



# CHCDIS016

Develop and  
promote positive  
person-centred  
behaviour supports



# **CHCDIS016**

## **Develop and promote positive person-centred behaviour supports**

**Release 1**

**Learner Guide**

Aspire Version 1.1

## CHCDIS016 Develop and promote positive person-centred behaviour supports, Release 1

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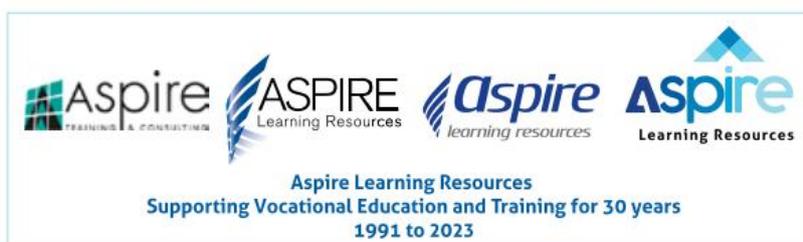
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# Before you begin

This Learner Guide is based on the unit of competency *CHCDIS016 Develop and promote positive 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.

## 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.

Feature of the Learner Guide	How you can use each feature	
Learning content	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	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

## 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.

These skills are listed below:

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



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> <li>• Planning your workload and commitments</li> <li>• Implementing tasks</li> <li>• Completing work on time</li> <li>• Knowing how to deal with hazards and risks</li> </ul>
Self-management	<ul style="list-style-type: none"> <li>• Understanding and applying decision-making processes</li> <li>• Reviewing your behaviour and the impact of your decisions</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Efficiently using digitally based technologies and systems correctly and safely</li> <li>• Accessing, organising and presenting information</li> <li>• Using equipment correctly and safely</li> </ul>

Note: Not every unit of competency will contain all foundation skills.

## 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 outcome	Rate your confidence in each section
Topic 1 Identify behaviours of concern that are likely to put the person or others at risk of harm	1A Identify behaviours of concern	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Work with the person to identify behaviours of concern	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Involve others in ongoing observation assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Develop positive behaviour support responses using a person-centred approach	2A Work with the person to develop behaviour support	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify responses to reduce the risk of harm	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Contribute to developing an individual behaviour support plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Monitor and review the person's individualised behaviour support plan	3A Monitor the behaviour support plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Review critical incidents and update the plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Complete, maintain and store documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





## **Topic 1: Identify behaviours of concern that are likely to put the person or others at risk of harm**

- 1A Identify behaviours of concern
- 1B Work with the person to identify behaviours of concern
- 1C Involve others in ongoing observation



# 1A

## Identify behaviours of concern

**To function, survive and interact with our environment and other people, express our needs, our preferences and emotions we all use behaviours; every single day and in everything we do.**

### Behaviours

Actions and responses that can indicate an emotion, need or message.

There are many reasons why we use different behaviours, some conscious and some not, but they nearly always serve a function. Some reasons include:

To communicate	<ul style="list-style-type: none"><li>• Behaviour is often used as a form of communication.</li><li>• We use gestures such as hugging to communicate love or care.</li><li>• We use body language such as smiling or frowning to communicate pleasure, interest or unhappiness.</li></ul>
To change something	<ul style="list-style-type: none"><li>• We might raise our voice at someone who is upsetting us, to try and make them stop.</li><li>• We might withdraw from a group discussion if we are bored or stressed.</li></ul>
To stimulate our senses	<ul style="list-style-type: none"><li>• If we are bored in a meeting, we might fidget to communicate that the speaker is talking for too long.</li></ul>
To meet our basic needs	<ul style="list-style-type: none"><li>• We might search for sexual partners by using a dating app.</li><li>• We might look through the fridge when we are hungry.</li><li>• We might curl up in a ball when we are hungry or frightened.</li></ul>
To fit in with others	<ul style="list-style-type: none"><li>• We might dress a certain way to imitate people we admire.</li><li>• We might be rude or disrespectful if we are trying to fit in with a group of people who behave that way.</li></ul>

## Behaviours of concern

**Behaviours of concern can put the person and others at risk of harm and can reduce the person's quality of life.**

Some types of disability put the person at higher risk of using behaviours that can have negative consequences for both them and those around them. These behaviours are called **behaviours of concern**.

A behaviour of concern is used to describe behaviour that could:

- cause harm to the person
- cause harm to others
- cause damage to property
- affect the person's quality of life if it was allowed to continue.

### Behaviours of concern

Actions that can cause harm, either to the person who presents with the behaviour or to others.



Harm can be physical or emotional and can have ongoing negative results. This could be behaviour that prevents the person from being part of the community, or that prevents them from interacting with others and learning in the same way as their peers.

Here are examples of behaviours of concern.

<b>Physical aggression</b>	Behaviours such as hitting, pushing, shoving, biting and scratching can potentially cause harm to the person and to others.
<b>Verbal aggression</b>	Verbally disruptive behaviour such as screaming or yelling can be frightening or emotionally harmful to the person and to those around them. If it is ongoing it can also affect the person's ability to interact meaningfully with their peers.
<b>Disinhibition</b>	<p>A person can lack the ability to understand what behaviour is deemed socially inappropriate, such as controlling sexual urges and impulses in public.</p> <p>Disinhibited behaviour includes:</p> <ul style="list-style-type: none"> <li>• obscene language</li> <li>• getting undressed in public</li> <li>• masturbating in public</li> <li>• removing continence aids in public</li> <li>• touching others in an inappropriate way</li> <li>• using sexualised behaviour towards a person who does not or cannot give consent</li> <li>• behaviour that may compromise their safety or cause other people to feel uncomfortable or distressed.</li> </ul>
<b>Resistance to care</b>	Refusing care is the person's right in many cases. However, if this is ongoing, such as refusing to have a shower for many days or weeks, it can put the person's health at risk.
<b>Destructive behaviours</b>	<p>Behaviour that could cause damage to property such as:</p> <ul style="list-style-type: none"> <li>• punching walls</li> <li>• throwing objects</li> <li>• starting fires.</li> </ul>
<b>Self-harming behaviours</b>	<p>Some people with disabilities such as autism might regularly use self-harming behaviours. These can include:</p> <ul style="list-style-type: none"> <li>• head banging</li> <li>• swallowing objects, non-food substances or poisons</li> <li>• biting, cutting, slapping, pinching, scratching or punching themselves.</li> </ul>
<b>Social withdrawal</b>	Some people withdraw from the world around them. If continued for long periods, this can increase their sense of isolation and depression.

**Disinhibition**  
Exhibited by persons who act outside of social boundaries and taboos.



<b>Antisocial or illegal behaviours</b>	This can include: <ul style="list-style-type: none"><li>• intruding into other people's private spaces</li><li>• truancy from school or missing work without a reason</li><li>• disrupting other children at school</li><li>• theft or shoplifting.</li></ul>
<b>Behaviours that make the person more vulnerable to injury or abuse</b>	A lack of awareness of risk can put some people in danger. Examples could include: <ul style="list-style-type: none"><li>• running in front of cars</li><li>• getting too close to a child when the parents do not know them.</li></ul> There are people, in the community and online, who target and take advantage of people who are vulnerable. Some behaviours increase this vulnerability, such as: <ul style="list-style-type: none"><li>• giving away money and items to others</li><li>• flirtatious or sexual behaviours used regularly and indiscriminately without understanding possible consequences</li><li>• trusting people trying to scam them; online, phone or door to door.</li></ul>

In disability work, the people most likely to use behaviours of concern are those who have conditions that affect their ability to communicate with others effectively, to understand the effect of their behaviours on others, or to learn acceptable social behaviours. This can include people with conditions such as:

- intellectual disability, including Down syndrome and fragile X syndrome
- autism spectrum disorder
- acquired brain injury (ABI)
- mental illness
- dementia.

Behaviours of concern can impact both the person and those around them. Impacts could include:

- the person becoming distressed by their inability to communicate their needs, or by how others are reacting to their behaviour
- the person being at risk of physical harm, isolation or infection
- others being physically hurt or emotionally distressed by the person's behaviour
- others finding the behaviour distressing.

## What is not a behaviour of concern?

Remember that most behaviours are not classed as behaviours of concern.



It is important to understand what is not a behaviour of concern, because we do not have the right to try to change behaviours that do not or could not cause harm to the person or others.

Here are some examples.

<p><b>Stimming</b></p>	<p>Stimming can include hand flapping, repeating sounds or words, flicking the fingers, rocking and other repetitive actions or vocalisations.</p> <p>It is most common in people with autism and is thought to be a way for the person to cope with the world around them. If it does not cause the person harm, or interfere with their quality of life, it is not a behaviour of concern.</p>
<p><b>Complaining</b></p>	<p>Some workers may consider the person complaining about the support or service they are receiving as a behaviour of concern.</p> <p>It is the person's right to complain, and you must never say or imply that the person must not make a complaint.</p>
<p><b>Short-term responses to situations or the environment</b></p>	<p>If the person uses behaviours such as withdrawal, isolation, or refusal of care for short times, this is not a behaviour of concern.</p> <p>If the person uses these types of behaviours for long periods, and they are able to understand the consequences to themselves, they may still have the right to continue them so long as no one else is put at harm.</p>
<p><b>Using behaviour to communicate</b></p>	<p>Behaviour such as calling out or making loud noises are not behaviours of concern if the person has no other way to communicate with you or to get your attention.</p>
<p><b>Annoying behaviour</b></p>	<p>A behaviour or vocalisation that is merely annoying to you or other people, such as repeating the same thing over and over, or telling jokes to strangers in a way that does not put the person or others at risk of harm, is not a behaviour of concern.</p>
<p><b>Expressing emotions in appropriate ways</b></p>	<p>Feeling angry or sad are part of being human. The person has the right to express their emotions in non-harmful ways, such as by asking staff to leave them alone or talking about a sad situation. These are not behaviours of concern.</p>

**Stimming**  
The repetition of certain sounds or movements that the person uses to self-stimulate or self-soothe.

## Social devaluation

People with intellectual disabilities, autism and ABI are at high risk of **social devaluation**, particularly when they regularly use behaviours of concern. They can be judged by others and may be ignored, treated differently, discriminated against or talked down to. Many people in the wider community look down on people from certain groups in society based purely on their appearance, behaviours, ways of talking, or who they are with.

Experiencing avoidance, repeated rejections and negative judgments from other people in the community can, over time, have ongoing negative consequences for the person with disability.

**Social devaluation**  
The tendency of people to look down on those who look, dress, speak or behave differently from them and are deemed of less value and significance to society.



Here are some examples:

Others avoid them	<ul style="list-style-type: none"> <li>The person might not learn social skills because they have fewer interactions with other people, including at school or in public.</li> <li>They might not learn how to make or keep friends.</li> </ul>
Others make negative comments	<ul style="list-style-type: none"> <li>The person might develop negative feelings about themselves, including feelings of worthlessness.</li> </ul>
Others treat the person like a child	<ul style="list-style-type: none"> <li>The person might not learn to be independent.</li> <li>They might continue to use childlike behaviours as they grow older, making it harder for them to interact with people their own age.</li> </ul>
Others discriminate against them	<ul style="list-style-type: none"> <li>The person might find it difficult to find a job, even if they are able to work.</li> <li>They might be asked to leave public places, such as restaurants, cinemas or cafés, for behaviours that are not harmful to others.</li> </ul>
Others fear them	<ul style="list-style-type: none"> <li>The person might be distressed and bewildered by the responses of other people when their behaviour was not intended to create fear.</li> <li>If support people avoid taking the person out to public places, they might not learn more effective behaviours.</li> </ul>

Such often small but frequent rejections can impact on the person’s quality of life.

For example, social devaluation can:

- interfere with their ability to learn social skills and make friends
- interfere with schooling and other opportunities to reach their potential
- significantly lower the person’s self-esteem
- impact the person’s independence
- reduce opportunities to live a meaningful and happy life.

## Accepted terminology when supporting behaviour

**When referring to behaviours of concern, you should use objective, observable and measurable terms.**

Around 2012 the term ‘behaviours of concern’ started to be used as a replacement for the term ‘challenging behaviours’ to describe behaviours that need to be managed, prevented or reduced. Challenging behaviours was used to describe the impact that the behaviour has on the support workers or carers, rather than on the person themselves. Behaviours of concern is a more person-centred term as it refers



to the potential for harm or damage to the person’s quality of life, or that of others.

In some industries, such as aged care, the term behaviours of concern is gradually being replaced with the term changed behaviours; for example, when referring to harmful or distressing behaviours of a person with dementia. In disability support, this does not include behaviours that the person has always used, or behaviours used by children.

However, if behaviour of concern is overused or used incorrectly, it too will become merely a negative label that does not take the person’s own unique situation and responses into account.

Terminology is very important in disability support because it has the ability to disempower the person with a disability or limit their experiences to the way they are seen from the worker’s point of view.

When documenting behaviours it is important to use terminology that all members of the team, including the person with a disability, can understand.

Terms like ‘aggression’, ‘masturbation’ or ‘obstructive’ are not useful, because they can mean different things to different people. They might also mean very little to the person themselves, if you are talking to them about a behaviour or the need to stop using it.

Here are some things you should and should not do when using terminology related to behaviour:

<p><b>When referring broadly to behaviours that need to be changed or managed</b></p>	<ul style="list-style-type: none"> <li>• Use behaviours of concern as a term only when you need to refer to broad behaviours, such as in training sessions or when completing a behaviour support plan.</li> <li>• At all other times, refer to the behaviour itself.</li> </ul>
<p><b>When referring to an individual’s behaviour</b></p>	<ul style="list-style-type: none"> <li>• In documentation and communication with your team, refer specifically to the behaviour itself wherever possible</li> <li>• For example:                             <ul style="list-style-type: none"> <li>- John kicked Sally hard in the shins.</li> <li>- Lucilla took out her soiled continence aid and put it on the kitchen table.</li> <li>- Petro spat at me when I tried to help him with his lunch.</li> </ul> </li> </ul>
<p><b>When referring to your responses to behaviours of concern</b></p>	<ul style="list-style-type: none"> <li>• Use ‘behaviour support’ to refer to interventions to reduce or prevent behaviours of concern.</li> <li>• Avoid terms such as:                             <ul style="list-style-type: none"> <li>- behaviour management</li> <li>- control</li> <li>- discipline.</li> </ul> </li> </ul>



<p><b>When referring to the impact of the behaviour</b></p>	<ul style="list-style-type: none"> <li>• Never use the following terms to describe a person or their behaviour:             <ul style="list-style-type: none"> <li>- naughty</li> <li>- badly behaved</li> <li>- well behaved or good</li> <li>- impossible.</li> </ul> </li> </ul>
<p><b>When describing a behaviour</b></p>	<ul style="list-style-type: none"> <li>• Avoid saying that a person 'has' a behaviour. Instead, say 'uses', to remind ourselves that behaviours have functions to help us to get our needs met, and that the person is not their behaviour.</li> <li>• For example: 'Kiri uses several types of behaviours of concern over the course of an average day.'</li> </ul>

## Terminology used for documenting behaviours

Documenting behaviours and the support you provide fulfils a legal obligation of your service. You might need to write down and describe behaviours in documents such as:

### Behaviour support plan (BSP)

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

### Incident report

A report that documents any unusual problems, incidents or other situations that may lead to undesirable effects or to not complying with workplace policies and procedures or practices.

<p><b>A behaviour support plan (BSP)</b></p>	<p>A BSP is a plan that is completed and reviewed by a behaviour support professional. It includes instructions for practices, and supports that are allowed to be used, to support a behaviour of concern used by the person.</p>
<p><b>An incident report</b></p>	<p>When an incident or injury has occurred as a result of a behaviour of concern, such as physical aggression, it is likely you will be required to complete an incident report.</p>
<p><b>The client's individualised support plan</b></p>	<p>Individualised plans provide information about the person's behavioural symptoms and how you can support the person when they use certain behaviours.</p>
<p><b>The client's file notes</b></p>	<p>Professionals and staff might document incidents, changes, observations and updates about the person's behaviour and support practices used.</p>
<p><b>A referral request</b></p>	<p>Sometimes other services and professionals will need to be provided with information about a behaviour of concern, so that they can be prepared or informed before seeing or treating the person.</p>



The language used to describe the behaviour must be:

<p><b>Objective</b></p>	<p><b>Objective</b> language describes what you saw or heard, and not what you think or feel.</p> <p>The opposite of objective descriptions or words are subjective ones. Never use subjective language when describing behaviour. For example, do not say:</p> <ul style="list-style-type: none"> <li>• “Gertie was too lazy to get out of bed again.”</li> <li>• “Raj was rude and obnoxious.”</li> </ul> <p>Instead, describe exactly what you saw or heard:</p> <ul style="list-style-type: none"> <li>• “Gertie said she didn’t want to get up and go to work. She stayed in bed most of the day for the fourth day in a row, but refused to say whether she was feeling unwell.”</li> <li>• “Raj told me to ‘piss off’ when I asked him if he wanted lunch.”</li> </ul>
<p><b>Observable</b></p>	<p>Observable behaviour can be watched or listened to.</p> <p>Saying the person had a tantrum or a meltdown does not say anything about what happened. Instead, describe what was observed, such as screaming, lying on the floor or hitting out at people.</p> <p>Pay attention also to what you observed going on around the behaviour, or before the behaviour happened. For example:</p> <ul style="list-style-type: none"> <li>• Joseph threw himself on the ground in the carpark and would not get up when it became clear that it was time to go home.</li> <li>• Harry said that he wanted everyone to go away and then threw a chair across the room.</li> </ul>
<p><b>Measurable</b></p>	<p>A measure gives something a number or a level.</p> <p>When documenting behaviour it is important to write down a measure, so that over time it is clear whether there were improvements or deteriorations in the behaviour.</p> <p>Common measures of behaviour might include:</p> <ul style="list-style-type: none"> <li>• How many: Frankie hit herself in the chest at least five times in a row every time someone came near.</li> <li>• How often: Frankie hit herself in the chest every five to ten minutes for the duration of the activity.</li> <li>• How much: Frankie hit herself hard enough to make it clear that she was in pain.</li> </ul>

**Objective**  
Non-opinionated, non-emotional and non-judgmental presentation of facts.



# Practice Task 1

## Question 1

Provide four examples of behaviours of concern.

## Question 2

Which of the following might not be a behaviour of concern? Tick all that apply.

- Hand flapping that happens when the surroundings become too busy
- Being angry and wanting to make a complaint
- Using obscene language on a bus
- Head banging continuously against a wall
- Refusing to shower for two days in a row

## Question 3

Which of the following statements use appropriate language for documenting behaviour? Tick all that apply.

- Joe is aggressive when he is angry.
- Joe slapped Tom hard across the face twice, causing Tom to fall to the ground.
- Joe uses obscene language every time he gets on the bus.
- Joe is naughty every time another child comes near him.
- Joe has always behaved like this.



**Question 4**

Briefly explain the meaning of social devaluation and give two examples of how it can affect the person.

A large, empty rounded rectangular box with a thin black border, intended for the student to write their answer to the question.

# 1B

## Work with the person to identify behaviours of concern

**After a behaviour of concern has been identified, the first important step towards reducing or preventing it is assessing the behaviour.**

An assessment simply means to find something out. When staff and professionals in disability services perform a behaviour assessment, they are trying to find out everything they can about the behaviour, including:

- why the person might be using the behaviour
- how often they use the behaviour
- how long the behaviour has been occurring
- what background factors might be contributing to the behaviour
- how much harm the behaviour might potentially be causing.

A behaviour assessment is often undertaken by a professional, such as a psychologist or behaviour support professional, who can help to find out how the behaviour functions for the person.

However, everyone in the person's support team including their family, and sometimes the person themselves, can contribute to measuring and assessing behaviour to find out why it occurs and how it can be prevented or stopped.

Assessing behaviour properly and thoroughly can be very rewarding. If you do it well, you can help the person to move towards a better life.

### **Consult to determine the factors that contribute to behaviours of concern**

Observation and questioning help to identify and assess factors that contribute to behaviours of concern.

Ask the person and/or their family about what they might need. You could ask them a simple series of questions which might help them to communicate what they need. For example, "Would you like to go for a walk around the garden or would you like to have something to eat?" They might respond with words or gestures that can give you clues about their needs.

It is helpful to observe and consult with the person and their family and support workers about the factors that follow.

### **Physical and mental health**

Watch closely for signs that help you see what the person might be feeling. If the person is in pain, you might see indicators such as clenching or holding a part of their body, or flinching when you come near.



If the person is unwell you might see signs of fever, or they might have a high temperature.

If the person is looking into rooms and pacing around as if they are searching for something, consider whether they might be looking for someone they know and contact a family member on the phone.

## Environment and lifestyle

Thinking carefully about other factors, such as the time of day, can also help you consider possible needs. If the behaviour seems to always happen at a certain time it might be due to hunger or tiredness. Your service should respond to these patterns and prevent the need for the person to use the behaviour. This could be by providing more frequent meals at this time of day, or by encouraging rest and better sleep patterns.

Other observations and questions relating to the person's environment and lifestyle could include:

- noise
- boredom
- activities that are too difficult.

## Personal characteristics

All people are different, and we all have unique personality traits that make us who we are. Behaviours of concern can be influenced by personality and individual traits. You might observe the person's own unique traits, such as if they are shy or are obsessive about a particular interest.

People often display small warning signs before using a behaviour of concern. Observing and documenting these warning signs can help alert you, and others in the future, to what to look out for when a behaviour is about to escalate. For example, a person with schizophrenia might become argumentative, clench their fists and make intense eye contact.

## Past experiences

Learnt behaviour refers to responses that the person has learnt over time are the quickest and easiest way for them to get what they want or need.

For example, if the person is often left alone, they might learn that the only way to get attention is to throw objects or scream out. If they know that they will be given their iPad if they disturb others, this might be the best way for them to have that need met.

Some behaviours can also be a self-protective response to past trauma. Withdrawal, escape or self-soothing behaviours can sometimes be an attempt to reduce distress from memories that are being triggered by what is happening around them.



## Skills and limitations

Some people with disability lack maturity and judgment. They might not have the ability to understand the impacts of their behaviour on others. They might have difficulty controlling their emotional responses such as anger.

When the person lacks practical skills such as communication, caring for themselves, mobility or social skills, then they may resort to behaviours of concern to get their everyday needs met.

The most common background factor for behaviours is a cognitive impairment, such as an intellectual disability or acquired brain injury. When the person is not able to reason or make sense of their environment they are not able to use what we might consider a more effective behaviour to get what they need or to communicate. Therefore, they might use behaviours of concern as an expression of confusion, distress, or to have their needs met.

You might watch for and pay attention to signs that a person with an intellectual disability who is nonverbal is trying to communicate something, such as through fidgeting, restlessness, calling out, or changes in body language, and try to address the need.

## Interpersonal relationships

Observing and copying the behaviour of others is a natural part of human behaviour. If the person or child sees role models who use certain behaviours, they may also learn to use that behaviour.

Clashes in personality can also sometimes contribute to behaviours of concern. When two people with an intellectual disability are both stubborn and quick to anger, clashes can easily happen.

## Functional behaviour assessment

The function, or reason, for the behaviour often holds the key to making positive behavioural changes in the person's life. The team might settle on one or multiple informed guesses or theories for why the person uses the behaviour. It could be:

- due to pain, discomfort or a medical condition
- to get attention
- to be left alone
- to get a reaction
- to get something they want
- to escape from something they do not like
- to continue or start doing something they do like
- as a form of self-stimulation to alleviate boredom
- to reduce the impacts of over-sensitivity to their environment.



A **functional behaviour assessment** can be performed by a team of professionals, family members and support workers working together to find health, history or other factors behind the behaviour.

Behaviours can have a range of functions, and a functional behaviour assessment can help the team to understand why the person uses the behaviour.

It may involve looking at the factors that follow and devising one or more theories or informed guesses as to why the person might use the behaviour. These can then be used to develop strategies to reduce the behaviour.

**Functional behaviour assessment**  
An investigation that uses multiple methods to try to find out why the person uses the behaviour.

The person's health	A GP might run a series of tests to try to identify or rule out physical causes such as pain, infection, diabetes, or side effects of medications.
The impacts of diet	A dietitian might consider the impact of diet such as intake of caffeine and/or alcohol, and adequate nutrition and diabetes control.
The person's mental health	<ul style="list-style-type: none"> <li>• A psychologist might identify depression or anxiety.</li> <li>• A psychiatrist might reassess medications or the person's ongoing mental health condition.</li> </ul>
Their history	<p>Asking questions and reading file notes and reports can help to determine:</p> <ul style="list-style-type: none"> <li>• how long the behaviour has been happening, and whether it might have been caused or triggered by a significant life event</li> <li>• what may have helped to reduce behaviours of concern in the past.</li> </ul>
The person's abilities and limitations	<ul style="list-style-type: none"> <li>• A professional might consider how difficulties with communication or another limitation might be contributing to a behaviour.</li> <li>• The person's strengths, such as a desire to learn or a talent in music can be documented and used when considering new behaviour support approaches.</li> </ul>

## Indicators that a person may have unmet needs

This part of a functional behaviour assessment looks at behaviours as messages rather than as problems. The priority is to identify whether the person is using the behaviour to help them meet certain needs or for another reason.

Sometimes unmet needs can be among the most basic and urgent human needs. The need to eat and drink, be warm, have sex, have company and be heard are needs that almost all humans share.

Your aim is to find out whether the person might be consciously or subconsciously trying to communicate a need that has not been met, and to find ways to help them meet that need without first using the behaviour. Knowing what might be prompting the behaviour can be a good first step to helping the person meet the need.



What might be the need behind the behaviour?	
The person hits out at others when they come near	The person might need: <ul style="list-style-type: none"> <li>to be given personal space</li> <li>to be helped to feel safe</li> <li>more control over their own body and possessions.</li> </ul>
The person screams loudly for hours at a time	The person might need: <ul style="list-style-type: none"> <li>pain relief</li> <li>exercise</li> <li>company and attention</li> <li>something familiar around them</li> <li>an activity to occupy them</li> <li>support to manage depression or anxiety.</li> </ul>
The person wanders outside when no-one is looking	The person might need: <ul style="list-style-type: none"> <li>to find something or someone familiar</li> <li>to be somewhere else they feel more comfortable</li> <li>exercise</li> <li>company.</li> </ul>

## Observational behaviour records

**When observations are charted in a formal way, they can begin to show patterns of cause and effect.**

Recorded observations can contribute in a significant way to a functional behaviour assessment. This process is best performed by the staff or family members who see the person most often. Charting observations over time is sometimes called an **observational behaviour assessment**. When you and other team members are consistent in documenting what you see and hear over time, such careful observation of the type, frequency and triggers of the behaviour can help you to understand why the person uses the behaviour, and how it functions for them.

**Observational behaviour assessment**  
Documenting behaviours, including what happens before and after the behaviour, over a period of time.

**Trigger**  
Anything that sets off each episode of a behaviour of concern.

## Triggers that contribute to a behaviour of concern

A **trigger** (sometimes called a stressor) is anything that sets off each episode of a behaviour of concern. Many behaviours do not just happen on their own. They are often triggered by something that the person sees, hears, or feels.

A trigger can be external, such as a loud noise; or internal, such as boredom or hunger.

Some triggers are obvious immediately, or can be easily identified. If a child with an intellectual disability starts screaming every time an adult takes away their iPad, then the trigger is clearly the removal of the iPad.



Other triggers are more complicated or time consuming to identify. If an adult with cerebral palsy and an intellectual disability starts screaming every time another person talks to him, it is likely there are a complex set of triggers and other factors that need unravelling.

Here are some common examples of triggers that may contribute to behaviours of concern in some people.

<b>Physical triggers</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Hunger</li> <li>• Boredom</li> <li>• Feeling tired</li> <li>• Heat or cold</li> <li>• Infection, illness or other condition that is causing pain and discomfort</li> <li>• Need to go to the toilet</li> </ul>
<b>Emotional triggers</b>	<ul style="list-style-type: none"> <li>• Fear</li> <li>• Uncertainty</li> <li>• Anger</li> <li>• Sadness</li> <li>• Embarrassment</li> <li>• People or places that bring up painful memories</li> <li>• Loneliness</li> </ul>
<b>Environmental triggers</b>	<ul style="list-style-type: none"> <li>• Loud noises</li> <li>• Bright lights such as a TV or flashing toy</li> <li>• Other people getting too close</li> <li>• Crowds</li> <li>• Textures or sensations that are overstimulating</li> <li>• Foods such as sugar, alcohol, caffeine or preservatives</li> </ul>
<b>Structural triggers</b>	<ul style="list-style-type: none"> <li>• Inability to be understood or understand others</li> <li>• Sudden changes in routine</li> <li>• Not getting their way</li> <li>• Time of day</li> <li>• Performing a task that is too difficult or they do not like</li> <li>• A small or crowded area</li> </ul>
<b>Systemic triggers</b>	<ul style="list-style-type: none"> <li>• Unfamiliar staff due to rostering issues</li> <li>• Lack of choice given to the person by staff</li> <li>• Belittling, harassment or abuse of the person by staff</li> <li>• Inadequate or incorrect type of support</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Side effects from a particular medication, which can trigger behaviours such as aggression</li> </ul>



Some triggers can compound or accumulate. One small stressor, such as background noise, might not trigger the person on its own. However, when another small trigger is added, the two stressors can work together to produce a behavioural response. This can lead to an outpouring of built-up frustration and distress. Once a person has become upset, it can be difficult for them to control or manage their reactions and may take longer for them to calm down.

## Work with the person to identify behaviour type, triggers and frequency

Triggers and behaviours often happen in patterns. If you pay close attention, you are likely to see patterns that can help you to identify which triggers set off certain behaviours. For example, if staff come and sit with the person whenever they call out and nine times out of ten this stops or reduces the behaviour, it is reasonable to guess that the person might need attention or company.

Observation can help you find patterns to understand what the person might gain from using the behaviour. Examples of tools used to document observations of behaviours include:

- behaviour support plans
- communication dictionaries
- behaviour charts, such as ABC charts or STAR charts.

When you know what appears to be triggering the behaviour, it might be possible to remove or avoid the trigger or reduce its impact on the person. Some of the ways workers can find out the potential triggers to each behaviour include:

<b>Chart the behaviour over time</b>	Charting the frequency, triggers and type of behaviour should be done consistently by all workers or family members, whenever there is an episode of behaviour of concern.
<b>Talk to family or close friends</b>	People who know the person well might have ideas about what the person dislikes or reacts to, which could be potential stressors.
<b>Make informed guesses</b>	If a person seems to be distressed by something in their surroundings, it can be useful to look around and think about potential stressors. Too many people in the room or a loud television might be triggering the episode. Trying different ways to help the person can often eventually lead you to identifying the correct stressor.



## ABC charts and STAR charts

ABC charts and STAR charts are used to show patterns in behaviour, triggers that might be leading to each episode, and why the person might be using the behaviour. The chart requires you to write down what you observe every time the person uses the behaviour.

An ABC chart consists of the:

- antecedent – what happened just before the behaviour
- behaviour – a description of what the behaviour looks like, or the type of behaviour they used
- consequence – what happened as a result of the behaviour.

### Example ABC chart

Date and Time	Antecedent	Behaviour	Consequence
<ul style="list-style-type: none"> <li>• 7 July</li> <li>• 9am</li> </ul>	Tigh was being put into his hoist sling	Tigh suddenly began to punch staff using a clenched fist	Staff took Tigh out of the sling and gave him a bed bath instead
<ul style="list-style-type: none"> <li>• 7 July</li> <li>• 2pm</li> </ul>	Tigh was being put into the sling to go to the toilet	Tigh began to scream loudly and punch staff with his fist	Staff left Tigh in his chair until his father was able to come and carry him to the toilet

Tigh's ABC chart might tell us that:

- the trigger seems to be the hoist sling being put on
- the behaviour happens every time the sling is put on
- when Tigh uses the behaviour, he avoids being put in the sling.

If we continue to chart in this way every time he uses the behaviour we might also find out whether the behaviour only happens at certain times of day, such as when he might be tired. We could get closer to understanding if Tigh is trying to get attention from his father or trying to avoid being moved. We might find out if any alternative to the sling has the same outcome and if there are other factors that reduce the behaviour, such as music, or having fun with him while the sling is being put on.



A STAR chart gives a little more information than an ABC chart.

It consists of the:

- setting – the environment the person was in when the behaviour happened
- trigger – what happened just before the behaviour
- action – a description of the behaviour
- response – what other people did to respond to the behaviour.

## Example STAR chart

Date and time	Setting	Trigger	Behaviour	Consequence
<ul style="list-style-type: none"> <li>• 21 June</li> <li>• 7pm</li> </ul>	In the lounge room while the TV was on and the room was full of people	Other clients came close to Jackson	Jackson began to throw objects at the other clients	Jackson was taken to his room to watch TV by himself
<ul style="list-style-type: none"> <li>• 30 June</li> <li>• 8am</li> </ul>	On a crowded train	At a stop several new people squeezed on the train and began to push towards Jackson	Jackson began to scream loudly and threw his bag towards the people on the train	The other people moved well away from Jackson

If we continue to use the STAR chart, we might begin to see patterns that could show us:

- the behaviour always happens in crowded places
- Jackson gets left alone when he uses the behaviour, which might be his aim.



## Practice Task 2

### Case study

Bill has an intellectual disability. He often yells at staff and other clients, pushes people away and waves his hands in the air. Sherelle, another client, rocks and cries whenever Bill approaches her.

The staff recognise that this behaviour is distressing for both Bill and Sherelle. They increase each other's fear and agitation and it can be a long time before they are both calm again. Their quality of life is being affected and Sherelle often feels fearful in her own home.

The staff begin to chart the events leading up to Bill's behaviour to try to identify the triggers, what unmet needs he might have, and how they might prevent it from happening again.

#### Question 1

Which of the following could be behaviour triggers? Tick all that apply.

- Bill screams because he lives with an intellectual disability.
- Bill screams and the staff come to help him.
- Bill screams whenever he needs to go to the toilet.
- Bill screams and it upsets the other residents.
- Bill screams when he is in pain.
- Bill screams soon after he has taken his medication.



### Question 2

Match the beginning of each sentence about possible unmet needs to the correct ending.

Marco masturbates in the corridor	which might mean there is an unmet need to be with a familiar person.
Trinity screams when the television is on	which might mean there is an unmet need for attention.
Sherelle sits in the corner of the room whenever there are new staff on shift	which might mean that his sexual needs are not being met.
Bill throws objects when he has been left alone for a long time	which might mean he is overstimulated by the environment.

### Question 3

Provide an example of how each of the following might be impacting Bill's behaviours of concern.

- Personal characteristics
- Physical and mental health
- Past experiences
- Skills and limitations
- Interpersonal relationships



**Question 4**

What is a functional behaviour assessment? Give two examples of how it might be done.

**Question 5**

Provide examples of one structural and one systemic factor that could trigger behaviours of concern.

# 1C

## Involve others in ongoing observation

**Different points of view and consistent observations can help to uncover patterns in behaviour.**

The ongoing involvement of the person's family, friends and support team can be crucial when looking at the factors behind complex behaviours and triggers.

When there are gaps in the reporting and documenting of behaviours of concern, important contributory factors can be missed. For example, staff might be keeping a thorough STAR chart to identify triggers for a behaviour, but a STAR chart will not tell you about underlying medical conditions or pain.

### Including others in the observation process

It might be appropriate to ask a range of people to help observe, chart or report on behaviours and triggers. These people might include:

- family such as parents or spouse
- friends who spend time with the person
- support workers in day services and in the person's home
- supervisors in the workplace, such as in a supported disability workplace
- allied health professionals such as dietitians, occupational therapists (OTs) and physiotherapists
- health or mental health professionals such as doctors, psychologists and mental health nurses.

They might be supported to contribute to a STAR chart, or asked to report incidents and possible factors behind the behaviour. They can also help to plan new ways to approach behaviours, including addressing unmet needs so that the behaviour is avoided or reduced.

Keep in mind that behaviours of concern can be a personal and sometimes embarrassing concern for the person and it may not be appropriate to enlist the support of family, friends or work colleagues in such cases. Where possible, the person with disability can help you to identify people they would like to be involved.

### Specialist services and referral options

**Services should use behaviour support professionals when a behaviour is complex.**



Behaviour support is closely tied to **human rights** and can easily breach these rights. For this reason, there are legal requirements that relate to services' use of specialists when assessing and planning behaviour support strategies.

**Human rights**  
Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

## The NDIS Quality and Safeguarding Framework

The NDIS Quality and Safeguarding Framework requires certain behaviour support practices to only be undertaken by registered National Disability Insurance Scheme (NDIS) providers. The behaviour support plan (BSP) must be approved and managed by the National Disability Insurance Agency (NDIA).

Providers of specialist behaviour support must be registered as an approved provider. This means that you cannot work as an independent NDIS practitioner with a person with a disability who needs high-level behaviour support unless you have appropriate qualifications and skills, and unless you are registered as a behaviour support practitioner with the NDIS.

NDIS providers who are using certain practices when delivering services must use a registered behaviour support practitioner to help them to assess and plan behaviour supports.

A behaviour support practitioner can have their own business or can work for someone else.

There are four levels of positive behaviour support practitioners:



Each practitioner level has a range of tasks including different levels of planning and assessment. These differ depending on the needs of the client, the type of behaviour, and the restrictive nature of supports that might be needed.

When a plan includes restrictive interventions it must be developed by a registered behaviour support practitioner.

To find out more about the levels and requirements of behaviour support practitioners in the NDIS Capability Framework, visit: [aspirelr.link/ndis-capability-framework](https://aspirelr.link/ndis-capability-framework)

The NDIS Behaviour Support Team can help providers to supply positive behaviour support. They can give support and advice about individual situations.

To find out more about the NDIS Behaviour Support Team and how to contact them, visit: [aspirelr.link/ndis-behaviour-support-team](https://aspirelr.link/ndis-behaviour-support-team)



## Other professionals

Here are some other examples of professionals who can help with assessing behaviour and its causes and triggers:

Behavioural psychologists can provide assessment and support to develop BSPs. The Australian Psychological Society Psychologist Referral Service is an online service to find professional services.

General practitioners and other medical specialists can provide assessment and treatment for underlying conditions that might contribute to behaviours of concern, such as pain or infections.

State-run disability intake services can provide referrals to access behaviour support services.

Organisations like Aspect Australia or AMAZE specialise in behaviours that are common to people with autism spectrum disorder. They can provide specialist or general advice about behaviours of concern.

- [aspirelr.link/amaze](https://aspirelr.link/amaze)
- [aspirelr.link/aspect](https://aspirelr.link/aspect)

## Referral procedures

Always follow your own service's organisational policy and procedures for making a referral. In many cases, only certain staff members or managers can make referrals.

Referral policies are likely to include:

- procedures for gaining consent from the person or their substitute decision-maker.
- procedures for sending personal or confidential information.

The referring service or professional might also have particular requirements. For example:

- the NDIS Behaviour Support Team is only contactable by email
- specialists such as psychologists and psychiatrists require a referral from a GP.

A substitute decision-maker is someone who helps a person with reduced capacity make decisions, such as their carer, family member or legally appointed person.



## Practice Task 3

### Question 1

List three types of professionals who might be referred to assess behaviours of concern in people with disability.

### Question 2

What is the role of a behaviour support practitioner in the NDIS?



## Summary

- Behaviours help the people you support to express their needs, preferences and emotions, and can be the person's only method of communication.
- Behaviours nearly always serve a function for the person. The ongoing involvement of the person's family, friends and support team can be crucial when looking at the factors behind complex behaviours and triggers.
- Some types of disability put the person at higher risk of using behaviours of concern.
- In disability work, the people who are most likely to use behaviours of concern are those who have conditions that affect their ability to communicate with others effectively, understand the effect of their behaviours on others, or learn acceptable social behaviours.
- When documenting behaviours use terminology that all members of the team, including the person with a disability, can understand.
- The language used to describe behaviour must be objective, observable and measurable
- Observation and questioning the person and their family helps you identify and assess factors that contribute to behaviours of concern.
- A functional behaviour assessment can be performed by a team of professionals, family members and support workers working together to find health, history or other factors behind the behaviour.
- ABC or STAR charts can be used to document triggers, types and frequency of behaviour.



# Learning Checkpoint 1

## Identify behaviours of concern that are likely to put the person or others at risk of harm

### Part A

1. Provide examples of possible triggers that can lead to behaviours of concern for each of the following factors.

- Physical factors

- Emotional factors

- Environmental factors



2. Match each of the following triggers to the category they belong in.

Noise from a party
Frequent and sudden changes in routine without warning
A person is feeling lonely
A higher than usual number of casual staff
A side effect of insulin injections
Pain from a wound

Medication trigger
Physical trigger
Environmental trigger
Emotional trigger
Structural trigger
Systemic trigger

3. Match each term about behaviours to its description.

Trigger
Disinhibition
Functional behaviour assessment
Social devaluation

A process of trying to find out the reason the person uses the behaviour
Something that sets off each episode of the behaviour
The tendency of the community to look down on people with a disability
When a person uses socially inappropriate behaviours

## Part B

Read the case study then answer the questions that follow.

### Case study

Josephine cannot communicate using words. Sometimes Josephine throws her head back into the chair, screams repeatedly and pulls at her hair. It is not always obvious to the support workers what the triggers are for these behaviours or how they can best support Josephine to reduce her distress. If the behaviour is not addressed and is allowed to escalate, she sometimes begins to throw things at other people and will hit and try to bite the support workers.



- 1. Suggest three ways staff can include others in the assessment to try to identify what might be behind Josephine's behaviour.**

- 2. Suggest three underlying factors that might be contributing to the behaviour.**

- 3. Identify three examples of the types of information workers should document about Josephine's behaviours.**



**4.** Provide an example of how each of the following factors could be influencing Josephine's behaviour.

- Personal characteristics

- Physical and mental health

- Past experiences

- Skills and limitations

- Interpersonal relationships



## Topic 2: Develop positive behaviour support responses using a person-centred approach

- 2A Work with the person to develop behaviour support
- 2B Identify responses to reduce the risk of harm
- 2C Contribute to developing an individual behaviour support plan



# 2A

## Work with the person to develop behaviour support

**It is important to support behaviours with a person-centred, positive and strengths-based approach.**

Behaviour support strategies can help to reduce the impact of a person's behavioural symptoms on themselves and the people around them.

In the past, unregulated behaviour support practices led to widespread abuse and breaches of the rights and freedoms of people with disability. Today, the practices you use must follow strict legislation, standards and current best practice principles.

### Evidence-based approaches to behavioural intervention

An evidence-based approach means that support is not based on guesswork, how it has always been done, or what seems to work well enough for everyone else.

You must ensure that everything you do to support or respond to behaviours of concern uses real evidence, rather than guesses. Evidence-based practice is an especially important principle for behaviour support because every single person you support is different, and what has worked to support behaviour for one person might not work for others.

Evidence-based practice relating to behaviour support should always consider:

- the information that has been collected during the functional behaviour assessment and observation
- the skills and experience of professionals supporting the person
- the knowledge that the person and their family have about the behaviour and positive ways to reduce or prevent it
- the industry standards and legislation for supporting behaviour.

### Best practice approaches

Current industry best practice comes from recognised industry authorities or government sources. While it is not necessarily a legal requirement, best practice is considered the correct way to approach a problem.

**Best practice** approaches for behaviour support come from authorities such as:

- state or territory government departments that determine the use of **restrictive practices**, such as The Office of the Senior Practitioner in Victoria
- National Disability Insurance Scheme fact sheets, recent publications and web guidelines
- behaviour support experts working for or contracted to your service

**Best practice**  
Using the best skills and ideas available at the time to do a task.

**Restrictive practice**  
Any intervention or practice that restricts rights or freedoms of movement of a person.



- industry-recognised not-for-profit bodies, such as AMAZE, Dementia Australia, or Down Syndrome Australia.

## Rights-based approaches

There are certain rights relating to behaviour support that are upheld by legislation such as the *Disability Act 2006* (Vic.) and the United Nations (UN) Convention on the Rights of Persons with Disabilities. These rights are also outlined in industry standards such as the NDIS Standards and state and territory disability service standards.

A human rights framework of service acknowledges the value of every person, regardless of who they are. Every person has the right to be treated with dignity and respect, not to be unfairly imprisoned or punished, and to be allowed to contribute to society and feel included.

Some basic human rights which are especially relevant to behaviour support include the right:

- to be free from cruel, inhuman or degrading treatment
- to feel safe and free from violence
- to be afforded privacy
- to take their rightful place in the community
- to freedom of expression and opinion.

For more information about disability rights in Australia, visit:

[aspirelr.link/humanrights-about-disability-rights](https://aspirelr.link/humanrights-about-disability-rights)

To read about the UN convention, visit: [aspirelr.link/un-convention-in-brief](https://aspirelr.link/un-convention-in-brief)

In the past, behaviours of concern were often managed in ways that created the least stress or impact on staff. This might have included restraining a person in a chair with a belt, or keeping a person imprisoned in their room to punish them. Used indiscriminately, these approaches are now considered abusive as they lead to further distress and harm and breach the person's human rights.

Using a human rights approach, you must first consider whether the behaviour needs to be changed or modified at all. For example, if the person is happily repeating words or phrases over and over, there is no reason to try to change the behaviour simply because it is annoying you.

However, you will need to try to reduce behaviours that could be distressing or harmful to the person or others. This must be done with due regard for the person's dignity and humanity. The person has rights relating to how behaviours must be supported and these align with basic human rights and the ethical treatment of all people in your care.

## Human rights and positive behaviour support

One approach that uses reward and reinforcement to reduce behaviours of concern rather than punishment is called **positive behaviour support**.

Here are some principles of positive behaviour support that recognise the person's human rights:

### Positive behaviour support

A person-centred approach using positive strategies to support a person to manage behaviours of concern.

<p><b>Never use punishment or humiliation of any kind</b></p>	<ul style="list-style-type: none"> <li>• Punishment, such as removing the person's rights or scolding the person, does not respect their dignity.</li> <li>• It is illegal to punish, humiliate, or yell at a person you support.</li> <li>• It is also illegal to withhold the person's basic rights, such as refusing to give them food or drink until they change a behaviour.</li> </ul>
<p><b>Use positive language that upholds the person's dignity</b></p>	<ul style="list-style-type: none"> <li>• Do not use terms such as naughty, bad, or terrible.</li> </ul>
<p><b>Be proactive, not reactive</b></p>	<ul style="list-style-type: none"> <li>• Try to predict needs and triggers, and help the person to meet needs and avoid triggers before they use a behaviour.</li> </ul>
<p><b>Respect dignity</b></p>	<ul style="list-style-type: none"> <li>• Your behaviour support strategies must respect the person as a dignified human being. You cannot treat an adult like a child, lie to them or humiliate them.</li> </ul>

## Codes of conduct and behaviour support

For disability services run by states and territories, each jurisdiction in Australia has its own **code of conduct**. These codes outline principles of behaviour support practices, including protecting the dignity of people with a disability.

The NDIS Code of Conduct covers the behaviour of workers in NDIS services. In relation to behaviour supports, the code includes a legally binding undertaking that you will:

- act with respect for individual rights of freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

To read about the NDIS code of conduct for providers, visit: [aspirelr.link/ndis-code-conduct](https://aspirelr.link/ndis-code-conduct)

### Code of conduct

A set of rules that informs employees how to act in a workplace.



## Duty of care

Your **duty of care** requires you to act in a reasonable way that keeps yourself and others safe from harm.

Sometimes your duty of care rests on the need to report a behaviour to a manager, or other professional or authority. At other times it might involve protecting yourself and others around the person by helping others to leave the area, or in extreme situations even calling the police.

Make sure that your actions fall within the boundaries of your duty of care to the person and to others. Be clear about your role in behaviour support and seek help if you are concerned about anything on the BSP, before an incident happens.

### Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

## Dignity of risk

All people have the right to make choices for themselves, even if you do not agree with that choice, and even if that choice might be harmful to the person. This is called **dignity of risk**. The key to whether that choice is acceptable lies in the potential for harm. The person's dignity of risk must be balanced with your duty of care.

People you support can take risks that might put them at risk of harm, but only if they understand the risk. The person does not have the right to use behaviours that could cause harm to other people.

### Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

## Example

### Duty of care and dignity of risk

A person who can understand that smoking is bad for their health has the right to smoke as often as they like, in a designated smoking area or outdoors, so long as they are not putting others at risk. This means that they are not allowed to smoke inside a facility or supported house because of the risk of fire. They cannot smoke in indoor spaces near workers or other clients because of the risk of passive smoking.

A person who uses an electric wheelchair might wish to go shopping alone, but you may be concerned about the risk of them being vulnerable to abuse or theft. If the person is able to understand this risk, and has the cognitive ability to travel safely, this is not a behaviour of concern. They must be permitted the dignity of risk. In this situation your duty of care might be to take steps to keep the person safe from potential theft, such as helping them to keep their money hidden.

## Person-centred approaches

Human behaviour is always complex and is influenced by our different experiences, needs, personality types, emotions and history. When planning behaviour support practices, you must consider how you can best respect the personal choices and needs of the person, using a **person-centred approach**.

### Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

## Trauma-informed practice

One of the principles of positive, person-centred, behavioural support is trauma-informed practice, which recognises that behaviours can result from previous trauma. These behaviours can be:

- a response to a traumatic memory that was triggered by their surroundings
- a strategy they use to self-soothe
- a result of change or unpredictability
- an increase in stress levels.

Some of the strategies you can use to support people who are displaying behaviours that stem from trauma include:

- ensuring predictable, consistent routines
- providing a safe space that they can retreat to when they are feeling overwhelmed.

## Social and emotional wellbeing frameworks

Another form of positive, person-centred, behavioural support is social and emotional wellbeing frameworks. Many Aboriginal and Torres Strait Islander peoples use the term social and emotional wellbeing (SEWB) to describe the social, emotional, spiritual and cultural wellbeing of a person. The term recognises their connection to land, sea, culture, spirituality, family and community; these are often important to those who believe that taking the time to recognise the significance of each positively impacts their wellbeing. It also recognises that a person's SEWB is influenced by policies and past events.

Programs that use these frameworks support culturally appropriate, community-led, primary mental health services for Aboriginal and Torres Strait Islander peoples.

## Example

### Person-centred behaviour support

Arya is 16. She has autism and has been harming herself repeatedly by scratching at her skin until it bleeds. In the past, the staff would have simply found ways of binding her hands to prevent her from scratching at her arms and face.



Instead, using a positive, person-centred approach, they have considered the things that Arya enjoys most and have worked out a plan that makes use of her interests.

Arya likes to:

- play games on her iPad
- eat cake with sprinkles
- watch cooking shows on television.

The staff use a STAR chart to find the times of day when Arya is most likely to scratch herself. They determine that this is before mealtimes or in the early evening, when she is hungry and tired. They develop a reward system using these interests that also reduces the opportunities Arya has to scratch at herself.

- At the times of day when she is most likely to self-harm, they set up Arya with a game on the iPad that requires her to use two hands.
- If she goes all day without scratching, she is allowed to watch two episodes of MasterChef on catch-up TV at the end of the day.
- If she goes all week without scratching, her reward is to help staff make her favourite kind of cake, with extra sprinkles, and share it with them.

## Strengths-based approach

A **strengths-based approach** considers the person's own skills, abilities and goals. Rather than focusing on the person's weaknesses when supporting behaviour, we focus on their strengths.

Strengths can include:

- the person's abilities and methods of communication, such as being able to point to pictures to communicate
- the things the person is good at and enjoys, such as counting, art or singing
- the goals the person has, such as one day being able to go on holiday to Queensland
- the person's positive personality traits, such as being generous, affectionate, smiling a lot, enjoying attention, or having fun.

### Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

## Example

### Strengths-based approach

Lulu is good at art and loves to paint. She has an acquired brain injury and can sometimes use aggressive behaviours towards staff and other clients when she becomes frustrated. When a group activity is underway, the support workers set up an easel with paints in the corner of the room. They encourage Lulu to leave the activity and express any frustrations she feels by painting onto the easel. When she has finished painting, the workers ask her to talk about what she has painted, and they praise her for using this way to express her emotions.

## Proactive supports to promote behaviour change

### **Proactive and positive supports promote behavioural change, including improving the person's communication.**

As you have seen, environment and the tasks and activities of an average day can impact the person's behaviours. If you can help control the person's environment according to their preferences, and help them to have more control over their own needs, you might notice significant changes in the person's need to use behaviours of concern that might eliminate the need to use restrictive practices.

The goal for good behaviour support is being aware of the person's triggers, observing them for signs of escalating emotions and taking measures to prevent the behaviour from happening.

For example, if you see or suspect that a person might be triggered to use a behaviour of concern:

1. Remove or reduce stressors or triggers that lead to the person using the behaviour.
2. Find out what the need behind the behaviour might be and help the person to meet that need.

Many stressors can easily be reduced or removed, and removing the stressor, or taking the person away from the stressor, is usually the best option. Once the stressor is removed, the behaviour may reduce.

As discussed, behaviours are often the person communicating a need. Sometimes this can be simple and at other times it can be very complex. If you know or can guess at what the person might need, your first action should be to try and address the need as soon as possible.



## Developing supports around lifestyle and environment preferences

When developing a behaviour support plan (BSP), your team will need to consult with the person, and other people they have identified, to consider how everyday routines might be used to support the person to reduce or avoid behaviours of concern.

Here are some examples of changes to lifestyle and environment that might be suitable to trial in response to a behaviour of concern:

- reducing noise levels in the surrounding environment, such as turning off televisions and supporting the person in a quieter part of their house or day service
- finding alternatives to transport options that trigger behaviours of concern, such as using a train outside peak-hour times instead of a crowded bus
- changing activities to later or earlier in the day
- providing smaller, more frequent meals to reduce hunger
- helping the person to change their diet, such as reducing intake of caffeine, sugar or alcohol
- changing activities more – or less – frequently, to cater for the person’s level of focus and attention on a particular task.

Positive changes made to the person’s lifestyle or environment should be based on your knowledge of the person, and on the results of the functional behaviour assessment. This information might be found from:

<p><b>Records</b></p>	<ul style="list-style-type: none"> <li>• Review the records kept about the person’s behaviours of concern, such as the STAR or ABC chart.</li> <li>• This can help you identify triggers, such as noise or activities the person does not like, so you can make reasonable changes that could help to avoid or reduce the impact of those triggers.</li> </ul>
<p><b>Observations</b></p>	<ul style="list-style-type: none"> <li>• Through observing the person you will get to know when they are responding in negative ways to activities or their environment.</li> <li>• You might consider changing their preferred activities to different times of the day, and moving the activities they like least to times when they are less likely to be tired.</li> </ul>
<p><b>Consultation</b></p>	<ul style="list-style-type: none"> <li>• Talk to the person and/or significant others, such as their key workers or family, about positive changes that could be made to the person’s lifestyle and routines.</li> <li>• Some changes might mean also consulting with supervisors, service providers, day services, and other people who live with the client.</li> </ul>



## Example

### The importance of routines

People with severe autism can often react in negative ways to a sudden change in routine. Supports that help the person predict what will happen in their day can help them manage these changes without the need to use a behaviour of concern. You might talk to the person about incorporating the following supports in their BSP:

- Their preferred routine will be followed as much as possible.
- When there does need to be a change in their routine you will give them as much notice as possible. You will tell them first thing in the morning, and then at ten-minute intervals leading up to the change.
- If the person copes well with the change in routine without using the behaviour you are targeting, they will be rewarded with a reasonable reward of their choice.

## Competency and image enhancement

When you support the person to learn new skills, including communication skills, you can give them more control over their own needs and environment, thus reducing the need to use behaviours of concern.

One of the most important reasons for trying to modify or change behaviours of concern is to reduce the incidence and impact of social devaluation on the person.

**Competency** and **image enhancement** can go hand in hand with reducing behaviours of concern.

### Competency

The ability of a person to demonstrate that they can do something independently.

### Image enhancement

Ways to help the person have more value in the eyes of society, through changing or improving those things often judged most negatively.

## Supporting skills development

People with cognitive disabilities often need additional support to learn and maintain social skills. When you and your work team are addressing a behaviour of concern, one of the most important things to focus on is helping the person to learn more effective ways of responding to their environment.

When the person gains competency through learning, they can:

- understand why the behaviour of concern is harmful or inappropriate
- replace the behaviour of concern with a new skill
- reduce the need for them to use the behaviour of concern.

The following skills can help to reduce common behaviours of concern:



<p><b>Social skills</b></p>	<p>Learning to:</p> <ul style="list-style-type: none"> <li>• Share with other children or adults</li> <li>• Ask for what they want</li> <li>• Tell other people when they are upset or want to be left alone</li> <li>• Use sexual behaviours in private</li> <li>• Understand other people’s rights and boundaries</li> </ul>
<p><b>Communication skills</b></p>	<ul style="list-style-type: none"> <li>• Using a new device or technique to communicate more effectively</li> <li>• Learning new words, signs or picture vocabulary</li> <li>• Learning to read body language more effectively</li> </ul>
<p><b>Independence skills</b></p>	<ul style="list-style-type: none"> <li>• Developing motor control so that they can do things for themselves and reduce their frustrations</li> <li>• Learning to speak up when they are unhappy</li> <li>• Learning skills such as walking across the road or being safe online</li> <li>• Learning about sexual rights and responsibilities including contraception and consent</li> </ul>
<p><b>Replacement behaviours</b></p>	<ul style="list-style-type: none"> <li>• Teaching more effective or safer behaviours that the person can learn to use, with the same effect or function as a behaviour of concern</li> <li>• The person might learn to use replacement behaviours in the place of aggression or self-harm when they feel angry, overstimulated or upset</li> </ul>

**Replacement behaviours**  
 More effective or safer behaviours that the person can learn to use that have the same effect or function as a behaviour of concern.

## Supporting proactive communication strategies

It is important to understand and respond to the person’s attempts to communicate, to make them less likely to need to use the behaviour of concern. You might refer to the person’s communication profile, a communication dictionary, or teach them an entirely new skill.

The person will be more likely to replace a behaviour with a new and less harmful method of communication if they are taught to use a new way of communicating that:

- is just as easy, or easier, than using the behaviour of concern
- gets them the same or better result or response than using the behaviour of concern.

Teaching new communication skills does not have to be complex. Even a person with a low level of verbal comprehension can learn to communicate in non-harmful ways.



When working with a new communication method or skill to replace a behaviour of concern, you must:

<b>Be consistent</b>	The person needs consistent and frequent opportunities to use the new method. Try to encourage and support all staff, family members and others to use the method, so that the person begins to see a clear link between the new form of communication and the positive result they get from it.
<b>Respond quickly when they use the method</b>	The person will revert to the behaviour of concern if it is quicker or more effective at getting them what they want. All communication partners must make determined efforts to listen for and respond quickly to attempts to use the new method, particularly while they are learning to use it. This provides a built-in reward and ongoing motivation for using the new method.
<b>Fade out the old method</b>	If it is safe to do so, it can be effective to try to reduce the effect for the person of using the behaviour of concern. You might be slower to respond if the person uses the old behaviour instead of the new communication skill. You might ignore non-harmful behaviours such as calling out, but then respond quickly when they use the new method.

## Example

### Replacement communication skills

A nonverbal man with an intellectual disability throws food and plates on the floor and across the room to get attention from staff when they are busy and distracted. This is because he wants help to get up from the table after eating or to go to the toilet, so the staff teach him to ring a small bell when he needs help.

A child with autism has trouble understanding when an activity is going to finish and becomes upset when it is removed from her. Support workers teach her to recognise a card with a symbol meaning there is ten minutes until the activity will change. Giving her warning helps her to anticipate and manage her emotions when the activity is about to change or end.

A woman with an intellectual disability is not able to communicate intentionally but the staff have noticed patterns in her body language and facial expressions. They begin to make informed guesses about what these responses might mean, and chart them into a communication dictionary so that all support workers can understand her body language.



## Example

### Rewarding the new skill and fading out the old behaviour

Some people use deliberate behaviours to communicate, because they have learnt that certain behaviours increase the chance of getting a certain response. For example, when a person who is nonverbal throws his food on the floor he may know that he will get attention immediately and be taken away from the table. If you are teaching a person to ask for help by using words to replace the behaviour of throwing food on the floor, all staff must be ready to quickly respond every time the person asks for help. You might try to ignore the old behaviour if it is safe for the person and others around him, or be slower to respond to that behaviour. Eventually, if the person knows they can get what they need more quickly and easily by asking, any reward or motivation in using the old behaviour is gone and the behaviour of concern will fade out.

To read information produced by a peak body that represents people with autism, visit: [aspirelr.link/amaze-communicate-effectively](https://aspirelr.link/amaze-communicate-effectively)

## Developing a communication dictionary

A communication dictionary is an individualised record of a person's use of behaviours, gestures, or other nonverbal communication that explains what they might mean for that person.

People who know the individual well are best at interpreting their communications and documenting them in the person's communication dictionary, so they can be referred to by others and used to reduce the need for the person to use a behaviour of concern. Anyone can create a simple communication dictionary, and they are a best practice example of sharing accumulated knowledge of the person with others.

## Example

### A communication dictionary

Bert's communication dictionary		
When I...	I might be saying...	You can...
Push my food away and cry out loudly	I don't like this, but I am still hungry	Offer something else for me to eat instead
Get up from the table and walk away	I have finished	Let me go to where I would like to be next
Slap repeatedly at my thigh	I am bored	Try another activity
Stamp my feet	I want to be left alone	Leave me be and allow me to be on my own until I am ready to be around people again

To see an example of a communication dictionary template prepared by Scope Australia, visit: [aspirelr.link/communication-dictionary-template](https://aspirelr.link/communication-dictionary-template)

## Positive behaviour support strategies

The more options that are included on the BSP, the more the person is safeguarded against the risk of being improperly exposed to restrictive practices.

The BSP will often include more than one strategy to trial when the person uses a certain behaviour. These interventions might work for some people but not others, and in some situations but not others. Here are some other examples of strategies that might be included in a BSP.

Name of strategy	How it is used
Distract and redirect	<p>When you see signs that a harmful behaviour might be about to occur, act quickly and distract the person. You can then redirect them to an activity that they enjoy.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Lead them to another area, talk to them, show them something to look at, play some music or commence another activity of interest to the person.</li> </ul>



<p><b>Replacement behaviours</b></p>	<p>Some types of behaviour can be reduced by thinking about whether there are other safe behaviours that the person might be equally likely to use.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• If the person regularly picks up the salt and pepper shakers on the communal table and drools on them, give them their own set of salt and pepper shakers for their sole use.</li> </ul>
<p><b>Incompatible behaviour</b></p>	<p>A behaviour that cannot easily be done at the same time as the target behaviour is called an incompatible behaviour. This can be an effective way to fade out the behaviour.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• If a person is prone to masturbating or pulling at their continence aids in public places ask them to hold a bag and coat, or a drink and biscuit; one item for each hand.</li> <li>• If a person is prone to hitting out at staff during a shower, give them something that needs two hands to hold onto, such as the soap and a washcloth.</li> </ul>
<p><b>Technology</b></p>	<p>There are many technologies that can help reduce or remove the risk caused by behaviours of concern.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Placing alarm mats near the front door can alert you when the person is about to leave, so that you can go to them immediately and supervise them.</li> <li>• Noise cancelling headphones can block out triggering noises that you cannot control.</li> </ul>

## Practice Task 4

### Question 1

Provide a brief description and example for each of the following principles that respect the rights, preferences and choices of people with disability.

a. Person-centred approach



**b. Positive behaviour support**

**c. Replacement behaviours**

**d. Strengths-based approach**

**e. Trauma-informed practice**

**f. Social and emotional wellbeing (SEWB) frameworks**



### Question 2

Match each term about promoting behavioural change to its description.

Effective communication	Supporting the person to do something independently, such as catching a bus.
Image enhancement to address devaluation	Assisting the person to have more value in the eyes of the wider community, such as getting an apprenticeship.
Competency to address devaluation	Using reward and reinforcement to reduce behaviours of concern, such as preparing food and then sharing it with others.
Positive proactive approaches to support	Responding to the person's attempts to communicate, such as using a communication board.

### Question 3

Match each legal and ethical consideration to its description.

Codes of conduct	A person's right to take measured risks even if you feel this might not be the best choice for them.
Duty of care	A worker's responsibility to act in a reasonable way to keep yourself and others safe from foreseeable harm.
Human rights framework of service	A set of rules about ways to act in a workplace, such as the NDIS code for service delivery.
Human rights considerations for use of restrictive practices	A person's rights upheld by legislation such as the <i>Disability Act 2006</i> and outlined in industry standards such as the NDIS Standards and state and territory disability service standards.
United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)	The value of every person is acknowledged, regardless of who they are. All people have the right to be treated with dignity and respect, to contribute to society and feel included.
Dignity of risk	A person's right to have their dignity and humanity considered when dealing with a behaviour which is distressing or harmful to the person or others.

**Question 4**

Briefly outline an evidence-based approach to behaviour support and describe how it respects the rights of the person.

**Question 5**

Provide an example to explain how each of the following is used to accommodate a person's lifestyle preferences.

a. Accurate records

b. Observations

c. Consultation

# 2B

## Identify responses to reduce the risk of harm

**Sometimes, positive approaches to behaviour support are not sufficient to reduce the risk of harm to the person with disability or to others around them.**

This can include critical or dangerous situations and emergencies, and situations where the person's behaviour is so extreme that a restrictive practice is assessed and considered the only way to keep the person or others safe.

There are strict laws and ethical requirements that are in place for situations where the use of a restrictive practice is being considered.

### Restrictive practice

**A restrictive practice is any practice or intervention that limits the person's rights or freedom of movement, with the primary purpose being to protect the person or others from harm.**

Regulated restrictive practices are those that can be permitted in disability services as a last resort to keep the person and/or others safe from physical or emotional harm.

The use of regulated practices in disability and other services is closely legislated and monitored. Such practices must be approved under strict conditions and written into the person's behaviour support plan (BSP).

Regulated restrictive practices fall under the following categories:

	<p><b>Seclusion</b></p> <ul style="list-style-type: none"><li>• Confining a person in a room that they cannot voluntarily leave at any hour of the day or night</li><li>• Confining a person in a space and implying that they cannot leave</li></ul>
	<p><b>Physical restraint</b></p> <ul style="list-style-type: none"><li>• Holding a person down so they cannot move</li><li>• Holding down a part of the person's body, such as their arm, to prevent them from hitting at you or others, or to prevent them from resisting care</li></ul>

	<p><b>Chemical restraint</b></p> <ul style="list-style-type: none"> <li>• Using medication to sedate someone</li> <li>• Using chemical substances to influence a person’s behaviour</li> </ul>
	<p><b>Mechanical restraint</b></p> <ul style="list-style-type: none"> <li>• Tying a person to a chair or bed</li> <li>• Barriers such as seatbelts, tray tables or cot sides</li> <li>• Removing the batteries in a person’s electric wheelchair</li> <li>• Putting on clothing to deliberately prevent the person accessing or moving a part of their body, such as mittens to prevent the person from scratching at their face or a tight belt to prevent them from touching or removing a continence pad</li> </ul>
	<p><b>Environmental restraint</b></p> <ul style="list-style-type: none"> <li>• Locking a garden area to stop people using it</li> <li>• Locking a fridge to stop people accessing food</li> </ul>

Unregulated restrictive practices are those that are never permitted under any circumstances, although there are variations between different states and territories about which practices are unregulated.

In some states and territories, unregulated restrictive practices include practices designed to humiliate, frighten, harm or punish the person.

Other unregulated restrictive practices might include:

- making a person feel unnecessarily frightened or anxious to prevent them from moving or leaving, such as telling them you will call the police if they do not do what you ask. This is sometimes called a ‘power-control’ strategy, or psychosocial restraint
- using physical or other punishment of any kind
- withdrawing or threatening to withdraw the person’s basic needs, such as food, warmth, or companionship. This is called ‘consequence driven practice’
- humiliating or attempting to humiliate the person, such as by putting a ‘naughty’ sign or hat on them, or forcing them to behave like a child or animal to get what they want.

It is against the law to use a restrictive practice that does not comply with Commonwealth, state or territory legislation and there are legal obligations to report any instances of suspected abuse to the police. Using unregulated or unauthorised restrictive practices can result in criminal charges of assault, abuse or wrongful imprisonment against you. Individuals who break the law could be fined or jailed, and/or also be sued in a civil case.



## Risks related to the use of restrictive practices

It has been well documented that there are negative effects of restrictive practices, even when they are used according to regulations.

Possible impacts of using restrictive practices on people with disability include:

Physical	Restrictive practices: <ul style="list-style-type: none"> <li>• can reduce the person's freedom</li> <li>• can stop them from engaging in activities</li> <li>• can prevent them from learning and practising new skills.</li> </ul>
Psychological	Restrictive practices: <ul style="list-style-type: none"> <li>• do not change the underlying factors behind the behaviour, such as confusion, anxiety, trauma, pain or illness</li> <li>• can lead to other behaviours of concern</li> <li>• may lead to fewer meaningful interactions with other people</li> <li>• may lead to the person becoming reliant on the restrictive practice, such as becoming anxious without a chair restraint.</li> </ul>
Emotional	Restrictive practices: <ul style="list-style-type: none"> <li>• can cause trauma and psychological distress</li> <li>• may trigger memories of past trauma and abuse</li> <li>• may result in a loss of dignity.</li> </ul>

## Balancing human rights in restrictive practices

At the core of human rights is our understanding that our rights have limits when they impact on the freedoms and interests of other people. No person has the right to do whatever they want if their actions could cause harm to others. All people including other clients, staff and the public have the right to be safe from harm.

When you are supporting a person who uses behaviours of concern that could be harmful to other people, you must balance the person's rights with the rights of all the people around them.

## When is it acceptable to use restrictive practices?

**Some restrictive practices are used as a last resort to keep people safe, such as when they are at risk of harm or injury.**

There are some situations where it is legal to use restrictive practices, under very specific conditions. For example, when there is no other way to keep the person safe from harm, or to prevent the person from harming other people, a restrictive practice might be needed.



Approval to use these practices can only be given when the staff can show documented evidence that they have considered and/or tried other less restrictive measures. You cannot use restrictive practices that are not written into the person's BSP, except in an emergency.

Every organisation will have policies and procedures that indicate the documentation requirements for the use of restrictive practices.

Here are the general requirements for the use of restrictive practices:

**It must be the last resort**

- The last resort means that you have tried or considered all other possible options that do not interfere with the person's rights or freedom.

**It can only be used to prevent harm to the person or someone else**

- Harm can be physical or emotional, but you cannot use restrictive practices simply to make your life easier, or to stop the person from annoying you.

**It must be the least restrictive option**

- Your service must first have tried or carefully considered other, less restrictive ways to reduce the risk of harm, and these must be documented in the BSP.

**It must be approved and carefully documented by a health practitioner such as a GP who knows the person**

- The GP must show that the person is at risk of harm to themselves or to others, and why this restrictive practice is necessary. This must be documented in the BSP.

**There must be **informed consent****

- Informed consent means that the person or their substitute decision-maker agrees to the use of the restrictive practice.

**It must be used for the shortest amount of time possible**

You must stop using the restrictive practice as soon as the harm is no longer a risk.

**It must be monitored and reviewed**

- Your service must prove that the need for the restrictive practice is reviewed regularly, and that the person is safe and comfortable at all times. If a less restrictive option becomes possible, this must be used instead.

**Informed consent**

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

For an online example of a restrictive practices policy used by a disability organisation, Next Challenge, visit: [aspirelr.link/restrictive-practices-policy-example](https://aspirelr.link/restrictive-practices-policy-example)

For an online example of a procedure developed for staff by a disability organisation, Senses Australia, on the use of restrictive practices, visit: [aspirelr.link/restrictive-practices-procedure-example](https://aspirelr.link/restrictive-practices-procedure-example)



## Example

### Legal use of restrictive practice

When a person with severe autism spectrum disorder repeatedly bangs their head against hard walls, they may need to be prevented from doing this by ensuring that they wear a helmet, even if they do not wish to.

When a person with schizophrenia is having thoughts of violence or attempts to take his or her own life, there are legal means to prevent them from leaving a hospital or secure unit because of the immediate danger they pose to themselves and/or the community.

When a person with a severe intellectual disability suddenly threatens physical harm to disability support workers, there are allowances in the law for emergency containment.

For the rare situations where a person with an intellectual disability uses extreme ongoing violent behaviours that pose risks to workers and the public, there are secure facilities in each state, with design features that allow for seclusion used to protect staff.

## Least restrictive alternative

Often there are ways to keep the person or other people safe that are less restrictive. Whenever there are available options that have a lesser effect on the person's freedom, it is a legal requirement that these are used.

Once the least restrictive option has been determined, if the service is funded by the state it must be approved according to state or territory requirements. If the service is funded by the NDIS it must be approved according to NDIS regulations.

## Example

### Using the least restrictive alternative

Jonathon has an intellectual disability and continually scratches at his face, causing infections and deep cuts.

Staff have considered some possible ways to prevent Jonathon harming himself. Here are the alternatives they have considered, in order of least restrictive to most restrictive.

1. Determine what factors seem to trigger Jonathon to scratch his face, such as boredom, and prevent him from getting bored.
2. Cut Jonathon's nails very short.
3. Put cotton mittens on Jonathon's hands and tie them to his wrists to stop him removing them.
4. Tie Jonathon's hands to his chair when he is seen scratching himself.

In this example, the staff have a legal obligation to start by trying the first two options. If these do not work, and there does not seem to be any other way to prevent Jonathon from causing harm to himself, the staff must now:

- have the restrictive practices assessed and recorded on a BSP by a behaviour support practitioner
- have the restrictive practices approved and lodged with the NDIS Commission
- only use these practices as a last resort
- regularly review the restrictive practices.

## Rules to safeguard against improper use of restrictive practices

### **Some people with disabilities are particularly at risk of being exploited, abused, or improperly exposed to restrictive practices.**

People who are not able to speak up or advocate for themselves, or who cannot understand the legal requirements for the use of restrictive practices, are at higher risk of being unfairly subjected to restrictive practices or illegal punishments when less restrictive practices could be just as effective at keeping the person and others safe.

Rules developed by the Commonwealth government and overseen by the NDIS Commissioner help to reduce this risk by regulating the policies and practices used in services. Except in rare emergencies, restrictive practices can only be used as a last resort in response to a risk of harm to the person or others and they must be recorded on a BSP that has previously been lodged and approved by the NDIS Commission. Even when this is the case, person-centred strategies must be tried first and a plan to fade out the restrictive practice must be included in the BSP.



To read more about the submission to the Royal Commission into violence, abuse, neglect and exploitation of people with disability, visit:

[aspirelr.link/disability-royal-commission](https://aspirelr.link/disability-royal-commission)

## The National Framework

The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector was introduced and agreed to by all Australian states and territories in 2014. The framework includes seven guiding principles that must be used when any restrictive practice is being considered. These principles help your workplace to work with the person and professionals to develop interventions and supports to reduce or eliminate the need for restrictive practices as a priority. They are designed to safeguard the person from increased risk of being exploited, abused, or improperly exposed to restrictive practices.

<p>1. Human rights</p>	<p>Restrictive practices should occur only:</p> <ul style="list-style-type: none"> <li>• in very limited and specific circumstances</li> <li>• where they are proportionate and justified to protect the rights or safety of the person or others</li> <li>• as a last resort.</li> </ul>
<p>2. Person-centred focus</p>	<p>People with disability or their substitute decision-makers:</p> <ul style="list-style-type: none"> <li>• are the natural authorities in their own lives</li> <li>• have the right to decision-making, choice and control</li> <li>• must give consent in decision-making, with support if necessary.</li> </ul> <p>Behaviour support planning must:</p> <ul style="list-style-type: none"> <li>• be individualised</li> <li>• involve personalised supports</li> <li>• be informed by evidence-based best practices.</li> </ul> <p>There must be an emphasis on prevention, including:</p> <ul style="list-style-type: none"> <li>• proactive skills building</li> <li>• environmental design.</li> </ul>
<p>3. National approach</p>	<p>The principles of the National Framework apply across Australia to ensure people have access to the same protections regarding restrictive practices, no matter where they live.</p>
<p>4. Delivering quality outcomes and safe workplaces</p>	<p>Policies, procedures and tools should protect the right to personal dignity, privacy and self-respect of people with disability.</p> <p>Staff have the right to:</p> <ul style="list-style-type: none"> <li>• work in a safe environment</li> <li>• client and staff debriefing sessions</li> <li>• incident reporting processes.</li> </ul>



<p>5. Accountability through documentation, benchmarking and evaluation – working towards transparent and consistent reporting</p>	<p>Transparent reporting processes must:</p> <ul style="list-style-type: none"> <li>• ensure accountability</li> <li>• involve the person with disability and their substitute decision-makers as far as possible</li> <li>• allow complaints or review and appeal of decisions to use restrictive practices</li> <li>• help staff to recognise where there may be an increased reliance on the use of restrictive practices.</li> </ul>
<p>6. Collaboration between service providers</p>	<p>Collaborative approaches for client assessment, planning and review should be encouraged and aimed at reducing the use of restrictive practices.</p>
<p>7. Raising awareness, providing education and facilitating accessible information about restrictive practices</p>	<p>People with disability and their substitute decision-makers should be made aware of:</p> <ul style="list-style-type: none"> <li>• the legal requirements for use of restrictive practices</li> <li>• their rights to complain or seek a review of the use of restrictive practices</li> <li>• formal complaint or review processes.</li> </ul>

To read the National Framework in more detail, visit: [aspirelr.link/dss-reducing-restrictive-practices](https://aspirelr.link/dss-reducing-restrictive-practices)

## The role of the NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission is an independent agency that ensures compliance and takes complaints about the quality and safety of NDIS supports and services, including behaviour support practices.

For NDIS services, restrictive practices can only be used when the service is registered to use behaviour support with the NDIS Commission, and when a behaviour support practitioner is engaged to assess the need for restrictive practices and to develop a BSP.

It is a legal requirement that a BSP that includes restrictive practices is developed by a registered practitioner and that the plan is lodged with and approved by the Commission.

The NDIS Commission:

- administers a behaviour support team to help your service understand and use effective behaviour support practices
- registers behaviour support practitioners who are assessed as suitable to provide specialist behaviour support
- approves BSPs that contain regulated restrictive practices



- takes and investigates complaints about wrongful use of restrictive practices
- assesses and enforces compliance.

Details about the participant and any regulated restrictive practices are entered into the NDIS Commission portal. Your service must also use this portal to report changes in behaviour that may require review of the restrictive practices in the BSP to the NDIS.

### **Video: Behaviour support under the NDIS Commission**



Watch this video for providers of behaviour support to learn more about behaviour support under the NDIS Commission:  
[aspirelr.link/yt-ndis-behaviour-support](https://aspirelr.link/yt-ndis-behaviour-support)

What Australian and overseas laws and conventions underpin the elimination and reduction of the use of restrictive practices?

For more information about the NDIS Commission's role in behaviour support, visit:  
[aspirelr.link/ndis-behaviour-support](https://aspirelr.link/ndis-behaviour-support)

For more information about BSPs and using restrictive practices in NDIS-funded services, visit: [aspirelr.link/ndis-regulated-restrictive-practices](https://aspirelr.link/ndis-regulated-restrictive-practices)

## **Example**

### **Use restrictive practices to reduce risk of harm**

Ari has a severe intellectual disability and is unable to communicate. He is transferred from his bed to his chair every morning using a hoist. He always becomes distressed while he is in the air being transferred. He screams at a piercing volume and hits out at the staff while they are performing the transfer. The staff have considered the need behind the behaviour and have guessed that Ari feels frightened during the transfer.

The BSP documents a range of strategies that the staff have tried:

- changing the transfer to a later time in the morning
- playing music through headphones during the transfer

- giving Ari soft objects to hold onto during the transfer so that he is less likely to hit staff
- talking to Ari with soft, calming voices during the transfer.

None of these strategies have worked. The staff feel that their own safety is at risk, because Ari is tall and strong, and can lash out a long way from inside the sling of the hoist.

The manager has determined that a restrictive practice might be the only way to keep the staff and Ari safe during this transfer. She talks to Ari's mother and the behaviour support practitioner and together they work out what they feel is the least restrictive way to keep Ari and the support staff safe.

A new type of sling is ordered with a large Velcro attachment. The attachment stops Ari from moving his arms while he is in the sling. Ari's mother has given consent for this attachment to be used, but only on days when he is agitated. As soon as Ari is safely in his chair, it must be removed.

The staff continue to try other methods first, but use the attachment according to the plan as it is the only way to prevent them from being injured. Later, when Ari becomes familiar with the practice, he shows no signs of agitation or aggression and the Velcro is no longer needed.

## Using restrictive practices in emergencies

Your service will have critical incident policy and procedures designed to protect clients, workers, visitors and others from harm.

The law allows for you to use a restrictive practice that is not recorded on the person's BSP to protect them from harm in a rare emergency situation. For example, if the person is about to walk out into traffic you might need to pull at them and hold them back to prevent them from being hurt.

If you or another staff member have needed to use an emergency restrictive practice to prevent harm, you must:

- only use the minimum amount of force necessary
- do what you can to reduce the amount of time the practice is needed, such as calling for help
- report and document the event, including what force or restraint was needed and why.



## Practice Task 5

### Question 1

Explain the term restrictive practice and provide an example of each of the five types of restrictive practices.

### Question 2

Which of the following are legal requirements for using a restrictive practice? Tick all that apply.

- They are illegal and cannot be used under any circumstances.
- They must be recorded on a BSP, unless they need to be used in a rare emergency.
- They will only be approved for use if they are developed by a registered behaviour support practitioner.
- The person's family are the only people who are allowed to use restrictive practices.
- They must only be used as a last resort.
- The person or their substitute decision-maker must have agreed the use of the restrictive practice.



**Question 3**

Outline the role of a behavioural support practitioner when restrictive practices are needed to protect the person or others from risk of harm.

**Question 4**

Number each step from 1 to 4 in the order you would follow to support a person with a disability whose behaviour of concern means they harm themselves.

	Use a restrictive intervention that is outlined on the BSP.
	Check the behaviour support plan to see what is recommended.
	Try to distract and redirect them to another activity.
	Remove any potential stressors that have been identified as triggers to their behaviour.

**Question 5**

Provide one example of a safeguard against improper use of restrictive practices outlined in The National Framework for Reducing and Eliminating the Use of Restrictive Practices.



**Question 6**

Give one example of a function of the NDIS Commission in relation to behaviour support.

**Question 7**

Identify at least three potential consequences of unauthorised use of restrictive practices.

**Question 8**

Match each term about the risks of using restrictive practices to its description.

Emotional risks	Reduce the person’s freedom to move and engage in activities
Physical risks	The person can become reliant on the restrictive practice, such as becoming anxious without a chair restraint
Psychological risks	Can cause trauma and psychological distress and loss of dignity

### Question 9

Which of the following describes how restrictive practices can be legally used? Tick all that apply.

- Restrictive practices need to be trialled before being recorded in the person's BSP.
- Managers with additional training can authorise the use of restrictive practices if they first record the details of the restrictive measures in the person's BSP.
- If restrictive practices are used in an emergency, the event must be recorded and reported including what force or restraint was needed and why.
- Approval to use restrictive practices can only be given when recorded evidence shows that staff have considered and/or tried other less restrictive measures.
- A GP must record in the BSP that the person is at risk of harm to themselves or to others, and why this restrictive practice is necessary.

# 2C

## Contribute to developing an individual behaviour support plan

**The behaviour support plan (BSP) is a living document that shows all staff which strategies have been approved for use with the person.**

As you spend more time with a person you will get to know the things they like and dislike, the things that distress them or calm them down and the best ways to manage behaviours of concern. Sharing these insights can benefit all the person's support workers. As each team member contributes new information, you can gain a better overall understanding of the person and of their individual needs. This information should be included in the person's BSP.

### Behaviour support plans

BSPs were introduced as a response to the widespread overuse of restraints, unlawful imprisonment and other breaches of human rights in the disability sector in the past.

BSPs must be used where a restrictive practice is used or might need to be used and are a formal document developed in line with regulations.

BSPs:

- record any behaviours of concern that the person uses that might need to be addressed
- show all staff what is already known about the person's behaviours, such as what might trigger the behaviours
- include lifestyle routines and other factors that can be incorporated into the person's everyday life to reduce the incidence of behaviours of concern
- provide suggestions, steps and instructions for supporting behaviours without the use of restrictive practices
- list any restrictive practices that have been approved, and the conditions under which they are permitted to be used as a last resort
- document all strategies that have been trialled.



## Example

### Behaviour support plan

Organisations will have policies and procedures that indicate how a BSP must be developed and documented.

Here is an example of part of a BSP developed for a man with an intellectual disability called Harry.

Type of behaviour	Self-injurious
Description	Harry swallows small objects, including pen lids, stones, leaves, safety pins.
Frequency/duration	Attempts are made to swallow objects at least once per day.
Intensity	Harry can become determined to find objects to swallow, and has swallowed stones up to the size of a 20-cent piece. Harry has been hospitalised several times due to bowel blockages resulting from the behaviour.
Setting of events	The behaviour happens more frequently when Harry is outdoors.
Triggers	Hunger, boredom
Low-risk scenarios	<ul style="list-style-type: none"> <li>• After a meal or snack</li> <li>• When he is occupied with an activity</li> </ul>
High-risk scenarios	<ul style="list-style-type: none"> <li>• Being outdoors in a group when staff are distracted</li> <li>• At night when he is in his room</li> </ul>
Function of the behaviour	<ul style="list-style-type: none"> <li>• To reduce boredom</li> <li>• To satisfy a desire for the pleasant sensation of cold items in his mouth</li> </ul>
Functionally equivalent replacement behaviour	<ul style="list-style-type: none"> <li>• Snacks that can be sucked, such as carrot sticks, grapes, lollypops, ice-cubes, jubes or icy poles</li> </ul>
Behavioural goals	<ol style="list-style-type: none"> <li>1. Within four weeks Harry will be able to go to his snack box or ask for a snack every time he is hungry.</li> <li>2. Within four weeks Harry will use a sign to indicate that he is hungry.</li> </ol>



<p><b>Preventative/ environmental strategies</b></p>	<ul style="list-style-type: none"> <li>• A snack box will be kept nearby so Harry can find a healthy snack easily.</li> <li>• Harry will be helped to access lollypops, ice-cubes, jubes or icy poles at high-risk times.</li> <li>• Activities that interest Harry will be provided at times when he is waiting for meals, including:             <ul style="list-style-type: none"> <li>- watching YouTube</li> <li>- walking and playing with the dog</li> <li>- helping to cook</li> <li>- helping to garden.</li> </ul> </li> <li>• Harry will be closely supervised when he is outside.</li> <li>• Staff and visitors will be asked not to leave small items in Harry's reach.</li> </ul>
<p><b>Skill building/ teaching strategies</b></p>	<p>Harry will be taught to use a sign to ask for ice-cubes, lollypops, jubes or icy poles at high-risk times.</p>
<p><b>Reinforcement/ motivation</b></p>	<p>Harry will be rewarded with a snack or treat as soon as possible when he uses the sign that he is hungry.</p>
<p><b>Plan implementation</b></p>	<ol style="list-style-type: none"> <li>1. Helen will communicate with the behaviour support practitioner regarding the plan.</li> <li>2. An occupational therapist (OT) will help Harry learn new signs.</li> <li>3. A snack box will be purchased and filled daily.</li> <li>4. A new activity program will be developed by the OT.</li> <li>5. Staff, families and visitors will be made aware of the requirement not to leave small items in communal areas.</li> <li>6. Staff must continue to complete incident reports when:             <ul style="list-style-type: none"> <li>- an object smaller than a 20-cent piece has been found in the communal areas or in Harry's room</li> <li>- Harry has put a non-food item in his mouth</li> <li>- Harry has ingested a non-food item.</li> </ul> </li> </ol>
<p><b>How the plan will be monitored</b></p>	<ol style="list-style-type: none"> <li>1. Harry's progress in the skill development will be reviewed at the end of the month.</li> <li>2. Incident reports will be collated at the end of every two weeks, looking for:             <ul style="list-style-type: none"> <li>- incidence of swallowing non-food items</li> <li>- near misses.</li> </ul> </li> </ol>

Adapted from NDIS Quality and Safeguards Commission – Comprehensive behaviour support plan (2019)



Download the NDIS template for a comprehensive BSP here: [aspirelr.link/ndis-bspt](https://aspirelr.link/ndis-bspt)

## Consultation

You must ensure that the person's preferences for including their family or others in the ongoing development of supports are considered.

When a BSP uses restrictive interventions, it must be developed and overseen by a behaviour support practitioner or behavioural support professional and then approved by disability regulatory bodies in your state or territory.

However, developing the plan also needs to be a collaboration between the behaviour support professional, disability workers, managers, professionals and the person themselves. The person you are supporting needs to be involved wherever possible in planning strategies to reduce behaviours of concern and to be taking responsibility for making these changes. The person should also be asked about other people in their life who they want to have involved. This could include family members, friends, or significant others.

### Consultation

The action of seeking the opinion of others.

This process of collaborating on the plan is called **consultation**. Several discussions involving different stakeholders will take place and each will be asked for their input and agreement to the plan.

## Recording and documenting the plan

**Recording goals and processes for monitoring them helps to motivate the person and others to achieve success.**

The development of the plan will include establishing time frames and goals for implementation of positive behaviour support responses, along with strategies for monitoring and review. These will be developed with the person and/or their substitute decision-maker and negotiated together.

## Developing time frames and goals

Goals outline the specific skills or replacement behaviours that will be used to encourage change. Time frames provide a realistic, achievable length of time in which you might expect skills development and behaviour change to take place. In the example BSP you saw before, Harry was given two goals with the same time frame for each:

1. Within four weeks Harry will be able to go to his snack box or ask for a snack every time he is hungry.
2. Within four weeks Harry will use a sign to indicate that he is hungry.

These goals must be written in SMART form.



That is, they must be:

**S** – Specific: the goal must clearly show what will be achieved.

**M** – Measurable: the goal must have a signpost that clearly shows how much is expected, such as every time, or once per day.

**A** – Achievable: the goal must be within the abilities of the person, so as not to set them up for failure.

**R** – Realistic: the time frame must be reasonable and possible with the resources available.

**T** – Time framed: the goal must have a time frame within which it will be expected to be met.

## Developing strategies for monitoring and review

The plan will include strategies for how success will be measured and how implementation will be monitored and reviewed. Monitoring the plan refers to assessing how it is progressing over time. Again, the person and/or their substitute decision-maker will be involved in negotiating these measures, along with a date for review of the plan. Early planning for monitoring can help you to develop strategies for observing and documenting improvements to the behaviour and the person's quality of life.

## Obtaining consent and approval to implement the plan

Ensure that written consent to implement the strategies in the plan is given by the participant and/or their substitute decision-maker in keeping with their right to be involved in decisions about their own life and supports.

Remember that for a BSP to be implemented it must be approved in collaboration with the behaviour support professional, disability workers, managers, professionals and the person themselves.

Additionally, any BSP containing a regulated restrictive practice must be lodged with the NDIS Commission via the online portal and approved before it is put in place. This process is completed by a registered behaviour support practitioner.



## Practice Task 6

### Question 1

Give three examples of information included in a BSP.

### Question 2

Identify at least three people the behaviour support practitioner should consult when developing the BSP.

### Question 3

Suggest why the necessary consents and approvals for restrictive practices are documented prior to implementation of the plan.



**Question 4**

Match each term about monitoring a BSP to its description.

Time frames	Motivates the person and others to meet the requirements of the plan
Monitoring	A realistic length of time for skills development and behaviour change to take place
Goals	An indicator of how much change is expected or description of a behavioural change
Reviewing	An assessment of how the plan is progressing over time
Measures of success	Determines improvements to the person's quality of life



## Summary

- Evidence-based practice uses real data and research to develop support for behaviours of concern.
- Best practice approaches are published by respected industry sources
- The BSP
  - outlines the behaviours of concern that the person might use, and how they are to be supported.
  - Recognising and maintaining the person's lifestyle routines and preferences can help to reduce the incidence of behaviours of concern. This requires a team effort and needs input and consent from the person and/or their substitute decision-maker.
  - Many instances of distressing or harmful behaviours can be avoided by reducing or removing the trigger.
  - Behaviour support must be proactive, positive and dignified.
  - A restrictive practice is anything that limits the person's rights or freedom.
  - There are strict rules relating to the use of any restrictive practice; it must be:
    - the least restrictive method possible
    - the last resort to keep the person or others safe
    - outlined on a BSP written by a registered behaviour support practitioner and approved by the NDIS or relevant state or territory body, unless it is required to keep the person or others safe in a rare emergency
    - used for the shortest amount of time possible.



## Learning Checkpoint 2

### Develop positive behaviour support responses using a person-centred approach

#### Part A

1. Provide three organisational and legal requirements about documenting restrictive practices and state who must develop the plan if they are being used.

2. Which of the following statements are correct? Select yes or no for each one.

a. Behaviours of concern usually occur because the person needs something.	Yes / No
b. Giving the person time out in their room with a closed door is not a restrictive practice.	Yes / No
c. Triggers from trauma are always present in the environment and are part of life.	Yes / No
d. Human rights include dignity and freedom and these must be protected as much as possible.	Yes / No
e. Social and emotional wellbeing (SEWB) frameworks are used to soothe people demonstrating behaviours of concern.	Yes / No
f. Restrictive practices can be used in an emergency without prior approval, but in the least restrictive way possible.	Yes / No
g. Using unregulated or unauthorised restrictive practices is abuse and must be reported to police.	Yes / No



**3.** Which of the following are examples of restrictive practices? Tick all that apply.

- Holding down a person's arm to stop them from hitting you while you give them a shower.
- Distracting and redirecting a person from an activity.
- Putting a person in a large chair that they cannot get out of.
- Telling a person that if they leave their room you will come back and yell at them.
- Giving a person something else to hold so that they cannot use a harmful behaviour.
- Turning off the lights at night in the person's bedroom.

**4.** Identify two human rights outlined in the United Nations Convention on the Rights of Persons with Disabilities.

**5.** What actions should be taken if a person with disability tells you that they do not wish to include their family in the development of a BSP?



**6. Outline how competency and image enhancement can help to reduce social devaluation and give an example with your response.**

**7. Explain the difference between duty of care and dignity of risk.**

**8. Match each of the following examples of restrictive practice to its category.**

Mechanical restraint	Using medication to subdue a person who is physically violent
Chemical restraint	Using medication to reduce the sexual drive of a sexual offender with an intellectual disability
Mechanical restraint	Using a harness that limits the person's hand movements while travelling in a bus, so that they cannot unbuckle their seatbelt
Chemical restraint	Using an all-in-one outfit to prevent the person from reaching into their clothing and removing their continence aid



**9.** Provide one example of an unregulated restrictive practice that might lead to you being charged with a criminal offence in each of the following categories.

a. Abuse

b. Imprisonment

**10.** What is the meaning of evidence-based behavioural intervention?



## Part B

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

### Case study

Brett does not speak but uses signing to communicate.

Brett will sometimes strike out at staff and shout and swear. It takes some time for Brett to calm down after each outburst and he regrets his outbursts and knows he should not hit others. It is not always obvious to staff who know him what the triggers are for these behaviours or how they can best support Brett to reduce his distress. If the behaviour is not addressed, Brett could hurt himself and, as he is very strong, cause an injury to staff.

Brett loves going out in the bus and talking to people in the shops. He loves small animals, especially possums.

1. Outline at least four principles that underpin behaviour support strategies that respect Brett's rights, personal choices, needs, abilities and goals.

2. Briefly outline why it is important that positive strategies in Brett's BSP be based on records, observations and consultations with people who use the plan.



- 3.** Provide three strategies that promote behavioural change that involve adjustments to Brett’s environment, lifestyle choices and ways to communicate.

- 4.** Suggest at least three types of communication that could de-escalate Brett’s behaviour, and how staff would use these strategies.

- 5.** Outline at least five legal and ethical safeguards that must be followed before a restrictive practice is used if there are no other strategies to prevent Brett from causing an injury to staff.

Refer to the principles of human rights and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector in your response.



**6.** What role will the NDIS Quality and Safeguards Commission play in regulating Brett's plan?

**7.** Give one example of impacts the restrictive practice could have on Brett for each of the following categories.

a. Physical

b. Psychological

c. Emotional



**8.** Provide an example of guidelines from a code of conduct that directs staff when supporting Brett.

**9.** Briefly outline each of the following aspects of a BSP.

a. Time frames

b. Goals

c. Measures for success

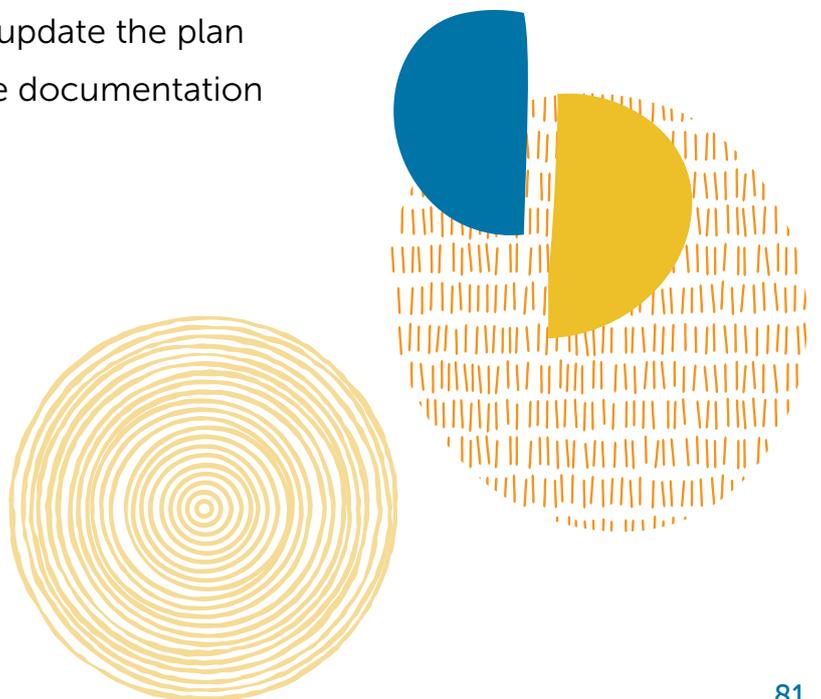
d. Monitoring the implementation

e. Reviewing the implementation process



## **Topic 3: Monitor and review the person's individualised behaviour support plan**

- 3A Monitor the behaviour support plan
- 3B Review critical incidents and update the plan
- 3C Complete, maintain and store documentation



# 3A Monitor the behaviour support plan

**As a frontline worker, you are often the first person to see changes in the person's behaviour.**

When the person's behaviour support plan (BSP) was being developed, it included a plan for how it would be monitored. Once the BSP is put into action it is time to use these monitoring strategies and determine, with the person or their substitute decision-maker, whether the plan is working well.

Like all other stages of developing and using a BSP, the monitoring phase needs to be done in consultation with the person and others identified by the person.

## Monitoring activities

Monitoring involves following up on the behaviour support practices being used, and making informed decisions about:

- whether behaviour support practices are being used correctly according to the plan
- if the plan is still working towards the person's needs, interests and preferences
- whether any restrictive practices being used are still the least restrictive option possible
- how often restrictive practices need to be used, and how they could be faded out.

Monitoring also involves checking that each of the steps planned for implementation have been undertaken within set time frames.

Monitoring should be ongoing in nature. It can include:

### Reviewing records

- Staff must review the records kept about the person's behaviours of concern, such as:
  - how often each behaviour of concern occurred
  - how often a restrictive practice was used
  - whether all other options were trialled and considered before resorting to the restrictive practice.
- Records about incidents and severity of behaviours of concern can be kept and monitored through incident reports and documentation in the plan and/or in the client's file.



<p><b>Observations</b></p>	<ul style="list-style-type: none"> <li>• Observation will help you make judgments about how well the person is meeting their goals, such as goals and time frames for learning new skills and replacement behaviours.</li> <li>• Observing the person can also help you to identify a reduction in the need to use a behaviour of concern, and the person's level of interest in learning and using new skills and replacement behaviours.</li> </ul>
<p><b>Consultation with other internal and external support providers or groups</b></p>	<ul style="list-style-type: none"> <li>• Talk to the person and/or significant others, such as their key workers or family, about positive changes that have been made through the plan.</li> <li>• Continue to communicate with external support providers, such as doctors, allied health professionals and behaviour support practitioners about the progress of the plan.</li> <li>• Behaviour support practitioners have a continuing role in monitoring the plan and helping you and your workplace to fade out any restrictive practices being used.</li> <li>• Consult with other providers who might also be involved in the person's support, such as staff in day services, about whether the behaviours of concern are being reduced.</li> </ul>
<p><b>Completing checklists and review tools</b></p>	<ul style="list-style-type: none"> <li>• A review or evaluation tool can be used by behaviour support practitioners to evaluate and score the improvements made since the plan's implementation.</li> </ul>

## Example

### Monitoring and reviewing the BSP

Malik has an acquired brain injury because of a motor vehicle accident and receives personal care supports from a NDIS provider. His provider sends support workers at 8am to help him shower and dress and then again at night to help him get ready for bed. Although he does not communicate verbally, he is physically able to help with his shower. Recently, however, he has been resistive and does whatever possible to avoid helping. Malik's BSP outlines practices such as keeping his hands occupied with the sponge and soap to prevent his ongoing behaviour of hitting out at staff when they try to help him into the shower.

Sally, one of the personal support workers who visits Malik's home daily, is finding that this is not effective in preventing the behaviour and she is concerned that she might get hurt. She completes an incident report whenever Malik uses the behaviour and the number of incidents is found to be steadily increasing, rather than reducing.



Sally lets her supervisor know that she feels unsafe, and they agree to restrict showering until a behaviour support practitioner can review Malik's use of the behaviour.

After consulting with Malik's wife, the behaviour support practitioner finds out that Malik does not enjoy having a shower while he is still waking up after a long sleep. Furthermore, because Malik worked as a gardener prior to his accident, he had always relaxed and removed the day's dirt with a bath in the evening.

Sally talks to Malik and his wife about the possibility of changing this routine to suit Malik's preferences. They agree and the new routine is put in place, with less time allocated to Malik's morning routine and more time given at night. His wife helps him into his bath, and the workers get him ready for bed. This has the effect of setting Malik up for a better night's sleep and creates a positive flow-on effect to the next day.

There are now much fewer incidents of the behaviour.

## Measuring reductions in the risk of harm to the person and others

To assess the risk of harm carefully and accurately, it is not enough to simply look at the number of incidents of the behaviour. Just because a behaviour of concern has not happened in a particular period, does not necessarily mean it cannot happen in the future.

For this reason, it can be useful to measure not just the number of incidents of behaviour of concern but also the number of near misses, or times when the behaviour was narrowly diverted.

### Example

#### Measuring the risk of harm

In Topic 2 you saw a BSP that was written for Harry who tends to swallow non-food items.

Look again at Harry's plan, and at how the plan can be monitored both for incidents of the behaviour and for near misses. Staff continued to complete incident reports when:



- an object smaller than a 20-cent piece has been found in the communal areas or in Harry's room
- Harry has put a non-food item to his mouth
- Harry has ingested a non-food item.

Incident reports are collated at the end of every two weeks, looking for the incidence of swallowing non-food items, as well as near misses when items have been found within Harry's reach or put to his mouth.

When both figures are declining, the plan is meeting its goals.

## Measuring improvements to the person's quality of life

Unlike data and numbers collected in incident reporting, quality of life cannot be easily assessed in numbers or charts. Quality of life is relative to the person and will vary between individuals.

Therefore, other methods need to be used to determine whether the behaviour support practices are helping to improve outcomes for the person.

Quality of life measures	Examples of what to look for
The person's physical health	Improvements in the person's mobility and muscle strength when they are supported to exercise to replace behaviours of concern
The person's emotional health	The person might appear or state that they feel engaged and happy
Level of independence	The person has better control and choice over their own life after learning new communication skills or replacement behaviours
Relationships	The person interacts better and more often with other people in positive ways

You can play a role in measuring quality of life by recording changes and observations of the person in these areas, whether they are improvements or deteriorations.

## Review supports after a behaviour of concern

After a behaviour of concern has occurred there must be processes in place to determine whether practices were used safely and legally, and whether a review of the BSP is needed.



A review will include working with the person to identify:

- if the supports in the plan were effective
- how well the supports worked
- if there is a need to change supports
- if staff need additional training
- whether there are other ways to keep staff and other people safe, such as duress alarms.

## Practice Task 7

### Question 1

Give three examples of people who might be involved in monitoring the plan.

### Question 2

Which of the following are measures of success for a BSP designed to reduce a behaviour of concern?

- If the person is able to enjoy more freedom
- If risk of harm to the person has decreased
- If staff members are at reduced risk of harm
- If staff have more time to get their work done
- If the number of times restrictive practices were used was reduced

# 3B

## Review critical incidents and update the plan

**There are rules for recording and reporting the number of incidents of behaviour of concern that occur.**

As you have seen, recording the number of adverse or critical incidents of behaviours of concern can help to assess the effectiveness of the behaviour support plan (BSP). This should be done in consultation with the person and/or their substitute decision-maker.

It is a legal requirement to record information about critical incidents. These include:

- acts, omissions, events or circumstances that have, or could have, caused harm to the person with disability
- acts by the person with disability which have caused serious harm, or a risk of serious harm, to another person
- unauthorised use of restrictive practices.

### Work health and safety legislation

Employers have a responsibility to keep all workers safe from the risk of harm. In some disability workplaces, risk to safety can be the result of inadequate review of intentional or unintentional harm caused by clients.

Staff have the right to work in a safe environment. Your employer has the responsibility to:

- give you and the rest of the workforce the information and tools you need to assess the risk of physical and psychological harm caused by ongoing behaviours of concern
- support you to develop safe responses to harmful behaviours that might include restrictive practices
- teach you to understand how to respond safely to behaviours of concern, including critical or emergency situations
- provide opportunities for debriefing and counselling assistance after an incident of potentially harmful behaviour has occurred.

### Work health and safety policies and procedures

Your organisation's policies and procedures will help you understand how to follow up after an incident of behaviour of concern has occurred.

You could be required to complete an accident and incident report whenever you witness a behaviour of concern, or when a client, staff member or other person has been harmed. This can assist your organisation to understand the type and frequency of behaviours being used by the person, and helps inform the development of the BSP.

When the behaviour is increasing in frequency, or every time a restrictive practice is used, there will need to be a review of the practices used. This can include assessing whether the strategies are still appropriate and safe, and whether there are safer and less restrictive alternatives. Changes may need to be made to the supports to protect both the person and workers.

## Reporting concerns about the BSP

If you are concerned about any aspect of the BSP, discuss it with your supervisor. This can include:

- concerns about whether the strategies on the plan are suitable for the person's specific needs
- if you have concerns for your safety or that of others
- if you need more training to follow the strategies in the plan.

Under NDIS requirements, any BSP that contains a regulated restrictive practice needs to be reviewed every 12 months, or earlier if the participant's circumstances change.

### Video: Procedures and policies

Watch this video from the NDIS Quality and Safeguards Commission about procedures and policies required to safeguard people with disability by reporting incidents: [aspirelr.link/yt-ndis-procedures-policies](https://aspirelr.link/yt-ndis-procedures-policies)



## Measure and report on adverse or critical events

Each incident of a behaviour of concern needs to be reported to the NDIS or state and territory authorities using online reporting platforms called portals. The portal provides options and categories for monthly reporting of the number of incidents of behaviour of concern, the severity and type of behaviour of concern, and any harm that was caused.

Under NDIS reporting requirements, whenever a restrictive practice is used without being approved on a BSP, such as one used in an emergency or used inappropriately, this must be reported to the NDIS Reportable Incidents Team through the NDIS portal within five days.

You can help with this reporting requirement by carefully documenting what you see and hear in relation to behaviours of concern and the use of restrictive practices.



1. Document the behaviour of concern in an ABC chart or behaviour frequency chart.
2. Document each time the restrictive practice was used in the restrictive practices logbook. Include:
  - why it was needed
  - how long it was used for (in minutes)
  - what happened when it was introduced.
3. Gain the consent of the person or their substitute decision-maker to share the information with the behaviour support practitioner. This will assist in the BSP review.
4. Your manager or the behaviour support practitioner will complete reporting requirements for the use of the restrictive practice to the NDIS Commission.

To read more about the requirements of NDIS providers to report incidents, visit: [aspirelr.link/ndis-providers-incident-report](https://aspirelr.link/ndis-providers-incident-report)

## Coordinate post-incident debriefing

**Your service will have policies and procedures for informal or formal debriefing processes when a critical incident has occurred.**

Debriefing is a process that allows you and your colleagues to discuss a critical incident with the aim of gaining a sense of support and closure. It can be an informal activity where you are encouraged to talk to each other about an incident; or formal, where a meeting is set up with a trained facilitator.

**Debriefing** serves several functions.

- It can help you and other staff members to talk about your emotions, fears and experience during an incident of behaviour that led, or could have led, to harm. Discussing your own experience with others can help diffuse trauma or distress.
- It can help you analyse what you did well and what could have been done better, so that you and other staff are better equipped to prevent future incidents.
- Considering preventable factors or triggers that led to the incident can contribute to changes in the plan to help prevent future incidents.

### Debriefing

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

## Debriefing with colleagues and supervisors

Debriefing often takes place after a critical incident such as an aggressive incident, an accident, the death or serious injury of a client or worker, or other potentially traumatic event. This is a formal process allowing you and your colleagues to discuss a critical incident with the aim of gaining a sense of support and closure.

Timely debriefing and counselling after a major stress event can help you and your colleagues make sense of and deal with your feelings. Debriefing is considered a preventative measure to help workers avoid future excessive stress or anxiety, rather than a reactive strategy to reduce stress that has already occurred. Debriefing is not counselling. Instead, it provides the freedom to discuss and learn from the event in a kind and non-judgmental environment with other people who understand the situation and its impact.

## The structure of a formal workplace debriefing session

It is best practice to hold a debriefing session as soon as possible after the incident, and within 72 hours. Debriefing can be undertaken by a supervisor especially trained in debriefing techniques, or a trained external psychologist. Using an external debriefing facilitator is the preferred model, because it allows for an extra layer of confidentiality and brings skills that only highly trained mental health professionals can offer.

- The group are provided with reassurance that the meeting is not being recorded or documented and will not be used to assess or scrutinise individual staff member's reactions. Groups members are reminded that any comments or concerns that are raised by others at the meeting should not be shared outside the meeting.
- Each group member is invited to share their responses to the event but is not obliged to do so. This helps the people involved in the incident to understand the universal effect of emotions, and that they are commonly shared with others.
- The response to the incident is discussed in terms of what worked well and what could have been done better. This part of the process is not about blame. Instead, it aims to prevent the same mistakes from happening again. Staff are invited to share suggestions for better work practices, policies, support or resources.
- A positive way forward is shared and discussed. Coping strategies are confirmed and mobilised for each individual and workers are provided with information about where to get ongoing support including counselling, psychology, or phone or online help.

The discussion or outcome included in a workplace debriefing is not reported, documented or recorded. This protects the privacy of workers and encourages them to speak freely without fear of reprisal.



## Example

### Identify and respond to the need for debriefing

Erin is working overnight in a mental health facility when a client attempts to take her own life. Erin is alone and discovers the person in the bathroom when she goes in to turn off a dripping tap. Erin handles the situation remarkably well at the time and the resident is taken to hospital and her life saved. Erin's supervisor meets her at the hospital early in the morning and they have a coffee and discuss what happened.

Erin does not speak much, saying she is tired and just wants to go home to bed. Her supervisor suggests she takes a few days off and considers speaking with the employee assistance program (EAP) counsellors before she returns to work.

Erin has trouble sleeping that night, but after a few days she is not thinking about the incident and feels ready to return to work. She reluctantly has a debriefing session with the counsellor at the insistence of her supervisor, but does not get much out of it or make a follow-up appointment.

It seems like business as usual for Erin when she returns to work, until she has a nightshift. She feels anxious and is unable to remember what tasks she has and has not done, but she decides to push through the anxiety until her series of nightshifts end.

When she asks to switch to dayshifts permanently, her supervisor asks her how she is feeling. Initially she is reluctant to talk and says she is fine, but her supervisor continues to pursue the issue and slowly Erin opens up and confides in him.

The supervisor arranges another debriefing session with the EAP counsellor and Erin engages more fully, speaking freely about her feelings. She willingly makes an appointment for another session and ends up seeing the counsellor each fortnight for around two months. When she returns to nightshifts she feels a lot better and able to cope.

## Implement changes to the BSP

Changes to the plan must be in keeping with evidence collected in consultation with the person, support providers, other professionals and others identified by the person.

A fade out plan uses information collected from episodes of the behaviour to consider ways in which the restrictive practice can be reduced or eliminated in the future.

Your manager must now make sure that the behaviour that led to the restrictive practice being needed is supported and prevented, and that the least restrictive alternative to keep the person and others safe in the future is put in place in the plan.

## Example

### Fade out plan

Karratha is secluded in his room every time he throws a chair or other object. The fade out plan lists a schedule for gradually reducing the incidents and amount of time that he is put into seclusion. Each episode of seclusion will decrease from 15 minutes to 10 minutes, and Karratha will be rewarded if he can go for a day, then a week and then a month without throwing an object.

## Communicate revisions to the BSP

All people involved in providing support or decision-making for the person with disability need to be informed of changes to the plan, and how these changes will be implemented.

This must be done in consultation with the person and delivered on a need-to-know basis. For example, it is not appropriate to include instructions for behaviour support on a poster or list on the wall of the person's room.

Information about moving forward with new support strategies or a fade out plan can include:

- staff training sessions
- staff meetings, including the person and/or their advocates
- one-on-one communication with professionals who need to be aware of the changes, such as allied health or medical professionals.



## Practice Task 8

### Question 1

Name three types of support that supervisors can provide to staff following a critical incident.

### Question 2

Outline three points that can be part of a debriefing discussion with staff following a critical incident.



### Question 3

What processes need to be actioned after a critical incident where staff used a restrictive practice to keep the person safe?

### Question 4

Which of the following statements relate to monitoring and reviewing the person's BSP? Tick all that apply.

- Changes must be in keeping with the evidence collected by people involved in implementing the plan.
- Consultation must include the person and others identified by the person.
- Accident and incident reporting happens when a client, staff member or other person has been harmed.
- The person must explain to staff how to respond safely to their behaviours of concern.
- A review of practices is required whenever a behaviour of concern is documented.

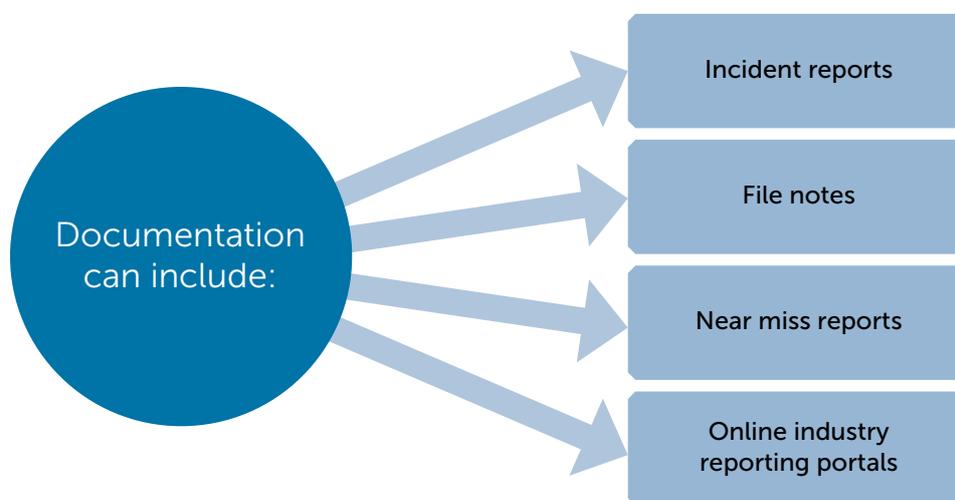
# 3C

## Complete, maintain and store documentation

**A written report can often be used as proof or evidence that you followed your duty of care.**

Clear, accurate and objective documentation is an important way to help you show what happened, and how you and others responded according to crisis or emergency procedures.

Examples of documentation used for incidents vary between sectors and services.



### Completing accurate documentation

Your responses to behaviours of concern, including situations of crisis, threats or violence, are particularly prone to scrutiny when things do not go as hoped or expected. When your reports are clear, detailed and well written, they can act as a safeguard to protect you and your service in the case of formal complaints, lawsuits or investigation by the industry regulator.

Some important things to consider for your report include:

- behaviours that could cause harm or distress to the person or others
- any injury, accident, incident or near miss
- any hazards that might cause harm to the person or others
- any signs of pain, distress, or anxiety
- new needs that are not outlined on the person's BSP, or changes to the plan that they or their substitute decision-makers have voiced.



Report these changes to a supervisor in the way that you have been shown, such as phoning an off-site supervisor if you work in the community, or letting a nurse know about the changes if you work in a facility.

Always follow up reports with a written record of what you have seen. This helps to ensure that information is followed up, and provides evidence to auditors that you and other staff members are acting on observations. It can also serve as a legal document if something goes wrong.

<b>Detailed</b>	<p>You might need to include:</p> <ul style="list-style-type: none"> <li>• your full name</li> <li>• your place of work</li> <li>• date and time the issue presented</li> <li>• date and time the report was made</li> <li>• details of what happened or what the issue was</li> <li>• any action you took</li> <li>• any action taken by anyone else.</li> </ul>
<b>Objective and factual</b>	<p>Reports should use only facts and observation. Objective language describes what you have seen or heard, while subjective language may be based on feelings, emotions or opinions.</p>
<b>Timely</b>	<p>If something is urgent, make a verbal report first. If you are writing a report such as a file note or incident report, write down what you saw or heard as soon as possible while it is fresh in your mind.</p>

## Using objective language

In Topic 1, it was discussed that objective language describes what you have seen or heard. Subjective language, on the other hand, is based on feelings, emotions or opinions. The information you write down must be objective or factual, rather than your personal opinion or assumptions. It must be true and accurate; stick to the facts and only write down what you know and what you saw, not what you assume or believe.

Subjective	Objective
I think Mrs Smith is depressed.	Mrs Smith has been teary and does not want to take part in activities.
Mr Mansour was rude and aggressive.	Mr Mansour clenched his fist and threatened to hit me while I was helping him shower.
Molly was lazy this morning.	Molly was reluctant to get out of bed and chose to sleep in.



## Incident reports

Incident reports are usually required where an incident did cause, or could have caused, harm to a client, worker or other person. In some services, they might be used when a client has let you know that they are at risk of harm, such as through suicidal ideation or self-harm. In other services, other documentation such as a monitoring form might be used for these purposes.

### Example

#### Incident report form

Incident report form			
Section 1: Person making the report			
Last name:	Johnson	Given name:	Lois
Date and time of report:	23 October 2022 10am	Position:	Support worker
Section 2: Details of incident			
Date: 22 October 2022		Time: Approximately 8pm	
Client or worker involved in the incident:	Apora	Given name:	Sara
<input type="checkbox"/> Worker	<input type="checkbox"/> Visitor	<input checked="" type="checkbox"/> Client	<input type="checkbox"/> Contractor
Describe the incident			
Sara told me that she has been self-harming. She has two surface cuts to her thighs, which she says she inflicted on herself last night with a bread knife.			
Location of injury:	Both upper thighs	Where did the injury occur?	In client's room
How did the injury occur?	The client reported that she inflicted the cuts on herself.	Was the witness present at the time of the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Incident report form	
<p><b>What action was taken?</b></p> <p>I reported immediately to my manager, Joe Perola. Sara has been seen by the Crisis Assessment Team this morning. She is being treated for anxiety and they will see her again tomorrow.</p> <p>Her mother has been notified and is with her now.</p> <p>The CAT team have asked:</p> <ul style="list-style-type: none"> <li>• To keep dangerous objects such as knives away from Sara.</li> <li>• To monitor for signs of distress and report back to the CAT Team if needed.</li> </ul>	
Witness's name:	Lois Johnson
Witness's signature:	<i>L. Johnson</i>

## Respecting privacy and confidentiality

### Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

**Confidentiality means taking steps to protect personal information about the client's behaviours of concern and background factors.**

Be conscious of where you are if you are talking about personal client or family information. This includes not discussing an individual's personal information unless they have given their consent for this to happen.

Personal information can include:

- information that is included in the BSP relating to background factors, such as medical conditions
- the person's identified behaviours of concern and the need for a BSP
- the involvement of professionals in supporting the person's behaviour of concern.

If you talk about a person using information that could identify them and be overheard, this is in breach of the person's rights. You generally need the person's consent if you wish to talk about their behaviour or BSP with external services, such as when you are talking to a professional or making a referral to another agency.

When a person cannot give consent, such as child or a person with a severe intellectual disability, you must gain consent instead from their legally appointed decision-maker.



## Comply with the person's right to access their records

All documentation relating to behaviours of concern can be requested by the person with disability or their substitute decision-makers under Freedom of Information legalisation in Australia.

Because the BSP should be done in consultation with the person, it should be freely available to them. Any requests for other documentation, such as file notes or incident reports, should be referred to your supervisor.

The supervisor will make appropriate steps to protect the **privacy** of other clients who are mentioned in the documentation before making it accessible to the person or their family.

### Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

## Storing personal information

Keep the BSP and other documents outlining behaviour support secure from other clients, visitors or any other people who are not authorised to see it, according to your service policy and procedures. This can include keeping files and BSPs in a locked room or in a locked phone or tablet with password protection if you are in the person's home. Only those who are authorised to do so should have access to a person's documentation.

### Example

#### Privacy and confidentiality

Jacinta works in a community day service. Each person's file and information must be stored so a plan can be developed and implemented to meet individual needs, and duty of care and other legal requirements of her workplace. To meet privacy and confidentiality requirements the files are stored in a locked filing cabinet and access is limited to workers only.

## Disclosure

In some circumstances you might be legally required to pass on information that the person or family member has told you in confidence.

It is your legal responsibility to pass on information that affects the person's safety and wellbeing, even if they ask you not to. Your service will have policies and procedures relating to your duty of **disclosure**.

You must tell a supervisor if a person gives you information about any of the following, even if they have asked you to keep it to yourself:

### Disclosure

The act of sharing or releasing private or personal information.



Information that is your duty to disclose	Examples
Any information that makes you suspect that the person has been subjected to unauthorised use of restrictive practices, including restraint or imprisonment.	<ul style="list-style-type: none"><li>• A person with a disability tells you that another worker has been using force to hold her down when she resists care. She asks you not to say anything to anyone.</li></ul>
Anything that you think might cause harm to the person or to someone else if you do not pass on this information.	<ul style="list-style-type: none"><li>• A client tells you that they are considering self-harm.</li><li>• A family member tells you that they are using unauthorised restrictive practices such as seclusion or restraints.</li></ul>

## Practice Task 9

### Question 1

List three examples of behavioural observations that must be documented and reported.

### Question 2

Which of the following statements are objective reporting? Tick all that apply.

- Mrs Jones complained of pain.
- Mr Tricarico was demanding.
- Maisie looked pale and slept most of the day.
- Mr Francis has a temperature of 37.9°C.
- Sam behaved badly and refused to join in.



**Question 3**

Match each legal and ethical term to its description.

Personal information	A legal responsibility to pass on information that affects the person's safety and wellbeing, even if they ask you not to.
Disclosure of information	The principle of keeping personal information private unless the person consents to sharing the information with other parties.
Person's right to access their records	Sensitive details about a person that are covered by privacy laws.
Confidentiality	File notes or incident reports about a person should be available to that person.

**Question 4**

Provide two examples of procedures for the management of documentation related to a person's behaviour of concern and BSP.



## Summary

- BSPs are monitored in consultation with the person's support team such as the behaviour support professional.
- The success of the plan can be measured in terms of :
  - improvements to the person's quality of life
  - reductions in the risk of harm to the person and others.
- All adverse or critical incidents of behaviours of concern must be documented.
- Informal and formal debriefing processes can help staff to reduce stress and plan better ways forward following critical incidents.
- Changes to the BSP use the evidence collected in the monitoring and review of plans.
- Changes to the plan must be communicated to all the people involved in provision of support after consent is given by the client.
- Policies and procedures for privacy and confidentiality of personal information include information contained in the BSP.
- Organisational policies and procedures include directions for completing documentation with objective and accurate reporting.
- Maintaining and storing documentation should be done with consideration for privacy and confidentiality.
- The person with a disability has the right to access their own records relating to behaviour support.
- You have a duty to disclose certain information that might cause harm to them or others, even if the person asks you to keep it confidential.



# Learning Checkpoint 3

## Monitor and review the person's individualised behaviour support plan

### Part A

1. Identify at least one action that needs to be taken following a critical incident resulting from a behaviour of concern for each of the following areas:

a. To support the client

b. To support the staff

c. To meet legal reporting requirements for NDIS services

d. To update the plan



**2. Who needs to be informed when a change has been made to a BSP?**

**3. Which of the following statements are correct? Select yes or no for each one.**

a. Privacy of information is only important if the person understands the reason for it.	Yes / No
b. Information about a person’s behaviour can be discussed in front of other clients as long as you do not mention the person’s name.	Yes / No
c. If a person tells you that someone has tied them down without authorisation, this can only be discussed with a manager if the person gives their consent.	Yes / No
d. Personal records are for staff use only and cannot be viewed by the client.	Yes / No
e. Personal records should include a positive description of the person, such as that they are nice to talk to.	Yes / No

**4. Give at least two examples of how you might measure the success of a BSP in consultation with the person.**



## Part B

Read the case study below and answer the questions based on the information provided within the case study.

### Case study

Jonathon works for a community services organisation. This afternoon he has a home visit to help undress Gerard, who has an intellectual disability, and get him ready for bed. Gerard can sometimes lash out, but he has positive behaviour support strategies in place to support this behaviour.

Jonathon notices that Gerard has marks on both his wrists, and suspects that the worker who was here earlier in the day may have restrained Gerard while helping him in the shower. Gerard's sister tells Jonathon that she provided the shackles for the worker to use. She waves it away as a minor incident and asks Jonathon not to pass it on to his manager. "Please don't tell anyone that happened," she says. "They will just make a big fuss."

1. What should Jonathon do in this situation? Explain why he should take the actions you suggest.

2. What type of report should Jonathon complete?



**3.** Suggest three procedures Jonathon must follow when completing, maintaining and storing the report on the incident.

**4.** Identify at least two of Jonathon’s work health and safety responsibilities in this situation.

**5.** Briefly outline what must happen if Gerard’s behaviour increases in frequency and a restrictive practice needs to be introduced.



6. Jonathon's supervisor suggests they have a debriefing session with staff who support Gerard. Briefly outline what debriefing involves and describe its purpose.





# Glossary

## **Behaviours of concern**

Actions that can cause harm, either to the person who presents with the behaviour or to others.

## **Behaviour support plan (BSP)**

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

## **Behaviours**

Actions and responses that can indicate an emotion, need or message.

## **Best practice**

Using the best skills and ideas available at the time to do a task.

## **Code of conduct**

A set of rules that informs employees how to act in a workplace.

## **Competency**

The ability of a person to demonstrate that they can do something independently.

## **Confidentiality**

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

## **Consultation**

The action of seeking the opinion of others.

## **Debriefing**

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

## **Dignity of risk**

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

## **Disclosure**

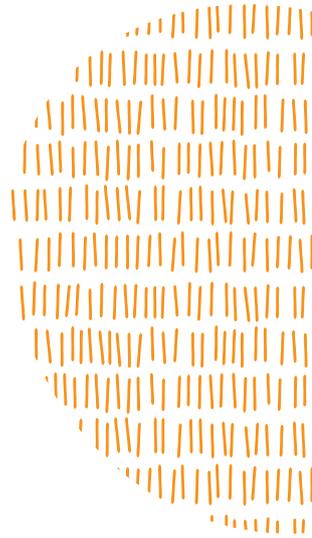
The act of sharing or releasing private or personal information.

## **Disinhibition**

Exhibited by persons who act outside of social boundaries and taboos.

## **Duty of care**

A moral or legal obligation to ensure the safety and wellbeing of other persons.



**Functional behaviour assessment**

An investigation that uses multiple methods to try to find out why the person uses the behaviour.

**Human rights**

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

**Image enhancement**

Ways to help the person have more value in the eyes of society, through changing or improving those things often judged most negatively.

**Incident report**

A report that documents any unusual problems, incidents or other situations that may lead to undesirable effects or to not complying with workplace policies and procedures or practices.

**Informed consent**

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

**Objective**

Non-opinionated, non-emotional and non-judgmental presentation of facts.

**Observational behaviour assessment**

Documenting behaviours, including what happens before and after the behaviour, over a period of time.

**Person-centred approach**

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

**Positive behaviour support (PBS)**

A person-centred approach using positive strategies to support a person to manage behaviours of concern.

**Privacy**

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

**Replacement behaviours**

More effective or safer behaviours that the person can learn to use that have the same effect or function as a behaviour of concern.

**Restrictive practice**

Any intervention or practice that restricts rights or freedoms of movement of a person.

**Social devaluation**

The tendency of people to look down on those who look, dress, speak or behave differently from them and are deemed of less value and significance to society.

**Stimming**

The repetition of certain sounds or movements that the person uses to self-stimulate or self-soothe.

**Strengths-based approach**

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

**Trigger**

Anything that sets off each episode of a behaviour of concern.

