

CHCCCS008

Develop strategies to address unmet needs

Release 1

Learner guide

Aspire version 1.2



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	November 2019	Updated in line with changes to the Home and Community Care (HACC) program.

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CHCCCS008 Develop strategies to address unmet needs Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCCCS008 Develop strategies to address unmet needs*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

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

Foundation skills

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

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

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

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

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Identify potential unmet needs	1A Recognise signs that the person may have unmet needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Determine information needed to fully assess unmet needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Gather information to confirm scope and nature of unmet needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Identify and support people involved in the assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Collect information to report, analyse and develop individualised plans	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 2 Develop individualised strategies to meet the person’s needs	2A Contribute to proactive support strategies that respect the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Address impaired social judgment and decision-making to set limits and boundaries	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Integrate individual active, reactive and crisis responses based on individual needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Develop responses according to duty of care, ethical and legal requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Consult with colleagues and stakeholders during the planning process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Document in formalised individualised plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Monitor effectiveness of individualised plans	3A Monitor strategies to develop and maintain positive and adaptive responses	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Monitor strategies in reducing risk of harm to the person and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Identify and report level of intrusion on the person’s dignity and self-esteem	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Review individualised plans, recommend modifications and consult with stakeholders	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete reporting requirements	4A Prepare reports and other documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Update documents to maintain currency	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Recognise signs that the person may have unmet needs**

- 1B Determine information needed to fully assess unmet needs**

- 1C Gather information to confirm scope and nature of unmet needs**

- 1D Identify and support people involved in the assessment**

- 1E Collect information to report, analyse and develop individualised plans**

Identify potential unmet needs

Working in the community services sector, you will frequently be faced with signs and indicators of unmet needs. Some of these signs and indicators will be obvious and others will require you to have knowledge of factors that contribute to barriers to accessing care. In some individuals, these unmet needs will present as behaviours of concern and should be seen as an attempt to communicate needs in the hope that they will be met.

As a community support worker, you are required to understand the factors that can influence an individual's behaviour and its purpose from the individual's perspective (what needs they are trying to communicate). It is important that you also understand when an individual has needs that require other professionals and services to contribute to assessing the scope and the nature of the unmet needs, and contribute to the care plan for the individual.

1A Recognise signs that the person may have unmet needs

It is important that community support workers are able to identify the needs of the people they are caring for, even those the individual may not talk about. This is because the community services sector employs a person-centred approach to care, where each worker contributes to a large holistic team that aims to improve the overall health and wellbeing of the individual.

Communicating needs can be more complex for people with a disability, particularly those who do not have the ability to communicate verbally. The communication process takes longer, and people can lose patience with them. For people who have cognitive or intellectual impairments, communication may be incredibly frustrating, and will often be nonverbal. Observing the person's body language, gestures and vocal characteristics, such as pitch and volume, can also provide valuable information in these circumstances.



Signs and symptoms of unmet needs

The following are some possible signs and symptoms that indicate needs are not being met

Signs and symptoms of an unmet needs may include:

- ▶ avoidance of, or the absence of, involved professionals required for a specific health condition
- ▶ lack of equipment, medication and supplies required for the management of a condition
- ▶ poor hygiene
- ▶ theft or constant reported hunger and requests for food or other needs
- ▶ questions that reveal a lack of knowledge of important health related information relevant to the individual
- ▶ crying outbursts, anger or lack of emotional response that may indicate an unmet emotional need
- ▶ overly friendly or sexual behaviour towards workers may be a sign of loneliness and need for companionship
- ▶ socially inappropriate behaviour or behaviour that threatens the health of the individual or those around them.

Causes of unmet needs

There are known factors and population groups that are more likely to have unmet health needs. It is important for community support workers to be able to identify when a person has a known indicator of unmet need, so that they may appropriately address that need.

The following information identifies some possible causes and indicators that have been associated with unmet health and personal needs.

Possible causes of unmet needs can include:

- ▶ mental health states and conditions such as anxiety, depressions, stress and memory loss
- ▶ physical impairment
- ▶ substance use and addiction
- ▶ poor health literacy
- ▶ previous bad experiences with a health professional or a health service
- ▶ low socio-economic status
- ▶ Aboriginal and Torres strait islander heritage
- ▶ teenagers and young adults are less likely to seek health care
- ▶ parenthood
- ▶ financial hardship

Behavioural indicators that a person has unmet needs

All behaviour has a purpose. As a community support worker, it is important that you identify and understand the purpose behind an individual's behaviour. The question you should ask is, 'What is this person trying to achieve with this behaviour?'

Abraham Maslow's research in the 1940s theorised that all human beings have a set of basic needs and that those needs can be seen as a hierarchy or pyramid. Once one level of needs has been achieved, a person will move towards satisfying the needs on the next level. This theory holds true for all people whether they have a disability or not. The levels of needs and some corresponding behaviours of unmet needs are shown below.

Physiological need and purpose

An individual's behaviour may indicate that they are hungry, thirsty or are uncomfortable in their current position. It may indicate that they are cold, hot or tired. The purpose behind their behaviour will be to satisfy these needs through receiving food, water or physical adjustment to their position or environment.

Examples of behaviours:

- ▶ An individual who is feeling dehydrated may start to rock backwards and forwards to get your attention.
- ▶ An individual may hit out at a worker if they feel the worker is going to take food away from them before they have had time to eat it.

Safety need and purpose

An individual's behaviour may be intended to gain a sense of safety in continuity – having the same people providing services in the same way each day. For many individuals, consistent routines are reassuring.

Example of behaviours:

- ▶ An individual may withdraw and refuse to communicate with a new worker because they do not trust them to provide services in the same way as they have been provided in the past.

Love need and purpose

An individual's need and purpose may be to secure love, affection, friendship or social or sexual intimacy. Their behaviour may be because they feel they have lost the affection of someone or wish to win the affection of someone.

Example of behaviours:

- ▶ An individual may touch a worker inappropriately or make suggestive remarks in their desire to give and receive affection.

Esteem need and purpose

An individual's need and purpose may be to regain a sense of dignity and self-respect, or give themselves greater confidence. Their behaviour may also be about regaining lost social status or being acknowledged for the social roles they can take.

Examples of behaviours:

- ▶ An individual may refuse to speak to a worker because the worker does not address them with sufficient respect.
- ▶ An individual may become abusive if spoken to in a demeaning manner.

Self-actualisation and purpose

The individual's need and purpose may be to gain the opportunity to express their creativity or problem-solving skills so that they can be recognised for their true capacity, rather than for the abilities that they do not have or have lost.

Example of behaviours:

- ▶ An individual may refuse to take part in a designated activity, because it does not cater for their intellectual and problem-solving capacity.

Example

Recognise signs that the person may have unmet needs

Gary is a 30-year-old man affected by cerebral palsy. He lives on his own but has a support worker named Sia come in to help him shower each day. Gary requested a female worker, as he is uncomfortable with being showered by a male. When he is being towel-dried after his shower, he often makes suggestive remarks to Sia.

Sia discusses this situation with her supervisor who agrees that the behaviour is inappropriate, but suggests that it is Gary's way of expressing that he is lonely and wants friendship or companionship. They decide to discuss the situation with Gary and look at appropriate ways of meeting his needs.



1B Determine information needed to fully assess unmet needs

It is important for you to determine what information is needed to assess an individual's unmet needs, rather than making unfounded assumptions. For example, it would be inappropriate to assume that a person never leaves the house because they are depressed, if the real reason is because they do not have access to appropriate transport options.

There are a number of areas of information about unmet needs that a care worker needs to fully assess before making a judgement, including: physical wellbeing, emotional wellbeing, medications, environmental factors, mental health conditions and substance use. It is important for you to understand how these factors contribute to unmet needs so that you can then identify what factors need to be addressed.



Physical wellbeing

For many people the issues of physical comfort and safety will be paramount. Risk of being undernourished, neglected or injured due to unsafe living practices are common among individuals with unmet needs.

The following physical factors can contribute to an individual's unmet needs by reducing their ability to access the support they need.

Physical factors that may contribute to unmet needs by reducing access

- ▶ Reduced mobility
- ▶ Physical abuse and neglect
- ▶ Impaired speech or communication
- ▶ Malnutrition and fatigue
- ▶ Shortness of breath on exertion
- ▶ Acute or chronic illness
- ▶ Access issues due to financial hardship
- ▶ Lack of transport
- ▶ Homelessness

Emotional wellbeing

Emotional factors can contribute to individual's unmet needs by reducing their ability to access the support they need. In some cases a person will feel overwhelmed by their emotional state and not have the capacity to engage in health behaviours that are required for self-care. Sometimes these emotional states will cause an individual to socially isolate themselves, or behave in a way that drives significant others away. Some examples of emotional factors are shown here.

Emotional factors can include:

- ▶ anxiety
- ▶ depression
- ▶ stress
- ▶ lack of social support network
- ▶ emotional abuse and neglect
- ▶ grief
- ▶ sadness
- ▶ anger.

Environmental context

The environment can act as a physical barrier to care needs, for example if a person is required to walk a long way from a car park or down a corridor to access a service. Some environments may also contain factors that are more likely to cause a person to associate that environment with a negative experience. For example, a room that contains empty boxes is often an emotional trigger for a person who has been sexually or physically abused, as many cases of abuse take place in sheds and storage areas where there are boxes present.



Many people with complex health issues, such as pain and depression, will also have difficulty with concentration and fear of social interactions. This means that busy reception areas and environments with visual and auditory stimulants may be overwhelming for these people and act as a barrier to them returning to the service or processing important care related information.

Medications

Medications may cause a person to become drowsy, confused and adversely impact on cognitive function and memory. These altered states may reduce an individual's ability to access services and process care information. Medications may also contribute to an individual's unmet needs through the physical side effects of adversely interacting medications. At other times a medication dose may be insufficient or taken in excess and lead to an altered physical or mental state that reduces an individual's ability to identify and seek help for their unmet needs.

2. What are the emotional states that may contribute to unmet needs by reducing access to care and increasing isolation?

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3. What are the ways that medications can contribute to unmet needs?

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Click to complete Practice task 2

1C Gather information to confirm scope and nature of unmet needs

Once a community support worker has identified an unmet need, it is important they then gather the information required to determine the scope and nature of that need. This will often require obtaining consent to complete or arrange a cognitive or functional assessment. Regardless of the type of assessment that is needed, it is important that when you gather information to do it in a reliable and objective way. There are many sources of data in the community service environment. You may choose to use one or many of the available observed, verbal and written sources.



Gathering information to confirm the scope and nature of unmet needs

Through your experience in the community services sector, you may already be familiar with the process of conducting a functional or cognitive assessment on a person with an unmet need. Cognitive and functional assessments are usually undertaken by suitably qualified health professionals. Your role will be to facilitate or assist that process to take place. This will often mean reaching an agreement with the individual that the assessment is needed, and then consulting with the relevant health professional who will conduct the assessment.

In some organisations, a coordinator may undertake the functional assessment themselves, using a checklist of daily living activities. If this is within the scope of your responsibilities, you must first check your organisation's guidelines concerning assessment strategies. It is unlikely that you will be asked to conduct a cognitive assessment.

Functional and cognitive assessments are usually undertaken one-on-one with the individual, but sometimes workers or coordinators may also be present during the assessment.

Functional assessments

The purpose of a functional assessment is to assess the individual’s ability to function independently in their own home or community house and to undertake a series of everyday tasks for themselves. These are called activities of daily living, and are generally presented as a checklist. The assessor will work through this checklist, asking the individual to demonstrate their ability to perform each activity.

Once the assessment has been completed, a support program can be designed to meet the person’s individual needs. This program will outline assistance required in the areas of daily living where the individual cannot undertake the activities independently.

Depending on the individual’s disability, the assessment may be undertaken by a case manager, a physiotherapist, a behavioural development consultant or, in some cases, by their coordinator. Where the individual has a progressive or degenerative disability, functional assessments will need to be conducted on a regular basis.

Functional assessment sample checklist

A checklist would be used for the initial assessment when a individual first contacts an organisation regarding services. As part of the assessment process, you need to be convinced that the individual can perform each task to the required level. This may require the individual demonstrating the task to you on a number of occasions and under different circumstances.

Other evidence should also be taken into account; for example, when assessing grooming, it is relevant to observe whether the individual appears well groomed at the time of the assessment. If so, do they claim to have undertaken this activity themselves? You may also wish to draw on the evidence provided by family members. If you do so, make sure you confirm this information.

The following is an example of a checklist you could use when performing a functional assessment.

Checklist for functional assessment			
Activity of daily living	Yes	No	Comment
Dressing and grooming			
Eating meals			
Getting in and out of bed			
Walking			
Showering and attending to personal hygiene			
Toileting			
Preparing meals			
Shopping			
Housework			
Paying bills			
Using transport			

Cognitive assessments

In a cognitive assessment, data is collected to assess the individual's cognitive abilities. The cognitive test will be broken down into several components to cover these different cognitive skills. Such tests are not normally conducted by a coordinator. Your role will be to facilitate the assessment by making a recommendation to the relevant health professional and ensuring the individual is familiar with the process. These assessments are conducted under controlled conditions and the individual may be asked to undertake simple tasks such as putting pieces of a puzzle together while the assessor observes their cognitive ability to follow instructions and complete the set tasks.

Individuals can often become frustrated by the process and this may trigger behaviours of concern. Cognitive testing is used extensively for individuals with an acquired brain injury and those with dementia. Individuals will be asked to perform a number of tasks, but the purpose behind each task is to assess the individual's cognitive skills as shown below.

Cognitive skills that may be assessed to ascertain individual abilities, include:

- ▶ reasoning
- ▶ understanding language
- ▶ problem solving
- ▶ initiating an action
- ▶ discriminating between choices
- ▶ sequencing
- ▶ learning something new
- ▶ numeracy skills.

Methods of data collection

As a care provider in the community services sector, there are numerous methods available to you for collecting data about an individual's behaviour. You may choose to use only one of these at a time, or use several of them. It is useful to know about these different methods of data collection so that you can select the most appropriate one for any given circumstance.

Whichever methods you choose, you must be satisfied that the data collected is factual and objective. Rumours, hearsay and anecdotes do not constitute data unless they can be confirmed by concrete details and factual examples.



Collect data

There are three main methods of collecting individual information, each of which are described below. Of these three methods, written sources and observation tend to be more reliable. When using verbal sources, ask questions to get specific details and then ask that these details are also recorded in written form.

Observation

When collecting data through your own observation, it is important to:

- ▶ remain objective
- ▶ try to observe the same behaviour under the same conditions on several occasions
- ▶ check that the behaviour does not also occur under other circumstances.

Verbal sources

Verbal sources of data may include:

- ▶ house meetings
- ▶ team meetings
- ▶ case management meetings
- ▶ third-party reports
- ▶ conversations with family members
- ▶ advice provided by other health professionals
- ▶ accounts from other residents or individuals present at the time of the behaviour.

Many of these sources will need to be verified before you can accept the information as accurate data, unless it is accompanied by written evidence.

Written sources

Written sources of data are often the most reliable and may include the individual's care plan, communication book, assessments meeting minutes and various other sources.

Sources of written data

It is best to use a variety of written data sources to gather information, as not all sources apply to all individuals. Below are 12 written data sources and the information you can find from each source.

Individual's plan

The individual's plan includes goals, objectives and any known behavioural issues that they have identified as wishing to overcome.

Formal assessment

A formal assessment of the individual's abilities and support needs.

Skill development plan

Details of plans to change any identified behaviour and assessment of the individual's current development toward those skill development goals.

Risk assessment

Risk assessment (community integration) includes details of any known risks as part of the process of integrating the individual into the community; this may specify known triggers and effective techniques to manage these behaviours.

Individual care notes

Records of any previous behavioural issues, including known triggers and interventions that have been successful.

Incident report forms

Any incidents involving the individual's behaviour that could be regarded as harmful to the individual, other people or property.

Behavioural observation checklist

Checklist of the individual's current behaviours.

Communication book

Notes written on a daily basis between support workers or team members to pass on information about issues, such as behavioural difficulties or noncompliance.

Storyboarding

Pictorial representation of expected behaviour.

Meeting minutes

Case meeting, team meeting or house meeting minutes includes discussions between team members regarding the individual's behavioural issues.

Cognitive assessment

Assessment by a qualified professional on the individual's cognitive abilities and any suggested interventions to assist with behavioural change.

Functional assessment

Assessment of the individual's functional ability and plans for learning new skills or managing behaviours.

Example

Gather information to confirm scope and nature of unmet needs

Nina is one of a team of support workers who provide personal care, and some home care, to Molly. Nina only does one shift every second weekend, and occasionally fills in if other staff are on leave. She and Molly get on well. Molly is in her late 70s and has been diagnosed as having Alzheimer’s disease.



When Nina arrives to help Molly with her personal care one Saturday morning, Molly greets her already fully dressed and announces she has already had her shower and does not need another one. Nina is doubtful that Molly has showered, as she cannot usually manage this task without a great deal of assistance. Nina is not sure how she can collect more information on Molly’s behaviour. She decides to look in the communication book to see if other support workers have reported the same behaviour.

When she looks in the communication book, she reads that Molly has refused showers five times in the last 10 days. Nina speaks to her coordinator and is told that Molly has recently had a cognitive assessment because her short-term memory is becoming unreliable. There have been several incidents where she has forgotten support workers were coming on particular days. These have been detailed in Molly’s case notes by the coordinator. From these three data sources, Nina suggests that Molly also needs a functional reassessment.

Practice task 3

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

Case study

Alexandra is a 68-year-old lady who has Parkinson’s disease. Alexandra lives in an independent living unit, and last week started a small fire in her kitchen when she placed a cake in the oven and forgot that it was there. Alexandra has had short term memory loss issues for a few years and becomes quite aggressive and verbally abusive when her family try and discuss management strategies with her. The family would like to enable Alexandra to stay in the unit as long as possible, but also feel further information is required to determine the scope and nature of Alexandra’s cognitive and functional needs.

1. What type of cognitive skills could be ascertained by completing cognitive testing on Alexandra?

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2. What is the purpose of a functional test, and how could a functional test be used to help Alexandra?

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3. What verbal sources of information could an assessor use to gather information about Alexandra?

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Click to complete Practice task 3

1D Identify and support people involved in the assessment

While you need to ensure that the individual has access to support services, sometimes certain services are best coordinated through specialty services. It is not usually your responsibility to provide or coordinate services to meet all of the individual's needs or requirements. Your role is to ensure that any required health professionals are referred to and involved in the individual's care. The initiatives or actions undertaken by these health professionals can then be integrated into the individual's plan. This may also include organising skill development and community integration programs.



Identify other people who should be involved in the assessment process

As a community support worker you should aim to develop strong links with other community support services to enable identification of care needs and referral to appropriate services. Person-centred care will be best achieved with a unified approach. It is important that you are able to identify what service is required to complete an assessment that is outside the scope of your own role and that of the service you work for.

A community support worker can ask the following questions to determine who should be involved in the assessment process.

Questions for identifying professional involvement

- ▶ Is this assessment part of my role?
- ▶ What profession is required to complete this assessment?
- ▶ Does anyone within my service have the skill and scope to perform this assessment?
- ▶ What external services are available to complete this assessment?
- ▶ What is the referral procedure to access others who should be involved in this assessment?

Facilitate the involvement of appropriate others

There are many different ways to involve appropriate others in the assessment of an individual's needs. It is important that whenever involving others, you first refer to the privacy and confidentiality procedures in your workplace. Sometimes involving others will require informed consent from the individual requiring the assessment. It is important that you understand the rights of the individual, and respect their right to refuse assessment and the involvement of others. In such circumstances, you should document the person's wishes and seek advice from your supervisor.



If the individual consents to involving other professionals, it is important that you follow the correct referral pathways, and provide the professional with all the relevant information required to accurately assess the individual.

Specialist services

Below is a list of appropriate specialist services that may be required to address specific needs for the individual.

Services that address specific needs for the individuals include:

- ▶ a local doctor or GP
- ▶ a counsellor/psychologist/psychiatrist
- ▶ a post-traumatic stress counsellor or a grief counsellor
- ▶ a skills development coach
- ▶ a cognitive skills coach
- ▶ the individual's case manager
- ▶ an emergency accommodation service
- ▶ allied health services
- ▶ sexual health services
- ▶ legal aid and advocacy services (depending on the situation).

Referral options

Your organisation will have policies that you must follow when you need to make a referral to involve other individuals and services. Below are some referral procedures and the aim of each service.

Specialist services

- ▶ Referral procedures for specialist services include how to make a referral, the information required and how to deal with issues such as confidentiality. They include making a referral for a individual to undergo a cognitive assessment.

Medical referral

- ▶ This procedure will detail how to make a referral for a individual to be assessed by a medical practitioner.

Service assessment

- ▶ This procedure will provide guidance on how to refer a individual for an assessment of the services they require.

Example

Identify and support people involved in the assessment

Margaret is a community support worker who provides care to Hikmas, a lady living with a head injury. Margaret decides that Hikmas needs a cognitive assessment so that the workers can identify better ways of managing her behaviours of concern. Margaret checks her organisational procedures manual and finds that there are guidelines on how to make a referral to an acquired brain injury behavioural consultant in her area. She also finds a template for the referral and details of who to contact.



Practice task 4

1. What are some questions a support worker can ask to determine who should be involved in an individual's assessment?

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2. What are five specialist services that may need to be involved in an individual's assessment?

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3. What are some important considerations that need to be taken into account when facilitating others to be involved in an assessment?

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Click to complete Practice task 4

1E Collect information to report, analyse and develop individualised plans

As a community support worker you will often have valuable first-hand information regarding the way an individual receiving your care will behave in order to express their unmet needs. It is important that you are able to capture this information in an objective format that can be collected and analysed to help develop a care plan to meet the individual's needs.



Your workplace will have forms, formats and procedures for collecting, recording and analysing information, along with processes for developing and changing care plans. It is important that you are aware of and contribute to these procedures in order to meet the unmet needs of the individual.

Collect and report information for individualised plans

Where possible, you should try to collate all of the information regarding an individual in a consistent format. Verbal reports will need to be documented. Your organisation may have set documentation that they suggest for this purpose. When recording data and observations, you must be objective and non-judgmental.

Remember that the purpose of recording data is to share factual information with everyone concerned with implementing the support plan, and to keep accurate records of how the plan is impacting on the individual's behaviour.

The following table is a suggested format. You may need to add columns to include other relevant factors, such as the individual's health status, medication or emotional wellbeing.

Time/ date	Observed by:	Environment	Type of behaviour	Trigger	Successful strategies
4.00 pm 8 May	Stephanie (worker)	Individual's home	Loud moaning and attempts to scratch own face	Male worker entered room	Male worker withdrew
11.15 am 2 June	Janis (physio)	Clinic	Loud moaning	Male assistant entered the room	Male worker withdrew
12.35 pm 6 June	Stephanie (worker)	Shopping centre cafe	Loud moaning and brought hands up to shield face	Two young males sat at next table	Individual removed from cafe

Analyse data

Once you have collated your data, you can start to analyse it by looking for common themes, trends or patterns in the behaviour. In some cases, you may need to clarify details to work out the common factors; for instance, in the previous example, is it all males that evoke a certain reaction or just men with facial hair or of a particular body type? Some common themes and trends that may show in datasets are shown below.

Useful data sets include:

- ▶ common themes and trends in data
- ▶ common triggers, behaviours or environments
- ▶ incidents occurring at the same time of day
- ▶ strategies that are commonly successful
- ▶ behaviour increasing in frequency or escalating
- ▶ behaviour decreasing over time
- ▶ the risk of harm of behaviour increasing.

Develop an individual support plan

Once you have gathered information and developed strategies in consultation with others, you are ready to prepare your individual's support plan.

A support plan can be seen as an agreement between all parties on how to meet and individual's identified needs and to assist the individual to manage their behaviours. By formally documenting the plan, you can ensure that all team members and other stakeholders (including the individual) are aware of the details of the plan and the roles that they are expected to play.

Check your organisation's guidelines, as they will usually include a template you can use to record a formal support plan. If there is no designated document for this purpose, speak to your colleagues and ask how they record support plans for their individuals.

Features and inclusions of support plans

While a support plan is a confidential document, it will be kept in the person's individual file and should be accessible to all those involved in its implementation, including the individual. In some cases, a copy of the support plan and the relevant costing may be submitted to the funding body or the individual's guardian for their approval. The key components of a support plan are shown below.

The key components of a support plan include:

- ▶ a detailed description of the behaviour to be changed
- ▶ known triggers and frequency of the behaviour
- ▶ other contributing factors, such as the individual's health or medication
- ▶ the findings of any cognitive or functional assessments
- ▶ a description of the desired behaviours, responses or outcomes
- ▶ who is responsible for implementing each strategy
- ▶ techniques and methods to support the strategy
- ▶ a time frame for implementing the plan
- ▶ details about how to monitor the individual's progress
- ▶ a review date.

Example

Collect information to report, analyse and develop individualised plans

Cheryl likes to watch TV in her shared house each night. Edith, the community residential unit worker, has observed that Cheryl becomes agitated when the news is on if it shows scenes of battlefields, war zones, street violence or anyone with a gun. She moans and writhes around in her wheelchair and then beats her hands against her face. Turning the TV off does not stop her agitation.



Edith has also noticed that Cheryl only starts to become calm when she is taken into her bedroom and shown the pictures of her family on the wall.

Edith suggests that, because it is not possible to stop the TV from showing scenes of violence, her support team write a response plan to manage Cheryl's behaviour when it does occur. She suggests that they should write into Cheryl's response plan that she should be taken into her bedroom and shown the pictures of her family to stop the behaviour. She also suggests that Cheryl is not taken back into the lounge until she is completely calm.

Practice task 5

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

Case study

Raul is a support worker and he accompanies Zoe, on the bus to go to the day centre. One morning they get on the bus as usual. It is a cold day and it is raining. The bus is warm inside and the windows are misted over. Zoe buys her ticket as usual and takes her seat next to the window so that she will recognise her stop when she is there. After a few minutes, Zoe starts rocking back and forth in her seat. Other passengers look on with concern.

At first Raul is unsure why Zoe is rocking in her seat, but he knows she must be communicating a need and that he should document the observation when he returns to the office.

1. What are some important factors that Raul should consider when collecting and recording information on Zoe's behaviour?

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2. Give three examples of useful information that Raul may find by analysing data that has been collected regarding Zoe's behaviours?

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3. What are five components that may be included in Zoe's support plan?

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Click to complete Practice task 5

Summary

1. It is important that community support workers are able to identify the needs of the people they are caring for, even those the individual may not talk about.
2. Communicating needs can be more complex for people with a disability, particularly those who do not have the ability to communicate verbally and may result in behaviours of concern.
3. As a community support worker, it is important that you identify and understand the purpose behind an individual's behaviour. The question you should ask is, 'What is this person trying to achieve with this behaviour?'
4. It is important for you to determine what information is needed to assess an individual's unmet needs rather than making unfounded assumptions.
5. There are many factors that may contribute to unmet needs including: physical wellbeing, emotional wellbeing, medications, environmental factors, mental health conditions and substance use.
6. Once a community support worker has identified an unmet need, it is important they then gather the information required to determine the scope and nature of that need. This will often require obtaining consent to complete or arrange a cognitive or functional assessment.
7. There are three main methods of collecting an individual's information, including observation, verbal data and written data and it is important that each source contains accurate, objective and reliable data.
8. As a community support worker, it is important that you are able to identify what service is required to complete any assessment that is outside the scope of your own role and that of the service you work for.
9. A support plan can be seen as an agreement between all parties on how to meet and individual's identified needs and to assist the individual to manage their behaviours.

Learning checkpoint 1

Identify potential unmet needs

This learning checkpoint allows you to review your skills and knowledge in identifying potential unmet needs.

Part A

1. What is meant by the term 'dual diagnostics' and how might it contribute to unmet needs?

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2. How might an individual's behaviour of concern express an unmet need for self-actualisation?

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3. How might an individual's behaviour of concern express an unmet need for esteem?

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4. How might an individual's behaviour of concern express an unmet need for love?

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5. What are some considerations that should be taken into account when collecting data from different sources to gather information on an individual's needs?

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6. What are three verbal sources of information that an assessor could use to gather information about the scope and nature of an individual's unmet need?

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3. What are the causes and indicators associated with unmet care or personal needs that Ranmali should be aware of in her role as a support worker?

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4. How might Derek’s behaviour be an indication of an unmet physiological need?

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5. What are the physical factors that can contribute to unmet needs that Ranmali should be aware of?

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6. What are the emotional states that may contribute to unmet needs that Ranmali should be aware of?

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7. In what ways can medications contribute to unmet needs that Ranmali should be aware of?

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8. How might the environmental context contribute to Derek's unmet needs?

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15. What are five specialist services that may need to be involved in Derek's assessment?

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16. What are some referral procedures that Ranmali's workplace might have to help her involve others in Derek's care?

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17. What are some important considerations that need to be taken into account when facilitating others to be involved in Derek's assessment?

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18. What are some important factors that Ranmali should consider when collecting and recording information on Derek's behaviour?

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19. What useful information might Ranmali identify by analysing data that has been collected regarding Derek's behaviours?

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20. What components could be included in Derek's support plan?

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Topic 2

In this topic you will learn how to:

- 2A** Contribute to proactive support strategies that respect the person

- 2B** Address impaired social judgment and decision-making to set limits and boundaries

- 2C** Integrate individual active, reactive and crisis responses based on individual needs

- 2D** Develop responses according to duty of care, ethical and legal requirements

- 2E** Consult with colleagues and stakeholders during the planning process

- 2F** Document in formalised individualised plan

Develop individualised strategies to meet the person's needs

As a community service worker, it is important that you understand how to develop individualised strategies to meet a person's unmet needs. These include active, reactive and crisis response strategies.

An important part of your role is to help develop support plans that use the most effective strategies to either manage an individual's behaviours of concern, or support the individual to change their behaviour. Support plans should be developed in consultation with other team members and stakeholders, and take into consideration the rights of the individual.

2A Contribute to proactive support strategies that respect the person

Where an individual is exhibiting behaviours of concern, it is your responsibility as a support worker to assist them to change those behaviours, enabling the person to take part in decision-making in a way that respects the rights of that individual.

Since each person is different, you need a range of strategies to support behavioural change; different strategies work best for different individuals. You can build up your working knowledge of proactive strategies by sharing information with your co-workers, by researching best practice strategies and by talking to professionals working in this sector.



Contribute to the development of proactive support strategies

Behaviour can be successfully modified using proactive strategies; that is, applying strategies that aim to create new behaviours that are more socially successful, rather than applying punitive strategies after behaviours of concern occur.

In your role of supporting a range of individuals, it is important that you apply your knowledge of a broad spectrum of proactive support strategies in response to the data you collect about individual behaviour. This knowledge will help you to identify advanced support strategies to remove or avoid the situations that lead to behaviours of concern, such as aggression, violence and disinhibition.

To identify the appropriate strategies to incorporate into a support plan, consider:

- ▶ strategies to remove or avoid the situations leading to aggression, violence, disinhibition or other behaviours of concern
- ▶ strategies to promote appropriate behaviour and responses and engage the individual in appropriate activities
- ▶ if it is best to combine both types of strategies by choosing some to reduce the triggers and some to build on the strengths of the individual
- ▶ strategies to remove or avoid triggers, including identifying trigger stimuli and working to eliminate these, then identifying setting events and proactively putting strategies in place to lessen the effects these have on individuals.

Proactive strategies to promote appropriate behaviour

For individual behaviour planning, there are no rules for what combination of strategies will work best. It is a matter of knowing the individual and working with them to put together a unique support plan that best suits their needs. Strategies to promote appropriate behaviour may include reinforcement or advanced proactive strategies, which are detailed below.

Reinforcement strategies

Reinforcement strategies may include:

- ▶ sampling to provide the individual with the opportunity to try things
- ▶ menus to help the individual choose their behaviours
- ▶ individualising schedules to offer flexibility
- ▶ differential reinforcement; using positive reinforcement to reward the desired response to a certain situation and ignoring the inappropriate response.

Proactive strategies

Advanced proactive strategies may include:

- ▶ strategies to promote functional skills development in activities of daily living, as identified through a functional assessment.
- ▶ strategies to relearn cognitive skills based on cognitive assessment, including planning and organising skills.
- ▶ Strategies to work with reduced cognitive skills may include:
 - validation therapy (accepting someone's values, beliefs and reality even if these are outside your own)
 - orientating or re-orientating someone to remind them where they are or what they are doing
 - using routines to reduce unnecessary choice
 - memory boards as visual reminder of routines.

Respect the dignity, rights and personal choices of the person

When you are working with an individual to design and implement their individual support plan, it is important that you understand and respect your individual's right to make informed choices. People with disabilities are entitled to the same rights as the rest of the community. These rights have been established by the Convention on the Rights of Persons with Disabilities, to which Australia is a signatory. These rights are also protected by state and federal legislation. The rights to equality are specifically covered in equal opportunity legislation and the *Disability Discrimination Act 1992 (Cth)*.



Individuals' rights

Your organisation will have a number of specific policies in place to ensure that support plans and work practices reflect dignity, respect, personal choices and the goals and rights of the individual.

These policies ensure that you work in consultation with each individual to establish support programs that meet their individual needs, and empower them to each become a valued member of the community with the quality of life they desire for themselves. In order to achieve this, you need to support individuals in socially acceptable behaviours and assist them to develop skills that will be valued by the broader community. Learning skills is a key to overcoming the stigma the community often attaches to disability.

Your role is to support each individual to make choices, not decide on their behalf. You may not agree with some of the life choices an individual makes, but you must still respect them. The information below provides examples of workplace policies to protect dignity, respect, personal choices and the goals and rights of the individual.

Examples of workplace policies include:

- ▶ individual rights
- ▶ service standards
- ▶ individual planning
- ▶ privacy
- ▶ duty of care
- ▶ confidentiality
- ▶ individual choice
- ▶ dignity of risk
- ▶ restraint and isolation
- ▶ complaints and grievances.

Legislation

It is important that you are aware of the legislation related to a person's rights that underpins your organisation's policies and standards.

If you are working in aged care or in government-funded programs, such as the Commonwealth Home Support Programme, you need to be aware of the specific legislation and standards that apply. These include the *Home and Community Care Act 1985* (Cth) and standards developed to monitor service provision.

Below are some examples of Commonwealth and state legislation, principles and guidelines that establish and protect the rights of people with a disability.

Disability Discrimination Act 1992 (Cth)	Prevents discrimination against people with a disability principally in the areas of employment, education, housing and services.
Disability Services Act 1986 (Cth)	Established the standards of how services are delivered to people with a disability.
Disability Act 2006 (Victoria)	Established a Disability Services Commissioner to make it easier to hear complaints from people with a disability about the services delivered.
Privacy Act 1988 (Cth)	Ensures the privacy and confidentiality of all individuals.
Freedom of Information Act 1982 (Cth)	Makes it possible to have records and information released.
Work Health and Safety Act 2011 (Cth)	To promote and maintain the health, safety and welfare of all people in the workplace. The <i>Work Health and Safety Act 2011</i> (Cth) came into effect on 1 January 2012, replacing the <i>Occupational Health and Safety Act 1991</i> (Cth) and the individual state and territory laws regarding health and safety, although at the time of publication, not all states and territories have harmonised with this national law.
Restrictive practices legislation	Protects people from restrictive practices such as being unnecessarily medicated, restrained or shut in a room.
Equal employment opportunity	Equal employment opportunity principles (amended 2002): Prevents discrimination in employment on a number of grounds including disability.
Public Guardianship Boards	Public Guardianship Boards (in all states/territories): Establishes the process for a guardian to be appointed for people who can no longer make decisions for themselves.
Office of the Public Advocate	Office of the Public Advocate (in most states/territories): Established to promote and protect the human rights and dignity of people with disabilities; establishes public advocates for people with a disability.

Example

Contribute to proactive support strategies that respect the person

Sammy has autism. As part of his activity program, he goes swimming at the local pool at 10.30 am every Tuesday and Thursday. He enjoys swimming, but has started to exhibit behaviours of concern when his worker, James, accompanies him into the change rooms. He will change there when no one else is in the room, but as soon as someone else enters, he becomes verbally abusive to them.



James discusses the behaviour with Sammy and they agree that it needs to change. They agree that one of his goals is to take part in swimming, and that he wants the chance to meet other people who also enjoy swimming.

As part of his support plan, Sammy and James agree that in future he will go into the disabled toilet to change so that he will not be disturbed by other people. They also decide to storyboard the process so that he will learn to follow it step by step. Once Sammy has become familiar with this process and practised it, they will see if there is a swimming team he can join to meet other people.

Practice task 6

1. Provide three examples of proactive strategies to prevent behaviours of concern.

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2. What important information should support workers be aware of regarding the rights of individuals who are accessing services?

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3. What is the role of workplace polices with regards to protecting the rights of the people accessing services?

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Click to complete Practice task 6

2B Address impaired social judgment and decision-making to set limits and boundaries

As a community support worker, you may need to support an individual who has a limited decision-making capacity and impaired social judgment. Your role is to help address these limitations by reducing choices to a manageable scope and directing them towards the best decision, taking into account their needs, goals and capabilities. The strategies you choose will depend on the particular individual needs of each individual, and will look specifically at impaired social judgment situations and the decision-making capacity of an individual.



Incorporate approaches to address impaired social judgment and decision-making capacity

Your community service should have procedures in place to support people who have impaired social judgment and decision-making capacities. As a community support worker, you will be required to implement strategies into the support plan that specifically address the issue of impaired judgment and decision-making ability. These strategies aim to direct the individual toward the socially appropriate choice or decision. This will include using strategies that show the individual the choice or behaviour that is most appropriate for them. Strategies to achieve this are shown below.

Enhanced judgment and decision-making strategies include:

- ▶ modelling appropriate choices or decision-making skills
- ▶ role-playing to assist the individual to learn appropriate choices or decision-making skills
- ▶ practising skills or tasks under controlled environments or conditions
- ▶ storyboarding to provide step-by-step guidance in pictorial form
- ▶ limiting choices to two or three possible options
- ▶ supervising and guiding the individual to make decisions
- ▶ mentoring or coaching the individual
- ▶ gradually withdrawing support as the individual's level of competency increases.

Impaired social judgment

Some individuals may exhibit behaviours that are socially inappropriate or unacceptable. These behaviours may be of a sexual nature or caused by poor communication practices or skills. Lack of social judgment can be a major factor in the social isolation of the individual. Competency enhancement can be used to overcome their deficit in judgment. Skills can be learnt under controlled conditions, and appropriate behaviours put in place.

Below are examples of behaviours of concern that an individual may exhibit, along with strategies to modify their behaviour.

The individual interrupts other people in a learning environment

- ▶ Directive approach:
Teach the individual to put their hand up and practise this through role-play until it is mastered.

The individual touches people on private parts of their body

- ▶ Directive approaches:
Give the individual a chart of a human body showing parts that are okay to touch and parts that are out of bounds.

Role-play and practise the behaviour until it is corrected. Use a faded-support approach until the individual is competent.

The individual does not know how to share with others

- ▶ Directive approaches:
Show the individual how to share in pairs.

Use storyboards to show step-by-step sharing procedures.

Role-play appropriate sharing.

Use a faded-support approach.

The individual does not know how to address visitors appropriately

- ▶ Directive approach:
Script and role-play responses.

Misunderstanding of the appropriate outlet for sexual activities

- ▶ Directive approaches:
Compile a masturbation book.

Use storyboards to show private versus public spaces.

Practise their understanding of a person's right to say no.

Decision-making capacity

For individuals with an intellectual disability or cognitive impairment, the concept of choice can be difficult. To assist them to overcome this issue, design a support plan that uses techniques to limit or narrow choices and asks them to clarify their choice by asking simple yes or no questions and/or by directing their choice.

Below are some examples of situations where you might direct an individual's indecision to assist them to make a choice.

Indecision about what filling to put in sandwiches each day

- ▶ Directive approach:
 - Make up a poster or weekly menu showing sandwich fillings for each day.
 - Practise making sandwiches according to the menu.
 - Provide faded support.

Indecision about what food they want for a meal

- ▶ Directive approach:
 - Limit individual's choice to one or two items.
 - Colour-code meals to help them determine the best choice for them.
 - Order food on individual's behalf according to a predetermined menu

Confusion about the order in which to dress themselves

- ▶ Directive approach:
 - Storyboard the procedure to be followed with correct sequencing.
 - Practise it as a routine.

Indecision about which planned activities they want to take part in

- ▶ Directive approach:
 - Establish and document the routine of time and place for activities each day.
 - Offer one activity per day. Limit choice response to yes or no.

Example

Address impaired social judgment and decision-making to set limits and boundaries

When Brian feels that his bladder is full, he simply relieves himself by urinating in public. Sonia, his community support worker, incorporates a strategy into his support plan where she addresses this behaviour with a directive approach. Brian is taught to sign with a simple gesture when he needs to go to the toilet, and then waits until he is taken to a private place to use his bottle. This new behaviour is storyboarded, role-played and then support is gradually withdrawn (a faded-support approach) as he becomes competent.



Practice task 7

Read the case study below, then answer the questions.

Case study

Jodi is very disruptive at the school she attends. She tends to shout out in class and often tries to hit other children if she does not agree with what they are saying, or if they appear to have all of the teacher's attention.

Jodi's care support worker has discussed these behaviours of concern with Jodi's teacher. They have decided to draw up a directive approach to help set boundaries and limitations on Jodi's behaviour, so that she learns to put her hand up and then wait until she has been asked to speak.

1. What are four strategies that could be used to enhance Jodi's judgement and decision-making capacity?

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2. What factors should Jodi's carer and teacher take into consideration when trying to address her social judgment and decision-making limitations?

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Click to complete Practice task 7

2C Integrate individual active, reactive and crisis responses based on individual needs

When employing a social model of disability, you have a responsibility to uphold the dignity and self-esteem of each individual and promote their value to their community. This approach helps individual's find social acceptance, and empowers them to contribute to society. It is for this reason that you work with each individual to develop their individual plans to acquire skills and behaviours that are more acceptable in the community.

Supporting the individual to avoid behaviours of concern, build new skills and develop social judgment and the ability to make decisions, will help enable them to take part in a much broader range of activities.



While some of the strategies you employ may be directive, the ultimate aim is to have the least intrusive effects on the individual, whilst enhancing the individual's sense of dignity and their self-esteem. You should judge whether you need to be directive in order to promote the socially acceptable behaviour in question.

Individual active, reactive and crisis responses based on individual needs

Since it is not always possible to prevent behaviours of concern from taking place, we also need to manage situations when these behaviours do occur. The key is to have a planned response so that you can act quickly and effectively as soon as the behaviour occurs and therefore minimise harm to the individual and others.

The support plan aims to address the antecedent by changing the triggers and influences on behaviour, and developing the individual's skills to manage these triggers. It tries to prevent the behaviour.

The response plan aims to minimise and isolate the behaviour once it occurs and create a consequence for the behaviour that acts as a disincentive for the behaviour recurring. To develop a response plan, you need to consider the three important components of any behaviour shown below. The response plan is aimed directly at the second and third components: the behaviour and the consequences.

Three important components of any behaviour:

- ▶ Antecedent – what happens before the incident takes place
- ▶ Behaviour – what behaviour actually takes place
- ▶ Consequence – the result or effect of that behaviour

Strategies to support behavioural change

Many of the strategies to support behavioural change focus on antecedent management; for example, eliminating triggers and helping the individual learn new responses to avoid the behaviours of concern taking place.

Some of these strategies can again be incorporated into the response plan. However, since they focus more on preventing the behaviour from occurring than on providing a response to the behaviour when it does occur, a response plan must also include strategies to stop the behaviour when it has already commenced.



Active strategies to consider

Since any response plan must be tailored to the individual, not all of the strategies discussed here will work for all individuals. Become familiar with a range of strategies so you can select those that will work for a particular individual in response to their particular behaviour of concern. A list of strategies and explanations are given below.

Ecological manipulations

Ecological manipulation, in the context of a response plan, is a strategy of making changes in the individual's environment that will cause the problem behaviour to cease.

Note that the focus of ecological manipulations in this context is different than when it is on prevention. In this context, ecological manipulation means identifying:

- ▶ factors or triggers from which the individual should be removed or withdrawn so the behaviour will cease (for example, loud noises, changes in temperature, physical and visual distractions, particular lighting and furniture)
- ▶ factors or triggers that could have a positive effect on the individual and cause the behaviour to cease (for example, favourite objects or sensations that pacify the individual).

These factors can be used to manage the behaviour with an immediate effect.

Interruption and redirection

Interrupting an individual and giving them a new activity, or redirecting them to a new space, is often successful in distracting them from behaviour that is potentially harmful. You will need to know the individual well to ascertain their interests and preferences, and whether these techniques are likely to work.

Geographical containment

Geographical containment means limiting the behaviour to a set location; for example, limiting the behaviour to the individual's own bedroom, private withdrawal space or timeout zone. This makes the behaviour easier to deal with and helps restore the individual's dignity by giving them privacy.

Emergency physical containment

Emergency physical containment is a more radical form of containment, usually in response to an emergency situation. It can include socially isolating the individual on a temporary basis, or even using hands-on techniques to redirect the person away from potential harm. These actions are carried out in accordance with the worker's duty of care to the individual, themselves and others. They normally constitute temporary contact that lasts for less than 30 seconds and do not represent enforced physical restraint.

Individual emergency management plans

These are individual plans to effectively handle an emergency for a particular individual. They usually identify what to do in an emergency for that particular individual, the services they may require, and what resources you need to have on hand in case of an emergency. Emergency plans may be documented using a set format prescribed by your organisation. These plans will specify:

- ▶ who is responsible for carrying out specific actions
- ▶ personnel, equipment, supplies, medications and needs specific to the individual
- ▶ emergency contact details, such as those for the individual's next of kin
- ▶ other resources available for use in an emergency.

Consequences

Individuals should be made aware that their behaviour has consequences. Appropriate behaviour can be rewarded with encouragement and acknowledgment; behaviours of concern are ignored (where you show no sign of emotion), or in some cases responded to with a negative consequence.

Community services workers need to understand that some individuals, such as those with an acquired brain injury or autism, may not be able to understand or respond to consequences.

Time-out

Time-out is used as a negative consequence for behaviours that are socially disruptive and potentially harmful. Ideally, this consequence is explained to the person before carrying it out. Time-out may be five minutes spent alone in their bedroom with the door open. The removal of the person from the social setting must not be used in a punitive way, but explained and used only in specific circumstances.

Passive self-defence

Passive self-defence involves using strategies that allow you to protect yourself from harm, while not inflicting harm on others. It is supported by your first duty-of-care responsibility: your own safety.

Passive self-defence techniques include:

- ▶ withdrawing from the situation
- ▶ covering your face or head with your hands and arms
- ▶ assuming a foetal position for safety
- ▶ calling for help from others.

Strategies that avoid behaviour escalation

The following strategies can help you stop behaviours of concern or at least prevent the behaviour from escalating to a dangerous level:

- ▶ Ask the individual what is wrong and try and establish the facts about the problem.
- ▶ Attempt to establish a rapport, emphasising cooperation, offering and negotiating realistic options and avoiding threats.
- ▶ Ask open questions and inquire about the reason for the individual's aggressive or un-cooperative behaviour.
- ▶ Practise active listening.
- ▶ Ensure agreement between your body language and verbal responses to the individual.
- ▶ Show empathy, respectfully acknowledging any grievances, concerns or frustrations.

Advanced proactive strategies

Advanced proactive strategies are based on enhancing the individual's social judgment, skill development and decision-making abilities to help them achieve valued status. These strategies include:

- ▶ individual planning
- ▶ setting goals
- ▶ life-skill coaching based on functional and cognitive assessments
- ▶ the collaboration of family and others in positive skills development
- ▶ coaching
- ▶ modelling
- ▶ faded support
- ▶ community integration plans
- ▶ skills development plans.

Reactive strategies

Reactive (or response) strategies are used to stop or de-escalate the behaviour taking place.

As with developing a support plan, a response plan requires you to collect, collate and analyse data about the individual's behaviour. You can then implement strategies to manage the situation, should the behaviours of concern take place.

Strategies to consider when developing your response plan include:

- ▶ removing the trigger or withdraw the individual from the stimulus causing them distress
- ▶ using positive triggers to replace the negative influence and therefore calm the behaviour
- ▶ ensuring the safety of the individual and others, including yourself
- ▶ containing the behaviour within a set environment.
- ▶ associating a negative consequence with the behaviour so that it is undesirable for the individual to repeat the behaviour.

Ecological manipulations

Ecological manipulation is a proactive strategy of making changes to an individual's environment to reduce the likelihood of their problem behaviour occurring in the future. This means identifying and eliminating the factors that trigger the behaviours from the physical environment. Triggers may include loud noises, changes in temperature, physical and visual distractions, lighting and furniture placement. For example, if loud music triggers aggressive behaviour in the individual, you can change the environment so only soothing music is played. Baroque music in particular is ideal, as it seems to have a calming effect for many people.

Focused support response

When endeavouring to change behaviour, it is necessary for all staff members to work together in a consistent and structured way, and focus on providing a common message about what appropriate behaviour is. There are several different strategies that may be considered under the focused support response approach – differential reinforcement strategies, stimulus control and instructional control – that can be used separately or together, as shown below. The important thing is that they are applied consistently by all health professionals who work with that particular individual.

Differential reinforcement strategies

Differential reinforcement is the positive reinforcement of one form of behaviour or response to a certain situation. It involves using rewards for the desired response rather than punishment for the inappropriate response. The aim is to encourage the individual to repeat the appropriate response or behaviour, until it eventually replaces the behaviour of concern.

You need to understand the individual when designing positive programming rewards, as what is valued as a reward will be different for each person.

Stimulus control

Stimulus control is the process of identifying the triggers in the environment that stimulate or trigger certain behaviour, and reducing or eliminating that stimulus to reduce or eliminate the behaviour. In turn, it may be possible to identify stimuli that trigger 'good' or appropriate behaviour. For instance, an individual may become angry when they hear the sound of running water, but may become settled when they are given their favourite object to hold.

Instructional control

Instructional control is based on the assumption that a person will learn best when their learning environment is controlled and planned. For individuals, it means that the person instructing them should be in control of the environment and the conditions under which instruction takes place. An environment with minimal distractions is obviously preferable. This is particularly useful when working with individuals who have autism, to reduce their anxiety and focus them on positive behaviours. It is essential for this strategy that the learning environment is controlled so it is consistent and does not provide any variation in conditions.

Positive programming

Positive programming is a planned, gradual approach to changing behaviour, where the worker models and supports an individual's more appropriate behaviour over time. It may involve demonstrating behaviours one step at a time and slowly withdrawing support as the individual gains confidence in the new behaviours. This strategy is built around positive skills that work for the individual in their particular environment.

Positive programming is particularly useful for teaching an individual social skills so they can participate in their community, or life skills such as catching a bus, withdrawing money from a bank or ordering food in a restaurant. It can also be used to address inappropriate behavioural issues and teach more acceptable behaviours.



Competency and image enhancement as a means of addressing devaluation

It is important to address the social devaluation of people with mental health conditions and behaviours of concern, through competency and image enhancement. Image is concerned with a person's sense of self and self-worth. Often the loss of independence and ability to communicate will erode a person's sense of self.

Enhancement of competency and image is achieved through validating a person's sense of self, enabling them to present themselves the way they want to and focusing on positive attributes to reduce shame and embarrassment.

The following are some considerations to take into account when enhancing a person's image and competency.

Considerations for enhancing image and competency

- ▶ Everyday life activities can strengthen identity
- ▶ The importance of how an environment makes a person feel
- ▶ That appearance can increase self-esteem and feelings of well-being
- ▶ The importance of appropriate language and communication
- ▶ The role of discrete supervision and assistance
- ▶ That self-care activities can create a great sense of meaning, comfort and purpose
- ▶ Ways that a task or environment can provide opportunity for participation

Strengths-based support approaches

When selecting appropriate strategies, you need to focus on the individual and the data you have collected about their responses. Each individual is unique and strategies must be selected for that particular individual under their own particular circumstances. A 'one-size-fits-all' approach to modifying behaviour will never work – you must focus on the individual.

Work on a strengths-based principle, where you concentrate on what the individual does well and build upon those skills or abilities already in place. This makes sense in terms of overcoming the social devaluation of the individual, which can affect many people with a disability. It has also been proven that skill acquisition is more successful when support emphasises what someone can already do well.



Crisis response plan

As a coordinator or worker in the community services sector, you have a duty of care to prevent harm and injury to individuals you care for. There will be times when you have to develop an individual emergency plan for a person to ensure they receive the necessary assistance should an emergency arise. An emergency is any sudden, unforeseen occurrence that requires immediate action, such as an individual being involved in a car accident, falling and breaking a bone or running away.

There may also be times when an individual experiences a personal crisis and a crisis response is required to ensure their wellbeing. A crisis differs from an emergency, in that a crisis relates more to an individual's mental health and emotional wellbeing. Examples include the individual experiencing a sexual assault such as rape, the individual attempting or threatening suicide or an individual arming themselves with a knife and threatening to self-harm or harm others. Personal crises should be documented in a crisis response plan.

Crisis response plan

A crisis should be thought of as a turning point or critical moment in someone's life, when they are presented with emotional or physical obstacles that seem insurmountable to them. The stress of a crisis can bring on episodes of mental illness in those who are already vulnerable. Examples of crises are shown below, along with suggestions of what you may need to do if each situation occurs.

Violent personal assault

- ▶ Access immediate medical assistance
- ▶ Make a police report
- ▶ Comply with mandatory reporting
- ▶ Notify the individual's next of kin
- ▶ Activate the individual's individual emergency plan

Natural or man-made disasters

- ▶ Access immediate medical assistance
- ▶ Notify the individual's next of kin
- ▶ Activate the individual's individual emergency plan

Witnessing violent acts

- ▶ Access counselling
- ▶ Access medical assistance
- ▶ Notify the individual's next of kin
- ▶ Activate the individual's individual emergency plan

Sexual assault, including rape

- ▶ Access immediate medical assistance
- ▶ Make a police report
- ▶ Comply with mandatory reporting
- ▶ Notify the individual's next of kin
- ▶ Activate the individual's individual emergency plan

Sudden insight into their own mental illness and its effects

- ▶ Access immediate medical assistance if necessary
- ▶ Contact Community Assessment and Treatment (CAT) team or Mental Health Emergency team
- ▶ Use restraint, if required
- ▶ Comply with mandatory reporting
- ▶ Notify the individual's next of kin
- ▶ Activate the individual's individual emergency plan

Questions to consider when developing a crisis plan

You must take appropriate action in the event of a mental health emergency or crisis by following your organisation's policies and procedures, securing your own safety and that of others and observing legal requirements. Key questions that you need to address are shown below.

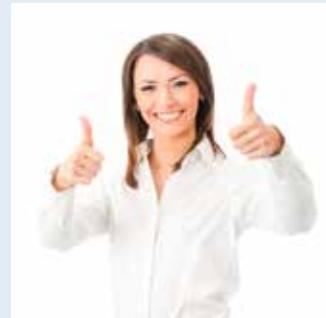
Questions to consider when developing a crisis plan

- ▶ What can be done to prevent immediate harm?
- ▶ What medical or other assistance is required?
- ▶ What level of restraint (if any) is required?
- ▶ Do you need to contact an emergency service and if so, which service (police, ambulance, CAT team)?
- ▶ Who else has to be notified?
- ▶ What reporting is required?
- ▶ What follow-up support will be needed?

Example

Integrate individual active, reactive and crisis responses based on individual needs

Fiona is a community support worker who provides assistance to Ricky. Ricky loves going to the Grand Prix but gets very excited at the sound of the cars and often becomes verbally abusive and shouts obscene language. Fiona knows that according to her employment requirements about her duty of care, disability legislation and standards, and her organisation's policies and procedures, she cannot prevent Ricky from going to the Grand Prix. Instead, she helps put in place strategies for time-out and individual emergency procedures to enable him to behave appropriately while he attends.



Practice task 8

1. What are five active strategies for preventing behaviours of concern?

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2. What are the important factors to consider when implementing reactive (response) strategies?

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3. What important questions should be considered when responding to a crisis situation?

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Click to complete Practice task 8

2D Develop responses according to duty of care, ethical and legal requirements

In developing and implementing a response plan, you need to ensure that all strategies are in accordance with your duty of care to take all reasonable precautions to avoid harm or injury to the individual, yourself and others. You need to balance this with the individual's dignity of risk and the ethical and legal requirements of your job role.



Tasks that you are legally required to do as part of your job are based on legislation and will be covered by your organisation's policies and procedure. Legal requirements will also cover areas such as restrictive practices and unlawful seclusion.

Ethical requirements are somewhat harder to define. Ethics are concerned with what is considered morally right and wrong and can usually be determined from the rules, standards or guidelines of what is considered the right behaviour under the given circumstances.

Legal requirements

Your organisational guidelines will be written in a way that ensures you know how to comply with legislation and regulations related to your job when developing responses to behaviours; for example, legislation that deals with constraint, imprisonment and abuse issues. The key legislation, its purpose and examples of how it relates to your work, are shown below.

Disability Discrimination Act 1992 (Cth)

▶ Purpose:

Prevents discrimination against people with a disability.

Example:

You cannot prevent an individual from taking part in an activity on the basis that they have a disability.

Disability Services Act 1986 (Cth)

▶ Purpose:

Established the standards of how services are delivered to people with a disability.

Example:

You cannot refuse to listen to the individual's opinion and decide for them what is best.

Privacy Act 1988 (Cth)

▶ Purpose:

Ensures the privacy and confidentiality of all individuals.

Example:

You cannot discuss the individual's private matters with others unless they are also involved in providing services to that individual.

Freedom of Information Act 1982 (Cth)

▶ Purpose:

Makes it possible to have records and information released.

Example:

The individual is entitled to see all documentation about themselves and their behaviour.

Restrictive practices legislation

▶ Purpose:

Protects people from restrictive practices such as being unnecessarily medicated, restrained or shut in a room.

Example:

You cannot medicate, physically restrain or seclude the individual from taking part in activities. You must follow guidelines for acceptable interventions.

Public Guardianship Boards (in all states/territories)

▶ Purpose:

Establishes the process for a guardian to be appointed for people who can no longer make decisions for themselves.

Example:

You need to respect the guardian's opinion on behalf of the individual, as this is a legal appointment.

Office of the Public Advocate (in most states/territories)

▶ Purpose:

Establishes public advocates for people with a disability

Examples:

You need to understand that the advocate has been asked to speak on the individual's behalf to express their views.

Ethical requirements

Your organisation's policies and procedures will also provide information and guidance about the ethical requirements of your job role. These documents will cover issues such as respecting your individuals' rights and dignity, and having integrity in what you say and do. If you follow organisational standards, you will generally be able to behave in an ethical way. Ethical work requirements are not a matter of your own personal beliefs or values but the professional standards and expectations of your employer. For example, your organisation may state that workers are not permitted to accept gifts from individuals or associate with individuals outside of work hours.



Duty of care

As a community service worker, you have a duty of care to do whatever is fair and reasonable to prevent harm or injury occurring to individuals, to yourself, to any other people present and to property. Your duty of care is proportionate to your level of skills, knowledge and training; that is, what is considered fair and reasonable to expect from a normal person with your level of training under the circumstances.

You must always comply with the guidelines, policies and procedures of your organisation when planning and implementing responses to an individual's behaviour. You must also consider your job role boundaries and level of training and expertise when making judgments about whether an individual's actions are putting them or others at risk of harm. You must then do whatever is fair and reasonable to prevent harm to yourself, the individual and others.

You also need to take into account the individual's dignity of risk (their right to make their own choices, regardless of whether you see them as 'risky') and rights under legislation.

Individual rights and equality

Community support workers should apply a rights-based service delivery approach to individualised planning and support. A rights-based service approach aims to provide an equitable and accessible service that provides care with respect to a person's right to autonomy.

Access and equity are two very important principles in community service work. Together, access and equity seek to remove barriers and provide opportunities for people with various needs and abilities. It is vital workers understand and can demonstrate their commitment to these access and equity principals when undertaking their work.

It is important that community support workers understand the concepts of autonomy, access and equity and how they apply to individualised planning and support.

Autonomy refers to a person's right to make their own educated decisions regarding the way they live and behaviour, even if those decisions are detrimental to their health.

'Access' means that services are planned, managed and delivered in a way that gives everyone the same opportunity to find and use the services.

'Equity' means that resources are made available to everyone, not just certain groups of people. Equity shouldn't necessarily be equated with equal opportunity, which focuses on overcoming discrimination to give everyone an equal start, rather equity focuses on participation and achievement to the same level.

Constraint

In all healthcare facilities constraint is considered only as a last resort for managing behaviours that place the individual and those around them at risk of harm. Constraint refers to a temporary use of a verbal, physical or chemical restraint to manage violent behaviours of concern. These methods have significant legal and ethical implications as they impose on a person's right to movement and making decisions. Constraint should only be used when all other methods of behaviour de-escalation have failed and there is a risk of harm to the individual, others or property.



Imprisonment

The Australian judicial system has processes in place to protect the rights of individuals living with mental health conditions. If an individual's mental health condition is deemed to have influenced their illegal activities and their ability to be tried in the normal court proceedings then they may be considered a forensic patient or correctional patient.

A correctional patient is any person who has been transferred to a mental health facility while serving time in a correctional facility.

A forensic patient is an individual who is deemed intellectually or cognitively unfit to be tried for an offence and is ordered to be detained in a correctional centre, mental health facility or another place.

Forensic patients may be referred to the Mental Health Review Tribunal and found not guilty on the grounds of mental illness. While under review by the Tribunal Forensic patients also have the right to contact and be represented by the Mental Health Advocacy Service.

Abuse

As a community service worker, you have a duty of care to report incidents of abuse according to your legal and workplace obligations. Usually if an adult discloses information to you then you are required to follow privacy and confidentiality procedures regarding the disclosure of that information to others. This is not the case with abuse and neglect. If a care provider has reasonable basis for suspecting that a child may be at risk of abuse or neglect then they must report it based on the reporting requirements in their state.

It is also important for support workers to be aware that those with mental illness are themselves vulnerable to neglect and abuse. If you notice signs of abuse and neglect you should encourage the individual to report it.

If you have reasonable basis for suspecting a care provider is abusing or neglecting a person with a mental illness then you are required to report your suspicions to your supervisor.

Example

Develop responses according to duty of care, ethical and legal requirements

Claudia attends her usual shift to provide personal care to Rodney. When she arrives, Rodney is still in bed. As soon as she walks into the room he shouts at her, saying she is late and lazy. Claudia is surprised, as Rodney is usually very polite and they get on well.



Claudia helps Rodney out of bed and takes him through to the bathroom to have his shower. When Claudia tries to wash Rodney he starts hitting her and making threats to kill her.

Claudia manages to get away and seek medical help for Rodney and herself. The doctor and police who attend the scene use verbal de-escalation to calm Rodney down rather than using constraint and pinning Rodney to the ground.

Rodney will be required to attend court but will likely be deemed unfit to be tried due to his intellectual capacity. The Mental Health Review Tribunal will likely be involved to ensure that Rodney's rights and safety are attended to.

Practice task 9

1. What ethical and legal considerations apply to the use of constraint with regards to individualised planning and support?

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2. What ethical and legal considerations apply to the use of imprisonment with regards to individualised planning and support?

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3. What ethical and legal considerations apply to suspected abuse with regards to individualised planning and support?

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Click to complete Practice task 9

2E Consult with colleagues and stakeholders during the planning process

Working in the community services environment requires a coordinated team approach to care. As part of your role you will be required to work with other team members and stakeholders to develop behaviour support plans. Working in a team allows everybody to combine their knowledge and skills to achieve the best, person-centred approach to the individual's care plan.

It is important that you are aware of important stakeholders in your workplace and ensure you include them and the other members of the team when planning changes or developments to a person's care plan.



Consult with colleagues and stakeholders as an integral part of the planning process

Effectively consulting with team members and other stakeholders in regard to developing a multi-element behavioural support plan is crucial, as different stakeholders can assist with designing and implementing individual strategies integrated into the plan as shown below.

It is important that all these strategies work together and that all team members and stakeholders cooperate fully to maximise the benefits for the individual. You will also need to draw on their support to review and monitor the effectiveness of the support plan once it has been implemented. Below are examples of stakeholder input into support plans.

Colleague and stakeholder input is important to:

- ▶ allow contribution to strategies to develop the plan
- ▶ allow contribution of expertise to develop the plan
- ▶ allow contribution of funding and resources for developing the plan
- ▶ providing information about previous support plans and the strategies used
- ▶ providing information about the individual's decreased decision-making skills or increased impairment in social judgment.

Team members

Below is a list of possible team members and what they may be able to contribute to the development of a multi-element support plan at this stage of the process.

The individual

- ▶ Set goals

Family members

- ▶ Provide details of behaviours to be minimised or avoided and methods to deal with goals
- ▶ Provide ecological manipulation
- ▶ Assist with implementation

Social workers

- ▶ Implement and monitor strategies

Physiotherapists

- ▶ Provide functional assessment
- ▶ Assist with implementing the program and strategies
- ▶ Assist with equipment and aids
- ▶ Devise strategies to assist with physical skills, strength and fine motor skills

Medical practitioners

- ▶ Monitor or advise on changes to medication

Development officers

- ▶ Provide cognitive and functional assessment
- ▶ Design and implement strategies to increase skill levels
- ▶ Provide expertise on cognitive development

Educational psychologists

- ▶ Provide cognitive and functional assessment
- ▶ Assist with implementing the program and strategies

Additional stakeholders

Below you will find a list of additional stakeholders who may not be included in the assessment process, but who will need to be consulted when developing the support plan.

Funding bodies

- ▶ These are responsible for funding services, purchasing equipment and ensuring the support plan is within funding guidelines.

Case manager

- ▶ Case managers have overall responsibility for the holistic support of the individual. They liaise between funding bodies and service providers.

Next of kin

- ▶ This is the person to be notified in the case of an accident involving the individual, or their illness or death.

Legal guardian

- ▶ They are legally responsible for making decisions on behalf of the individual in accordance with, and limited to the scope of, the guardianship order.

Advocates

- ▶ Where they are involved, advocates speak on the individual's behalf and in the individual's best interest.

Example

Consult with colleagues and stakeholders during the planning process

Stephanie is a community services support worker who provides support to Matt. Matt is exhibiting behaviours of concern at the day centre he attends and with fellow residents in his shared home. He has been verbally abusive to a number of workers and has threatened physical self-harm. On two occasions he has hit out at fellow residents and has once been withdrawn from activities in the day centre because he hit a fellow individual.

Stephanie arranges a teleconference between the house coordinator, the coordinator of the day centre and Matt's case manager to develop a support plan to manage Matt's aggressive behaviour. They discuss working together to develop a number of strategies that would work both in the residential setting and the day centre.



Practice task 10

Read the case study below, then answer the questions.

Case study

Charlene has started to refuse her meals. She pushes her plate off the table and says nothing. Her support worker, Heidi, is concerned. Heidi speaks to her coordinator and other support workers to see if they have observed the same behaviour and if they know of anything that may be triggering the behaviour. None of the usual strategies used with Charlene are working to address the behaviour of concern. Heidi's coordinator suggests they involve other team members and stakeholders to help develop a management plan.

1. What are some ways that team members and stakeholders might contribute to Charlene's care plan?

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2. Who are the potential stakeholders who may be involved in Charlene's care?

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3. Who are the potential stakeholders who would not be involved in Charlene's assessment but might provide input into her support plan?

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Click to complete Practice task 10

2F Document in formalised individualised plan

Part of your role as a community support worker is to ensure all of your required documentation is up to date and in accordance with required time lines. The quality of your reporting system, and in turn your service, is dependent on the quality of information you have to draw on. It is therefore essential that records are kept current.

When documentation is not maintained to a professional standard, errors in service provision, judgment and reporting can result. For this reason, it is important that your documentation in an individual's care plan is accurate, complete and occurs in the appropriate time frame.



Document in formalised individualised plan

When documenting in a formalised individual plan it is important that you follow the format required to capture the information necessary to monitor the effectiveness of the plan. This includes documenting when there is nothing to report because the plan is successfully preventing behaviours of concern.

If you are required to document an incident or observation regarding a behaviour of concern it is important that you use objective language and accurately document all of the relevant information. The following format outlines the information that needs to be documented regarding observed behaviours.

Documented observations should include:

- ▶ when the observation took place (time/date)
- ▶ what you observed (include specific details)
- ▶ where did the observation occur (include details on the location and the environment)
- ▶ who was present (include details of what they were doing at the time)
- ▶ why the observed event took place (include any relevant behavioural triggers)
- ▶ any outcomes or consequences that occurred as a result of the observed event.

Example

Document in formalised individualised plan

Donna is a care provider in a community service environment. This morning Donna was providing care to Irene, a 70-year-old lady with mild dementia.

Irene’s daughter was present at the time, and Donna noticed that Irene seemed frightened and that there were notable changes in her behaviour.

No incident took place during the care, but Donna felt that she really should report on Irene’s behaviour. She was feeling nervous, as she did not want to make any false accusation or assumptions.

Donna spoke to her supervisor about the situation and together they looked through the workplace policies and procedures and found that Donna had a duty of care to report what she had observed and to do so objectively and within a twenty-four hour period in the care plan.

Donna’s manager told her that she did not need to worry about making accusations if she kept the information objective and accurately documented when the observation took place and what she observed.



Practice task 11

Read the case study below, then answer the questions.

Case study

Helen is a community support worker who provides support to Peter. Peter likes to watch TV in the afternoon. He is happy to just sit and watch it on his own and can use the remote control to change channels. Helen notices for several consecutive days that Peter becomes very upset at about 4.00 pm and moves around a lot in his chair. He makes loud moaning sounds and has fallen out of his chair twice.

Peter is nonverbal, so he cannot communicate what is worrying him. On the third day, Helen sits with Peter and notices that the sun comes through the window and hits the TV screen at about 4.00 pm. As soon as this happens, Peter starts moaning and moving around in his chair. Helen realises that the light is reflecting off the TV screen and that Peter cannot see the image there. Helen draws the curtains so the sun does not hit the screen and Peter’s behaviour calms down.

1. Why is it important for Helen to document information in Peter’s care plan?

2. What information should Helen document in Peter's care plan regarding this observed event?

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Click to complete Practice task 11

Summary

1. Where an individual is exhibiting behaviours of concern, it is your responsibility as a support worker to assist them to change those behaviours, enabling the person to take part in decision-making in a way that respects the rights of that individual.
2. When you are working with an individual to design and implement their individual support plan, it is important that you understand and respect your individual's right to make informed choices.
3. In your role supporting a range of individuals with disabilities, it is important that you apply your knowledge of a broad spectrum of proactive support strategies in response to the data you collect about individual behaviour.
4. Many of the strategies to support behavioural change focus on antecedent management; for example, eliminating triggers and helping the individual learn new responses to avoid the behaviours of concern taking place.
5. It is important to address the social devaluation of people with mental health conditions and behaviours of concern, through competency and image enhancement.
6. There may be times when an individual experiences a personal crisis, and a crisis response is required to ensure their wellbeing. A crisis differs from an emergency, in that a crisis relates more to an individual's mental health and emotional wellbeing.
7. In developing and implementing a response plan, you need to ensure that all strategies are in accordance with your duty of care to take all reasonable precautions to avoid harm or injury to the individual, yourself and others. You need to balance this with the individual's dignity of risk and the ethical and legal requirements of your job role.
8. As part of your role you will be required to work with other team members and stakeholders to develop behaviour support plans. Working in a team allows everybody to combine their knowledge and skills to achieve the best, person centred approach to the individual's care plan.
9. Part of your role as a community support worker is to ensure all of your required documentation in care plans is up to date in accordance with required time lines.

Learning checkpoint 2

Develop individualised strategies to meet the person's needs

This learning checkpoint allows you to review your skills and knowledge in developing individualised strategies to meet the person's needs.

Part A

1. What are three examples of advanced proactive strategies?

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2. What are the crisis response plan actions for a violent personal assault situation?

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3. What is ecological manipulation?

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4. Explain what is meant by the term a 'focused support response' and provide an example of one strategy that is a focused support response.

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5. What is a strengths-based support approach and why should a community support worker use this approach?

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6. What ethical and legal considerations apply to the use of constraint with regards to individualised planning and support?

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7. What ethical and legal considerations apply to the use of imprisonment with regards to individualised planning and support?

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8. What ethical and legal considerations apply to suspected abuse with regards to individualised planning and support?

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Part B

Read the case study below, then answer the questions.

Case study

Lisa is a support worker who provides personal care to Marcia. Marcia has multiple sclerosis and uses an electronic hoist to get out of bed in the morning.

One morning Lisa positions Marcia in the sling and, using the remote controls, lifts her from her bed. Marcia is familiar with this procedure and, as always, appears to be quite relaxed. Lisa wheels the hoist across the room towards the bathroom and suddenly notices Marcia start to lift her hands up and down in a flapping motion as if trying to secure her balance. She swears and shouts at Lisa to stop and return her to her bed immediately. Lisa returns the hoist to the bed. By this time Marcia appears calmer. This behaviour continues every time Marcia needs to be hoisted.

Lisa discusses the behaviour with her supervisor, Evan, who recommends Lisa involves appropriate others to help develop strategies and a support plan for Marcia.

1. What is the aim of using proactive strategies and what are two ways that Lisa could identify proactive strategies that could be used to support Marcia?

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2. What important information should Lisa be aware of regarding Marcia's rights?

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3. What important information should Lisa know regarding her workplace policies that are in place to protect Marcia's rights?

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4. What legislation is in place to protect Marcia's rights while she is accessing care?

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5. What are the requirements of Lisa's role regarding helping people with impaired social judgment and decision-making capabilities?

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6. What strategies could be used to enhance Marcia’s social judgment and decision-making capacity?

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7. Provide one example of a situation where Marcia may have shown impaired social judgment and give an example of how Lisa can address the situation by using a directive approach.

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8. Provide three examples of how Lisa might use a directive approach to help Marcia’s decision-making capabilities when making decisions about food choices, clothing and activities.

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9. Why does Marcia need a support plan that contains active, reactive and crisis responses?

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13. How might Lisa address the issue of social devaluation by using competency and image enhancement with the people she provides care to?

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14. What is positive programming and how might Lisa use this strategy to support Marcia?

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15. What ethical and legal considerations should Lisa be aware of regarding her duty of care when providing individualised planning and support to Marcia?

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16. What ethical and legal considerations should Lisa be aware of regarding equity and access to care?

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17. What are some ways that team members and stakeholders might contribute to Marcia's support plan?

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18. Provide three examples of potential stakeholders who might be involved in Marcia's care.

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19. Which potential stakeholders would not be involved in Marcia's assessment but might provide input into her support plan?

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20. Why is it important for Lisa to document in Marcia's care plan?

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21. What information should Lisa document in Marcia's care plan regarding this observed event?

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Topic 3

In this topic you will learn how to:

- 3A Monitor strategies to develop and maintain positive and adaptive responses**

- 3B Monitor strategies in reducing risk of harm to the person and others**

- 3C Identify and report level of intrusion on the person's dignity and self-esteem**

- 3D Review individualised plans, recommend modifications and consult with stakeholders**

Monitor effectiveness of individualised plans

As a community support worker, you will be required to monitor and review the effectiveness of the strategies used in an individual's support plan. Each individual will require a range of support strategies to meet their individual needs and address behaviours of concern. The effectiveness of these strategies will vary dependent upon the individual and their surrounding environment and circumstances. For this reason, these strategies need to be regularly monitored to ensure they are effective in developing and maintaining positive and adaptive responses, while also reducing risk of harm to the individual and others.

It is important that support workers are able to understand when strategies are causing distress to the individual and are able to report the intrusion and select the least intrusive strategy to address the behaviour of concern. If a plan then requires modification the support worker should consult with the individual, stakeholders and other team members before implementing those changes.

3A Monitor strategies to develop and maintain positive and adaptive responses

Once you have begun implementing an individual's support plan, you must monitor the strategies in the plan to ensure that the plan is successfully developing and maintaining positive and adaptive responses.

Monitoring the plan is simple; review the actual progress against the expected progress as detailed in your plan. Discuss any deviations and where required, new time lines may need to be negotiated. This will also need to be documented on the support plan as a variation.

Monitoring the individual's progress is also relatively straightforward. Use a section of the plan to record the progress the individual is making and the success of the particular strategies chosen. This should be completed with specific examples of progress towards changed behaviours.

Monitoring the plan is often a shared responsibility between the case manager and other staff. The support plan will designate a person responsible for monitoring progress, but the responsibility is not limited to that person, particularly where behavioural change or the individual resorting to old behaviours is concerned.



What to look for when monitoring response effectiveness

Below are examples of what to look for and questions to ask when monitoring effectiveness of strategies implemented to develop and maintain positive and adaptive responses.

Ecological manipulation

Positive response:

Has the behaviour stopped occurring now the trigger for the behaviour has been removed?

Example: Stopping the loud music has stopped the behaviour.

Adaptive response:

Are positive triggers that have been introduced now redirecting the behaviour?

Example: Individual is calmer now they have photos of family on their wall.

Positive programming

Positive response:

Has the individual learnt new skills as planned?

Example: The individual now knows how to communicate with others.

Adaptive response:

Does the individual use their new skills in a variety of situations?

Example: The individual can handle money effectively when shopping.

Focused support strategies

Positive response:

Has everyone worked together to focus on the behavioural change?

Example: The individual performs the positive behaviour with a variety of different people.

Adaptive response:

Is the new behaviour being used in a variety of situations?

Example: The individual now communicates verbally with all health professionals.

Functional assessment

Positive response:

Did it identify activities of daily living that need to be addressed?

Example: The assessment revealed that the individual lacked the ability to shower unassisted.

Adaptive response:

Has the individual now learnt ways of compensating for activities they were unable to perform?

Example: The individual now uses a walking frame and a shower chair.

Data collection

Positive response:

Did you collect the data you needed?

Example: An observation list was completed for the individual.

Adaptive response:

Did this data lead to changed behaviour?

Example: The data identified triggers for the behaviour of concern.

Multi-element support plans

Positive response:

Did you combine a series of interventions to work together?

Example: The individual's plan included combined strategies of time out and learning new skills.

Adaptive response:

Did the combination of strategies assist the individual to change their behaviour?

Example: Support from family, a support worker and development officer has meant the individual has been able to learn many new skills.

Reactive strategies

Positive response:

Did these strategies work to halt the behaviour of concern when it occurred and produce a more acceptable response?

Example: The individual no longer hits out at strangers.

Adaptive response:

Did these strategies help the individual to learn new ways of handling the stressful situation?

Example: The individual has learnt to communicate appropriately that they want to be removed from the environment.

Seeking expert assistance

Positive response:

Were you successful in receiving expert advice or assistance?

Example: A referral to a health professional was made.

Adaptive response:

Did this assistance lead to positive outcomes?

Example: The individual attends sessions with a physiotherapist and is making progress.

Methods of monitoring effectiveness of strategies

To monitor the effectiveness of your strategies, you need to collect data from a number of sources as shown below.

Sources of data to monitor include:

- ▶ checklists
- ▶ observations
- ▶ team meetings
- ▶ formal reviews
- ▶ incident reports
- ▶ statistical reports
- ▶ evidence recorded on plans
- ▶ the communication book
- ▶ discussions with the individual and their family
- ▶ the individual's self-assessment.

Example

Monitor strategies to develop and maintain positive and adaptive responses

Alex is a 70-year-old man living with mild dementia. He gets frustrated when he cannot remember what he is doing. When this happens, he becomes abusive, often to complete strangers. His care coordinator, Julie, organises a cognitive assessment to help identify and address this behaviour. It is clear from the assessment that Alex's ability to plan, organise and initiate tasks, as well as his short-term memory, is impaired.

Julie puts together a support plan for Alex that includes ensuring that a support worker goes shopping with him.

It involves training the worker in validation and orientation techniques to enable Alex to remember where he is and what he is doing. The plan also includes skills training for Alex on how to shop and how to plan a shopping trip in order to increase Alex's functional skills.

Julie monitors the observations in the case notes, the documentation in the care plan and also the incident reports submitted by the people that work with Alex. She is pleased to note that the strategies in the care plan are successful as the behaviour of concern has not been reported in over a month.



Practice task 12

1. Why is it important for workers to monitor the strategies in a support plan and how can they successfully monitor a support plan?

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2. Provide an example of a successful positive response and an adaptive response to an ecological manipulation strategy?

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3. What sources of data might a care support worker need to review in order to monitor the strategies in a care plan?

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Click to complete Practice task 12

3B Monitor strategies in reducing risk of harm to the person and others

One of the major reasons for implementing strategies in a support or response plan is to reduce the risk of harm to you, the individual receiving your care and others. You need to monitor the strategies you incorporate into the individual's support plan, response plan, emergency response plan and crisis response plan.

You also need to monitor the plan for its effectiveness in reducing the risk of harm, and decide which strategies are successful in this regard and which are less successful.

Harm in this context may include:

- ▶ physical harm or injury to the individual
- ▶ physical harm or injury to you or others
- ▶ stress, emotional or psychological distress to the individual
- ▶ stress, emotional or psychological distress to you or others
- ▶ damage to property or possessions.

Sources of evidence to measure effectiveness of strategies

Every incident of harm or injury must be reported using an incident report form. The foremost way to measure the effectiveness of your strategies to reduce the risk of harm or injury is to see if any incidents have been reported. Look for common trends, patterns or recurring factors when reviewing incident reports. Where the harm is not of a physical nature, you may find reporting is less stringent.

Incident reports are not your only source of information. Other sources of information are shown below.

Data sources may include:

- ▶ incident and injury reports
- ▶ communication books
- ▶ observation lists
- ▶ case notes
- ▶ team meetings
- ▶ medical reports or reports from other health professionals
- ▶ the individual's own feedback
- ▶ feedback from the individual's family members or significant others.

Gather information to monitor strategies

To monitor whether the strategies have reduced the risk (and/or amount) of emotional and physiological harm to the individual and others, you may choose to gather information from the individual, their family and significant others, your fellow workers and other health professionals. You may also look at factors such as absenteeism of workers or staff turnover associated with the individual, as these may be directly linked to stress factors for workers.



Much of this information may initially be provided verbally and anecdotally, so try to validate the information by drawing on a number of sources and cross-referencing it with any written reports that exist. For example, check that staff absenteeism is supported by leave applications and doctor's certificates stating there were stress-related conditions.

Review the strategy

Where strategies have not resulted in reduced risk or harm, you need to revisit the process you used to develop the support and response plans for the individual.

You may find the circumstances have changed since your initial data was gathered. Changes to setting events, people present in the environment or the individual's health, emotional wellbeing or medication may be the reason that the risk of harm is not reduced. This does not mean that you have selected the wrong strategies, but that you need to add new strategies to the multi-element support plan. Behavioural change is often slow and requires you to be persistent, consistent and dedicated.

Where reporting of harm, injury or stress has reduced, you might argue that the strategies appear to be working and should be continued. However, just because strategies have worked, you should not abandon your plan. Instead, consider review, vigilance and re-enforcement of the successful strategies, as shown below.

You should re-affirm that you have accurately identified:

- ▶ behavioural triggers
- ▶ influences
- ▶ medical, health or wellbeing factors
- ▶ hypotheses
- ▶ strategies to manage the behaviour
- ▶ individual's level of cooperation and motivation
- ▶ team's level of cooperation and motivation.

Example

Monitor strategies in reducing risk of harm to the person and others

Sonia has worked with Vincent to implement a number of strategies to change his behaviours of concern. Vincent has made inappropriate sexual suggestions to a number of his female support workers. He has agreed on a plan to change his behaviour.



His support plan contains a number of strategies, including:

- ▶ learning to shower himself so that support is less needed
- ▶ ecological manipulation, in the form of only using male support workers for his personal care until he can undertake it himself
- ▶ participating in a program to develop Vincent’s social skills and training about sexually appropriate behaviour.

When Sonia monitors his progress, she discovers he is attending his training in social skills and sexually appropriate behaviour, but an incident report has been received to say that Vincent touched a female worker inappropriately when she came to provide home care. This considerably distressed the worker.

Sonia reviews and monitors the strategies to see what has been successful and what has not worked well. She decides that further ecological manipulation is required to stop Vincent’s behaviours of concern, so she recommends only male workers support Vincent, including for his home care services.

Practice task 13

Read the case study below, then answer the questions.

Case study

Clare often becomes upset in public places if there are crowds of people. This causes her to rock back and forth and make loud grunting noises. Her support worker, Charles, knows that her support plan recommends that the best way to cease the behaviour is to offer Clare her Minnie Mouse toy to hold. Unfortunately, last week when Charles handed Clare Minnie, she threw Minnie at a bystander and screamed inconsolably for half an hour. Charles noted this behaviour in the care plan.

1. What are some examples of harm that Charles might be looking for when he reviews Clare’s support plan?

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2. What sources of data should Charles review when monitoring to see whether Clare’s plan has reduced the level of risk and harm?

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3. What factors that will impact upon the success of Clare’s harm reduction strategies?

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Click to complete Practice task 13

3C Identify and report level of intrusion on the person's dignity and self-esteem

Community support workers have an important role to play in monitoring the level of intrusion that a strategy may place upon an individual's dignity and self-esteem. Monitoring intrusiveness means identifying signs of discomfort from the individual.

In order to determine intrusiveness, the worker will need to build a relationship of trust and ongoing rapport with the individual. By learning to read the individual's body language, the worker will be able to identify signs of distress and be ready to report and address these in a way that preserves the individual's sense of self-worth and dignity.



As a coordinator or experienced worker providing behavioural support, you are required to help individuals build their skills and confidence. You need to reflect on your role and how you perform it to discern what messages you give individuals about their own levels of competence.

Identify the least intrusive effective active strategy

When identifying strategies to incorporate into an individual's response plan, you should try to select the least intrusive strategy that is effective in those circumstances. The least intrusive strategy will be the strategy that achieves the desired result (that is, it halts the behaviour of concern), but at the same time is discreet, maximises the individual's dignity and causes the least possible disruption to others.

In this way, the least intrusive strategy can be seen as the strategy that has the least negative impact on the individual's social role, and therefore their social status within their community. While the least intrusive strategy to use depends on the individual and how well the strategy is performed, there are a number of strategies you can consider implementing. These are outlined below.

Structure and routine

For many individuals, the strategy of imposing structure and routine on their daily activities can work well to eliminate the anxiety that is often a trigger for behaviours of concern. These routines can be promoted through storyboarding, visual reminders such as posters, schedules and/or charts to give the individual a sense of predictability and security.

Active listening

Active listening means giving your full attention to a speaker to completely understand their point of view. It involves paraphrasing, summarising and repeating information back to the individual so that they know you are listening to them. It is also beneficial to reflect back their emotions to show that you understand not just what they have said but also what they are feeling. Individuals will often become calm once they understand you have listened to them.

Observation

Observe individuals carefully and pick up on early signs that they are distressed. This allows for early intervention, which is often the least intrusive option. With experience and close observation, you will learn to pick up nonverbal messages that indicate individuals are not at ease and you can then act upon these messages.

Antecedent management

This strategy includes taking action to prevent behaviour by avoiding or eliminating known triggers, influences or setting events. This concept has been covered in detail in previous sections.

Positive trigger

You can use a known positive trigger that restores appropriate behaviour; for example, giving the individual a favourite object or activity that reassures them and causes the behaviour to cease.

Creating a barrier

Where the behaviour of concern involves self-stimulation, the least intrusive active strategy may be to introduce a barrier, such as placing a tray on the individual's lap to prevent them from self-stimulating. A similar technique is to provide an appropriate object, such as a stress ball, for them to handle.

Teamwork

Teamwork helps you to use consistent strategies to observe and eliminate triggers that distress the individual as soon as they happen. Teamwork can also minimise the impact behaviour has on others by working swiftly to remove the individual or the stimulus that is causing distress.

Effective communication

Effective communication with other workers and the individual involves listening to and observing as much as possible about the other person. Use clear, plain words spoken slowly, calmly and firmly to successfully communicate your message to individuals. Using simple words such as, 'Stop', 'Wait' and 'No' can be very effective, as their meaning is clear.

Lifestyle enhancement

Lifestyle enhancement includes any activity or strategy that improves the individual's general quality of life; for example, enabling a person to take up a new activity, go out visiting family and friends or shop independently. This may include a formal social integration plan to increase their community participation.

Relaxation and withdrawal (or time out)

Relaxation can be taught individually or in groups. Guided meditation is good for beginners and, if done regularly, can reduce the frequency and intensity of behaviours of concern brought on by stress.

Withdrawal (or time out) is one of the most effective strategies. It involves removing the individual discreetly from environments that trigger the behaviour and allowing them private time in a suitable and safe time out area to calm down. This strategy is used extensively in classroom settings.

Functional communication

You can teach an individual functional communication, which means that their speech, expression or signing actually achieves its desired result; for example, teaching a person to approach a worker with a request rather than repeatedly calling it out. The emphasis is on teaching the correct process or method in order to communicate more effectively to reach a desired outcome.

Engagement and skill development

Boredom or depression may lead to loss of engagement in activities or may become a trigger for behaviours of concern. You can increase the individual's engagement in activities in the short-term by implementing redirection strategies and in the long term by identifying their preferences, likes and dislikes and offering more meaningful activities.

Skill development may be useful in reducing potentially dangerous behaviour; for example, an individual's inability to complete a task may act as a trigger for their frustration and behaviour of concern. If that person can develop the skills to complete the task, the trigger will disappear and the behaviour of concern will stop.

Example

Identify and report level of intrusion on the person's dignity and self-esteem

Janet likes to go shopping for her household groceries at the local supermarket. She enjoys the social outing and the sense of responsibility. However, she sometimes becomes confused when shopping and wants her support worker to put lots of additional items into her trolley. If the worker questions why she needs these items, Janet becomes agitated and verbally abusive. She also tries to snatch extra things off the shelves. Janet sometimes gets confused at the checkout and moans and rocks when she has to pay for goods. She sometimes refuses to hand over her money and accuses people of trying to take her purse.



Janet has a multi-element behavioural support plan that includes her learning to write a shopping list and follow it. It also involves using a credit card to pay. She finds this less confusing than handling money. She is also being trained in money-handling skills.

Janet's coordinator, Annie, decides to monitor these strategies to ensure they are the least intrusive possible on Janet's sense of dignity and self-esteem. She asks Janet how the strategies are going and also talks to the worker who accompanies Janet.

Janet says she likes the process, as she still feels in charge. She likes drawing up the shopping list and getting the support worker to follow it when they are at the supermarket. She says she still does not like using a credit card at the checkout.

Annie also speaks to Janet's worker, who agrees that writing the list works well and that Janet is now always well prepared and keen to go shopping. She says that Janet is getting better at using the credit card and that her behaviours of concern have stopped.

Annie decides the plan is working well and is increasing Janet's sense of dignity and self-esteem.

Practice task 14

1. Why is it important for workers to identify intrusions into an individual's dignity and self-esteem?

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2. What is meant by the term 'the least intrusive strategy' in the context of a behaviour support plan?

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3. What non-intrusive strategies could be trialled as part of a behaviour support plan?

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Click to complete Practice task 14

3D Review individualised plans, recommend modifications and consult with stakeholders

A review of the individual's support plan is a standard part of your role. The purpose of the review is to evaluate the effectiveness of the support plan in order to optimise the change in the individual's behaviour. Reviewing and modifying a plan does not imply failure of the original plan; it is a way of evaluating whether the plan is achieving the desired outcomes and how well, and looking at ways to improve it.

A review may take place for a number of reasons, including those shown in the list below. Each represents an opportunity for you to work with the individual and the relevant stakeholders to improve their support plan.

Reasons for undertaking a review of a care plan

- ▶ Periodic review is part of the standard policy for all support plans in your organisation
- ▶ The individual, family member or advocate expresses a need for a review
- ▶ An incident report is lodged to indicate that a new behaviour of concern has occurred (for example, a behaviour that is violent or self-harming)
- ▶ A team member alerts you to the fact that they have observed the individual reverting to the original behaviour of concern
- ▶ New triggers or setting events are identified that influence the individual's behaviour

Evaluate the support plan

When evaluating the support plan, there are a number of questions that can be asked to get the required information, as shown below.

Questions for evaluating the support plan:

- ▶ Has the plan resulted in the desired change to the individual's behaviour?
- ▶ Have the objectives of the plan been met?
- ▶ Are each of the strategies working effectively?
- ▶ Is the individual continuing to commit to the support plan?
- ▶ Is progress taking place in the direction and at the rate anticipated?
- ▶ Are additional changes needed to eliminate triggers and give the individual more time to learn the new behaviours?
- ▶ Is the support plan providing value for money to the funding body?
- ▶ Are there any new objectives that need to be incorporated?
- ▶ Have any factors emerged that you were not aware of, and if so, how can these be addressed?

Modify the support plan

To modify the plan, you need to follow a similar process to the one used to develop the original plan. This means consulting with the individual, team members and other stakeholders to determine the best ways to achieve the individual's objectives.

Responsibility for this modification process may rest with the coordinator, the case manager or, in some cases, the funding body. Check your organisation's guidelines to see who is responsible for reviewing and modifying the support plan.

The review process will help you identify whether it is necessary to make improvements or modifications to the support plan. Details on the review process are shown below.

A review process involves:

- ▶ reassessing the individual's behaviour and its triggers
- ▶ reassessing the strategies in place
- ▶ reassessing the team of people involved
- ▶ modifying the individual's environment
- ▶ modifying the time lines
- ▶ reassessing your expectations of progress
- ▶ requesting a new functional or cognitive assessment.

Example

Review individualised plans, recommend modifications and consult with stakeholders

Jamal has a support plan to help him learn to share with other people in his craft group and refrain from hitting them when they use crayons he wants to use. Initially it was decided that he should have a set of his own equipment to use until he had learnt to share. After three months his program is reviewed. On reviewing his progress, his coordinator decides that they can gradually fade this strategy and concentrate on Jamal sharing with others in a controlled environment.



Practice task 15

Read the case study, then answer the questions.

Case study

Laurie is on medication to prevent psychotic episodes. At times he stops taking his medication or forgets, and the episodes recur. He becomes fearful and paranoid and has been known to threaten to harm anyone who approaches him.

Laurie's case manager suggested that they work together to develop an individual emergency plan for him to address these circumstances. They discuss who should be contacted, whether a Community Assessment and Treatment (CAT) team should be contacted, where Laurie would like to be taken and who he feels he can trust at these times.

It has now been three months since the plan was implemented and it is due for a review.

1. Why might Laurie's plan need to be reviewed?

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2. What questions should Laurie's care coordinator ask to help review his plan?

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3. What steps are required if the team needed to modify Laurie's support plan?

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Click to complete Practice task 15

Summary

1. Once you have begun implementing an individual's support plan, you must monitor the strategies in the plan to ensure that the plan is successfully developing and maintaining positive and adaptive responses.
2. Monitoring the plan is simple; review the actual progress against the expected progress as detailed in your plan. Discuss any deviations and where required, new time lines may need to be negotiated. This will also need to be documented in the support plan as a variation.
3. To monitor the effectiveness of your strategies, you need to collect data from a number of sources as shown below.
4. One of the major reasons for implementing and monitoring strategies in a support or response plan is to reduce the risk of harm to you, the individual receiving your care and others.
5. Community support workers have an important role to play in monitoring the level of intrusion that a strategy may place upon an individual's dignity and self-esteem. Monitoring intrusiveness means identifying signs of discomfort from the individual.
6. By learning to read the individual's body language the worker will be able to identify signs of distress and be ready to report and address these in a way that preserves the individual's sense of self-worth and dignity.
7. A review of the individual's support plan is a standard part of your role and the purpose of the review is to evaluate the effectiveness of the support plan in order to optimise the change in the individual's behaviour.
8. Reviewing and modifying a plan does not imply failure of the original plan; it is a way of evaluating whether the plan is achieving the desired outcomes and how well, and looking at ways to improve it.
9. To modify the plan, workers need to follow a similar process to the one used to develop the original plan. This means consulting with the individual, team members and other stakeholders to determine the best ways to achieve the individual's objectives.

Learning checkpoint 3

Monitor effectiveness of individualised plans

This learning checkpoint allows you to review your skills and knowledge in monitoring effectiveness of individualised plans.

Part A

1. Provide an example of a positive response and an adaptive response to a positive planning strategy for learning new skills.

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2. How can structure and routine be used as a non-intrusive support strategy?

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3. How can active listening be used as a non-intrusive support strategy?

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4. How can relaxation and withdrawal be used as a non-intrusive support strategy?

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5. How can engagement and skill development be used as a non-intrusive support strategy?

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6. What are three possible steps involved in a reviewing a support plan?

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7. What should a support worker do if they identify that a support strategy is an intrusion on an individual's dignity or self-esteem?

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Part B

Read the case study below, then answer the questions.

Case study

Sam is a community services worker and provides care to William. Sam has developed a behavioural management plan, and has put strategies in place to help stop William being disruptive in his group craft sessions. The strategies include time-out, and learning to put his hand up and wait his turn for the instructor to come around to him. Over four weeks, Sam and the staff monitor these strategies to see if they have resulted in the desired behaviour. William's positive results are recorded on a wall chart with stars to show when his behaviour has been appropriate.

1. Why is it important for Sam to monitor the strategies in William's support plan, and how can Sam monitor the support plan?

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2. Provide an example of a successful positive response and an adaptive response to a possible ecological manipulation strategy in William's plan.

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3. What are five sources of data that Sam may need to review in order to monitor the strategies in William's care plan?

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4. What are some examples of 'harm' that Sam might be looking for when he reviews William's support plan?

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5. What sources of data should Sam review when monitoring whether William's plan has reduced the level of risk and harm to himself and others?

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6. What factors will impact upon the success of William's harm reduction strategies?

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7. Why is it important for Sam to identify intrusions into William's dignity and self-esteem?

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8. What is meant by the term ‘the least intrusive strategy’ in the context of William’s behaviour support plan?

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9. What non-intrusive strategies could Sam could trial as a part of William’s behaviour support plan?

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10. Why might William’s plan need to be reviewed?

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Topic 4

In this topic you will learn how to:

4A Prepare reports and other documentation

4B Update documents to maintain currency

Complete reporting requirements

One of the most important aspects of managing an individual's behaviour of concern is recording information and completing accurate documentation. This documentation sets out the plans, expectations and strategies to be followed when managing the individual's behaviour, and represents an agreement between the involved parties. There are other reasons for completing documentation; for example, documenting information is an organisational requirement, both in order to provide information to the funding providers and for your own protection should information ever be required for legal purposes. Documentation also enables you to report to your manager about individuals accessing services and on trends across a group of individuals.

4A Prepare reports and other documentation

Your organisation should have strict guidelines about reporting requirements and it is important that you meet these requirements at all times. By completing and maintaining documentation about individuals, you protect yourself and your organisation against possible future legal challenges regarding your processes, procedures and services.

There is usually a set form or template for recording information regarding individuals' behaviour management, and it is important that you use it whenever appropriate. When information is prepared in a consistent format, data can be analysed and summarised easily to identify trends.



Relevant documentation includes your observations, the conversations you have and the actions you agree upon with the individual about providing behaviour support. Where decisions are made on the individual's behalf by a legal guardian, this also must be recorded and reported.

Policies and procedures

Organisational policies and procedures may be provided to you in hard copy or electronically; for example, by email or on a workplace intranet. These policies and procedures are carefully designed to meet legislative and regulatory obligations, industry standards, best practice principles, funding requirements and individual accessibility principles.

You must have access to these policies in order to prepare reports and other documentation properly. The type of information you will find in them is shown below.

Policies and procedures prescribe:

- ▶ how information is gathered
- ▶ how and in what format it is recorded
- ▶ the amount and type of information to collect
- ▶ any mandatory requirements for reporting
- ▶ where the information is stored and under what security arrangements
- ▶ who receives the information
- ▶ time lines for collecting information
- ▶ the type of reports generated from the data you record
- ▶ who has access to the information.

Workplace incidents and reporting

A workplace incident is any set of circumstances that have taken place and resulted in an injury or illness, or that could have resulted in an injury or illness.

Employees must report any hazards, incidents and injuries that occur in the workplace. This involves completing an incident report form and submitting it to your supervisor as soon as possible.

The purpose of incident reports is to ensure the organisation complies with policies, procedures and regulations relating to the reporting, investigating and correcting of incidents.



Incident reports give the organisation information about what kinds of injuries are occurring in the workplace and their causes. These may be investigated and then steps taken to eliminate or minimise the risk of the incident re-occurring.

Analysing the information contained in an incident report also assists in finding those physical locations or work practices that present the most risk. These may then be addressed as a matter of priority.

Example

Prepare reports and other documentation

When Jenny first starts her new job as a coordinator for a residential house, she is unfamiliar with the processes for preparing reports and other documentation. She consults the organisation’s manual and spends time going through all the forms, templates, reports and other documents. The manual also contains information about how to complete and store the forms, how to prepare reports and other documentation and how the information will be used.

Jenny now considers the policy and procedures manual her most useful resource.



Practice task 16

1. Why is it important for a support worker to prepare reports and documentation correctly?

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2. What important information is prescribed in an organisation's documentation policies and procedures?

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3. What is an incident and what should a support worker do if they witness one?

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Click to complete Practice task 16

4B Update documents to maintain currency

It is essential that you complete all documentation in accordance with your organisation's policies, procedures and protocols. This ensures that you meet your reporting requirements and that your documentation is in a consistent and professional format for other team members to access.

Documentation should be completed promptly and accurately; the longer the delay in recording information, the more likely it is that you will forget or overlook important details.

Your organisation may use your information to generate statistical reports for strategic and business plans. Your information may be compiled into a report to cover performance outcomes for your whole unit or department and may be presented to a board of management. In many cases, information will be reviewed monthly or quarterly for indicators of your performance.



Update documents to maintain currency

Information that is not current can have negative effects on service provision for individuals, and information that is not maintained in a timely and consistent manner can also have implications for your organisational reporting. Part of your job role is to ensure all documents are up to date in accordance with required time lines. The quality of your reporting system, and in turn your service, is dependent on the quality of information you have to draw on. It is therefore essential that records are kept current.

When documentation is not maintained to a professional standard, errors in service provision, judgment and reporting can result.

Part of your role is to ensure the following documentation is maintained to the required standard:

- ▶ Risk assessments
- ▶ Hazard and incident reports
- ▶ Statistical reporting
- ▶ Expenditure on services purchased
- ▶ Sources of funding
- ▶ Referral and services purchased

Maintaining currency of files

It is important that information is entered into files as soon as possible after any event, so that files are always current. If an individual's file does not contain current information, it can lead to serious problems in the service you provide.

Information that must be kept current, and the impact it can have if it is not, is shown below.

Care plans

- ▶ Workers could go to the individual at the wrong time and/or be unsure about what tasks they are to perform.

Medications

- ▶ New medication or changed dosages that are not recorded could result in side effects, inexplicable behaviour, illness or death.

Health status

- ▶ The individual may be in hospital but the worker may arrive at the individual's home for a shift if the information has not been noted on their file.

Triggers

- ▶ Changes in wellbeing may trigger behaviours of concern, such as withdrawal. If changes are not recorded, behaviour could be attributed to other causes. Workers cannot eliminate triggers unless they know about them.

Ecological manipulation and reinforcement

- ▶ Changes to the environment need to be recorded so that everyone ensures the changes are maintained.
If reinforcement strategies are not recorded, workers cannot take a consistent approach to behaviour management.

Geographical

- ▶ If geographical containment strategies are not recorded, an incident may escalate, resulting in harm to people or property.

Support and response plan

- ▶ If the support plan is not current, confusion and inconsistency in approach may occur.
Workers cannot respond appropriately if information is not current, and the individual may remain in danger of harm or injury.

Updating information

You can maintain currency of documentation by ensuring information is up to date. The following information provides strategies for updating information

Maintain currency of documentation by:

- ▶ monitoring an individual's progress
- ▶ updating skills development records
- ▶ amending information on family circumstances/relationships, as needed
- ▶ updating information about adaptive responses of individuals
- ▶ using evidence-based observation charts
- ▶ arranging for cognitive or functional assessments
- ▶ updating reward charts for individual's to monitor their progress
- ▶ noting changes to staffing and the people providing services
- ▶ updating plans
- ▶ noting changes in a person's health, wellbeing and medications
- ▶ maintaining communication books
- ▶ noting changes in person's cognitive ability
- ▶ recording observations and evidence
- ▶ recording noncompliance.

Example

Update documents to maintain currency

Kathy is a coordinator providing behaviour support to a number of individuals who have acquired brain injuries. She understands that personal information must be kept up to date so that workers can respond swiftly to any behavioural issues.

Each day, Kathy files all information that comes across her desk on the date she receives it. She places a reminder on her to do list of any documentation she still needs to complete and makes sure she updates any changes of information before she leaves each day. This is consistent with the organisational guidelines, as set out in her policy and procedures manual.



Practice task 17

1. Why is it important to maintain currency of documentation?

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2. What are three examples of documents that a community support worker must update as part of their role?

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3. What five ways that a support worker can update information to maintain currency of information?

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Click to complete Practice task 17

Summary

1. Your organisation should have strict guidelines about reporting requirements, and it is important that you meet these requirements at all times.
2. By completing and maintaining documentation about individuals, you protect yourself and your organisation against possible future legal challenges about your processes, procedures and services.
3. When information is prepared in a consistent format, data can be analysed and summarised easily to identify trends.
4. Relevant documentation includes your observations, the conversations you have and the actions you agree upon with the individual about providing behaviour support.
5. Workers must report any hazards, incidents and injuries that occur in the workplace by completing an incident report form and submitting it to their supervisor as soon as possible.
6. The purpose of incident reports is to ensure the organisation complies with policies, procedures and regulations relating to the reporting, investigating and correcting incidents.
7. It is important to maintain currency of information because information that is not current can have negative effects on service provision for individuals.
8. Information that is not updated and maintained in a timely and consistent manner can also have implications for care outcomes and for organisational reporting.
9. Community support workers need to update documentation to ensure currency of information in compliance with their organisations policies and procedures.

Learning checkpoint 4

Complete reporting requirements

This learning checkpoint allows you to review your skills and knowledge in completing reporting requirements.

Part A

1. Provide four examples of how information that is not current can negatively impact on the provision of care.

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2. What are the ways in which a support worker can keep information up to date?

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3. What are some examples of documents that a support worker should maintain to their organisation's required standards?

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Part B

Read the case study below, then answer the questions.

Case study

Colin is new to the position of coordinator and he has been asked by his manager Tom to prepare documentation and a report for an upcoming workplace meeting. He checks his organisation's policy manual and finds that there is a report template he can use. He uses the template to gather appropriate information and completes all of the suggested information fields. Colin shows the completed documentation to his manager to ensure he has filled it out according to organisational requirements.

1. Why is it important for Colin and all support workers to prepare reports and documentation correctly?

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2. What important information could Colin find in his organisation's documentation policies and procedures?

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3. What is an incident and what should Colin do if he witnesses one while at work?

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4. Why is it important for Colin to maintain currency of workplace documentation?

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5. What documents must Colin update as part of his role?

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6. What methods can Colin use to update and maintain currency of information?

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