



CHCCCS044

Follow established
person-centred
behaviour supports

Learner Guide

CTCCS044



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Follow established person-centred behaviour supports

Release 1

Learner Guide

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CHCCCS044 Follow established person-centred behaviour supports, Release 1

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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCCCS044 Follow established person-centred behaviour supports*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

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

Foundation skills

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

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> • 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
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 • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	<ul style="list-style-type: none"> • Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	<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
Teamwork	<ul style="list-style-type: none"> • Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
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
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<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

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

What do you already know?

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

Topic	Key outcome	Rate your confidence in each section
Topic 1 Apply a person-centred approach to providing behaviour support	1A Support the person to maintain daily living activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Consider the needs, strengths, capabilities and preferences of the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Engage the person to identify and address challenges	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Review context of behaviours of concern	2A Recognise behaviours of concern and consider the events surrounding the behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Triggers of the behaviours of concern	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Consider all factors in the context of the behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Document observations and prepare reports	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



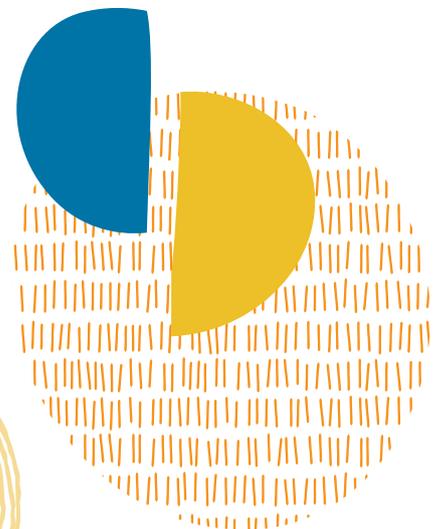
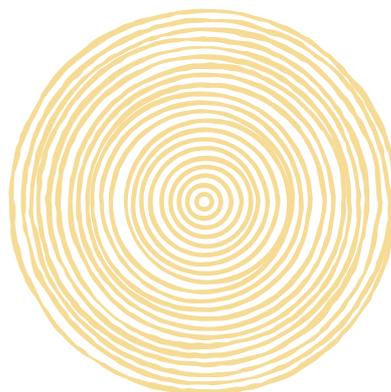
Topic	Key outcome	Rate your confidence in each section
Topic 3 Provide positive behaviour support	3A Establish interventions with the person to address the behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Interpret and follow behaviour support plans	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Promote a safe work environment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Monitor the person in consultation with the supervisor	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Apply a person-centred approach to providing behaviour support

- 1A Support the person to maintain daily living activities
- 1B Consider the needs, strengths, capabilities and preferences of the person
- 1C Engage the person to identify and address challenges



1A

Support the person to maintain daily living activities

When supporting a person with behaviours of concern you must comply with all rules and regulations to ensure the human rights of the person are protected.

Working with a person who has a behavioural support plan carries a lot of responsibility. As a support worker, it is your role to ensure your client's human rights are always protected and that care is provided in a respectful, dignified manner that does not violate a person's human rights.

The social model of disability

The social model of disability, developed by Wolfsenberger and others, is a theory that challenges societal negative beliefs about disability.

This model became widely accepted from the 1980s onwards, replacing the medical model of disability, which looks at what is 'wrong' with the person, not at what the person needs.

The thinking behind the model is that it is the way society is organised that causes disability, rather than a person's impairment or difference. By removing barriers – whether physical or by changing people's attitudes – you can create equality and give people living with a disability more choice, control and independence.

If a person is not able to access the necessary supports and resources for community participation they will not feel valued as a member of that community. Devaluation can come in many forms, including stigma, isolation, marginalisation and discrimination. These are explained for you in the following table.

Stigma	Stigma is when someone thinks about somebody in a negative way because of that person's disability. It is a mark of disgrace that separates a person from others. The impacts from stigma include: <ul style="list-style-type: none">• feelings of shame• reluctance to ask for support• fewer opportunities such as employment• bullying and harassment• self-doubt.
Isolation	Isolation is different from loneliness as it is involuntary, meaning it is not the choice of the person. Examples include: <ul style="list-style-type: none">• avoiding contact with others• no communication with family or friends• lack of access to opportunities and resources.



<p>Marginalisation</p>	<p>Marginalisation occurs when a person or group of people are treated as insignificant and of less importance compared to other groups. The consequences of marginalisation are quite serious and can include:</p> <ul style="list-style-type: none"> • higher rates of abuse • higher rates of poverty • insecure living conditions • lower levels of education.
<p>Discrimination</p>	<p>Discrimination is unfair treatment of a group based on their characteristics. When a person or group of people are treated unfairly, they are not given the same opportunities as others. Disability discrimination is the largest category of complaints received by the Australian Human Rights Commission.</p>

The social model highlights how society makes it harder for people with disabilities to access the same opportunities as others, directly impacting a person’s quality of life. In other words, inaccessible environments and societal attitudes create barriers and disadvantages for people with disabilities, which, in turn, leads to social devaluation. Therefore, the model attempts to counteract this by encouraging the community to see all individuals with disabilities as valuable members of society who should be given equal access to all resources to enable them to contribute as much as anyone else.

For more information on the social model and examples of the model in action, visit: aspirelr.link/afdo-smod

Disability and human rights

People with disabilities are particularly susceptible to abuses of their human rights. The UNCRPD sets out that all people are equal and that all people have the same rights, such as the rights to equality, safety, privacy and freedom within the home and family. In practice, this convention informs all of your workplace procedures and activities. It is also a good starting point for informing people with support needs about their rights.

The UNCRPD recognises that disability is a natural part of human life. However, unlike the social model, it also acknowledges that people with disabilities are experts in their own lives.

The social model prompted the United Nations to develop and implement the Convention on the Rights of Persons with Disabilities (UNCRPD).



Disability in a human rights context acknowledges:

- the impact that disability has on a person’s daily life
- that impairment is a natural part of human diversity
- the right for people to live independently
- that people have the right to feel they are a part of their community
- that enabling people with disabilities to have independent lives requires more than simply removing societal barriers.

Discrimination

People with a disability are one of the most socially disadvantaged and marginalised groups in Australia because so many barriers still exist. They are more likely to live in poverty, experience social exclusion, have lower participation rates in education and employment, and lower positive health outcomes.

As a support worker, you need to be aware of systemic and structural barriers. These may be societal or at an organisational level when policies do not meet the needs of a social group and can be viewed as discriminatory. Here are a few examples.

Poverty	<ul style="list-style-type: none">• The average personal income for people living with a disability is approximately half that of with people without a disability.• Lack of employment opportunities. People with a disability are more likely to be employed part time or casually instead of full time.• People with a disability are less likely to complete high school education or achieve tertiary qualifications.• Aboriginal and Torres Strait Islander peoples with a disability living in remote locations are less likely to be able to access many of the benefits provided by the NDIS.• Lack of services and support for people and their carers in regional and remote locations.• Lack of resources causing food insecurity.
Housing	<ul style="list-style-type: none">• Lack of affordable housing.• Rental stress due to low income and rising cost of rent.• Low income is the primary barrier to home ownership.• People with a disability are more likely to experience homelessness.• Individuals may have to rely on shared housing arrangements to support independence.• People experience abuse and neglect in institutional and residential care settings.



<p>Lack of resources</p>	<ul style="list-style-type: none"> • Individuals over the age of 65 years are unable to access the NDIS. • Access to resources is limited for individuals in remote and regional locations in comparison to people living in metropolitan areas. • Lack of assisted technologies. • Lack of services and support for specific needs. Evidence shows that people with a disability are often not considered when developing public policy.
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Federal government approach to service

The Australian Government tries to support people with disabilities and increase their participation in society through legislation and policy.

The *Disability Discrimination Act 1992* (Cth) makes it unlawful to discriminate against people with a disability. The human rights framework of service was developed from this legislation to ensure that service providers respect and protect the rights of service users.

Outlined in this table are the rights of people with disabilities when engaged in support services and other forms of care.

Human rights framework of service ensures:
<ul style="list-style-type: none"> • people with disabilities have the right to request assistance from services • the service does not have the right to question or doubt a disability • information be provided in writing at the commencement of service that explains the person’s rights • the person has the right to direct their care plans and receive support that is customised to their individual needs and that recognises their other support people such as family and other carers • the right to have reasonable adjustments for the person to be able to attend and do their job and access goods and services • the right to privacy • the right to be treated with dignity • the right to complain.

For more information on human rights law, visit:
aspirelr.link/aus-human-rights-framework



Legal and organisational considerations

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

Under the *Disability Discrimination Act* you must help protect people with a disability from discrimination, abuse and neglect.

Disability service organisations in some states must report to regulatory bodies annually on all the complaints they have received and their actions taken in response to these complaints. The following table outlines some of the legislation and regulations that impose reporting obligations on organisations that provide services to people with disabilities.

<p>National standards for disability services</p>	<p>The standards, framed in 2014, cover the areas of:</p> <ul style="list-style-type: none"> • rights • participation and inclusion • individual outcomes • feedback and complaints • service access • service management. <p>Federally funded organisations, such as employment and advocacy services, must adhere to these standards through their policies and procedures.</p> <p>If they are not certified for compliance against these standards, they may lose funding.</p>
<p>State disability legislation</p>	<p>State-based legislation, such as the <i>Disability Act 2006 (Vic)</i>, establishes the regulatory environment for state-funded disability agencies. In Victoria, for example, the Act gave the Disability Services Commission powers to mediate and investigate complaints. The Senior Practitioner is the person empowered by legislation to regulate the use of restrictive practices.</p>
<p>NDIS practice standards</p>	<p>The practice standards outline expectations in professional practice and allow NDIS service providers to evaluate their performance in delivering quality care to individuals with a disability. The standards also inform those with a disability on what to expect when receiving care from a service provider. The standards outline:</p> <ul style="list-style-type: none"> • rights and responsibilities of those receiving NDIS support • governance and operational management • provision of support • standards of practice in approved support environments.



<p>NDIS code of conduct and organisation codes of conduct</p>	<p>The NDIS code of conduct applies to all workers employed or contracted to an NDIS provider. The code of conduct is a set of rules around behaviour that support workers must follow and acts as a standard to ensure support workers know what is expected from them. These rules are generally embedded into organisation codes of conduct to ensure that work practices are in line with the NDIS code.</p>
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Video: Disability services

For more information about disability services in Victoria and the NDIS, watch this video: aspirelr.link/ty-ndis-dis-service

Pay attention to the ways in which people with disabilities are supported by the NDIS.



Duty of care

Duty of care is a legal obligation that underpins the responsibilities of all service workers.

Failure to do so results in negligence to the service user, and you could face discipline for your inaction.

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

For more information, visit: aspirelr.link/mypeer-duty-of-care

Risks to the person

Abuse is a genuine risk for people with disabilities and is anything that causes harm to a person.

Due to their increased vulnerability, people with a disability are three times more likely to experience abuse and neglect than other groups of people in Australia.

Abuse and neglect of people with disabilities is often unreported, not investigated and not prosecuted (meaning the perpetrator is not punished). For this reason, the rate of abuse could be higher than acknowledged as current evidence is based on reported incidents.

Intentional abuse
When a person deliberately causes harm to another person.

Unintentional abuse
Abuse that occurs through ignorance or other unintentional reasons, harming the person with care needs.

Intentional and unintentional abuse

Abuse can be either **intentional** or **unintentional**. The table below describes some different types of abuse.



Physical abuse	Physical abuse is an intentional act that causes pain or injury to a person and can include: <ul style="list-style-type: none"> • hitting, kicking, punching • using unauthorised restrictive practices such as confinement and/or restraints.
Sexual abuse	Sexual abuse is a sexual behaviour or act that is forced on a person without consent and can include: <ul style="list-style-type: none"> • forcing someone to perform a sexual act • indecent exposure • indecent communication, including inappropriate text messaging • unwanted touching and kissing • showing someone unwanted sexual images and videos.
Psychological abuse	Psychological abuse is a behaviour that takes away a person’s dignity and self-worth and can include: <ul style="list-style-type: none"> • name-calling • removing aids, such as taking a wheelchair away from a person or removing a communication device • making threats, such as sending a person to an institution or removing any benefits, including medical treatments, aids or services • isolating or ignoring a person.
Neglect	Neglect occurs when support workers and other caregivers do not meet the needs of the person they are assisting and can include: <ul style="list-style-type: none"> • not providing enough to eat or drink • not giving adequate supervision • not providing appropriate personal care • allowing a person to develop a medical condition, or failing to have a medical condition treated.
Exploitation	Exploitation is the act of taking advantage of another person’s physical and financial resources without consent via theft, undue influence or deception. This can include: <ul style="list-style-type: none"> • misuse of a person’s income • stealing from a person • forging or forcing a person’s signature.

Indicators of abuse

The physical and behavioural signs that might indicate a person is being subjected to abuse or neglect.

For more information, visit: aspirelr.link/adc-abuse-neglect

Indicators of abuse

You need to look out for **indicators of abuse**, and observing and getting to know your clients will help you to do this. When you know someone, you are more likely to pick up on changes in their behaviour. You do not need hard evidence that abuse is occurring, only a reasonable belief.



If you suspect a client is being abused you must report your suspicions to your supervisor immediately.

Some indicators of abuse
<ul style="list-style-type: none"> • Unexplained injuries and bruising • Change in sexual behaviour • Unusual fear of a person • Avoiding certain settings • Sexually transmitted disease • Deterioration of a person’s appearance and weight loss • The carer makes excuses to stop you gaining access to the person with care needs • The carer seems overly affectionate and flirtatious with the person, which might indicate an inappropriate sexual relationship • The carer gives conflicting accounts of incidents or is hostile towards the person with care needs

Practice Task 1

Question 1

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

a. The human rights framework of service delivery ensures that a person with a disability has the right to request assistance from services and have their support customised to meet their needs.	Yes / No
b. The UNCRPD maintains that all people are equal and have the same rights, such as the rights to equality, safety, privacy and freedom within the home and family.	Yes / No
c. To uphold a person’s human rights, support workers should always aim to keep the person living independently in their own home, even if there are safety concerns.	Yes / No
d. It can be difficult to identify instances of abuse when working with people with disabilities as many are unable to communicate what has occurred or understand that the abuse is unlawful.	Yes / No
e. It is exploitation if you use a client’s money to purchase food for them and for you during a social outing; even if they handed you their wallet to make the purchase.	Yes / No



Question 2

Match each term to its definition/description.

Duty of care	A set of rules around behaviour that support workers must follow and that act as a standard to ensure that support workers know what is expected from them.
Neglect	Outlines expectations in professional practice, allowing for evaluation of performance in delivering quality care to individuals with a disability.
Code of conduct	The legal and moral responsibility to protect the safety and wellbeing of others from all foreseeable harm.
Practice standards	When support workers and other caregivers do not meet the physical, social or emotional needs of the person they are assisting.

Question 3

Explain how social devaluation impacts the ability of a person with a disability to earn an income, access resources and be able to afford housing.

1B

Consider the needs, strengths, capabilities and preferences of the person

Work with the person using modern support practices that help them to identify their needs and will enhance their quality of life.

Daily routines encourage healthy habits. All your clients will already have daily routines. As their support worker, you must help your clients to maintain their daily activities, while following organisational policies and procedures and their individualised support plan. This is to ensure the person's safety and wellbeing.

Person-centred approach

This is all about recognising that every person is different, with different needs, likes, dislikes and dreams. Rather than just slotting a person into existing services and programs, this approach recognises that what might be a suitable service for one person may not meet another person's needs.

The support worker must get to know each person they assist, taking time to learn about their preferences, needs and goals while always treating them with dignity and respect. Establishing an open, trusting and respectful relationship with the person and their family will help them be confident to place trust in you to share their concerns and discuss their strengths and capabilities. When working with the person, you must respect their rights to dignity of risk, privacy and confidentiality while still exercising your duty of care.

Here are a few tips to help you build and maintain positive relationships.

Action	Strategies
Professionalism	<ul style="list-style-type: none">• Be neat, tidy in appearance, and have good personal hygiene.• Be respectful of professional boundaries. Do not make promises you cannot keep and always act ethically.• Be formal when interacting with other services and health professionals and never forget you are a representative of your employer.

Person-centred approach

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



Action	Strategies
Demonstrate respect	<ul style="list-style-type: none">• Be non-judgmental.• Communicate openly and be focused on the speaker.• Show a genuine interest in, and care of, others.• Use good manners.• Be approachable.• Show empathy. This is the ability to put yourself in another person's situation and see things from their point of view.
Active listening	<ul style="list-style-type: none">• Give your full attention to the speaker.• Ignore distractions.• Do not interrupt the speaker. Instead, use short utterances such as "uhuh" and "ok."• Use your body language to show you are listening, such as nodding and smiling.• Use positive body language.• Paraphrase. This means that in, your own words, you say back to the person what they have said to you.• Summarise key discussion points.• Give the speaker time to answer and never speak for them.

Role of a support worker and carers

Specific tasks may need to be carried out under direct supervision. When performing tasks, all workers must comply with Commonwealth and state/territory legislation, industry standards and codes of practice. Here is an outline of some aspects of the role that relate to all sectors of community services.

Follow support plans	<p>Support workers need to assist individuals to maintain their routines, depending on the nature of their needs and capabilities. The individualised support plan will outline care requirements and strategies that need to be carried out to support the person. Examples include:</p> <ul style="list-style-type: none">• medication management• skills development• observing, monitoring and documenting the person's progression• raising issues, challenges and barriers affecting the person to the supervisor• assisting the person to express their needs and wants and in making decisions• providing personal care.
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<p>Assist in referrals</p>	<p>Service users will often require additional support that is outside of the scope of the service. Workers need to know the limits of their role and who to refer to when tasks require more assistance. You are required to understand your organisation’s procedures when assisting in the referral process, but a few general duties you may be required to carry out are:</p> <ul style="list-style-type: none"> • assisting the person to choose a service that is most suited to their needs • assisting in completing referral documentation • explaining the support provided by the service and client rights and responsibilities • arranging a meet and greet • following up on the client to ensure the transition has been a smooth one.
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Video: Disability support worker roles

Watch the following video about the roles of a disability support worker: aspirelr.link/yt-dis-sup-work-roles

Pay attention to the daily tasks the worker completes and how he supports his clients in their development.

Dignity of risk

Dignity of risk is upheld in legislation and service standards and ensures that duty of care or safety are not used as reasons to limit a person’s freedom of personal choice.

As a support worker you must always consider duty of care, but you must also apply the concept of dignity of risk. The person must, when possible, use self-determination and be allowed to take reasonable risks if that is their choice. This does not ignore your duty of care; you must evaluate the level of risk to the person. Be mindful that what may be high risk for one person may not be for another, so you need to take a case-by-case approach here.

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

Video: Dignity of risk

Watch the following video on how dignity of risk is supported and upheld: aspirelr.link/yt-dignity-of-risk

Consider the impact upholding a person’s dignity of risk has on each individual’s self-esteem and social participation.

Identify daily routines and activities

A person’s support plan will document the routines they are required to follow to assist them in achieving their goals.



Information in the plan will describe the activities the person participates in daily, together with strategies for engaging in these activities. These will vary from one person to another and are either individual or group activities.

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

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

Client 1	<ul style="list-style-type: none">• Breakfast• Shower, hair, teeth and make-up• Tidy room• Laundry• Morning tea
Client 2	<ul style="list-style-type: none">• Breakfast• Read newspaper• Shower, hair and teeth• Walk• Morning tea
Client 3	<ul style="list-style-type: none">• Breakfast• Go for a walk to get the newspaper• Shower, hair and teeth• Morning tea• Attend a community workshop• Lunch

Strategies to support the person

The individualised support plan should include instructions for meeting a person's needs. Here are some practical examples of a support worker assisting a person to maintain their daily routine.

Tips for supporting people to maintain daily living activities

- Demonstrate respect and be non-judgmental.
- Talk through the routine with the person.
- Use prompts to help the person to remember their routines.
- If a person breaks their routine, chat with them about the importance of getting back into it.
- Check the person is comfortable with the routine.
- Ensure the environment is friendly and relaxed.
- Ensure the safety of the person.
- Adapt your communication style to support understanding.



Promote participation

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

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

1. Promote participation

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

2. Using activity support plans

Person-centred plans, learning plans, positive behavioural support and communication plans will give you an insight into the person's specific needs and goals. Refer to the plans regularly. If you believe a plan is outdated or needs revision, consult your supervisor. For example, you may notice that a person is waking up an hour later than usual due to a change in their medication so their morning routine needs to be updated.

3. Skills development

Learning plans are helpful resources for tracking a person's skills development. A person may have a specific goal, such as finding employment. The learning plan will outline the skills the person will need to develop to be employable, the strategies to use and the resources required.

4. Communication

Observe the person and communicate with them and their family members to promote participation. Your observation skills will allow you to monitor the person's participation levels and identify any areas of concern regarding participation. Talking to the person, and their family and friends, will allow you to get feedback about the person and share any concerns.

5. Knowing your limitations

Know the limits of your job role and the extent of support you can provide. If you notice the person requires support that is not identified in their support plan, you will need to discuss this with your supervisor and request a formal assessment. Always work safely and according to your organisation's requirements.

Individual needs

Individual needs are specific to the person. You will need to be able to support the person to identify their strengths and preferences, as building on these assists in goal achievement. Here are a few examples of a person's strengths and capabilities.

People's needs, strengths and preferences vary in many ways and may differ due to physical, mental or cognitive issues.



Strengths	Capabilities
Family support	Using a budget
Can identify enjoyable activities and interests	Reading bus timetables
Member of a social group	Following routines
Has access to communication aids	Preparing a simple meal

Your clients have their own unique needs. When supporting a person, you should always refer to their individualised care plan to identify these needs. Here are a few examples of individual needs.

Examples of individual needs
<ul style="list-style-type: none">• Communication aids• Mobility aids• Different levels of personal care• Providing written information in a person’s first language• Medical management• Transportation• To have a person represent them (advocacy)• Medical assistance• Counselling

Example

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

Miriam is Ruth’s disability support worker. Ruth has recently become vision impaired and finds it challenging to read her mail and perform other simple tasks that we typically take for granted, such as shopping and making phone calls. As a result, Ruth is becoming increasingly isolated. Miriam observes that this is affecting her wellbeing.

Miriam and Ruth discuss some ways to support Ruth. Together, they come up with a few ideas such as getting a magnifying glass to help her read her mail, arranging to go shopping on the day Miriam visits so she can help her read labels and prices, and organising a new phone with large buttons so she can see the numbers to be installed in Ruth’s house.

In working like this with Ruth, Miriam has shown respect by assisting Ruth to identify strengths and preferences to help her retain her dignity.



Identify unmet needs

Unmet needs are not always identified during the planning process but will become evident over time when you are working with a person.

Being familiar with a person's care plan, and observing them performing activities and routines, will help you identify an unmet need. When talking to your clients, they will share their concerns and challenges with you. The impact of unmet needs may range from minimal discomfort to actual harm and can be a primary contributing factor to behaviours of concern.

Examples of unmet needs are outlined below.

Systemic and structural	Needs that are inadequately met from a federal, state level or at an organisational level, include: <ul style="list-style-type: none"> • a shortfall in respite services for carers • inadequate assistance for carers • lack of services and support programs in rural and remote locations • lack of employment opportunities in a local area • workplace policies that inadequately address the needs of service users.
Relational	Needs that arise from social interaction include: <ul style="list-style-type: none"> • the need for security • the need for intimacy • the need for social connections.
Cultural	Needs that arise from our backgrounds and beliefs include: <ul style="list-style-type: none"> • the need to practise spiritual or religious beliefs • the need to form social connections and interact with others from the same cultural background.
Physical	Needs that relate to medical conditions include: <ul style="list-style-type: none"> • the need for support with mobility • the need for appropriate support to manage pain.
Individual	Needs specific to the person include: <ul style="list-style-type: none"> • food • clothing • mental health support • literacy and numeracy education.



Practice Task 2

Question 1

Which of the following actions support a person to maintain their activities of daily living and routines? Tick all that apply.

- Use and regularly review the person's activity support plans to ensure they are up to date and still relevant.
- Use prompts to help the person remember their routines.
- Observe if the person is less engaged and help them focus on the activity.
- Promote participation in activities of daily living by engaging with and accompanying the person.
- If the person breaks from their routine, adopt a relaxed approach and spend the rest of the day following their lead.

Question 2

Why is it important to consider the person's needs, strengths, capabilities and preferences when engaging in daily living activities?

Question 3

Match each need to its definition/description:

Cultural
Individual
Relational

Needs that are specific to the person, such as clothing and mental health support
Needs that arise from social interaction, such as intimacy
Needs that arise from our backgrounds, such as spiritual practices



Question 4

List two ways a support worker can uphold a person's dignity of risk.

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

1C

Engage the person to identify and address challenges

Creating a safe environment for the person will help overcome challenges and support goal achievement.

Participation in activities provides opportunities for enjoyment, skills maintenance and development, and personal satisfaction. Support workers must identify and act when the person is not engaged in their individualised plan and seek assistance when required.

Identify challenges

Support workers may assist people from various backgrounds in a variety of settings.

The circumstances and environment of each person you support will be unique, so how people respond to routines and activities will differ according to their personal situation.

Support workers who build positive working relationships with their clients and who are familiar with their care plans can identify even the smallest changes in a person's behaviour that may reduce their level of engagement.

Adapting your communication skills and using other strategies to promote engagement will prevent the situation from escalating. Remember, sometimes challenges with behaviour or engagement may indicate an underlying problem. Problems may arise from a change in the person's health, medication, emotional state, relationships or mental status.

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

Signs to look out for

- Refusing to speak or cooperate with others
- Refusing to complete a task
- Ignoring the support worker
- Yelling, being argumentative or showing aggression
- Self-stimulatory behaviour such as rocking, pacing, jigglng legs
- Self-harming behaviour such as hitting head against a wall
- Running away, 'going home' or wandering



Communicate to promote engagement and motivation

How you communicate can influence a person's level of engagement. You can help the person achieve the goals in their behaviour support plan by adapting your communication style to meet their needs and by responding to the environment or situation. The strategies you choose to use will depend on the person you are supporting and why they experience issues with motivation or engagement.

If a person has diverse language needs, you may consider engaging a translator or interpreter. You could also ask a family member to participate in the discussion. It would help the person feel more confident to talk about their needs and any issues that are causing them to feel less enthusiastic about their activities, and would allow you to get a clearer picture of the challenges they face. Otherwise, you can always talk to your supervisor if you need support.

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

Communication strategies to promote engagement

- Use active listening skills
- Avoid complex vocabulary and slang
- Be positive and encouraging
- Use open-ended questions
- Encourage a family member to join in the conversation
- Avoid the use of defensive body language such as folding your arms, frowning
- Speak clearly and use simple, clear English.
- Be mindful of your tone of voice, be calm.

Video: Enhancing communication

Watch the following video, which focuses on understanding and enhancing communication with people with multiple learning disabilities:

aspirelr.link/yt-enhancing-communication

Pay particular attention to the strategies support workers use to communicate with people who are non-verbal.



Responding to issues with engagement

Ensure you observe all elements of a person to assess their level of engagement. Note what they say, how they say it and the emotions they are expressing. Observe the use of body language as changes will indicate that something is not right.

If a person complains about anything not directly associated with an activity, this may provide a clue as to the source of the problem. For example, a person may be in pain, making it difficult to complete a daily task.

Observation is a key tool support workers can use to identify and respond to engagement issues a person may be experiencing.



By using clear, effective communication, you should be able to identify the problem and take steps to resolve it. Below is a list of ways to improve engagement.

How to respond appropriately
<ul style="list-style-type: none">• Be positive and demonstrate empathy• Respectfully ask the person if they are okay• Use your active listening skills and check for understanding• Speak clearly, using simple, plain English• Use positive body language• Give encouragement

Respond to motivation issues

Motivation drives a person to do something and will dictate a person's ability and enthusiasm to engage with a task.

If a person lacks motivation, they will be less inclined to do an activity. A lack of motivation may be related to mental health issues, physical issues or emotional issues.

People you support will have different motivation levels. You need to observe the person when fully engaged and use this as a baseline for your observation. If you observe the person is disengaged, there could potentially be an unmet need, which could impact their level of motivation.

Here are a few examples.

Potential causes of low motivation
<ul style="list-style-type: none">• Depression and anxiety• Chronic pain• Medication side effects• Fear of failure• Low self-confidence• Feeling uncomfortable in the environment• Activities or tasks designed to support them may not be appropriate• Goals are set too high

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

On the following page are examples of ways to identify problems with motivation and respond to them.



Issue	Strategy
<p>Participation</p>	<p>Example:</p> <p>A person you support appears to have little motivation to engage with activities. When you talk to the family, you learn that the person has difficulty understanding the instructions.</p> <p>Response:</p> <p>Ask a multilingual staff member to talk to the person about the activities. They can explain the instructions and the expectations, as well as the expected goals and outcomes.</p>
<p>Non-attendance</p>	<p>Example:</p> <p>You notice one of your clients has not been engaging in their usual morning activities. Instead, they appear to be sleeping for longer, and when asked about their attendance they show little enthusiasm.</p> <p>Response:</p> <p>Spend time talking to the person about why they do not feel like attending the morning activities. Speak to your supervisor about having an assessment arranged for the client, as you suspect the person may have symptoms of depression.</p>
<p>Goal achievement</p>	<p>Example:</p> <p>A person you support wants to live independently and has received a lot of support to build their basic living skills, like cooking for themselves, shopping and cleaning. However, when you talk to the person about their progress, they are not very happy. They say they are never going to become independent because there is so much to learn and do.</p> <p>Response:</p> <p>Talk to the team about how skills development activities must be taught in smaller steps to help reduce stress in the person and increase confidence in their abilities.</p>
<p>Social interaction</p>	<p>Example:</p> <p>A person you support has always avoided social activities. They feel nervous and sometimes paranoid around other people, particularly people they do not know. When you encourage the person to try new activities, they refuse.</p> <p>Response:</p> <p>Arrange for the person to have a buddy that can meet them ahead of time and then show them around. They can answer any questions and help them to feel welcome and familiar with the new environment.</p>

Seek assistance from others

The person's problem may be complicated or one that cannot be quickly resolved. In this situation seek assistance from your supervisor, because the health and safety of the person and staff could be compromised. Your supervisor will give you advice



and new strategies that will make your role as a support worker easier and make the working relationship with the person more effective and safer.

Disengagement, or other situations that put staff or other people at risk, must be reported. Depending on the nature of the problem you may be required to complete an incident report, document the incident in your case notes, or write an entry in the communication book.

While these situations may be rare, you must know the emergency behaviour management procedures of the organisation.

Example

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

Jason is Michael's disability support worker. Every week Jason goes to TAFE with Michael and assists with reading in class. Today, however, Michael is reluctant to go. Jason observes this is not like Michael as he is usually quite enthusiastic, but today he appears to be a little depressed. So Jason respectfully asks Michael if he is okay. He tells Michael that he has noticed he is not his usual happy self and is here to listen to him if something is bothering him.

After a while Michael opens up to Jason and tells him that he has difficulty reading the learner book in class. So Jason suggests that they both talk to his teacher after class, and perhaps he can take the book home and read the sections he needs to before the next lesson. Michael likes this idea and gets ready to go to class.

Create a safe environment to encourage positive and adaptive responses

The setting or conditions in which activities and routines are carried out can affect a person's behaviour.

Behaviours of concern can be a reaction to the person's environment and are often a form of resistance when the environment does not meet the person's needs. Taking time to get to know your clients will assist in a deeper understanding of their needs, their aspirations, their perspectives and their behavioural triggers.

Preventing and treating behaviours of concern is most effective in a safe environment where the person can learn new skills and coping strategies. In a safe



environment they will not feel judged and can make mistakes. The way you manage situations will encourage appropriate responses.

Use your communication skills and knowledge to create safe environments so your clients feel motivated to act positively. Those who experience chronic pain, fatigue or high stress levels may be less tolerant and less cooperative.

Positive response	A positive response to an event can be an activity, routine or conversation that adds something to the interaction.
Negative response	A negative response to an event is when a person disapproves, refuses to participate or demonstrates other reactive behaviours such as aggression.
Adaptive response	An adaptive response is when the person adapts to changes in the environment or circumstances.

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

Features of a positive and adaptive environment
<ul style="list-style-type: none"> • Is a low-stress environment • Has appropriate levels of stimuli • Excludes environmental triggers • Offers individuals reasonable choice and the ability to make their own decisions • Is safe and predictable • Rarely uses behaviour management that other people may view as punitive and manages these rare events calmly • Has a staff culture that values listening and encourages individual preferences • Respects the person’s dignity of risk • Creates an environment that is inclusive
How to set up and maintain a positive and adaptive environment
<ul style="list-style-type: none"> • Reinforce values such as how people respect each other • Encourage a problem-solving approach to changes and unforeseen events • Reward and acknowledge adaptive responses • Discourage negative responses and request positive ones instead • Implement teamwork where all staff share an understanding of the goal for the environment

For information on creating dementia-friendly environments, visit: aspirelr.link/scie-dementia-friendly-environments



Example

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

Alan is a disability coordinator who works for Mayflower Disability Services. Alan has been allocated the task of delivering a life skills program to a group of clients who are autistic. To support the achievement of learning outcomes, and to minimise the chance of a participant demonstrating behaviours of concern, he is required to design an environment that is not overstimulating. Alan makes arrangements for lighting to be installed to mimic natural light and has the room painted in a neutral colour. He distributes a memo to the team to inform them when classes are scheduled to run so that they know that quietness is essential. Alan also develops a timetable for participants that includes visual representations so they know what they will be doing on the day they attend.

Practice Task 3

Question 1

List three ways you can help create a safe environment that encourages positive and adaptive responses.



Question 2

Identify four potential factors that may impact a person's level of motivation and engagement.

Question 3

How can your supervisor support the worker when challenges arise with engagement?



Summary

- The social model of disability challenges societal negative beliefs about disability. It allows people to be seen for their strengths, capabilities and have their preferences understood.
- Daily activities are routines and events the person you support participates in. When supporting a person, it is important to take a person-centred approach and involve the person in decisions about their activities.
- Legal and ethical considerations for support workers include identifying signs of abuse and neglect, ensuring a safe environment, practising duty of care and dignity of risk, and following the organisation's code of conduct and safety standards.
- A person's motivation and engagement may be affected by various issues. Use communication strategies to engage with the person and identify the triggers to avoid behaviours of concern.
- A safe environment should be provided that is free from environmental triggers and other stressors.



Learning Checkpoint 1

Apply a person-centred approach to minimise behaviours of concern

Part A

1. Which of the following statements relate to the Human Rights Framework of Service? Tick all that apply.
 - The right to request assistance from services
 - The right to privacy
 - The right of freedom within home and family
 - The right to feel part of a community
 - The right to be treated with dignity
2. Identify one systemic and structural issue for each of the following barriers to quality of life for people with disabilities:
 - Poverty
 - Housing
 - Lack of access to resources



3. Explain the purpose of the NDIS practice standards and the NDIS code of conduct.

4. List two features of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

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

a. Being unable to practise religion is an unmet cultural need	Yes / No
b. A person needing, but not receiving, support with mobility is an unmet physical need	Yes / No
c. The need for intimacy is an unmet relational need	Yes / No
d. Policies that do not meet the needs of a person is an individual need	Yes / No
e. Food and clothing is an individual need	Yes / No

6. List three actions a support worker can take to assist a person to maintain their daily living and routine activities.



7. If you find engaging with a person is challenging, who would you turn to for advice and support?

8. List three behaviours that may indicate the person is experiencing engagement or motivation challenges.

9. As part of their duty of care, what responsibilities do support workers have that relate to identifying and reporting abuse, neglect and exploitation of a person with a disability?



Part B

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

Case study

Julian is 19 years old and is new to the service. Jarrod is his disability support worker. Jarrod has familiarised himself with Julian's support plan and can see that behaviours of concern are addressed in the document.

1. Jarrod is visiting Julian's home for the first time. Unfortunately, it appears that Julian is not coping too well with a new support worker and is refusing to cooperate. Identify three strategies Jarrod should use to respond appropriately to these issues of engagement.

2. Jarrod has been having home visits with Julian for some time now. His service provider is now offering life skill classes. Jarrod feels Julian would benefit from the program. The service needs to create an environment that will encourage positive and adaptive responses. Explain why this is important.



- 3.** The manager at Jarrod's workplace has asked support staff to share ideas on how the learning environment should be designed. List three suggestions Jarrod can make to help create a safe environment for Julian to be in.

- 4.** Julian has shared with Jarrod that he would like to learn cooking and knife skills in the life skills program because he wants to be a chef one day. However, Jarrod does have concerns about Julian using sharp knives. How can Jarrod promote Julian's dignity of risk yet fulfil his duty of care obligations?



Topic 2: Review context of behaviours of concern

- 2A Recognise behaviours of concern and consider the events surrounding the behaviour
- 2B Triggers of the behaviours of concern
- 2C Consider all factors in the context of the behaviour
- 2D Document observations and prepare reports



2A

Recognise behaviours of concern and consider the events surrounding the behaviour

To work effectively with clients who are on behavioural support plans, you must be able to interpret the plan to ensure effective management of the behaviours of concern.

Behaviours can be of such intensity, frequency and duration that the physical safety of the person or others may be at risk.

Behaviours of concern

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

Behaviours of concern do not occur for no reason. There are many factors or triggers that can contribute to a person's behaviour. In observing and accurately recording behaviour, support workers play a significant role in putting together a planned team response to these behaviours.

Behaviour support plan

Behaviour support plan

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

As with a care plan, a **behaviour support plan** is developed in collaboration with the supported person, the supervisor or behaviour practitioner and health professionals, such as a psychiatrist or psychologist.

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

Features of a behaviour support plan

- Details about the behaviour
- Known triggers for the behaviour
- Potential consequences of the behaviour
- Behaviour frequency recording sheet
- Goals and objectives related to behavioural changes
- Required constraints or restrictive practices

To view an example of a behavioural support plan template, visit:
aspirelr.link/dffh-behavioural-support-plan



Example

Behaviour support plan

Behaviour Support Plan		
Name: Claus Spate	D.O.B: 16.10.74	Date: 27/02/2023
Safety Concerns: History of addiction		
Potential Triggers: Claus has autism and a history of alcohol abuse. Claus has received medical treatment for alcohol addiction, although he still sometimes drinks excessively.		
High Risk Behaviours: Aggression: Claus is known to use threatening behaviour towards staff and residents. This includes, yelling, making threats and hitting out.		
Intervention Strategies: Claus has a goal of limiting his purchase of alcohol to one alcoholic beverage a day. Staff are advised not to supply alcohol beyond this.		
Emergency Contacts: Maria Spate – 0490 579 202		
Indicators of Behaviour: 22/01/2023 Aggressive towards staff and residents		
Response: Relocated from 1 Cherry Tree Lane		
Indicators of Behaviour:		
Response:		
Support: Dr P. Hills, Psychiatrist, has provided details about appropriate communication strategies to use when minimising behaviours of concern. Call 000 if behaviour escalates. Call the supervisor if you are concerned about Claus' alcohol consumption.		
Review Date:		



Behaviours of concern

There are various causes of behaviours of concern, including mental or physical health issues such as anxiety, drug and alcohol substance abuse, autism, problems with medication, boredom, feeling disempowered or difficulties communicating.

You will be given information about expected behaviours and how to respond. However, if you or other staff are in a dangerous situation or the person you support is at risk in any way, you must inform your supervisor and, if necessary, contact emergency services. If this does happen, it is advisable to notify the person that you need to do this.

Outlined are typical examples of behaviours of concern.

Examples of behaviours of concern

- Self-harm, such as hitting or scratching
- Hurting others, such as biting, punching or kicking someone
- Aggression towards others, such as raising their voice or swearing
- Breaking objects or using objects as projectiles
- Refusing to participate
- Deliberately doing things people do not like or that are inappropriate
- Repeating the same activity to cause harm to self or others
- Hiding from people
- Running away
- Sexualised behaviour

Video: Behaviours of concern

Watch the following video on behaviours of concern and pay attention to how these behaviours are identified: aspirelr.link/yt-behaviours-of-concern



Example

Recognise behaviours of concern outlined in the plan

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



The first time Tina observed this behaviour, she was scared. She called her supervisor, who instructed Tina to use an assertive voice to guide Dorothea towards her bed and to avoid making physical contact as Dorothea does not react well to touch. Tina instructed her to lie down and was mindful not to use touch to help her.

Tina refers to Dorothea's behaviour support plan following the incident. First, she records the incident, then reads over previous incidents and notes that she has responded appropriately to this incident. As a result, she feels more confident that she will be able to respond appropriately in the future, without as much guidance from the supervisor.

Consider all factors surrounding the behaviour of concern

Most behaviours of concern are triggered. Triggers might always be the same for a person. For example, a loud noise may trigger a person with post-traumatic stress disorder (PTSD) and cause them to become hostile, aggressive or fearful. However, triggers will differ depending on the situation. For example, if a person is in a new and unfamiliar environment, the behaviour may have been caused by unknown and unpredictable factors.

If the behaviour of concern occurs, you will need to monitor what happens and document the incident. You must include the time the event occurred, the situation, the type of behaviour, the length of time and the consequences. It is important to be factual and specific when recording behaviours to help monitor related goals and objectives. Your notes also help you and other staff support the person with the behaviour in the future.

Events leading to the behaviour of concern

Each person will be affected in different ways. What distresses one person may not disturb another. That is why it is important to look at support plans and ensure each is tailored for the individual and their specific needs.

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

1. Mental health issues

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



2. Medical issues
Chronic or severe pain may cause a person to act aggressively towards themselves or others. If the person is on medication for their pain, monitor signs of discomfort or changes in physical characteristics or mood as this may indicate the medication is ineffective or that a review of the person's needs is required.
3. Substance abuse
Alcohol and other drugs can cause activity in the brain, which can provoke a change of behaviour. If a person has a history of substance misuse, you may be familiar with their possible triggers and associated behaviours. Their behaviour support plan should indicate what puts a person at risk of substance abuse and ways to minimise associated behaviours.
4. Stress
Stress can come from many causes, such as social discomfort, fear of failure, new environments and paranoia. Stress causes adrenalin to be released, and adrenalin is often associated with aggressive behaviours. Stress may also cause a person to withdraw and hide as it affects different people in different ways.

During the behaviour of concern

Behaviours of concern can affect the person and others around them. The person may cause themselves and others physical and emotional harm.

While you must practise duty of care as far as is practicable, you must always consider your safety and that of the person. Look at past instances of behaviours of concern to know what can be expected. This information will help you to respond as safely and efficiently as possible to the situation and may reduce your stress levels.

It is normal to feel stress in difficult situations and it can help us to act. It can also have the opposite effect, so try and remain calm and ask for help if you need it.

Depending on the severity of the behaviour, you may need to remove yourself from the situation. Some organisations have a duress alarm, which calls security. You may need access to a telephone to contact emergency services and/or your supervisor for further support.

After the behaviour of concern

Once the behaviour has been managed, there may be physical or emotional needs that need to be attended to, including those of the person, workers, family or others.

If a physical injury has occurred due to the behaviour, practise first aid and, if required, call an ambulance immediately. If you are seriously injured, you may need



to ask someone else to call an ambulance.

It is possible you will feel deflated following the adrenalin rush caused by the stressful episode. This can also have a longer-lasting effect on your nervous system. For example, PTSD can be caused by very stressful situations. Monitor your response and ensure you seek supervision if required. Your supervisor may be able to suggest strategies for minimising the effects of stress and, if symptoms of stress continue, seek medical advice.

The following checklist can be used after an event.

After the behaviour of concern

- Ensure your own and others' safety
- Call emergency services if required
- Contact your supervisor
- Document the event in the person's case notes
- Record triggers and causes of the event
- Amend individualised support plan if required
- Monitor your response
- Complete an incident report
- Seek ongoing supervision if needed

Example

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

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

On the third morning of Mark's stay, Allan witnesses another resident taunting Mark about his hair. Allan can see Mark's behaviour escalating, so he calls the supervisor, who comes down to the common room. Mark pushes the other resident and they hit their head on the wall. Allan knows he cannot restrain Mark as this is a regulated restrictive practice and is not part of his behaviour support plan. Accordingly, the supervisor asks him to contact the police, and all staff and residents go into lockdown until the police arrive.



Mark is lying on the floor in recovery when the police arrive. He is checked out by a doctor and then goes to his room to rest while medical staff check the other person. Allan and his supervisor debrief about the incident and Allan tells his supervisor that he felt quite stressed at the time but was okay once he knew he was safe.

Practice Task 4

Read the case study and answer the questions that follow.

Case study

Natalie is a young person with a history of self-harm. Sometimes, if distressed, she will cut herself, and quite often this requires medical attention.

Jen is Natalie’s residential support worker. Jen has worked with Natalie for many years, so she knows her vulnerabilities. Despite this, Jen frequently consults Natalie’s behaviour support plan for updates. She knows the main trigger for Natalie is social stress, particularly associated with people she does not know.

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

Question 1

How does the behaviour support plan help Jen work effectively with this client?



Question 2

What can Jen do to ensure the best outcome for Natalie, and everyone else, during an event where Natalie demonstrates the behaviour of concern?

Question 3

What can Jen do to ensure the best outcome for Natalie and everyone else after the event?

Question 4

List three behaviours of concern a person may exhibit when experiencing stress, anxiety or sadness.



Question 5

Number each step from 1 to 6 in the order you would follow to establish what happened before, during and after the behaviour of concern.

	Implement behaviour supports according to the person's behaviour support plan. Seek assistance from supervisor if needed
	Document the event in the person's case notes and record triggers and causes of the event
	Identify what triggered the behaviour
	Look at past instances of behaviours to know what can be expected and how to respond as safely and efficiently as possible
	Refer to the behaviour support plan
	Ensure own safety and the safety of others. Attend to any physical injuries, if required

2B Triggers of the behaviours of concern

Considering the frequency and patterns of behaviours may enable you to predict when the behaviour of concern might occur and prevent it from happening.

If a person is trying to communicate, if you can work out what they need to make known, this can help you identify the trigger and possibly minimise the **behaviours** of concern. For example, if a person is self-harming, they may be communicating stress. The self-harming behaviour may stop if the source of stress is identified.

Recognise harmful behaviour

When recognising and responding to uncharacteristic or inappropriate behaviour, support workers must not use labelling.

Many descriptions of uncharacteristic behaviour or behaviours of concern are subjective, emotive and judgmental.

Wherever possible, when identifying and describing behaviours, explain what you have observed factually and objectively.

Important questions to ask when observing inappropriate behaviour are:

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

People with disabilities and many older people often experience frustrations linked to their disability, ageing and the limitations of service provision and access. You must keep in mind that behaviour must be seen not just as a potential risk but also as an expression of an unmet need or an attempt to communicate that something has changed for the individual.

Here are some examples of uncharacteristic or inappropriate behaviour.

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

Behaviours

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

Harm

Mental or physical state of discomfort that may result from a one-off incident or develop over time.



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

Observe the triggers of behaviour

By observing when and where behaviours of concern occur, you may start to see patterns that will help you identify triggers.

For example, if behaviours of concern occur every time the person is asked to go on public transport, the trigger may be related to the vehicle.

Although some behaviours may put people at risk of harm, it is important to remember that the behaviour is often beyond a person’s control. Try to consider



the whole person and situation while the behaviour is occurring. Do not judge the person; just observe the behaviour. It is important to gain a clear picture of the situation, not make any unfair or incorrect assumptions, and to be factual and objective.

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

Some origins of triggers
<ul style="list-style-type: none"> • The environment; for example, loud noises, bright lights • The person’s physical, emotional or mental state. For example, the person has experienced an injury illness, been upset by a conversation or is depressed • The person’s medication; for example, a dosage under or over the effective level, drug interactions or dehydration effects • Task-related, for example a job the person does not like, or the task is too challenging

For specific information and techniques on managing challenging behaviours in children with autism, visit: aspirelr.link/challenging-behaviour-asd

Observe frequency

When support workers recognise behaviours of concern, observing and determining their frequency is also important.

Noting the frequency will give clues about what the behaviour means and can help you support the individual to alter the behaviour and decrease the risk of harm.

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

The frequency of the behaviour is explained below, with examples.

Frequency	The frequency of the behaviour will alert you to the potential trigger/s and may indicate that medication or environmental factors are involved. Frequency can also indicate the likely seriousness of the harm that may result from the behaviour. For example, Simon, a 35-year-old man with Down syndrome, beats his forehead against a solid wall every evening and quite often during the day. This behaviour is cause for concern and warrants observation to identify the trigger/s in order to create a preventative response to the behaviour.
Patterns	By observing behaviour patterns you can begin to predict the occurrence and help minimise behaviours from happening. Use the behaviour support plan to record the frequency and patterns of behaviour.

Assess safety

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

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

Consult the person

Talking to the person about their behaviour can shed light on triggers and unmet needs.

Your observations may include any information that the person with the behaviour provides. For example, if a person starts to be aggressive while being bathed, try talking to the person to identify what is causing the problem. The person may be confused or unsure about why they are being bathed, and clear communication may help prevent the behaviour.

Try talking to the person when they have calmed down. Sit and talk to them about why they think the behaviour occurred and ask if there is anything you can do to help. This shows that they are supported, and they will feel more empowered to be involved in their behaviour support plan.

Example

Recognise the type, frequency and triggers of the behaviour

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

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



Judy identifies a pattern. Lila draws on the walls more during weekends and holidays than at any other time. Judy talks to Lila about the possibility of her needing more activities and stimulation. They talk about possible activities Lila could do, such as bowling and going to the movies. When Lila starts doing more activities outside of the home, both Judy and Lila's mother notice that Lila draws on the walls less often.

Practice Task 5

Question 1

Identify three factors you must consider when trying to determine a trigger for the behaviour of concern.

Question 2

Explain how observing patterns of behaviour and the frequency of their occurrence is valuable when supporting a person on a behavioural support plan.

2C

Consider all factors in the context of the behaviour

Understanding what contextual factors may bring on the behaviour of concern will help you to identify unmet needs.

Behaviour is usually functional. It expresses an unmet need and will always have context. For example, if a person is aggressive they may be communicating stress. The behaviour may have been stimulated because the person was provoked and the consequence of the behaviour may be that people were injured.

As well as observing and recording the type, frequency and triggers of behaviour, a support worker must also observe and record the context.

Some elements of the context are likely to be contributing to the behaviour and may indicate a need not being addressed sufficiently in the behavioural support plan.

There are seven main contexts you should take into account. These are: physical, emotional, environmental, medication, structural, systemic and relational. When there is a disruption in more than one context, this can result in greater behavioural issues.

Environmental factors

Their environment can have a big impact on a person's wellbeing and state of mind, influencing their behaviour.

Environmental, or surrounding, factors are those external to the person. This includes both the micro-environment and the macro-environment.

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

Grief and feelings of extreme loss are sometimes associated with environmental changes such as moving house. Try not to underestimate how these events might affect a person. Here are a few examples of environmental factors that can trigger people with dementia and autism.



Condition	Known triggers
Dementia	<ul style="list-style-type: none"> • Loud noise • More than one person speaking at a time • Unfamiliar environment • Sleeping problems • Room temperature; too hot or too cold • New caregivers • Uncomfortable clothing • Disorientation
Autism	<ul style="list-style-type: none"> • Types of touch, smell, movements and tastes • Unexpected changes in routines • Loud noise • Bright lights • High-stress environments

Environmental triggers

Your knowledge of a person you support should be your starting point for identifying environmental triggers. Look at the person’s strengths and capabilities. You should then consider the way the person interacts with their environment and look for anything that may affect stability or safety.

Record unusual events that might be connected with the person’s environment. For example, if new residents move into a house, be aware of how this change will affect the person you support. Look for patterns in their responses to environmental changes so you can determine issues that could be avoided or addressed.

The following are some examples of questions to ask when identifying triggers.

Questions to ask when identifying triggers
<ul style="list-style-type: none"> • Are routines or timetables being followed? • Are scheduled activities on time? • Is there a new support worker who people you support do not know? • Is there distressing news or unusual weather? • Is the food different?

Emotional wellbeing

A support worker should monitor the emotional and mental wellbeing of the people they assist.

Fluctuating emotions can trigger potentially harmful behaviour, such as self-harm or harm to others. An overall picture of a person’s emotional and mental wellbeing may be formed through conversation with the person themselves, with medical professionals, with the person’s family members, with colleagues and with your supervisor.

A person’s emotional or mental state has a strong influence on their behaviour.

If you support a person with dementia, you may notice their symptoms worsen due to environmental factors. This can cause them to feel more distressed and disorientated than usual and they may act out their stress by being violent, withdrawn or depressed.

The following are some situations that can impact a person's emotional wellbeing.

Life situations that can affect a person's emotional wellbeing	
<ul style="list-style-type: none"> • Losing their job • Long-term unemployment • The death of a loved one • Injury or illness • Financial problems 	<ul style="list-style-type: none"> • Moving house • Experiencing abuse • Lack of sleep • Physical health such as chronic pain

Health status and its influence on behaviour

Physical health factors are known to cause behaviours of concern. When people are in pain or in poor health, they often cope by using more emotional or mental resources than usual. Talking to a person about how they feel, observing changes in their physical presentation and monitoring patterns will help you identify whether a person's health is causing them discomfort or affecting their behaviour.

Physical factors

Physical factors, those of the body, also influence behaviour and quite often are unique to the individual. For example, lack of sleep can make someone depressed and short-tempered. The following are some physical factors that might influence people you assist.

Examples of physical and health factors
<ul style="list-style-type: none"> • Life stage of the person • The developmental stage of the person • Health status • Level of pain a person is experiencing • Influence of alcohol, other drugs, medications or a combination of substances • Inability to communicate • Amount of sleep • Diet and level of healthy activity

Medications and their influence on behaviour

Different people react and respond to medications in different ways; some people suffer side effects while others do not. Often, and particularly with psychiatric drugs, effects can significantly influence a person's behaviour and how they feel. Once again, getting to know the person, their support plan and the kind of medication they are taking can assist you to observe any effects on their behaviour. For example, some anti-depressants can cause agitation and anxiety.



Medication charts

If a person displays unusual behaviour you should check the medication chart to make sure they have received their medication at the correct time and that the dose was accurate.

A person's physiology may impact the effect and efficacy of medication. For example, if someone is dehydrated the level of medication in their blood will increase, as will any side effects. Combining medications can also cause reactions, as can consuming alcohol or other drugs when taking prescription medication. If you think a medication has not been taken properly or has had an unexpected impact on a person's behaviour, consult your supervisor and call for medical assistance.

Possible side effects

Specific side effects can be symptomatic of a particular medical condition. Only the person's medical practitioner has the ability and responsibility to make decisions about their medication.

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

Consult the person directly as they may be able to identify their behaviour as a side effect of a prescription drug or other medication they are taking. If the person has an unexpected reaction, ask if they have taken the medication before. The following is a list of common side effects of medication.

Possible side effects of medication	
<ul style="list-style-type: none"> • Dizziness, particularly on waking • Dry mouth • Blurred vision • Nausea and/or headaches 	<ul style="list-style-type: none"> • Sedation • Frequent urination • Palpitations

Personal and social circumstances and their influence on behaviour

A person's life experience can be a factor in the behaviour of concern and can be directly linked to systemic and structural issues, which are usually beyond the person's control.

For example, people of low socioeconomic status may be receiving income support and experiencing financial hardship, have limited employment opportunities and live in housing that does not adequately meet their physical needs. Evidence shows that children from low socioeconomic backgrounds are more likely to demonstrate behaviours of a concern than those living in more affluent situations.



Being socially disadvantaged can be very stressful. For example, it could mean going without medications on the week they do not receive income because they cannot afford to pay for them. Stress can cause health and wellbeing problems, and without the appropriate coping strategies can lead to behaviours of concern such as aggression, emotional outbursts or shouting and screaming.

Examples of personal and social circumstances
<ul style="list-style-type: none">• Religious beliefs• Childhood experience/family background• Financial hardship• Housing security• Level of education• Effectiveness of the person's personal support network• Cultural background

Relational factors and their influence on behaviour

Humans need to feel connected to others and have a sense of belonging for psychological wellbeing and good physical health.

Relational factors can lead to social isolation and feelings of abandonment and rejection. They can also be linked to dysfunction in relationships, such as poor communication and conflict.

Evidence shows that people with developmental disabilities such as autism, attention deficit disorders (ADD), and attention-deficit/hyperactivity disorder (ADHD) are more likely to be excluded and experience loneliness. Bereavement can also lead to social isolation as the mourner often withdraws from social settings that are sad reminders that the person they loved, and who would have previously have been with them, is no longer there.



Example

Consider other factors in the context of the behaviour

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

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

Maria notices Esther is losing a lot of strength in her hands and arms and is shaking a lot more. She now struggles to lift and hold plates and other household objects without them wobbling.

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

Practice Task 6

Question 1

Which of the following are main contexts that may contribute to behaviours of concern? Tick all that apply.

- Relational
- Systemic/structural
- Grief
- Environmental
- Medication
- Emotional



Question 2

By understanding factors relating to a behaviour of concern, what will this help you to identify?

Question 3

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

a. When trying to determine triggers, only the macro-environment should be considered.	Yes / No
b. Behaviours of concern can be triggered by changes in a person's emotional state.	Yes / No
c. If a person is only taking over-the-counter medication, this can be ruled out as a possible trigger.	Yes / No
d. The only time a person's health status will influence their behaviour is if it relates to their mental health, such as suffering from depression or anxiety.	Yes / No
e. A person's behaviour can be influenced by the relationships they have or the lack thereof.	Yes / No

2D

Document observations and prepare reports

Care must be taken when documenting client information to ensure that details are accurate, objective and do not lead to misunderstandings.

Due to the reporting requirements for the NDIS, when you are working with a person with a disability you are responsible for documenting your day-to-day activities with your client. When recording observations and preparing reports, your notes must be accurate and objective. This means providing accurate information, using correct spelling and using the appropriate format. You will not be the only person who needs to access information about a client, so it is important not to include personal opinions and assumptions in your reports.

Privacy and Confidentiality

The *Privacy Act 1988* (Cth) states that personal information collected about clients must be protected.

The Act lays down that all people have the right to have their private information protected and states that all people can control how others, including services, agencies and other businesses, manage their personal information.

A breach of a person's privacy is a very serious offence and can occur when information is given to unauthorised people or not stored securely. Your organisation will have policies and procedures that you must follow when gathering, storing, maintaining and sharing information. Should a breach occur, you would be at risk of disciplinary action and possible criminal charges.

The following table explains key considerations for handling personal information.

Consent	<p>The client must give their permission to have their information collected. Before giving consent, the client must be fully informed and understand the conditions they are agreeing to. This is most often done during the client intake process.</p> <p>Consent also includes permission to use photographic images, such as uploading an image to the organisation's social media page.</p>
Disclosure	<p>If the service needs to share the person's personal information with a third party permission is granted if the client signs a disclosure form. There are, however, certain circumstances where data can be shared without the client's permission, such as when a mandatory report has to be lodged, during a police investigation or when the courts request information for legal proceedings.</p>



Information gathering	Services are permitted to gather information with consent. The information you are accessing must be relevant only for your purposes and can be written or verbal.
Storage of information	All private information must be stored securely. The recommended method of storing client files is in lockable filing cabinets in a secure room. For electronic information, the organisation will have a secured computer server. All devices must be password protected, and any downloaded documents must be saved in the appropriate location and immediately deleted from the downloads folder.

Maintain confidentiality

Conversations are best carried out in private and any paperwork must be stored securely. Support teams use virtual meeting apps on smartphones, allowing team members to communicate with each other and write daily reports. This information is confidential, so you must keep your phone safe and password protected.

If you conduct home visits and other outreach responsibilities, you will need to take personal information with you. The best way to keep client files and other confidential materials secure in your vehicle is to have them stored in the boot of your car. This makes them less likely to be seen and, by following protocols, the information is securely stored.

Here are some examples of workplace reports and documentation that collect information relevant to your role.

Examples of workplace documentation	
<ul style="list-style-type: none"> • Personal detail forms • Health assessment results • Individualised plans • Incident reports 	<ul style="list-style-type: none"> • Case notes • Progress reports • Referral forms

Clients' right to access information

A person should be able to access the personal information that the organisation collects about them.

Personal information must be collected, and will sometimes be shared, to ensure that the person receives the best possible care. Additionally, organisations will collect data:

- to assist in implementing services and supports tailored to the service user's needs
- to ensure the coordination of care between services is practical and prevent duplication of services
- to comply with legal obligations and other compliance responsibilities required by funding bodies.



At the commencement of service all clients must be given copies of their support plans and any agreements they sign. However, they are not always given access to assessment results and other medical documentation, so you may want to ask the person if they require any information as the need arises.

Organisations will have policies and procedures instructing how a person can access their personal information. For example, your organisation should have a form template you can print and give to clients who request access to their records.

Record-keeping requirements

Every organisation will have specific record-keeping processes in place, which must be followed at all times.

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

<p>Meet timeframes and deadlines</p>	<p>The nature of a report or document, along with the organisation's expectations, determines the timelines and protocols for completion. Reports such as funding submissions or statistical reports for the government have externally set time frames. Internal documentation is dictated by urgency, organisational policy and the end use of the information.</p> <p>Your organisation will have standard operating procedures for completing personal documents on intake, for developing care plans, providing care, consulting with others and reporting incidents and accidents.</p>
<p>Maintain confidentiality</p>	<p>Often case notes and incident reports include interactions that involve other people. The confidentiality of people you support and all others must be maintained when reporting in another person's file or records.</p>
<p>Record details accurately</p>	<p>Spelling is another critical aspect of recording information. Misspelling a person's name may have several unintended consequences. Their information may be confused with another person's, leading to serious privacy breaches, confusion or duplication of records.</p> <p>Read information back to the individual and/or their advocate to confirm accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify later on.</p>
<p>Use forms and control changes</p>	<p>Using the appropriate form or report template helps other workers readily identify required information. Make sure you have completed all sections, that the entries make sense, and all writing is legible and understandable.</p> <p>Generally, completed documents must not be amended. Errors or alterations should be identified in an additional note or new record, clearly explaining the reason for the change. Do not use correcting fluid to change a written note or record. Computer-based records may not allow changes to saved information.</p>



Authorisation	Records should be signed and dated by the person completing them. Computer-based records may require a login to access documents that identifies the author. For reports, show drafts to another authorised person for feedback; some organisations require that any outgoing reports be signed off by a manager.
Currency	Documentation should not be allowed to get behind; it must be completed as work is done to prevent errors or omissions. It could be required at any time by other workers, your supervisor, government agencies or for legal proceedings.

Reporting of identified changes

Support workers have a responsibility to report and record observations relating to a person's behaviours of concern.

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

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

Some organisations will have templates that you need to use. Some will require you to fill in details on the computer system, while others will require you to complete paperwork. Check with your supervisor about the specific requirements.

When noting observations, always record:

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

Consult with your supervisor

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

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



Example

Record all observations in consultation with the supervisor

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

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

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

Practical Task 7

Question 1

How can a person access their personal information?



Question 2

Which of the following apply to recording observations to organisational standards?
Tick all that apply.

- That the information I record is accurate
- That I ask my supervisor to complete the report, even though they did not witness the behaviours of concern
- That I do not include my personal opinions
- That I protect the person's privacy
- That I follow procedures when collecting, storing and sharing information

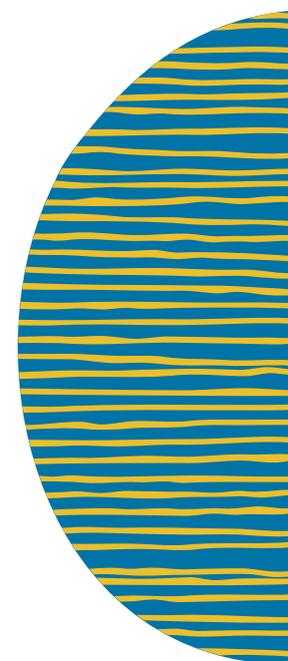
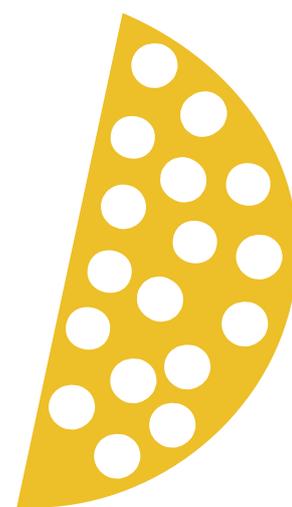
Question 3

Why is it important to consult your supervisor when recording your observations of a person's behaviours of concern?



Summary

- Most behaviours have a context. Context can be the environment the behaviour occurs in, the triggers that stimulated the behaviour, the preceding events and past behaviours.
- Understanding the context of the behaviour can help support workers, the team and the person being supported to develop an accurate behaviour support plan.
- An individualised behaviour support plan allows support workers to understand the specific and unique needs of each individual they work with. The plan outlines expected behaviours and supports.
- You must observe and record the details about what happened before, during and after a behaviour occurred.
- Making accurate records will help you to identify the type, frequency and triggers of behaviour and start to see patterns. For example, a behaviour may always occur at a particular time of day. Identifying triggers may help you predict and better manage certain behaviours.
- Environmental, emotional and physical wellbeing and medication may impact people's behaviour in different ways. If a change occurs, monitor how it affects a person. If a behaviour occurs, identify the contextual factors that have influenced the change.
- Record observations in consultation with your supervisor. Records need to be accurate and objective to be useful in managing the behaviour.
- All actions need to be documented accurately and immediately to increase accountability and ensure an individual's needs are being met.
- Your organisation will have specific record-keeping requirements such as confidentiality and authorisation and particular templates you may need to use.
- Update documents on a regular basis to ensure they are current, thorough and accurate.
- Sensitive or personal information should be stored securely. If an electronic data system is used, staff will require passwords.
- Understand how clients can access their personal information.





Learning Checkpoint 2

Review context of behaviours of concern

Part A

1. Explain how you would be able to recognise behaviours of concern.

2. List four examples of behaviours of concern.

3. When a person demonstrates a behaviour of concern, what are the three key areas you must consider when monitoring the behaviour?



4. What is the benefit of recording the frequency of the behaviour of concern?

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

a. Environmental factors are triggers that exist in a person's surroundings.	Yes / No
b. A change in a person's emotional state can lead to behaviours of concern.	Yes / No
c. If a person has a healthy diet, gets adequate sleep and exercises, they will not exhibit behaviours of concern.	Yes / No
d. Medication can physically affect a person, which may negatively influence their behaviour.	Yes / No
e. A person with strong personal and social relationships can still exhibit behaviours of concern.	Yes / No

6. Which of the following procedures apply to completing, maintaining and storing client records? Tick all that apply.

- Be subjective and judgmental when recording observations
- Observations need to be documented immediately
- Abide by your organisation's specific record-keeping requirements such as confidentiality, authorisation and using the appropriate templates
- Maintain documentation on a regular basis to ensure accuracy
- Sensitive or personal information should be stored securely

7. Explain how a person can access their personal information that is held by an organisation.



8. Identify two systemic/structural factors that contribute to behaviours of concern.

Part B

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

Case study

Sam is an in-home disability support person. It is his first time working with Derek and he reviews Derek's case notes and support plan. He learns that Derek has obsessive-compulsive behaviour and anxiety and has a very keen interest in anything mechanical and electrical. He will quite often stay up all night pulling equipment apart and learning how to put things back together. He uses most of his income support payment to purchase mechanical and electrical equipment and often forgets to buy food.

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

1. What are Derek's behaviours of concern that may be outlined in the individualised support plan?



- 2.** When Sam checks the fridge he realises Derek has no food in the house. He suggests he and Derek walk to the shops to buy food for dinner but Derek's behaviour escalates. He raises his voice and starts pushing his mechanical equipment onto the floor, causing the glass of the equipment to break. Sam realises he may be in danger.

Identify the event before the behaviour of concern that Sam must take note of.

- 3.** Sam must document the incident. How should Sam describe what occurred during the behaviour of concern?

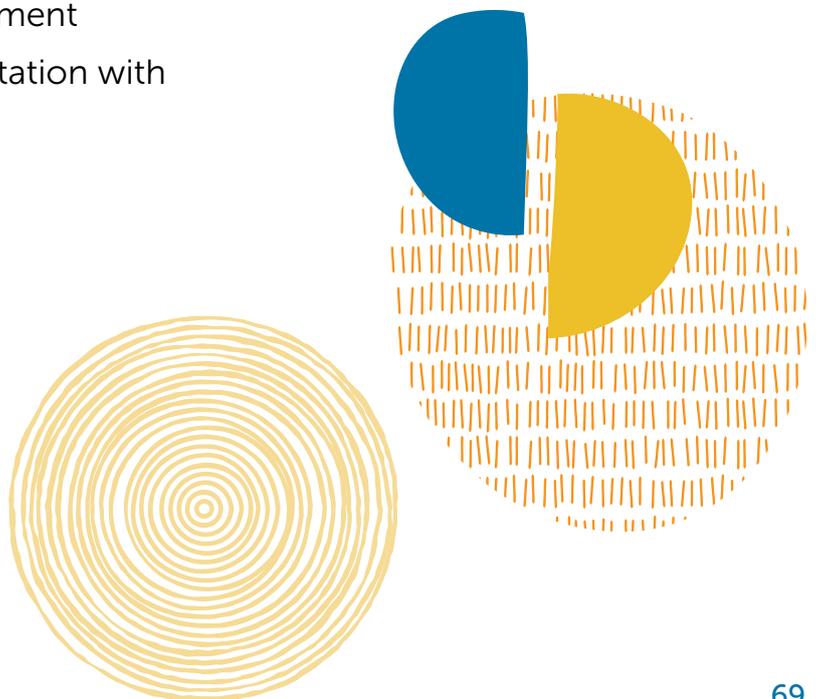
- 4.** What would Sam identify as a trigger for Derek's behaviour of concern?

- 5.** Identify the type of trigger present in this situation.



Topic 3: Provide positive behaviour support

- 3A Establish interventions with the person to address the behaviour
- 3B Interpret and follow behaviour support plans
- 3C Promote a safe work environment
- 3D Monitor the person in consultation with the supervisor



3A Establish interventions with the person to address the behaviour

To effectively manage the behaviour of concern, use a person-centred approach and involve the person when deciding on appropriate interventions.

When behaviours of concern occur, the people involved may become stressed. This can cause support workers or other staff members to react without thinking and sometimes act outside organisational policies and procedures. For example, if a person is hitting the wall, it may be your instinct to hold their arms to prevent them from hurting themselves. However, unless this is an agreed restrictive practice, it is against organisational policies and procedures to constrain a person against their will.

Positive behaviour support

Positive behaviour support (PBS) aims to increase quality of life for a person and reduce frequency and severity of behaviours of concern.

PBS involves collaboration between the support worker, the person, their support network and other relevant stakeholders. They need to understand the factors that contribute to the behaviour of concern and teach the person, using suitable techniques, to reduce or eliminate the behaviours.

Support workers need to use proactive and non-restrictive strategies to address behaviour. This is done by changing the environment rather than the person, and teaching communication skills.

Staff will require training to use the PBS model and be familiar with each individual's behaviour and communication needs. PBS provides opportunities for development for the person you support, as well as for support workers.



Principles of PBS

- Is person-centred
- Relevant stakeholders are included
- Assessment-based interventions
- Clients and support workers follow a behavioural support plan
- Aims to reduce and eliminate the use of restrictive practices
- Skills building
- Promotes staff development
- Environmental redesign
- Identifies systemic issues and attempts to address these
- Demonstrates accountability

Video: Positive behaviour support

Watch the following video on positive behaviour support:

aspirelr.link/yt-positive-behaviour-support

Pay particular attention to the ABC approach and the strategies used to support behaviours of concern.



Working with families and carers

Families include blood relations such as parents, grandparents, aunts, uncles and siblings but can also be whoever the person considers to be their family. Families can make informed decisions and can help the support worker and other professionals understand the goals, strengths and challenges the person and the whole family may be experiencing.

Sometimes your clients may not have strong relationships with family members and may have a significant other person or paid carer to support them. In this instance, you would still work closely with the person and their carer, as you would with a family member. Remember, PBS relies on collaboration to ensure that all aspects of the person's life are addressed.

Family members and carers are responsible for providing care to the person to enhance their quality of life and should give as much information as they can to support workers, health experts and other relevant stakeholders. This will ensure the interventions selected to support the person to manage behaviours of concern are designed and implemented in collaboration with the person and the family members and carers. They are also in a good position to provide feedback on how well the interventions are working.

PBS strategies

When support workers apply PBS strategies this can significantly reduce the impact or frequency of the behaviour.

If a person cannot vocalise their thoughts and feelings they can become frustrated and, as a result, unwanted behaviours can occur such as showing anger. Behaviours of concern can easily be misinterpreted but, in the right conditions, the support worker can assist in reducing or stopping incidents from occurring. The following table lists strategies a support worker can use with clients who are on a behavioural support plan.

Strategy	Description
Celebrate and build strengths	<p>Give your client positive feedback more often than you correct them.</p> <ul style="list-style-type: none"> • "Great job putting your clothes away." • "You played so well in the soccer match. I can see you improving every week." • "That was very kind to share your paints with your friend."
Respect and listen	<p>Be observant and look for what your client is trying to tell you, whether verbally or non-verbally.</p> <ul style="list-style-type: none"> • "I see you have changed seats. Is the sun in your eyes?"
Validation	<p>Validation does not mean you agree with the person. It means you understand why they feel the way they feel. When a person can see that you understand their feelings, they are more likely to calm down.</p> <ul style="list-style-type: none"> • "I can see you are upset. How about we sit down and talk about it?" • "I can see the task is quite tricky; would you like some help?" • "I can see why you are nervous about joining a new group. It's a new environment and that can be scary."
Provide clear expectations	<p>Talk to your client about your expectations, or show them using visual imagery.</p>
Alternate tasks	<p>Do something with the client that is enjoyable and then alternate with something a little more complex. Knowing that there is some variety in the activities they participate in means they will be less likely to give up.</p>
Frequent breaks	<p>Concentrating for extended periods of time can be challenging for most of us. Frequent breaks give some breathing space and reduce the chance of the person demonstrating the behaviour of concern.</p>

For more information, visit: aspirelr.link/positive-behaviour-support-strategies



Communicate effectively to minimise behaviours of concern

Your ability to communicate effectively can have a significant influence on minimising behaviours of concern.

How you communicate can either escalate the situation or help de-escalate it, so it is important you establish rapport with the person and build a trusting relationship. You should pay particular attention to how you communicate, both verbally and non-verbally, to ensure the safety of yourself, the person and others in the environment.

Communication strategies

- Show empathy and be non-judgmental
- Speak slowly and calmly
- Show respect and dignity at all times
- Keep calm
- Be aware of your body language. You do not want to come across as defensive
- Use active listening skills
- Redirect and distract
- Make sure you do not invade the person's personal space

For more information, access the following information sheet:

aspirelr.link/communication-challenging-behaviour

Positive interventions

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

Involve the person, their family, your supervisor and other health experts in decisions about appropriate interventions for managing behaviours of concern, and make sure to consult each person's individualised behaviour support plan. Some people may have a recommended **restrictive practice** that has been agreed to because of previous behaviours of concern.

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

Below are examples of situations that could arise, and corresponding appropriate and inappropriate interventions.

Intervention

An action or measure taken to protect a person.

Restrictive practice

Any intervention or practice that restricts the rights or freedom of movement of a person receiving support.



A person hitting a wall
Appropriate intervention Remove any obstacles that may cause harm, call the supervisor and, if necessary, obtain medical assistance. Try to talk calmly and assertively to calm the person.
Inappropriate intervention Holding the person's arms behind them and pulling them away from the wall.
A person screaming
Appropriate intervention Talk calmly and assertively to help calm the person. Identify triggers and, if possible, remove them.
Inappropriate intervention Scream at the person to tell them to calm down. Threaten the person by telling them if they do not stop yelling, you will lock their door.
A person indecently exposing themselves
Appropriate intervention Gently guide the person to a private space, and give them their clothes. If necessary, assist with dressing.
Inappropriate intervention Yell at the person in public, demanding they put their clothes on. Force the person into their clothes.
A person absconds (leaves without warning)
Appropriate intervention Ensure the person is monitored at all times.
Inappropriate intervention Lock the person in their room or lock the front door, unless they have a documented restrictive practice.

Restrictive practices

In the past, restrictive practices were used as a first response to behaviours that caused serious harm to the person or others.

However, it is now recognised that restrictive practices can be significant infringements of human rights, as there is the risk that restrictive practices may subject a person to cruel, inhumane or abusive treatment.

When restrictive practices are to be used, the state or territory regulator must be notified and must give authorisation. The NDIS Quality and Safeguards Commission is an independent agency formed to regulate and improve disability services in Australia. It enables service users to have more control of their lives, be involved in decisions made about them, and be treated with dignity. If a restrictive practice is approved, the commission will monitor the use.



Using restrictive practices in a disability setting must always be the last resort. There are strict laws that regulate the use of restrictive practices in residential care and a number of requirements must be met for the use of any restrictive practice. If a person is a registered NDIS participant, the restrictive practice will be in their behaviour support plan and will be monitored

The Aged Care Quality and Safety Commission regulates restrictive practices in aged care. Their Quality of Care Principles require that the following conditions are met before the use of any restrictive practice in aged care:

- Providers are required to document the alternatives to restrictive practices that have been considered and used, and why they have not been successful.
- Where any restrictive practices are used, the consumer must be regularly monitored for signs of distress or harm, side effects and adverse events, changes in wellbeing, as well as independent functions or ability to undertake activities of daily living.
- The use of the restrictive practice must be regularly reviewed by the provider with a view to removing it as soon as possible or practicable.
- Providers are required to develop and implement a behaviour support plan for every consumer who exhibits behaviours of concern, or changed behaviours, or who has restrictive practices considered, applied or used as part of their care.

If a person is a registered NDIS participant, the restrictive practice will be in their behaviour support plan and will be monitored. Unregulated practices – those not included in the behaviour support plan – do not have this degree of supervision and are a breach of human rights. For example, a family member puts the person in a locked room to calm them down.

The following table lists some of the conditions where restrictive practices are acceptable for use.

Conditions for using restrictive practices

- If it is identified in the behaviour support plan
- If the person has given consent
- If authorisation is given by the state or territory regulator
- As a last resort because the person or others are at risk of harm
- Is in proportion with potentially harmful consequences or risk of harm
- Will be used for the shortest time possible

If an NDIS provider or aged care service uses a restrictive practice without authorisation, the service has five days to report it. If practices are not reported, and the service is shown to be non-compliant, there are a range of actions the NDIS commission or Aged Care Quality and Safety Commission may take.

Non-compliance measures

- Provide services with education to help improve their practice
- Conduct an investigation
- Issue a compliance notice, which will give the service instructions on how they need to comply
- Use injunctions to make a service take action or stop them from performing specific activities
- Civil penalties issued by the courts
- Suspend or make a variation to the service's registration
- Prohibit the service from operating

Review restrictive practices

As previously stated, for behavioural support plans to work effectively, you must consult with all relevant stakeholders, including the person, family members and health experts. With their input, you will find areas of the plan that are working well and identify any issues and whether additional resources need to be offered to the person to address those issues. For example, health experts would be able to provide information relating to the person's condition and provide input into how effective the plan is from their perspective.

The use of restrictive practices must be reviewed by those involved in the person's care.

By seeking feedback from all those involved in the plan's implementation, you can gain a comprehensive picture of how effectively the plan is working.

Ideally, you would document this feedback for future reference. Formal feedback is a process used by the service that uses various evaluation tools to gather information. This helps to identify consistencies in the feedback and assists in aligning new services and other strategies to support plan improvements.

For a formal review to occur, organisations, the person or others nominated by the person can request that the restricted practice that is being implemented as part of the behaviour support plan be reviewed. However, at a minimum, all behaviour support plans that include restrictive practices must be reviewed annually or when a change is required. Restrictive practices that are part of behaviour support plans are also required to be reported on monthly to the NDIS Commission.

The national framework for reducing and eliminating restrictive practices

As part of a national reform, the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector was developed.

This framework only applies to disability services where restrictive practices are being used and is in line with the UNCRPD, as there are concerns about how restrictive practices have the potential to violate a person's human rights.



This framework is important because, for the first time in Australia, there is a move to reduce and eliminate restrictive practices used in the disability sector. The long-term goal is to stop the use of all restrictive practices.

Monitoring by the commission helps determine the frequency of restrictive practices used on people with disabilities and provides education and leadership to services to help them gradually phase this out. The framework has identified six core strategies to promote a positive approach to support.

Six core strategies to promote positive support

- Use a person-centred approach
- Leadership towards organisational change
- Use data-informed practice
- Workforce development
- Use of restraint and seclusion reduction tools (including evidence-based assessment, prevention approaches, emergency management plans, environmental changes and meaningful activities integrated into the individual's support plan)
- Debriefing and practice review

For more information, visit: aspirelr.link/dss-reducing-restrictive-practices

Restrictive practices as defined by the NDIS Commission are further explained below.

Chemical restraint	<p>Chemical restraint is the use of medication or a chemical substance to influence a person's behaviour.</p> <p>Examples</p> <ul style="list-style-type: none"> • Psychotropic medications are the most common type of chemical restraint. • Chemical restraint does not include prescribed medications for diagnosed mental disorders, physical illness or conditions, or end-of-life care.
Environmental restraint	<p>Environmental restraint involves restricting free access to parts of the care recipient's environment, including activities and items.</p> <p>Examples</p> <ul style="list-style-type: none"> • Restricting access to making tea or coffee • Locking away a mobile phone • Taking away access to activities such as watching television <p>It does not include restricting access to areas of a facility that a person would not ordinarily be allowed into such as the laundry, meal preparation area or medication storage areas.</p>



Mechanical restraint	<p>Mechanical restraint involves using devices to restrain, prevent or subdue movement to influence a person’s behaviour. It includes devices used for safety purposes or to prevent harm if not being used for therapeutic reasons.</p> <p>Examples</p> <ul style="list-style-type: none">• Bed rails• Belts and harnesses• Restrictive clothing• Using straps to restrain any body part <p>It does not include devices for therapeutic purposes, such as a wheelchair for someone unable to walk.</p>
Physical restraint	<p>Physical restraint is the use of force to prevent, restrict or subdue movement to influence behaviour.</p> <p>Examples</p> <ul style="list-style-type: none">• Holding a person down to administer medication or pulling them in a direction they do not want to go.• It does not include using a hands-on technique to direct the service user away from potential harm or injury, such as holding a person back from crossing the road if there is traffic approaching.
Seclusion	<p>Seclusion is confining a person to a room or area where they are by themselves, unable to leave or believe they cannot leave.</p> <p>Examples</p> <ul style="list-style-type: none">• It is prohibited to isolate a child or young person (under 18 years of age) in a setting where they cannot leave for the duration of a particular incident.• Seclusion does not include a person locking themselves in their room if they are free to unlock the door and leave if they choose.

Source: wa.gov.au/organisation/department-of-communities/regulated-restrictive-practices-western-australia



Physical, psychological and emotional risks

Below are potential consequences to the physical, psychological and emotional wellbeing of those who receive this type of behavioural support.

Physical risks	<ul style="list-style-type: none"> • Can lead to other behaviours of concern • Physical harm • Poor health • Loss of freedom to perform daily tasks
Psychological risks	<ul style="list-style-type: none"> • Can trigger a past trauma • Feeling degraded • Loss of dignity • Negatively affects the client and worker relationship • A person can come to rely on the restraint
Emotional risks	<ul style="list-style-type: none"> • Can lead to suicide ideation (thinking about suicide) • Depression and anxiety • Withdrawal • Self-isolation

Reporting requirements

Because there are concerns about the use of restrictive practices potentially violating a person's human rights, combined with the Australian Government's commitment to the UNCRPD, the practice must only be used as a last resort. For this reason, NDIS service providers and aged care services have reporting requirements to ensure that the practices chosen to manage behaviours of concern safely align with legislative requirements and allow for close monitoring of the practice across the nation.

Authorised services must report to the NDIS commission when restrictive practices are used on a participant. They must outline what practice they are using and how it is being used. In addition, the service must make a monthly submission that records each time the restrictive practice has been used. This is why it is important that your record keeping is accurate and free from any spelling mistakes. There are consequences for giving false and misleading information, so always be sure the details you provide about your clients are accurate and objective.

Key practices prohibited by law

In the community services context, prohibited practices include those that are abusive, those that constitute assault and those that constitute wrongful imprisonment and constraint. Constraint means limiting or restricting a person, and it is a breach of human rights to constrain a person without their permission.

Practices prohibited also include those that may not be unlawful but are unethical.



Imprisonment is the restraint of a person’s freedom and can only be authorised by legal authorities who have the right to restrict a person on the basis of criminal activity.

Prohibited practices are against the law and never permissible. All are criminal offences and civil wrongs and could lead to legal action. Therefore, all support workers must understand prohibited practices to ensure compliance.

If you believe a person has had their freedom restricted, you must report the incident as part of your duty of care. For example, you may be aware that a person is being locked in their room by a carer to avoid behaviours of concern. Without authorisation of this regulated restrictive practice as a last resort, this is a breach of human rights, so you should report it. The following table gives a few examples of prohibited practices.

Prohibited practices
<ul style="list-style-type: none">• Those that cause physical pain or serious discomfort• Those that restrict access to basic needs and supports• Those that are degrading or demeaning to the person• Those that may be perceived as harassment or vilification• Those that are aversive, unethical or constitute an unauthorised restricted practice according to the relevant legislation

Practice Task 8

Question 1

Explain the term ‘unregulated restrictive practice’.

Question 2

What must you do if an unauthorised use of restrictive practices at an NDIS service provider occurs?



Question 3

List three strategies a support worker can use to promote positive behaviour support that can help to eliminate the use of restrictive practices.

Question 4

Identify three risks related to the use of restrictive practices and provide an example of each.

Question 5

Name the agencies that must be notified when a restrictive practice has been implemented.

Question 6

How often must an organisation authorised to use restrictive practices in a persons' behaviour support plan report to the NDIS Quality and Safeguards Commission?



Question 7

When is it appropriate to use restrictive practices?

Question 8

What responsibility do the family, carers and health professionals have in supporting a person on a behavioural support plan?

Question 9

List four of the core principles of the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.



Question 10

Why is it important that a support worker be aware of how to communicate with a person who has a behaviour of concern?

Question 11

Identify three entities that can request a review of a behaviour support plan that includes information about the use of restrictive practices.

Question 12

What is the difference between constraint, seclusion and imprisonment?

Question 13

Match each type of restraint to its definition/description.

Physical	The use of medication or a substance to influence a person's behaviour
Mechanical	The use of force to prevent, restrict or subdue movement to influence behaviour
Environmental	Involves using devices to restrain, prevent or subdue movement to influence a person's behaviour
Chemical	Involves restricting free access to parts of the care recipient's environment, including activities and items

Question 14

Identify two practices that are prohibited by law to manage behaviours of concern because they are a breach of human rights.

Question 15

Can penalties be imposed on services that do not comply with the rules and regulations of the NDIS Commission or the Aged Care Quality and Safety Commission regarding the use of restrictive practices?

3B

Interpret and follow behaviour support plans

To ensure that the use of restrictive practices is within the bounds of the legislation, you must follow the behaviour support plan.

As we have seen, behaviour support plans assist support workers in the use of positive strategies to help manage concerning behaviours.

A qualified behaviour support practitioner uses functional behaviour assessment tools to develop a behaviour support plan. The practitioner must be registered with the NDIS to perform this role. Behaviour support practitioners have additional responsibilities as outlined below.

Behaviour support practitioner key responsibilities

- Conduct functional assessments to support plan development
- Oversee the support strategies and restrictive practices
- Provide advice to families and other support people
- Lodge reports as required by state and territory guidelines
- Review behaviour support plans
- Follow up on all incident reports

For more information, visit: aspirelr.link/ndis-behaviour-support

A process must be undertaken before plan development as various people are involved in this support step. The table below explains the process.

Psychologist or other health professional	Assesses the person by talking to families and caregivers and observing the behaviours of the person using a functional capacity assessment. The functional capacity assessment helps the health professional learn about behaviours of concern shown by a person and then plan the appropriate interventions.
Family	The person's family works with the health specialist to develop a plan to remove or minimise behavioural triggers. Family members are involved in implementing the plan and encourage the person to use new skills and strategies to express their needs.
Support workers and carers	Support workers and carers support plan implementation, observe and monitor the person to evaluate the plan's effectiveness, document observations, and raise any concerns to the supervisor to be addressed.



Supervisors	Due to the nature of behaviours of concern, senior workers and supervisors are responsible for overseeing the support strategies outlined in the person’s behavioural support plan. If restrictive practices are required, this is managed by the supervisor. They will advise families and other support people, review reports and follow up on all incident reports.
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Working with the behavioural support plan

Behavioural support strategies are developed for individuals’ unique needs.

Behaviour support plans help the person you support, and you and other support workers, know how to cope in a situation. Positive behavioural support strategies are preferred to aversive strategies.

The behavioural support plan will outline the specific interventions that are required if behaviours occur. Not all people showing the behaviour of concern should be responded to in the same way; a particular response to one person’s behaviour may not be effective for another person.

Some examples of interventions and restricted practices specified in different support plans are outlined below.

Distraction
Martin sometimes gets frustrated and agitated and this can escalate. He paces around, then starts running. The intervention strategy is to distract Martin by engaging him in activities he enjoys. Martin enjoys Xbox, so support workers sometimes suggest Martin plays a game with them.
Medication
Oni self-harms when she gets depressed. The first action in her support plan is to ensure she has her regular medication every day. If Oni presents with severe depression and is at risk of self-harm, support workers need to obtain authorisation to administer PRN medication. PRN medication, also known as ‘as needed’ medication, is chartered by a doctor to treat short-term, intermittent symptoms. This is a regulated restrictive practice known as chemical restraint and Oni must be monitored.
Separation
When Carl’s behaviour becomes increasingly aggressive, the first step is to separate other people from the situation. The second step is to get authorisation to give Carl medication, which is a chemical restraint. The third step is to get permission to give Carl a second dose of PRN medication if his behaviour continues to escalate. The fourth step is to call the emergency services if his behaviour persists.
Tag teaming
If Margaret’s behaviour escalates, she fixates on one support worker and asks repeated questions. Support workers should take turns to calmly and patiently respond to Margaret’s questions.



Calm, clear communication

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

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

Exercise

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

Making contracts

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

Responsibilities to the organisation

Because community service organisations support vulnerable people there is an array of legislation, regulations and codes of practice that they must follow.

It is important that when you carry out an intervention, it is in line with organisational policies and procedures, and legal requirements. Organisational policies and procedures are intended to ensure a safe workplace and by practising within them, you are conducting your work legally and ethically. Failure to do so may result in disciplinary action.

Prior to the commencement of employment, you will be inducted into the organisation. This means that you will be given access to policies, procedures and other information that will help you perform your duties correctly.

Intervention policies and procedures will:

- be accessible
- be clear and precise
- outline when interventions may take place
- align with legal and ethical requirements.

Motivation

The person’s motivation can be negatively affected by criticism, self-doubt, fear or emotional issues, such as depression. On the other hand, motivation can be positively impacted by positive reinforcement and positive role models. Positive feedback creates self-motivation.

Ensure that the strategies and changes made to the person’s lifestyle are realistic. If the person struggles or fails at a task, they may lack the motivation to continue with the change. Monitor the changes introduced for suitability and always use positive language to reinforce and encourage the person to keep trying.

Examples of motivators
<ul style="list-style-type: none"> • Using a reward system • Incentives such as a lunch outing or an enjoyable activity • Praise and compliments • Activities that align with personal interests, strengths and goals • Activities that are not too challenging • A location that is warm, supportive and enjoyable to be in

Positive reinforcement rewards the person for wanted behaviours by giving them something they like.

Positive reinforcement

Positive reinforcement is preferred in the support work context because it does not rely on the support worker having any control or power over the person’s life. Positive reinforcement is most effective if it is specific and given when real achievements have been made. The table below explains the three categories of positive reinforcement.

Positive reinforcement strategy	Description
Tangible	Reward charts encourage people, particularly young people, to demonstrate positive behaviours. Each time the person presents a wanted behaviour they receive a sticker, which continues until they reach their end goal; for example, 20 stickers. Once the goal has been reached, the person is further rewarded as a commendation for their success.
Activity-based	Activity-based reinforcers allow the person to participate in an enjoyable activity of their choice. This could be time on a computer or other device, or playing a board game.
Social reinforcers	A social reinforcer is encouragement and praise given to the person such as a pat on the back, a high five, smiles and attention from other people.



On-the-spot strategies

Most of the previous strategies involve prior decisions about the behaviour support plan. However, you will often need to think on your feet, and on-the-spot strategies are frequently a composite of several of the previous strategies and may be used with discretion in other situations. Below is an explanation of on-the-spot strategies that are often used.

Compensatory strategies	A support worker can use memory aids such as a whiteboard, diaries or watches to reorientate or prompt the person they support, especially those with orientation or memory difficulties.
Reinforcement schedules	Encouragement, praise and acknowledgment are given by workers when a person shows positive and adaptive responses. If a person shows potentially dangerous behaviour, it should be managed without emotional input so as not to reinforce the behaviour.
Interrupt and redirect	Interrupting a person and giving them a new activity or space is often successful in distracting them from behaviour that is potentially harmful.
Stimulus change	The stimulus change strategy involves changing the environment, particularly if the original environment is triggering potentially dangerous behaviour. Proximity management, where the support worker or instructor remains close to the source or cause of the behaviour issue, can also be used to manage behaviour.
Consequences	People you support should be aware that consequences are a natural result of their behaviour. Approved behaviour is rewarded with encouragement and acknowledgment; potentially harmful behaviour is responded to with no sign of emotion and a straight face. Note that some people with acquired brain injuries are not able to comprehend consequences.
Time out strategies	<p>Time out is a type of consequence for behaviours that are socially disruptive and potentially harmful. Ideally this is explained to the person before carrying it out. Time out may be five minutes in the bedroom with the door open and the person must be free to leave at any time..</p> <p>The removal of the person from the social setting must not be used in a punitive way but rather explained and used only in specific circumstances. Putting someone in a locked room or somewhere they cannot get out of is classified as seclusion and is a regulated restrictive practice.</p>



Positive lifestyle enhancement

A person’s individual needs and lifestyle requirements should be taken into consideration when determining positive supports to be used.

The PBS approach aims to improve the quality of life for the person. This means that a holistic approach is taken to bring positive improvements into many aspects of the person’s life to help manage behaviours of concern safely. A person’s lifestyle needs to suit their specific needs, so individualised support plans will ensure all lifestyle requirements are met.

There are many ways lifestyle can be enhanced, depending on the needs of the individual. It is recommended to take a strengths-based and person-centred approach, ensuring the person is involved and focusing on their strengths and capabilities when making changes.

Examples of different lifestyle enhancement strategies are provided below.

Balanced lifestyle
A person may be reacting to an imbalanced lifestyle. For example, they may not be spending much time socialising and spending too much time using a computer. Help the person look at the components that make up their day and week. Some of these activities may trigger behaviours of concern, and if they do, they could be reduced to make room for other activities.
Predictable lifestyle
Predictability is very important to some people, particularly regarding behaviours of concern. You may be aware that some behaviours are triggered by significant changes in a person’s environment. Look at ways to make their lifestyle more consistent. This may involve developing a structured schedule of activities, using familiar equipment and aids, and rostering on familiar staff.
Realistic expectations
Activities and schedules that are planned may be causing a person stress because they are inappropriate or beyond their level of achievement. Ensure current goals and objectives are suitable for the person and are not causing stress. You may be able to identify a more suitable activity or goal that meets the person’s needs.
Improved physical setting
A person’s physical environment can be very relevant to their mood or behaviour. If the physical environment has obstacles or unnecessary clutter, a person may become distressed. On the other end of the spectrum, some people require more pattern and colour stimulation. You may look at introducing coloured furniture or curtains. You should also check to see that the person gets enough light and fresh air in their living space, as these factors may also affect their wellbeing.



Increased physical activity

Some people you support may benefit from increased physical activity. Offer a range of activities that may interest them. For example, you may suggest swimming one day and a walk and tai chi another day. Physical activity has positive effects on people's general physical and emotional wellbeing.

Stress management

Stress is caused by many factors, including environmental factors, social factors, or physical and/or emotional pain.

Stress management is necessary if a person's behaviour of concern is associated with stress or anxiety.

Stress management techniques and strategies should be developed in conjunction with the individual to meet their needs. Help them identify triggers or indications of stress and to implement stress management strategies before the event escalates.

Stress management strategies include:

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

Engaging in meaningful activities

What is meaningful to one person is not necessarily meaningful to another, so activities should be suitable, person-centred and strengths-based. Activities that are too difficult or not realistic may cause stress.

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

Support relationships

Negative relationships and social interactions can often be a source of stress and conflict and can impact people's behaviour. Relationships refer to all people the person has contact with, and supporting good relationships encourages positive behaviours.

Relationship issues may be caused by communication difficulties, misunderstandings or differences in needs. For example, if you observe that relationship interactions trigger a person's behaviour of concern, communication issues could be addressed.

Below are some ways to support relationships.

Role model	As a role model, you can demonstrate positive relationship interactions, such as talking kindly to people or using conflict management techniques to resolve an issue. Being a positive role model will inspire others and bring positive energy to the organisation.
Conflict management	<p>Conflict is often at the root of relationship breakdowns. Conflict may be overt, such as a verbal fight; or it may be covert, such as underlying anger towards another person.</p> <p>Teaching conflict management techniques can help a person manage a situation before it becomes a crisis. Techniques include:</p> <ul style="list-style-type: none"> • using deep and mindful breathing to stay calm • talking about difficult issues after anger has subsided • seeing the other person's perspective • empathising with the other person • finding a win-win solution that satisfies both people. <p>If the conflict is too complex, mediation may be required.</p>
Opportunities	You may encourage people to get together at social events, such as family picnics or open days. You might encourage weekly get-togethers. You could arrange specific activities people can do together. If people share common objectives and goals, they are less likely to be in conflict.
Counselling	<p>Organisations like Relationships Australia provide relationship counselling services, which can help people address conflicts and learn relationship building skills.</p> <p>Provide details of these services to people you support if needed.</p>
Teach assertiveness	<p>Behaviours of concern may occur if a person feels powerless. Teaching assertiveness can help a person better manage a situation. Assertiveness techniques include using a clear, calm and firm tone of voice, keeping an open, friendly posture and maintaining eye contact. By being assertive with people you work with, you role model assertive styles of communication.</p>

For more information on conflict management techniques, visit:

aspirelr.link/know-hut-conflict-management

Nutrition

Nutrition has a significant effect on people's emotional and physical wellbeing.

A balanced diet in combination with physical activity helps people think clearly, manage their emotions and maintain a healthy weight. Some food additives can cause a reaction and change behaviours.

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

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

You can access healthy eating recipes at: aspirelr.link/healthy-eating-recipes

Personal environment strategies

Environment can significantly affect behaviour because we perceive the world using our senses.

People with sensory or cognitive impairments such as dementia and autism are at risk of displaying behaviours of concern if their environment does not account for sensory triggers. Some strategies deal directly or indirectly with behaviour that could put people at risk. This group of strategies manages elements in the person's environment and are helpful when the cause or trigger of the behaviour is related to the environment.

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

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



Below are descriptions of different personal environment strategies.

Structure and routine	Attention should be paid to consistent structure and routines, so triggers arising from unpredictability are eliminated.
Teamwork	Teamwork and consistency are key to a team’s ability to implement a plan. Every worker should follow strategies in the same way.
Antecedent management	This strategy includes actions that avoid or eliminate a known trigger. For example, keeping the laundry trolley away from an individual’s door if they have been consistently annoyed with the trolley being left outside their door.
Active listening	Active listening and observation are key to the support worker’s ability to contribute to the plan in a well-informed manner with first hand knowledge of the individual and their behaviour.
Communication	Effective communication with other workers and the person you support involves listening carefully, attending to and observing as much as possible. Use clear, plain words spoken slowly, calmly and firmly to successfully communicate your message.
Physical improvements	Physical improvements include improving the temperature and climate of the environment to suit the person’s needs, making more space for the person or encouraging more outdoor activity.

Systemic and structural factors

When a person is discriminated against, they are treated less favourably than people who do not have a disability.

The *Disability Discrimination Act 1992* (Cth) is designed to protect people with a disability in many areas of public life. The Act protects people from harassment in employment, education or when using other services.

As you are now aware, people with a disability experience more hardship and disadvantage than any other social group, and community participation has many benefits for them. These benefits include improved health and wellbeing, making friends and improved financial situations if engaged in employment. The following are some positive lifestyle strategies that can improve behavioural outcomes for the clients you assist.

Positive lifestyle enhancement strategies	
<ul style="list-style-type: none"> • Volunteer work • Paid employment • Education and training 	<ul style="list-style-type: none"> • Skills development opportunities • Participating in self-advocacy groups

For more information on the importance of employment and work opportunities for people with autism, visit: aspirelr.link/amaze-autism-employment

Example

Interpret and follow behavioural support strategies

Joyce has a habit of asking for extra food from one support worker and, if she is unsuccessful, she will ask the other worker.

An individual response plan is made in response to this behaviour. The key strategy in the plan is to interrupt and redirect while using limited eye contact and acting calmly. The plan includes a choice of other activities for Joyce to do during the day when the behaviour tends to peak.

The action of both workers under the plan is to be calm and non-responsive to the request, and to encourage Joyce to engage in one of the activities available at that particular time of day.

Practice Task 9

Question 1

Which of the following are positive lifestyle enhancement strategies? Tick all that apply.

- Motivation
- Restrictive practices
- Stress management
- Nutrition
- Engagement in meaningful activities
- Environmental restraint



Question 2

Identify four positive reinforcement strategies a support worker can use with a person.

Question 3

Why is it important that a support worker follow all policies and procedures of the organisation?

Question 4

Identify two positive lifestyle enhancement strategies that may address systemic and structural factors, including discrimination.



Question 5

Can a support worker conduct a functional capacity assessment? Explain your response.

Question 6

List three strategies you can use to positively improve a person's environment to lessen triggers of challenging behaviour.

Question 7

How can teaching the person conflict management techniques help support their relationships with others?

3C

Promote a safe work environment

The risk management process ensures the personal safety of clients and of the people who provide care and support.

Safety is always the highest priority when providing support. This includes your safety, your co-workers' safety and the safety of the people you support. Organisational policies and procedures are in place to ensure workplaces are safe environments.

Risk assessments are used to identify potential risks and determine the safest possible course of action to manage the risk. A balance needs to be struck between likelihood and severity of the risk of harm.

Risk management

People who access community services have their own individual needs, interests, goals and abilities. Therefore, the level of risk for each person will vary. It is the responsibility of those who work at the service to ensure the safety of clients accessing the service.

Risk management

The process of assessing and evaluating the level of potential harm and likelihood of occurrence of a risk and putting in place strategies that will reduce the risk.

The organisation's **risk management** process must be incorporated into the person's plan as there will always be an element of risk to the person's health and wellbeing.

Issues that may put a person at risk of harm

- Weight loss or gain
- Infection
- Concerning behaviours
- Evidence of self-neglect
- Evidence of substance misuse
- Evidence of abuse
- Impaired judgment and problem-solving abilities
- Poor skin integrity
- Impaired cognitive function
- Social rights infringements

Quality service delivery planning relies on the support worker's ability to listen, demonstrate respect and take the person's perspective seriously. You may have a different perspective about the person's overall experience but the most critical factor with the planning process is to allow the person to take ownership of the plan development.

In the past, planning used to focus on the person's deficits and other problems. Today, we are now aware that service planning has better outcomes if it concentrates on the person's capacities and strengths.



WHS framework

When selecting strategies, you need to be aware of WHS legislation, industry standards and your organisation's policies and procedures.

The requirements for complying with the law, guidelines, regulations, standards and organisational policies and practices are discussed below. Remember that support workers have a legal obligation, known as their duty of care, to protect themselves, the people they support and others around them from any risk of harm.

WHS legislation
WHS legislation is specific to each state and territory. In summary, these laws aim to ensure that employers take all steps necessary to provide safe environments and that employees report all hazards and manage these when possible.
WHS regulations
Each state and territory has its own WHS regulations. Regulations are more specific than laws, with detailed requirements related to distinct risks such as noise and manual handling.
Industry guidance notes
These are WHS instructions for specified industries and their particular hazards.
Codes of practice and national standards
Codes of practice are standards that set the benchmark for professional behaviour, from the individual worker to the organisation level in an industry. For the community services industry, this can include responsibilities of the service and service workers, and clients' rights and responsibilities. Other industries that have codes of practice include financial services, aged care, disability and health services.
Organisation policies & procedures
All organisations and agencies will have their own set of policies and procedures. Policies are rules and procedures are instructions on how to act. Standard policies and procedures found in community services relate to WHS, anti-discrimination and the complaints process. They are designed to demonstrate adherence to relevant legislation.

For more information on WHS legislation, regulations and standards, visit: aspirelr.link/swa



Accident and incident reporting

Sometimes behaviours of concern may cause injuries or accidents. For example, someone may injure themselves or another person.

To ensure the safety of the workplace at all times, respond and report accidents or incidents as soon as possible. It is a legislative requirement that all accidents and incidents be reported to help to manage similar incidents in the future. It can also support the monitoring process as a record of incidents can help to improve the behaviour support plan

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

Considerations for reporting accidents and incidents are outlined below.

Considerations for reporting accidents and incidents
<ul style="list-style-type: none">• Always report an incident or accident to the appropriate person immediately• Be clear and precise in your description of the incident• Use specific and detailed examples• Include the date, time and place the incident occurred• Describe the consequences and actions that were taken

Indicators of risk

Not all individuals can, or will, tell you verbally that they are at risk. However, their physical appearance and behaviour may indicate that they are.

Observe your client’s appearance and behaviour and note any signs of deterioration or abuse. A decline in appearance can indicate problems in the person’s life that have not been addressed. Risk-taking behaviours need to be investigated, as they can signal that the person is neglecting themselves, is being abused or their human rights are being violated.

Older people, children, young adults, and people with disabilities or mental health issues are most vulnerable to abuse and neglect by others. The abuse may be physical, psychological, sexual or financial and involve the infringement of a person’s human and social rights.

This table outlines some signs that may indicate a person is at risk of self-harm or is a victim of abuse and neglect.



Attention-seeking behaviour	<p>Attention-seeking behaviours include:</p> <ul style="list-style-type: none"> • lying • striving for recognition • constantly seeking sympathy • excessive drama relating to an issue • playing on an injury.
Self-harming or self-injurious behaviours	<p>Self-harming or self-injurious behaviours include:</p> <ul style="list-style-type: none"> • poking their eyes • hitting their head with their fist • biting themselves • cutting themselves • banging their head • slapping their thighs • pulling their hair • scratching or pinching themselves • neglecting their grooming or having poor hygiene practices, which can limit access to the community or community facilities • substance misuse.
Non-compliant behaviours	<p>Non-compliant behaviours include those that are defiant and disruptive, such as:</p> <ul style="list-style-type: none"> • yelling or singing loudly in supported accommodation • entering other people's rooms • making constant demands • repeatedly asking questions • distracting or preventing themselves and others from participating in learning and developing new skills • refusing to participate or complete tasks.
Repetitive or self-stimulatory behaviours	<p>Self-stimulatory behaviours may involve perseveration behaviours, which are the uncontrollable repetitions of particular responses, such as:</p> <ul style="list-style-type: none"> • humming • hand-flapping • covering ears to block sound • making vocal noises/sounds • rocking • skin-picking and scratching • pacing. <p>These behaviours can prevent the person from engaging in activities.</p>



Agitation	<p>Behaviours include some actions that can last for an excessively long period of time, such as:</p> <ul style="list-style-type: none">• fidgeting• repetitive movement• distractedness• persistent scratching. <p>Some of these behaviours may be self-stimulatory and can isolate the person and interfere with skill development.</p>
Aggressive behaviours	<p>Aggressive behaviours (physical and/or verbal) include:</p> <ul style="list-style-type: none">• hitting• yelling• standing over or intimidating others• threatening others• damaging property.
Impulsivity and disinhibition	<p>Impulsivity involves acting on involuntary or uncharacteristic impulses.</p> <p>Disinhibition is performing acts in public that are inappropriate and making others feel uncomfortable. These behaviours include undressing or engaging in sexually inappropriate behaviour.</p> <p>As with self-stimulatory and agitation, these behaviours can prevent the person from engaging in activities as they make others feel uncomfortable.</p>
Depression, confusion and withdrawal	<p>Signs of depression may include constant disinterest and appearing unmotivated. Uncharacteristic sadness reduces quality of life and threatens health and wellbeing.</p> <p>Confusion or disorientation may involve not understanding simple requests.</p> <p>Withdrawal involves not participating or responding, therefore becoming socially isolated.</p>
Distress, sleeping and eating problems	<p>Emotional distress signs may include crying, wailing and calling out.</p> <p>The person may have problems getting to sleep, staying asleep or waking up alert. The person may appear tired, be lethargic and become more easily annoyed at situations.</p> <p>Eating problems may include increased or decreased appetite.</p>

Risks to support workers

When conducting a risk assessment, you must also consider psychological and physical dangers to yourself and other workers. There may be physiological risks that affect a worker’s mental health. Support workers need to understand there is an element of risk that comes with the job due to the client type you will work with. In the following table, you will be able to identify the types of risks and some suitable strategies to reduce the level of risk to service workers.



Risks	Strategies
<ul style="list-style-type: none"> • Work shift patterns • Lack of involvement in decisions that will affect you • Repetitive tasks • Outdated equipment • Inadequate training to support skills currency • Challenging behaviours of the client • Workplace stress • Excessive work demands 	<ul style="list-style-type: none"> • Make sure you have a good work-life balance and participate in an enjoyable activity or hobby in your free time. • Debrief your supervisor or other colleagues after a difficult shift. • Source professional development opportunities; there are numerous free online training programs for service workers. • Take advantage of the employee assistance program. This service provides free access to a qualified psychologist. • Request coaching and mentoring. • Learn practical time-management skills. • Building positive and trusting relationships with the person's support network creates a supportive environment for the worker. • Encourage teamwork. • Keep a journal.

Identify critical incidents

Critical incidents are usually very distressing, dangerous and often unexpected. You may get little or no warning that a critical incident is about to occur. For example, a person may fall from a high building and severely injure themselves. There may be incremental warnings, such as escalating behaviour. If there is a warning or precipitating event, ensure you perform all interventions necessary to try to prevent the critical incident occurring.

Critical incidents
Any occurrences that cause severe risk or harm to a person.

Types of critical incidents
<ul style="list-style-type: none"> • Medical emergency such as cardiac arrest, stroke or an acquired brain injury; or an unusual condition such as sudden swelling of a limb or loss of movement • Assault, such as physical harm caused with a weapon, or threat to harm • Abduction • Violent events in the community, such as a bomb threat or siege • Natural disaster, such as fires, floods or chemical spills • Industrial accidents, which can result in injury such as loss of a limb

Respond to critical incidents

Critical incidents are severe or traumatic incidents that may cause sudden death or harm to an individual. They also include threats of death or injury.

Some behaviours of concern can escalate and cause a critical incident and this may or may not be predictable. Always ensure that you cannot be cornered in a room; position yourself near an exit to avoid any risk of injury. You have a duty of care to perform any interventions necessary to keep the person and others safe and to report the incident as soon as it occurs – this is called notification.

Incidents that result in serious injury or death must be reported by your organisation to the WHS regulator in your state or territory.

All organisations will have intervention and notification procedures if a critical incident occurs or is at risk of occurring. Here is an example of an intervention and notification procedure for critical incidents.

Intervention and notification procedure

Employees who are injured or involved in a critical incident

- Notify your supervisor as soon as possible or ask another employee to notify them for you.
- Complete an incident report with the supervisor within 24 hours if possible.

Supervisors

- If the employee is unable to complete the incident report within 24 hours, complete the form on the employee's behalf.
- Investigate the incident and conduct a risk assessment.
- Record any required preventative action in the incident report.

For more information, visit: aspirelr.link/worksafe-vic-violence-guide

Example

Respond to critical incidents in accordance with intervention and notification procedures

Dylan supports four younger people with disabilities in an after-school activity. Dylan notices that Stephanie is not using her arm. When he looks closer, he realises it is swollen, so he asks Stephanie if it hurts, and she looks away. Dylan tries to find out what happened to her arm by asking her in a gentle and concerning tone. Stephanie is reluctant to talk about it, but finally, she says that her dad caused the injury.



Dylan is concerned about Stephanie's safety. He knows her father has a history of alcohol abuse and that he has a legal responsibility to report the incident. Dylan calls his supervisor to inform him of what has happened and then phones an ambulance so Stephanie can get the medical attention she needs. Dylan then contacts child protection. He provides all the details, including when he first observed the injury and exactly what Stephanie said. They say they will start an enquiry and Dylan reports the incident in the case notes.

Assessing the risk

As a support worker, you will need to conduct risk assessments.

For example, you may have to conduct a **risk assessment** after an incident in a client's home that is related to a behaviour of concern.

Your organisation's policies and procedures will outline the requirements and frequency of risk assessments. The following table summarises the process you must use when undertaking this process.

1. Identify hazards	Inspect the area and evaluate the likelihood of harm to the person. You must consider environmental, physical, psychological and security and safety risks.
2. Assess risks	Determine the likelihood and the seriousness of harm in the risks identified.
3. Control risks	Select the methods to be used to control the harm.
4. Monitor risks	Monitor the controls put in place to ensure they work effectively to reduce or eliminate the risks.
5. Complete documentation	Record the results of the inspection in a risk assessment form. This will outline the level of risks, the likelihood of the risks occurring, and control measures selected.

Risk

assessment

Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.

Risk assessment matrix

The risk assessment matrix helps you assess the level of risk and the seriousness of the harm that the risk can cause.

Using a risk assessment matrix is similar to using a grid on a map. By estimating both the likelihood of the risk occurring and the extent of the damage caused, you can identify a risk rating level. The higher the risk rating, the greater the severity of the potential harm to a person.



The following is an example of a risk assessment matrix.

		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost certain	High	High	Very High	Very High	Very High
	Likely	Moderate	Moderate	High	Very High	Very High
	Possible	Low	Moderate	High	High	Very High
	Unlikely	Low	Low	Moderate	Moderate	High
	Rare	Low	Low	Low	Low	Moderate

Hierarchy of control

Risk control is a measure you use to manage the hazard, whether a minor risk such as changing a lightbulb or a major risk such as house modifications.

The hierarchy of control is a system used to control risks. It is a ranking system of controls and strategies you can use to reduce harm. Where you can eliminate risk, you need to determine the category of control you must use. The following table gives you more information about the different levels of control.

Level of control	Explanation
1. Elimination	Removal of the risk; for example, mopping spills, removing unsafe objects, repairing or replacing equipment.
2. Substitution	Substitute the hazard with one that is of lower risk. For example, use a less hazardous chemical for cleaning.
3. Engineering controls	Making physical changes, such as installing handrails, altering doorways, repairing floorings.
4. Administrative controls	Administrative controls include participating in safety training, and changing policies and procedures so they reflect current standards of practice.
5. PPE	Using protective equipment such as eye protection, latex gloves and face masks.



Example

Promote a safe work environment

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

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

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

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

Practice Task 10

Question 1

Match each term to its correct definition

Consequence of risk	A system used to manage hazards
Risk matrix	The process of evaluating risks in a particular environment
Hierarchy of control	Allows you to define the level of risk by comparing extent of harm with likelihood of occurrence
Risk assessment	The potential harm caused by an identified hazard



Question 2

Number each step from 1 to 5 in the order you would follow when responding to a critical incident.

	Monitor the risk
	Identify the hazard
	Control the risk
	Assess the risk
	Complete documentation

Question 3

List three important considerations for making an accident or incident report.

Question 4

Who must your organisation inform if a critical incident resulting in serious injury occurs?

3D

Monitor the person in consultation with the supervisor

To ensure behaviour interventions are working effectively for the person, it is important that support workers monitor the person's behaviour when interventions are being used.

Once a person's individual behaviour support plan has been put into place it is important to keep observing and reporting changes so that the plan remains up to date. You must observe and monitor the frequency of behaviours, as this helps you identify patterns and the effectiveness of intervention strategies.

Behavioural interventions are developed in coordination with other professionals, such as psychologists, behavioural coordinators and medical professionals. If an intervention requires adjustment you should consult with the relevant professional. If you feel the person needs additional support beyond the service's capabilities, talk to your supervisor about organising a referral.

Monitor strategies to determine effectiveness

Monitoring a strategy to determine effectiveness means checking whether a person's behaviour changes as predicted.

Ideally, the strategy will be effective and the person will adapt to their new situation positively when it is introduced. Support workers should be alert to any reactions to the strategy.

Be aware that a person may not respond positively or adaptively to a new strategy. If the response is negative, the strategy should be reviewed. Reasons for monitoring a person's response are explained below.

Reasons for monitoring	<p>The support worker, either individually or as part of a team, monitors the strategy to determine if:</p> <ul style="list-style-type: none">• a person is developing and maintaining positive and adaptive responses to the strategy• the risk of harm to the person or others is reduced or eliminated• a person's dignity is preserved and self-esteem is improved.
Indicators of negative response	<p>Some indicators that a person is not responding positively or adaptively may be if the person:</p> <ul style="list-style-type: none">• demonstrates a negative emotional state• does something that is potentially harmful• demonstrates behaviour that escalates.



Identify and report changes in the person

A change in a person's needs may be expressed by a change in mood or behaviour.

To give an example, the person may be reluctant to complete their daily activities. Support workers are often the first to notice changes in a person's mood or behaviour as they spend the most time with the people they support.

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

Here are some examples of indicators of changing needs.

Emotional indicators	Changing needs often arise from emotional responses related to family issues, grief, relationship problems or loneliness. Emotional indicators include: <ul style="list-style-type: none">• sadness• crying• withdrawing into self• anger• happiness at trying something new.
Physical/mental indicators	People's changing needs may arise from physical changes such as dementia, recent surgery, deteriorating/improving health or depression. Physical/mental indicators include: <ul style="list-style-type: none">• worsening dementia• weight loss/gain• lethargy• illness• boredom or frustration with the current activity• improved ability to participate in a specific activity.

Consult with supervisor

If you monitor and observe changes in a person's needs or behaviour, discuss your observations with your supervisor.

Your supervisor will help you complete the appropriate documentation or make the appropriate referral. They can also give a different perspective, so they may be able to provide additional advice. For example, your supervisor may have had similar experiences with other clients, or they may have spoken to another support worker who also observed changes in the person's needs.



Your supervisor will have numerous years of experience to draw upon; they may also have worked closely with the person you support. Do not hesitate to consult your supervisor about any changes in needs or behaviour you observe. Otherwise, it could negatively impact the person and endanger the safety of others.

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

Report changes

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

Care plans and care notes

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

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

Communication books

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

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

Staff meetings

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

Informing your supervisor

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

Client referral process

There may be times when you need to refer the person you support to external services or agencies.

If your service is unable to meet the needs of the person you support, you must seek additional assistance from external agencies and organisations. You must follow the referral process of both your service and the external service and always check the person's eligibility. Some services only accept self-referrals, which means the person must refer themselves. This is common with drug and alcohol services and some mental health services. Otherwise, you can support your client through the process, always ensuring they have consented to you disclosing their personal information.

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

Referrals can be made by phone, letter or email. It is best to refer to the service's website as this will outline how referrals should be submitted. Your organisation may provide a specific referral template you should use. Always consult your supervisor before making a referral and involve the person in this decision. If sharing personal details, such as the person's name and date of birth, you are required by legislation to obtain the person's permission.

On the following page is a list of specialist services you may refer to if a person's needs change.



Specialist services

- Doctors, who provide medical advice and can prescribe medication
- Emergency services, such as ambulance, police or fire
- Psychologists, who can provide mental and emotional support and behavioural strategies and assessment; or psychiatrists, who provide similar support and can prescribe medication
- Counsellors, who can provide emotional and mental guidance and support
- Physiotherapists, who can provide physical exercises and treatment
- Occupational therapists, who can provide physical and mental exercises and treatment
- Employment agencies, who can provide employment advice, training and recommendations
- Solicitors or legal advocates, who can provide legal advice and representation
- Financial counsellors, who can provide financial support

Practice Task 11

Question 1

List five changes that would indicate a person's support plan needs to be reviewed.

Question 2

When might a client need to be referred to another service?



Question 3

Provide two examples of procedures that need to be followed when referring a client to another service.

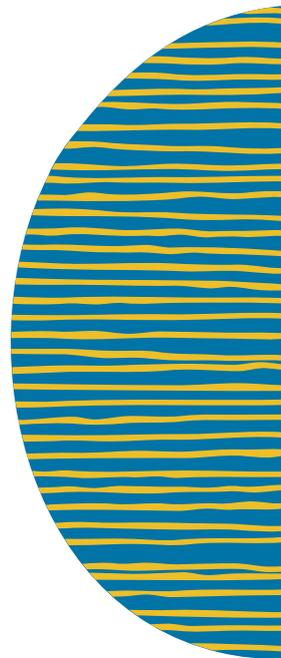
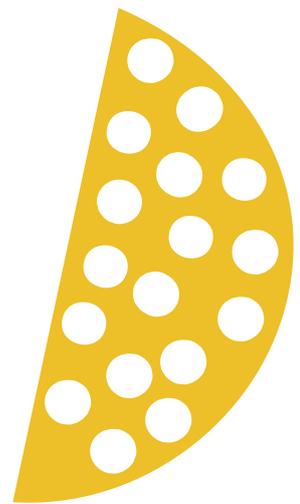
Question 4

Why should support workers consult their supervisor when monitoring behaviour support strategies?



Summary

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





Learning Checkpoint 3

Provide positive behaviour support according to individualised behaviour support plan

Part A

1. Explain why the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector was established.

2. List the five types of restrictive practices that are required to be monitored by the NDIS Quality and Safeguard Commission and the Aged Care Quality and Safety Commission. Provide an example for each.

3. You support an older man suffering from dementia. Today, he has dropped his trousers in a common area. Using a positive behaviour support approach, and in line with the principles of effective communication, which of the following actions would you take to respond to this situation? Tick all that apply.

- Communicate in a calm manner
- Disapprove of the behaviour and make judgmental remarks
- Guide the man to a private area where he can put his clothes back on
- Be aware of your own body language and respect his personal space
- Record and report incident to supervisor



4. Provide one example of a positive lifestyle enhancement strategy that can support a person in the following areas:

- Stress management
- Fostering relationships
- Experiencing structural issues, including discrimination

5. Provide an example of how using positive reinforcement can help motivate a person.

6. How can improving a person's environment and systems help them manage their behaviour?



7. List three benefits of good nutrition for the person.

8. What role do the following people play in developing a behaviour support plan?

- Health professional
- Carer and family
- The person

9. Provide four examples of interventions that may be used in a behaviour support plan that eliminate the need to use restrictive practices.



10. What is the role of the NDIS Quality and Safeguards Commission and the Aged Care Quality and Safety Commission regarding the use of restrictive practices?

11. Describe the difference between unregulated restrictive practices and those monitored by the NDIS commissions.

12. How can engaging in meaningful activities help to motivate a person?

13. Why is it important for a support worker to monitor a person on a behaviour support plan?



14. List three actions a support worker can take to ensure they maintain a safe and healthy work environment in line with WHS legislation.

15. Why is it important for a support worker to check that interventions are in line with the organisation's policies and procedures?

16. Identify four specialist services you may have to refer a person to that will assist in providing them with the support they need.



17. What could happen if an organisation fails to follow all rules, regulations and reporting requirements when using restrictive practices?

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

a. A constraint is a form of imprisonment issued by a judge.	Yes / No
b. The use of restrictive practices can cause physical harm.	Yes / No
c. Restrictive practices can re-traumatise a person.	Yes / No
d. Restrictive practices can lead to depression and anxiety.	Yes / No
e. All restrictive practices used maintain a person's human rights.	Yes / No

19. Can a support worker make a referral for their client without consulting their supervisor or the person they support?



Part B

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

Case study

Trevor is David's support worker. David has an acquired brain injury from an accident that occurred a few years ago and lives at home with his mother. Trevor arrives at David's house and immediately notices that something is not quite right with David. Trevor goes through the daily routine with David, but when Trevor starts talking about attending the aquatic centre for his hydrotherapy session, David gets upset. He smashes a glass and waves the cut pieces at Trevor, telling him he doesn't want to go. Trevor suffers a gash to his forearm from the cut glass.

1. What must Trevor do given that a critical incident has occurred?

2. David's outburst is unusual as typically he is not aggressive. Trevor has identified this as a change in David's behaviour. What must Trevor do now?



- 3.** Trevor has informed his supervisor and completed the incident report; however, due to the change in his behaviour, his supervisor thinks David may require additional support. Identify the two options they have.

- 4.** After David's assessment it has been advised that a new plan be developed for him. When consulting with David and his mother, they find out this is not the first time David has lost his temper. It is agreed that giving him time out may be the best option for when he loses his temper. Identify the type of restrictive practice used here.

- 5.** What reporting requirements does the service have due to the change in the plan?



6. How has consulting with David’s mother been of benefit?

7. Is using a restrictive practice a suitable option here? Explain your answer



Glossary

Behaviour of concern

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

Behaviour support plan

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

Behaviours

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

Critical incidents

Any occurrences that cause severe risk or harm to a person.

Dignity of risk

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

Duty of care

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

Harm

Mental or physical state of discomfort that may result from a one-off incident or develop over time.

Indicators of abuse

The physical and behavioural signs that might indicate a person is being subjected to abuse or neglect.

Intentional abuse

When a person deliberately causes harm to another person.

Intervention

An action or measure taken to protect a person.

Person-centred approach

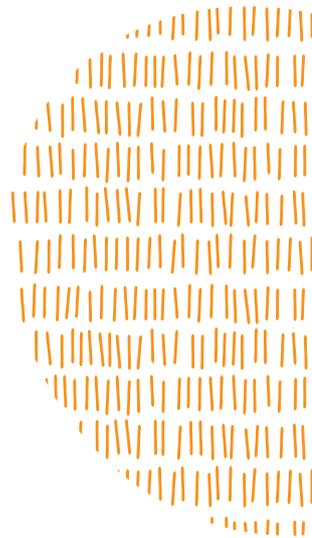
Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Restrictive practice

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

Risk assessment

Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.





Risk management

The process of assessing and evaluating the level of potential harm and likelihood of occurrence of a risk and putting in place strategies that will reduce the risk.

Unintentional abuse

Abuse that occurs through ignorance or other unintentional reasons, harming the person with care needs.