incident report form, checklists for reviewing incidents, and/or a behaviour observation chart or sheet. Details of the behaviour of an individual should be recorded objectively and apparent causes, triggers or underlying issues should be noted. Critical incidents are generally recorded separately.

Below is a list of considerations to make when recording observations.

When recording observations:

- ▶ be factual
- ▶ use clear, concrete language
- ▶ be thorough and record all details about before, during and after the event
- ▶ record observations at the time of, or directly after the incident
- ▶ follow organisational procedures
- ▶ seek supervision
- ▶ ensure confidentiality.

Example

Consider the type, frequency and triggers of the behaviour

Lila has been drawing on the walls of her room in respite care. Judy, the support worker, asks Lila why she's been drawing on the walls. Lila says she just feels like it.

When Judy speaks to Lila's mother, she learns that Lila draws on walls and furniture when she is bored. Judy records the conversation, as well as the details about the incident. She asks Lila's mother about other details, such as how often Lila draws on the walls.

Judy identifies a pattern. Lila draws on the walls more at weekends and in holidays than any other time. Judy talks to Lila about the possibility of her needing more activities and stimulation. They talk about possible activities Lila could do, such as rock climbing and surfing. When Lila starts doing more outdoor activities, both Judy and Lila's mother notice a decline in Lila's graffiti.



Practice task 7

1. What type of behaviour would you classify biting, hitting and scratching?

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2. Identify possible causes or triggers of aggression.

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3. How can identifying the frequency and triggers of the behaviour help support the person in future?

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4. In what way can you be objective when making observations, and why is this important?

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Click to complete Practice task 7

2D Consider environmental factors, and the person's emotional wellbeing, health status, and medication, in the context of the behaviour

Behaviour cannot exist in a vacuum. It is usually functional; that is, it expresses an unmet need. Behaviours always have a context. For example, if a person is aggressive, they may be communicating stress. The behaviour may have been stimulated because the person was provoked. The consequence of the behaviour may be that both people were injured.

As well as observing and recording the type, frequency and triggers of behaviour, a support worker must also observe and record the context of the behaviour. Context is the situation in which a person's behaviour takes place. Some factors from that context are likely to contribute to the behaviour.



It is important to consider four main contexts: environment, emotional or mental wellbeing, health and the medication a person is taking. When there is a disturbance in more than one context, this can cause even greater behavioural issues.

Environmental factors

The environment can have a large impact on a person's wellbeing and state of mind, which can in turn affect their behaviour. The environment is both macro and micro. The micro-environment refers to a person's living arrangement, their building, their room, the number of people they live with and the type of people they live with. The macro-environment refers to their social context, whether they live regionally or in the city, what country they live in and climatic changes.

Changes in the environment can have varying degrees of impact on a person. Some people are more sensitive to changes than others.

Grief and feelings of extreme loss are sometimes associated with environmental changes, such as moving house. Try not to underestimate how these events might affect a person.

Environmental context

The environment can play a major role in people's behaviour due to the magnitude of what constitutes 'environment'. A person's environment may include their surroundings, where they live, other people they live with, family life, work, community, the support workers assisting them, their activities and routines, the weather, items on the news, and so on. Because the environment is so broad, it may operate in conjunction with other factors to trigger behaviour; therefore, you should be alert to combinations of factors that act as a trigger. Be aware that what affects one person may not affect another.

What to look for and record

Your knowledge of a person you support should be your starting point for identifying environmental triggers. Look at the person's tendencies, strengths, abilities and capabilities. You should then consider the way the person interacts with their environment, and look for anything that may affect the stability or safety of the environment. Record unusual events that might be connected with the person's environment. For example, if new residents move into a house, be aware of how this change will affect the person you support. Look for patterns in responses to environment, so you can determine issues that could possibly be avoided or addressed.

Some examples of questions to ask when identifying triggers follow.

Questions to ask when identifying triggers

- ▶ Are routines or timetables intact?
- ▶ Are scheduled activities on time?
- ▶ Is there a new support worker who people you support don't know?
- ▶ Is there distressing news or weather?
- ▶ Is the food different?

Emotional wellbeing

A person's emotional or mental state has a strong influence on their behaviour. For example, if a person feels negative, or unhappy, they may be less motivated to participate in activities. A support worker should monitor the emotional and mental wellbeing of people they work with. Changes in emotions can enable the triggers of potentially harmful behaviour, such as self-harm, or harm to others.



If you support a person with dementia, you may notice symptoms of dementia worsen because of environmental factors. This may impact a person's mental state, causing them to feel more distressed and disorientated than usual. They may act out their stress by being violent, withdrawn or depressive.

A holistic picture of a person's emotional and mental wellbeing may be constructed through conversation with the person themselves, with medical professionals, with the person's family members, with colleagues and with your supervisor.

What to look for and record

Support workers should be alert for emotional changes or problems with mental wellbeing that may manifest as different types of behaviour. Most support workers will be capable of identifying indicators of mental or emotional wellbeing problems. If you are not sure, consult your supervisor or a health professional.

As well as observing a change in a particular person, your records help you establish whether there is a pattern to that change.

Below is a summary of factors that may suggest behavioural issues associated with a person's emotional wellbeing, along with examples of behaviour that you may observe.

Behavioural issues related to emotional wellbeing:

- ▶ **Appearance:** a person may dress differently, be unkempt, their facial expressions may show they are tired or they may be pale or florid.
- ▶ **Attitude:** a person may be cooperative, uncooperative, hostile, guarded or suspicious.
- ▶ **Behaviour:** a person may avoid eye contact, tremor or self-stimulate; for example, rocking or hyperventilation.
- ▶ **Mood:** a person may appear euphoric, apathetic, anxious or angry.
- ▶ **Speech:** a person may speak slowly and hesitantly, keep returning to the same ideas or may slow down or speed up their speech.
- ▶ **Thought content:** a person may seem to ruminate, be deluded or obsessed.
- ▶ **Perception:** a person may experience hallucinations.
- ▶ **Cognition:** a person may experience behaviour relating to alertness, orientation, attention and memory.
- ▶ **Judgment:** a person may be unable to make sound, reasoned decisions or determine right from wrong.

Health status

When people are in pain or poor health, they often use more emotional or mental resources than usual to cope. This can leave them short of emotional and mental resources when a behaviour trigger appears. For example, a study has shown how people often behave contrary to their best interests if they are hungry, thirsty, in pain or unwell, or experience certain moods. It is as if the pain is the only important thing, and so other considerations, such as the importance of getting along with people or demonstrating appropriate social behaviour, fall away (Loewenstein, 1996).

Talking to a person about their health status, observing changes in their physical presentation and monitoring patterns will help you identify whether a person's health is causing them discomfort, or affecting their behaviour.



What to look for and record

A person who is unwell may display certain kinds of behaviour, such as withdrawing from activities or perhaps being aggressive. The behaviour may create a risk for the person themselves or for others. Some patterns of behaviour resulting from illness become very predictable.

Recording changes in behaviour, and indications of poor health or discomfort can help you identify these patterns.

Below is a list of changes you may observe.

Support workers should be alert to changes in a person's:

- ▶ posture
- ▶ gait
- ▶ facial expression
- ▶ speech
- ▶ mental state
- ▶ appearance, outlook and demeanour.

Record changes in behaviour

If you notice any changes in a person's behaviour, you should talk to the person about how they are feeling and work with them to identify possible contextual issues that are impacting their behaviour. Certain triggers may be obvious to the person, but some triggers may be less obvious.

Records are important because they allow you and others to start to see patterns in behaviour, and identify triggers and other contextual causes, if the person cannot identify the trigger themselves. Records help you support the person to manage their behaviour.



Medications

The effects of medication vary from person to person. Side effects may also vary between people, depending on how the person reacts and responds to the medication. Often, and particularly with psychiatric drugs, effects can significantly influence a person's behaviour and how they feel. Once again, getting to know the person, their support plan and the nature of the medication they are taking can assist you to observe the effects of medication on their behaviour. For example, some antidepressants can overexcite a person, so that they become agitated and anxious.

Checking charts

If a person displays unusual behaviour, it is important to check the medication chart to make sure they have received their medication at the correct time. Check the dose is accurate.

A person's physiology may have an impact on the effects of medication; changes in other parts of the body can influence the effectiveness of medicines. For example, if someone is dehydrated, the level of medication in their blood will increase, as will the side effects. Certain medications in combination may also react, as can the consumption of alcohol or other drugs with prescription medication. If you think medication has not been taken properly, or is having an unexpected effect on a person's behaviour, consult your supervisor, and call for medical assistance.

Possible side effects to medications

Medicines may affect different people in different ways. Specific side effects can be symptomatic of a specific medical condition. Only the person's medical practitioner has the ability and responsibility to make judgments about medication.

Observe and record health and behavioural issues as they arise or change. Use internal procedures, such as talking to your supervisor, if you believe a person is unwell and that medication is affecting their behaviour.

Consult the person directly. The person affected by the medication may be able to identify their behaviour as a side effect of a prescription drug or other medication they are taking. You should also ask if the person has taken the medication before, in case the person is having an unpredictable reaction.

Below is a list of common side effects of medication.

Side effects of medication are many and varied and may include:

- ▶ dizziness, particularly on waking
- ▶ dry mouth
- ▶ blurred vision
- ▶ nausea and/or headaches
- ▶ sedation
- ▶ frequent urination
- ▶ palpitations.

Example

Consider other factors in the context of the behaviour

Esther, 90, has just moved to a new home, so she can be nearer her son. The move was very difficult on Esther, both physically and emotionally. Her son, Pat, wants Esther to live with him, or in a residence, but Esther insists on remaining independent.

Esther’s arthritis is getting worse but she insists that she is capable of looking after herself and becomes quite indignant if her support worker, Maria, tries to do jobs Esther believes she is capable of doing herself. One of these tasks is making a pot of tea for Maria and Esther to share.

Maria notices Esther is losing a lot of strength in her hands and arms and is shaking a lot more. She now struggles to lift and hold steady plates and other household objects.

As they sit at the table sharing the tea, Maria and Esther discuss Esther’s situation. Esther explains she has been taking a new medication, which she thinks is making her feel dizzy. Esther tearfully acknowledges that lately she has also been feeling very depressed at not being able to do as many things.



Practice task 8

Read the case study, then complete the task that follows.

Case study

Bushfires in the region have blanketed the town in thick, acrid smoke. There is a great deal of fire and emergency service activity; an emergency relief centre has been established at the local high school and the mood of townspeople is one of quiet concern. The television news is showing dramatic pictures and urgent reports from journalists near the town.

Support workers at the community activity centre are keeping a close eye on the people they support in case they begin to show signs of disturbed behaviour or respiratory illness. Some people are already quite anxious, as they are fearful the fires may reach their town. One person is particularly agitated and wants to go home.

Any departure from the usual behaviour of the people supported is recorded. As a safety measure, people have been advised not to go outside because the smoke is so thick and care is being taken to monitor people in case anyone tries to leave the centre in panic.

1. How would you report objectively on people's behaviour and contextual factors that may have had an impact in this case study? Why is it important to be objective?

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2. Identify at least one environmental factor which is having an impact on people's behaviour.

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3. Identify at least one health or medication factor which impacts behaviour in this case study.

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4. How do the support workers monitor the behaviour?

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Click to complete Practice task 8

2E Record all observations accurately, clearly and objectively in consultation with supervisor

When recording observations, you must be accurate and objective. Different staff may be recording information. If each individual shares their opinion about the person's behaviour, it is very difficult to get a clear understanding of patterns of behaviour.

Record details in consultation with your supervisor. This way, you can ensure the records keep within organisational requirements. The supervisor can also help ensure that your observations are objective. The terms you use should be accurate and clear.



Record observations

Record observations as soon after an incident as you can. Information and details about the event are fresh in your mind, and your recall is likely to be more accurate.

The method you use to record the observations will depend on your organisation's requirements. In some cases, it may be best to make brief notes just after the event occurs and you have made sure everyone is safe. You may transcribe these notes into a more formal format at a later time.

Some organisations will have a proforma, or template, you need to complete. Some organisations will require you to complete details on the computer system, while others will require you to complete paperwork. Check with your supervisor about the specific requirements.

Some information about recording observations follows.

When noting observations, always record:

- ▶ the place, time and date the incident took place
- ▶ contextual factors which impacted the behaviour
- ▶ a description of the behaviour
- ▶ names of others who were involved
- ▶ consequences of the behaviour
- ▶ specific actions that were taken.

Develop an individual response plan

A support worker observes and records behaviour that could put a person at risk of harm. This information is used as the basis of an individual response plan for workers to respond to the behaviour. Individual response plans contain responses and strategies specific to that person.

Accurate and objective observations and records of behaviour are essential to an individual response plan that directly and effectively addresses the behaviour as it

occurs. The plan aims to identify the behaviour that puts the person or others at risk, identify the type of risk involved and propose strategies to be used when the behaviour occurs.

The plan is usually developed in a team setting, where support workers contribute their first-hand observations of a person's behaviours and their records of the occurrences. A range of other stakeholders may also be involved in contributing to the plan, including family members and significant others, the person's doctor or other health professional, the supervisor and other specialist staff.



Maintain accuracy

Information about behaviour that may put people at risk must be accurate, complete and timely. To achieve this make a careful, objective and accurate mental note of the details while in the situation, and formally record your observations as soon as possible after the event or incident, making sure you complete the record.

When providing information for an individual response plan, bear in mind that discussion of the behaviour may require that you provide as much detail as you can about circumstances surrounding the behaviour.

Some questions to ask to ensure the accuracy when reporting an incident are shown below.

Questions to ask to maintain accuracy

- ▶ What is the exact nature of the behaviour?
- ▶ When did the behaviour begin, are there any identifiable triggers and what else was happening at the time?
- ▶ Who was present at the time?
- ▶ What has happened since then?
- ▶ What sort of risk is posed by the behaviour and to whom?
- ▶ Is the behaviour getting worse, better or staying the same?
- ▶ Is the behaviour new, or ongoing behaviour that has become unmanageable?
- ▶ What actions have been tried in response to the behaviour? Have these worked or failed?

Remain objective

Objectivity is very important when recording observations about people you support. If you are feeling threatened or stressed, it can be easy to let your feelings taint your observations. You may feel negative towards the person, for example, and use negative terminology when recording the behaviour. This will not help the person manage their behaviour, nor help others support the person in the future.

Avoid using personal language, like ‘I think ...’ or ‘I feel ...’. Instead, stick to statements like, ‘I saw ...’ or ‘[Name] presented with this behaviour.’ Be specific, and share exact examples, rather than broad, general statements like, ‘[Name’s] behaviour has been very erratic.’ Instead, you might say, ‘[Name] appeared very distressed when they dropped their cup.’

Below are some statements you could use when making objective records.

Objective statement examples

- ▶ [Name] presented with aggressive behaviour
- ▶ When the other person pushed him, [name] responded by pushing back.
- ▶ [Name] was crying and screaming.
- ▶ [Name] presented with deep scratches in his arm.
- ▶ The other people in the house have reported feeling scared.

Consult with supervisor

Your supervisor is likely to have a broad perspective of the person you support’s history, as well as information from other support workers about the person’s behaviour. This broad perspective can be useful when recording behaviours, and in developing an individual response plan, as patterns begin to emerge. Your supervisor will also understand the organisational requirements for making records, and will be able to ensure your records are within organisational policy.



Your supervisor may also help you ensure that your observations and statements are objective and accurate. They may help you ask questions about the behaviour, such as identifying the triggers. They may also be able to provide support if you were emotionally affected by an incident.

Example

Record all observations in consultation with supervisor

Craig is an Aboriginal man who supports people with disabilities, including a woman named Jane. Jane has strong, angry outbursts from time to time, generally triggered by feeling insecure in a group, but sometimes they are unpredictable. When Jane gets angry, she can also be violent. She throws furniture, hits and bites.

Craig is running a group activity one morning. He observes that Jane is agitated and striding around the room. He approaches her and suggests they take a walk outside, but Jane pushes him away, and makes a racist comment. Craig is upset, but he knows he has to stay calm to help manage the behaviour. He rings the supervisor, who comes into the room to provide support. Soon Jane’s behaviour changes, and she is able to sit calmly.

Craig makes some brief notes directly after the incident. It is hard being objective because he is quite upset. His supervisor gives him an hour at the end of the shift to retreat to the office to complete the official record of the event. He checks with his supervisor about the details and she signs off the report.

- Why do you think it is important that Paola’s observations are accurate and objective?

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- How did the supervisor provide support to Paola in this situation?

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Click to complete Practice task 9

Summary

- Most behaviours have a context. The context is the environment the behaviour occurs in, the triggers that stimulated the behaviour, the preceding events and past behaviours. Understanding the context of the behaviour can help support workers, the team and the people being supported develop an accurate behaviour management plan.
- An individualised behaviour support plan allows support workers to understand the specific and unique needs of each individual they work with. The plan outlines expected behaviours and supports.
- Observe and record the details about what happened before, during and after a behaviour occurs.
- Making accurate records will help you to identify the type, frequency and triggers of behaviour and you will start to see patterns; for example, behaviour may always occur at a particular time of day. Identifying triggers may help you predict and better manage certain behaviours.
- Environmental, emotional and physical wellbeing and medication may impact people’s behaviour in different ways. If a change occurs, monitor how it affects a person. If a behaviour occurs, identify where there have been contextual factors that have influenced the change.
- Record observations accurately and objectively, in consultation with your supervisor. Records need to be accurate and objective to be useful in managing the behaviour.

Learning checkpoint 2

Review context of behaviours of concern

This learning checkpoint allows you to review your skills and knowledge in reviewing context of behaviours of concern.

Part A

1. Identify two physical factors that may contribute to behaviours of concern, and explain how.

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2. Identify two emotional factors that may contribute to behaviours of concern, and explain how to identify emotional changes.

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3. Identify two medical factors that may contribute to behaviours of concern, and explain how.

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4. Identify one medication factor that may contribute to behaviours of concern, and explain how.

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- Identify one environmental factor that may contribute to behaviours of concern, and explain how.

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Part B

Read the case study, then answer the questions that follow.

Case study

Geoff supports people with disabilities in their homes. It is his first time working with Freddie. Geoff reads Freddie's case notes and support plan. He learns that Freddie has obsessive-compulsive behaviour, which is linked with his anxiety. Freddie wants to know the science behind all mechanical and electrical objects. He stays up until 3 am in the morning, pulling equipment apart, studying bits and trying to put it back together again. He uses all his allowance on purchasing mechanical and electrical equipment, and often forgets to buy food.

When Geoff arrives at Freddie's home, he introduces himself. He asks Freddie about his main interest, asking how one of the lamps he is working on functions. Freddie excitedly talks about the technology behind the light. He does not want to stop talking about it. Geoff tries to ask Freddie other questions about his day, but Freddie becomes more and more agitated because his focus is on the function of the lamp.

When Geoff checks the fridge, he realises Freddie has no food in the house. He suggests he and Freddie walk to the shops to buy food for dinner. Freddie's behaviour escalates however. He raises his voice and starts pushing his mechanical equipment to the floor, causing glass to break. Geoff realises he and Freddie may be in danger. He uses a calm but assertive and monotonous voice to try and ground Freddie. When that does not work, he uses his mobile phone to call his supervisor. He gets authorisation to give Freddie his PRN medication. Freddie calms down, and Geoff can start talking to Freddie about dinner.

- What are Freddie's behaviours of concern, which may be outlined in the individualised support plan?

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2. Describe the behaviour of concern that took place, and practice objectively reporting the events that occurred before, during and after.

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3. Why might it be relevant to understand the type, frequency and triggers for Freddie's behaviour of concern?

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Topic 3

In this topic you will learn how to:

- 3A** Recognise the difference between appropriate and inappropriate interventions
- 3B** Interpret and follow behavioural support strategies
- 3C** Ensure that all interventions are in line with the plan and organisation policies and procedures
- 3D** Follow organisation procedures to ensure safety of the person, self and other people
- 3E** Respond to critical incidents in accordance with organisation's intervention and notification procedures
- 3F** Consult with supervisor to monitor strategies, identify and report changes in person's needs and behaviours, and follow referral procedures

Provide positive behaviour support according to individualised behaviour support plan

Positive behaviour support is an evidence-based model often used in community and social service work to address behaviours of concern. The primary focus of the model is the person's quality of life. The model looks at improving lifestyle factors, such as nutrition, relationships and motivation. The secondary focus of the model is to provide positive strategies to address the behaviour itself.

The individualised behaviour support plan is developed with a team of stakeholders and the individual to address specific behaviours. It is developed using objective, accurate observations of prior behaviour, contextual factors and professional recommendations.

The individualised behaviour support plan should be used when providing positive behaviour support.

3A Recognise the difference between appropriate and inappropriate interventions

When behaviours of concern occur, people involved may become stressed. This can cause people to act without thinking, and sometimes act outside of organisational policies and procedures. For example, if a person is hitting the wall, it may be your instinct to hold their arms so they cannot hit the wall. However, unless this is an agreed restrictive practice, it is against procedure to constrain a person against their will.



An intervention is the action taken to manage the behaviour. Learn to recognise the difference between appropriate and inappropriate intervention when addressing behaviours of concern. In most cases, positive intervention strategies, such as using effective communication, or changing the environment, are preferred to aversive strategies, such as restraint.

Differences between appropriate and inappropriate interventions

Talk to your supervisor and colleagues about the types of interventions which are appropriate when managing behaviours of concern, and make sure to consult each person's individualised behaviour support plan. Some people may have a recommended restrictive practice that has been agreed to because of previous behaviours of concern.

Consult organisational policies and procedures about addressing behaviours of concern. You can also consult your organisation's code of conduct and practice, such as WHS codes of practice.

Ultimately, your role is to ensure the safety of the people you support, yourself and the people you work with, as far as practicably possible.

Below are examples of situations that could occur, and some examples of corresponding appropriate and inappropriate interventions

A person is hitting the wall

Appropriate intervention

- ▶ Remove any obstacles that may cause harm, call the supervisor and, if necessary, obtain medical assistance. Try to talk calmly and assertively to ground the person.

Inappropriate intervention

- ▶ Holding the person's arms behind them and pulling them away from the wall.

A person is screaming

Appropriate intervention

- ▶ Talk calmly and assertively to help ground the person. Identify triggers and, if possible, remove these.

Inappropriate intervention

- ▶ Scream at the person to tell them to calm down. Threaten the person by telling them if they do not stop yelling, you will lock their door.

A person is indecently exposing themselves

Appropriate intervention

- ▶ Gently guide the person to a private space, and provide their clothes. If necessary, assist with dressing.

Inappropriate intervention

- ▶ Yell at the person in public, demanding they redress. Force the person to redress.

A person absconds (leaves without warning)

Appropriate intervention

- ▶ Ensure the person is monitored at all times.

Inappropriate intervention

- ▶ Lock the person in their room or lock the front door, without a restrictive practice.

Example

Recognise the difference between appropriate and inappropriate interventions

Ricky supports people in an aged care facility. He has been briefed about each person's individualised care plan, and behaviour support plan. He has also received training which provided information about restrictive practice and PART-training (Predict, Assess, and Respond to behaviours of concern). He is aware of organisational policies and procedures relating to behaviour management.

Ricky is having a particularly stressful day. Two people he supports have forms of dementia and appear very agitated. They are presenting with very unpredictable behaviours, which are out of character for both of them. Susanne, who is usually very quiet, is yelling loudly. Yael has left the building without warning for the second time today. One of the support workers has brought her back each time, but Ricky is worried he will not notice she has left.

Ricky thinks about locking the main door so that Yael can't leave. But he remembers that this is constraint, and against the organisation's policies and procedures which include a provision for people to be able to leave the building by entering the correct PIN number. He arranges for a support worker to monitor Yael and watch she doesn't leave the building without being escorted. He keeps an eye on Susanne, and tries to identify the triggers causing the change in her behaviour.



Practice task 10

Write down the appropriate response for the following behaviours.

1. A person absconds (leaves the building) without any warning. They are at risk of memory loss and disorientation.

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2. A person is hitting their head with their hand.

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3. A person yells at you.

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[Click to complete Practice task 10](#)

3B Interpret and follow behavioural support strategies

Behavioural support strategies are tailored to individuals. They help the person you support know how to cope in a situation. They also help you and other support workers know what to do.

Positive behavioural support strategies are preferred to aversive strategies. Positive strategies include using communication strategies, changing the environment, providing a distraction, and teaching behavioural management strategies.

The support strategies will usually be outlined in the individualised behaviour support plan. Be sure the person's plan is up to date, and you understand the instructions provided.



Positive behaviour support principles

A positive behaviour support plan is based on information gathered about an individual and their behaviour. The key principle of positive behaviour support (PBS) is to focus on improving the individual's quality of life. As a secondary measure, PBS looks at ways to address the behaviour.

PBS is about inclusion, and takes a person-centred approach. The key principles and values underpinning the PBS are summarised below. These are based on *Positive Practice Framework*, which you can read here: <http://aspirelr.link/positive-practice-framework>

Positive behaviour support principles
▶ Values-driven quality of life
▶ Identifying behaviour-based trends
▶ Comprehensive intervention of behaviour-based trends
▶ Educative support for adaptive and prosocial skills
▶ Effective macro-environmental change
▶ Accountability assessment of the redirection program
▶ Ethical and safe protection of all

Positive behaviour support practices

Staff should be trained to use the PBS model and be familiar with each individual's behavioural and communication needs. PBS provides opportunities for the person you support, as well as the support workers.

PBS works best when people work as a team and support each other. Support workers need to be committed to valuing the person and their strengths, and try to stay positive.

The model requires support workers to look at proactive and non-restrictive strategies for addressing behaviour, changing the environment rather than the person and teaching communication skills. PBS holds that every behaviour, regardless of form, is communicating a message.

Below is a list of key positive behaviour support practices, based on *Positive Practice Framework*.

Positive behaviour support practices include:

- ▶ conducting relevant and comprehensive assessments
- ▶ developing and implementing evidence-based support programs
- ▶ educating stakeholders using professional standards
- ▶ promoting positive environments that maintain behaviour
- ▶ delivering services in line with human rights
- ▶ demonstrating accountability to stakeholders
- ▶ maintaining high standards of service.

Positive behaviour support strategies

A range of strategies are usually available to support workers. The individual response plan instructs support workers how to respond in a given situation, and it is important to follow the recommended strategies. The plan is most effective if it is applied consistently; if one support worker varies a strategy, it may undermine the effectiveness of the plan, and the risky behaviour may continue.

Below are the categories and types of strategies that may be included in a response plan.

Categories

Strategies commonly fall into two categories:

- ▶ Strategies that avoid, deal with or defuse situations where there is aggression, violence, disinhibition or other inappropriate behaviour
- ▶ Strategies that encourage appropriate behaviour

Types

Strategies are also divided according to:

- ▶ organisational policy strategies
- ▶ personal environment strategies
- ▶ teaching and learning strategies
- ▶ on-the spot strategies.

Organisational policy strategies

Strategies that relate to organisational policy guidelines express the values of an organisation, and outline procedures staff should follow. Organisational values, such as taking a person-centred approach, underpin the procedures and strategies.

Below are examples of policy strategies.

Emergency containment strategies

- ▶ These strategies plan for everyone's safety if a known dangerous behaviour occurs. This could involve moving other people to a safer place or involving external assistance, such as police, if necessary.

Positive solution-focused approaches

- ▶ These approaches form part of an organisation-wide policy relating to how people deal with each other when problems arise. An individual response plan under this policy should emphasise the solution to the problems posed by the risky behaviour. Plans should focus on the desired outcomes.

Seeking expert assistance

- ▶ A healthcare professional or family member may be called upon when a plan is reviewed or a new problem behaviour arises.

Personal environment strategies

Some strategies deal directly or indirectly with behaviour that could put people at risk. This group of strategies manages elements in the person's environment and are useful when the cause or trigger of the behaviour is related to the person's environment.

Below are descriptions of the different personal environment strategies.

Structure and routine

Attention should be paid to firm structure and routines so triggers arising from unpredictability are eliminated.

Teamwork

Teamwork and consistency is the key to a team's ability to implement a plan. Every worker should follow the strategies in the same way.

Antecedent management

This strategy includes actions that avoid or eliminate a known trigger; for example, having the laundry trolley stop further from an individual's door if the individual has been consistently annoyed with the trolley being stopped outside their door.

Active listening

Active listening and observation is the key to the support worker's ability to contribute to the plan by being well informed and having first-hand knowledge of the individual and their behaviour.

Communication

Effective communication with other workers and the individual you support, involves listening carefully and attending to, and observing, as much as possible about the other person. Use clear, plain words spoken slowly, calmly and firmly to successfully communicate your message.

Teaching and learning strategies

Teaching and learning strategies apply when a person's potentially dangerous behaviour is thought to stem from frustration, dissatisfaction or distress about an aspect of daily life. These strategies, outlined below, help a person manage their own behaviour or avoid the behaviour of concern.

Lifestyle enhancement

Life enhancement could include enabling a person to take up a new activity, go out visiting, shop independently.

Teaching relaxation

Relaxation can be taught individually or in groups. Guided meditation is good for beginners and, if done regularly, stress-related dangerous behaviour may be reduced in frequency and intensity.

Teaching functional communication

Functional means that the communication (speech, expression) actually achieves the desired result. For example, teaching a person to approach a worker with a request, rather than repeatedly calling it out.

Skills development

Skills development may be useful in reducing potentially dangerous behaviour. For example, if a person's frustration at not being able to do something is a trigger, the person may be able to develop the missing skills and the trigger may disappear.

Increasing engagement

Boredom or depression may lead to loss of engagement in activities, and may also become a trigger for potentially dangerous behaviour.

On-the-spot strategies

Most of the previous strategies involve prior decisions about the individual response plan. However, on-the-spot strategies are often a component of many of the previous strategies, and may be used with discretion in other situations. Below is an explanation of on-the-spot strategies that are often used.

Compensatory strategies

Memory aids such as a whiteboard, diaries or watches can be used by a support worker to re-orient or remind the person they support, especially for those with orientation or memory difficulties.

Reinforcement schedules

Encouragement, praise and acknowledgment are given by workers when a person shows positive and adaptive responses. If a person exhibits potentially dangerous behaviour, it is managed without emotional input so as not to reinforce the behaviour.

Interrupt and redirect

Interrupting a person and giving them a new activity or space is often successful in distracting them from behaviour that is potentially harmful.

Stimulus change

The stimulus change strategy involves changing the environment, particularly if the original environment is triggering potentially dangerous behaviour. Proximity management, where the support worker or instructor remains close to the source of the behaviour issue or its cause, can also be used to manage behaviour.

Consequences

People you support should be aware that there are consequences as a natural result of their behaviour. Approved behaviour is rewarded with encouragement and acknowledgment; potentially harmful behaviour is responded to with no sign of emotion and a straight face. Note that some people with acquired brain injuries are not able to respond to consequences.

Time out strategies

Time out is a type of consequence for behaviours that are socially disruptive and potentially harmful. Ideally this is explained to the person before carrying it out. Time out may be five minutes in the bedroom with the door open.

The removal of the person from the social setting must not be used in a punitive way but rather explained and used only in specific circumstances.

Positive lifestyle enhancement strategies

A person's lifestyle needs to suit their specific needs, so individualised support plans will attempt to ensure all lifestyle requirements are met.

Lifestyle can be enhanced in many ways, depending on the needs of the individual. Take a strengths-based and person-centred approach to enhancing lifestyle. That is, ensure the person is involved in decisions to enhance or change their lifestyle, and focus on a person's strengths and capabilities when making changes.

Examples of different lifestyle enhancement strategies are provided below.

A more balanced lifestyle

- ▶ A person may be reacting to an imbalanced lifestyle. For example, they may not be spending much time socialising, and may be spending too much time using a computer. Help the person look at the components that make up their day and their week. Some of these activities may trigger behaviours of concern, and if they do, they could be decreased to make room for other activities.

A more predictable lifestyle

- ▶ Predictability is very important to some people, particularly in regards to behaviours of concern. You may be aware that some behaviours are triggered by significant changes in a person's environment. Look at ways to make the lifestyle more consistent. This may involve developing a structured schedule of activities, using familiar equipment and aids, and rostering on familiar staff.

More realistic expectations

- ▶ Activities and schedules that are planned may be causing a person stress because they are inappropriate, or beyond their level of achievement. Ensure current goals and objectives are suitable for the person and are not causing stress. You may be able to identify a more suitable activity, or goal, to meet the person's needs.

Improving the physical setting

- ▶ A person's physical environment can be very important to a person's mood or behaviour. If the physical environment has many obstacles or unnecessary clutter, a person may become distressed. On the other end of the spectrum, some people require more pattern and colour stimulation. You may look at introducing coloured furniture or curtains. You should also check to see that the person gets enough light and fresh air in their living space, as these factors may also affect their wellbeing.

Increased physical activity

- ▶ Some people you support may benefit from increased physical activity. Offer people you support a range of activities that may interest them. For example, you may offer swimming one day, a daily walk and tai chi another day. Physical activity is known to have positive effects on people's general physical and emotional wellbeing.

Positive reinforcement

When people are changing their lifestyle, or undertaking new activities or skills, it is important to offer positive reinforcement. Positive reinforcement is positively encouraging a person by focusing on their achievements. The encouragement can be verbal or non-verbal. Positive behaviours that improve a person's life are reinforced this way, and personal growth and further learning may be fostered.

Below is a list of possible positive reinforcement strategies you could use.

Verbal strategies

Verbal statements you could make include:

- ▶ 'Well done.'
- ▶ 'I see you have completed that. That must feel good.'
- ▶ 'It'd be great to see more of that.'
- ▶ 'You've really impressed me!'

Other verbal strategies include:

- ▶ telling other people about a person's achievement
- ▶ using positive language and expressions
- ▶ suggesting the person should demonstrate what they have learnt for others.

Non-verbal strategies

Non-verbal strategies you could use include:

- ▶ smiling at a person
- ▶ maintaining an open, friendly posture
- ▶ following the person's behaviour to demonstrate you like it
- ▶ being a positive role-model.

Motivation

Motivation helps a person keep going with a task, activity or lifestyle change. Motivation can be negatively affected by criticism, self-doubt, fear, overwhelm or emotional issues, such as depression.

For example, if a person has a drug and alcohol addiction, they may be de-motivated to stop using if the effect of not using drugs or alcohol is worse than using drugs or alcohol. This is negative reinforcement.

Motivation can be positively impacted by positive reinforcement from others, positive role-models and gaining positive results and outcomes.

Ensure that the strategies and changes that are made to lifestyle are realistic for the person you support. If the person experiences failure, they may lack motivation to continue with the change. Monitor the changes introduced for suitability. Use positive language to positively reinforce and encourage the person to continue with changes.

However, be aware that a person may rely on your positive feedback. Motivation is especially effective if a person is self-motivated. That is, the motivation should be intrinsic to a person. Motivation is more likely to be intrinsic if a person sets their own goals and is involved in lifestyle decisions.



Stress management

Stress management is necessary if a person's behaviour is associated with stress or anxiety. Stress can be caused by many different factors, including environmental factors, social factors, or physical and/or emotional pain.

Stress management techniques and strategies should be developed in conjunction with the individual, to meet their needs. Support a person to monitor their stress by helping them identify triggers or indications of stress, and implementing stress management strategies before the event escalates.

Some stress management strategies are described below.

Stress management strategies include:

- ▶ guiding a person to breathe slowly and mindfully
- ▶ guiding a person to observe their breathing
- ▶ counting breaths
- ▶ asking a person to describe where they are sitting or what they are looking at
- ▶ ensuring a person gets enough sleep and eats well
- ▶ identifying triggers of stress, and learning early stress management techniques
- ▶ creating calm environments
- ▶ using reframing techniques to help a person see the positive or logical side of a situation.

Engagement in meaningful activities

If a person feels genuinely interested in their daily living activities, they are more motivated to engage with them. What is meaningful to one person is not necessarily meaningful to another. The activities a person engages with should be suitable, person-centred and strengths-based. Activities that are too difficult or not realistic may cause stress.

Observe the types of activities a person engages most with, and suggest integrating more of these activities into their lifestyle. Behaviours of concern may reduce if a person is engaged with meaningful activity. If behaviours of concern occur, a positive behaviour management strategy is to divert the person's attention towards an activity they are genuinely engaged with, such as exercise.



Support relationships

Relationships may be with children, significant others, parents, siblings, friends, support workers or other people who use the service.

Positive relationships are crucial to a person's wellbeing. Negative relationships can often be a source of stress and conflict, which can impact people's behaviour.

Relationship issues may relate to communication difficulties, misunderstandings or differences in needs. If you observe that a person's behaviour of concern is triggered by certain relationship interactions, communication issues could be addressed.

Below are some ways support relationships.

Be a positive role model

Role model positive relationship interaction styles, such as talking kindly people, or using conflict management techniques to resolve an issue. Being a positive role model will inspire others, and will also bring a positive energy to the organisation.

Teach conflict management techniques

Conflict is often at the root of relationship breakdowns. Conflict may be overt, such as a verbal fight, or it may be subvert, such as an underlying anger towards another person.

Teaching conflict management techniques can help a person manage a situation before it becomes a crisis. Techniques include:

- ▶ using deep breathing and mindful breathing to stay calm
- ▶ talking about difficult issues after anger has subsided
- ▶ seeing the other person's perspective
- ▶ empathising with the other person
- ▶ finding a win-win solution, that satisfies both people.

If conflict is too complex, mediation may be required.

Provide opportunities for people to connect

You may encourage people to get together at social events, such as family picnics or open days. You might encourage weekly get-togethers.

You may arrange specific activities people can do together. If people share common objectives and goals, they are less likely to be in conflict.

Refer for counselling and relationship guidance

Organisations like Relationships Australia provide relationship counselling services, which can help people address conflicts and learn relationship building skills.

Provide details of these services to people you support.

Teach assertiveness

Behaviours of concern may occur if a person feels powerless. Teaching assertiveness can help a person feel like that can better manage a situation. Assertiveness techniques include using a clear, calm and firm tone of voice, keeping an open, friendly posture and maintaining eye contact. By being assertive with people you work with, you role model assertive styles of communication.

Nutrition

Nutrition has a significant effect on people's emotional and physical wellbeing. A balanced diet in combination with physical activity helps a person think clearly, manage their emotions and maintain a healthy weight.

You may observe that a person's behaviour is directly triggered by certain foods or beverages, which may indicate intolerance. Seek nutritional advice from a nutritionist or doctor if you believe a person's behaviour is affected by their nutrition.

Provide healthy food options where possible, and demonstrate good nutritional practices in the workplace. A person is entitled to dignity of risk, however, so if a person wishes to eat a food they know is harmful to their health, they have the right to do so.

You can access healthy eating recipes at: <http://aspirelr.link/nutrition-australia-recipes>

Environmental and systems improvements

A person's physical and social environment is important to their overall wellbeing. Environments and systems that are predictable and easy to use are most likely to reduce stress.

Support workers may identify certain factors in the environment which trigger behaviours or concern. For example, a person may find it stressful being in a small, enclosed space. If a person is trying to get employment, they may find it stressful if they have to complete too many forms, or speak to too many different people.



When developing the individualised behaviour support plan, look at specific environmental factors and systems that may be impacting behaviour, and communicate with the individual about how improvements could be made.

Physical improvements include improving the temperature and climate of the environment to suit the person's needs, making more space for the person or encouraging more outdoor activity.

Ensure systems the individual uses are clear and easy to use. For example, help the individual organise their finances so they do not feel overwhelmed.

Example

Interpret and follow behavioural support strategies

Joyce has a tendency toward manipulative behaviour. She has a habit of asking for extra food from one support worker, Heidi. When Heidi says, 'No, breakfast is over', Joyce then approaches another worker, Bethany, saying, 'Heidi said you would go to the kitchen for me.' The attempt to divide workers is a feature of much of Joyce's behaviour.

An individual response plan is made in response to this behaviour. The key strategy in the plan is to interrupt and redirect, while using consequences; specifically, limited eye contact and a calm but serious, unsmiling face. The plan includes a choice of other activities for Joyce during the periods of the day when the behaviour tends to peak.

The response of both workers under the plan is calm non-response to the request, and encouragement for Joyce to engage in one of the activities available at the particular time of day.



Practice task 11

Read the case study, then complete the task that follows.

Case study

Freya has bipolar disorder, which affects her moods and behaviours dramatically. When Freya is feeling good, she is very engaged with activities like craft, sewing and printmaking. She often stays up very late finishing a project, even though she's tired. If she is involved in a project, she forgets to eat, and often goes 24 hours without food or water. She enthusiastically tells everyone that she lives with about the projects she is working on. Sometimes, she misinterprets other people's appreciation of her hard work as criticism, and becomes very sensitive and distressed. When Freya's mood changes, however, she finds it difficult to do anything. She wants to sleep all day and eats poorly. The mood changes are sometimes, related to stressful events in Freya's life, such as starting a new job, or if she feels that someone criticised her. When Freya feels particularly bad, she self-harms by cutting her arm. She also acts out by yelling at other people she lives with.

1. As Freya's support worker, how do you think the positive behaviour support model could help Freya?

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2. Provide two examples of positive reinforcement you could give Freya.

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3. How could you help Freya with stress management?

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4. What activities would Freya be most likely to meaningfully engage with?

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5. What relationship support strategies could benefit Freya?

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6. How could Freya’s nutrition and health be improved?

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7. What changes could be made to Freya’s environment and systems?

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Click to complete Practice task 11

3C Ensure that all interventions are in line with the plan and organisation policies and procedures

Interventions are the actions that are taken to address a behaviour. Interventions must be carried out in accordance with the person's individualised plan, as well as organisational policies and procedures.

Some individualised plans may have restrictive practice. A restrictive practice needs to be discussed and agreed upon with the support team, and the person being supported. A restrictive practice is intended to help a person manage their behaviour.

It is also important to follow organisational procedures for reporting accidents or incidents if they occur.



Carry out interventions in line with behavioural support plan

All interventions need to be in accordance with the behavioural support plan, which has been specifically developed to meet the particular needs of the individual. Not all people showing behaviour of concern should be responded to in the same way; a particular response to one person's behaviour may not be effective for another.

The behavioural support plan will outline the specific interventions which are required if behaviours occur. Behavioural support plans should be up to date and relevant to the person you are supporting. If you observe that any part of the plan is out of date, report it to your supervisor.

If a particular intervention outlined in the plan is no longer effective, talk to your supervisor about reviewing the plan.

Examples of interventions specified in different support plans are outlined below.

Distraction

- ▶ Martin sometimes gets increasingly frustrated and agitated. He paces around, then starts running. The intervention strategy is to distract Martin from what he is doing, and engage him in an activity he enjoys. Martin enjoys Wii, so support workers sometimes suggest Martin plays a game of Wii with them.

Medication

- ▶ Oni self-harms when she gets depressed. The first action in the support plan is to ensure Oni has her regular medication every day. If Oni presents with severe depression, and is at risk of self-harm, support workers need to obtain authorisation to administer PRN medication. PRN medication is chartered by a doctor to treat short-term, intermittent symptoms. They are also called 'as needed' medications. Oni must be monitored.

Separation

- ▶ When Carl's behaviour becomes more and more aggressive, the first step is to separate other people from the situation. The second step is to get authorisation to give Carl medication. The third step is to get authorisation to give Carl a second dose of PRN medication if his behaviour continues to escalate. The fourth step is to call the emergency services if Carl's behaviour still persists.

Tag teaming

- ▶ If Margaret's behaviour becomes escalated, she fixates on one support worker and asks repeated questions. Support workers take turns calmly and persistently responding to Margaret's questions.

Calm, clear communication

When Margaret becomes agitated, support workers communicate calmly and clearly with her. They:

- ▶ use simple, short sentences
- ▶ repeat the answers slowly
- ▶ use clear, unambiguous language
- ▶ use a calm, assertive tone of voice
- ▶ paraphrase to demonstrate they have heard Margaret
- ▶ use non-confronting body language.

Exercise

- ▶ Victor's behaviour escalates if he becomes stressed or paranoid about social concerns. When support workers notice indications of Victor's stress, they suggest he takes a walk around the garden. Victor is generally happy to go for a walk.

Making contracts

- ▶ Tim is agitated, as he wants soda. Tina, his support worker, reminds Tim that he's already had a soda. Tim says he does not care – he wants another one. Tina shows Tim the written contract he signed, which says he will only have one soda each day. Tim eventually relaxes.

Carry out interventions in line with organisational policies and procedures

It is important that when you carry out an intervention it is in line with organisational policies and procedures. Organisational policies and procedures are intended to ensure a safe workplace. By practicing within policies and procedures, you are conducting your work legally and ethically.

Below is a list of characteristics of an intervention policy or procedure.

Intervention policies and procedures will:

- ▶ be accessible
- ▶ be clear and precise
- ▶ outline when interventions may take place
- ▶ outline aversive procedures to avoid
- ▶ align with legal and ethical requirements.

Accident and incident reporting

Injuries or accidents may sometimes result from behaviours of concern; for example, a person may injure themselves or another person. To ensure the safety of the workplace at all times, respond and report accidents or incidents as soon as possible

The reporting format will be specified by your organisation. Consult your supervisor about specific forms that are used. Ensuring adequate reporting of accidents and incidents is one way that an organisation manages risks. This allows strategies to be put in place that are designed to prevent a reoccurrence.

Considerations for reporting accidents and incidents are outlined below.

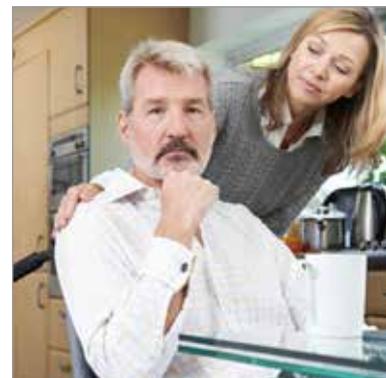
Considerations for reporting accidents and incidents

- ▶ Always report an incident or accident to the appropriate person immediately
- ▶ Be clear and concrete in your description of the incident
- ▶ Use specific and detailed examples
- ▶ Include the date, time and place the incident occurred
- ▶ Describe the consequences and actions that were taken

Restrictions on the use of aversive procedures

People with disabilities are sometimes vulnerable to aversive treatment. Aversive procedures are procedures that are in any way harmful or restrictive to the person; for example, aversive procedures include physical restraint, physical assault, isolation, seclusion, social degradation, social humiliation and dehumanisation.

Modern organisations take active steps to restrict the use of aversive procedures when managing behaviours. Restrictions will be outlined in the organisation's policies and procedures, but may also be punishable. If you are aware of an aversive procedure being used, report it immediately.



Example

Ensure that all interventions are in line with the plan, policies, and procedures

Tammy is supporting Jake, who has not used the service for over a year. Tammy reviews Jake’s individualised support plan. It says that Jake is likely to become agitated if he does not get enough physical exercise. Agitation can result in compulsive, repetitious behaviour. The recommended intervention is to hold Jake tight if his behaviour escalates.

Tammy is not sure about this, as it is a restrictive practice. She wants to check that the plan is still current. She talks to her supervisor about her concerns. Rin, the supervisor, agrees that the plan does not sound like it is in line with organisational policies. Rin calls in the behavioural coordinator, Marius, who conducts an assessment and works with Jake to develop a new intervention plan.



Practice task 12

1. What is an intervention? Describe one example.

2. Why do interventions need to be in line with the individualised plan?

3. Why do interventions need to align with organisational policies?

4. What are three requirements for reporting an accident or an incident.

5. What is an aversive procedure? Describe one example.

Click to complete Practice task 12

3D Follow organisation procedures to ensure safety of the person, self and other people

Safety is always the highest priority when providing support. This includes your safety, your co-workers' safety and the safety of the people you support.

Organisational policies and procedures are in place to ensure workplaces are safe environments. Risk management assessments can be conducted to determine the safest possible course of action.

Managing risk can be ambiguous. A balance needs to be struck between the likelihood and severity of the risk of harm. Sometimes, more than one risk needs to be weighed up, and the risks need to be measured.



Assess safety risk

To assess the safety of a risk, you need to determine whether the risk of harm to the people you support or others is reduced or eliminated if a particular action takes place. This information is used in the individualised support plan.

You can use the risk assessment matrix below to plot behaviours into categories of likelihood and severity.

LIKELIHOOD	VERY LIKELY	Acceptable risk Medium	Unacceptable risk High	Unacceptable risk Extreme
	LIKELY	Acceptable risk Low	Acceptable risk Medium	Unacceptable risk High
	UNLIKELY	Acceptable risk Low	Acceptable risk Low	Acceptable risk Medium
		MINOR	MODERATE	MAJOR
IMPACT				

Measure safety risk

When an assessment has been made and recorded in a person's individual response plan, any changes to the risk need to be measured. When data has been collected, the team should then consider whether the targeted behaviour and the associated risk have reduced.

Listed below are the markers and indicators that can be measured on a regular basis.

Markers

Markers such as the following can be observed, counted, described and recorded on a daily basis:

- ▶ Intensity of the behaviour
- ▶ Frequency
- ▶ Duration
- ▶ Impact on others
- ▶ Whether triggers are still functioning as they were at the beginning of the strategy

Indicators

Some indicators that the risk of harm is not reducing may include:

- ▶ the same or a more severe form of the targeted behaviour is occurring
- ▶ more frequent displays of the behaviour
- ▶ other people are being impacted by the behaviour
- ▶ new behaviours appearing instead of, or in addition to, the targeted behaviour.

Manage risks

Once the risk has been identified, assessed and measured, it will need to be managed.

Use the hierarchy of risk management to manage the risk. The steps are:

- ▶ elimination
- ▶ substitution
- ▶ engineering
- ▶ administration
- ▶ personal protective equipment.

You should always take care to involve the client in making the decision about the best strategy for reducing or minimising risks. Risk reduction is ultimately dependent on the people's participation and cooperation. People you provide support to will not participate in risk reduction activities if they feel that you are telling them what they must do, if they don't understand why the activities are necessary and if they don't understand how to reduce risks. Clear communication can help most people feel actively involved in the risk reduction process.



Safety strategies

The first step is to assess risks and identify the likelihood of the risk occurring. The next step is to implement safety strategies. Safety strategies need to ensure the safety of the person at risk, the support workers and other people in the organisation.

Below are examples of safety strategies that may be implemented.

Safety of person

Safety strategies for the person include:

- ▶ following intervention steps in the individualised support plan
- ▶ following organisational procedures and policies
- ▶ removing objects that cause risk
- ▶ identifying and responding to early indications of behavioural change
- ▶ engaging emergency services and supervision if situation goes beyond limits of your role.

Safety of staff and others

Safety strategies for staff and others include:

- ▶ following organisational procedures and policies
- ▶ removing self, or other staff away from a hazardous situation
- ▶ removing or minimising hazards
- ▶ staying calm and focussed
- ▶ being assertive
- ▶ engaging emergency services and supervision if situation goes beyond limits of your role.

Example

Follow procedures to ensure safety of the person, self and other people

When Barry gets agitated, he bangs the table, which upsets other people he lives with. The procedure outlined in Barry's plan is:

- ▶ Calmly and assertively ask Barry to stop banging the table.
- ▶ If Barry does not stop, explain to him that the meal cannot be served unless the banging stops.
- ▶ If Barry's behaviour continues or escalates, provide a distraction, such as a walk outside.
- ▶ If the behaviour escalates further, Barry may require his PRN medication. Obtain authorisation to give Barry his PRN medication.



Noah, the support worker, reads the intervention procedures. When Barry's behaviour begins, Noah follows the steps outlined in the procedure. However, Barry refuses to walk, and refuses his medication. Noah does an informal risk assessment, and assesses that Barry could cause physical harm to others if his behaviour escalates further.

Barry does get increasingly agitated and aggressive, yelling and swinging his arms. Noah takes the other people to their rooms, and locks himself in the office. He calls the police and then reports the situation according to organisational procedures.

Practice task 13

Read the case study, then complete the task that follows.

Case study

Rogan is seventeen and has autism and an intellectual disability. He also has a history of absconding. If he gets bored, he can leave the respite house, and walk into town. On one occasion, he wasn't found until four hours later.

Marcia, the support worker, looks at Rogan's support plan and double checks the organisational policies. She is supporting two other people on her own, and is concerned about Rogan leaving without her noticing. Marcia checks to see if there is any information recorded in the intervention plan about restricting Rogan from leaving the building, but she can't find anything.

1. How might Rogan's behaviour put himself, Marcia and other people the service supports at risk?

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2. Explain whether Marcia should impose a restriction to ensure Rogan's safety, and why or why not.

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3. How could Marcia respond?

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Click to complete Practice task 13

3E Respond to critical incidents in accordance with organisation's intervention and notification procedures

Critical incidents are severe or traumatic incidents that may cause sudden death or harm to an individual. They also include threats of death or injury. Some behaviours of concern can escalate and cause a critical incident. This may or may not be predictable. You have a duty of care to perform any interventions necessary to keep the person and others safe, and to report the incident as soon as it occurs – this is called notification.

Follow your organisation's intervention and notification procedures if a critical incident occurs, or is at risk of occurring.



Identify critical incidents

Critical incidents are any occurrences that cause severe risk or harm to a person. Critical incidents are usually very distressing, dangerous and often unexpected. You may get little warning that a critical incident is about to occur. For example, a person may fall of a high building and severely injure themselves. There may be incremental warnings, such as escalating behaviour. If there is a warning or precipitating event, ensure you perform all interventions necessary to prevent the critical incident occurring.

Examples of critical incidents are described below.

Types of critical incidents
Medical emergency, such as cardiac arrest, stroke or an acquired brain injury, or an unusual condition, such as sudden swelling of a limb or loss of movement.
Assault, such as physical harm caused with a weapon or threat to harm.
Abduction.
Violent events in the community, such as a bomb threat or siege.
Natural disaster, such as fires, floods or chemical spills.
Industrial accidents, such as loss of a limb.

Respond to critical incidents

You have a duty of care to report if a notifiable injury or incident occurs. Your organisation will have specific procedures about how to respond in the case of a critical incident. Generally, the first step is to contact emergency services – who you contact will depend on the nature of the incident. If it is a natural or industrial disaster such as a fire or chemical spill, notify the fire department. If the incident is a medical emergency, notify an ambulance.



You should also notify your supervisor. If the supervisor is on site, they may be able to assist you with the situation. If they are not on-site, they will be able to guide you to make an appropriate response.

Ensure that you, other workers and people you support are safe. You may need to leave the premises if there is an environmental emergency. You may need to practise first aid until emergency services arrive.

Organisational procedures

Your organisation will have specific procedures for responding to critical incidents. These should be easily accessible; for example, pinned on the wall in an obvious place. Procedures will generally be step by step and outline the exact process you should follow. They should also specify who to contact in particular situations, and provide necessary contact details.

Organisational procedures will specify notification procedures. Procedures may involve calling emergency services, contacting the supervisor or making a written report to child protection services or Safe Work Australia. They will also provide information about making an internal incident report.



Example

Respond to critical incidents in accordance with intervention and notification procedures

Raj supports four younger people with disabilities in an after school activity. Raj notices that one of the kids, Steph, is not using her arm. When he looks closer, he realises it is disjointed. He asks Steph if it hurts, and she looks away. Raj tries to find out what happened to Steph's arm by asking gentle, open questions. Steph appears reluctant to talk about it, but finally she says, 'Dad.' When Raj clarifies whether Steph's dad was responsible, she nods.



Raj is concerned about Steph's safety. He knows Steph's dad has a history of alcohol abuse. He also knows he has a legal responsibility to report the incident.

Raj calls his supervisor to confirm, and then phones an ambulance. He asks Steph not to use her arm until the ambulance arrives. When Raj is sure Steph is getting the medical attention she needs, he calls child protection. He provides all the details, including when he first observed the injury, and exactly what Steph said. They say they will start an enquiry. Raj reports the incident in the case notes.

Practice task 14

Read the case study, then complete the task that follows.

Case study

Felix has schizophrenia and autism. He has just moved to a new residence, and the traffic has been causing him a lot of distress. He is not sleeping very well, and during the day, cannot cope well with the noise. Jill is working on her own with Felix. She observes that Felix is very agitated and his behaviour is escalating rapidly. She also knows that Felix has a new fishing knife he bought last week. Felix keeps his knife in his bedroom, but she is not sure where. There is no history of Felix using weapons, but Felix has verbally threatened staff in the past when he has become agitated.

Felix is striding around the living room. He then goes into his room and slams the door.

1. Jill is very distressed about Felix's behaviour. What should she do in this situation?

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2. If Felix does threaten Jill with the knife, what should she do?

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Click to complete Practice task 14

3F Consult with supervisor to monitor strategies, identify and report changes in person's needs and behaviours, and follow referral procedures

Once a person's individual response plan has been put into place, it is important to keep observing and reporting changes so that the plan remains up to date. It is also important to observe and monitor the frequency of behaviours, as this helps you identify patterns, and the effectiveness of intervention strategies. Use a positive approach to monitor the effectiveness of strategies, in order to minimise the risk of harm.



Intervention strategies are developed in coordination with other professionals, such as psychologists, behavioural coordinators and medical professionals. If an intervention strategy requires adjustment, you should consult with the relevant professional. Talk to your supervisor about organising a referral if necessary.

Monitor strategies to determine effectiveness

Monitoring the strategy to determine effectiveness means checking whether a person's behaviour changes in accordance with the plan. Ideally, the strategy will be effective and the person will adapt to their new situation in a positive way when the strategies are introduced. Support workers should be alert to new emotional and verbal responses to the strategy.

Be aware that a person may not respond positively or adaptively to a strategy that has been put into place. If the response is negative, the strategy should be reviewed. The reasons for monitoring a person's response are explained below.

Why monitor?

The support worker, either individually or as part of a team, monitors the strategy to determine if:

- ▶ a person is developing and maintaining positive and adaptive responses to the strategy
- ▶ the risk of harm to the person or others is reduced or eliminated
- ▶ a person's dignity is preserved and self-esteem is improved.

Indicators of negative response

Some indicators that a person is not responding positively, or adaptively, may be that the person:

- ▶ demonstrates an unhappy emotional state
- ▶ does something else that is potentially harmful
- ▶ demonstrates behaviour that escalates.

Identify and report on changes in person's needs and behaviour

A change in a person's needs may be expressed by a change in mood or behaviour. For example, the person may be reluctant when completing daily activities. Support workers are often the first to notice changes in a person's mood or behaviour, largely as it is the support worker who spends most time with people they support.



The procedure you follow when observing and reporting your observations depends on your workplace policies and procedures. Sometimes these observations may be made informally; however, there may also be occasions when you are required to document formal observations.

Identify changed needs and behaviours

Just as a person's needs vary from individual to individual, so too does the way a person expresses their changing needs. People you support may articulate their needs in a number of ways, not all of them predictable. Some people may not be aware that their needs are changing and therefore find it hard to express their feelings. It is vital that a support worker is alert to changes in mood, ability and behaviour. While there is no set formula for what to look for, there are often clues that form patterns of behaviour.

Here are examples of some indicators of changing needs.

Emotional indicators

People's changing needs often arise from emotional changes relating to family issues, grief, relationship problems or loneliness.

Emotional indicators include:

- ▶ sadness
- ▶ crying
- ▶ withdrawing into self
- ▶ anger
- ▶ happiness at trying something new.

Physical/mental indicators

People's changing needs may arise from physical changes such as dementia, recent surgery, deteriorating or improving health or depression.

Physical/mental indicators include:

- ▶ worsening dementia
- ▶ weight loss/gain
- ▶ lethargy
- ▶ illness
- ▶ boredom or frustration with the current activity
- ▶ improved ability to participate in a specific activity.

Report changes

When you notice a change in a person's circumstances, you must report it. Your workplace policies and procedures will describe how, when and to whom such changes should be reported. Your organisation may also have its own methods for recording and acting on changes. Changes should be reported in a way that ensures all the people who need to be informed about the change see the information. If the change is thought to be related to illness, the organisation's procedures for referrals to health professionals should be followed. Below are several methods of reporting that are common across many services and settings.

Care plans and care notes

If a behavioural change occurs that points to a changed need or health issue, a person's care plan should be altered to ensure that the support provided still meets their needs.

Each person has an ongoing record of their support; these are written care notes. Support workers update these notes when they provide support. Workers must read these notes to ensure they are aware of any changes that have been reported or have occurred. Notes should be clear, concise and factual.

Communication books

There should be a communication book in people's homes, in day centres and in other service settings. Workers use these books to record things that occur, or issues or changes they have noticed. A note in the communication book may instruct you to read a person's care notes or care plan.

If you notice a change in a person's circumstances, write the details in their personal communication book, or write a note in a general communication book, directing staff to read the person's care notes or to check their care plan.

Staff meetings

In most service settings staff are expected to attend regular staff meetings with their colleagues and supervisors. A staff meeting is a good time to discuss any changes you may have noticed in a person. Whether this is an appropriate place to do this depends on the type of service you work in, the way the meetings are run and the type of change you wish to discuss.

Informing your supervisor

If changes relate to the medical or physical condition of a person, it may be appropriate to inform your supervisor immediately. If it is just a minor change to a person's personal details, you may be able to inform your supervisor the next time you see them. Whatever the change is, make sure your supervisor is fully informed and aware. This ensures that the person is receiving high-quality support. If you are unsure how to report a change, always ask your supervisor or manager for advice or assistance.

Referral services, options and procedures

Some interventions and people's needs will require support from specialist services, such as doctors, physiotherapist and psychologists. The person you support may already have a medical history, which includes details of their preferred doctor. Some organisations work with specific health specialists and specialist services.

Referrals can be made by phone, letter or email. Your organisation may provide a specific referral template that you can use to make a referral. Always consult your supervisor before making a referral. If sharing personal details, such as the person you support's name and date of birth, you are required by confidentiality legislation to obtain that person's permission.

Below is a list of specialist services you may refer to if a person's needs change, or an intervention needs to be developed.

Specialist services include:

- ▶ doctors, who provide medical advice and can prescribe medication
- ▶ emergency services, such as ambulance, police, or fire services
- ▶ psychologists, who can provide mental and emotional support and behavioural strategies and assessment, or psychiatrists who provide similar support and can prescribe medication
- ▶ counsellors, who can provide emotional and mental guidance and support
- ▶ physiotherapists, who can provide physical exercises and treatment
- ▶ occupational therapists, who can provide physical and mental exercises and treatment
- ▶ employment agencies, who can provide employment advice, training and recommendations
- ▶ solicitors or legal advocates, who can provide legal advice and representation
- ▶ financial counsellors, who can provide financial support
- ▶ alcohol and other drug services, who can provide support for drug and alcohol substance abuse.

Consult with supervisor

If you monitor and observe changes in a person's needs or behaviour, consult your supervisor. They will help you complete the appropriate documentation, or make the appropriate referral. The supervisor has an overarching perspective of the situation, so may be able to provide additional advice. For example, the supervisor may have spoken to another support worker who also observed changes in a person's needs.

Your supervisor may be on-site, or you may need to phone your supervisor. Contact your supervisor immediately if the matter appears urgent, such as a significant medical change.

Example

Consult with supervisor to monitor strategies

Karolina is supporting Kent, who lives at home. Kent has dementia, but has support to live independently. When Karolina arrives one day, Kent is standing in the hallway in his underwear. Karolina asks if Kent is okay, and he does not answer at first. When he eventually notices Karolina, he starts talking to her as if she is his wife. He then walks to his room, and goes to sleep.

This is unusual behaviour for Kent, who, although has memory deficiencies, usually remembers Karolina. He would not usually sleep in the day and would usually wear clothes.

Karolina phone Jacqui, her supervisor, to ask for advice. Jacqui asks Karolina to describe the changes in Kent's behaviour. She then suggests Karolina arrange for a referral to be made to the aged care assessment team and Kent's doctor. Karolina completes the necessary paperwork when she is back in the office.



Practice task 15

1. Why is it important to consult your supervisor when monitoring strategies for effectiveness? Provide one example.

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2. Think of one example of a change in a person's behaviour, and what it might indicate.

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3. Describe one way you can report changes in a person's needs and behaviour.

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4. Think of one reason you might need to make a referral, and describe how you would make the referral.

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Click to complete Practice task 15

Summary

1. Interventions are actions taken to change or redirect behaviours of concern. Interventions are usually planned and detailed in a person's individualised support plan. Learn to recognise the difference between inappropriate and appropriate interventions.
2. Behavioural support strategies are developed to meet the person's specific needs. It is important that you know how to follow the plan, and use the strategies correctly.
3. All interventions to manage behaviour must comply with organisational policies and procedures, such as WHS procedures and human rights.
4. Critical incidents are events that cause significant harm to a person, such as medical emergencies or death. Always respond immediately in accordance with organisational requirements.
5. Seek supervision if you observe changes in a person's behaviour or needs. Intervention strategies may need to be changed.
6. Follow your organisation's referral procedures when making a referral to a specialist service.

Learning checkpoint 3

Provide positive behaviour support according to individualised behaviour support plan

This learning checkpoint allows you to review your skills and knowledge in providing positive behaviour support according to individualised behaviour support plan.

Part A

1. Use an example to describe how positive reinforcement and motivation can be used effectively when providing positive behaviour support.

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2. Why is engaging a person with meaningful activities likely to affect their behaviour?

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3. Describe why supporting a person's relationships, stress management and nutrition may have a positive impact on behaviour, and explain how improvements could be made.

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4. In what ways can improving a person’s environment and systems help them manage their behaviour?

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Part B

Read the case study, then answer the questions that follow.

Case study

Ishmael uses a wheelchair. He has just finished school, and is applying for university courses. He hopes to study engineering. The application process is quite long and tedious. Ishmael starts to doubt his ability to get into the course. He is also worried about the practicalities of attending classes. He is not sure if all buildings will be wheelchair accessible. He is also concerned about making friends at the college if he does get in.

Ishmael’s support worker, Ali, notices Ishmael has been looking tired and pale. When Ishmael does not attend one of their meetings, he is worried about Ishmael and calls to check on him. He finds Ishmael lying in his bed at 2 pm. Ali tries talking positively about Ishmael’s course, and asking him questions to stimulate his interest. Ishmael does not want to talk.

When Ali visits Ishmael the next day, Ishmael is still lying in bed. He has not had a shower, and as far as Ali can see, he has not eaten.

When he checks the next day, Ishmael is lying in his bed, sweating. Ali checks his pulse, which is much faster than normal. Ali sees a bottle of empty medication next to Ishmael’s bed and suspects Ishmael may have overdosed on his medication. He calls emergency services. The ambulance arrives five minutes later, and Ishmael is taken to hospital. Ali rings his supervisor to discuss and report the situation.

1. How did stress impact on Ishmael’s behaviour? How could Ali have helped Ishmael manage his stress? Include a strategy that follows a principle of effective communication.

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2. What interventions did Ali take to ensure Ishmael's safety? Explain whether you feel these were appropriate interventions.

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3. How did Ali follow organisational procedures when reporting the incident? Report the incident as if you were Ali.

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4. Why would aversive practices not worked in this situation? Provide an example.

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5. How did Ali refer to specialist services?

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6. Identify positive behavioural support strategies used by Ali. How is what he does suitable for Ishmael but perhaps unsuitable for another individual person?

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Topic 4

In this topic you will learn how to:

4A Comply with the organisation's requirements for reporting and maintaining documentation

Complete documentation

Accurate and up-to-date record keeping underpins quality service provision for meeting individual needs. Actions should be documented in order to increase accountability and duty of care. Documentation also records and communicates an individual's progress, and any issues that may affect their ability to achieve optimal health. There are organisational and sometimes legal requirements about who completes documentation, when it must be completed and how and where it is stored.

Your workplace will have systems for managing information. Support workers need to comply with legislative requirements, policy requirements and organisational protocols regarding how documentation and reports are completed, maintained and stored.

4A Comply with the organisation's requirements for reporting and maintaining documentation

Reporting and documentation requirements in community care services are extensive. Maintaining accurate information enables workers to respond to individual needs, and to provide effective and quality services. Information lacking accuracy or currency about a person's status or the issues affecting them may mean incorrect care or disjointed services are provided. Documents also provide evidence of the actions compliant with industry standards in the event of an incident, accident or other adverse effect. Another compelling reason for complying with organisational reporting and recording requirements is to demonstrate accountability to and compliance with, the requirements of service users, funding bodies, government and other stakeholders.



Collect information

Your current or future workplace will have policies that dictate how information is gathered, who receives information about a person's progress, how the information is stored and who may access the information. These policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards; these can include privacy laws, freedom of information legislation, regulations and codes of practice, and aged care or disability services standards and principles.

Examples of workplace reports and documentation that collect information relevant to community service needs include those related to individual care and health and safety.

Below are some general examples of reports that workers may need to refer to or complete.

Personal information form

A personal information form is completed the first time a person uses a service. The basic information about a person may include:

- ▶ first name, middle name and last name
- ▶ address
- ▶ telephone number
- ▶ date of birth
- ▶ Medicare number
- ▶ emergency contact details
- ▶ details of medical conditions, allergies and medication.

Health assessments

Initial health assessments are used to identify physical, psychological, emotional and cultural needs. Support workers may not be directly responsible for completing these forms with an individual, but it is helpful to know something of their contents. Health assessments can include:

- ▶ health assessment questionnaires
- ▶ cognitive function questionnaires
- ▶ intake interviews.

Individualised support or behavioural support plans

Individualised plans outline roles and responsibilities for those involved in providing support. Plans generally include:

- ▶ goals
- ▶ actions
- ▶ personnel responsibilities
- ▶ resources required
- ▶ measurable outcomes
- ▶ intervention procedures.

Case documentation

Case documentation can include:

- ▶ medical records and test results
- ▶ progress notes
- ▶ completed questionnaires
- ▶ completed assessment tools
- ▶ service delivery plans
- ▶ records of individual feedback.

Medical reports help assess an individual's needs, as they provide a wide range of information about a person's current physical and mental health, and future prognoses. This information may also be used to assess an individual's eligibility for other support services.

Work health and safety reports

All support workers have work health and safety responsibilities. Communicating with others about risks is part of these responsibilities. If you witness a workplace accident involving a person you support, or another person, you will be required to fill out an accident report form. Recording near misses or incidents also assists in making improvements to workplace safety to minimise hazards or risks.

Service data

Service data includes hours spent on each activity, with each person, in each program area. These are usually entered directly into an electronic database, as required by the funding body/government department/organisation's board. The data is often collected daily and submitted quarterly.

Organisational reports

Organisational reports include annual reports, strategic plans and business plans. These are generally produced on an annual basis.

Project and program reports require regular progress reports at intervals throughout project or program delivery. Evaluation reports are provided following the completion of a project.

Complete documentation

Many of the documents, reports and records completed by workers are considered a legal records of the support provided to individuals, and how the organisation manages work health and safety and infection control. Most government-funded organisations undergo regular audit evaluations where records are examined to ensure work is carried out to the appropriate standard.

Different types of information may need to be documented at different times, and several people may enter information on a single record. The protocols for recording information should be detailed in organisational policies and procedures. Confidentiality and record management must meet legislative requirements. Seek advice from your manager if you have questions about recording information.



Record facts objectively

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, and ensures individuals are described in ways unaffected by judgments, stereotypes, assumptions or opinion.

Below is a comparison of objective or factual information with subjective information.

Objective versus subjective language

Objective: Mrs Smith stated, 'I am feeling depressed'.

Subjective: Mrs Smith seemed depressed.

Objective: Alex rose quickly, slammed the door and raised his voice.

Subjective: Alex acted inappropriately.

Objective: Mark uses heroin regularly.

Subjective: Mark is a drug addict.

Objective: Mr Thompson requires assistance with meal preparation.

Subjective: Mr Thompson is unable to cook for himself at home.

Meet record-keeping requirements

When completing workplace documentation, there are other factors that need to be considered. These considerations are addressed below.

Meet timing requirements

The nature of a report or document, along with the expectations of the organisation, determines the time lines and protocols for their completion. Reports such as funding submissions or statistical reports for the government have externally set time frames. Internal documentation is dictated by urgency, organisational policy and the end use of the information.

Your organisation will have standard operating procedures for completing personal documents on intake, when developing care plans, when providing care, when consulting with others, and when reporting incidents and accidents.

Maintain confidentiality

Often case notes and incident reports include interactions that involve events with other people. The confidentiality of people you support and others must be maintained when recording in another person's file or records.

Record details accurately

Spelling is another critical aspect of recording information. Spelling a person's name incorrectly may have a number of unintended consequences. Their data may be confused with another person's data, leading to serious privacy breaches, confusion or duplication of records. Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Read information back to the individual and/or their advocate to confirm its accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify.

Use forms and control changes

Use the appropriate form or report template, as this helps other workers to readily identify the required information. Make sure you have completed all sections, the entries make sense, and all writing is legible and comprehensible.

Completed documents generally must not be changed. Errors or alterations should be identified in an additional note or new record, clearly explaining the reason for the change. Do not use correcting fluid to change a written note or record. Computer-based records may not allow changes to saved information.

Authorise records and obtain authorisation

Records should be signed and dated by the person completing them. Computer-based records may require a login to access records that identify the author. For reports, show drafts to another authorised person for feedback; some organisations have a requirement that any outgoing reports are signed off by a manager.

Report writing tips

Here are some tips to assist with report writing.

Report writing tips

- ▶ Use the correct format; check if there is a template.
- ▶ Use the organisation's letterhead when appropriate.
- ▶ Follow protocols about using organisational stationery
- ▶ Use terminology that is appropriate for the intended audience
- ▶ Ensure all reports are objective, accurate and easy to read
- ▶ Make sure your reports are sending the message you want to deliver as a professional, and use appropriate language, presentation, grammar and spelling
- ▶ Show drafts to another authorised person for feedback; some organisations have a requirement that any outgoing reports are signed off by a manager

Maintain records

Recording and documenting work is an ongoing task. Documentation should not be allowed to become out of date; it must be completed as the work is done to prevent errors or omissions. It could be required at any time by other workers, your supervisor, government agencies or for legal proceedings.

Generally, records of past work are stored and maintained even if they no longer appear relevant, or have been superseded by more recent information.

These documents may be required to assess changes in an individual's needs over time, to demonstrate past support or to show a history of quality care. Your workplace will have procedures and guidelines about how and when documentation is to be completed.

In manual filing systems, the most recent information is usually towards the front of the file or section, with older information stored behind it. Electronic or computer-based records show both current and past information. Both manual and electronic records should be periodically reorganised including being archived.



Maintain internal documents

There are many internal records that need to be kept current and accurate. These include the organisational and operational documents, human resources, and health and safety documents, which are discussed here.

Policies and procedures

A policies and procedures manual, or wiki/intranet, is a living document that guides the daily activities of staff members. Policies and procedure manuals must be up to date and reflect current practices within the organisation, as they are a critical reference for all employees of a service provider.

Operational documents

Operational reports may include funding reports, reports regarding supplies and equipment, annual reports, business plans, complaints and financial forms. If you forget to complete paperwork, there may be significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

Funding submissions

Submissions for new or ongoing funding need to accurately reflect actual activities. They must include accurate information about the specific objectives of the project or program, together with an explanation of how the funding will help to meet these objectives. The objectives detailed on the funding submission may be referred to later as part of an evaluation or report on the success of the program.

Time sheets

A time sheet records the hours you have worked and, in some cases, the individuals you have seen. It may also provide details such as the number of kilometres driven. An accurate time sheet determines your pay and may also be used for invoicing individuals or funding bodies for hours of service provided.

Performance appraisals

When staff performance is assessed, a record of the outcomes and plans for development or improvement are completed. Some organisations may ask you to complete a self-appraisal to say how you think you are performing and how you could develop and improve in your role.

Work health and safety checklists

Work health and safety checklists record when safety inspections have been carried out, and any actions required to improve or maintain safety. Documentation may be used to record safety checks on a workplace, vehicles or people's homes. It may relate to physical safety, infection control, safety with chemicals, food safety or equipment. You may be required to complete and document safety checks as part of your role.

File documentation

Records must be stored in the correct place so they can be easily located and referred to when required. Within individual files, each type of record or document will be stored in the same place. For example, in an individual's file you might find that personal information is always at the front, progress notes next, the behavioural support plan next, assessments behind that and payment records at the back. For electronic files, particular information is recorded in a specific form or field. Many community agencies use electronic systems that allow users to input all personal details,

referrals, assessments and case notes directly to a personal database. Other types of documents, such as incident reports, safety checklists and time sheets, may also be stored electronically. These systems may be password-protected, which limits access to authorised staff only and protects the privacy of the person accessing the service.

Store documentation

Privacy laws demand that an agency has valid reasons for collecting, storing and disseminating information about individuals. There are also various guidelines on file retention times. There may also be times when additional information is required to meet new standards. For example, when privacy legislation was introduced, community service providers had to get both existing and new individuals to sign 'consent to disclose information' forms. If they did not do this, it would be illegal for them to share this information with other agencies.

Below are examples of different types of information and storage protocols.

Information about legislation and standards

Information about legislation and standards is stored as a reference to the obligations of the organisation and its workers, and to ensure currency and accessibility of this information.

In some organisations, this information is stored within policy documents. It may also be displayed visually (for example, summary posters) to increase accessibility.

Information about other agencies

Information about other agencies is stored as a reference for the organisation and workers, and to ensure currency and accessibility of information about other services so it can be disseminated or accessed as required.

This information may be filed or stored electronically. It is not confidential so does not have to be locked or password protected.

Organisational policies and procedures

Organisational policies and procedures are stored as a reference to the obligations of the organisation and its workers, and to ensure information about policies and procedures is accessible and up to date.

This information may be in hard copy and provided to staff. In some organisations, policies and procedures are only available electronically to ensure the most recent records are used.

Individual files and information

An individual's files and information are stored so a plan can be developed and implemented to meet individual needs, and to meet duty of care and other legal requirements.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

Staff information

Staff information is stored so human-resource functions (recruitment, induction, professional development, performance appraisal) can be implemented, and to meet duty-of-care and WHS obligations.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

Secure information

You must always follow organisational procedures for filing information to ensure it is not lost and can be readily retrieved by authorised personnel. Information should always be kept in safe and secure areas. It is common to store hard copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to individuals and other members of the public.



Electronic filing systems are common. In most cases, software allows information to be retrieved using one or many fields, such as an individual's last name or file number. Electronic filing systems use a password instead of a lock to protect the information. You should avoid logging on for another staff member and always log off when leaving the computer.

Example

Comply with organisation requirements for reporting and maintaining documentation

Jenna is a support worker for a disability support service which provides support in people's homes. When she visits a person in their home, and signs a sheet to indicate that she has completed all the activities recommended in the individualised support plan. If there is information that other workers or the individual being supported need to know, this is noted in the communication book in the individual's home. Urgent information is reported by phone to her supervisor, Rayleen. Once a week, Jenna is paid for an additional hour to go into the office and enter information about her visits into each individual's computer record. It is expected that information about each person is never more than one week out of date. Jenna's supervisor, Rayleen, reviews Jenna's reports each week, and they discuss any changes in health or emotional status, and the effectiveness of current interventions. Rayleen also does a regular overview to ensure information in individual files is being maintained.



Practice task 16

1. Describe two different ways to collect information about an individual.

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2. What do you need to consider when collecting information about an individual?

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3. Why should information you collect be reported objectively? Provide one example of objective reporting.

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4. Describe how your organisation, or a relevant community service organisation stores and maintains individuals' files.

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5. Why is it important to make sure the individual's files are up to date?

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Click to complete Practice task 16

Summary

1. All actions need to be documented accurately and immediately to ensure an individual's needs are being met, and to increase accountability.
2. The kind of information that may be documented includes an individual's personal information, safety information, medical information, service data and organisational information.
3. When recording information, be objective to increase accuracy and accountability.
4. Your organisation will have specific record-keeping requirements, such as confidentiality, authorisation and particular templates you may need to use.
5. Maintain documentation on a regular basis to ensure accuracy, and decrease omissions.
6. Sensitive or personal information should be stored securely. If an electronic data system is used, staff will require passwords.

Learning checkpoint 4

Complete documentation

This learning checkpoint allows you to review your skills and knowledge in completing documentation according to organisational requirements.

Part A

1. Identify three different ways information is reported in the organisation you work for, or an organisation you are familiar with. Consider WHS, personal information and medical information in your answer.

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2. What considerations do you need to make when documenting personal information?

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3. Discuss why appropriate storage and maintenance of information is important from the point of view of the organisation and the individuals who are supported by it.

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